Review of

POST GRADUATE MEDICAL ENTRANCE EXAMINATION
22,000 MCQ'S
FULLY REFERENCED AND TOPIC WISE ARRANGED

VOL. I

ANATOMY
PHYSIOLOGY
BIOCHEMISTRY
S.P.M.
MICROBIOLOGY

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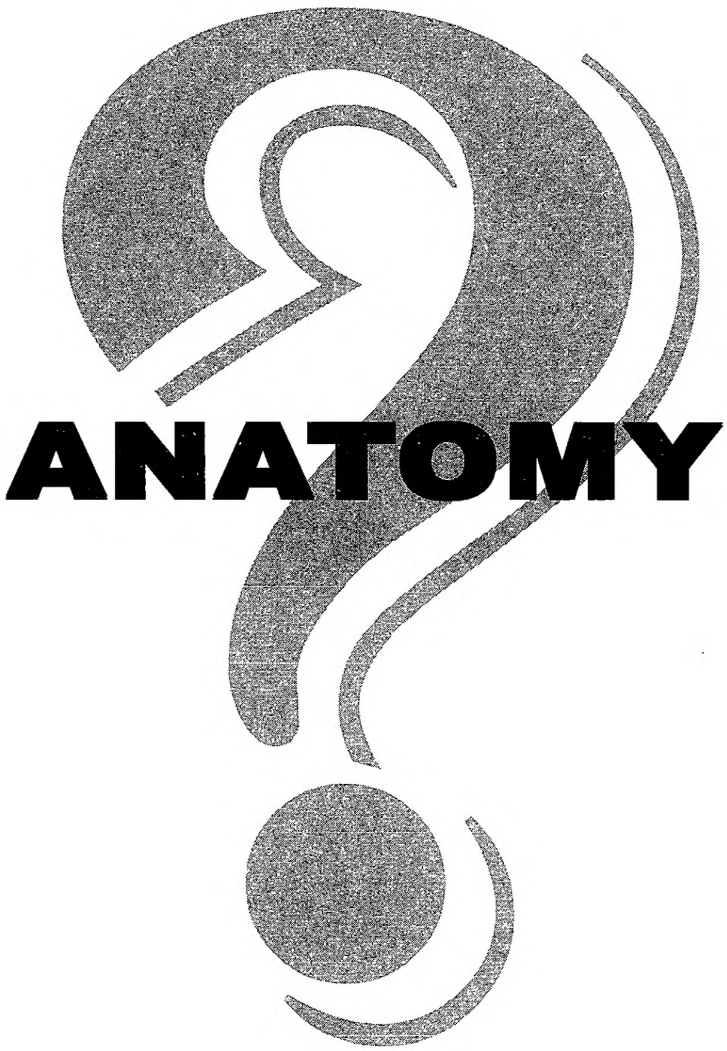
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***



ANATOMY

GENERAL

1. Which of the following is a traction epiphysis ?
a) Tibial condyles *(NEET/DNB Pattern)*
b) Trochanter of femur
c) Coracoid process of scapula
d) Head of femur

2. Which is the most prominent spinous process ?
a) T1 b) *Cl* *(NEET/DNB Pattern)*
c) C6 d) L5

3. Which of the following bones has no medullary cavity- *(NEET/DNB Pattern)*
a) Ulna b) Clavicle
c) Fibula d) Humerus

4. Coracoid process is a_____ kind of epiphysis -
a) Atavistic *(NEET/DNB Pattern)*
b) Pressure
c) Traction
d) Aberrant

5. General visceral fibres do not supply-
a) Smooth muscles *(NEET/DNB Pattern)*
b) Skeletal muscles
c) Cardiac muscles
d) Glands

SUPEX

6. The lesion of Klumpke's paralysis is in - *(AP 88)*
a) Cervical plexus b) Lower brachial
c) Upper brachial d) Sacral plexus

7. Dorsum of the middle finger is supplied by -
a) Radial nerve b) Median nerve *(Kerala 90)*
c) Ulnar nerve d) A and b

8. Sensory supply of the tip of the ring finger is -
a) Radial nerve b) Median nerve *(Kerala 90)*
c) Ulnar nerve d) Posterior interosseous nerve

9. Brachialis is supplied by - *(NIMS 96)*
a) Radial and Ulnar nerve
b) Median and musculocutaneous neve
c) Radial and musculocutaneous nerve
d) Radial and Median nerve

10. Extension of the Metacarpophalangeal joint is lost in inj ury to - *(AIIMS 2K)*
a) Radial nerve b) Ulnar nerve
c) Median nerve d) Posterior interosseous nerve

11. If the greater tuberosity of the humerus is lost, which of the following movements will be affected?
a) Adduction and flexion *(AIIMS 2K)*
b) Abduction and lateral rotation
c) Medial rotation and adduction
d) Flexion and medial rotation

12. True flexors of the elbow joint are - *(TGI 85, 88)*
a) Biceps b) Brachialis
c) Brachioradialis d) Teres minor

13. Ossification in foetus starts in - *(DNB 90)*
a) 1st week of intrauterine life
b) 2nd week of intrauterine life
c) 5th week of intrauterine life
d) 5th month of intrauterine life

14. Abduction of the shoulder joint above 90° is -
a) Biceps b) Trapezius *(JIPMER 87)*
c) Serratus anterior d) Supraspinatus

15. The following is true of brachial plexus -
a) Cervical rib involves lateral cord *(Kerala 89)*
b) Musculocutaneous nerve arises from medial cord
c) Radial nerve arises from posterior cord
d) Post fixed plexus is formed by C4,5,***6,***7,8 T1

16. Axillary nerve Inj ury at its origin leads to paralysis of- *(PGI93,01)*
a) Deltoid
b) Latissmus dorsi and deltoid
c) Deltoid and Teres Minor
d) Deltoid and Teres Major

17. Winging of Scapula is due to paralysis of - *(A 193)*
a) Latissimus dorsi b)Pectoralis major
c) Pectoralis minor d) Serratus anterior

18. Relation of musculocutaneous nerve with axillary artery in axilla is - *(AMU 95)*
a) Lateral b) Medial
c) Anterior d) Posterior

19. Following an incised wound in the front of wrist, the subject is unable to oppose the tips of the little finger and the thumb. The nerve (s) involved is/are - *(UPSC 2K, AIIMS 83)*
a) Ulnar nerve alone
b) Median nerve alone
c) Median and ulnar nerve
d) Radial and ulnar nerves

20. Lymphnode which is first to be involved in carcinoma breast - *(AI88)*
a) Pectoralgroup b) Internal mammary
c) Apical d) Central
e) Supraclavicular

21. Cancer breast of upper outer quadrant mostly spreads to - *(MAHE 2001)*
a) Anterioraxillary b) Posterior axillary
c) Pectoral d) Internal mammary

22. Nerve damage affecting movements of thumb -
a) Median nerve b) Ulnar nerve *(TN 97)*
c) Radial nerve d) Posterior interosseous nerve

23. In an ulnar nerve lesion proximal to the elbow
a) There would be a sensory deficit involving the skin on the dorsal aspect of the medial one and a half digits *(AIIMS 78, PGI84)*
b) There would be a sensory deficit involving the skin on the ventral aspect of medial one and a half digits
c) Thumb adduction would be lost
d) Wrist adduction would be lost

l)b 2)b 3)b 4) a 5)b 6)b 7)a,b,c 8)b,c 9)c 10)a,d ll)b 12)a,b,c 13)c 14)b,c
15)c 16)c 17)d 18) a 19)b 20)a 21)c 22)a,b,c,d 23)b,c

24. Clavicular part of deltoid is associated with - *(AUMS80,*
a) Flexion b) Medical rotation *AMU87)*
c) Abduction d) Adduction

25. Each of the following has an attachment to scapula except - *(PGI80, Rohtak 8 7)*
a) Pectoralis major b) Pectoralis minor
c) Biceps brachii d) Triceps

26. The following structures are attached to the greater tuberosity of the humerus except -
a) Supraspinatus muscle *(JIPMER 80,*
b) The coracohumeral ligament *DNB 91)*
c) Teres minor muscle
d) Infraspinatus muscle
e) Subscapularis muscle

27. Boxer's muscle is- *(AIIMS 80, AMC 86)*
a) Trapezius b) Seratus anterior
c) Psoas major d) Latissimus dorsi

28. All the wrist - *(PGI 84)*
a) The ulnar nerve is medial to the ulnar artery
b) The ulnar artery is lateral to the tendon of the flexor carpi ulnaris muscle
c) The radial artery is laterial to the tendon of the flexor carpi radialis muscle
d) The median nerve is in the interval between the tendons of the palmaris longus and flexor carpi radialis muscles
e) None

29. Which of the following nerves are branches of the posterior cord - *(PGI 84)*
a) Radial nerve b) Axillary nerve
c) Musculocutaneous nerve d) Subclavius nerve
e) Lateral pectoral nerve

30. The glenoid cavity of the scapula is rotated upward by which of the following muscles - *(PGI 84)*
a) Lavator scapulae b) Serratus anterior
c) Rhomboid minor d) Trapezius

31. The muscle of the rotator cuff include - *(PGI 85)*
a) Teres minor b) Subscapularis
c) Supraspinatus d) Infraspinatus

32. Adductors of the hand at the wrist joint include-fPG/ *86)*
a) Brachioradialisb) Flexor carpi ulnaris
c) Extensor digitorum d) Extensor carpi ulnaris

33. The first bone to ossify in membrane is -*(AIIMS 86,*
a) Scaphoid b) Scapula *UPSC 86)*
c) Clavicle d) Fibula
e) Femur

34. A patient is found to have pus in the midpalmar space. The space is - *(PGI 86)*
a) The space around the hypothenar muscles
b) The synovial sheath for the flexor pollicis longus tendon
c) The ulnar bursa
d) The space around the muscles of the thenar eminence
e) A space lying medial to a fibrous septum attaching the palmar aponeurosis to the third metacarpal bone

35. The medial collateral ligament of the elbow joint is closely related to the following structure -
a) Brachial artery b) Radial nerve *(AMU86)*
c) Ulnar artery d) Basilic vein
e) Ulnar nerve

36. Axillary nerve arises from - *(AIIMS 86)*
a) Posterior cord b) Lateral cord
c) Both medial and lateral cords d) Upper trunk
e) None of the above

37. Root value of ulnar nerve -*(JIPMER 86, Kerala 87)*
a) C_7C_8T, b) C_7C_8T,
c) C_8T_1 d) $C_6C_7C_8$
«) $C_5C_6C_7$

3 8. Musculocutaneous nerve supplies -*(PGI 86, UPSC 86)*
a) Brachialis b) Biceps brachi
c) Coracobrachialis d) All of theabove

39. Which tendon is frequently absent in the hand -
a) Palmaris longus *(UPSC 86*
b) Extensor carpi radialis longus *JIPMER 86*
c) Extensor carpi radialis brevis *PGI 87)*
d) Flexor carpi ulnaris
e) Flexor digitorum pro funds

40. Which structure does not pass through the carpal Thnnel- *(PGI 86, AJ 88)*
a) Median nerve b) Radial bursa
c) Ulnar bursa d) Ulnar nerve

41. Following muscles cause retraction of shoulder except-
a) Trapezius b) Serratus anterior *(AMU87)*
c) Rhomboid major d) Rhomboid minor

42. The quadrilateral space is bounded by the following structures, except the - *(PGI 87)*
a) Surgical neck of the humerus
b) Long head of triceps
c) Deltoid
d) Teres major
e) Teres minor

43. Which of the following bones does not form the proximal row of carpal bones - *(AMU87)*
a) Scaphoid b) Lunate
c) Triquetral d) Capitate

44. Carpal tunnel syndrome is due to compression of -
a) Ulnar nerveb) Median nerve *(TN 87)*
c) Radial nerved) Ulnar artery

45. The structures taking origin from the tip of coracoid process are - *(PGI 88)*
a) Short head of biceps b) Coracobrachialis
c) Pectoralis minor d) Long head of biceps

46. In the region of the shoulder - *(AP 88)*
a) The glenohumeral joint permits 180° of the abduction
b) The glenohumeral joint reinforced on all aspects (superiorly, inferiorly, arteriorly, anteriorly, and posteriorly) by muscles of the rotator (musculotendinous) cuff
c) The subacromial (subdeltoid) bursa is inferior to the supraspinatus tendon and muscle
d) The glenohhmeral joint permits flexion, extension, abduction, adduction, and both internal and external rotation

24) a,b 25) a 26) e 27) b 28)a,b,c,d 29) a,b 30)b,d 31)a,b,c,d 32)b,d 33) c 34) e 35) e 36) a
37) b 38) d 39) a 40) d 41) b 42) c 43) d 44) b 45)a,b 46) d

47. Medial cord of the brachial plexus gives rise to all except- *(PGI88)*
a) Nerve to supraspinatus
b) Ulnar nerve
c) Medial cutaneous nerve of arm
d) Medial cutaneous nerve of foream

48. Regarding serratus anterior muscle, which is incorrect - *(AI89)*
a) Multipinnate muscle
b) Lifts arm above the shoulder
c) Supplied by long thoracic nerve
d) Orginates from lower 8 ribs

49. Radial nerve 2 inches distal to the elbow joint gives - *(IN 89)*
a) Muscular branches b) Sensory branches
c) Auricular branches d) All of the above

50. Fracture of the surgical neck of humerus results in-
a) Loss of sensation in dorsal forearm *(AI89)*
b) Flat shoulder
c) Wrist drop
d) Claw hand

51. Root value of axillary nerve is - *(UPSC 89)*
a) C5,6 b) C4,5
c) C5,6,7 d) C6,7

52. Root value of radial nerve is - *(UPSC 89)*
a) C5,6 b) C5,6,7
c) C5,6,7,8,T1 d)C8,Tl

53. Root value of musculocutaneous nerve is -
a) C4,5 b) C5,6,7 *(UPSC89)*
c) C5,6,7,8 d)C8,Tl

54. Wrist drop is seen with injury to..... nerve -
a) Median b) Radial *(UPSC 89)*
c) Ulnar d) Axillary

55. Musician's nerve is..... nerve - *(UPSC 89)*
a) Ulnar b) Radial
c) Median d) Axillary

56. The term eye of the hand applies to.....nerve -
a) Median b) Radial *(UPSC 89)*
c) Ulnar d) Axillary

57. The first and second lumbricals are supplied by the____ nerve - *(UPSC 89, TN91)*
a) Median b) Ulnar
c) Radial d) Posterior interosseous

58. Labourers nerve is - *(UPSC 89)*
a) Median b) Ulnar
c) Radial d) Sciatic

59. Artery present in the anatomical snuff box is -
a) Radial b) Ulnar *(Karnat89, AI01)*
c) Interosseus d)None

60. Deep branch of the ulnar nerve supplies the following mucles except - *(AMU 89)*
a) Adductor pollicis
b) First dorsal interosseous
c) First lumbrical
d) Therd lumbrical

61. Muscles that can flex the foream include all except -
a) Brachialis b)Brachioradialis *(AMU 90)*
c) Pronator teres d) Anconeus

62. Ossification centre of the medial epicondyle appears in- *(ROHTAK90)*
a) 5th year b)7th year
c) 9th year d) 11th year

63. The nerve responsible for the fine movements of the hand is - *(DNB90)*
a) Radial N b) Median
c) Posterior interosseous N d) Ulnar N

64. Muscles that can extend the middle distal phalanx or the index finger include all except - *(AMU 91)*
a) The first dorsal interosseous
b) The first lumbrical
c) The second palmar interosseous
d) Extensor carpi radialis longus

65. The Prime Flexor of metacarpophalangeal join
a) Lumbrical muscle *(AI91)*
b) Flexor digitorum superficlalis
c) Flexor digitorum profunds
d) Dorsal interosseus muscle

66. Ulnar nerve supplies all except - *(AI 91)*
a) 3rd and 4th lumbrical muscle
b) Palmar and dorsal interosseus muscle
c) Adductor Pollicis
d) Flexor Pollicis Brevis

67. Nerve not related to humerus is - *(Kerala 91)*
a) Radial b) Axillary
c) Median d) Musculocutaneous

68. Structure piercing the clavipectoral fascia is -
a) Basilic vein *(Kerala 91)*
b) Cephalic vein
c) Thoracoacromial artery
d) Musculophrenic nerve

69. Which is correct regarding deep palmar arch -
a) Superficial to lumbricals *(AIIMS91)*
b) Lies at level of distal palmar crease
c) Formed by deep branch of ulnar Artery
d) Gives 3 interdigital arteries

70. Muscles of the hypothenar eminence are innervated by the- *{UP92)*
a) Radial nerve b) Median nerve
c) Ulnar nerve d) Median and Radial nerves

71. Which is not a branch of posterior cord of Brachial plexus - *(AI92)*
a) Thoracodorsal b) Radial
c) Ulnar d)Axillery

72. Ulnar nerve supplies all of the following except
a) Flexor digitorum profundus *(JIPMER92)*
b) Dorsal interossei
c) Abductor pollicis brevis
d) Extensor carpi ulnaris

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47) a 48) d 49) a,b 50) b 51) a 52) c 53) b 54) b 55) a 56) a 57) a 58) a 59) a 60) c
61) d 62) a 63) d 64) d 65) a, d 66)? 67) d 68)b,c 69) c 70) c 71) c 72)c,d

73. The mdial wall of the axilla is formed by the -
a) Serratus anterior *(Rajasthan 92)*
b) Snbscapularis muscle
c) Pectoralis major muscle
d) Teres major muscle

74. The following structures form the boundaries to the superior entrance into the axilla except the -
a) Clavicle *(PGI92)*
b) Coracoid process
c) Upper border of scapula
d) Outer border of first rib

75. The coracobrachialis assists in which movement of the arm - *(AMU 92)*
a) Flexion b) Extension
c) Rotation d)Supination

76. The movement affected following axillary nerve injury is - *(AI93)*
a) Flexion b)Abduction
c) Adduction d) Extension

77. Injury to radial nerve at wrist leads to - *(Delhi 93)*
a) Wrist drop
b) Sensory loss on adjacent sides of III and IV fingers (None)
c) Paralysis of adductor pollicis
d) Loss of supination in extended position

78. Musculo-cutaneous nerve of the arm supplies -
a) Brachio-radialis muscle *(KERALA 94)*
b) Brachialis muscle
c) Triceps muscle
d) Coraco-brachialis

79. When median nerve is paralysed in carpal tunnel syndrome-which of the foilwing occurs -
a) Adductor pollicis paralysis *(JIPMER 95)*
b) Flexor pollicis longus paralysis
c) Flexor pollicis brevis paralysis
d) Loss of sensation of thenar eminence

80. Axial artery of upper limb is derived from -
a) 4th cervical intersegmental *(JIPMER 95)*
b) 5th cervical intersegmental
c) 5th cervical intersegmental
d) 7th cervical intersegmental

81. Injury to ulnar nerve at wrist causes paralysis of
a) Apposition of thumb *(A195)*
b) Abduction at carpometacarpal joint of thumb
c) Adduction at thumb
d) Flexion of metacarpophalangeal joint of middle finger

82. Lower border of scapula corresponds to -
a) D7 b)D9 *(PGI95)*
c) D12 d)D5

83. Which of the following arteries does not take part in scapuler anastomosis - *(TN 95)*
a) Subscapular artery
b) Suprascapular artery
c) Transverse cervical artery
d) Anterior circumflex humeral artery

84. All of following are sequelae of musculocutaneous nerve injury except - *(ALL INDIA 96)*
a) Loss of supination of forearm
b) Loss of flexion of arm
c) Loss of flexion at elbow
d) Sensory loss over lower lateral area of forearm

85. Serratus anterior is supplied by - *(DELHI 96)*
a) Thoracodorsal nerve b) Nerve to subclavius
c) Long thoracic nerve d) Axillary nerve

86. Nerve supply of brachialis is from - *(DELHI 96)*
a) Median nerve b) Musculocutaneous nerve
c) Ulnar nerve d) Posterior interosseus nerve

87. Posterior interosseus nerve of upper limb is a branch of - *(DELHI 96)*
a) Median never b) Ulnar never
c) Radial never d) Thoracodorsai nerve

88. Rupture of supraspinatus manifest as - *(PGI96, 97)*
a) Painful movements
b) Difficulty in initiation of abduction
c) Difficult abduction after 90^0
d) Flat shoulder

89. The nerve supply to pronator teres is - ***(TN* 98)***
a) Median nerve b) Radial nerve
c) Ulnar nerve d) Posterior interosseous nerve

90. Median nerve supplies - *(MAHE 98)*
a) Abductor pollics longus
b) Abductor pollics brevis
c) Adductor pollicis
d) First dorsal interosseous

91. C8 T1 supplies all muscles except - *(ALIMS 98)*
a) Extensor indicis
b) 3rd and 4th lumbricals
c) Abductor digiti minimi
d) Palmar interossei

92. Nail bed of thumb is supplied by - *(Orissa 98)*
a) Radial nerve b) Ulnar nerve
c) Median nerve d) None of the above

93. Tip of coracoid process of scapula gives attachment to- *(Orissa 98)*
a) Long head of biceps muscle
b) Sub-scapularis muscle
c) Short head of biceps muscle
d) Supra -spinatus muscle

94. The structure that is least likely to be compressed in flexion and abduction of shoulder joint - *(AI99)*
a) Supraspinatus muscle b) Long head of biceps
c) Suprascapular nerve d) Sub acromial bursa

95. Matacarpophalangeal joints are flexed in the paralysis of - *(AI99)*
a) Median nerver b) Radial nerve
c) Ulnar nerve d) Axillary nerve

96. Following groups of axillary L.N. are distributed along lateral thoracic artery - *(CUPGEE 99)*
a) Anterior set b) Lateral set
c) Posterior set d) Apical set

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73) a 74) b 75) a 76) b 77) None 78)b,d 79) c 80) d 81) c 82) a 83) d 84) a,b 85) c 86) b 87) c 88) b 89) a 90) b 91) a 92) c 93) c 94) c 95) b 96) a

97. Deep branch of ulnar nerve does not supply -
a) 2nd lumbrical *(CUPGEE 99)*
b) 4th lumbrical
c) Palmar interossei
d) Dorsal interossri

98. Blood supply of breast is from all except -
a) Internal mammary artery *(AIIMS99)*
b) Intercostal artery
c) Thorocodorsal branch of subscapular artery
d) Thoraco-acromial artery

99. All are sensory except - *(MP 2K)*
a) Saphenous nerve b) Sural nerve
c) Intercostobrachial nerve d) Long thoracic nerve

100. Lower angle of scapula at the level of -
a) T_4 b)T_5 *(DNB2001)*
c)T_6 d)$T_?$

101. Intercostobrachial Nerve is a branch of -
a) 1st intercostal nerve *(JIPMER2002)*
b) 2nd intercostal nerve
c) 3rd intercostal nerve
d) Upper trunk of brachial plexus

102. In deltoid paralysis, which nerve is involved-(PG/*97)*
a) Circumflex N b) Musculocutaneous N
c) Axillary N d) Radial N

103. Ulnar nerve injury at wrist spares which muscle- *(PGI97, 98)*
a) Opponens pollicis b) Palmar interossei
c) Dorsal interossei d) Adductor pollicis

104. Muscles attached to hook of hamate is - *{PGI97)*
a) Flexor carpi ulnaris
b) Flexor retinaculum
c) Flexor hallucis longus
d) Flexor digitorum longus

105. Finger by which all the muscles in the hand can be tested- *(PGI98)*
a) Index b)Ring
c) Thumb d) Middle

106. Arterial supply of latistimus dorsi is- *(PGI 99)*
a) Subscapular A b) Circumflex humeral A
c) Thoracodorsal A d) Lateral thoracic A

107. Nerve damaged due to lunate dislocation (in carpal tunnel)- *(PGI2000)*
a) Median & ulnar b) Median
c) Ulnar d) Radial

108. Adduction of hand at wrist is done by - *(PGI2000)*
a) Flexor carpi radialis
b) Flexor carpi longus
c) Flexor digitorum profundus
d) Extensor carpi ulnaris
e) Flexor digitorum superficialis

109. Muscles supplied by median nerve - *(PGI 01)*
a) Abductor pollicis brevis b) Opponens pollicis
c) Adductor pollicis d) First lumbrical
e) Flexor pollicis brevis

110. Lateral border of cubital fossa is formed by-
a) Pronator teres b) Brachioradialis *(PGI 01)*
c) Supinator d) Branchialis
e) Biceps

111. Small muscles of hand are supplied by - *(PGI 02)*
a) C_6 b)C_7
c) C_8 d)T,
e) T_2

112. Median nerve injury at elbow affects - *(PGI 02)*
a) Adduction of the thumb
b) Flexion at DIP joints of 2nd finger
c) Flexion of PIP of third fmger
d) Flexion at 1st and 2nd DP fingers
e) Flexion on MCP joints except thumbs

113. Low ulnar nerve palsy is characterised by-
a) Claw hand *(PGI 03)*
b) Sensory loss of medial four digits
c) Weakness of grips
d) Inability to extend at M.C.P. joint
e) Inability to abduct the thumb

114. Thenar eminence is supplied by- *(PGI 03)*
a) Median nerve
b) Radlial nerve
c) Ant. Interosseous nerve
d) Post interosseous nerve
e) Ulnar nerve

115. Injury to radial nerve in lower part of spiral groove- *(AI03)*
a) Spares nerve supply to extensor carpi radialis longus
b) Results in paralysis of anconeus muscle
c) Leaves extensions at elbow joint intact
d) Weakness pronation movement

116. Ill head of coracho brachialis is known as -
a) Struthers ligament *(Jipmer04)*
b) Branchioradialis
c) Radial collateral ligament
d) Ulnar ligament

117. Which of the following is not attached to pisiform bone - *(Bihar 03)*
a) Flexor retinaculum
b) Abductor digiti minimi
c) Flexor digitorum superficialis
d) Flexor carpi ulnaris

118. The pronator quadratus has the same innervation as the following muscle - *(AIIMS 03)*
a) Flexor digitorum superficialis
b) Palmaris longus
c) Flexor pollicis longus
d) Flexor digitorum profundus of middle finger

119. Tubercles of Montgomery is seen in -
a) Breast b) Liver *(UPPGMEE04)*
c) Stomach d)Lung

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97) a 98) c 99)d 100)d 101)b 102)c 103)a 104)b 105)c 106)a 107)b 108)d 109)a,b,d,e
110) b 111) c,d 112) a,b,c,d 113)a,c 114)a,e 115)b 116)a 117)c 118)c 119)a

120. In a vehicular accident, the musculocutaneous nerve was completely severed, but still the person was able to weakly flex the elbow joint. All of the following muscles are responsible for this flexion.
a) Brachioradialis *(AIIMS 04)*
b) Flexor carpi radialis
c) Ulnar head of pronator teres
d) Flexor carpi Ulnaris

121. Nerve passing through the spiral groove of the humerus is - **(***IN04)*
a) Radial Nerve
b) Ulnar Nerve
c) Musculocutaneous Nerve
d) Interosseous Nerve

122. Muscles attached to the greater tubercle of humerus - **(***PGIJune 05)*
a) Supra spinatus b) Teres minor
c) Teres major d) Infraspinatus
e) Pectoralis major

123. Muscles attached to the coracoid process-^G*/June 05)*
a) Coracobranchialisb) Short head of biceps
c) Long head of biceps d) Pectoralis major
e) Pectoralis minor

124. Which of the following does NOT supply the breast with blood- **(***MAHA05)*
a) Lateral thoracic artery
b) Thoracoacromial artery
c) Posterior intercostals arteries
d) Costoclavicular artery

125. Which of the following, among axillary lymph nodes, is a terminal group - *(AIMSNOV05)*
a) Pectoral b) Central
c) Lateral d) Apical

126. The carpal tunnel contains all of the following important structures except - *(AI05)*
a) Median Nerve.
b) Flexor pollicis longus
c) Flexor carpi radialis
d) Flexor digitorum superficialis

127. Compression of a nerve within the carpal tunnel products inability to - *(AIMS May 05)*
a) Abduct the thumb
b) Adduct the thumb
c) Flex the distal phalanx of the thumb
d) Oppose the thumb

128. A 43 year old woman came with a large abscess in the middle of the right posterior triangle of the neck. The physician incised and drained the abscess. Five days later the patient noticed that she could not extend her right hand above her head to brush her hair. Which of the following are the signs and symptoms of additional harm - *(AI 06)*
a) Damage to scalenus medius
b) Injury to suprascapular nerve
c) Cut to spinal part of accessory nerve
d) Spread of infection to shoulder joint

129. Axillary nerve supplies - *(PGI June 06)*
a) Deltoid + Teres major
b) Deltoid + Teres Minor
c) T.Major + T.Minor
d) Coracobrachialis + Short head of biceps

130. Ligament of shoulder joint are all except -
a) Corococlavicular *(Manipal 06)*
b) Glenohumoral
c) Coracohumeral
d) Transverse humeral

131. All of the following drain into azygous vein, except-
a) Left superior intercostals *(PGMCET07)*
b) Accessory homozygous
c) 4 to 11 posterior intercostal on Rt side
d) Esophageal veins

132. In klumpke's paralysis all are involved, except -
a) C_6 b)C_7 *(PGMCET01)*
c)C_8 d) T j

133. Winging of scapula is due to injury to -
a) Long thoracic nerve *(PGMCET 01)*
b) Short thoracic nerve
c) Axillary nerve
d) Suprascapular nerve

134. Axillary sheath is derived from - *(PGMCET01)*
a) Prevertebral fascia
b) Clavipectoral fascia
c) Deep layer of cervical fascia
d) Pretracheal fascia

135. Power grip of hand depends on - *(Corned 07)*
a) Short flexor of fingers b) Lumbricals of hand
c) Long flexors of the fingers d) Palmaris brevis

136. Which of the following nerves accompanies the profunda brachii artery - *(Corned 0 7)*
a) Ulnar b)Musculocutaneous
c) Radial d) Median

137. Erb's point is formed by - *(Corned 07, PGI03)*
a) C_4 and C_5 b) C_5 and C_6
c) C_6 and C_7 d) C_8 and T $_{1}$

138. In Erb-Duchene paralysis, the injury is limited to the- *(Corned 07)*
a) 2^{nd} and 3^{rd} cervical nerves
b) 3^{rd} and 4^{th} cervical nerves
c) 4^{th} and 5^{th} cervical nerves
d) 5^{th} and 6^{th} cervical nerves

139. All are functions of Latissimus Dorsi except -
a) External rotation of shoulder *(MAHE07)*
b) Extension
c) Adduction
d) Medial rotation

140. Nerve supply of Trapezius - *(MAHE 07)*
a) Accessory Nerve b) Hypoglossal Nerve
c) Troclear Nerve d) Trigeminal Nerve

141. The "rotator cuff" muscle includes all except -
a) Supraspinatus b) Infraspinatus *(UP 07)*
c) Teres major d) Subscapularis

120) c 121) a 122) a,b,d 123)a,b,e 124)d 125)d 126)c 127)a 128)c 129)b 130)a 131)a 132)a 133)a
134) a 135) c 136) c 137)b 138) d 139) a 140) a 141) c

142. In Ulnar nerve injury in arm, all of the following are seen except - *(AIMSNov 07)*
a) Hypothenar atrophy
b) Adduction of thumb
c) Loss of sensation of medial 1/3 of the hand
d) Claw hand

143. In obstruction of second part of axillay artery, the anostomosis between the following artery will maintain the blood supply of upper limb -
a) Deep branch of transverse cervical artery & subscapular artery *(AIMSNov 07)*
b) Anterior & posterior circumflex humeral
c) Posterior circumflex humeral & circumflex scapular artery
d) Suprascapular & anterior circumflex humeral artery

144. If median nerve is injured at the wrist then loss of function of all of the following will take place except-
a) Lumbrical muscles to the Index finger.
b) Lumbrical muscles to the middle finger.
c) Muscles of the thenar eminence *(AiimsMay08)*
d) Adductor pollicis

145. Movements taking place during abduction of shoul der joint are all except - *(Aiims May 08)*
a) Medial rotation of scapula
b) Axial rotation of humerus at acromioclavicular joint
c) Elevation of humerus
d) Movements at clavicular end of sternoclavicular joint

146. All are functions of Latissimus Dorsi except -
a) External rotation of shoulder *(Manipal 08)*
b) Extension
c) Adduction
d) Medial rotation

147. Nerve supply of Trapezius - *(Manipal 08)*
a) Spinal accessory nerve b) Hypoglossal nerve
c) Trochlear nerve d) Trigeminal nerve

148. Which of the following muscle is supplied by deep branch of the ulnar nerve - *(DPGEE 08)*
a) Adductor pollicis
b) Opponens pollicis
c) Abductor pollicis brevis
d) Flexor digitorum profundus

149. The following structures pass through teh carpel tunnel except - *(DPGEE 08)*
a) Median nerve
b) Ulnar artery
c) Flexor carpi radialis tendon
d) Flexor pollicis longus tendon

150. Not seen in distal radial nerve injury is -
a) Inability to extend fingers *(DPGEE 08)*
b) Weakness fo extensor carpi radialis brevis
c) Loss of sensations over dorsum of hand
d) Paralysis of Brachiradialis

151. What is the action of anterior fibres of deltoid ?
a) Flexion *(APPG 08)*
b) Lateral rotation
c) Flexion and medial rotation
d) Extension and lateral rotation

152. Fascia around nerve bundle of brachial plexus is derived from - *(AIMS Nov 08)*
a) Prevertebral fascia
b) Pretracheal fascia
c) Investing layer
d) Superficial cervical fascia

153. Contents of anatomical snuffbox are -
a) Radial artery *(PGI Dec 08)*
b) Tendon of abductor pollicis longus
c) Tendon of extensor pollicis brevis
d) Scaphoid bone
e) Superficial cutaneous branch of radial nerve

154. True about pectoralis major muscle -
a) Abductor & Internal rotator of shoulder
b) Blood supply by perforating branch of internal thoracic artery *(PGI Dec 08)*
c) Blood supply by intercostal artery
d) Nerve supply by intercostal artery
e) Inserted into 2nd to 6th costal cartilage

155. Concerning brachial plexus, which of the following facts are true - *(PGI Dec 08)*
a) Formed by spinal nerve C4-C7
b) Most common site of injury is upper trunk
c) Injury may occur during breech delivery
d) Radial nerve is branch of medial cord
e) Lower trunk injury results in hand deformity

156. First extensor compartment of wrist have which of the following structures - *(PGI Dec 08)*
a) Extensor pollicis brevis
b) Extensor carpi radialis longus
c) Extensor carpi radialis brevis
d) Extensor digiti minimi
e) Abductor pollicis longus

157. Muscle supplied by median nerve - *(PGI Dec 08)*
a) Opponens pollicis
b) Abductor pollicis brevis
c) Flexor pollicis brevis
d) First lumbricals
e) Adductor pollicis

158. Artery in anatomical snuffbox is - *(AI09)*
a) Radial b) Brachial
c) Ulnar d)Interosseous

159. Deltoid ligament is attached to all, except -
a) Medial malleolus *(AIMS May 09)*
b) Medial cuneiform
c) Spring ligament
d) Sustentaculum tali

160. Which of the following movements of thumb are not affected in redial nerve inj ury - *(PGI June 09)*
a) Opposition b) Abduction
c) Adduction d) Extension
e) Flexion

142) b 143) a 144)d 145)a 146)a 147)a 148)a 149)b 150)a 151)c 152)a 153)A11 154)b,c,d 155)a,b,c,e 156) a,b 157)a,b,c,d 158) a 159) b 160)a,b,c

161. Which of the following muscles is enclosed within the calvipectoral fascia - *(COMED 09)*
a) Pectoralis major b) Serratus anterior
c) Coracobrachialis d) Subclavius

162. The ossification center of pisiform bone appears at the age of - *(COMED 09)*
a) 10-11 years b) 12-13 years
c) 14-15 years d) 15-16 years

163. Intrinsic muscles of hand are innervated by- *(DELHIPG Feb.09)*
a) Ulnar nerve b) Radial nerve
c) Median nerve d) All of the above

164. Fall on outstretched hand leads to fracture of the following bones - *(DELHI PG Feb.09)*
a) Scaphoid bone, capitate and clavicle
b) Scaphoid, clavicle
c) Head of ulna
d) Radial styloid process

165. First dorsal interosseous muscle of hand is supplied by- *(DELHIPG Feb.09)*
a) Deep branch of ulnar nerve
b) Superficial branch of ulnar nerve
c) Median nerve
d) Radial nerve

166. Which of the following arteries supply pectoralis major muscle - *(PGINov 09)*
a) Pectoral branches of thoracoacromial artery
b) Intercotal artery
c) Lateral thoracic artery
d) Subclavian artery
e) Internal mammary artery

167. Deep branch of ulnar nerve supplies - *(PGINov 09)*
a) Adductor pollicis
b) Flexor digitorum superficialis
c) Ist himbrical
d) 3rd lumbrical
e) Palmaris brevis

168. True about peripheral nerve injury in upper limb -
a) Radial nerve injury cause anaesthesia over anatomical snuffbox *(PGINov 09)*
b) Median nerve injury cause wrist drop
c) Ulnar nerve injury cause claw hand
d) Index finger anesthesia is caused by median nerve injury
e) Thumb anaesthesia is caused by ulnar nerve injury

169. Content (s) of bicipital groove is/are -
a) Synovial membrane of shoulder jt (PGI Nov 09)
b) Ascending branch of anterior circumflex artery
c) Ascending branch of posterior circumflex artery
d) Radial artery
e) Coracobrachialis muscle

170. The following structure does not pass through flexor retinaculum - *(AIIMS Nov 09)*
a) Ulnar N.
b) Median N.
c) Flexor digitorum profundus
d) Flexor digitorum superficialis

171. All of the following muscles retract the scapula except - *(AIIMS May 10)*
a) Trapezius b) Rhomboid major
c) Rhomboid minor d) Levator scapulae

172. All of the following movements occur during abduction of shoulder except - *(AI10)*
a) Elevation of humerus
b) Axial rotation of clavicle
c) Medial rotation of scapula
d) Acromioclavicular joint movement

173. The following structures are attached to the greater tuberosity of the humerus except - *(DPG10)*
a) Supraspinatus muscle
b) The coracohumeral ligament
c) Teres minor muscle
d) Subscapularis muscle

174. Muscle that can extend the middle distal phalanx of the index finger include all except - *(DPG 10)*
a) The first dorsal inter interosseous
b) The first lumbrical
c) The second palmar interosseous
d) Extensor carpi radialis longus

175. Ulnar nerve injury at wrist spares which muscle- *(DPG 10)*
a) Opponens pollicis b) Palmar interossei
c) Dorsal interossei d) Adductor pollicis

176. Erb's palsy occurs due to involvement of_____ of brachial plexus - *(Maharashtra 10)*
a) Upper trunk b) Middle trunk
c) Medisl cord d) Lateral trunk

177. Which are not the flexors of forearm - *(PGIMay 10)*
a) Pronater teres b) Brachialis
c) Brachioradialis d) Anconeus
e) Flexor pollicis longus

178. True about radial nerve - *(PGIMay 10)*
a) Branch of posterior cord
b) Nerve of extensor compartment of forearm
c) Arise from C5-T1
d) Anterior interosseous nerve is branch of it
e) Supply skin of extensor compartment

179. Rotator cuff is/are formed by all except- *(PGI May 10)*
a) Supraspinats b)Infraspinatus
c) Teres minor d) Teres major
e) Subscapularis

180. Carpel tunnel syndrome is caused by all except - *(AIIMS May 11)*
a) Amylodosis b) Hypothyroidism
c) Addisson's disease d) Diabetes mellitus

181. Neurovascular bundle in axilla is surrounded by sheath derived from - *(AIIMS May 11)*
a) Prevertebral fascia b) Pretracheal fascia
c) Clavipectoral fascia d) Axillary sheath

182. All of the following muscles retract the scapula except - *(AIIMS May 11)*
a) Trapezius b) Rhomboid major
c) Rhomboid minor d) Levator scapulae

161) d 162)b 163) a,c 164)a 165)a 166)a,b 167)a,d 168)a,c,d 169)b 170)a 171)d 172)c 173)d 174)d 175) a 176) a 177)d,e 178)a,b,c,e 179)d 180)c 181)a 182)d

183. Boundary of triangle of auscultation is not formed by- *(ARMS May 11)*
a) Serratus anterior b) Scapula
c) Trapezius d) Latissimusdorsi

184. Axillary abscess is safely drained by which approach - *(ARMSMay 11)*
a) Medial b) Posterior
c) Lateral d) Floor

185. Which amongst the following is a branch from the trunk of brachial plexus? *(A111)*
a) Suprascapular nerve b) Long Thoracic Nerve
c) Dorsal Scapular Nerve d) Nerve to subclavius

186. Main muscle of opposition is- *(Punjab 10)*
a) Abductor pollicis brevis b) Flexor pollicis brevis
c) Opponens pollicis d) Adductor pollicis

187. Which tendon is frequently absent in upper limb -
a) Flexor carpi ulnaris *(Punjab 10)*
b) Flexor digitorum profundus
c) Extensor carpi radialis brevis
d) Palmaris longus

188. Carpal tunnel syndrome involves - *(PUNJAB 11)*
a) Median nerve b) Anterior interosseous nerve
c) Ulnar nerve d) Radial nerve

189. Which of the following is a modification of deep fascia? *(PUNJAB 11)*
a) Extensor etinaculum
b) Palmar aponeurosis
c) Fibrous flexor sheath

190. Rider's bones are ossification of - *(PUNJAB 11)*
a) Adductor brevis b) Adductor longus
c) Adductor magnus d) None

191. Anatomical snuff box is formed by all except -
a) Abductor pollicis longus *(Jipmer10)*
b) Extensor pollicis longus
c) Extensor pollicis brevis
d) Extensor carpi radialis

192. All the following structures are attached to coracoid process except - *(Jipmer10)*
a) Brachialis b) Corachobrachialis
c) Short head of biceps d) Long head of biceps

193. Short head of biceps is attached to- *(Jipmer 10)*
a) Coracoid process b) Supraglenoidtubercle
c) Acromion process d) Bicipital groove

194. All are branches of posterior cord of brachial plexus except- *(Jipmer10)*
a) Axillar nerve b) Long thoracic nerve
c) Thoracodorsal nerve d) Radial nerve

195. Superficial branch of ulnar nerve supplies -
a) Palmaris brevis *(Jipmer10)*
b) Abductor pollicis
c) Biceps brevis
d) Flexor carpi radialis

196. Short head of biceps is attached to - *(Jipmer 11)*
a) Coracoid process b) Supraglenoid tubercle
c) Acromion process d) Bicipital groove

197. Carpal tunnel syndrome is due to the compression of- *(Jipmer 11)*
a) Median nerve b) Anterior interosseous nerve
c) Radial nerve d) Ulnar nerve

198. Which of the following is also known as the labourer's nerve ? *(NEET/DNB Pattern)*
a) Ulnar nerve
b) Median nerve
c) Anterior interosseous nerve
d) Radial nerve

199. All of the following are composite muscles except
a) Adductor magnus *(NEET/DNB Pattern)*
b) Pectineus
c) Flexor digitorum profundus
d) Flexor digitorum superflcialis

200. How to test for the long thoracic nerve?
a) Touch the opposite shoulder
b) Shoulder shrug *(NEET/DNB Pattern)*
c) Raise the arm above the head
d) Lift an object from the ground

201. False about 1st metacarpal is - *(NEET/DNB Pattern)*
a) Shortest and stoutest of all metacarpals
b) Does not articulate with any other metacarpal bone
c) Rotated medially through 90 degrees with respect to other metacarpals
d) The base is occupied by a condylar articular surface for trapezium

202. Fascia around nerve bundle of brachial plexus is derived from - *(NEET/DNB Pattern)*
a) Prevertebral fascia
b) Pretracheal fascia
c) Investing layer
d) Superficial cervical fascia

203. Fascial sleeve around bundle of brachial plexus is derived from - *(NEET/DNB Pattern)*
a) Prevertebral fascia
b) Pretracheal fascia
c) Carotid fascia
d) Investing layer of deep fascia

204. Cranial part of accessory nerve supplies -
a) Sternocleidomastoid *(NEET/DNB Pattern)*
b) Trapezius
c) Levator scapulae
d) Levator palatini

205. Deep flexors of forearm are supplied by -
a) Median nerve *(NEET/DNB Pattern)*
b) Ulnar nerve
c) Radial nerve
d) Musculocutaneous nerve

206. Which muscle is inserted into the floor of the intertubercular sulcus of the humerus ?
a) Latissimus dorsi *(NEET/DNB Pattern)*
b) Teres major
c) Pectoralis major
d) Deltoid

183) a 184)d 185)a>d 186)c 187) d 188) a 189) a 190)b 191)d 192) d 193) a 194)b 195) a 196) a
197) a 198)b 199)d 200)c 201)d 202)a 203)a 204) d 205)a 206) a

207. All are true about proximal humans attachment except - *(NEET/DNB Pattern)*
a) Supraspinatus atLT b) Subscapularis at LT
c) Teres minor at GT d) Infraspinatus at GT

208. Boundries of upper tringular space include all except - *(NEET/DNB Pattern)*
a) Teres minor b) Teres major
c) Subscapularis d) Triceps

209. All are contents of cubital fossa except -
a) Median nerve *(NEET/DNB Pattern)*
b) Biceps tendon
c) Brachial artery
d) Ulner nerve

210. Froments sign is seen - *(NEET/DNB Pattern)*
a) Ulnar nerve palsy
b) Median nerve palsy
c) Anterior interosseous nerve palsy
d) Radial nerve palsy

211. Roots involved in Erb's palsy are - *(NEET/DNB*
a) Posterior primary rami of C6- C7 *Pattern)*
b) Anterior primary rani of C5-C6
c) Posterior primary rami of C8-T1
d) Posterior primary rami of C7-C8

212. The interossei are supplied *hy-(NEET/DNB Pattern)*
a) Superficial palmar branch of radial artery
b) Deep palmar branch of ulnar artery
c) Superficial palmar arch
d) Deep palmar arch

213. Which nerve originates from trunk of brachial plexus - *(NEET/DNB Pattern)*
a) Long thoracic nerve b) Dorsal scapular nerve
c) Axillary nerve d) Suprascapularnerve

214. Muscle ith dual Nerve supply- *(NEET/DNB Pattern)*
a) FDS b) Deltoid
c) Brachialis d) FCU

215. Winging of scapula is due to which of these conditions? *(NEET/DNB Pattern)*
a) Long thoracic nerve palsy
b) Thoraco-dorsal nerve palsy
c) Erb's palsy
d) Klumpke's palsy

216. Following a deep cut overlying the hypothenar emminence, it is observed that the patient cannot hold a sheet of paper between the 2nd and 3rd digits. Which of the following nerves is most likely damaged? *(NEET/DNB Pattern)*
a) Deep branch of ulnar nerve
b) Deep branch of radial nerve
c) Superficial branch of ulnar nerve
d) Median nerve

217. Which ligament transfers weight from peripheral to axial skeleton? *(NEET/DNB Pattern)*
a) Coracoclavicular ligament
b) Acromio-clavicular ligament
c) Ligament of Bigelow
d) Stemo-clavicular ligament

218. Froments's sign is seen in which nerve palsy?
a) Ulnar nerve palsy *(NEET/DNB Pattern)*
b) Median nerve palsy
c) Anterior interosseous nerve palsy
d) Radial nerve palsy

219. All of the following are considered to be rotator cuff muscles except - *(NEET/DNB Pattern)*
a) Supraspinatus b) Infraspinatus
c) Teres minor d) Teres major

220. Injury tolong thoraci nerve. It can be tested by asking the patient - *(NEET/DNB Pattern)*
a) Shrug the shoulder
b) Raise the arm above head
c) Touch opposite shoulder
d) Left a heavy object.

221. The term "guyon's canal" is in relation to which of the following? *(NEET/DNB Pattern)*
a) Anterior interosseus nerve
b) Ulnar nerve
c) Median nerve
d) Radial artery

222. Not present in proximal row of carpal bone -
a) Lunate *(NEET/DNBPattern)*
b) Scaphoid
c) Trapezium
d) Pisiform

223. Nerve related to anatomical snuff box -
a) Ulnar *(NEET/DNBPattern)*
b) Median
c) Superficial branch of radial
d) Axillary

224. Labourer's nerve is - *(NEET/DNB Pattern)*
a) Ulnar b) Radial
c) Median d) Superficial br of radial

225. Spinal partof accessory nerve supplies -
a) Platysma *(NEET/DNBPattern)*
b) Sternocleidomastoid
c) Stylohyoid
d) Diagastric

226. Biceps brachi is supplied by - *(NEET/DNB Pattern)*
a) Radial nerve b) Median nerve
c) Musculocutaneous nerve d) Axillary nerve

227. About radial bone true except - *(NEET/DNB Pattern)*
a) Radial groove is present
b) Major contributor to wrist joint
c) Radial artery lies medial to styloid process of radius
d) Medial bone of forearm

228. Contents of midpulmar space are all except -
a) 2nd lumbrical b) FDP of 3rd finger
c) 1 st lumbrical d) FDP of 4th finger

229. Which intrinsic muscle is not supplied by medion nerve- *(NEET/DNB Pattern)*
a) Abductor pollicis brevis
b) Adductor pollicis brevis
c) Opponens pollicis
d) First lumbrical

207) a 208) c 209)d 210)a 211)b 212)d 213)d 214)c 215)a 216)a 217)a 218)a 219)d 220)c
221)b 222) c 223) c 224) c 225) b 226) c 227) b 228) c 229) b

230. Winging of scapula is due to paralysis of - *(NEET/DNB Pattern)*
a) Pectoralis major
b) Serratus anterior
c) Peetoralis minor
d) Latissimus dors

231. Axillary nerve suppies - *(NEET/DNB Pattern)*
a) Supraspinatus b) Teres minor
c) Teres major d) Infraspinatus

232. All arteries involved in anastomosis around scapula except - *(NEET/DNB Pattern)*
a) Circumflex scapular b) Suprascapular
c) Inffascapular d) Tamsverse cervical

233. Radial styloid process gives attachement to -
a) ECU b) Brochioradialis
c) ECR d) Anconeus

234. Erb's palsy involves - *(NEET/DNB Pattern)*
a) C_5C_6 b) **C.T,**
c) T,T_2 d)C_6C_7

235. Posterior wall of axilla is not formed by -
a) Subscapularis *(NEET/DNB Pattern)*
b) Latissimus dorsi
c) Supraspinatus
d) Teres major

236. Klumpke's paralysis affect - *(NEET/DNB Pattern)*
a) C_5C_6 b) c_6c_7
c) C_8T, d) C_4C_5

THORAX

237. SA node is located - *(AI88)*
a) Epicardially b) Intramyocardial
c) Subepicardially d) Endocardially

238. Muscle of expiration - *(MAHE98)*
a) Diaphragm b) Internal intercostal
c) External intercostal d) Rect. Abdominis

239. Trachea begins at the level of - *(KARNAT89)*
a) Lower border of thyroid cartilage
b) Lower border of cricoid
c) Lower border of Hyoid
d) Fourth cervical vertebra

240. The developement of septal defects in the fetal heart occurs at - *(JIPMER 91)*
a) 2-4 weeks b) 5-8 weeks
c) 9-12 weeks d) 12-18 weeks

241. Lung abscess secondary to aspiration is most often seen in - *(PD187)*
a) Anterior upper lobe b) Posterior upper lobe
c) Posterior lower lobe d) Apical lower lobe

242. All generation of bronchus are fully present by -—weeks of intrauterine life - *(AIIMS 80, AMU 89)*
a) 6^{th} b) 10^{th}
c) 16^{th} d)24^{th}

243. Foreign body aspiration most commonly enters -
a) Right main bronchus *(TN 98)*
b) Left man brounchus
c) Can enter both equally
d) None of the above

244. The lenght of an adult trachea is - *(AIIMS 81)*
a) 6 to 8 cm b) 10 to 11 cm *(DNB 83)*
c) 14 to 15 cm d) 16 to 20 cm

245. An adult trachea has a diameter of - *(AIIMS 79)*
a) 0.5-1 cm b) 1.2-1.6 cms *(DNB 83)*
c) 2.5-3 cms d) 3-3.5 cms

246. Carina in an adult is at the level of - *(PGI 81*
a)T_2 b) T_3 *Rohtak 87)*
c) T_4 d) T_{fi}

247. During quiet breathing, the lower border of the lung is found at the level of the - *(AIIMS 78*
a) Sixth rib in the midclavicular line *PGI81)*
b) Tenth rib in the midaxillary line
c) Eighth rib in the midaxillary line
d) Twelfth rib in the scapular line

248. The lungs - *(PGI 79, 81)*
a) Receive parasympathetic innervation from the vagus nerves
b) Receive sympathetic innervation from preganglionic nerve cell bodies located in the intermediolateral cell column of upper thoracic spinal cord segments
c) Are innervated by visceral afferents that utilize both the vagal and sympathetic pathways to enter the central nervous system
d) Are drained by lympathic pathways, both sides of which (left and right) ter minate in the thoracic duct

249. The left coronary artery - *(AIIMS 79, PGI 80)*
a) Has a branch that commonly anastomoses with the right coronary in the coronary sulcus
b) Has a branch that commonly anastomoses with a branch of the right coronary in the intervertricular sulcus
c) Is short in that soon after its origin it bifurcates into the anterior interventricular and circumfles arteries
d) Passes anterior to the pulmonary trunk

250. Anterior interventricular artery is a branch of the----------artery - *(JIPMER 80, Delhi 86)*
a) Right marginal b) Pulmonary trunk
c) Right coronary d) Left coronary

251. At the midaxillary line, parietal pleura extends upto the level of- *(AIIMS 80, 92, 93)*
a) 8^{th} rib b) 9^{th} rib
c) 10^{th} rib d) 11^{th} rib

252. The coronary sulcus is occupied by the----------sinus- *(PGI 80, DNB 89)*
a) Pulmonary b) Coronary
c) Aortic d) Oblique

253. Posterior interventricular artery is a branch of the----------artery - *(PGI 81, Delhi 85)*
a) Circumflex b) Left coronary
c) Right coronary d) None of the above

230) b 231)b 232) c 233) b 234) a 235) c 236) c 237) c 238) b,d 239) b 240) b 241) b,d 242) c 243) a
244) c 245) b 246) c 247) a,c 248)a,b,c 249)a,b,c 250) d 251) c 252) b 253) c

254. The esophagus - *(PGI81, 84)*
a) Passes through the esophageal hiatus at vertebral level T-10
b) Is found between the trachea and the thoracic duct in the superior mediastinum
c) Is typically ventral to the azygos vein in the lower throax
d) Is adjacent to the right atrium as it passes posterior to the heart

255. Which of the following statements about the thoracic wall is/are true - *(PGI 82, 88)*
a) The terminal branches of the typical posterior intercoastal arteries anastamose with branches of the anterial intercostal arteries
b) The neurovascular bundle in the intercostal space passes along the superior border of the rib
c) The internal thoracic artery ends by the dividing into superior epigastric and musculophrenic arteries
d) The sternal angle is at the level of the third Costal Cartilage

256. The sinus node is supplied by - *(PGI 83)*
a) Right coronary artery
b) Right anterior ventricular artery
c) Left anterior descending artery
d) Artrio ventricular nodal artery

257. The terminal branches of the internal mammary artery are - *(PGI 83)*
a) Superior epigastric
b) Right gastroepiploic
c) Musculophrenic artery
d) Superior pancreatico duodenal

258. The thoracic duct crosses from the right to the left at the level of - *(PGI 86, AI88)*
a) T12 vertebra b)T6 Vertebra
c) T4 Vertebra d) T2 Vertebra
e) C7 Vertebra

259. The narrowest part of the alimentary canal is -
a) 60 cm proximal to ileocecal junction *(PGI 87)*
b) Duodenum 1st part
c) Esophagogastric in
d) Cricopharynx

260. Thoracic duct is also called - *(AIIMS 87)*
a) Hensen'sduct b) Bernard's duct
c) Pecquet duct d) Hoffman's duct

261. The esophageal opening in diaphragm is at the level of- *(AI88)*
a) T10 b) T9
c) T8 d)Tll
e) T12

262. Right coronary artery supplies all except - *(PGI 88)*
a) Apex of heart b) Intraventricular septum
c) Inter atrial septum d) S A mode

263. The arterial supply of the bundile of His is -*(AP 88)*
a) Interventricular branch of left coronary
b) Interventricular branch of right coronary
c) Marginal
d) Right aortic sinus

264. Bronchopulmonary segment contains all except -
a) Independent pulmonary artery *(AIIMS 89)*
b) Independent pulmonary vein
c) Tertiary bronchiole
d) Conical segment

265. Which of the following structures do not pierce the diaphragm - *(AI 90)*
a) IVC b) Aorta
c) Esophagus d) Greater splanchnic nerve

266. All are true about trachea except - *(AI 90)*
a) 15 cm long
b) Bifurcates at C7
c) Lined by pseudo stratified columnar epithelum
d) Tracheal cartilage is circular

267. The IVC opnening in the diaphragm is at the level of - *(Kerala 90)*
a) T8 b)T10
c) T12 d)Ll

268. Bronchial veins of the right side open into - *(Kerala 90)*
a) Superior vena cava b) Azygos vein
c) Hemiazygos vein d) None of the above

269. Which is true about apex of the left lung - *(AI 91)*
a) Subclavian artery forms a groove
b) Middle cervical ganglion lies behind it
c) Closely adherent to cervical pleura
d) Ends at second costal cartilage

270. All the direct articulation of true rib except -
a) Costo sternal joint *(AI 91)*
b) Costo chondral joint
c) Costo transverse joint
d) Costo vertebral joint

271. Which is true about arch of aorta - *(AI91)*
a) Starts at 3rd right ICS and ends at left 3rd ICS
b) Left vagus arches over it
c) Lies behind body of sternum
d) It is closely related to parietal pleura

272. Narrowest part of the esophagus is - *(IN 91)*
a) Cricopharynx
b) Esophagogastric junction
c) At the level of arch of aorta
d) Level of tracheal bifurcation

273. Length of Esophagus is- *(Kerala 91)*
a) 10 cm b) 15 cm
c) 25 cm d) 40 cm

274. The base of the heart is related to - *(Jipmer 91)*
a) Azygos vein
b) Tracheal bifurcation
c) Descending aorta
d) Central tendon of diaphragm

275. Which of the following about parietal pleura is correct - *(AI 92)*
a) Supplied by vagus N
b) Sensitive to pain
c) Derived from splanchnopleural layer of lateral plate mesoderm
d) Extends upto T2

254) a,b,c 255) a,c 256) a 257) a,c 258) None 259) d 260) c 261) a 262) a 263) a,b 264) b 265) b 266) b,d 267) a 268) b 269) a 270) a 271) d 272) a 273) c 274) c 275) b

276. Left coronary artery supplies all except - *(AI92)*
a) SA node b) Posterior 1/3 of septum
c) Left ventricle d) Apex of heart

277. The Inferior Surface of the heart is formed by -
a) Right and Left Ventricle *(AI 93)*
b) Right atrium and Ventricle
c) Inter ventricular Septum
d) IVC and Right Ventricle

278. The following form the boundaries of Koch's triangle except - *(Jipmer 93)*
a) Tendon of Todaro
b) Septal leaflet of tricuspid valve
c) Orifice of coronary Sinus
d) Origin of Left Coronary artery

279. Atrioventricular node is supplied by - *(Jipmer 93)*
a) Left Coronary artery
b) Right Coronary artery
c) Left circumflex artery
d) Left anterior descending artery

280. Base of the heart is formed by - *(Jipmer 93)*
a) Right atrium b) Left atrium
c) Both atria d) Left Ventricle

281. Rt middle lobe consists of which broncho pulmonary segment - *(Delhi 93, AI93, PGI2K)*
a) Superior & inferior b) Medial and lateral
c) Anterior and posterior d) Apical and lateral

282. Coronary sinus opens into - *(Kerala 94)*
a) inferior vena cava b) right atrium
c) left atrium d) great cardiac vein

283. If a foreigh body enters in to the nose accidentally it enters - *(Jipmer 95)*
a) Apical segment of rt. Lower lobe
b) Medial segment of rt. Middle lobe
c) Basal segment of It. Lung
d) Posterior segment of rt. Lower lobe

284. Great cardiac vein lies in - *(PGI95)*
a) Anterior IV groove b) Posterior IV groove
c) Anterior AV groove d) Posterior AV groove

285. In a cross section of thorax at T4, which is found - *(AI 95)*
a) azygos vein b) branchiocephalic artery
c) arch of aorta d) left subclavian

286. Structure arching over hilum of right lung is -
a) Azygos vein *(A196)*
b) Thoracic duct
c) Superior vena cava
d) Arch of aorta

287. Lower border of costodiaphragmatic recess is at level of following Rib - *(AI96)*
a) 6^{th} Rib b) 8^{th} Rib
c) 10^{th} Rib d) 12^{th} Rib

288. One of the following ribs articulate directly with sternum except - *(Delhi, 96)*
a) 2^{nd} rib b) 5^{th} rib
c) 4^{th} rib d) 8^{th} rib

289. Sensory nerve supply of trachea is - *(Kerala 96)*
a) Superior laryngeal nerve
b) Recurrent laryngeal nerve
c) Internal laryngeal nerve
d) Both Recurrent laryngeal & Internal laryngeal nerve
e) Glossopharyngeal nerve

290. The most dependant part of the lung in the supine position - *(CUPG.EE 96)*
a) Upper apical b) Lower apical
c) Basal d) Upper anterior

291. Bundle of HIS is - *(Karnat 96)*
a) Highly susceptible to Ishaemia
b) Mainly supplied by right coronary
c) Mainly supplied by left coronary
d) Has a dual blood supply

292. Part of heart lying in front of oeophagus - *(IN97)*
a) Left Atrium b) Left ventricle
c) Right ventricle d) Right Atrium

293. Correct about right and left main bronchi is -
a) Right bronchus is more vertical and broader than the left *(PGI 97)*
b) Right bronchus is more vertical and has a narrow calibre than the left
c) Left bronchus is more vertical and broade than right
d) Left bronchus is more vertical and narrower than ritght

294. True ribs are - *(CUPGE 97)*
a) 7^{th} rib b) 8^{th} rib
c) 10^{th} rib d) 12^{th} rib

295. All the following veins drain into coronary sinus except - *(IN 98, AMC 88)*
a) Great cardiac vein b) Middle cardiac vein
c) Small cardiac vein d) Anterior cardiac vein

296. All open in right atrium except - *(M.P 98)*
a) Sup. vena cava b) Coronary sinus
c) Great cardiac vein d) Inf. vena cava

297. True about thoracic duct - *(MP 98)*
a) It passes through aortic opening of diaphragm
b) It starts at the level of T3 vertebra
c) It opens into superior vena cava
d) It crosses from right to left at T5 vertebra

298. Which one of the following structure is NOT situated between the nect of the first rib and apex of the lung - *(ICS 98)*
a) First posterior intercostal vein
b) superior intercostal artery
c) Thoracic duct
d) Sympathetic trunk

299. All are insert in the first rib except - *(AIIMS 98)*
a) Scalenus anterior
b) Scalenus posterior
c) Scalenus medius
d) Supra pleural membrane

276)b 277)a 278)d 279)b 280)c 281)b 282)b 283)a 284)a,d 285)c 286)a 287)c 288)d 289)b
290) b 291) d 292) a 293) a 294) a 295) d 296) c 297) a,d 298) c 299) b

300. Oesophagus reveives blood sumply from all except -
a) Interior Thyroid artery *(A199)*
b) Inerior phrenic artery
c) Internal mammary artery
d) Bronchial artery

301. The oblique sinus of pericardium lies -
a) Behind the left atrium *(AMC99)*
b) Behind the ascanding aorta
c) Behind the SVC
d) Anterior to pulmonary trunk

302. Which of the following is not a boundary of the Koch's triangle - *(AIIMS2K)*
a) Tendon of Todaro b) Limbus fosa ovalis
c) Coronary sinus d) Tricuspid valve ring

303. Sympathetic innervation of heart is by - *(DNB 2001)*
a) T_rT_3 b) T_2-T_6
c) T_3-T_7 **d) Lj- L_5**

304. Length of trachea - *(TN 2002)*
a) 10-12 cm b) 1 cm -10 cm
c) 15 cm d) 22.5 cm

305. Which one of these muscles is not cut in postero lateral thoracotomy- *{PGI98)*
a) Serratus anterior b) Pectoralis major
c) Latissimus dorsi d) Intercostals

306. Esophagus enters through - *{PGI99)*
a) Central tendon of diaphragm
b) Along aortic opening
c) Muscular part of diaphragm
d) Rt. crus

307. Part of left lower lobe of lung except- (*PGI2000)*
a) Superior b) Anteromedial Basal
c) Post, basal d) Medial basal

308. Which of the following statements is correct regarding the trachea - *{PGI 01)*
a) During deep inspiration, the tracheal bifurcation may descend to T_6 level
b) The left bronchus is wider and shorter
c) The arch of the aorta lies the right bronchus and is anterior to it
d) The sensory supply of trachea is by the vagus
e) In the thorax, the esophagus lies anterior to the trachea

309. Blood supply of lungs are - *{PGI 02)*
a) Pulmonary artery b) Pulmonary vein
c) Bronchial artery d) Intercostal artery
e) Internal thoracic artery

310. True statements about esophageal hiatus - *{PGI 02)*
a) Lies between two crura of diaphragm
b) At the livel of D_{12} vertebra
c) Vagus nerve passes through it
d) Lie in rt. crura of diaphragm
e) Thoracic duct passes through it

311. Branches of R.C.A. (Rt. Coronary artery) -*(PGI 03)*
a) Obtuse marginal b) Acute marginal
c) Posterior interventricular d) Diagonal,
e) Posterior ventricular

312. Structures passing through the aortic hiatus of diaphragm are- *{PGI 03)*
a) Aorta b) Azygos vein
c) Hemiazygos vein d) Thoracic duct
e) Sympathetic trunk

313. Bronchial artery supplies upto - *{Jipmer 03)*
a) Terminal bronchiole b) Respiratory bronchiole
c) Alveolus d) Secondary bronchus

314. The commonest variation in the arteries arising from the arch of aorta is - *{AI03)*
a) Absence of brachiocephalic trunk
b) Left vertebral artery arising from the arch
c) Left common carotid artery arising from brachiocephalic trunk
d) Presence of retroesophageal subclavian artery

315. The lumbar region of the vertebral column permits all of the following movements except -
a) Flexion b) Extension *{AI 03)*
c) Lateral flexion d) Rotation

316. The middle cardiac vein is located at the - *{AI 03)*
a) Anterior interventricular sulcus
b) Posterior interventricular sulcus
c) Posterior AV groove
d) Anterior AV groove

317. In angina pectoris, the pain radiating down the left arm is mediated by increased activity in afferent (sensory) fibres contained in the - *{AIIMS 03)*
a) Carotid branch of the glossopharyngeal nerve
b) Phrenic nerve
c) Vagus nerve and recurrent laryngeal nerve
d) Thoracic splanchnic nerve

318. Autonomic supply to S.A node is - *{Orrisa 04)*
a) Parasympathetic excitatory
b) Sympathetic excitatory
c) Both excitatory
d) Both inhibitory

319. The stability of the vertebral column is due to -
a) Vertebra and vertebral discs *{Bihar 03)*
b) Interspinous ligaments
c) Paraspinal muscle
d) All

320. The esophagus - *{Kerala 04)*
a) Begins at the upper border of cricoid carlotilage
b) Runs a straight course throughout
c) Is narrowest at its termination
d) Is narrowest at its begining

321. Left superior intercostal vein drains into-*(APPGE 04)*
a) Azygous vein b) Hemi azygous vein
c) Innominate vein d) Left branchiocephalic vein

322. The arch of aorta lies in the —mediastinum -
a) Posterior b) Anterior *{TN04)*
c) Middle d) Superior

323. The base of the heart is formed by the - *{TN04)*
a) Right atrium b) Left atrium
c) Left ventricle d) Right ventricle

300)c 301)a 302)b 303)b 304)a 305)b 306)c 307)b 308)d 309)a,b,c 310)c,d 311)b,c,e 312)a,b,d
313) b 314) c 315) d 316)b 317)d 318)b 319)d 320)d 321)d 322)d 323)b

324. Which of the following is correct regarding SA node- *(SGPGI05)*
a) It is supplied by left coronary artery mainly
b) Generates an impulse at the rate of about 70/min and initiates the heart beat
c) Situated in left atrium
d) Part of valves

325. All of the following are true regarding heart except-
a) Comory sinus opens into Right atrium *(SGPGI05)*
b) Vena cardie minimi drains into surface of heart
c) SA node is supplied by Right coronary artery
d) Left auricle projects anteriorly to overlap the infundibulam of the right ventricle

326. Which of the following is correct regarding hilum of right lung - *{AMU05)*
a) Thoracic duct arches over it
b) Azygous vein arches over anterior surface
c) Arch of aorta is related to its anterior surface
d) Pressed by lingual

327. Occlusion of the LAD will lead to infarction of which area- **(***MAHE05)*
a) Posterior part of the interventricular septum
b) Anterior wall of the left ventricle
c) Lateral part of the heart
d) Inferior surface of right ventricle

328. The root of the right lung does not lie behind which one of the following - *(ICS 05)*
a) Right atrium b) Right vagus
c) Superior vena cava d) Phrenic nerve

329. Which of the following do NOT elevate the ribs -
a) Serratus posterior superior *(MAHA 05)*
b) Serratus posterior inferior
c) External intercostals
d) Levatores costarum

330. Superior intercostal artery is a branch of-*{APPGE 05)*
a) Costocervical trunk b) Dorsal scapular artery
c) Thyrocervical trunk d) Internal thoracic artery

331. Anterior intercostal artery is branch of -*(Orrisa 05)*
a) Internal mammary artery
b) Direct branch of aorta
c) Posterior intercostal artery
d) Subclavian artery

332. All of the following structures pass through the superior aperture of thorax except -*{AIIMS NOV 05)*
a) Right recurrent laryngeal nerve
b) Left common carotid artery
c) Left sympathetic trunk
d) Thoracic duct

333. While doing thoracocentesis, it is advisable to introduce needle along - *(AI05)*
a) Upper border of the rib
b) Lower border of the rib
c) In the center of the intercostal space
d) In anterior part of intercostal space

334. All of the following arteries are common sites of occlusion by a thrombus except - *(AIIMSMay 05)*
a) Anterior interventricular
b) Posterior interventricular
c) Circumflex
d) Marginal

335. The following statements are true regarding the SA node except - *(AIIMSMay 05)*
a) Is located at the right border of the ascending aorta
b) It contains specilized nodal cardiac muscle
c) It is supplied by the atrial branches of the right coronary artery
d) It initiates cardiac conduction

336. The coronary sinus - *(Jipmer 05)*
a) Lies in anterior part of the coronary sulcus
b) Ends in right atrium
c) Has venae cordis minimae as its tributaries
d) Develops from right anterior cardinal vein

337. Which of the following structures constitutes part of ventricle of heart - *(HP 2006)*
a) Auricle b) Crista terminalis
c) Fossa ovalis d) Trabeculee carenae

338. Consider the following statements - *(UPSC 07)*
Venacaval opening of the diaphragm situated at the level of T_g transmit -
1. Inferior vena cava
2. Vagus nerve
3. Branches of the right phrenic nerve
4. Thoracic duct

Which of the statements given above are correct ?
a) 1 and 2 b) 2 and 3
c) 1 and 3 d) 1 and 4

339. The normal narrowing in the middle of the oesophagus is caused by - **(***Corned 07)*
a) Azygos vein
b) Hemiazygos vein
c) Right main stem bronchus
d) Left main stem bronchus

340. The last tributary of the azygos vein is - *{Corned 08)*
a) Right superior intercostal vein
b) Hemi-azygos vein
c) Right bronchial vein
d) Accessory azygos vein

341. Structures that pass from thorax to abdomen behind the diaphragm are all except - *{AI 07)*
a) Azygos vein b) Aorta
c) Thoracic duct d) Greater splanchnic nerve

342. Most common site of Morgagni Hernia is - *{AI 07)*
a) Left Anterior b) Right posterior
c) Right Anterior d) Left posterior

343. Difference between typical cervical & thoracic vertebral- *{AI07)*
a) Has a triangular body
b) Has a foramen transversarium
c) Superior articular facet directed backwards & upwards
d) Has a large vertebral body

324) b 325)b 326)b 327)b 328)b 329)b 330)a 331)a 332)a 333)a 334)d 335)a 336)b 337) d
338) c 339) d 340) c 341) d 342) c 343)b

344. All of the following characteristics differentiate a typical cervical vertebrae from a thoracic vertebrae except- *(Aiims May 07)*
a) Has a triangular vertebral canal
b) Has foramen transversarium
c) Superior articular facet is directed backwards & upwards
d) Has a large vertebral body

345. A "Potential Anastomosis" seen in- *(UP 07)*
a) Labial branch of facial artery
b) Intercostal artery
c) Coronary artery
d) Arterial arcades of mesentery

346. Which of the following duct commences in the abdomen as an elongated lymph sac of the cisterna chyli is - *(UP 07, UP 06)*
a) Thoracic duct b) Gartner's duct
c) Bile duct d) Hepatic duct

347. In a case of chest pain with pericarditis and pericardial effussion, pain is referred by -
a) Phrenic nerve *(AIIMSNov 07)*
b) Superficial cardiac plexus
c) Deep cardiac plexus
d) Vagus nerve

348. Pleural tapping in the mid-axillary line, muscle not pierced is - *(AIIMSNov 07)*
a) Internal intercostal b) External intercostal
c) Inner most intercostal d) Transversus thoracis

349. Which of the following is the most cranial structure in the root of left lung? *(AIIMSNov 0 7)*
a) Bronchus b) Pulmonary artery
c) Pulmonary vein d) Bronchial artery

350. If circumflex artery gives the posterior interventricular branch, this circulation is described as - *(AIIMS Nov 07)*
a) Right dominance b) Left dominance
c) Codominance d) Undetermined

351. Direct opening in the right atrium with - *(UP 08)*
a) Anterior cardiac vein b) Oblique vein
c) Middle cardiac vein d) Great cardiac vein

352. In the lungs bronchial arteries supply the bronchopulmonary tree - *(A! 08)*
a) Till tertiary bronchi
b) Till segmental bronchi
c) Till respiratory bronchioles
d) Till alveolar sacs

353. The thoracic duct receives tributaries from all of the following except - *(A iims May 08)*
a) Bilateral ascending lumbar trunk
b) Bilateral descending thoracic trunk
c) Left upper intercostal duct
d) Right bronchomediastinal lymphatic trunk

354. Tracheal bifurcation is at which level of vertebra -
a) T4 b)T2 *(Manipal 08)*
c)Tl d)T7

355. Fibrous pericardium is attached to - *(Manipal 08)*
a) Central tendon b) Right crus
c) Left crus d) Pleura

356. Anterior interventricular artery is a branch of -
a) Rt coronary artery *(DPGEE 08)*
b) Left coronary artery
c) Circumflex artery
d) Left anterior descending artery

357. Which of the following is true about the starting course azygous vein course - *(APPG 08)*
a) Superior venecava
b) Posteriorly to inferior venecava
c) Anterior lumbar vein
d) None

358. True about anatomy of right ventricle -
a) Situated posteriorly *(PGIDec08)*
b) More prominent trabeculation
c) Crista supraventricularis separate tricuspid valve & pulmonary valve
d) Apex trabeculated
e) TV & PV share fibrous continuity

359. True about Latissimus dor si - *(PG1 Dec 08)*
a) Nerve supply from long thoracic nerve
b) Inserted into bicipital groove of humerus
c) Use to fill up back defects
d) Blood supply from lateral thoracic artery
e) Origin from upper four ribs

360. Boundary of triangle of auscultation is not formed by- *(ARMSNov 08)*
a) Serratus anterior b) Scapula
c) Trapezius d) Latissimus dorsi

361. In a Subclavian artery block at the outer border of 1st rib, all of the following arteries help in maintaining the circulation to upper limb except -
a) Sub scapular artery *(AIIMS Nov 08)*
b) Superior thoracic
c) Thyrocervical trunk
d) Suprascapular artery

362. Aortic hiatus contains - *(ARMSMay 09)*
a) Left gastric vein and thoracic duct
b) Thoracic duct and hemiazygos vein
c) Azygos vein and thoracic duct
d) Left vagus and thoracic duct

363. Blood supply of pectoralis major muscles is /are -
a) Thoracoacromial trunk *(PGIJune09)*
b) Lateral thoracic artery
c) Internal mammary artery perforating branches
d) Axillary artery
e) Subclavian artery

364. As viewed from the right atrium, the floor of the fossa ovalis is formed by - *(COMED 09)*
a) Septum primum
b) Septum secundum
c) Endocardial cushions
d) Tricuspid valve orifice

344) d 345) c 346) a 347) a 348) d 349) b 350) b 351) a 352) c 353) d 354) a 355) a 356) b 357) b
358)b,c,d,e 359)a,b,c 360)a 361)b 362)c 363)a,c 364)b

365. The thoracic duct crosses the posterior mediastinum at the level of which vertebra - *(COMED 09)*
a) T5 b)T6
c) T7 d)T8

366. Spinal epidural space contains -*(DELHIPGFeb. 09)*
a) Areolar tissue and internal vertebral venous plex uses
b) Only areolar tissue
c) Only cerebrospinal fluid
d) Vertebral venous plexus and cerebrospinal fluid

367. Spinal epidural space is the largest at the level of the - *(DELHI PG Feb. 09)*
a) 12^{th} thoracic vertebra b) 1^{st} lumbar vertebra
c) 2^{nd} lumber vertebra d) 3^{rd} lumber vertebra

368. All of the following are true about phrenic nerve, except- *(DELHIPG Mar. 09)*
a) It is purely motor nerve
b) It arise briefly from C_4 spinal nerve
c) It is formed at the lateral order of scalenus anterior
d) Accessory phrenic is commonly a branch from the nerve to subclavirus

369. Which of the following statements is/are true about diaphragm - *(PGI Nov 09)*
a) Left side pushed down by heart
b) Left side lower than right side
c) Right side lower than left side
d) Right side pushed up by liver
e) Hernia common on left because of weak origin

370. True about left phrenic nerve - *(AIIMSNov 09)*
a) Lies anterior to anterior scalenous muscle
b) Posterior to brachial plexus
c) Posterior to subclavian artery
d) Posterior to hilum left lung

371. Left sided superior vena cava drains into - *(AJ10)*
a) Right atrium b) Left atrium
c) Coronary sinus d) Pericardial space

372. Occlusion of the left anterior descending artery will lead to infarction of which area - *(DPG10)*
a) Posterior part of the interventricular septum
b) Anterior wall of the left ventricle
c) Lateral part of the heart
d) Inferior surface of right ventricle

373. Which of the following is not a tributary of azygos vein? *(Maharashtra 10)*
a) Right posterior intercostal
b) Right superior
c) Left superior intercostal
d) Accessory hemiazygos

374. True statement about Rt coronary artery (RCA) -
a) Diameter less than LCA *(PGI Nov 10)*
b) RCA arises from anterior aortic sinus
c) RCA supplies major part of right atrium and right ventricle
d) RCA gives rise to circumflex coronary branch

375. Constrictions in Esophagus are present at distance of (from incisor) - *(PGINov. 10)*
a) 12 cm b)25cm
c) 28cm d)36cm
e) 40 cm

376. The surface marking of the arch of aorta is as follows - *(Karn 11)*
a) Behind the manubrium stemi
b) 2nd intercostal space
c) 3rd intercostal space
d) Left 2nd costal cartilage

377. Veins are an example of - *(PUNJAB 11)*
a) Conducting vessels b) Distributing vessels
c) Resistance vessels d) Capacitance vessels

378. Hassal's corpuscles are seen in - *(Jipmer 11)*
a) Thymus b) Thyroid
c) Parathyroid d) Spleen

379. Which of the following accompanies the anterior interventricular artery ? *(NEET/DNB Pattern)*
a) Great cardiac vein b) Middle cardiac vein
c) Small cardiac vein d) Right marginal vein

380. At what level does the trachea bifurcates?
a) Upper border of T4 *(NEET/DNB Pattern)*
b) Lower border of T4
c) 27.5 cm from the incisors
d) Lower border of T5

381. Which of the following represents the surface marking of the aortic valve?*(NEET/DNB Pattern)*
a) Sternal end of left 3rd costal cartilage
b) Sternal end of right 3rd costal cartilage
c) Besides the sternum in left 3rd intercostal space
d) Besides the sternum in right 3rd intercostals space

382. Which of the following is supplied by the abdominal aorta? *(NEET/DNB Pattern)*
a) Accessory lung lobes
b) Bronchopulmonary segment
c) Sequestrated lung tissue
d) Base of lung

383. IVC pierces the diaphgram at what vertebral level-
a) T6 b) T8 *(NEET/DNB Pattern)*
c) T10 d)T12

384. Arch of aorta lies at what vertebral level -
a) T5 b) T4 *(NEET/DNB Pattern)*
c) T6 d)T2

385. All of the following lie between the 1st rib and the apex of the lung, except - *(NEET/DNB Pattern)*
a) Thoracic duct
b) Superior intercostal artery
c) First posterior intercostal vein
d) Sympathetic trunk

386. What is true about sinus venosus- *(NEET/DNB*
a) Forms rough wall of right atrium *Pattern)*
b) Forms smooth wall of right atrium
c) Forms right coronary sinus
d) Forms left leaflet of coronary sinus

365) a 366) a 367) d 368) a 369)b,d,e 370) a 371)c>a 372) b 373) c 374)a,b,c 375) b,e 376) a 377) d
378) a 379) a 380)b 381)a 382)c 383)b 384)b 385)a 386)b

387. Subcapsular sinuses are seen in- *(NEET/DNB Pattern)*
a) Spleen b) Thymus
c) Thyroid d) Lymph node

388. Which of the following is not supplied by the right coronary artery? *(NEET/DNB Pattern)*
a) SA node b) AV node
c) AV bundle d) Right bundle branch

389. Surface marking of the mitral valve is -
a) Behind sternal end of left 4th costal cartilage
b) Behind sternal end of right 4th costal cartilage
c) Left 4th intercostal space in the midclavicular line *(NEET/DNB Pattern)*
d) Left 3rd intercostal space in the midclavicular line

390. Superior vena cava opens into right atrium at the level of - *(NEET/DNB Pattern)*
a) T1 b) T3
c) T4 d) T5

391. Opening of esophagus into diaphragm is at the level of - *(NEET/DNB Pattern)*
a) T6 b) T10
c) T12 d) T8

392. Isometric relaxation is defined as -
a) Relaxation of both atria *(NEET/DNB Pattern)*
b) Relaxation of both atria with all valves open
c) Relaxation of LV with mitral & aortic valve closed
d) Atrophy

393. Distance of the Lower Esophageal Sphincter from the upper incisors is - *(NEET/DNB Pattern)*
a) 15cm b) 22.5cm
c) 27.5cm d) 37.5cm

394. Transverse sinus is present posterior to which structures - *(NEET/DNB Pattern)*
a) Right atrium b) Left atrium
c) Upper pulmonary artery d) Aorta

395. Aortic area for auscultation overlying the chest wall is located at - *(NEET/DNB Pattern)*
a) Cardiac apex
b) 2nd intercostal space on right side
c) 2nd intercostal space on left side
d) Epigastric region

396. Lymphatic drainage of cervix is to all except -
a) Internal iliac *(NEET/DNB Pattern)*
b) External iliac
c) Obturator
d) Sacral

397. Hyaline cartilage of respiratory tree extends upto-
a) Tertiary bronchiole *(NEET/DNB Pattern)*
b) Secondary bronchiole
c) Terminal bronchiole
d) Bronchi

398. Length of adult trachea is - *(NEET/DNB Pattern)*
a) 5-6 cm b) 10-11 cm
c) 15-16cm d) 20-21cm

399. Sympathetic supply to heart -*(NEET/DNB Pattern)*
a) Cj-C_7 **b) T, - T_4**
c) C[-C_4 d)T_5-T_9

400. Esophagus shorts at which level -
a) Upper border of cricoid cartilage
b) Lower border of cricoid cartilage
c) Thyroid cartilage *(NEET/DNB Pattern)*
d) Hyoid cartilage

401. Surface marking of oblique fissure of lung include all except - *(NEET/DNB Pattern)*
a) T_3 b) 5th rib
c) 7th rib d) 6th costal cartilage

402. Blood supply of liver - *(NEET/DNB Pattern)*
a) 80 % hepatic artery, 20 % portal vein
b) 20 % hepatic artery, 80 % portal vein
c) 50 % hepatic artery, 50 % portal vein
d) 100 % hepatic artery

403. Coronary sinus is guarded by- *(NEET/DNB Pattern)*
a) Crista terminalis b) Thebesian valve
c) Mitral valve d) Spiral valve

404. Coronary sinus develops *from-(NEET/DNB Pattern)*
a) Truncus arteriosus b) Conus
c) Sinus venosus d) AV canal

405. Hemiazygous vein crosses left to right at the level of- *(NEET/DNB Pattern)*
a) T8 b) T10
c) T12 d) T6

406. Bifurcation of trachea is at - *(NEET/DNB Pattern)*
a) Upper border of T5 b) Lower border of T4
c) Upper border of T4 d) Lower border of T5

407. Fossa ovalis is a remnant of- *(NEET/DNB Pattern)*
a) Septum primum b) Septum secundum
c) Ductus arteriosus d) ductus venosus

408. SA node blood supply is - *(NEET/DNB Pattern)*
a) Rt. coronary b) Lt. coronary
c) Lt. and descending d) Ant aortic sinus

409. Koch's triangle has blood supply from -
a) Rt. coronary *(NEET/DNB Pattern)*
b) Ltcircumflex
c) Lt. and descending
d) Ant aortic sinus

410. At Saint Louis angle what crusses -
a) Arch of aorta *(NEET/DNB Pattern)*
b) Azygous vein
c) Common carotid artery
d) None

411. Lower border of lung is upto____ level of rib at mid-axillary line - *(NEET/DNB Pattern)*
a) 6 b) 8
c) 10 d) 12

412. Occlusion of left anterior descending artery results in ischemia of - *(NEET/DNB Pattern)*
a) Anterolateria wall b) Left atrium
c) Right ventricle d) Interatrial septum

413. Esophageal opening in diaphragm at -
a) T_g b) T_{10} *(NEET/DNB Pattern)*
c)T_{12} d)T_6

387) d 388) d 389)a 390)d 391)b 392)c 393)d 394)d 395)b 396)c 397)d 398)b 399)b 400)b
401) c 402) b 403) b 404)c 405)a 406)b 407)a 408)a 409)a 410)a 411)b 412)a 413)b

414. Ductus venosus connects -
a) Pulmonary trunk and descending aorta
b) Right atrium and left atrum
c) Portal vein and IVC *(NEET/DNB Pattern)*
d) Pulmonary trunk and ascending aorta

415. Thoracic duct crosses at - *(NEET/DNB Pattern)*
a) T1 b) *Cl*
c) T5 d) T8

416. Middle lobe of lung contains, segments -
a) Superior & inferior *(NEET/DNB Pattern)*
b) Anterior & posterior
c) Medial & lateral
d) Apical & basal

417. Azygos lobe is found - *(NEET/DNB Pattern)*
a) Heart b) Spleen
c) Lung d)Pancreas

418. Blood supply of thoracic part of esophagus -
a) Aorta *(NEET/DNB Pattern)*
b) Inferior thyroid artery
c) Gastric artery
d) Superior thyroid artery

419. Fossa ovalis clases because of fussion of - *(NEET/DNBPattern)*
a) Septum primum + Endocardial cushion
b) Septum secundum + Endocardial cushion
c) Septum primum + Septum secundum
d) None

420. What lies anterior to transverse sinus- *(NEET/*
a) Aorta b) Pulmonary artery *DNB Pattern)*
c) IVC d) SVC

INFEX

421. Patella completely ossify by the age of - (*.PGI84)*
a) 6 years b) 10 years
c) 14 years d) 21 years

422. Fabella is - *(PGI81, AMU87)*
a) Same as fibula
b) An accessory projection from fibula
c) A sesamoid bone
d) None of the above

423. Distal femoral epiphysis is seen at the age of -
a) Just after birth b) 10 weeks *(JIPMER 80,*
c) 20 weeks d) 34 weeks *Delhi 87)*

424. Which of the following muscles are stance phase muscles - *(PGI 80, 87)*
a) Quadriceps b) Hamstring muscles
c) Anterior tibial d) Peroneus longus
e) Soleus-gastrocnemuus

425. Peroneus brevis is inserted to - *(PGI 88)*
a) Base of fifth metatarsal
b) Base of first metatarsal
c) Head of third metatarsal
d) Head of second metatarsal

426. The ischial tuberosity gives attachment to -
a) Obturator intemus *(AIIMS 79, Rohtak 90)*
b) Quadratus femoris
c) Gluteus maximus
d) Adductor magnus

427. The posterior division of obturator nerve innervates - *(AIIMS 79, Kerala 89)*
a) Hip joint b) Knee joint
c) Adductor longus d) Pectineus

428. In the region on the knee - *(PGI 81)*
a) The popliteal fossa is bounded above by tendons of the hamstring muscles and below by the two heads of the gastrocnemius muscle
b) The deepest structure in the popliteal fossa is the popliteal artery
c) The popliteal and femoral vessels are continuous through the adductor hiatus
d) The common peroneal nerve passes superficially through the central protion of popliteal fossa

429. The superficial circumflex iliac artery usually anastomoses with which of the following arteries -
a) Superior gluteal *(AIIMS 81, AMC 83)*
b) Lateral femoral circumflex
c) Deep circumflex iliac
d) All of the above

430. The longitudinal arch of the foot - *(PGI 82)*
a) Is divided into medial and lateral protions anteriorly with the calcaneus forming a common component posteriorly
b) Is highest (most suprior) at the level of the talus
c) Receives medial support primarily from the palntar calcaneonavicular (spring) ligament, which directly support the head of the talus
d) Is arranged so that weight is distributed anteriorly to the heads of the metatarsals and posteriorly to the calcaneus

431. The following muscles dorsiflex the foot at the ankle j oint - *(PGI 82)*
a) Extersor digitorum brevis
b) Tibialis anterior
c) Peroneus longus
d) Extensor hallucis longus

432. Abduction and adduction of the forefoot occurs at- *(PGI 83)*
a) Subtalar joint b) Midtarsal joint
c) Inferior tibiofibular joint d)None

433. The contents of the femoral sheath *is/are-(AHMS 84)*
a) Femoral nerve b) Femoral vein
c) Femoral artery d) b & c

434. In walking, the hip bone of the suspended leg is raised by which of the following muscles acting on the supported side of the body- *(AIMS 84)*
a) Obturator extemus b) Gluteus medius
c) Gluteus maximus d) Gluteus minimus

414)c 415)b 416)c 417)c 418)a 419)c 420)a 421)c 422)c 423)d 424)AU 425)a 426)d 427)b 428) a,b,c 429) d 430)All 431)b,d 432) b 433) d 434) a

435. Due to bony support, the most stable position of the ankle joint is - *(AMU 84)*
a) Inversion b) Plantar flexion
c) Eversion d) Dorsiflexion

436. The longest vein in the human body is- *(A1IMS 85)*
a) IVC b) Cephalic
c) Basilic d) Long saphenous

437. The number perforators of the great saphenous vein in the leg is - *(AIIMS 85)*
a) 2 b)3
c) 4 d) 5

438. The following structures pass through the subsartorial canal, except the - *(AIIMS 85)*
a) Posterior division of the obturator nerve
b) Saphenous nerve
c) Femoral artery
d) Nerve to vastus intermedius
e) Femoral vein

439. Knee jerk reflex tests -*(NIMHANS 86, 87,*
a) Lj L_2L_3 b) L_2 L_3L_4 *Kerala 87)*
c)$L_3L_4L_5$ d)L_4L_5L,
e)L_5S,S_2

440. Sartorius muscle takes origin from - *(AP 86,*
a) Pectinate line *Delhi 86)*
b) Ant. Superior iliac spine
c) Body of the ileum
d) Ischial tuberosity

441. Ossification of the lower end of femur is seen at - *(PGI86, KERALA 87, UPSC 86, JIPMER 86)*
a) 36^{th} week b) 3 8^{th} week
c) 39^{th} week d) 40^{th} week
e) 32^{nd} week

442. The keystone of the medial longitudinal arch of the foot is- *(JIPMER 86)*
a) Calcaneum b) Cuboid
c) Talus d) Navicular

443. Femoral nerve does not supply - *(AIIMS 86, 91)*
a) Sartorius b) Rectus femoris
c) Tensor fasciae latae d) Articularis genu

444. Where does superficial femorla artery becomes the popliteal artery - *(TN 8 7)*
a) At apex of femoral triangle
b) At the hiatus in adductor magnus
c) Within the adductor canal
d) None of the above

445. Which is true of spring ligament - *(TN87)*
a) Seen in the spine
b) Synonymus with plantar calacaneonavicular
c) Ligament
d) Seen in the knee joint
e) Seen in hip joint

446. The action of popliteal muscle is to - *(PGI 87)*
a) Rotate the femur laterally on the tibia
b) Rotate the femur medially on the tibia
c) Rotate the tibia laterally on the femur

447. Floor of the femoral triangle is formed by the following muscles, except the - *(AMU 88)*
a) Pectineus b) Adductor longus
c) Iliacus d) Adductor brevis

448. Pain from the hip joint is referred to the - *(PGI 88)*
a) Back b) Knee joint
c) Calf d) All of the above

449. Foot drop result as a result of inj ury to - *(AI88)*
a) Deep peroneal nerve
b) Superficial peroneal nerve
c) Tibal nerve
d) Deltoid ligament

450. Lateral rotators of the hip are A/E - *(AI 88)*
a) Piriforms b) Quadratus famoris
c) Obturator intemus d) Obturator extemus
e) Psoas major

451. The strongest ligament in the body is - *(PGI 88)*
a) Inguinal ligament b) Lacunar ligament
c) Ligamentum flavum d) Iliofemoral ligament

452. The flexor of the hip is- *(PGI 88)*
a) Psoas b) Vastus medialis
c) Quadratus femoris d) Gluteus maximus

453. Which artery is found in the adductor canal -
a) Profunda femoris b) Femoral *(AMC88)*
c) Obturator d) Popliteal

454. Fascia cribrosa is related to- *(Rohtak88)*
a) Inguinal ring b) Femoral canal
c) Neck d) Thigh

455. Popliteus muscle forms the..... of popliteal fossa-
a) Roof b) Floor
c) Upper boundary d) Lower boundary

456. The peroneal artery is a branch of which artery -
a) Anterior tibial artery *(CMC 89)*
b) Popliteal artery
c) Posterior tibial artery
d) Arcuate artery
e) Lateral plantar artery

457. Femoral canal, which is correct - *(AI89)*
a) Smaller in female
b) Contains femoral vein
c) Inferior epigastric artery lies medially
d) Medial most compartment of femoral sheath

458. Extension of the hip is restricted by - *(AI89)*
a) Iliofemoral ligament b) Psoas
c) Gravity d) Abductor muscles

459. Medial longitudinal arch of foot is not formed by -
a) Cuboid b) Calcaneous *(AI 89)*
c) Talus d) Navicular

460. Most commonly used donar nerve in nerve grafting is- *(UPSC89)*
a) Medial politeal b) Posterior interosseus
c) Great auricular d) Sural

461. Housemaids knee is an inflammation of the..... Bursae - *(UPSC89)*
a) Suprapatellar b) Semi membranosus
c) Prepatellar bursa d) Lateral patellare

435) d 436) d 437) c 438) d 439) b 440) b 441) a 442) c 443) c 444) b 445) b 446) a 447) d 448) b
449) a 450) e 451)d 452) a 453) b 454) b 455) b 456) c 457) d 458) a 459) a 460) d 461) c

462. Medial meniscus is attached at - *(NIMHANS89)*
a) One point b) Two point
c) Three points d) None

463. The muscles that innervate the sole of foot include-
a) Tibialis anterior *(AMU 89)*
b) Extensor hallucis longus
c) Tibialis posterior
d) Flexor digitorum longus

464. Extensor of the knee is by - *(AIIMS 91)*
a) Biceps femoris b) Quadriceps
c) Sartorius d) Semi membranosus

465. Short saphenous vein is the continuation of -
a) Medial marginal vein *(AIIMS 91)*
b) Lateral marginal vein
c) Dorsal venous arch
d) Tibi al vein

466. Which of the following muscles does not arise from the calcaneum - *(AP 91)*
a) Flexor digitorum brevis
b) Extensor digitorum brevis
c) Quadratus plantae
d) Flexor hallucis brevis
e) Abductor hallucis

467. The major blood supply to the posterior femoral muscles is provided by - *(AP 91)*
a) The perforating branches of the deep femoral artery
b) The obturator artery
c) The superior gluteal artery
d) Medial and lateral femoral circumflex vessels

468. Which of the folllowing muscles does not insert into the plantar aspect of the foot - *(UP 92)*
a) Flexor digitorum longus b) Peroneus tertius
c) Peroneus longus d) Tibialis posterior
e) Flexor hallucis longus

469. Oblique popliteal ligament is the continuation of- *(Al 92)*
a) Semi tendinosus b) Semi membranosus
c) Biceps femoris d) Adductor magnus

470. Ligament of Bigelow is present in - *(ARMS 92)*
a) Shoulder joint b) Ankle joint
c) Knee joint d) Hip joint

471. Sacral canal's volume is - *(Delhi 92)*
a) 5-10cc b)15-25cc
c) 10-15cc d) 25-35cc

472. In the adult, the chief arterial supply to the head of the femur is from the - *(TN 92)*
a) Superficial circumflex iliac artery
b) Obturator artery
c) Branches from the medial and lateral circumflex femoral arteries
d) Deep external pudendal artery
e) Inferior gluteal artery

473. Great saphenous vein can be exposed anterior to the medial malleolus at - *(AMU 92)*
a) 1 cm b) 1.25 cm
c) 2.5 cm d) 4 cm

474. The nerve involved in Tarsal Thnnel syndrome is -
a) Lateral plantar b) Medial Plantar *(AI93)*
c) Posterior tibial d) Anterior tibial

475. Saphenous opening is situated - *(JIPMER 93)*
a) Just below pubic tubercle
b) Below and lateral to pubic tubercle
c) Above and medial to pubic tubercle
d) Just above pubic tubercle

476. Ossification centres in calcaneus and talus appear in- *(JIPMER 95)*
a) 4^{th} and 8^{th} month b) 3^{rd} and 6^{th} month
c) 5^{th} and 9^{th} month d) 11^{th} and 12^{th} month

477. Drainage of glans penis is to - *(Al 95)*
a) Deep inguinal nodes
b) Superficial inguinal nodes
c) Paraaortic
d) Iliac lymph nodes

478. Fabellaoccurs in- *(TN95)*
a) Gastrocnemious medial head
b) Gastrocnemious lateral head
c) Tendo calcaneous
d) Soleus muscle

479. Action of quadratus femoris is- *(Assam 95)*
a) Extension b) Flexion
c) Lateral rotation d) Medial rotation

480. While flexing knee, femoral condyles are prevented from rolling b ackwards by - *(ARMS 95)*
a) Ligamentum patellae
b) Semilunar cartilages
c) Medial & lateral collateral ligaments
d) Cruciate Ligaments

481. Femoral vein lies----- -------to femoral artery -
a) Anterior b) Posterior *(CUPGEE 95)*
c) Lateral d) Medial

482. Anastomosis around the knee-which is true -
a) Deseeding genicular branch of femoral artery
b) Anterior tibial artery *(CUPGEE 96)*
c) Saphenous branch of femoral artery
d) All

483. Muscles inserted into the iliotibial tract-*(CUPGEE*
a) Tensor fascial lata b) Gluteus maximus *96)*
c) Vastus lateralis d)All

484. Knee jerk is primarily served by - *(AI97)*
a) LI b)L2
c) L3 d)L4

485. Not seen in adductor canal - *(Kerala 97)*
a) Femoral artery b) Femoral nerve
c) Saphenous nerve d) Femoral vein

486. Spontaneous pelvic diasthesis is seen in - (*PGI97)*
a) Extended lithotomy b) Squating
c) Trendelenberg d) Supine

487. Structure passing deep to Flexor retinaculam, behind medial malleolus is - *(ARMS 97)*
a) Tibialis anterior
b) Tibialis posterior
c) Posterior tibial artery
d) Tendon of Extensor hallucis longus

462) c 463) a,c,d 464) b 465) b 466) d 467) a 468) b 469) b 470) d 471) d 472) c 473) c 474) c 475) b
476) b 477) a 478) b 479) c 480) d 481) d 482) a,b 483) d 484) b 485) b 486) a 487) b,c

488. IV infusion is avoided in - *(CUPGE 97)*
a) long saphenous vein b) Cephalic vein
c) Ext. Jugular vein d) Int Jugular vein

489. Weight of the body is supported in sitting posture by- *(CUPGE 97)*
a) Ischial tuberosity b) Ramus of Ischium
c) Body of Ischium d) Pubis

490. False about venous drainage at the lower limb -
a) Blood flows from superficial to deep system
b) Blood flows from deep to superficial *(Kerala 97)*
c) Veins are provided with valves
d) Valvular incompetence will lead to varicose veins

491. Adductor hallucis nerve supply is - *(Jipmer 98)*
a) Medial plantar nerve
b) Deep branch of medial plantar nerve
c) Deep branch of lateral plantar nerve
d) Lateral plantar nerve

492. Anterior cruciate ligament is attached *to-(JIMPER 98)*
a) Medial part of anterior Intercondylar area of tibia
b) Lateral part of medial condyle of femur
c) Lateral part of lateral condyle of femur
d) Medial part of lateral condyle of femur

493. Lateral Circumflex femoral is a branch of -
a) External Iliac b) Internal iliac *(AI98)*
c) Femoral artery d) Profunda femoris artery

494. In children, the head of femur is supplied by all of the following arteries except - *(ICS 98)*
a) Nutrient artery
b) Medial circumflex artery
c) Artery of the ligamentum teres
d) Obturator artery

495. The anterior cruciate ligament of knee joint- *(Orissa 98)*
a) Prevents backward displacement of tibial condyles
b) Prevents forward displacement of tibial condyles
c) Is attchedt above to the medial femoral condyle
d) Prevents side to side displacement of the tibial condyles

496. Abnormal obturator artery is a branch of -
a) Internal iliac artery *(Orissa 99)*
b) External iliac artery
c) Obturator artery
d) Inferior epigastric artery

497. Muscles originating from ischial tuberosity are all except - *(MP 2K)*
a) Short head of tricepsb) Adductor magnus
c) Semimembranosus d) Semitendinosus

498. True about lateral meniscus - *(MP 2K)*
a) It is nearly semicircular
b) It is more liable to injury
c) It's postrior surface is indented by popliteus muscle
d) Fibular collateral ligament is attached to it

499. Major function of gluteus medius & minimus at hip joint is - *(AMC 2K)*
a) Flexion b) Extension
c) Abduction d) Adduction

500. Trendelenburg's sign is positive with weakness/ paralysis - *(TM 2001)*
a) Gluteus maximus
b) Gluteus medius & minimus
c) Adductor longus
d) Hamstrings

501. Largest branch of Lumbar plexus - *(TN2001)*
a) Sciatic Nerve b) Femoral nerve
c) Obturator nerve d) Pudendal nerve

502. Following ligament forms the medial boundary of femoral canal - *(HPU 2001)*
a) Pectineal b) Lacunar
c) Pubic d) Inguinal

503. Which muscle extends the knee with the hip flexion-
a) Biceps femoris b) Vastus medialis
c) Rectus femoris d) Vastus lateralis

504. A 10 year old boy taken for venesection of Great saphenous vein developed sudden pain & parasthesia on the medial aspect of great toe after givin incision over the vein & ligating it. Which of the following nerve is most likely involved in this - *(AI02)*
a) Sural nerve b) Deep peroneal nerve
c) Medial planter nerve d) Saphenous nerve

505. The Lymphatic drainage from heel and lateral lateral part of foot is to - *(JIPMER 2002)*
a) Superficial inguinal LN b)Deep inguinal LN
c) External iliac LN d) Popliteal LN

506. The following is an expansion of semimembranous tendon- *(JIPMER 2002)*
a) Oblique popliteal ligament
b) Tibial collateral ligament
c) Fibular collateral ligament
d) Arcuate popliteal ligament

507. Biceps femoris, true is - *(TN 2002)*
a) Muscle of adductor compartment of thigh
b) Attached to head of fibula
c) Supplied by femoral nerve
d) Related to medial ligament of knee

508. Inversion and eversion occurs at which joint-(PG7*97)*
a) Subtalar and midtarsal b) Calcaneo navicular
c) Midtarsal d) Calcaneocuboid only

509. Pain felt between great toe and II toe is due to involvment of which nerve root - *(PGI98)*
a) L_5 b) S_2
c) S_1 d) S_3

510. Planter flaxion is brought about by which of these muscles - *(PGI 02)*
a) Plantaris b) FHL
c) Tibilis anterior d) Peronius brevis
e) Soleus

511. Lymphatic drainage of clitoris is to - *(PGI02)*
a) Gland of Cloquet
b) Superficial inguinal lymph nodes
c) Deep inguinal lymph nodes
d) Obuturator nodes
e) Para-aortic nodes

488) a 489) a 490) b 491) c 492) a$_5$d 493) d 494) a 495) b 496) d 497) a 498) c 499) c 500) b 501) b
502) b 503) c 504) d 505) d 506) a 507) b 508) a 509) a 510)a,b,e 511)a,c

512. At the time of birth which of the following ossification centres are seen - *(PGI02)*
a) Lower end of femur b) Upper end of humerus
c) Calcaneum d) Upper end of tibia
e) Head of humerus

513. Blood supply of great toe are - *{PGI 02)*
a) Dorsalis pedis artery b) Lateral plantar artery
c) Matacarpal artery d) posterior tibial artery
e) Medial plantar artery

514. Which one of the following structure passes out of the pelvis through the greater sciatic notch and re-enters through the lesser sciatic notch -
a) Ureter *(UPSC02)*
b) Obturator nerve
c) Internal pudenal artery
d) Middle rectal artery

515. Popliteal muscle is supplied by which nerve -
a) Femoral b) Sciatic *{St. Johns 02)*
c) Tibial d)Peronaeal

516. A commonest cause for neuralgic pain in foot is -
a) Compression of communication between medial and lateral plantar nerves *(AI03)*
b) Exaggression of longitudinal arches
c) Injury to deltoid ligament
d) Shortening of planter aponeurosis

517. All of the following ligament contribute to be stability of ankle (talocrural) joint *except-{AIIMS 03)*
a) Calcaneonavicular (spring)
b) Deltoid
c) Lateral
d) Posterior tibiofibular

518. Preganglionic parasympathetic nerve fiber which supply pelvic viscera is/are- *{PGI03)*
a) Ventral rami of $S_{2,3\,4}$
b) Hypogastric plexus
c) Pudendal nerve
d) Splanchnic nerve
e) Inferior mesenteric plexus

519. Arterial branches which supply the head and neck of the femur is/are- *{PGI 03)*
a) Medial circumflex artery
b) Lateral circumflex artery
c) Profunda femoris artery
d) Obturator artery
e) Ext. femoral artery

520. True about gluteus maximus except- *{Manipal04)*
a) Supplied by superior gluteal nerve
b) Arises from coccyx, ischium
c) Insertion into iliotibial tract
d) Strong extensor

521. Upper part of the deltoid ligament is attached to the medial malleolus and lower part is attached.
a) Talus b) Cuboid *{Kerala 04)*
c) Navicular d) Calcaneum

522. Which of the following invertors is inserted on almost all the tarsal bones except talus -*{Kerala 04)*
a) Tabialis anterior
b) Tibialis posterior
c) Flexor hallucis longus
d) Flexor digitorun longus

523. Deltoid ligament is composed of all of following parts except- *{SGPGI04)*
a) Tibiocalcacaneal b)Tibiotalar
c) Tibiofibular d) Tibionavicular

524. By pinching sartorius muscle which reflex is elicited- *{Jipmer 03)*
a) Tendon reflex b) Cremastric reflex
c) Bulbocavernous reflex d) Anal reflex

525. When foot is off the ground the action of gluteus medius to is - *{SGPGI04)*
a) Flexion b) Abduction
c) Extension d) Make the opposite hip horizontal

526. Lateral popliteal nerve injury can cause-*{SGPGI 05)*
a) Loss of sensation in sole
b) Paralysis of sole muscle
c) Telepus equinovarus
d) Telipus calcanco valgus

527. Which of the following about medial meniscus is true-
a) More liable to injury than lateral meniscus
b) Attached to fibular collateral ligament *{AMU 05)*
c) It is circular in shape
d) Wider in front

528. The forward displacement of the tibia and the femur is prevented by - *{COMEDK 05)*
a) Anterior cruciate ligament
b) Posterior cruciate ligament
c) Medial collateral ligament
d) Lateral collateral ligament

529. Spring ligament is also called - *(Jipmer 05)*
a) Calcaneonavicular ligament
b) Calcaneocubiod ligament
c) Transverse tibiofibular ligament
d) Talocaleaneal ligament

530. Major arterial supply to anterior cruciate ligament is from - *(Jipmer 05)*
a) Medial genicular artery
b) Lateral genicular artery
c) Middle genicular artery
d) None of the above

531. Lateral meniscus is less prone to injury than medial meniscus because of the following *except* **-**
a) Lateral meniscus is less mobile than medial meniscus *{Jipmer 05)*
b) Lateral meniscus is opened outwards by the popliteus
c) Lateral meniscus is more adapted to sustain injury
d) Lateral meniscus undergoes less excursion during rotatory movement

512)a,b 513)a,e 514)c 515)c 516)a 517)a 518)a,d 519)a,d 520)a 521)a,c,d 522)b 523)c 524)b 525)b 526) c 527) a 528) a 529) a 530) c 531)b

532. True about the anatomy of great saphenous vein -
a) Starts as a continuation of medial marginal vein *(PGI June 05)*
b) Ends of femoral vein 2.5 cm below the inguinal ligament.
c) There are 2-5 valves below the knee
d) Ascends 2.5 - 3 cm behind tibial malleolus
e) In the thigh, it is in relation with medial cutaneous nerve of thigh

533. Which one of the following arteries pierces the oblique popliteal ligament of the knee joint -
a) Medial superior genicular artery *(J&K05)*
b) Lateral superior genicular artery
c) Middle genicular artery
d) Posterior tibial recurrent artery

534. The cremaster muscle is innervated by which of the following nerves - (*MAHA 05)*
a) Genital branch of the genitofemoral nerve
b) Ilioinguinal
c) T_{12}
d) Femoral

535. All of the following statements concerning the sartorius muscle are correct except - (*MAHA 05)*
a) It is known as the "tailor's muscle"
b) It is the longest muscle in the body
c) It acts across two joints
d) It extends the hip

536. Which of the following nerve is NOT a branch of lumbar plexus - (*APPGE 05)*
a) Obturator nerve
b) Femoral nerve
c) Sciatic nerve
d) Lateral cutaneous nerve of thigh

537. The femoral ring is bounded by the following structures except - *(AI05)*
a) Femoral vein b) Inguinal ligament
c) Femoral artery d) Lacunar ligament

538. The direction of the flow of venous blood in conditions of valve incompetence affecting perforating veins of lower limb is - *(AIIMSMay 05)*
a) Along gravity b) Superficial to deep
c) Along osmotic gradient d) Deep to superficial

539. Eversion of foot is produced by - *(COMED-06)*
a) Tibialis anterior b) Tibialis posterior
c) Peroneus tertius d) Peroneus longus

540. Invertor of foot is - (*PGMCET07)*
a) Tibialis posterior b) Peroneus tertius
c) Peroneus brevis d) Gastrocnemius

541. About Posterior cruciate ligament - true statement is - *QU07)*
a) Attached to the lateral femoral condyle
b) Intrasynovial
c) Prevents posterior dislocation of tibia
d) Relaxed in full flexion

542. All the structures are inside femoral sheath except-
a) Femoral nerve b) Femoral artery *(MAHE07)*
c) Femoral vein d) Lymphatics

543. All the contents of femoral sheath except - *(UP 07)*
a) Femoral artery b) Femoral nerve
c) Femoral vein d) Genito femoral nerve

544. Adductor canal lies beneath the - *(UP 07)*
a) Adductor longus b) Adductor magnus
c) Sartorius d) Vastus medialis

545. Femoral ring is bounded by all except - *(UP 07, DNB 90)*
a) Inguinal ligament
b) Superior ramus of pubis
c) Femoral artery
d) Femoral vein

546. Posterior dislocation of the femur on the tibia is prevented by - *(UP 0 7)*
a) Anterior cruciate ligament
b) Posterior cruciate ligament
c) Medial collateral ligament
d) Lateral collateral ligament

547. In forceful inversion of foot, fracture of the tuberosity of 5th metatarsal is due to pull exerted by which tendon - *(AIIMS Nov 07)*
a) Peroneus longus b) Peroneus brevius
c) Peroneus tertius d) Extensor digitorum

548. Apatient was on DVT prophylaxis. All of the following has perforators which connect superficial veins to the deep veins, except - *(AIIMSNov 07)*
a) Ankle b) Below the inguinal ligament
c) Mid calf d) Lower thigh

549. Inversion / Eversion movements occurs at - *(UP 08)*
a) Ankle j oints b) Subtalar j oints
c) Tibiotalar joints d) Transverse tarsal joints

550. Anterior cruciate ligaments prevents - *(UP 08)*
a) Anterior dislocation of femur
b) Posterior dislocation of femur
c) Anterior dislocation of tibia
d) Posterior dislocation of tibia

551. A young patients presented with loss of sensation in sloe of foot with paralysis of medial side of plantar muscles of the foot, Most likely nerve involvement is- *(UP08)*
a) Common peroneal nerve
b) Deep peroneal nerve
c) Superficial peroneal nerve
d) Tibial nerve

552. All of the following muscles are composite muscle Except- *(AI08)*
a) Pectineus b) Rectus femoris
c) Adductor magnus d) Biceps femoris

553. The skin overlying the region where a venous?f cut-down n is made to access the Great saphenous vein in supplied by - *(AI08)*
a) Femoral nerve b) Sural nerve
c) Tibial nerve d) Superficial peroneal nerve

554. Blood supply of femoral head is - *(PGI June 08)*
a) Femoral artery
b) Obturator artery
c) Internal pudendal artery
d) Medial & Lateral circumflex artery

532)a 533)c 534)a 535)d 536)c 537)c 538)d 539)c,d 540)a 541)c 542)a 543)b 544)c 545)c 546) a 547) b 548) b 549) b 550) c 551)d 552) b 553) a 554) b,d

555. All the structures are inside femoral sheath except - *(Manipal 08)*
a) Femoral nerve b) Femoral artery
c) Femoral vein d) Lymphatics

556. The following tendons pass under extensor retinaculum except - *(Manipal 08)*
a) EXTENSOR digitorum brevis
b) Extensor hallucis
c) Tibialis anterior
d) Superficial peroneal nerve

557. Which of the following structure is attached to the head of the fibula - *(DPGEE08)*
a) Lateral mensiscus
b) Popliteus tendon
c) Lateral collateral ligament
d) Posterior cruciate ligament

558. Which of the following is not supplied by posterior division of obturator nerve? *(APPG08)*
a) Obturator extemus b) Obturator intemus
c) Adductor magnus d) Both a and c

559. Trendelenburg test is positive due to injury to which of the following nerve - *(AIIMS Nov 08)*
a) Obturator b) Sciatic
c) Superior Gluteal d) Inferior Gluteal

560. Which passive movement causes pain in deep posterior compartment syndrome? *(A1IMSNov 08)*
a) Foot abduction b) Dorsiflexion of foot
c) Plantar flexion of foot d) Foot adduction

561. Ilio femoral ligament arise from - *(PGIDec 08)*
a) Ischial tuberosity b) Anterior superior iliac spine
c) Iliopubic rami d) Anterior inferior iliac spine
e) Iliac crest

562. A man is stucked with lathi on lateral aspect of head of fibula. Which of the following can occur as a result * of nerve injury - *(PGI Dec 08)*
a) Loss of sensation of lateral foot
b) Loss of sensation of adjacent sides of 1 st & 2nd toe
c) Inversion inability
d) Dorsiflexion not possible
e) Plantar flexion not possible

563. Superior Gluteal Nerve supplies all of the following muscles, Except - *(AI09)*
a) Gluteus Minimus b) Gluteus Maximus
c) Tensor fascia lata d) Gluteus Medius

564. All of the following are composite muscles, except -
a) Flexor carpi Ulnaris *(AI 09)*
b) Flexor digitorum profundus
c) Pectineus
d) Biceps Femoris

565. Muscles(s) causing dorsiflexion of foot is/are -
a) Extensor digitorum longus *(PGI June 09)*
b) Extensor hallucis longus
c) Flexor digitorum longus
d) flexor hallucis longus
e) Tibialis anterior

566. A Man is stucked with lathi on lateral aspect of head of fibula. Which of the following feature(s) can occur as a result of nerve injury - *(PGI June 09)*
a) Loss of sensation along lateral border of foot.
b) Loss of sensation of adjacent sides of 1st & 2nd toe.
c) Inversion inability.
d) Dorsiflexion not possible.
e) Plantur flexion not possible.

567. Anterior wall of inguinal canal is formed by muscles - *(DELHI PG Feb. 09)*
a) External and internal oblique
b) External, internal and transverse abdominis
c) External oblique and rectus abdominis
d) Internal oblique and transverse abdominins

568. All statements concerning the conjoint tendon are true, except: *(DELHI PG Mar. 09)*
a) It forms part of posterior wall of inguinal canal
b) It is the fused part of aponeurosis of transverses abdomens and internal oblique muscle
c) It is continuous with inguinal ligament
d) It may be pushed forward by direct inguinal hernia

569. In injury to head of fibula, all are involved except -
a) Common peroneal N. *(AIIMS Nov 09)*
b) Superficial peroneal N.
c) Anterior Tibial N.
d) Tibial N.

570. Deep peroneal nerve supplies - *(ARMSNov 09)*
a) 1st web space of foot
b) 5th web space of foot
c) Antero lateral dorsum of foot
d) Lateral part of leg

571. All of the following maintain the stability of ankle joint except - *(ARMS Nov 09)*
a) Cruciate ligament
b) Shape of the bones
c) Tendons of muscle which cross the joint
d) Collateral ligament

572. What is medial most in femoral triangle -
a) Vein b) Artery *(ARMS Nov 09)*
c) Nerve d) Lymphatics

573. A healthy young athlete is sitting at the edge of the table with knee at 90 degree flexion. He fully extends it. What will happen - *(ARMS May 10)*
a) Movement of tibial tuberosity towards centre of the patella
b) Movement of tibial tuberosity towards lateral border of patella
c) Movement of tibial tuberosity towards medial border of patella
d) No change in position

574. Gluteus medius is supplied by - *(AI 10)*
a) Superior gluteal nerve
b) Inferior gluteal nerve
c) Nerve to obturator intemus
d) Nerve to quadratus femoris

555)a 556)d 557)c 558)b 559)c 560)b 561)d 562)a,b,d 563)b 564)c 565)a,b,e 566)a,b,d 567)a
568) c 569)d 570)a 571)a 572)d 573)b 574) a

575. Which of the following tendons passes below the sustenticulum tali - *(AI10)*
a) Tibialis anterior
b) Tibialis posterior
c) Flexor digtorum longus
d) Flexor hallucis longus

576. Which of the following tendons has attachments on sustenticulum Tali - *(AI 10)*
a) Tibialis anterior b) Tibialis posterior
c) Flexor digitorum longus d)Flexer hallucis longus

577. Foot drop results as a result of injury to -*(DPG10)*
a) Deep peroneal nerve
b) Superficial peroneal nerve
c) Tibial nerve
d) Deltoid ligament

578. Which one of the following arteries pierces the oblique popliteal ligament of the knee joint?
a) Medial superior genicular artery *(DPG 10)*
b) Lateral superior genicular artery
c) Middle genicular artery
d) Posterior tibial recurrent artery

579. Which of the following forms the tendinous sling in the superficial arch of foot? *(Maharashtra 10)*
a) Peroneus longus and pemeus brevis
b) Peroneus brevis
c) Peroneus longus and tibialis posterior
d) Peronuis brevis and tibialis posterior

580. Urogenital diaphragm is made of the following except-
a) Deep transverse perinei *(Maharashtra 10)*
b) Perineal membrane
c) Codes' fasicia
d) Sphincter urerthrae

581. Feature seen in common peroneal nerve injury-
a) Inversion inability *(PGlMay 10)*
b) Loss of sensation of sole
c) Foot drop
d) Loss of extension of great toe
e) Seen in Fibular neck #

582. All of the following are supplied by superior gluteal nerve except - *(AIIMS Nov 10)*
a) Gluteus maximus b) Gluteus minimus
c) Gluteus medius d) Tensor fascia lata

583. Arterial supply to the head and neck of femur is -
a) Lateral circumflex femoral artery *(Punjab 10)*
b) Medial circumflex femoral artery
c) Profunda femoris artery
d) External femoral artery

584. Which of the following movements will not be affected by involvement of the L5 Nerve root - *(AI 11)*
a) Thigh adduction b) Knee Flexion
c) Knee Extension d) Toe Extension

585. All of the following statements about injury to common peroneal nerve are true, except - *(AI 11)*
a) Commonly results from injury to the neck of fibula
b) Loss of sensations over sole of foot
c) Loss of toe dorsiflexion
d) Foot drop

586. Contents of adductor canal includes all except -
a) Femoral vein *(Jipmer 10)*
b) Femoral artery
c) Saphenous nerve
d) Nerve to vastus lateralis

587. Afferent component of cremasteric reflex includes - *(Jipmer 10)*
a) Ilioinguinal nerve b) Genito femoral nerve
c) Pudendal nerve d) Iliohypogastric

588. Superficial inguinal ring is a defect in -
a) External oblique abdominis *(Jipmer 10)*
b) Internal oblique abdominis
c) Internal oblique aponeurosis
d) External oblique aponeurosis

589. Nerve supply to tensor fascia lata - *(Jipmer 10)*
a) Femoral nerve b) Inferior gluteal nerve
c) Sciatic nerve d) Superior gluteal nerve

590. What is the root value of the posterior cutaneous nerve of the thigh ? *(NEET/DNB Pattern)*
a) SI, S2 b)Sl,S2, S3
c) S2, S3 d) S2, S3, S4

591. During heel touch phase of walking pressure in calf compartment is - *(NEET/DNB Pattern)*
a) More than resting pressure
b) Less than resting pressure
c) No change in pressure
d) First rises and then falls

592. Gluteus maximus is supplied by -
a) Superior gluteal nerve *(NEET/DNB Pattern)*
b) Inferior gluteal nerve
c) Nerve to quadratus femoris
d) Sciatic nerve

593. Extensor hallucis longus is supplied by -
a) Superficial peroneal nerve
b) Deep peroneal nerve *(NEET/DNB Pattern)*
c) Tibial nerve
d) Sciatic nerve

594. Anterior compartment of leg contains all except-
a) Peroneus brevis *(NEET/DNB Pattern)*
b) Tibialis anterior
c) External hallucis longus
d) External digitalis longus

595. The nutrient artery to the femur is ?
a) Profunda femoris artery *(NEET/DNB Pattern)*
b) Femoral artery
c) Popliteal artery
d) Middle circumflex femoral artery

596. Nutrient artery arises to fibula from -
a) Peroneal artery *(NEET/DNB Pattern)*
b) Anterior tibial artery
c) Posterior tibial artery
d) Poplitesl artery

597. Nutrient artery to femur arises from -
a) Femoral artery *(NEET/DNB Pattern)*
b) Profunda femoris artery
c) Popliteal artery
d) None of the above

575) d 576) b 577)a 578)c 579)c 580)c 581)c,d,e 582)a583)b 584)a 585)b 586)d 587)b 588)d
589) d 590) b 591) a 592) b 593) b 594) a 595) a 596) a 597) b

598. 7yr old girl, injury to nerve which passes superior to piriformis & winds around greater sciatic notch. Most likely muscle affected- *(NEET/DNB Pattern)*
a) Gluteus medius b) Gluteus maximus
c) Obturator intemus d) Piriformis

599. Course of the great saphenous vein lies in what rekation to the malleoli? *(NEET/DNB Pattern)*
a) Anterior to the medial malleolus
b) Posterior to the medial malleolus
c) Anterior to the lateral malleolus
d) Posterior to the lateral malleolus

600. Structures passing through the greater sciatic foramen are all of the following except -
a) Pyriformis *(NEET/DNB Pattern)*
b) Superior gluteal nerve
c) Inferior gluteal nerve
d) Obturator nerve

601. All are contents of femoral sheath except-
a) Femoral artery *(NEET/DNB Pattern)*
b) Femoral nerve
c) Femoral vein
d) Genitofemoral nerve

602. Conjoint tendon is formed by - *(NEET/DNB*
a) External oblique, internal oblique *Pattern)*
b) External oblique, transversus abdominis
c) Internal oblique, transversus abdominis
d) all three

603. Nutrient artery arises to fibula from -
a) Peroneal artery *(NEET/DNB Pattern)*
b) Anterior tibial artery
c) Posterior tibial artery
d) Poplitesl artery

604. Root value of sciatic nerve - *(NEET/DNB Pattern)*
a) $S_j S_j S_j$ b)L_4L_5S, S_2S_3
c) L, L_2L_3 d)$L_2L_3L_4$

605. Site of injection in gluteus - *(NEET/DNB Pattern)*
a) Inferomedial b) Superomedial
c) Superolateral d) Superomedial

606. Major flexor of hip joint - *(NEET/DNB Pattern)*
a) Psoas major b) Gluteus maximus
c) TFL d) Hamstring

607. Trendelenburg sign is due to paralysis of -
a) Gluteus maximus *(NEET/DNB Pattern)*
b) Gluteus medius
c) Pyriformis
d) Obturatior ext.

608. Inguinal ligament forms the boundries of -
a) Femoral triangle *(NEET/DNB Pattern)*
b) Hesselbach's triangle
c) Both
d) None

609. Length of inguinal canal - *(NEET/DNB Pattern)*
a) 2.5 cm b) 4 cm
c) 10 cm d) 15 cm

610. Deltoid ligament is attached to all except -
a) Medial malleolus *(NEET/DNB Pattern)*
b) Talus
c) Calcaneum
d) Lateral malleolus

611. First web space of toes is supplied by -
a) Femoral nerve *(NEET/DNB Pattern)*
b) Deep peroneal nerve
c) Superficial paroneal nerve
d) Sphenous nerve

612. Flexor of hip joints are all except- *(NEET/DNB*
a) Psaoas major b) Sartorius *Pattern)*
c) Gluteus maximus d) Rectus femoris

613. Flexion of knee joint is caused by- *(NEET/DNB*
a) Rectus femoris b) Vastus medialis *Pattern)*
c) Homstrings d) Vastus lateralis

614. Adductor canal conteins all except- *(NEET/DNB*
a) Femoral artery b) Femoral vein *Pattern)*
c) Femoral nerve d) Sphenous nerve

615. Tibial nerve supplies all except -*(NEET/DNB Pattern)*
a) Gastrocnemius b) Plantaris
c) Peroneus longus d) Tibialis posterior

616. What lies at midinguinal point -
a) Deep inguinal ring *(NEET/DNB Pattern)*
b) Superficial inguinal ring
c) Femoral artery
d) Sphenous vein

ABDOMEN

617. Which of the following stimulus does not induce visceral pain - *(All India 93)*
a) Distension b) Pressure
c) Cauterisation d) Cutting

618. Length of spermatozoa - *(CUPGEE 02)*
a) 50m b) 100 m
c) 120 m d)500m

619. The first event to occur in the MICTURITION REFLEXES - *(AIIMS 98)*
a) Relaxation of sphincter
b) Detrusor contraction
c) Relaxation of perineal muscles
d) Activity of EMG stops at external sphincter

620. Hydatides of Morgagni are - *(Jipmer 19, Bihar 89)*
a) Hydatid cysts in the brain
b) Hydatid cyst in the thorax
c) Subcutaneous hydatid cysts
d) None of the above

621. Capacity of stomach of newborn - *(Calcutta 2K)*
a) 20ml b)30ml
c) 50ml d) 100 ml

622. Corresponding to the Vas in males, which structure penetrates the inguinal ring in females - *(PGI88)*
a) Round ligament b) Inguinal ligament
c) Broad ligament d) Cardinal ligament

598) a 599) a 600)d 601)b 602)c 603)a 604)b 605)c 606)a 607)b 608)c 609)b 610)d 611)b
612)c 613)c 614)c 615)c 616)c 617)c,d 618)a 619)c 620)d 621)b 622)a

623. All are supports of uterus except - *(AIIMS 92)*
a) Uterosacral ligament
b) Round ligament of Uterus
c) Mackenrodts ligament
d) Transverse cervical ligament

624. The sensory nerves from the cervix pass through the- *(DNB89)*
a) Lumbar4,5 b) Sacral 2,3,4
c) Pudendal nerve d) Ilioinguinal nerve

625. The branches of internal iliac artery include all of the following except - *(KARN 94)*
a) Uterine artery b) Middle rectal artery
c) Obturator artery d) Inferior epigastric artery

626. All of the following are branches of internal iliac except- *(AP 97)*
a) Ovarian artery b) Superior vesical artery
c) Uterine artery d) Internal pudendal artery

627. The principal factor causing the rupture of the graafian follicle is - *(Kerala 2K)*
a) Increase in intrafollicular pressure
b) Necrobiosis of the overlying tissues
c) All of the above
d) None of the above

628. The superior rectal artery arises from the-
a) Superior mesentric artery *(AIIMS 85)*
b) Inferior mesentric artery
c) Internal illiac artery
d) Internal pudendal artery

629. Middle rectal artery is branch of... artery-*(PGI88)*
a) Internal iliac b) Internal pudendal
c) External iliac d) Femoral

630. The blood supply of the jejunum is through the -
a) Inferior mesenteric artery *(PGI 88)*
b) Superior mesenteric artery
c) Pancreatico duodenol artery
d) Lleocolic artery

631. Appendicular artery is a branch of - *(PGI 85)*
a) Ileo colic artery b) Right colic artery
c) Middle colic artery d) Posterior cecal artery

632. Recurrent appendicular artery is a branch of- *(PGI 85)*
a) Ileocolic artery b) Right colic artery
c) Middle colic artery d) Posterior cecal artery

633. The length of the CBD is- *(PGI 85)*
a) 5cm b) 7.5 cm
c) 8.0 cm d)9cm

634. Caudate lobe of liver is situated - *(PGI 90)*
a) Gall bladder and groove for ligamentum teres
b) IVC and ligamentum Venosum
c) Posterior part of left lobe
d) Anterior superior surface of liver

635. Transpyloric plane passes through - *(Kerala 91)*
a) T_{12}-$_{Ll}$ b)L_s-S,
c) $T_{,0}$ d)L_rL_2

636. Fascia of Denonvilliers- *(Karn 94)*
a) Membranous layer of fascia of the thigh
b) Perirenal fascia
c) Fascia between the rectal ampulla and the prostate and the seminal vesicles
d) Posterior layer of perirenal fascia

637. Irritation of the diaphragam radiates to which of the following segments - *(AP 97)*
a) C34 b)Cl-2
c) C6-7 d) C8-9

638. Nerve of later jet of vagus is seen in- *{PGI 97)*
a) Thorax b) Neck
c) Stomach d) Heart

639. Pancreatico splenic lymph nodes receive lymphatics from the part of the stomach which is supplied by -
a) Left gastric artery *(ICS 2K)*
b) Short gastric arteries and left gastroepiploic artery
c) Right gastro epiploic artery
d) Right gastric artery

640. Most common type of diaphragmatic hernia -
a) Bochdalek's hernia *(JIPMER85)*
b) Morgagni's hernia
c) Hernia throught the dome
d) Hiatus hernia

641. In portal hypertension the sites of portosystemic anastomosis includes - *(ARMS87)*
a) Lower end of esophagus
b) Around umbilicus
c) Lower third of rectum and anal canal
d) Extraperitoneal surface of abdomina organs
e) All of the above

642. Normal portal venour pressure is- *(JIPMER 87)*
a) 5-8mmHg b)6-12mmHg
c) 12-15 mm Hg d)45mmHg

643. One of the following does not normally shrink in the umbilical cord - *(PGI 79, 80, UPSC87)*
a) Allantois b) Vitello intestinal duct
c) Umbilical vein d) Umbilical artery

644. Over 75% of the strength of the intact abdominal wall is in the- *(UPSC95)*
a) Skin b) Subcutaneous tissue
c) Aponeurosis d)Pentonium

645. Bowel does not get strangulated in which of the following- *(ARMS 2K)*
a) Recto uterine pouch
b) Omental bursa
c) ileo-colic recess
d) Para duodenal and peritoneal recess

646. Renal collar is foremd by splitting into two limbs and encircling the aorta by - *(Al 99)*
a) Horse shoe Kidney b) Renal artery
c) Left renal vein d) None of the above

647. The least dilatable part of the Urethra-
a) Prostatic b) Membranous (*CUPGEE 95)*
c) Spongy d) All are equally dilatable

623) None 624) b 625) d 626) a 627) b 628) b 629) a 630) b 631) a 632) None 633) c 634) b 635) d 636) c 637) a 638)c 639)b 640) d 641)e 642)b 643)a 644)c 645)a 646)c 647) b

648. In hydrocele aspiration, the needle passes through all of following layers except - *(DELHIPG 96)*
a) Dartos
b) Tunica albuginea
c) Tunica vaginalis
d) External spermatic fascia

649. During abdominal surgery under local anaesthesia, patient suddenly felt sharp pain. Injury to structure likely involved - **(***AIIMS 2k)*
a) Liver parenchyma b) Large gut
c) Small gut d) Parietal peritonium

650. The lesser peritoneal sac (omental bursa) is bounded- *(PGI78, AIIMS 75)*
a) Anteriorly by the stomach
b) Posteriorly by the ileum
c) Posteriorly by the pancreas
d) Posteriorly by the lesser omentum

651. Asa rule, all prostatic arteries are branches of the-
a) Inferior vesical b) Defemtial *(PGI 78,AIIMS91)*
c) Superior vesical d) Internal pudendal

652. The lumbosacral (lumbar and sacral) plexus -
a) Is formed within both the abdomen and the pelvis *(PGI 78, 81)*
b) Is formed partially within the substance of the major muscle
c) Is found partially on the deep aspect of the piriformis muscle
d) Has branches that innervate the muscles of the lower abdominal wall
e) None

653. The posteroinferior (visceral) surface of the liver is related to the - *(JIPMER 78, PGI 80)*
a) Right kidney b) Hepatic flexure of the colon
c) Duodenum d) Esophagus

654. Buck's fascia is related to - *(JIPMER 78, AMU86)*
a) Ischiorectal fascia b) Thigh
c) Neck d) Penis

655. Structure found in the superficial perineal space (pouch) of the male include the - *(PGI 78, 82)*
a) Bulb of the penis
b) Bulbospongiosus muscle
c) Ischiocavemosus muscles
d) Superficial transverse perineus muscle
e) None

656. The post, wall of inguinal canal are formed by many structures that include - *(JIPMER 79, PGI 87)*
a) Conjoint tendon b) Transversus abdominis
c) Fascia transversalis d) Lacunar ligament

657. Which of the following statements concerning the nerve supply to the urinary bladder is/are correct -
a) The sympathetic postganglionic fibre orginate in the first and second lumber ganglia
b) The parasympathetic preganglionic fibres synaple with postaganglionic neurons in the inferior hypogastric, plexuses *(PGI80, AIIMS 83)*
c) The afferent sensory fibres arising in the bladder reach the spinal. Cord via the pelvic splanchnic nerves and also travel with the sympathetic nerves
d) The parasympathetic preganglionic fibres arise from S2-S4
e) All of the above

658. The common bile duct - *(PGI 80)*
a) Passes anterior to the first part of the duodenum
b) Is situated anterior to the portal vein
c) Opens into the third part of the duodenum
d) Is separated from the inferior vena cava by the epiploic foramen

659. The right suprarenal gland is related to the -
a) Third part of the duodenum *(JIPMER 80*
b) Inferior vena cava *PGI 81)*
c) Transverse colon
d) Right lobe of the liver

660. Which of the following statements concerning the anterior abdominal wall is/are correct? *(PGI 80)*
a) The fibers of external and internal abdominal oblique muscles are oriented perpendicular to one another
b) A function of the rectus abdominis muscle is extension of the vertebral column
c) The Muscles are innervated partially by lower intercostal nerves
d) Contraction of its muscles reduces intrabdominal pressure

661. The celiac nodes receive lymphatic drainage from the - *(JIPMER 80, AMC 84)*
a) Liver b) Pancreas
c) Spleen d) Duodenum
e) All of the above

662. Which of the following statements relative to the gallbladder is/are true - *(PGI80)*
a) Its fundus is normally situated on the transpyloric line at the tip of the ninth costal cartilage
b) It occupies a groove that separates the right and quadrate lobes of the liver
c) It is related posteriorly to the first part of the duodenum
d) Its arterial supply is typically derived from the left hepatic artery

663. Parasympathetic outflow from sacral plexus is - *(JIPMER 81, AP 91)*
a) Nerve Erigentes b) Nerve of Kuntz
c) Arnold's nerve d) Jacobson's nerve

664. The urinary bladder in the male is - *(PGI81, 82)*
a) Posterior to the pubic symphysis
b) Anterior to the ampulla of the vas deferens
c) Superior to the prostate gland
d) Superior to the seminal vesicles

665. Which of the following statements is (are) correct
a) The lesser omentum forms the anterior boundary into the lesser sac *(PGI82)*
b) The thorcic duct leaves the abdomial cavity by passing through the aortic opening
c) The bile duct (Common bile duct) descends behind the first part of the duodenum
d) The quadrate lobe of the liver drains into the left hepatic duct

648) b 649) d 650) a,c 651)a,d 652) a,d 653)All 654) d 655)a,b,c,d 656) a,c 657) e 658) b,d 659) b,d 660) a,c 661) e 662)a,b,c 663) a 664)a,b,c 665)a,b,c

666. Superficial fatty fascia between umbilicus & pubis is fascia - *(PGI82)*
a) Camper b) Scarpa
c) Colies d)CUi

667. In the female pelvis - *(PGI 82)*
a) The ovary is related to the anterior leaflet (layer) of the broad ligament
b) The suspensory ligament of the ovary transmits the ovarian vessels
c) The ureter passes superior to the uterine artery at the level of the uterine cervix
d) The Posterior fornix of the vagina is related to the recto uterine pouch (of Douglas)

668. The rectus sheath contains al of the following except-
a) Pyramidalis muscle *(AIIMS 82, AI88)*
b) Genitofemoral nerve
c) Inferior epigastric
d) Superior epigastric vessels

669. Which of the following statement about the formation of the inguinal canal is/are true -
a) The superficial inguinal ring is an opening in the aponeurosis of the external adbominal oblique muscle *(PGI 82, 83)*
b) The anterior wall of the inguinal canal is formed by the aponeurosis of the external oblique and reinforced laterally by fibers of the internal oblique muscle
c) The posterior wall is formed partially by the trasnversalis fascia
d) The deep inguinal ring is an outpouching of the transversalis fascia and is situated lateral to the inferior epigastric vessels

670. The normal constrictions of the ureter are found - *(AIIMS 83, PGI 87, 79)*
a) Where the ureter begins at the junction of the renal pelvis and the ureter
b) Where the ureter passes through the bladder wall
c) Where the ureter crosses the common iliac artery or the pelvic brim
d) Where the ureter passes through the cardinal ligament

671. The chief blood supply of the greater omentum is.....artery - *(PGI 83)*
a) Gastroduodenal
b) Right gastroepiploic
c) Left gastro epiploic
d) Superior pancreatice duodenal

672. The boundries of the morrisons pouch are -
a) Inferior surface of liver *(PGI 84)*
b) Anterior abdominal wall
c) Falciform ligament
d) Peritoneum over Rt. Kidney
e) Coronary ligament

673. The following about prostate is true except -
a) Surrounds the neck of bladder *(ARMS 84)*
b) Has an anterior lobe which hypertrophies in old age
c) Has median lobe between urethra and ejaculatory ducts
d) Has a posterior lobe which is prone to carcinomatous change

674. It is true that the gall bladder - *(ARMS 84)*
a) is supplied by cystic artery which has an accompanying vein on its left side
b) is drained by veins into the liver
c) has a fundus which project beyond the liver
d) has an infundibulum which projects downwards joining a pouch

675. The superior mesentric artery arises opposite the.... Vertebra - *(ARMS 85)*
a) T_{12} b)L,
c) L_2 d)L_3

676. The Coeliac axis arises from the aorta opposite the... Vertebra - *(ARMS 85)*
a)T_{12}&L_1 b)L_1
c)L_2 d)L_3

677. Deep inguinal ring is a defect in the - *(UPSC 85,*
a) Ext oblique *PGI 8 7, Jipmer 8 7, AI 88, Kerala 90*
b) Int. oblique *ARMS May 05*
c) Transversus abdominis
d) Transversus fascia
e) Peritoneum

678. Commonest type of inversion of testes is -
a) Superior b) Anterior *(ARMS85)*
c) Lateral d)Loop

679. The following statement is (are) correct concerning the vagina except - *(ARMS 85)*
a) The area of the vaginal lumen around the cervix is divided into four fomices
b) The upper part of the vagina is supported by the levator ani muscles and the transverse cervical ligaments
c) The perineal body lies posterior to and supports the lower part of the vagina
d) The upper part of the vagina is not covered with peritoneum

680. Carcinoma prostate commonly occurs in the..... lobe.- *(PGI 85)*
a) Anterior b) Posterior
c) Lateral d) Middle

681. The right adrenal vein drains into the - *(ARMS 85)*
a) right renal vein b)IVC
c) Lumbar veins d) Left renal vein

682. The broad ligament of uterus has running in it -
a) Uterine vessels b) Uterine tube *(AMC 85)*
c) Ovarian ligament d) All of the above

683. Which of the following statements concerning the ovary is (are) correct - *(ARMS 86)*
a) The lymph drainage is into the para-aortic (lumbar) lumph nodes at the level of the first lumbar vertebra
b) The ligament of the ovary extends from the ovary to the upper end of the lateral wall of the uterus
c) The ovarian fossa is bounded above by the external iliac vessels
d) The obturator nerve usually lies lateral to the ovary

666)a 667)b,d 668)b 669)a,b,c,d 670)a,b,c 671)b,c 672)a,d,e 673)b 674)b,c 675)b 676)a 677)d 678)b
679) d 680) b 681)b 682) d 683)a,b,d

684. The shortest part of the colon is- *(AP 86, Dehli 86)*
a) Ascending colon b) Transverse colon
c) Descending colon d) Sigmoid colon

685. Para sympatheticsupply to rectum and anal canal - *(PGI86, UPSC 86)*
a) L_4L_5S, b)L_5S,S_2
c)S,S_2S_3 d)$S_2S_3S_4$

686. Lymphatic of the Anal canal is to - *(AIIMS 86,*
a) Inguinal *UPSC87, Kerala 87)*
b) Lymph nodes
c) Ext. iliac nodes
d) Para aortic
e) None of the above

687. Which of the following about meckels diverticulum is false- *(PGI 86, AI88)*
a) Present in 2 % of population
b) Occurs at 2 feet from the ileocaceal junction
c) Posesses all 3 coats of intesinal wall
d) Arises from the mesentric border of ileum

688. The structures in the free border of the lesser omentum anterior to posterior are - *(PGI 86,*
a) CBD, Hepatic artery, Portal vein *UPSC 87*
b) Portal vein, hepatic artery CBD *AI 88)*
c) Hepatic artery portal vein CBD
d) Portal vein CBD hepatic artery

689. Lymphatic drainage of the umbilicus is to -
a) Axillary nodes *(PGI 87, UPSC 87,*
b) Inguinal nodes *NIMHANS 86, Kerala 90)*
c) Aandb
d) Porta hepatis
e) Celiac axis nodes

690. Uterine artery is a branch of - *(PGI 87, UPSC 86*
a) Directly arises from the aorta *JIPMER86,*
b) Int. iliac artery *Kerala 88)*
c) Ext. iliac artery
d) Femoral artery

691. The left testicular veins drains into the -*(AIIMS 8 7,*
a) Left renal vein b) IVC *Delhi 87, A 88)*
c) Rt. Renal vein d) Int. iliac vein
e) Ext. iliac vein

692. Which of the following statement concerning the function of the muscle of the anterior abdomina wall are true - *(PGI 8 7)*
a) They laterally flex and rotate the vertebral column
b) They assist the diaphragm during inspiration by relaxing
c) They support and protect the abdominal viscera
d) They assist in increasing the intraabdominal pressure during micturition and defecation

693. Length of the inguinal canal is - *(PGI 87)*
a) 2 cm b) 3.75 cm
c) 4.5 cm d) 5 cm
e) 6 cm

694. The kidney has .. ….segment - *(PGI 87)*
a) 11 b)9
c) 7 d) 5

695. The smallest branch of the celiac axis is - *(PGI 8 7)*
a) Splenic b) Common hepatic
c) Left gastric d) Gastro-epiploic

696. Hasselbachs triangle is - *(PGI 87)*
a) inguinal triangle b) Sacral triangle
c) Anal triangle d) Carotid triangle

697. The boundaries of the Hasselbachs triangle are all except - *(PGI 8 7, NIMHANS 86, Kerala 90)*
a) Lateral border of Rectus abdominis
b) Inguinal ligament
c) Inferior epigastric artery
d) Medial border of pyramidal is

698. The neurovascular bundle in the anterior adbominal wall is situated between - *(PGI 8 7)*
a) The subcutaneous tissue and ext. oblique muscle
b) External oblique and internal oblique
c) Internal oblique and transversus abdominis
d) Transversus abdominis and peritoneum

699. The contents of the inguinal canal passing through the Int.ring are all except - *(AI 88, PGI 8 7)*
a) Ilio inguinal nerve
b) Vas deferens
c) Pampinifrom plexus of veins
d) Inferior epigastric artery

700. Fascia extension of lacunar ligament along iliopectineal line is - *(PGI 88)*
a) Poupart ligamentb) Thompson's ligament
c) Cooper's ligament d) Lacunar ligament

701. Pouch of douglas is situated between - *(AI 88)*
a) Bladder and the uterus
b) Bladder and pubic symphysis
c) Bladder and rectum
d) Uterus and rectum

702. All of the following muscles are posterior to right and left kidneys except - *(AIIMS 88)*
a) Psoas major b) Latissimus dorsi
c) Quadratus Lumborum d) Transverse abdominis

703. The pancreatic bed does not include - *(AMU 88)*
a) left kidney b) Splenic artery
c) Left renal vein d) Left crus of diaphragm

704. Splenic artery usually arises from... - *(PGI 88)*
a) Aorta b) Superior mesentric artery
c) Celiac artery d) Hepatic artery

705. Structures realted to the lesser omentum are -
a) vagus b) hepatic artery *(PGI 88)*
c) hepatic vein d) portal vein

706. Posterior relationships of both kidneys include the-
a) Diaphragm *(TN 89)*
b) Psoas major muscle
c) Quadratus lumborum muscle
d) Ninth rib

707. Fascia of Gerota is - *(TN 89)*
a) True capsule b) Renal fascia
c) Fatty capsule d) Thoracolumbar fascia

684) a 685) d 686) a 687) d 688) a 689) c 690) b 691) a 692)a,c,d 693) b 694) d 695) c 696) a 697) d
698) c 699) a,d 700) c 701) d 702) b 703) b 704) c 705) b,d 706)a,b,c 707) b

708. The rectus sheath contain the following important structures except - *(DNB 89)*
a) Terminal branches of lower intercostal nerves
b) Inferior epigastric artery
c) Lymph vessels
d) Ilio Inguinal nerve

709. The superior mesenteric artery - *(AP 89)*
a) Typically arises form the aorta just inferior to the origin of the gonadal (testicular or ovarian) arteries
b) Supplies the entire duodenum
c) Passes between the pancreas and the second part of the duodenum
d) Supplies the jejunum, appendix and ascending and transverse portions of the colon

710. Left gastroepiploic artery is a branch of - *(AI89)*
a) Celiac axis b) Hepatic artery
c) Splenic artery d) Left gastric artery

711. Regarding trigone of the bladder, which is incorrect-
a) Bordered by interureric crest *(AI89)*
b) Mesoderm in origin
c) Mucus membrane has folds
d) Overlies the median lobe of prostate

712. Which is a flexor of the lumbar vertebral culumn - *(AI 89)*
a) Psoas b) Rectus abdominis
c) Internal oblique d) External oblique

713. The policeman of the abdomen is - *(UPSC 89)*
a) Peritoneum b) Greater omentum
c) Appendice epiloicae d) Teania coli

714. Xiphisternal j unction is usually at the level of disc between the following thoracic vertebrae -
a) 9 and 10 b) 8 and 7 *(DNB 90)*
c) land 12 d)None

715. The attachment of the mesentry of the small gut is -
a) Lt. Transverse process of L2 to Rt. Sacro iliac joint.
b) Rt. Transverse process of L2 to Rt. Sacro iliac joint.
c) Lt. Transverse process of T1 to Rt. Sacro iliac joint *(PG190, AIIMS 86)*
d) Rt. Transverse process of T1 to Lt. Sacro iliac joint
e) None of the above

716. Which of the following statements are true concerning the rectus abdominis muscle -*(PGI91)*
a) It arises by three heads from the front of the symphysis pubis, the pubic crest and the pubic tubercle
b) It is inserted into the eighth, ninth and tenth costal cartilages
c) The tendinous intersection are attached to the posterior wall of the rectus sheath
d) It is innervated by the lower six intercostal nerves

717. Embryonic ventral mesogastrium gives rise to -
a) Greater omentum *(AIIMS 91)*
b) Lesser omentum
c) Pelvic mesocolon
d) Gastro splenic ligament

718. Urethra of female - *(DNB 91)*
a) has only connective tissue in its upper third
b) has only smooth muscle in its wall
c) Is shorter than in the male
d) Is longer than in the male

719. Perineal body is formed by all except - *(AI 91)*
a) Levator ani muscle
b) External anal sphincter muscle
c) Bulbocavernous muscle
d) Obturator intemus muscle

720. Which is true about superficial inguinal ring -
a) It is a defect in transversalis fascia *(AI 91)*
b) It is round in shape
c) It transmit llio Inguinal nerve.
d) Situated one inch above the mid-inguinal point

721. Duodenum is developed from - *(TN91)*
a) Foregut b) Midgut
c) Forgeut and midgut d) Hindgut

722. Which is true regarding urethra - *(JIPMER 91)*
a) Originates from Urogentital sinus
b) Lined by transitional epithelium
c) Membranous part is narrowest
d) Ejaculatary ducts joins urethra near the origin

723. Which is true regarding ureter - *(JIPMER 91)*
a) Anterior to genitofemoral nerve
b) Anterior to gonadal vessels
c) Anterior to Internal iliac artery
d) Anterior to attachment of mesentry

724. The following is true of ureter- *(AIIMS 91)*
a) Crossed anteriorly by gonadal artery
b) Length of 50 cm
c) Nerve supply from T8-T10
d) Crossed posteriorly by renal artery

725. The following is true regarding spleen -
a) Notch is on inferior border *(AIIMS 91)*
b) Long axis parallel to 12^{th} Rib
c) Developed from ventral mesogastrium
d) Nerve supply from celiac plexus

726. The inferior mesentric artery supplies all of the following organs except the - *(DNB 91)*
a) Ascending colon b) Descending colon
c) Transverse colon d) Sigmoid colon

727. Below the level of the anterior superior iliac spine, which structure forms the posterior wall of the rectus sheath - *(TN 92)*
a) Trans versus abdominis b) External oblique
c) Internal oblique d) Conjoint tendon
e) Transversalis fascia

728. The hilus of the right kidney contains the following important structures - *(PGI 92)*
a) Branches of the renal artery
b) Renal pelvis
c) Sympathetic nerve fibers
d) Tributaries of the renal vein

708)c,d 709)d 710)c 711)c 712)b 713)b 714)d 715)a 716)d 717)b 718)c 719)d 720)c 721)c
722) a,b 723) a,c 724) a 725) d 726) a 727) None 728)a,b,c,d

729. All the following statements concerning the conjoint tendon are true except - *(DNB 92)*
a) It forms part of the posterior wall of the inguinal canal
b) It is formed by the fusion of the aponeuroses of the transversus abdominis and internal oblique muscles
c) It reinforces the superficial inguinal ring
d) It is continuous with the inguinal ligament
e) It may bulge forward in a direct inguinal hernia

730. The following is false regarding rectus sheath -
a) Contains pyramidalis *(AIIMS 92)*
b) Deficient anterosuperiorly
c) Posterior wall formed by Transversalis fascia
d) Inferior epigastric artery pierces postero-inferiorly

731. The following is not a content of broad ligament -
a) Round ligament b) Ovarian ligament *(AI92)*
c) Fallopian tubes d) Ovary

732. Which is not a tributary of left Renal vein -
a) Inferior phrenic b) Left gonadal *(AI92)*
c) First lumbar d) Left supra renal

733. Internal pudendal artery in a female is a branch of -
a) Internal iliac artery (Anterior) *(Delhi 92,*
b) Uterine artery *AIIMS 89)*
c) Exemal iliac artery
d) Common iliac artery

734. The following statements concerning the abdominal part of the sympathetic trunk are not true except that- *(PGI92)*
a) It enters the abdomen behind the lateral arcualte ligament
b) The trunk possesses six segmentally arranged ganglia
c) All the ganglia receive white rami communicantes
d) Gray rami communicantes are given off to the lumbar spinal nerves
e) The splanchnic nerves from the throax join the trunks below the diapharagm

735. Motor nerve supply to Detrusors of the bladder is -
a) $L_2\ L_3\ L_4$ b) $S_2\ S_2$ *(JIPMER 92)*
c) $S_2S_3S_4$ d) S_4S_5

736. Untrue about BUrd part of duodenum is -
a) 10 cm in length *(Delhi 93, 89)*
b) Derived from foregut
c) Superior mesenteric artery passes anterior to it
d) Lying posterior are inferior vena cava and aorta

737. Uterine artery is a branch of—Artery- *(PGI93)*
a) External iliac
b) Anterior branch of internal iliac
c) Posterior branch of internal iliac
d) Internal pudendal

738. Following are constituents of spermatic Cord except-
a) Vas deferens *(AI93)*
b) Testicular artery
c) Pampiniform plexus
d) Genital branch of genito femoral N.

739. The contents of the Sacral Canal are all excepts -
a) Filum terminale *(AI 93)*
b) Dura
c) L_4-L_5 Nerve roots
d) Vertebral venous plexus

740. Length of female urethra is - *(JIPMER 93)*
a) 2 cm b)3cm
c) 4cm d)6cm

741. Lymphatics from the ovary drain into -
a) Para aortic nodes *(JIPMER 93, AI 91)*
b) Deep inguinal nodes
c) Superficial inguinal nodes
d) External iliac nodes

742. Which is correct regarding Tail of pancreas -
a) Related to the upper part of spleen *(JIPMER 93)*
b) Carcinoma is common
c) Lies in the gastrosplenic ligaments
d) Maximum number of Islets of langerhans.

743. Main Lymphatic drainage of the testis - *(AI 93)*
a) Pre and para aortic lymph nodes
b) Obturator nodes
c) Supraclavicular nodes
d) Inguinal Nodes

744. Parasympathetic fibers that pass through the vagus nerve supply the - *(AI 93)*
a) Stomach b) Spleen
c) Ileum d) Sigmoid colon

745. Superficial inguinal ring is an opening in -
a) External oblique muscle of abdomen *(Kerala 94)*
b) Internal oblique muscle of abdomen
c) Aponeurosis of external oblique muscle of abdomen
d) Fascia transversalis

746. Right testicular vein drains into - *(Kerala 94)*
a) inferior vena cava b) renal vein
c) portal vein d) splenic vein

747. Bile duct opens into the - *(KARN 94)*
a) Second part of duodenum
b) Third part of duodenum
c) Pyloric end of stomach
d) ileo-caecal junction

748. The functional unit of kideny is called - *(Karn. 94)*
a) Bowman's Capsule b) Malphigian corpuscles
c) Pyramid d) Nephron

749. Which of the following structure is not present in transpyloric plane - *(JIPMER 95)*
a) First lumbar vertebra
b) Tip of ninth costal cartilage
c) Fundus of gall bladder
d) Right supra renal gland

750. All are true about superficial penile fascia except
a) it contains dartos *(JIPMER 95)*
b) it contains loose connective tissue
c) it contains superficial dorsal vein
d) Innervated by ilioinguinal nerve

729) d 730) b 731)d 732)c 733)a 734)d 735)c 736)b 737)b 738)None 739)c 740)c 741) a
742) d 743) a 744) a,c 745) c 746) a 747) a 748) d 749) d 750) d

751. All are true about lymphatic drainage of uterine cornua and fudus except - *(Kerala 95)*
a) To horizontal group of superficial inguinal nodes
b) To para aortic nodes
c) Pre aortic nodes
d) Pelvic nodes

752. Inguinal canal is not bounded posteriorly by-*(AI95)*
a) Transversalis fascia b) Internal oblique
c) Conjoint tendon d) Lacunar ligamnent

753. Anal continence is not contributed by - *(AI95)*
a) anorectal junction b) valves of houston
c) internal analsphincter d) inferior rectal nerve

754. Cremasteric reflex is governed by - *(AMU95)*
a) SI b)Ll
c)L4 d)S3

755. Following are true about portal vein except-
a) Formed behind neck of pancreas *(AIIMS95)*
b) Common bile duct is to right & anterior
c) Gasrtoduodenal artery is to left & anterior
d) Ascends behind 2nd part of duodenum

756. Which structure lies in the intersigmoid recess -
a) Left Ureter *(PGI95)*
b) Left Ureter and left comm.iliac artery
c) Left Ureter and left common iliac vein
d) Left Ureter, left comm.iliac artery and left comm. Iliac vein

757. Regarding the left renal vein which is FALSE -
a) Receives left renal & left suprarenal veins
b) Inferior mesenteric veins drains here
c) It drains into the IVC *(CUPGEE 95)*
d) Crosses in front of the aorta

758. Suprarenal gland gets blood supply from all of following arteries except - *(Delhi 96)*
a) Aorta
b) Renal artery
c) Inferior phrenic artery
d) Superior mesenteric artery

759. Splenic artery supplies all following except -
a) Liver b) spleen *(Delhi 96)*
c) pancreas d) stomach

760. All of the following statements of Adrenal gland are true except - *(AI 9 7)*
a) Both are supplied by three arteries
b) Both adrenal glands drain directly into inferior vena cava
c) Right gland is Pyramidal is shape
d) Average weight is about 5gms.

761. Conjoint tendon is formed by- *(Kerala 97)*
a) Tendons external and internal oblique
b) Lower fibres of internal oblique & transversus abdominis
c) Internal oblique only
d) Pyramidalis

762. Which organ has no endarterial supply - *(AI 98)*
a) Liver b) Spleen
c) Kidney d) Lung

763. Gians penis drains into - *(MP 98)*
a) Ext. iliac lymph nodes
b) Deep inguinal lymph nodes
c) Paraaortic lymph nodes
d) Superior inguinal lymph nodes

764. Falciform ligament contains - *(AI 98)*
a) Ligamentum teres
b) Ligamentum venosum
c) Bile duct and portal vein
d) Superior epigastric artery

765. Deep circumflex iliac artery is a branch of -
a) Internal iliac Artery *(JIPMER 98)*
b) External iliac artery
c) Femoral artery
d) Inferior epigastric artery

766. TVue about appendix epeploacae- *(MP 98)*
a) Helps in active peristalysis
b) Presents in alimentary canal along with mesentry
c) Present in small intestine
d) Present in rectum

767. All are opening in prostatic urethra except-(2l4P *98)*
a) Prostatic utricle b) Ejaculatory duct
c) Bulburethral glands d) Prostatic ducts

768. Deep inguinal ring contain - *(MP 98)*
a) Suspensory ligament of ovary
b) Mesosalpinx
c) Mesoovarium
d) Round ligament of uterus

769. Lymphatic drainage of cervix is - *(MP 98)*
a) Inguinal lymph nodes
b) Ext..iliac lymph nodes
c) Paraaortic lymph nodes
d) Obturator lymph nodes

770. Primary lymph nodes draining the lymphatics form the fundus of the stomach would include the -
a) Pancreatico-splenic nodes *(ICS 98)*
b) Right gastric nodes
c) Left gastric nodes
d) Hepatic nodes

771. Consider the following statement accessory spleens may occur at - *(ICS 98)*
1) The tail of the pancreas
2) Hilum of spleen and its mesentery
3) Omentum and mesentery of small bowel
4) Ovary and testes
a) 1,2 and 3 are correct b) 1 and 3 are correct
c) 2 and 4 are correct d) All four are correct

772. COWPER'S GLANDS open into - *(AIIMS 98)*
a) Prostatic urethra b) Membranous urethra
c) Penile urethra d) Bulbar urethra

773. Afferents of cremasteic reflex are present in -
a) Ilioinguinal nerve *(AIIMS 98)*
b) Genitofemoral nerve
c) Iliohypogastric nerve
d) Pudendal nerve

751)d 752) d 753)b 754)b 755)d 756)a 757)b 758)d 759)a 760)b 761)b 762)d 763)b 764)a
765)b 766)b 767)c 768)d 769)b,d 770)a 771)a 772)c 773)b

774. The blood supply to the uterus is by which artery -
a) Uterine b) Ovarian *(AMC 99)*
c) Vaginal d) All

775. Which of the following is not a content of the pudendal canal - *(Kaernat 99)*
a) Pudendal nerve
b) Internal pudendal artery
c) Internal pudendal vein
d) Nerve to obturator intemus

776. True about inferiormesentric artery - *(UP2K)*
a) Continues as inferior rectal artery
b) Takes part in formation of marginal artery
c) Arises from coeliac trunk
d) Supplies mid gut

777. If a missile enters the body just above the pubic ramus through the anterior adominal wall it will most likely pierce which of the following structures- *(AIIMS2K)*
a) Abdominal aorta b) Left renal vein
c) Urinary bladder d) Spinal cord

778. What is thenerve supply to the skin around the umbilicus- *(Kerala 2k)*
a) 10^{th} thoracic ventral ramus
b) 11^{th} thoracic ventral ramus
c) Subcostal nerve
d) Iliohypogastric nerve
e) Ilioinguinal nerve

779. Blood supply of the sigmoid colon is from -
a) Marginal artery of drummond *(PG12K)*
b) Sigmoidal artery
c) Superior hemorrhoidal artery
d) Middle colic artery
e) Left colic artery

780. lesser sac of the stomach is bounded by - *(PG12K)*
a) Posterior wall of stomach
b) Visceral surface of spleen
c) Under surface of liver
d) Greater omentum
e) Right crus of diaphragm

781. Iliac crest at the level of (highest point of -
a) L_3 b)L_4 *(DNB2001)*
c) L_5 d)S_1

782. After herniotomy loss of sensation of the scrotum, root of penis is due to injury of - *(AIMS2001)*
a) Ilioinguinal nerve b) Iliohypogastric nerve
c) Genitofemoral nerve d) Obturator nerve

783. All of the following are the posterior relations of the kidney except - *(J&K 2001)*
a) Psoas major b) Quadratus lumborum
c) Sympathetic chain d) Ilioinguinal nerve

784. The following provide maximum support to uterus -
a) Broad ligament *(PG12001)*
b) Mackenordt's ligament
c) Round ligament
d) Vascicouterin fold

785. All are related to post, surface of bladder except -
a) Ureter *(JIPMER2001)*
b) Rectum through rectovesical pouch
c) Seminal vesicles
d) Vas deferens

786. Ventral mesogastrium derivatives include A/E -
a) Falciform ligament *(JIPMER2001)*
b) Coronary ligament
c) Lesser omentum
d) Gastrosplenic ligament

787. Branch of posterior division of internal iliac artery is- *(JIPMER2001)*
a) Superior gluteal artery
b) Inferior gluteal artyery
c) Superior vesical artery
d) Middle rectal artery

788. The bed of the stomach is not formed by-*(Kerala 01)*
a) Left kidney b) Left supra renal gland
c) Splenic vein d) Tail of pancreas

789. Ligation of the coeliac artery mostly affects -
a) Stomach b) Pancreas *(Kerala 2001)*
c) Jejnum d) Spleen

790. The venous drainge of liver into IVC is through -
a) Portal vein b) Hepatic veins *(AI2001)*
c) Azygous vein d) Superior mesentrci vein

791. A patient of external piles has pain, which of the following nerve carry this pain sensation -
a) Hypogastric nerves *(AI2002)*
b) Parasympathetic plexus
c) Sympathetic nerves
d) Pudendal nerve

792. The architecture of the liver is divided into lobes by-
a) Bile duct b) Hepatic artery *(PG102)*
c) Hepatic vein d) Portal vein
e) Lymphatics

793. Lesser omentum has following contents except-
a) Hepatic veinb) Hepatic artery (*PGI97*)
c) Portal vein d) Bile duct

794. Inferior mesenteric vein drains into vein- (*PGI97)*
a) Splenic b) Hepatic
c) Portal d) Inf. vena cava

795. True about foremen of bochdelak is - *(PGI97)*
a) Posterolateral gap in diaphragm
b) Anterolateral gap in diaphrgam
c) Pleuro-pericardial gap
d) Gap in the muscle fibres

796. Relation of caudate lobe of liver is - *(PGI 98)*
a) Posterior to portal vein
b) Anterior to rt. inferior phrenic artery
c) Posterior to ligamentum teres
d) Posterior to ligamentum venosum

797. All the statements are true about ileum except -
a) LN in mesentery *(PGI 98)*
b) 3-6 arcades in continuation
c) Smaller diameter than jejunum
d) Large circular mucosal folds

774)a,b 775)d 776)b 777)c 778)a 779)a,b 780)a,c,d 781)b 782)a 783)a 784)b 785)a 786)d 787)a
788) c,d 789) a,d 790) b 791) d 792)a,b,d 793) a 794) a 795) a 796) b 797) d

798. Rectus adominis is inserted into - *{PGI98)*
a) Xiphoid process b) Median raphae
c) Linea alba d) l-4 ribs

799. Pelvic splanchnic nerve is formed by- **(***PGI98)*
a) Posterior rami of L_5 - Sj
b) Posterior rami of S_2 S_3 S_4
c) Anterior rami ofL_5 S, S_2
d) Anterior rami of S_2 S_3 S_4

800. The commonest site of surgical uretero-vaginal fistula is - *{PGI99)*
a) Below infudibulopelvic ligament
b) Below uterine artery in the mackenrodts ligament
c) Vaginal angle
d) Above uterine artery

801. Note true about the anal canal is - *{PGI99)*
a) Completely lined by stratified squamous epithelium
b) Supplied by pudendal nerve
c) Drained by veins forming portosystemic anastomosis
d) Part below pectinate line is spupplied by inf.rectal artery

802. Which is the direct branch of coeliac trunk-
a) Rt. gastric b) Lt. gastric *{PGI 99)*
c) Gastroduodenal d) Rt gastroepiploic artery

803. Vein draining to IVC is- *{PGI 99)*
a) Left testicular vein b) Rt suprarenal vein
c) Lt. ovarian vein d) Lt. suprarenal vein

804. True about boundaries of lesser Sac - *{PGI2000)*
a) Posteriorly stomach b) Crus of diaphagm
c) Spleen d) Greater omentum

805. Cystic artery arises from - *{PGI 01)*
a) Right hepatic artery b) Left hepatic artery
c) Common hepatic artery d) Gastroduodenal artery

806. Superficial perineal muscles include - *{PGI 02)*
a) Superficial transverse perinei
b) Bulbospongiosus
c) Ischiocavemosus
d) Iliococcygeus
e) Pubococcygeus

807. The branch of anterior division of internal iliacartery includes - *{PGI 02)*
a) Posterior gluteal. b) Uterine
c) Obturator d) Internal pudendal
e) Iliolumbar

808. Cremasteric muscle is supplied by - *{PGI 02)*
a) Genital branch of genitofemoral nerve
b) Femoral branch of genitofemoral nerve
c) Lateral femoral nerve
d) Ilio-inguinal nerve

809. Blood supply of Lt ureter are- *{PGI 03)*
a) Uterine artery b) Inferior vesical artery
c) Testicular artery d) Common iliac artery
e) External femoral artery

810. True about inferior vena cava- *{PGI 03)*
a) Passes through diaphragm at level of D_{10} vertebra
b) Rt. suprarenal artery directly drains to it.
c) It lies anterior to the renal vein.
d) It forms the posterior wall of the epiploic foramen.
e) It is related to psoas muscle

811. IVue about inguinal canal - *{PGI 03)*
a) It is an Intermuscular canal
b) Superficial inguinal ring is situated superior and leteral to public tubercles
c) Deep inguinal ring is superio-medial to attachment of recutus abdominis
d) In male vas deferens passes through it.
e) Artery and nerve supply pass through it

812. Lt ureter is related to - *{PGI 03)*
a) Quadrtus Lumborum b) Lt gonadal vessels
c) Superior mesenteric vein d) Sigmoid mesocolon
e) Internal iliac artery

813. Blood supply of stomach is/are- *{PGI 03)*
a) Left gastric artery b) Short gastric artery
c) Splenic artery proper d) Renal artery
e) Lt gastroepiploic artery

814. The cysterna chili are situated in the -
a) Pelvis b) Thorax *{Karnataka 02)*
c) Neck d) Abdomen

815. Length of male adult urethra is - *{TN 03)*
a) 20cms b)10cms
c) 4 cms d) 15 cms

816. Length of Female adult cervical canal is - *{TN 03)*
a) 2 cms b) 2.5 cms
c) 6 cms d) 10 cms

817. Ureter crosses all of the following EXCEPT -
a) Uterine artery *{IN03)*
b) Bifurcation of common iliac
c) Sigmoid mesocolon
d) Inferior mesentric artery

818. The Blood vessel related to the paraduodenal fossa is - *{AI03)*
a) Gonadal veins b) Superior mesenteric artery
c) Portal vein d) Inferior mesenteric vein

819. A posteriorly perforating ulcer in the pyloric antrum of the stomach is most likely to produce initial localized peritonitis or abscess formation in the following - *{AI03)*
a) Omental bursa (lesser sac)
b) Greater sac
c) Right subphrenic space
d) Hepato renal space (pouch of Morison)

820. While exposing the kidney from behind, all of the following nerves are liable to injury except -
a) Lateral cutaneous nerve of thigh *{All India 04)*
b) Ilioinguinal nerve
c) Subcostal nerve
d) Iliohypogastric nerve

821. Infection/inflammation of all of the following, causes enlarged superficial inguinal lymph nodes except -
a) Isthmus of uterine tube
b) Inferior part of anal canal
c) Big toe
d) Penile urethra

798) a 799) d 800) b 801) a 802) b 803) b 804) d 805) a 806)a,b,c 807)b,c,d 808) a 809)a,b,c,d 810)d,e
811)a,b,d,e 812)b,d,e 813)a,b,e 814)d 815)a 816)b 817)d 818)d 819)a 820)a 821)d

822. The intricately and prodigiously looped system of veins and arteries that lie on the surface of the epididymis is known as - *{AllIndia 04)*
a) Choroid plexus b) Tuberal plexus
c) Pampiniform plexus d)Rectiniform plexus

823. Which of the following is true about location of Omental Bursa - **(***Jipmer 04)*
a) Left sub hepatic b) Left sub phrenic
c) Right sub hepatic d) Right sub phrenic

824. Ejaculatory duct opens into - *{APPGE 04)*
a) Membranous urethra b) Prostatic urethra
c) Penile urethra d) Seminal vesicles

825. A common structure in Hesselbach's triangle and femoral triangle is - **(***UPPGMEE04)*
a) Conjoint tendon b) Inguinal ligament
c) Inferior epigastric artery d) Rectus femoris

826. The efferent limb of the cremaster reflex is provided the - **(***UPPGMEE 04)*
a) Femoral branch of the genitofemoral
b) Genital branch of the genitofemoral nerve
c) Ilioinguinal nerve
d) Pudendal nerve

827. Fructose, a source of energy for spermatozoa, is found primarily in secretions from *the-(UPPGME 04)*
a) Bulbourethral glands b) Epididymus
c) Prostrate d) Seminal vesicle

828. The relation of sympathetic trunk to inferior venacava is - *{Jipmer 03)*
a) Right b)Left
c) Anterior d) Posterior

829. Cave of Ritzeius is found in - **(***UPPGMEE 04)*
a) Infront of the bladder b) Behind the bladder
c) Behind the rectum d) Behind the cervix

830. The lymphatics of vulva - *{SGPGI04)*
a) Do not freely communicate with each other
b) Do not cross the labiocrural fold
c) Transverse the labia from medial to lateral side
d) Drain directly in to the deep femoral glands

831. The inferior hypogastric plexus is located -
a) Anterior to the aorta *{SGPGI 04)*
b) Behind the kidney
c) Between layers of anterior abdominal wall
d) On the side of rectum

832. Ligamentum teres of the liver is remnant of- *{SGPGI 05)*
a) Umbilical arteries b) Left umbilical vein
c) Ductus-venosus d) Ductus arteriosus

833. Venous blood of liver is drained by - *{SGPGI 05)*
a) Portal vein b) Hepatic artery
c) Sinusoids d) Hepatic veins

834. Which of the following is true about splenic artery -
a) Smaller than left gastric artery *{SGPGI 05)*
b) Gives short gastric arteries along the fundus
c) Curves around the fundus
d) Arises from abdominal aorta

835. The free edge of the falciform ligament encloses -
a) Ligamentum venosum *{SGPGI05)*
b) Portal vein and common bile duct
c) Ligamentum teres
d) Superior epigastric vein

836. All of the following form visceral relations of spleen except- *{AMU05)*
a) Stomach b) Splenic flexure of colon
c) Kidney d) Adrenals

837. The main antagonistic muscle of rectus abdominis muscle is - *{COMEDK05)*
a) Psoas major b) Latissimus dorsi
c) Quadratus lumborum d) Erector spinae

838. To create a porto-caval shunt in a patient with portal hypertension, which of the following venous anastomosis should be performed - *{Jipmer 05)*
a) Superior mesenteric vein to inferior mesenteric vein
b) Right gastric vein to left gastric vein
c) Right gastric vein to right gastric vein
d) Left splenic vein to left renal vein

839. Which of the following arteries is a direct branch of the gastroduodenal artery - *{Jipmer 05)*
a) Right gastric artery
b) Left gastric artery
c) Inferior pancreaticoduodenal artery
d) Right gastroepiploic artery

840. True about the anatomy of inguinal hernia which is/ are true - *{PGI June 05)*
a) Sup. Inguinal ring is an opening in external oblique aponeurosis
b) Indirect hernia lies just medial to inferior epigastric artery
c) Posterior wall is formed by transversalis fascia and conjoined tendon
d) Cremasteric artery is a branch of external iliac artery
e) Indirect hernia lies anteromedial to spermatic cord

841. TVue about ureter - *{PGI June 05)*
a) Starts at the hilum
b) Changes its direction at the ischial spine
c) Penetrates the bladder wall without any valve
d) Enters the bladder at the lateral angle of the trigone
e) Enters pelvis in front of bifurcation of common iliac artery

842. The diaphragm is formed of the following except -
a) Septum transversum *{ICS 05)*
b) Paraxial mesoderm
c) Pleuroperitoneal membranes
d) Dorsal mesentery of oesophagus

843. Ureteric constriction is seen at all the following positions, except - *{MAHA 05)*
a) Ureteropelvic junction
b) Ureterovesical junction
c) Crossing of iliac artery
d) Ischial spine

822) c 823) a 824)b 825)b 826)b 827)d 828)b 829)a 830)c 831)d 832)b 833)d 834)b 835)c
836) d 837) d 838) d 839) d 840)a,c,e 841) All 842)d 843) d

844. All of the following statements concerning the ductus deferens are correct except - *(MAHA 05)*
a) It begins in the head of the epididymis
b) It ascends in the spermatic cord
c) It joints the duct of the seminal vesicle to form the ejaculatory duct
d) It descends medial to the ureter and seminal vesicles

845. The artery of the ductus deferens arises from which of the following structures - *{MAHA 05)*
a) Aorta b) Inferior epigastric
c) Inferior vesical d) Pudendal

846. All of the following statements about the splenic artery are true except that it - *(AIIMSNO V05)*
a) Has a tortuous course
b) Is a branch of the coeliac trunk
c) Has branches that anastomose freely within the spleen
d) Supplies the greater curvature of stomach

847. The narrowest part of the ureter is at the -
a) Uretero - pelvic junction *(AIIMS NO V 05)*
b) Hiac vessel crossing
c) Pelvic ureter
d) Uretero - vesical junction

848. Benign Prostatic hypertrophy results in obstruction of the urinary tract. The specific condition is associated with enlargement of the - *(AI05)*
a) Entire prostate gland b) Lateral lobes
c) Median lobe d) Posterior lobes

849. The Prostatic urethra is characterized by all of the following features, except that it - *(AI 05)*
a) Is the widest and most dilatable part
b) Presents a concavity posteriorly
c) Lies closer to anterior surface of prostate
d) Receives Prostatic ductules along its posterior wall

850. All of the following statements regarding was deference are true except - *(AI 05)*
a) The terminal part is dilated to form ampulla.
b) It crosses ureter in the region of ischial spine
c) It passes lateral to inferior epigastric artery at deep inguinal ring
d) It is separated from the base of bladder by the peritoneum

851. The following group of lymph nodes receives lymphatics from the uterus except - *(AI 05)*
a) External iliac b) Internal iliac
c) Superficial inguinal d) Deep inguinal

852. In an adult male, on per rectal examination, the following structures can be felt anteriorly except -
a) Internal iliac lymph nodes *(AI 05)*
b) Bulb of the penis
c) Prostate
d) Seminal vesicle when enlarged

853. The gastroduodenal artery is derived from -*(AIIMS*
a) Celiac artery b) Hepatic artery *May 05)*
c) Splenic artery d) Cystic artery

854. The neck of pancreas is related on its posterior surface to- *(AIIMS May 05)*
a) Gastroduodenal artery
b) Superior mesenteric vein
c) Inferior vena cava
d) Bile duct

855. Lymphatic drainage of the cervix occurs by all of the following lymph nodes, except - *(AI 06)*
a) Parameterial lymph nodes
b) Deep inguinal lymph nodes
c) Obturator lymph nodes
d) Ext. iliac lymph nodes

856. All of the following are the components of the white pulp of spleen, except - *(AI 06)*
a) Periarteriolar lymphoid sheath
b) B cells
c) Antigen presenting cells
d) Vascular sinus

857. True statements about Appendix-(PG/ *June 06yil93)*
a) Does not have mesentery
b) Has taenia coli
c) Develops from midgut
d) Supplied by appendicular branch of ileocolic artery
e) Supplied by interior mesenteric artery

858. True statements about lower *VJP* Ant abdominal wall-
a) Linea Alba is poorly formed *(PGIJune06)*
b) Two layers of rectus sheath present
c) External oblique poorly formed
d) Ext. obliqe muscle well formed & strong
e) Rectus abdominis is divided

859. Superficial perineal muscles include -*(PGI June 06)*
a) Iliococcygeus b) Ischiococcygeus
c) Bulbospongiosus d) Levator ani
e) Pubococcygeus

860. Atherosclerotic occlusion of which artery would result in insufficient perfusion of urinary bladder -
a) External iliac b) Internal pudendal *(HP 06)*
c) Internal iliac d) Lateral sacral

861. Most medially located renal structure is - *(HP 06)*
a) Major calyx b) Minor calyx
c) Renal cortex d) Renal pelvis

862. Pyramidalis is supplied by - *(Manipal 06, PGI84)*
a) Subcostal nerve b) Ilioinguinal nerve
c) Iliohypogastric nerve d) Genitofemoral nerve

863. Right kidneys anterior relation : all are devoid of peritoneum, except - *{PGMCET 01)*
a) Duodenum b) Supra renal gland
c) Colon d) Liver

864. Which one of the following ligaments contains splenic artery - *(UPSC 0 7)*
a) Gastrosplenic ligament
b) Splenocolic ligament
c) Splenorenal ligament
d) Splenophrenic ligament

844) a 845) c 846)c 847)d 848)c 849)b 850)d 851)d 852)a 853)b 854)b 855)b 856)d 857)c,d 858) a,c 859) c 860) c 861) d 862) a 863) d 864) c

865. The segmental division of liver into eight segments is based on - *(UPSC 07)*
a) Hepatic veins alone
b) Portal vein alone
c) Hepatic veins and common hepatic artery
d) Hepatic veins and portal vein

866. Stomach derives its blood supply from all these arteries directly or indirectly except - (*Corned 0 7)*
a) Splenic artery b) Hepatic artery
c) Superior mesenteric artery d) Celiac axis

867. Structure that does not cross the midline is-(^7 *07)*
a) Left gonadal vein
b) Left renal vein
c) Left branchiocephalic vein
d) Hemiazygos vein

868. Porto systemic shunt is not seen in - *(AI07)*
a) Liver b) Spleen
c) Anorectum d) Gastro Esophageal

869. Injury to the male urethra below the perineal membrane causes urine to accumulate in - *(AI 07)*
a) Superficial perineal pouch
b) Deep perineal pouch
c) Space of retzius
d) Pouch of douglas

870. All are true the trigone of the urinary bladder except-
a) Mucosa is loosely associated to the underlying musculature *(AI 07)*
b) Mucosa is smooth
c) It is lined by transitional epithelium
d) It is derived from the absorbed part of the mesonephric duct

871. Supports of the uterus are all except - *(AI 07)*
a) Uterosacral ligament b) Broad Ligament
c) Mackenrodts' ligament d) Levator ani

872. Renal angle lies between - *(Aiims May 07)*
a) 12^{th} rib & lateral border of sacrospinalis
b) 11^{th} rib & lateral border of sacrospinalis
c) 12^{th} rib & lateral border of quadratus lumborum
d) 11^{111} rib & lateral border of quadratus lumborum

873. Pudendal nerve supplying motor part to external sphincter is derived from - *(Aiims May 07)*
a) L_5-S, roots b)Sj-S_2 roots
c) L_2-L_3 roots d) S_2-S_3 roots

874. Ureteric constriction in the following sites except-
a) At the pelviureteric junction *(UP 07)*
b) Crosses the internal iliac artery
c) At bladder wall
d) At mesentery

875. Tail of pancreas related with - *(UP 07)*
a) Splenicorenal ligament
b) Gastrosplenic ligament
c) Phrenico colic ligament
d) Falciform ligament

876. Watershed area between SMA and IMA which commonly result in ischemia is - *(AIIMSNov 07)*
a) Hepatic flexure b) Splenic flexure
c) Rectosigmoid Jn. d) Ileocolic Jn.

877. True about left renal vein - *(AIIMS Nov 0 7)*
a) Posterior and inferior to sup. mesenteric artery
b) Posterior and superior to superior mesenteric artery
c) Anterior and inferior to sup. mesenteric artery
d) Annterior and superior to sup. mesenteric artery.

878. In fracture of penis involving rupture of tunica albuginea with intact Buch's fascia following would be noted clinically - *(AIIMS Nov 0 7)*
a) Hematoma involving only the shaft of penis
b) Hematoma involving scrotum & perineal region
c) Penis, scrotum and abdominal wall
d) Penis scrotum & thighs

879. Shortest part of the colon is - *(UP 08)*
a) Ascending colon b) Transverse colon
c) Descending colon d) Sigmoid colon

880. Ureteric constriction in the following sites EXCEPT-
a) Ischial spine *(UP 08)*
b) Pelvi-ureteric junction
c) Uretero-vesical junction
d) Crosses the internal iliac artery

881. All are true about Thoraco-lumbar fascia - EXCEPT-
a) Attachment to the spinous process of lumber vertebra *(UP 08)*
b) Origin to the transversus and internal oblique muscles
c) Lumber part situated in the interval between the iliac crest and the 12th rib
d) Attachment to the transverse process of lumber vertebra

882. Venous spread in carcinoma rectum reaches to the following structure - *(UP 08)*
a) Spleen b) Kidney
c) Liver d) Duodenum

883. Referred pain in external haemorrhoides is due to -
a) Common pudendal nerve *(UP 08)*
b) Inferior rectal nerve
c) Splanchnic nerve
d) Sympathetic nerve

884. Which of the following is the correct order of pathway for a sperm - *(AI 08)*
a) Straight tubules —> Rete testis —> Efferent tubules
b) Rete tubules —> Efferent tubules —> Straight tubules
c) Efferent —> tubule Rete testis —> Straight tubules
d) Straight tubule —> Efferent tubules —> Rete tubules

885. Which of the following veins is found in relation to the paraduodenal fossa - *(AI 08)*
a) Inferior mesentric vein b) Middle colic vein
c) Left colic vein d) Splenic vein

886. The artery to the ductus dererens is a branch of -
a) Inferior epigastric artery *(AI 08)*
b) Superior epigastric artery
c) Superior vesical artery
d) Cremasteric artery

865) d 866) c 867) a 868) b 869) a 870) a 871)b 872) a 873) d 874) d 875) a 876) b 877) a 878) a
879)a 880)a 881)a 882)c 883)b 884)a 885)a 886) c

887. TVue about valves in portal venous system -
a) Present at the junction of superior mesentric artery with the splenic artery *(Aiims May 08)*
b) Within the portal vein only
c) The whole system is valveless
d) In the intrahepatic portion of portal vein.

888. All are the contents of deep perineal pouch except -
a) Bulbourethral glands *(Aiims May 08)*
b) Internal urethral sphincter
c) Dorsal nerve of penis
d) Bulb of penis

889. About ureter true is - *(PGI June 08)*
a) 5 cm long b) 25 cm long
c) 35 cm long d) Totally retroperitoneal
e) It enters true pelvis after crossing iliac vessel

890. Middle lobe of prostrate is present in between -
a) Prostratic urethra & Ejaculation duct
b) Prostratic urethra & rectum *(PGI June 08)*
c) Ejaculation duet & pubis
d) Pubis and rectum

891. Deep perineal pouch contains - *(PGI June 08)*
a) Bulb of penis b) Crura of penis
c) Bulbospongiosus d) Membranous urethra

892. The lymphatic drainage of testes is - *(DPGEE 08)*
a) Inguinal L.N. b) Mesenteric L.N.
c) Para-aortic L.N. d) Obturator L.N.

893. In rectus sheath which branch of aorta make anastomosis with superior epigastric artery - *(PGI Dec08)*
a) Subclavian artery b) External iliac artery
c) Internal iliac artery d) External carotid A
e) Axillary artery

894. Which of following is not a permanent mucosal fold? *(AIIMS Nov08)*
a) Spiral valve of Heister b) Gastric rugae
c) Plica semilunaris d) Transverse rectal fold

895. Spleen projects into the following space of peritoneal cavity ? *(AIIMS Nov08)*
a) Paracolic gutter b) Inftacolic compartment
c) Left subhepatic space d) Greater Sac

896. Which of the following is the teriminal group of lymph node for colon? *(AIIMS Nov08)*
a) Paracolic b)Epicolic
c) Preaortic d) Ileocolic

897. All of the following are branches of splenic artery, Except- *(AI09)*
a) Short gastric artery
b) Hilar branches
c) Right gastroepiploic artery
d) Arteria pancreatica magna

898. Contents of deep perenial pouch include all of the following, Except - *(AI09)*
a) Dorsal nerve of penis b) Bulbourethral gland
c) Root of penis d) Sphincter urethrae

899. Urogenital diaphragm is made up of the following, Except- *(AI09)*
a) Deep transverse Perineus b) Perinial membrane
c) Colle's fascia d) Sphincter urethrae

900. Lymphatics from the spongy urethra drain into the following lymph nodes - *(AI09)*
a) Superior inguinal nodes
b) Internal inguinal nodes
c) Deep inguinal nodes
d) Sacral nodes

901. Within which part of a gastric gland, are chief cells located - *(AI09)*
a) Gastric pitb)Neck
c) Isthumus d) Fundus

902. Chief cells of stomach are most abundant in -
a) Fundus b) Body *(AI09)*
c) Antrum d) Pylorus

903. All of the following statements about Paneth c ells are true, Except - *(AI09)*
a) Rich in Rough Endoplasmic Retuculum
b) Rich in Zinc
c) Contain Lysozyme
d) Foamy appearance

904. Right gastroepiploic artery is a branch of -
a) Right Hepatic artery *(AIIMS May 09)*
b) Gastroduodenal artery
c) Hepatic artery
d) Superior mesenteric atery

905. Which is not supplied by pelvic splanchnic nerves? *(AIIMS May 09)*
a) Rectum b) Urinary bladder
c) Appendix d) Uterus

906. Sphincter of Oddi consists of - *(AIIMSMay 09)*
a) 2 sphincters b) 3 sphincters
c) 4 sphincters d) 5 sphincters

907. Vaginal sphincter is formed by all except -
a) Internal urethral sphincter *(AIIMS May 09)*
b) External urethral sphincter
c) Pubovaginalis
d) Bulbospongiosus

908. True about female pelvis - *(PGI June 09)*
a) C-shaped pelvic cavity
b) Pelvic inlet is wider posteriorly
c) P.inlet is heart shaped
d) Subpublic angle is 70°
e) Ischiopublic index is 80 ± 5

909. The sensory supply of the fallopian tube and ovary is from- *(COMED09)*
a) D6toD8 b)D8toD10
c)D10toD12 d) L2 to L4

910. The dartos muscle is innervated by - *(COMED 09)*
a) Ilionguinal nerve b) Iliohypogastric nerve
c) Sympathetic nerves d) Pudendal nerve

911. Structure contained within rectus sheath are all except - *(DELHI PG Feb. 09)*
a) Internal thoracic artery
b) Superior epigastric artery
c) Inferior epigastric artery
d) Rectus abdominis

887) c 888) d 889)b,d,e 890) a 891) d 892) c 893) b 894) b 895) d 896) c 897) c 898) c 899) c 900) c
901)d 902)a>b 903)d 904)b 905)c 906)b 907)a 908)None 909)c 910)c 911)a

912. The shortest part of colon is - *(DELHIPG Mar 09)*
a) Transverse colon b) Ascending colon
c) Descending colon d) Sigmoid colon

913. The right adrenal vein drains into:
a) Right renal vein *(DELHI PG Mar 09)*
b) Inferior vena cava
c) Second right lumbar vein
d) Third right lumbar vein

914. To which lymph nodes, the lymph from the umbilicus drain- *(UPSC-II09)*
a) Axillary and inguinal
b) External and internal iliac
c) Pre-and para-aortic
d) Inter-aortocaval

915. Valvulae conniventes are seen in - *(PGINov 09)*
a) Jejunum b) Ileum
c) Stomach d) Colon
e) Appendix

916. True about ureter's entry into bladder-(PG*/Nov 09)*
a) At medial angle of trigone
b) At lateral angle of trigone
c) Make an angle
d) Is straight
e) Valveless

917. The following structures are felt on per rectal examination except - *(AIIMS Nov 09)*
a) Bulb of penis b) Ureter
c) Anorectal ring d) Urogenital diaphragm

918. True about prostatic urethra are all except -
a) Trapezoid in cross-section *(AIIMS Nov 09)*
b) Presence of verumontanum
c) Opening of prostatic ducts
d) Contains urethral crest

919. Vaginal sphincter is formed by all except -
a) Internal urethral sphincter *(AIIMS Nov 09)*
b) External urethral sphincter
c) Pubovaginalis
d) Bulbospongiosus

920. True about prostatic urethra are all except -
a) Trapezoid in cross-section *(AIIMS May 10)*
b) Presence of verumontanum
c) Opening of prostatic ducts
d) Contains urethral crest

921. Coeliac plexus is located - *(AIIMS May 10)*
a) Anterolateral & around the aorta
b) Posterolateral & around the aorta
c) Anteromedial to lumbar sympathetic chain
d) Posterolateral to lumbar sympathetic chain

922. Appendices epiploicae present in - *(AIIMSMay 10)*
a) Appendix b) Caecum
c) Rectum d) Sigmoid colon

923. Which is not supplied by pelvic splanchnic nerves? *(AIIMS May 10)*
a) Rectum b) Urinary bladder
c) Appendix d) Uterus

924. Urogenital diaphragm is made up of the following, Except- *(AI10)*
a) Deep transverse perineus b) Perinial membrane
c) Code's fascia d) Sphincter urethrae

925. Hypogastric sheath is a condensation of - *(AI 10)*
a) Scarpa's fascia
b) Colie's fascia
c) Pelvic fascia
d) Inferior layer of Urigenital diaphragm

926. Lymphatics from the spongy urethra drain into the following lymph nodes - *(AI 10)*
a) Superior inguinal nodes
b) Internal inguinal nodes
c) Deep inguinal nodes
d) Sacral nodes

927. Which of the positions best describes the location of celiac plexus - *(AI 10)*
a) Anterolateral to Aorta
b) Posterolateral to Aorta
c) Anterolateral to sympathetic chain
d) Anteromedial to sympathetic chain

928. In post-ductal coarctation of aorta collaterals may be formed by all of the following, except - *(AI 10)*
a) Vertebral artery
b) Suprascapular artery
c) Subscapular artery
d) Posterior intercostal artery

929. In portal hypertension the sites of portosystemic anastomosis includes - *(DPG10)*
a) Lower end of esophagus
b) Around umbilicus
c) Lower third of rectum and anal canal
d) All of the above

930. The rectus sheath contains all of the following except-
a) Pyramidalis muscle *(DPG 10)*
b) Genitofemoral nerve
c) Inferior epigastric vessels
d) Superior epigastric vessels

931. Pouch of Douglas is situated between - *(DPG 10)*
a) Bladder and the uterus
b) Bladder and pubic symphysis
c) Bladder and the rectum
d) Uterus and rectum

932. Lymphatics of suprarenal gland drain into_____ lymph nodes- *(Maharashtra 10)*
a) Internal iliac b) Para-aortic
c) Superficial inguinal d) Coeliac

933. Which structure(s) passes behind the inguinal ligament - *(PGIMay 10)*
a) Femoral branch of genitofemoral nerve
b) Superficial epigastric artery
c) Psoas major
d) Femoral vein
e) Saphenous vein

912)b 913)b 914)a 915)a,b 916)b,c,e 917)b 918)a 919)a 920)a 921)c 922)d 923)c 924)c 925)c 926) c 927) a 928) None 929) d 930) b 931)d 932) b 933) c,d

934. Flexor of lumbar spine is/are- *(PGIMaylO)*
a) Erector spinae
b) External oblique muscle
c) Internal oblique muscle
d) Rectus abdominis
e) Psoas major

935. Teres major of liver is a remnant of -*(PGIMay 10)*
a) Ductus venosus b) Umblical artery
c) Ductus arteriosus d) Peritoneum
e) Left umbilical vein

936. True statement about anatomy of anal canal -
a) Puborectalis is essential to maintain continence
b) Internal sphincter is skeletal muscle *(PGINov 10)*
c) Internal sphincter remains in the state of tonic contraction
d) External sphincter is supplied by gluteal nerve
e) No lymphatic drainage

937. Ureter dervies its blood supply from -*(PGINov 10)*
a) Renal artery
b) Gonadal vessel
c) Common iliac artery
d) Inferior vesical artery
e) Superior mesenteric artery

938. True about Right phrenic nerve - *(PGINov. 10)*
a) Motor branch
b) Sensory branch
c) Arise from C_4
d) Shorter course than left phrenic nerve

939. All of the following are derivatives of the septum transversum except - *(AIIMS Nov 10)*
a) Falciform ligament
b) Coronary ligament
c) Mesentery of the lesser sac
d) Ligamentum teres

940. All of the following organs develop in the mesentery of stomach except - *(AIIMS Nov 10)*
a) Liver b) Spleen
c) Kidney d) Pancreas

941. All are sphincters of lower genito urinary tract of female except? *(AIIMS Nov 10)*
a) Pubovaginalis
b) External urethral sphincter
c) Internal urethral sphincter
d) Bulbospongiosus

942. Upper limb weight is transmitted to axial skeleton by all except - *(AIIMS May 11)*
a) Coracoacromial ligament
b) Claviculoclavicular [interclavicular] ligament
c) Costoclavicular ligament
d) Acromioclavicular ligament

943. Sphincter of Oddi consists of - *(AIIMSMay 11)*
a) 2 sphincters b) 3 sphincters
c) 4 sphincters d) 5 sphincters

944. Root of mesentery is crossed by - *(AIIMS May 11)*
a) Horizontal part of duodenum
b) Left gonadal vessels
c) Left ureter
d) Superior mesenteric artery

945. Spleen projects into the following space of peritoneal cavity? *(AIIMS May 11)*
a) Paracolic gutter b) Infracolic compartment
c) Left subhepatic space d) Greater Sac

946. All of the following form posterior relations of head of pancreas, Except - *(AI11)*
a) Common Bile Duct b) First part of duodenum
c) Aorta d) Inferior Vena cava

947. Urethral Crest is situated in - *(AI 11)*
a) Prostatic Urethra b) Membranous Urethra
c) Penile Urethra d) Bulbar Urethra

948. Which of the following is not a component of the hypogastrics heath - *(AI 11)*
a) Broad ligament
b) Uterosacral ligament
c) Transverse cervical ligament
d) Lateral ligament of the bladder

949. In portal hypertension lower end of the oesophagus may show dilatation of veins. Which of the following veins drains into the portal vein from the lower end of the oesophagus ? *(Karn 11)*
a) Right gastric b) Left gastric
c) Hemiazygos d) Inferior phrenic

950. Arterial supply of the duodenum is by - *(Karn 11)*
a) Superior mesenteric artery
b) Celiac artery
c) Inferior mesenteric artery
d) Both superior mesenteijc & celiac arteries

951. Shortest part of colon- *(Punjab 10)*
a) Ascending colon b) Transverse colon
c) Descending colon d) Sigmoid colon

952. Length of female urethra - *(Punjab 10)*
a) 2cm b)4cm
c) 6cm 8) 8cm

953. Which of the following structure is not present in transpyloric plane? *(PUNJAB11)*
a) First lumbar vertebra b) Fundus of gall bladder
c) Hilum of right kidney d) Inferior mesenteric vein

954. Subdiaphragmatic right posterior intra peritoneal space is - *(Jipmer10)*
a) Lesser sac
b) Morrison's pouch
c) Hepatorenal pouch
d) Superior part of supracolic compartment

955. Posterior gastric artery is a branch of -
a) Left gastric artery *(Jipmer11)*
b) Right gastric artery
c) Splenic artery
d) Hepatic artery

956. Which of the following is false about portal vein?
a) Formed behind the neck of pancreas
b) Bile duct lies anterior & right to it *(Jipmer 11)*
c) Gastro duodenal artery lies to the left & anterior to it
d) Ascends behind the 2nd part of duodenum

934)d,e 935)e 936)a,c 937)a,b,c,d 938)A11 939)d 940)c 941)c 942)a 943)b 944)a 945)d 946)b 947)a
948) a 949) b 950) d 951) a 952) b 953) d 954) b 955) c 956) d

957. Duct of Bellini is seen in - *(Jipmer 11)*
a) Prostrate b) Kidney
c) Salivary gland d) Lungs

958. Scarpa's fascia is attached to - *(Jipmer 10)*
a) Inguinal ligament b) Fascia lata of thigh
c) Conjoint tendon d) Pubic crest

959. Brunner's glands are seen in which of the following?
a) Stomach *(NEET/DNB Pattern)*
b) Small intestine
c) Large intestine
d) Duodenum

960. From which of the following is the duodenum derived? *(NEET/DNBPattern)*
a) Foregut
b) Midgut
c) Foregut and midgut
d) Midgut and hindgut

961. Where is the Cave of Retzius present ?
a) Between urinary bladder and rectum
b) Between urinary bladder and cervix
c) In front of the bladder *(NEET/DNB Pattern)*
d) Between the cervix and the rectum

962. Waldeyer's fascia lies - *(NEET/DNB Pattern)*
a) In front of the bladder
b) Behind the rectum
c) Between bladder and uterus
d) Between uterus and rectum

963. Spiral artery is a branch of - *(NEET/DNB Pattern)*
a) Uterine artery b) Arcuate artery
c) Vesical artery d) Ovarian artery

964. Superior pancreaticoduodenal artery is a branch of - *(NEET/DNBPattern)*
a) Hepatic artery
b) Splenic artery
c) Gastroduodenal artery
d) Inferior mesenteric artery

965. Bulbourethral glands open into which part of the urethra? *(NEET/DNB Pattern)*
a) Membranous b) Spongy
c) Prostatic d) Intramural

966. Portal vein is formed - *(NEET/DNB Pattern)*
a) Behind the spleen
b) Behind the tail of pancreas
c) Behind the neck of pancreas
d) Behind the second part of duodenum

967. Resting pressure in the anal canal is because of -
a) External sphincter *(NEET/DNB Pattern)*
b) Internal sphincter
c) Anorectal ring
d) Conjoint longitudinal coat

968. All of the following are supports of uterus except-
a) Pelvic diaphragm *(NEET/DNB Pattern)*
b) Utero sacral ligament
c) Tubo ovarian ligament
d) Round ligament

969. Weakest support of uterus *is-(NEET/DNB Pattern)*
a) Uterosacral ligament b) Round ligament
c) Broad ligament d) Levator ani

970. Corpora amylacea is seen *in-(NEET/DNB Pattern)*
a) Prostate b) Seminal vesicle
c) Thymus d) Testis

971. Dermatomal supply of the perianal skin is -
a) SI b) L2 *(NEET/DNB Pattern)*
c) L3 d) S4

972. Anterior relations of the right kidney are all except-
a) Liver *(NEET/DNB Pattern)*
b) 4th part of duodenum
c) Hepatic flexure
d) Adrenal gland

973. **Anterior end of the spleen is held up by -**
a) Leinorenal ligament *(NEET/DNB Pattern)*
b) Phrenicocolic ligament
c) Gastrosplenic ligament
d) Gastrocolic ligament

974. **Obturator artery is a branch of -**
a) Internal iliac artery *(NEET/DNB Pattern)*
b) External iliac artery
c) Common iliac artery
d) Vesical artery

975. **Pancreas divisum indicates which of the following -**
a) Duplication of the pancreas *(NEET/DNB Pattern)*
b) Failure of fusion of dorsal & ventral pancreatic buds
c) Formation of more than two pancreatic buds
d) Formation of only one pancreatic bud

976. Obstruction of inferior vena cava presents as -
a) Paraumbilical dilatation *(NEET/DNB Pattern)*
b) Thoracoepigastric dilatation
c) Esophageal varices
d) Hemorrhoids

977. Accessory obturator artery is a branch of -
a) Femoral artey *(NEET/DNB Pattern)*
b) Obturator artey
c) Profunda femoris
d) Inferior epigastric artery

978. Right ovarian artery is a branch of -
a) Abdominal aorta *(NEET/DNB Pattern)*
b) Right internal iliac
c) Common iliac
d) External iliac

979. Blastocyst makes contact with endrometrium on -
a) < 3 days *(NEET/DNB Pattern)*
b) 5 - 7 days
c) 8 - 11 days
d) 15 -16 days

980. Minor duodenal papilla is opening of -
a) Hepatic duct *(NEET/DNB Pattern)*
b) Hepatopancreatic ampulla
c) Accessory pancreatic duct
d) Bile duct

957) b 958)b 959) d 960)c 961)c 962)b 963)b 964)c 965)b 966)c 967)b 968)c 969)c 970) a
971) d 972)b 973) b 974)a 975)b 976)b 977) d 978)a 979)b 980) c

981. Sperm maturation takes place in -
a) Vas deferens *(NEET/DNB Pattern)*
b) Seminiferous tubules
c) Epididymis
d) Female genital tract

982. Structure immediately posterior to pancreatic head-
a) Right renal vein *(NEET/DNB Pattern)*
b) Splenic artery
c) inferior mesenteric vein
d) Coeliac trunk

983. If two buds of pancreas do not fuse, the anomaly is-
a) Ectopic pancreas *(NEET/DNB Pattern)*
b) Pancreatic divisum
c) Annular pancreas
d) Accessory pancreas

984. Sperm chromosome faster is-*(NEET/DNB Pattern)*
a) X chromosome b) Y chromosome
c) Both same d) None

985. Cystic artery is usuallly a branch of which of the following? *(NEET/DNB Pattern)*
a) Right gastric artery
b) Right hepatic artery
c) Splenic artery
d) Celiac artery

986. Most common congenital anomaly of the pancreas is- *(NEET/DNB Pattern)*
a) Pancreas divisum
b) Pancreatic cysts
c) Ectopic pancreas
d) Inversion of pancreatic ducts

987. Which of these is present midway between the ASIS and the pubic symphysis -
a) Deep inguinal ring *(NEET/DNB Pattern)*
b) Superficial ring
c) Femoral artery
d) Intra epigastric artery

988. Which of these is false about celiac trunk -
a) It is the vertical branch of aorta.
b) It has plexus around it
c) It has three terminal branches.
d) It lies to the right of the caudate process

989. False about portal vein - *(NEET/DNB Pattern)*
a) first 5 cm doesn't give any branches
b) It arises behind pancreatic head
c) It has constant length
d) It is a part of the hepatic portal system.

990. Which of these best describes the renal angle -
a) Angle between the lattissimus dorsi and the 12th rib *(NEET/DNB Pattern)*
b) Angle between the erector spinae and the iliac crest
c) Angle between the 12th rib and the erector spinae
d) Angle between the 12th rib and the rectus abdominis

991. Relation of renal vein with aorta is -
a) anterior , above SMA *(NEET/DNB Pattern)*
b) anterior, below SMA
c) anterior, below IMA
d) posterior, below SMA

992. What best defines vasa vasorum -
a) Small blood vessels supplying walls of large blood vessels *(NEET/DNB Pattern)*
b) Small blood vessels supplying nerves
c) Vessels accompanying artery
d) Vessels accompanying nerves

993. Spiral valve is seen in which- *(NEET/DNB Pattern)*
a) Neck of gall bladder b) Cystic duct
c) Colon d) Pylorus

994. Which of these is a branch of inferior mesenteric artery - *(NEET/DNB Pattern)*
a) Left colic artery b) Right colic artery
c) ileocolic artery d) Middle colic artery

995. In patients with penile injury, Colie's fascia prevents extravasation of urine in - *(NEET/DNB Pattern)*
a) Ischiorectal fossa b) Perineum
c) Abdomen d) None

996. Portal vein is formed by the union of-*(NEET/DNB*
a) Splenic and inferior mesentric veins *Pattern)*
b) Splenic and superior mesentric veins
c) Right and left hepatic veins
d) Hepatic and splenic veins

997. Sinusoids are seen in all of the following except -
a) Liver b) Kidney *(NEET/DNB Pattern)*
c) Lymph nodes d) Spleen

998. Portal systems found in - *(NEET/DNB Pattern)*
a) Liver b) Kidney
c) Lung d) Brain

999. Somatic innervation to the pelvic organs is -
a) Greater splanchnic nerve *(NEET/DNB Pattern)*
b) Lesser splanchnic nerve
c) Pudendal nerve
d) Ilioinguinal nerve

1000. Tone of the anal sphincter is maintained by?
a) Nervi erigentes *(NEET/DNB Pattern)*
b) Inferior hypogastric plexus
c) Inferior rectal nerve
d) Pelvic splanchnic nerves

1001. Following are parts of the fallopian tube from uterus to the ovary except - *(NEET/DNB Pattern)*
a) Ampulla b)Isthmus
c) Infundibulum d)Fundus

1002. Nerve supply to the perineum is -
a) Pudendal nerve *(NEET/DNBPattern)*
b) Inferior rectal nerve
c) Pelvic splanchnic nerves
d) Bypogastric plexus

1003. Blood-testis barrier is formed *by-(NEET/DNBPattern)*
a) Sertoli cells b)Leydig cells
c) Epididymis d)Vas deferens

1004. Branch of internal iliac *artery-(NEET/DNB Pattern)*
a) Ovarian artery b) Testicular artery
c) Superior vesicle d) None

981)d 982) a 983)b 984)b 985)b 986)a 987)c 988)d 989)b 990)c 991)b 992)a 993)b 994)a
995) a 996)b 997)b 998)a 999)c 1000)c 1001)d 1002)a 1003) a 1004)c

1005. Which of the following is related to third part of duodenum- *(NEET/DNB Pattern)*
a) Portal vein b) Head of pancreas
c) Hepatic artery d) Superior mesenteric vein

1006. Not seen in colon - *(NEET/DNB Pattern)*
a) Taeniae b) Pyer's patches
c) Sacculations d) Appendices

1007. Renal papilla opens into - *(NEET/DNB Pattern)*
a) Cortex b) Pyramid
c) Minor calyx d) Major calyx

1008. Space of disse is seen in- *(NEET/DNB Pattern)*
a) Spleen b) Liver
c) Lung d) Heart

1009. Appendicular artery is a branch of- *(NEET/DNB*
a) Iliocolic b) Rt colic *Pattern)*
c) Inferior mesenteric d) Marginal artery

1010. Neurovascular plane in anterior abdominal wall is - *(NEET/DNB Pattern)*
a) Between ext oblique and internal oblique
b) Between int. oblique and transverses abdominis
c) Below transversus abdominis
d) Above ext. oblique

1011. Which nerve supplies celiac plexus -
a) Phrenic N, *(NEET/DNB Pattern)*
b) Greater splanchnic N.
c) Iliohypogastric N.
d) Inguinal N.

1012. Right hepatic duct drains all segments except -
a) 5 b) 6 *(NEET/DNB Pattern)*
c) 7 d) 3

1013. Lymph from glans penis drains into -
a) Superficial inguinal nodes *(NEET/DNB Pattern)*
b) Deep inguinal lymph nodes
c) Obturator nodes
d) Internal iliac nodes

1014. In bladder injury, pain is referred to all except -
a) Upper port of thigh *(NEET/DNB Pattern)*
b) Lower abdominal wall
c) Flank
d) Penis

1015. Testicular lymphatics drain into -
a) Deep inguinal lymphnodes
b) Internal iliac lymph nodes
c) Para aortic lymph nods *(NEET/DNB Pattern)*
d) Superficial inguinal lymphnodes

1016. Nerve root of pudendal nerve is -
a) S,S_2S_3 b) $S_2S_3S_4$ *(NEET/DNB Pattern)*
c) S_3-S_4 d) S_2-S_3

1017. Urogential diaphragm is formed by all except -
a) Colles fascia *(NEET/DNB Pattern)*
b) Deep transverse perinei
c) Perineal membrane
d) Sphincter urethrae

1018. Sphincter urethrae is persent *\n-(NEET/DNB Pattern)*
a) Prostatic urethrae b) Spongy urethrae
c) Membranous urethrae d) Penile urethrae

1019. Spleen extends from - *(NEET/DNB Pattern)*
a) 5th to 9th rib b) 9th to 11th rib
c) 2nd to 5th rib d) 11th to 12th rib

1020. Lateral fornix is related to all except -
a) Ureter *(NEET/DNB Pattern)*
b) Uterine artery
c) Inferior vesical artery
d) Transverse cervical ligament

1021. Nerve supply of kidney is from -*(NEET/DNB Pattern)*
a) Lumbar plexus b) Coeliac plexus
c) Inferior mesentric nerve d)None

1022. Portocaval (portosystemic) anastomosis is seen at all except - *(NEET/DNB Pattern)*
a) Esophagus b) Liver
c) Rectum d) Duodenum

1023. Contents of broad ligaments are all except -
a) Round ligament *(NEET/DNB Pattern)*
b) Fallopion tube
c) Lymph nodes
d) Ovaries

1024. All are branches of inferior mesentric artery except - *(NEET/DNB Pattern)*
a) Left colic b) Sigmoidal artry
c) 3rd Middle rectal d) Superior rectal

1025. All are parts of vulva except - *(NEET/DNB Pattern)*
a) Labia minora b) Labia majora
c) Perineal body d) Clitoris

1026. Blood supply of upper part of vagia -
a) Middle rectal artery *(NEET/DNB Pattern)*
b) Internal pudendal artery
c) Cervicovaginal branch of uterine artery
d) Superior rectal artery

1027. Lymplatic drainage of testis -*(NEET/DNB Pattern)*
a) Inguinal lymph nodes
b) Obturator lymph nodes
c) Paraaortic lymph nodes
d) Iliac lymph nodes

1028. Lymphatic drainage of stomach include all except - *(NEET/DNB Pattern)*
a) Right gastroepiploic nodes
b) Pyloric nodes
c) Pre aortic nodes
d) Coeliae nodes

1029. Orter of the following structures of following tube from lateral to medial -
a) Ampulla-Inftmdibulum-Isthmus-Interstitial
b) Infundibulum-Ampulla-Isthmus-Interstitial
c) Isthmus-Infundibulum-Ampulla-Interstitial
d) Ampulla-Isthmus-Infundibulum-Interstitial

1030. Lymphatic drainage of ovary -
a) Deep inguinal b) Superficial inguinal
c) Obturator d) Paraaortic

1031. Bartholin glnad are related to vagina -
a) Lateral wall *(NEET/DNB Pattern)*
b) Posterior wall
c) Anterior wall
d) None

1005)d 1006)b 1007)c 1008)b 1009)a 1010)b 1011)b 1012)d 1013)b 1014) c 1015)c 1016)b 1017)a 1018)d
1019) b 1020)c 1021) b 1022)d 1023)d 1024)c 1025)c 1026)c 1027)c 1028)c 1029)b 1030)d 1031)a

1032. What lies between cystic duct and common hepatic duct- *(NEET/DNB Pattern)*
a) Lymph node b) Portal pein
c) Hepatic artery d) Cystic artery

1033. Superficial perineal space contains all except -
a) Root of penis *(NEET/DNB Pattern)*
b) Urethral artery
c) Great vesti bular glands (Bartholin glands)
d) Membranous urethra

HEAD & NECK

1034. The optic foramen is located between - *(AIIMS 89)*
a) Greater wing and lesser wing of sphenoid
b) Greater wing and body of sphenoid
c) Lesser wing and body of sphenoid
d) Lesser wing of sphenoid and ethmoid

1035. All of the following statements regarding the oculomotor nerve are true except - *(CUPGE 9 7)*
a) It accommodates the eye
b) It raises the upper evelid
c) It innervates lateral rectus
d) It constricts the pupil

1036. CilioretinalAisabranchof- *(IN 2002)*
a) Anterior ciliary Artery
b) Long posterior ciliary Artery
c) Cerebral retinal Artery
d) Choroidal Artery

1037. The lactimal duct open at the - *(PGI85)*
a) superior turbinate b) Middle meatus
c) Inferior meatus d) None of the above

1038. The weakest wall of the human orbit is-*(Orissa 98)*
a) Roof b) Medial wall
c) Floor d) Lateral wall

1039. Sensory nerve supply of middle ear cavity is provided by- *(AI95)*
a) Facial b) Glossopharyngeal
c) Vagus d) Trigeminal

1040. Narrowest part of middle ear- *(PGI 98)*
a) Epitympanum b) Hypotympanum
c) Anterior tympanum d) Mesotympanum

1041. Inner ear is present in which bone - *(PGI 98)*
a) Occipital
b) Petrous part of temporal bone
c) Squamous part of temporal
d) Parietal bone

1042. Recurrent laryngeal nerve is closely related to -
a) Superior laryngeal artery *(PGI 89)*
b) Inferior thyroid artery
c) Middle thyroid vein
d) Superior thyroid artery

1043. Which of the following cartilage has signet ring shape- *(TN93)*
a) Thyroid b) Cricoid
c) Cuneiform d) Arytenoid

1044. The cervical oesphagus receive its blood supply from the - *(PGI 80, Delhi 84)*
a) Superior thyroid artery b) Inferior thyroid artery
c) Facial artery d) Lingual artery
e) Bronchial artery

1045. Throat pain radiating to the ear following tonsillectomy is due to- *(AIIMS 92)*
a) Persistent infection b) Injury to IX nerve
c) Injury to X nerve d) Injury to eustachian tube

1046. Pain in post 1/3 tongue after tonsillectomy is due to injury to- *(MAHE 98)*
a) VII nerve b) IX nerve
c) V nerve d) XII nerve

1047. Skin at angle of Jaw is supplied by - *(AI 92, AI 93)*
a) Mandibular Nerve
b) maxillary Nerve
c) Greater Auricular N
d) Transverse cutaneous N of neck

1048. The most important muscles of expiration are-
a) Diaphragm *(AIIMS 79, JIPMER 81)*
b) External intercostal
c) Internal intercostal
d) Abdominal wall muscles

1049. All are seen in 3rd nerve palsy except-*(Kerala 94)*
a) Mydriasis b) Ptosis
c) Outward deviation of eye d) Miosis

1050. The oculomotor nerve supplies - *(JIPMER 85)*
a) Inf. oblique b) Levator palpabre
c) Medial rectus d) All

1051. Subarachanoid space ends at- *(Kerala 94)*
a) S4 b) S2
c) L2 d)L3

1052. Mandibular nerve lesion at origin involves all except - *(AIIMS 9 7)*
a) Buccinator b) Masseter
c) Tensor palati d) Tensor tympani

1053. The factor/responsible for viscocity of synovial fluid is/are - *(AIIMS 80, UPSC 85)*
a) Chondritin sulfate b) Hyaluronic acid
c) Heparin sulfate d) All of the above

1054. Carotid sheath contains all except - *(PGI88)*
a) Cartoid artery b) Internaljugular vein
c) Vagus nerve d) Phrenic nerve

1055. Secretomotor fibres to the parotid is via - *(PGI88)*
a) Auriculo - temporal nerve b) Facial nerve
c) Trigeminal nerve d) Maxillary nerve

1056. Lesser superficial petrosal nerve supplies..... gland-
a) Parotid *(IN 91)*
b) Submandibular salivary
c) Sublingual salivary
d) Lacrimal

1057. The relation of facial nerve branches to parotid gland is - *(All India 93)*
a) Deep b) Superficial
c) In the Substance of parotid d) None

1032) a 1033) d 1034)c 1035)c 1036)d 1037)c 1038)b 1039)b 1040)d 1041)b 1042)b 1043)b 1044)b 1045)b
1046)b 1047)c 1048)d 1049)d 1050) d 105l)b 1052)a 1053)b 1054)d 1055)a 1056)a 1057)c

1058. The pterion corresponds to the following except -
a) Anterior pole of insula *(Karnat 96)*
b) Middle meningeal artery
c) Transverse sinus
d) Lateral cerebral sulcus

1059. Cusp of carabelli is seen - *(TN99)*
a) I molar upper b) II molar upper
c) III molar upper d) III molar lower

1060. Treatment of choice for subgaleal hematoma -
a) Incision and evaucation *(AI88)*
b) Needle aspiration
c) Antibiotics and then drain
d) Conservative

1061. Horner's syndrome is produced due to pressure on-
a) Stellate ganglion *(AI 95)*
b) Spinal cord
c) Parasympathatic ganglion
d) Celiac ganglion

1062. Inferior thyroid artery ligation in sub-total thyroidectomy is done - **(***PGI88)*
a) As close tothe thyroid b) As far as possible
c) At its origin d) Anywhere

1063. Which of the following are features of Horner's syndrome- *(PGI 85)*
a) Ptosis b) Miosis
c) Mydriasis d) Anhydrosis

1064. Dangerous area of face is - *(PGI 96)*
a) Above the line joining tragus to the nasal fold
b) Area drained by angular facial vein
c) Spheno ethmoidal recess
d) All of the above

1065. Chassaignae's tubercle is - *(PGI 79, AIIMS 84)*
a) Below the level of crioid cartilage
b) Above the level of cricoid cartilage
c) At the same levels as cricoid cartilage
d) Present at C_7 level

1066. Increased thickness of skull bones is seen in -
a) Thalassemia *(PGI 80, AIIMS 85,*
b) Renal osteodystrophy *DELHI 92)*
c) Osteomalacia
d) Sarcoidosis

1067. Which of the following anatomic land-mark would be usefull in defining the borders of the posterior triangle of the neck - *(JIPMER 80*
a) The superior border of the clavicle *PGI 81)*
b) The anterior border of the trapezius muscle
c) The Posterior border of the sternocleidomastoid muscle
d) The posterior border of the anterior scalene muscle

1068. Veins communicating the cavernous sinus to pterygoid plexus pass through fossa of - *(PGI 80,*
a) Scarpa b)Vesalius *AMU87)*
c) Ovale d)Langer

1069. Following foramina are found in greater wing of sphenoid, except - *(AIIMS 81 Rohtak 88)*
a) Rotundum b) Ovale
c) Spinosum d) Optic canal

1070. The internal thoracic veins are tributaries of the - *(PGI 81, DELHI 83)*
a) Azygos b) Subclavian
c) Internal jugular d) Brachiocephalic

1071. Isthmus of the thyroid gland is across tracheal rings-
a) 2nd to fourth b) 3 rd to fifth *(AMC81)*
c) 5th and 6th d) 4th only

1072. Internal laryngeal nerve supplies - *(JIPMER 81,*
a) Cricothyroid muscle *DNB 90)*
b) Vocalis
c) Mucos membrane below vocal fold
d) None of the above

1073. Which of the following could result from a destructive lesion of the left oculomotor nerve -
a) Loss of left pupillary constriction *(PGI 81, 82)* when light is shone in the left eye
b) Loss of left pupillary constriction when light is shone in the eye
c) Pupillary dilation (mydriasis) in the left eye
d) Paralysis of the ciliary muscle in the left eye
e) None

1074. The Ansa cervicalis Innervates which muscle -
a) Mylohyoid b) Cricothyroid *(AIIMS 82)*
c) Stylohoid d) Sternohyoid

1075. Which of the following statements regarding the pharynx is/are correct - *(PGI 82)*
a) The opening of the auditory tube is located in the lateral wall of the nasopharynx
b) The soft palate is at the level of separation of the nasopharynx and the oropharynx
c) The pharynx is continuous with the esophagus at the level of the sixth cervical vertebra
d) The afferent limb of the gag reflex is cranial nerve X; the efferent limb is cranial nerve IX

1076. The number of ossification centres for the hyoid bone is - *(AMU 82)*
a) 3 b) 4
c) 5 d) 6

1077. In the mediastinum - *(PGI 82, 85)*
a) The left brachiocephalic vein passes anterior to the brachiocephalic arter
b) The ligamentum arteriosum inter-connects the aortic arch and the left pulmonary vein
c) The left recurrent laryngeal nerve passes under the arch of the arota
d) The thoracic duct is found between the esophagus and the trachea

1078. The occulomotor nerve supplies the muscle of the eye except - *(PGI83)*
a) Lateral rectus b) Superior oblique
c) Superior rectus d) Inferior rectus

1079. The posterior 1/3 of the tongue is supplied by.....nerve - *(AIIMS 84)*
a) Hypoglossal b) Chorda tympani
c) Lingual d)Glossopharyn

1058) c 1059) a 1060) d 1061) a 1062) b 1063) a, b,d 1064) b 1065) c 1066) a 1067)a,b,c 1068) b,c 1069) d
1070) d 1071) a 1072) d 1073)a,b,c,d 1074) d 1075) a,b,c 1076) d 1077) a, c 1078) a,b 1079) d

1080. Stapedius muscle is supplied by.....nerve -
a) Facial b) Vagus *(PGI84)*
c) Glossopharyngeal d) Trochlear

1081. Which laryngeal cartilage is above glottis-*(PGI 84)*
a) Artenoid b) Epiglottis
c) Cricoid d) Thyroid

1082. Premature closure of foramen ovale results is -
a) Underdeveloped right atrium *(DELHI 84)*
b) Right ventricular hypertrophy
c) Left ventricular hypertrophy
d) Pulmonary stenosis
e) No serious effect

1083. What is not true for facial artery - *(PGI 85)*
a) Main source of oxygenated blood to palatine tonsil
b) Is a branch of internal carotid artery
c) Supplies branches to both upper and lower lips
d) Conveys postganglionic sympathetic nerve fibres to the submandibular gland

1084. Internal carotid artery at the bifurcation from the common carotid is - *(PGI 85, AMC 86)*
a) Lateral to the external carotid
b) Medial to external carotid
c) Post to external carotid
d) Anterior to external carotid

1085. Superior oblique muscle is supplied by -
a) Occulomotor nerve *(UPSC 85, AP 86,*
b) Trochlear nerve *KERALA88)*
c) Abducent nerve
d) Trigeminal nerve

1086. No. of branches of the internal carotid artery in the neck is - *(PGI 85 UPSC 85)*
a) 1 b) 2
c) 3 d)4 e)None

1087. Inferior oblique is supplied by the.....cranial nerve - *(PGI85)*
a) 3rd b) 4th
c) 5th d) 6th

1088. Damage to the internal laryngeal nerve results in -
a) Hoarseness *(PGI85)*
b) Loss of timbre of voice
c) Anaesthesia of the larynx
d) Breathing difficulty

1089. Damage to the external laryngeal nerve result in -
a) Hoarseness *(PGI 85)*
b) Loss of timbre of voice
c) Anaesthesia of the larynx
d) Breathing difficulty

1090. Foramentransversarium transmit- *(AIIMS85)*
a) Inferior jugular vein
b) Inferior petrosal sinus
c) Sigmoid sinus
d) Vertebral artery

1091. The left subclavian artery is a branch of -
a) Brachiocephalic trunk *(ROHTAK 85)*
b) Ascending aorta
c) Arch of aorta
d) Left common carotid

1092. Lymph from the tonsils drain into the - *(JIPMER*
a) Jugulo omohyoid node *86, KERALA 87*
b) Jugulo digastric node *AP 86, PGI 97, AI06)*
c) Submental node
d) Upper deep cervical node

1093. Middle meningeal artery is a branch of -
a) Middle cerebral artery *(UPSC 86, PGI 86,*
b) Maxillary artery *DELHI 86)*
c) Superficial temporal artery
d) Vertebral artery

1094. The cranial nerve with the longest intracranial course - *(UPSC 86, PGI86,KERALA 87)*
a) Optic b) Abducent
c) Trigeminal d) Oculomotor
e) Trochlear

1095. The largest ganglion in the neck is - *(JIPMER 86)*
a) Superior ganglion
b) Middle ganglion
c) Stellate ganglion
d) Second thoracic ganglion

1096. Stensens duct opens at the - *(AP86, UPSC 88,*
a) Upper 3rd molar teeth *KERALA 88)*
b) Upper 1st molar teeth
c) Upper 2nd molar teeth
d) Upper 1st premolar teeth

1097. Cricothyroid is supplied by - *(NIMHANS 86,*
a) Recurrent laryngeal nerve *Karnataka 89)*
b) Internal laryngeal nerve
c) External laryngeal nerve
d) Hypoglossal nerve

1098. The cavernous sinus communicates directly with all, except- *(AIIMS86)*
a) Inferior petrosal sinus
b) Pterygoid venous plexus
c) Veins in orbit
d) Sigmoid sinus and straight sinus

1099. Main arterial supply of the tonsil is from - *(IN87,*
a) Facial artery *PGI 87, KERALA 87,90)*
b) Ascending pharyngeal artery
c) Palatine artery
d) Maxillary artery

1100. Main nerve supply of the palatine tonsils is -
a) Lesser palatine nerve *(IN87)*
b) Greater palatine nerve
c) Glossopharyngeal nerve
d) Facial nerve

1101. Arcuate eminence of the petrous temporal bone is caused by- *(AIMS 87)*
a) Superior semicircular canal
b) Posterior semicircular canal
c) Lateral semicircular canal
d) Cochlea

1102. Root value of phrenic nerve - *(Kerala 88,*
a) $C_2C_3C_4$ b)C,C_2C_3 *JIPMER 86)*
c) $C_3C_4C_5$ d)$C_4C_5C_6$

<0 cAc7

1080) a 1081) b 1082)b 1083)b 1084) a,c 1085) b 1086)e 1087)a 1088)c 1089)b 1090)d 1091)c 1092)b 1093)b
1094) e 1095) a 1096) c 1097) c 1098) d 1099) a 1100)c 1101) a 1102)c

1103. Middle thyroid vein drains into.....vein - *(PGI88)*
a) External jugular b) Anterior jugular
c) Internal jugular d) Branchiocephalic

1104. Ophthlmic artery is the branch of.....part of internal carotid artery - *(PGI88, PGI93)*
a) Intracavemous b) Intrapetrous
c) Intracerebral d) Extra cranila

1105. Structures passing through the foramen ovale -
a) Emissary vein *(PGI88)*
b) Mandibular nerve
c) Trigeminal nerve
d) All

1106. Which of the following regarding mandibular nerve is correct - *(AI89)*
a) Branch of facial nerve
b) Purely motor
c) Passes through foramen ovale
d) Related to sphenopalatine ganglion

1107. The actions of superior oblique muscle is-*(PGI89)*
a) Abduction b) Intorsion
c) Extorsion d) Depression

1108. Where is cilliry ganglion located in the orbit -
a) Between optic nerve and lateral rectus *(PGI 89)*
b) Apex of orbit
c) Apex of orbit and superior rectus
d) Apex of orbit between optic nerve and lateral rectus

1109. The facial nerve - *(KARNAT89)*
a) Arises from the medulla oblongata
b) Trans verses through parotid gland
c) Supplies muscles of mastication
d) Carrier no taste fibres

1110. Structures passing through the foramen magnum are- *(PGI 89)*
a) Spinal cord b) Vertebral artery
c) Internal jugular vein d) XI cranial nerve

1111. The oesophgus commences at the following level -
a) Lower end of cricoid *(AP 89)*
b) C_5 vertebra
c) 10cm from incisor teeth
d) C_7

1112. Regarding palatine tonsil, which of the following is an incorrect statement - *(PGI 89)*
a) Lies on the superior constrictor
b) Lymph form it drains into the deep the cervical nodes
c) Has sensory innervation from vagus
d) Is a derivative of the second pharynageal pouch

1113. Posterior boundary of carotid triangle is -*(DNB 89)*
a) Sup. Belly of amohyoid b) Post Belly of digastric
c) Sternohyoid d) Sternocleidomastoid

1114. The only pharyngeal muscle innervated by the glosspharyngeal nerve is the - *(NIMHANS 89, Kerala 94)*
a) Stylo pharyngeus
b) Palato pharyngeus
c) Superior constricter
d) Middle constricter

1115. Incissor foramen in the mouth is foramen of -
a) Scarpa b) Luschka *(DNB 89)*
c) Vesali d) Stylomatsoid

1116. The retina is an out growth of the - *(DNB 89)*
a) Mesencephalon b) Diencephalon
c) Telencephalon d) Pons

1117. Retraction of the protruded mandible is done by- *(JIPMER90)*
a) Medial pterygoid b) Lateral pterygoid
c) Masseter d) Temporalis

1118. Excessive hemorrnage in tonsillectomy result from injury to - *(AI90)*
a) Asceding palatine artery
b) Venous commitants of facial artery
c) Palatine vein
d) Internal carotid artery

1119. Which structure passes through infra orbital fissure - *(IN90)*
a) Superior ophthalmic vein b) Ophthalmic artery
c) Trochlear nerve d) Zygomatic nerve

1120. Which vertebra has the most prominent spine -
a) a b)C7
c) T10 d)L2

1121. Artery palpable at the anterior border of masseter is.....artery - *(TN 90)*
a) Superficial temporal b) Facial
c) Lingual d) Maxillary

1122. Which is true regarding parotid gland- *(AI90)*
a) Stensons and whartons duct join and open at the upper second molar teeth
b) Stensons duct opens opposite upper second molar
c) Parotid duct pierces the masseter
d) Developed from mesoderm

1123. Which is true of tonsils - *(AI 90)*
a) Lies on inferior constrictor
b) Developed from 4th branchial cleft
c) Drained by jugulo digastric lymphonodes
d) Crypts lined by stratified columnar epithelium

1124. Parasympathetic division innervates- *(AP90)*
a) Dilator pupillae b)Errectorpilorum
c) Muller's muscle d) Detrusor muscle

1125. Which is true about pharyngotympanic tube -
a) It opens into Oropharynx *(AI91)*
b) Supplied by Gossopharyngeal N.
c) Lined by stratified squamous epithelium
d) It is cartilagenous throughout its length

1126. Which is true about opening of jaw- *(AI91)*
a) Lateral pterygoid muscle contracts
b) Movement in vertical axis
c) Articular disc moves backwards
d) Head of the mandible moves forwards

1127. Nerve supply of the mucosa of larynx is -
a) External laryngal and recurrent larynageal
b) Internal laryngeal *(Kerala 91)*
c) External laryngeal
d) Superior laryngeal

1103)c 1104) c 1105) a,b 1106)c 1107)a,b,d 1108)d 1109)b 1110) b, d llll) a 1112)c 1113)d 1114)a
1115) a 1116) b 1117)c,d 1118)b,c 1119)d 1120)b 1121)b 1122)b 1123)c 1124)d 1125)b 1126)a 1127)b

1128. Posterior chamber of the eye refer to the space- *(JIPMER 91)*
a) Posterior to lens b) Posterior to cornea
c) Posterior to iris d) None

1129. Sphenopalatine ganglion does not supply - *(JIPMER 91)*
a) Nasal mucosa b) Sublingual gland
c) Ciliary ganglion d) Palate

1130. Taste sensation from the anterior 2/3 of tongue is carried by - *(AIIMS 91)*
a) Hypoglossal Nerve b) Chorda tympani
c) Glossopharyngeal N. d) All of the above

1131. The tip of the nose is supplied by - *(AIIMS 91)*
a) Maxillary N. b) Mandibular N.
c) Ophthalmic N. d) Facial N.

1132. Circulus iridis major is situated in - *(AIIMS 91)*
a) Pupillary border of iris b) Greater collarette
c) Ciliary body d) Root of iris

1133. General sensation to the posterior one-third of the tongue is mediated by the - *(AP 91)*
a) Hypoglossal nerve b) Vagus nerve
c) Glossorpharyngeal nerve d) Lingual nerve

1134. The following are contents of the interpeduncular fossa except - *(AP 90)*
a) Trochlear nerve b) Oculomotor nerve
c) Mamillary bodies d) Tuber cinereum

1135. Toynbee's muscle is - *(AP 91)*
a) Stapedius b) Tensor tympani
c) Scalenus minimus d) Levator ani

1136. Skull consists of..... bones - *(IN 91)*
a) 20 b) 22
c) 24 d)28

1137. Which is not a content of tympanic cavity -
a) Maleus b) Chorda tympani *(AI92)*
c) Stapedius d) Post.auricular N

1138. Which is not supplied by Hypoglossal Nerve -
a) Geniohyoid b) Thyrohyoid *(AI 92)*
c) Styloglosssus d) Stylopharyngeus

1139. Seventh, Ninth and Tenth cranial nerves end in -
a) Nucleus Tractus Solitarius *(JIPMER 92)*
b) Nucleus Ambiguous
c) Dorsal Nucleus of vegus
d) Long tract of V nerve

1140. Cough Receptors are not seen in - *(AIIMS 92)*
a) Soft palate b)Ear
c) Bronchi d) Trachea

1141. Inferior and lateral movement is produced by which extra ocular muscle - *(AIIMS 92)*
a) Inferior Rectus b) Superior Rectus
c) Superior oblique d) Inferior oblique

1142. The smallest cranial nerve is the - *(NIMHANS 92)*
a) Olfactory b) Oculomotor
c) Trochlear d) Accessry

1143. Lamina cribrosa is a modification of- *(DELHI 92)*
a) Sclera b) Choroid
c) Optic nerve sheath d) Retina

1144. Choroid fissure of the eye permits the entry of -
a) Choroid plexus *(DNB 92)*
b) Ciliary arteries
c) Central artery of the retina
d) Hyaloid artery

1145. Which of the following statements regarding middle constrictor muscle is wrong - *(IN92)*
a) Lies on the superior constricter
b) Lymph from it drains into deep cervical lymph nodes
c) Has sensory innervation form vagus
d) Is a derivative of the second pharyngeal arch

1146. Anterior Spinal artery is a branch of- *(PGI93)*
a) Internal Carotid artery b) Basilar artery
c) Vertebral artery d) Labyrinthine artery

1147. The vein of galen drains into - *(AI 93)*
a) F/C b) Straight Sinus
c) Superior sagittal sinus d) SVC

1148. The nerve supplying submandibular gland is -
a) V b)IX
c) VE d) XII

1149. Prevertebral fascia is posterior to all except -
a) Carotid b)Esophagus
c) Scalenous anterior d) None *(JIPMER 93)*

1150. Root of tooth contain all the following except -
a) Cementum b) Enamel *(PGI94, 93)*
c) Detine d) Pulp chamber

1151. Adult larynx extends from cervical spine - *(AI93,*
a) C_3 to C_6 b) C_7 **Tj** *AIIMS 79, 82)*
c) C_3C_4 d)C_2C_2

1152. True about 4th ventricle is - *(DELHI 93)*
a) Rhomboid fossa forms floor
b) Choroid plexus lies at its floor
c) Connectio between two cerebral hemishperes
d) Lies inferior to inferior cerebellar peduncle

1153. Structure passing through foramen spinosum is -
a) Accessory meningeal artery *(Kerala 94)*
b) Middle meningeal artery
c) Mandibular nerve
d) Maxillary nerve

1154. Para sympathetic supply to parotid gand is from -
a) Spheno palatine ganglion *(Kerala 94)*
b) Ciliary ganglion submandibula ganglion
c) Otic ganglion
d) None

1155. Which among the following does not pass through superior orbital fissure - *(AIIMS 94)*
a) Oculomotor nerve
b) Optic
c) Ophthalmic division of trigeminal
d) Trochlear

1128) c 1129) b,c 1130) b 1131)c 1132)d 1133)c 1134) a 1135)b 1136)d 1137)d 1138)d 1139)a 1140)a
1141) c 1142) a 1143) a 1144)d 1145)d 1146)c 1147)b 1148)c 1149)c 1150)b 1151)a 1152)a 1153)b 1154)c
1155)b

1156. All the muscles of the face are supplied by facial nerve except - *(JIPMER 95)*
a) Levator anguli oris
b) Corrugator supercilli
c) Levator palperae superioris
d) Risorius

1157. Tip of tongue drains into - *(JIPMER 95)*
a) Occipital lymph node
b) Submental lymph node
c) Deep cervical lymph nodes
d) Tonsillar lymph nodes

1158. Cranio facial angle is - *(JIPMER 95)*
a) 110° b) 120°
c) 130° d) 140°

1159. Which of thefollowing structures is inferior to spheno petrosal Synchondrosis - *(JIPMER 95)*
a) Abducens nerve
b) Osseous part of auditory tube
c) Cartilaginous part of auditory tube
d) Petro squamous sinus

1160. All are true about vocal ligament except -
a) It is medial to vocalis *(JIPMER 95)*
b) It is discontinous with crico thyroid membrane
c) It is lined by stratitied squamous
d) It is fibro elastic tissue

1161. Parathyroid glands are supplid by which artery - *(Kerala95)*
a) Common carotid b) Superior throid
c) Middle thyroid d) Inferior thyroid

1162. All of the following structures are in lateral wall of cavernous sinus except - *(Kerala95)*
a) Occulomotor b) Trochlear
c) Trigeminal d) Ophthamlmic

1163. All of the following structures are related to cavenous sinus except - *(Assam95)*
a) Optic nerve
b) 4th nerve
c) 6th nerve
d) Mandibular division of trigeminal nerve

1164. Trigeminal nerve does not supply - *(AMU95)*
a) Masseter
b) Buccinator
c) Anterior belly of digastric
d) Any of the above

1165. Which nerve passes through Meckel's cave -
a) Abducens b) Facial *(AMU95)*
c) Trigeminal d) Trochlear

1166. Alderman's nerve is a branch of - *(PGI95)*
a) Superior cervical ganglion
b) Inferior cervical ganglion
c) Auricular branch of vagus nerve
d) None

1167. Cranial accessory nerve supplies- *(AI96)*
a) Stemomastoid b) Trapezius
c) Splenius capitis d) Soft palate

1168. Palsy cf **right genioglossus causes -** *(UP 96)*
a) Deviation of tongue to right
b) Deviation of tongue to left
c) Deviation of soft palate to right
d) Deviation of soft palate to left

1169. Which is not a feature of occulamotor nerve palsy-
a) Miosis *(UP 96)*
b) Difficulty in accomodation
c) Superior gaze palsys
d) Diplopia

1170. Waldeyers lymphatic chain is formed by all except -
a) Palatine tonsils *(Kerala 96)*
b) Pharyngeal tonsils
c) Tubal tonsils
d) Post auricular nodes

1171. Which one of the following is a branch of the Facial nerve- *(Karnat 96)*
a) Deep petrosal nerve
b) Lesser superficial petrosal nerve
c) External petrosal nerve
d) Greater superficial petrosal nerve

1172. Depressor's of Mandible- *(AP 96)*
a) Median pterygoid b) Masseter
c) Lateral pterygoid d) Temporalis

1173. Nerve of pterygoid canal is - *(PGI 96)*
a) Sympathetic + Lesser pertrosal nerve
b) Sympathetic + greater superficial petrosal nerve
c) Chorda Tympani
d) Jacobson's nerve

1174. Tympanic plexus is formed by - *(PGI 96)*
a) Tympanic branch of glossopharyngeal nerve
b) Vagus nerve
c) Facial nerve
d) Mandibular nerve

1175. Which is a direct content of cavernous sinus -
a) Ophthalmic division of trigeminal nerve
b) Trochlear nerve *(Kerala 97)*
c) Abducent nerve
d) Occulomotor nerve

1176. Superior malleolar ligament connects -
a) Malleus to incus *(JIPMER 98)*
b) Head of malleus to roof of epitympanum
c) Incus to fossa uncudis
d) Malleus to fossa uncudis

1177. Tympanic plexus present in - *(JIPMER 98)*
a) Tunica adventitia of internal jugular vein
b) Medial projection of middle ear cavity
c) Part of tympanic membrane
d) Petrous part of temporal bone

1178. The secetomotor fibre to the parotid gland passes through - *(TN 98)*
a) Otic ganglion
b) Sphenopalatine ganglion
c) Geniculate ganglion
d) Lesser ganglion

1156) c 1157) b 1158) c 1159)c 1160)b 1161)b,d 1162)c 1163)a 1164)b 1165)c 1166)c 1167)d 1168)a
1169) a 1170)d 1171)d 1172)c 1173)b 1174)a 1175)c 1176)b 1177)b,d 1178)a

1179. Safety muscle of the tongue is - *(IN98)*
a) Hyoglossus b)Genioglossus
c) Palatoglossus d) Styloglossus

1180. Superior cerebral veins drain into - *(AI98)*
a) Great cerbral vein b) Vein of galen
c) Superior sagittal sinus d) Inferior sagittal sinus

1181. Facial N. supply all except - *(MP 98)*
a) Lacrimal gland b) Nasal gland
c) Submandibular gland d) Parotid gland

1182. Subcutaneous muscle extending from the clavicle to the mandible - *(KERALA 98)*
a) Platysma b) Stemocledomastoid
c) Omohyoid d) Sternohyoid

1183. 'Chassaignac's tubercle' is - *(PGI98)*
a) Erb's point
b) Carotid tubercle on C6 vertebra
c) Found on first rib
d) Medial condyle of humerus

1184. Muscles of tongue are supplied by- *(AP 98)*
a) Lingual nerve
b) Glosso pharyngeal nerve
c) Chorda tymapni
d) Hypoglossal

1185. Cranial part Accessory nerve supplies all palatal muscles except - *(Orrissa 98)*
a) Palato glossus b) Palato pharyngeus
c) Tensor veli palati d) Levator palati

1186. Branches of subclavian artery are all except -
a) Vertebral artery *(AI 99)*
b) Thyrocervical trunk
c) Internal thoracic artery
d) Subscapular artery

1187. Nasolacrimal duct is directed- *(AI 99)*
a) Downward, medially, backwards
b) Downward, laterally, backwards
c) Downward, laterally, forward
d) Downward, medially, forward

1188. Transverse ligament of atlas is part of -
a) Cruciate ligament *(CUPGEE99)*
b) Ligament flora
c) Anterior longitudinal ligament
d) Posterior longitudinal ligament

1189. Which nerve is in close relation with root of the lower third molar - *(Karnat 99)*
a) Inferior alveolar nerve b) Chorda tymapani nerve
c) Lingual nerve d) Myolohyoid nerve

1190. Middle cranial fossa is supplied by - *(MP 2K)*
a) Maxillary nerve
b) Mandibular nerve
c) Anterior ethmoidal nerve
d) Posterior ethmoidal nerve

1191. A person has inability to look downward and laterally. The nerve injured is - *(MAHE2001)*
a) Occulomotor b) Trochlear
c) Abducent d) Trigeminal

1192. Skin over the angle of mandible and parotid area is supplied by - *(JIPMER 2001)*
a) Greater auricular nerve
b) Posterior auricular nerve
c) Auriculotemporal nerve
d) Facial nerve

1193. Psuedounipolar neurons are seen in - *(J&K2001)*
a) Olfactory
b) Celiac ganglion
c) Spinal dorsal root ganglion
d) Cochlea

1194. Which of the cranial nerve decussate within the rain- *(NINHANS 01)*
a) Trochlear b) Optic
c) Oculomotor d) Trigeminal *f*

1195. Sensory nerve supply of pinna is - *(HPJ/^2001)*
a) Mandibular nerve b) Maxillary nerve
c) Facial nerve d) Abducent nerve

1196. Posterior fontanelles are ossified at the age of -
a) 6 months b) 2 yrs *(HPU 2001)*
c) 3 yrs d) 4 yrs

1197. Trigeminal nerve has how many nuclei in CNS -
a) Three b) Four *(JIPMER 02)*
c) Five d)Six

1198. Portal circulation is seen in which of the following endocrine gland - *(JIPMER2002)*
a) Pineal gland b) Hypophysis cerebri
c) Pancreas d) Ovary

1199. Lacrimal gland is supplied which of the following ganglia - *(JIPMER2002)*
a) Otic ganglia b) Ciliary ganglion
c) Spenopalatine ganglion d) Submandibualr

1200. The following ligaments are present in temporomandibular joint, except- *(TN 2002)*
a) Lateral temporomandibular ligament
b) Sphenomandibular ligament
c) Stylomandibular ligament
d) Alar ligament

1201. The roof of the olfactory region is formed by - *(TN 02)*
a) Nasal bone b) Cribriform plate of ethmoid
c) Sphenoid d) Temporal bone

1202. Ipsilateral deviation of tongue is due to unaltered action of- *{PGI97)*
a) Genioglossus b) Medial pterygoid
c) Hyoglossus d) Lateral pterygoid

1203. Dorello's canal transmits in tip of temporal bone to en route to cavernous sinus - *{PGI99)*
a) Middle meningeal artery
b) Mandibular nerve
c) Superior alveolar branch of maxillary
d) Abducent nerve

1204. First branch of focial nerve is- *(PGI99)*
a) Chorda tympani
b) Nerve to stapedius
c) Lesser superficial petrosal N
d) Greater superficial petrosal N

1179) b 1180) c 1181) d 1182)a 1183)b 1184)d 1185)c 1186)d 1187)b 1188)a 1189)c 1190)a,b 1191)b
1192) a 1193) c 1194)a 1195) a, c 1196) a1197)b 1198)b 1199)c 1200)d 1201)b 1202)a 1203)d 1204)d

1205. Branchial Sinus passes between- *{PGI 2000)*
a) Two carotids b) IJV & Carotid
c) Superficial to ECA d) Post, mediastinum

1206. Following are the T.M. Joint ligaments except-
a) Stylomandibular (*PGI 2000)*
b) Temporomandibular
c) Tympanomandibular
d) Sphenomandibular

1207. Superior rectus is suppled by which cranial nerve -
a) Superior division of 3rd nerve *{PGI 2000)*
b) Inferior div. or 3rd nerve
c) Abducent nerve
d) Trochlear nerve

1208. Anotomic site of origin of stridor is - *{PGI 2000)*
a) Larynx b) Bronchus
c) Bronchiole d) Trachea

1209. Structures passing through superior orbital fissure - *{PGI01)*
a) Oculomotor nerve b) Trochlear nerve
c) Lacrimal nerve d) Nasociliary nerve
e) Abducent nerve

1210. Which of the following statements is true regarding the pituitary gland - *{PGI 01)*
a) It is separated from the optic chiasma by the sells turcica
b) It is situated deep in the sella
c) The spenoidal air cells lie inferior to it
d) It develops from the base of the 3rd ventricle from the pars anterior
e) It is supplied by a branch of the internal carotid artery

1211. The recurrent laryngeal nerve supplies - *(PGI 01)*
a) Vocalis muscle b) Posterior cricoarytenoid
c) Cricothyroid d) Stylopharyngeus
e) Omohyoid

1212. Which of the following are draining channels of cavernous sinus- *(PGI 02)*
a) Inferior petrosal sinus
b) Inferior opthalmic vein
c) Sphenoparietal sinus
d) Middle cerebral vein
e) Superior ophthalmic vein

1213. Recurrent laryngeal nerve has following course in neck - *(PGI 02)*
a) It passes anterior to inferior thyroid A
b) It passes through stemomastoid
c) It passes between branches of inferior thyroid vessels
d) It passes posterior to inferior thyroid vessels
e) It is superficial to inferior constrictor muscle

1214. Structure that passes through the internal auditory canal - *{PGI 03)*
a) Anterior inferior cerebellar artery
b) Posterior inferior cerebellar artery
c) Nerve of Wrisberg
d) Superior vestibular nerve
e) Cochlear nerve

1215. Nasal Septum is formed by- *{PGI03)*
a) Leteral certilage
b) Crest of maxilla
c) Septal cartilage
d) Perpendicular plate of ethmoid
e) Nasal bone

1216. Inferior thyroid artery is a branch of - *(PGI 03*
a) Thyrocervical trunk *AMC 86, Delhi 86)*
b) Common Carotid artery
c) Subclavian artery
d) Axillary artery
e) Costocervical trunk

1217. True about tonsils are- *{PGI 03)*
a) Develops from 4th pharyngeal arch
b) Lymph nodes drains to jugulodiagastic node
c) It is endodermal derivative
d) Rest on superior constrictor of the pharynx
e) Long axis of tonsil is forwards and medially

1218. The mastoid antrum is related to the following nuclei in the thalamus - *{UPSC 02)*
a) Facial nerve in the facial canal
b) Posterior semi-circular canal
c) Cochlea
d) Cerebrum (temporal lobe)

1219. How many lymph nodes are there in cervical group-
a) 100 b) 200 *{Kerala 03)*
c) 300 d)400

1220. Thyroglossal cyst moves with deglutition because -
a) It is attached to foramen caecum *{TN 03)*
b) Attached to trachea
c) Attached to larynx
d) Attached to hyoid bone

1221. All of the following are grouped together as "muscles of mastication" except - *{AI03)*
a) Buccinator b) Masseter
c) Temporalis d) Pterygoids

1222. Function of stria vascularis - *{Orrisa 04)*
a) Maintain ionic cone, of endolymph
b) Secretion of perilymph
c) Absorption of perilymph
d) Variation of basilar membrane

1223. Muscle not arising from oblique line of thyroid - *{Manipal 04)*
a) Thyrohyoid b) Cricothyroid
c) Cricoarytenoid d)None

1224. Internal carotid nerve is a branch of - *{Manipal 04)*
a) Celiac ganglion
b) Internal sympathetic chain
c) Vagus nerve
d) None

1225. Sphenopalatine ganglion is formed by -*{Jipmer 04)*
a) Deep petosal nerve
b) Superficial petrosal-greater
c) Superficial petrosal - lesser
d) Nerve of plerygoid canal

1205) a 1206)c 1207)a 1208)a,b,d 1209)A11 1210)b,c,e 1211)a,b 1212)a,e 1213)a,c,d 1214)c,d,e 1215)b,c,d,e 1216)a 1217) b,c,d 1218)c 1219)a 1220)d 1221)a 1222)None 1223)b,c 1224)b 1225)b

1226. Glossopharyngeal nerve gives - *{Jipmer 04)*
a) Tympanic nerve b) Pharyngeal plexus
c) Tonsillar branches d) All of the above

1227. Which of the following is not supplied by ansacervicalis- **(***Jipmer 04, J&K2k)*
a) Sternothyroid b) Thyrohyoid
c) Sternohyoid d) Omohyoid

1228. Which is not found on the lateral wall of the nose - **(***Bihar 03)*
a) Infundibulum b) Superior concha
c) Lamina pappeoyces d) Bulla ethmoidalis

1229. Vertebra prominence is - **(***Bihar 03)*
a) a b)C7
c) T9 d)Tll

1230. The following are supplied by XII cranial nerve except - *{Bihar03)*
a) Palatoglossus b) Genioglossus
c) Hypoglosus d) None

1231. All are supplied by cervical plexus except -(*Kerala 04)*
a) Mylohyoid b) Geniohyoid
c) Scalenus medius d) Capitis longus

1232. A patient presented with normal eyesight and absence of direct and consensual light reflexes. Which of the following cranial nerves is suspected to be lesioned - *{AIIMS04)*
a) Occulomotor b) Trouchlear
c) Optic d) Abducent

1233. All are elevators of larynx except - *{APPGE 04)*
a) Thyrohyoid b)Diagastric
c) Stylohyoid d) Sternohyoid

1234. All are supplied by chorda tympani except -
a) Anterior 2/3rd of tongue *{APPGE04)*
b) Posterior l/3rd of tongue
c) Muscles of facial expression
d) Secretomotor fibres to submandibular gland

1235. Posterior belly of digastric is supplied by -
a) Facial nerve *{Karnataka 04, Assam 95)*
b) Mandibular nerve
c) Spinal accessory nerve
d) Ansa cervicalis

1236. Supraorbital and Supratrochlear arteries are branches of which of the following - *{SGPGI04)*
a) Ophthalmic artery b) Maxillary artery
c) ECA d) ICA

1237. Ascending pharyngeal artery is a branch of -
a) Arch of aorta (*77V 04)*
b) Inferior thyroid artery
c) Superior thyroid artery
d) Ext. carotid artery

1238. Chassaignac's tubercule lies at level of -*{Bihar 03)*
a) Erb's point b) Stellate ganglion
c) Atlas d) Odontoid process

1239. Foramen of monoro connects - *{SGPGI 05)*
a) Lateral ventricle to the third ventricle
b) Both lateral ventricles
c) 3rd to the 4th ventricle
d) Lateral to the 4th ventricle

1240. Tensor tympani is supplied by - *(SGPGI 05, PGI97)*
a) Maxillary branch of 5th nerve
b) Mandibular branch of 5th nerve
c) Facial nerve
d) Lingual nerve

1241. Most important muscle which opens mouth is- *{SGPGI 05, MP2K)*
a) Lateral pterygoid b) Medical pterygoid
c) Masseter d) Temporalis

1242. All of the following arise from apex of orbit except - *{SGPGI 05)*
a) Superior oblique b) Inferior rectus
c) Superior rectus d) Medical rectus

1243. Which one of the following is correct regarding superior thyroid artery - *{SGPGI 05)*
a) Arises from facial artery
b) Arises from external carotid artery
c) No relation to external laryngeal nerve
d) Posterior branch supplies isthymus

1244. Following muscles are supplied by facial nerve except- *(SGPGI 05)*
a) Stapedius
b) Masseter
c) Anterior belly of diagastric
d) Occipitofrontalis

1245. Which of the following passes between base of the skull & superior constricter muscle - *(SGPGI 05*
a) Eustachion tube, levator palatine muscle, ascending palatine artery *AIIMS84)*
b) Maxillery nerve & levator palatine muscle
c) Eustachion tube & stylopharyngeous muscle
d) Ascending palatine artery & Glassopharyngeal nerve

1246. Abducens supplies - *{SGPGI05)*
a) Medical rectus b) Lateral rectus
c) Inferior oblique d) Superior oblique

1247. Which of these is not a tributary of cavernous sinus-
a) Sphenoparietal sinus *{MAHE05)*
b) Superior petrosal sinus
c) Superficial middle cerebral vein
d) Inferior ophthalmic vein

1248. The following muscle is an opener of the glottis -
a) Lateral cricoarytenoid *{Jipmer 05)*
b) Posterior cricoarytenoid
c) Transverse arytenoid
d) Inter arytenoids

1249. A patient complains of persistent numbness of the chain, lower lip, and lower teeth. She further indicates that she has difficulty chewing. Radiographic studies of the head demonstrate a small discrete mass in the infratemporal fossa. Which nerve has been compromised by the mass -
a) Buccal nerve *{Jipmer 05)*
b) Lingual nerve
c) Auriculotemporal nerve
d) Inferior alveolar nerve

1226) d 1227) b 1228) c 1229) b 1230) a 1231) a 1232) a 1233) d 1234) b,c 1235) a 1236) a 1237) d 1238) a 1239) a 1240)b 1241) a 1242)a 1243)b 1244)b 1245)a 1246)b 1247)b 1248)b 1249)d

1250. Structure's which pass through the superior orbital fissure is all except - *(Jipmer 05)*
a) Lacrimal nerve b) Superior ophthalmic vein
c) Central retinal artery d) Optic nerve

1251. Cranial nerve related to apex of the petrous temporal bone - *(PGI June 05)*
a) vm b)Vn
c) VI d)V
e) IX

1252. Which of the following structures passes through sinus of morgagni - *(PGI June 05)*
a) Ascending palatine artery
b) Levator palatine muscle
c) Auditory tube
d) Pterygoid nerve
e) Sphenopalatine nerve

1253. Structures passing through superior orbital Assure - *(PGI June 05, JIPMER 05)*
a) Cranial nerve VI b) Cranial nerve I
c) Cranial nerve II d) Ophthalmic nerve
e) Lacrimal nerve

1254. Arterial supply of facial nerve - *(PGI June 05)*
a) Ascending palatine artery
b) Ascending pharyngeal artery
c) Lingular artery
d) Facial artery

1255. Regarding the flow of Cerebrospinal fluid, which one of the following sequences is correct - *(ICS 05)*
a) Lateral ventricle - third ventricle - aqueduct of Sylvius - fourth ventricle
b) Fourth ventricle - third ventricle - aqueduct of Sylvius - lateral ventricle
c) Lateral ventricle - aqueduct of Sylvius - lateral ventricle - fourth ventricle
d) Lateral ventricle - third ventricle - fourth ventricle - aqueduct of Sylvius.

1256. The perilymph, present in the scala vestibule and scala tympani, drains into the CSF through the -
a) Aqueduct of cochlea *(J &K 05)*
b) Aqueduct of vestibule
c) Ductus reunions
d) Cochlear duct

1257. Superficial incision on posterior triangle of neck leads to - *(MAHA 05, ARMS 98)*
a) Difficulty in shrugging of shoulder
b) Difficulty in start of abduction
c) Difficulty in rotation of face towards the same side
d) Difficulty in flexion

1258. Which of the following transmits a nerve branch to the meninges- *(MAHA 05)*
a) Foramen spinosum b) Mastoid foramen
c) Jugular foramen d) Foramen magnum

1259. The vertebral artery traverses all of the following except- *(ARMS NOV 05)*
a) Foramen magnum
b) Subarachnoid space
c) Intervertebral foramen
d) Foramen transversarium

1260. All of the following statements about the vagus nerve are true except that it - *(ARMS NO V 05)*
a) Supplies heart & lung
b) Carries postganglionic parasympathetic fibers.
c) Innervates right two third of transverse colon
d) Stimulates peristalsis & relaxes sphincters

1261. All of the following are branches of the external carotid artery except - *(AI05)*
a) Superior thyroid artery
b) Anterior Ethmoidal artery
c) Occipital artery
d) Posterior auricular artery

1262. Paralysis of 3rd, 4th, 6th nerves with involvement of ophthalmic division of 5th nerve, localizes the lesion to-
a) Cavernous sinus b) Apex of orbit *(AI 05)*
c) Brainstem d) Base of skull

1263. The superior oblique muscle is supplied by -*(AI 05)*
a) 3rd cranial nerve. b) 4th cranial nerve.
c) 5th cranial nerve. d) 6th cranial nerve.

1264. The following statements concerning chorda tympani nerve are true except that it - *(AI 05)*
a) Carries secretomotor fibers to submandibular gland
b) Joins lingual nerve in infratemporal fossa
c) Is a brach of facial nerve
d) Contains postganglionic parasympathetic fibers

1265. Sensory fibres from the taste buds in the hard and soft palate travel along - *(ARMSMay 05)*
a) Trigeminal nerve b) Facial nerve
c) Glossopharynegeal nerve d) Vagus nerve

1266. The palatine tonsil receives its arterial supply from all of the following *except* **-** *(ARMSMay 05)*
a) Facial b) Ascending palatine
c) Sphenopalatine d) Dorsal lingual

1267. Which of the following is not a sign of stellate ganglion block - *(AI 06)*
a) Meiosis b) Exophthalmos
c) Nasal congestion d) Conjunctival redness

1268. True statements about parotid gland - *(PGI June 06)*
a) Duct opens oppsite to upper 2nd molar tooth
b) Duct pierces Masseter
c) Develops from ectoderm
d) Secretomotor fibres come from facial nerve

1269. Ill cranial nerve supplies - *(PGI June 06)*
a) Superior oblique b) Inferior oblique
c) Medial rectus d) Superior rectus
e) Lateral rectus

1270. Isthmus of thyroid gland lies against following tracheal rings - *(PGI June 06, PGI 99)*
a) 2-4 b)2-3
c) 2-5 d) 1 - 3
e) 3-5

1271. The following are branches of internal carotid artery except - *(COMED-06, SGPGI05)*
a) Anterior cerebral artery
b) Posterior cerebral artery
c) Ophthalmic artery
d) Middle cerebral artery

1250)c,d 1251)c,d 1252) a,b,c 1253)a,e 1254)b 1255)a 1256)a 1257)a 1258)a 1259)c 1260)b 1261)b 1262) a 1263) b 1264)d 1265)b 1266)c 1267)b 1268)a,c 1269)b,c,d 1270)b 1271)b

1272. All of the following muscles are supplied pharyngeal plexus except - *(APPG 2006)*
a) Palatoglossus b)Salpingopharyngeus
c) Stylopharyngeus d) Cricopharyngeus

1273. Structure passing through anterior part of jugular foramen- **(***PGMCETOH)*
a) Inf petrosal sinusb) Internal jugular vein
c) Internal jugular vein d) X, XI nerve

1274. Superior orbital fissure synd. *inc\udes-(PGMCET07)*
a) 3,4,5,6 cranial nr b) 3,2,4,5 cranial nr
c) 2,6,3 cranial nr d) 2,5, 6 cranial nerves

1275. Angle of mandible is supplied by - *(PGMCETO 7, AI01)*
a) Greater Auricular nerve
b) Lesser occipital nerve
c) Auriculotemporal nerve
d) Trigeminal nerve

1276. The parasympathetic secretomotor nerve supply to the nose is via - *{Corned 07)*
a) Anterior ethmoid nerve
b) Greater palatine nerve
c) Vidian nerve
d) Inferior orbital nerve

1277. Which muscle is an abductor of the vocal cords -
a) Transverse arytenoid *(Corned 08, 07, UP 04, 07, PGI99)*
b) Oblique arytenoid
c) Lateral thyroarytenoid
d) Posterior Cricoarytenoid

1278. Which of the following laryngeal muscles is supplied by the external laryngeal nerve -
a) Posterior cricoarytenoid *(Corned 08, PGI2K)*
b) Lateral cricoarytenoid
c) Cricothyroid
d) Thyroarytenoid

1279. The preganglionic parasympathetic fibres to the parotid gland travel in - *{Corned 08, 07)*
a) Lesser petrosal nerve b) Greater petrosal nerve
c) Deep petrosal nerve d) Internal carotid nerve

1280. Which of the following is not a branch of Cavernous segment of Internal Carotid artery -
a) Cavernous Branch *{AI07)*
b) Inferior Hypophyseal Branch
c) Meningeal branch
d) Ophthalmic branch

1281. Which of this part of vertebral canal will show secondary curves with concavity backwards -
a) Cervical b) Thoracic *{AI07)*
c) Sacral d) Coccyx

1282. Exposure of left subclavian artery by supraclavicular approach does not require cutting of - *(A i ims May 0 7)*
a) Sternocleidomastoidb) Scalenus anterior
c) Scalenus medius d) Omohyoid

1283. Facial N. stimulation during testing of nerve indicated by contraction of muscle -*(Aiims May 07)*
a) Temporalis b) Masseter
c) Stemoleidomastoid d) Orbicularis oris

1284. Common carotid artery divides at the level of -
a) Hyoid bone *(Aiims May 07, PGI 88)*
b) Cricoid cartilage
c) Superior border of thyroid cartilage
d) Inferior border of thyroid cartilage

1285. All are in Norma Basilaris except - *(MAHE 07)*
a) Mental Foramen b) Foramen Magnum
c) Foramen Ovale d) Foramen Lacerum

1286. All are features of unilateral 3rd Cranial nerve nuclear injury except - (not sure of options)
a) B/L Ptosis *(MAHE 07)*
b) Ipsilateral Pupillary diation
c) Ipsilateral Outward deviation
d) Unilateral Ptosis

1287. Central artery of Retina is branch of- *(UP 07)*
a) External carotid artery
b) Internal carotid artery
c) Ophthalmic artery
d) Basilar artery

1288. The lymphatic drainage to central part of the lip is -
a) Sub mandibular node *(UP 07)*
b) Sub mental nodes
c) Deep cervical nodes
d) Jugulodiagastric nodes

1289. The maxillary nerve arises from the trigeminal ganglion in the middle cranial fossa. It passes forward in the lateral wall of the cavernous sinus and leaves the skull through which of the following foramen to enter the pterygopalatine fossa -*(UP 07)*
a) Foramen ovale b) Foramen spinosum
c) Foramen rotundum d) Foramen lacerum

1290. All the following structure lies out side the cavernous sinus except - *(UP 07, UP 06)*
a) Sphenoidal air sinus b) Internal carotid artery
c) Foramen lacerum d) Maxillary nerve

1291. Which muscles are supplied by Facial nerve ?
a) Platysma b) Superior belly of omohyoid
c) Stylohyoid d) Buccinator *(PGI June 07)*
e) Masseter

1292. Which nerves supply scalp - *(PGI June 07)*
a) Inffatrochlear b) Zygomaticotemporal
c) Greater occipital d) Auriculotemporal

1293. Medical wall of orbit formed by - *(PGI June 07)*
a) Body of sphenoid
b) Lesser wing of sphenoid
c) Greater wing of sphenoid
d) Frontal process of maxilla

1294. Sensory supply of from external auditory meatus-
a) Pterygomandibular ganglion *(PGI June 07)*
b) Geniculate ganglion
c) Facial nerve nucleus
d) Auriculotemporal nerve

1295. Adductors of vocal cord - *(PGIJune 07, PGI 02)*
a) Posterior cricoarytenoids b) Cricothyroid
c) Transverse arytenoids d)Voccalis
e) Lateral cricoarytenoids

1272) c 1273) a 1274)a 1275)a 1276)c 1277)d 1278)c 1279)a 1280)d 1281)a 1282)c 1283)d 1284)c 1285)a
1286) a 1287) c 1288)b 1289)c 1290)d 1291)a,c,d 1292)b,c,d 1293)a,d 1294)d 1295)b,c,e

1296. Intrinsic muscles of the tongue are derived from -
a) **2 nd** branchial cleft *(AIIMS Nov 07)*
b) Pharyngeal arch mesenchyme
c) Occipital somites
d) Cervical somites

1297. A young motorcyclists falls on the grounds leeds to Creek's in lands. Which of the following nerve severence leads to cause of death - *(UP 08)*
a) Hypoglossal nerve b) Vagus nerve
c) Maxillary nerve d) Accessory nerve

1298. Submental lymph node drainage by all except -
a) Anterior palate b) Tip of tongue *(UP 08)*
c) Floor of mouth d) Lower lip

1299. Which of the following nerve involved in-opening inlet of larynx - *(UP 08)*
a) Recurrent laryngeal nerve
b) External laryngeal nerve
c) Internal laryngeal nerve
d) Superficial laryngeal nerve

1300. Ligament of Berry in thyroid fixes- *(UP 08)*
a) Hyoid bone b) Cricoid cartilage
c) Trachea d) Thyroid

1301. All of the following are Digastric muscles, Except -
a) Muscle fibers in the ligament of Treitz *(AI08)*
b) Omohyoid
c) Occipitofrontalis
d) Sternocleidomastoid

1302. IVibutary of the cavernous sinus includes all of the following,Except- *(AI08)*
a) Superior petrosal sinus
b) Inferior petrosal sinus
c) Superficial middle cerebral vein
d) Deep middle cerebral vein

1303. All of the following statements about Diploic veins are true Except - *(AI08)*
a) Develop around 8th wks of gestation
b) These have no valves (valveless)
c) Present in cranial bones
d) Have a thin wall lined by a single layer of endothelium

1304. Which of the following bones do not contribute to the nasal septum ? *(AI08)*
a) Sphenoid b) Lacrimal
c) Palatine d) Ethmoid

1305. U/L injury to hypoglossal nerve leads to all except -
a) Hemiatrophy of involved side *(AiimsMay08)*
b) Deviation of tongue towards the same side
c) Loss of taste sensation in one half of the tongue
d) Fasciculation of the tongue

1306. Which is not a branch of cavernous part of internal carotid artery - *(A iims May 08)*
a) Cavernous branch b) Inferior hypophyseal
c) Meningeal artery d) Ophthalmic artery

1307. Larynx has- *(PGIJune08)*
a) 6 Cartilages
b) 9 Cartilages
c) 2 Paired, 2 unpaired
d) All intrinsic muscles of larynx except cricothyroid is supplied by recurrent laryngeal nerve

1308. Cavernous sinus communicates with -(.*PGI June 08)*
a) Superior petrosal sinus
b) Inferior petrosal sinus
c) Superior ophthalmic vein
d) Middle meningeal vein
e) Sphenopalatine sinus

1309. All are seen in norma basalis except - *(Manipal 08)*
a) Mental foramen b) Foramen magnum
c) Foramen ovale d) Foramen lacerum

1310. The branches of first part of subclavian artery are all except - *(DPGEE 08)*
a) Vertebral artery b) Thyrocervical trunk
c) Internal thoracic artery d) Costocervical trunk

1311. One of the following opens in the middle meatus of the nose - *(DPGEE 08)*
a) Naso-lacrimal duct b) Eustachian tube
c) Sphenoidal air sinus d) Maxilary air sinus

1312. The type of joint present between ear ossicles is -
a) Primary cartilaginous *(DPGEE08)*
b) Secondary cartilaginous
c) Synovial
d) Fibrous

1313. Nasal septum is formed by - *(PGIDec 08)*
a) Perpendicular plate of ethmoid
b) Vomer
c) Nasal bone
d) Lateral cartilage
e) Palatine bone

1314. Structures passing through superior orbital fissure - *(PGIDec 08)*
a) Trochlear nerve b) Nasociliary nerve
c) Lacrimal nerve d) Trigeminal nerve
e) Inferior ophthalmic vein

1315. About lateral pterygoid muscle which of the following statement is true - *(PGI Dec 08)*
a) Protrude mandible
b) Arise from infra temporal fossa & Lateral pterygoid plate
c) Supplied by facial nerve
d) Inserted into fovea of mandible

1316. Sternocleidomastoid is supplied by all of the following arteries except - *(AIIMS Nov 08)*
a) Occipital b) Posterior auricular
c) Thyrocervical trunk d) Superior thyroid

1317. All of the following structures pierce the buccinator muscle except - *(AIIMS Nov 08)*
a) Parotid duct
b) Molar glands of the cheek
c) Buccal branch of facial nerve
d) Buccal branch of the mandibular nerve

1296) c 1297) b 1298)c 1299)a 1300)b 1301)d 1302)d 1303)a 1304)b 1305)c 1306)d 1307)b,d 1308)a,b
1309) a 1310) d 1311)d 1312)c 1313)a,b,c,e 1314) All 1315)a,b,c,e 1316)b 1317)d

1318. Middle superior alveolar nerve is a branch *of-(AI 09)*
a) Mandibular nerve b) Maxillary nerve
c) Lingual nerve d) Facial nerve

1319. The parasympathetic secretomotor fibres to parotid traverse through the following, Except - *(AI09)*
a) Otic ganglion b) Tympanic plexus
c) Greater petrosal nerve d) Aurico temporal nerve

1320. Which of the following is not true about the Trochlear nerve - *(AI09)*
a) Has the longest intracranial course
b) Supplies the ipsilateral superior oblique muscle
c) Only cranial nerve that arises from the dorsal aspect of the brainstem
d) Enters orbit through the superior orbital fissure outside the annulus of Zinn

1321. Area that lies immediately lateral to the anterior perforating substance is - *(AI 09)*
a) Orbital gyrus b) Uncus
c) Optic chiasma d) Limen insulae

1322. Which of the following cranial structures are insensitive to pain - *(AI 09)*
a) Dural sheath surrounding vascular sinuses
b) Choroid plexus
c) Falx cerebri
d) Middle meningeal artery

1323. All of the following statements about Sternberg canal are true, Except - *(AI 09)*
a) Located anterior and medial to Foramen Rotundum
b) Located posterior and lateral to Foramen Rotundum
c) Represents persistant craniopharyngeal canal
d) Cause of intrasphenoidol meningocele

1324. Structures lying deep to posterior belly of digastric are all, except - *(AIIMS May 09)*
a) Retromandibular vein b) Hypoglossal nerve
c) Hyoglossus muscle d) Occipital artery

1325. Enophthalmosisduetopalsyof- *(AIIMSMay 09)*
a) Levator palpebrae superioris
b) Superior tarsal muscle
c) Orbitalis muscle
d) Inferior tarsal muscle

1326. All are of adult size at birth except -*(AIIMSMay 09)*
a) Mastoid antrum b) Ear Ossicles
c) Tympanic cavity d) Maxillary antrum

1327. Nerve supply of muscles of soft palate is/are
a) Glossopharynegal Nerve *(PGI June 09)*
b) Vagus Nerve
c) Trigeminal Nerve
d) Greater palantine nerve
e) Hupoglossal nerve

1328. Which of the following is/are branch of facila nerve-
a) Chorda tympani *(PGI June 09)*
b) Lesser petrosal nerve
c) Greater petrosal nerve
d) Zygomatic nerve
e) Nerve to stepedius

1329. Muscles(s) supplied by facial nerve is/are -*(PGI June 09)*
a) Stepedius b) Anterior diagastric
c) Risorius d) Stylohoid
e) Platysma

1330. The Supratentorial dura is innervated by branches of the trigeminal nerve whereas the infratentorial dura is supplied by branches *ofthe-(DELHIPGFeb. 09)*
a) Upper cervical spinal nerves and the vagus nerve
b) Accessory and upper cervical nerve
c) Only upper cervical nerves
d) Only vagus nerve

1331. The following is true about nasolacrimal duct- *(DELHIPGFeb. 09)*
a) Directed downward, forward, and medially
b) Directed downward, backward and laterally
c) Drains in posterior part of inferior meatus
d) 18 cm in length

1332. Osteomeatal complex refers to -*(DELHI PG Feb. 09)*
a) Maxillary ostium, ethmoid infundibulum, hiatus semilunaris and frontal recess
b) Frontal recess, inferior meatus, sphenoid sinus
c) Hiatus semilunaris maxillary ostium, sphenoeth moid recess
d) None of the given options

1333. Following is true about safety muscle of tongue - *(DELHIPG Feb. 09)*
a) Innervated by cranial part of accessory nerve
b) Hypoglossal nerve
c) Attached to hard palate
d) None of the given options

1334. Lesion of facial nerve above geniculate ganglion is associated with - *(DELHIPG Feb. 09)*
a) Increased lacrimation b) Increased salivation
c) Decreased lacrimation d) Hypoacusis

1335. Inferior oblique muscle of eye is supplied by- *(DELHIPG Mar. 09)*
a) Oculomotor nerve b) Abducent nerve
c) Trochlear nerve d) Facial nerve

1336. Abductor of vocal cord is - *(DELHI PG Mar 09)*
a) Lateral cricoarytenoid
b) Posterior cricoarytenoid
c) Thyroepiglottis
d) Cricothyroid

1337. All of the following have no lymphatics, except:
a) Brain b) Internal ear *(DELHI PG Mar*
c) Cornea d) Liver *09)*

1338. All of the following are seen in the Horner's syndrome, except: *(DELHI PG Mar 09)*
a) Drooping of upper eyelid
b) Enophthalmos
c) Dilated pupil
d) Loss of sweating of same side of face

1339. All the following are contents of sub-occipital triangle, except: *(DELHIPG Mar 09)*
a) Vertebral artery
b) Dorsal ramus of Cl nerve
c) Suboccipital plexus of vein
d) Occipital artery

1318) b 1319)c 1320)b 1321) d 1322)b 1323)b 1324)a 1325)c 1326)d 1327)a,b,c 1328)a,c,d,e 1329)a,c,d,e
1330) a 1331) b 1332)a 1333)b 1334)c 1335)a 1336)a 1337)d 1338)c 1339)d

1340. Facial nerve supplies - *(PGINov 09)*
a) Risoriusb) Anterior belly of digastric
c) Lateral pterygoiod d) Zygomaticus
e) Auricular muscles

1341. About otic ganglion true statement (s) is/are -
a) Lesser petrosal nerve forms parasympathetic root
-■4>) Secretomotor to parotid gland *(PGI Nov 09)*
c) Topographically connected to maxillary division of trigeminal nerve
d) Nerve to medial pterygoid connected to the ganglion
e) Sympathetic root is derived from plexus around internal carotid artery

1342. TVue about vertebral artery - *(PGINov 09)*
a) Enter skull through condylar canal
b) Branch of internal carotid artery
c) Branch of subclavian artery
d) Accompany sympathetic ganglion
e) Passes through foramen transversarium of cervical vertebrae

1343. Nerve supply of muscle of palate *\s/are-(PGI Nov 09)*
a) Glossopharyngeal nerve
b) Vagus nerve
c) Trigeminal nerve
d) Greater palatine nerve
e) Hypoglossal nerve

1344. All are true except - *(AIIMSNov09)*
a) Superior thyroid artery is a branch of ext. carotid art
b) Posterior branch of superior thyroid artery supplies parathyroid gland
c) Inferior thyroid artery is branch of thyrocervical trunk
d) Thyroidea ima artery is invariably a branch of arch of aorta

1345. In post ductal coarctaion of the aorta, blood flow to the lower limb is maintained through which of the following arteries - *(AIIMS Nov 09)*
a) Vertebral artery b) Suprascapular artery
c) Intercostal arteries d) Internal thoracic artery

1346. Extrinsic membranes of larynx are all except -
a) Cricothyroidb) Thyrohyoid *(AIIMSMay10)*
c) Hyoepiglotticd) Cricotracheal

1347. Cranial nerve not carrying parasympathetic fibres-
a) Fourth b) Seventh *(AIIMS May 10)*
c) Third d) Ninth

1348. Middle superior alveolar nerve is a branch of- *(AIIMS May 10)*
a) Mandibular division of trigeminal nerve
b) Palatine division of maxillary nerve
c) Anterior nasal division of maxillary nerve
d) Inferior alveolar nerve

1349. Anterior ethmoidal nerve suplies all except -
a) Maxillary sinus *(AIIMS May 10)*
b) Interior of nasal cavity
c) Dural sheath of anterior cranial fossa
d) Ethmoidal air cells

1350. The function of 8th cranial N. is related to-
a) Smell b) Taste *(AIIMS May 10)*
c) Touch d) Balance

1351. Which of the following passes through the foramen magnum- *(A 110)*
a) Vertebral artery b) Sympathetic chain
c) XIth cranial nerve d) Internal carotid artery

1352. Pain in post 1/3 tongue after tonsillectomy Is due to injury to- *(DPG10)*
a) VII nerve b) IX nerve
c) V nerve d) XII nerve

1353. Damage to the external laryngeal nerve results in-
a) Hoarseness *(DPG10)*
b) Loss of timbre of voice
c) Anaesthesia of the larynx
d) Breathing difficulty

1354. Alderman's nerve is a branch of - *(DPG 10)*
a) Superior cervical ganglion
b) Inferior cervical ganglion
c) Auricular branch of vagus nerve
d) None of these

1355. Which of the following arteries supplies blood to trigeminal ganglion? *(Maharashtra 10)*
a) Basilar artery
b) Anterior cerebral artery
c) Posterior communicating artery
d) Cavernous part of internal artery

1356. The abductor of **vocal cord is -** *(Maharashtra 10)*
a) Posterior cricoarytenoid
b) Lateral cricoarytenoid
c) Thyroarytenoid
d) Cricoarytenoid

1357. Anterior triangle of neck are - *(PGIMay 10)*
a) Submental triangle b) Carotid triangle
c) Supraclavicular triangle d) Digastric triangle
e) Muscular triangle

1358. Blood supply of facial nerve is/are - *(PGINov 10)*
a) Ascending pharyngeal artery
b) Greater palatine artery
c) Middle meningeal artery
d) Labyrinthine br. of ethmoidal artery
e) Stylomastoid branch of occipital artery

1359. False statement about trigeminal nerve -
a) Carries sensation from face and scalp
b) Has motor branch *(PGINov 10)*
c) Arise from C8 nerve root
d) Composed of spinal nucleus

1360. Tensor tympani is supplied by - *(AIIMSNov 10)*
a) Trigeminal N. b) Facial N.
c) Glossopharyngeal N. d) Vagus N.

1361. All of the following are true about Scalenus anterior muscle - *(AIIMS Nov 10)*
a) It is attached to the tubercle of second Rib
b) It is anterior to the transverse cervical artery.
c) It is pierced by the phrenic nerve.
d) It separates the subclavian vein from the subclavian artry

1340) a,d,e 1341)a,b,d 1342)c,e 1343)a,b,c,d 1344)d 1345)a 1346)a 1347)a 1348)None 1349)a 1350)d 1351) a 1352) b 1353)b 1354)c 1355)d 1356)a 1357)a,b,c,e 1358)a,c,e 1359)c 1360)a 1361)d

1362. Lacrimation is lost in lesion of ? *(ARMS Nov 10)*
a) Nasociliary nerve
b) Greater petrosal nerve
c) Ant. ethmoidal nerve
d) Supraorbital

1364. In a subclavian artery block at outer border of 1st rib, all of the following arteries help in maintining the circulation to upper limb except - *(AIIMSMay 11)*
a) Subscapular artery
b) Superior thoracic artery
c) Thyrocervical trunk
d) Suprascapular artery

1177. Vertical crest in fundus of the internal auditary canal is k/a - *(AIIMS May 11)*
a) Bill's bar b) Ponticulus
c) Cog d) Falciform crest

1365. Trochlear nerve all true except - *(AIIMSMay 11)*
a) Longest intracranial course
b) Arises from dorsum of brainstem.
c) Supply ipsilateral superior oblique muscle
d) Enters orbit through sup. orbital fissure outside annulus of Zinn

1366. Sternocleidomastoid is supplied by all of the following arteries except - *(AIIMSMay 11)*
a) Occipital b) Posterior auricular
c) Thyrocervical trunk d) Superior thyroid

1367. The bifurcation of common carotid occurs at-^47*11)*
a) Upper border of cricoid cartilage
b) Upper border of thyroid cartilage
c) Level of Hyoid bone
d) Upper border of cricothyroid membrane

1368. Which of the following is not supplied by the anterior division of mandibular nerve (V3) - *(A111)*
a) Temporalis b) Masseter
c) Lateral pterygoid d) Medial pterygoid

1369. Which of the following passes through the foramen magnum- *(AI11)*
a) Vertebral Artery b) Sympathetic chain
c) Xlth cranial nerve d) Internal carotid artery

1370. All are elevators of mandible except - *(Punjab 10)*
a) Temporalis b) Medial pterygoid
c) Masseter d) Digastric

1371. Anterior 2/3 of tongue develops from- *(Punjab 10)*
a) 1st branchial arch b) 2nd branchial arch
c) 3rd branchial arch d) 4th branchial arch

1372. Nerve supply of Pinna is A/E- *(Punjab 10)*
a) Great auricular nerve
b) Auriculotemporal nerve
c) Lesser occipital nerver
d) Greater superficial petrosal nerve

1373. Spinal cord ends at which level in infants -
a) Lj b) L_2 *(Punjab 10)*
c) L, d) L_4

1374. All muscles of tongue are supplied by hypoglossal nerve except- *(Punjab 10)*
a) Geniologlossus muscle b) Hypoglossus muscle
c) Styloglossus muscle d) Palatoglossus muscle

1375. Structures which passes through the internal auditory meatus are all except - *(Punjab 10)*
a) Nerve of wrisberg
b) Anterior inferior cerebellar artery
c) Superior vestibular nerve
d) Cochlear nerve

1376. Laryngeal prominence is formed by - *(PUNJAB 11)*
a) Cricoid cartilage
b) Hyoid bone
c) Anterior margin of thyroid
d) Angle of the thyroid cartilage

1377. Not a branch of facial nerve- *(Jipmer 10)*
a) Branch to styldhyoid muscle
b) Chorda tympani nerve
c) Lingual nerve
d) Greater petrosal nerve

1378. True statement regarding central retinal artery -
a) End artery *(Jipmer 10)*
b) Branch of ciliary artery
c) Supplies optic nerve
d) Corresponds with the same course as that of the central retinal vein

1379. One of the following bone is absent in newborn -
a) Incus b) Stapes *(Jipmer 10)*
c) Temporal bone d) Malleus

1380. Structure not enclosed by carotid sheath -
a) Internal carotid artery *(Jipmer 10)*
b) Vagus
c) Cervical sympathetic chain
d) Internal jugular vein

1381. Not a branch of opthalmic artery - *(Jipmer 10)*
a) Dorsal nasal artery
b) Superficial temporal artery
c) Superior orbital artery
d) Supratrochlear artery

1382. Sinus overlying falx cerebelli is - *(Jipmer 10)*
a) Straight sinus b) Sigmoid sinus
c) Occipital sinus d) Inferior petrosal sinus

1383. Ansa cervicalis supplies - *(Jipmer 10)*
a) Sternohyoid b) Mylohyoid
c) Cricothyroid d) Stylohyoid

1384. Oculomotor nerve supplies all except - *(Jipmer 11)*
a) Medial rectus b) Inferior rectus
c) Superior rectus d) Lateral rectus

1385. In adults spinal cord ends at - *(Jipmer 11)*
a) Lower border of LI b) Between L2-L3
c) Upper end of L3 d) Lower end of L3

1386. The muscle stylopharyngeus is supplied by which nerve? *(NEET/DNB Pattern)*
a) Vagus b) Spinal accessory
c) Glossopharyngeal d) Facial

1387. Preganglionic fibres to the submandibular ganglion arise from? *(NEET/DNB Pattern)*
a) Superior salivatory nucleus
b) Inferior salivatory nucleus
c) Nucleus of tractus solitaries
d) Nucleus ambiguous

1362)b 1363) b 1364)a 1365)c 1366)b 1367)b 1368)d 1369)a 1370)d 1371)a 1372)d 1373)c 1374)d 1375)b
1376)d 1377)d 1378)b 1379)c 1380)c 1381)b 1382)c 1383)a 1384)d 1385)a 1386)c 1387)a

1388. Sensory supply to tonsil is by which nerve ?
a) Greater palatine nerve *(NEET/DNB Pattern)*
b) Lesser palatine nerve
c) Vagus
d) Glossopharyngeal nerve

1389. What is the blood supply of the cervical esophagus ?
a) Inferior thyroid artery *(NEET/DNB Pattern)*
b) Superior thyroid artery
c) Bronchial artery
d) External carotid artery

1390. What overlies the lateral wall of the mastoid antrum?
a) Tegmen tympani *(NEET/DNB Pattern)*
b) Mastoid process
c) Tympanic plate
d) Suprameatal triangle

1391. Which of the following is supplied by the third cranial nerve ? *(NEET/DNB Pattern)*
a) Superior oblique b) Inferior oblique
c) Lateral rectus d) Dilator papillae

1392. What do the semicircular canals detect ?
a) Linear acceleration *(NEET/DNB Pattern)*
b) Angular acceleration
c) Speed
d) Balance

1393. Inferior thyroid vein drains into -
a) Internal jugular vein *(NEET/DNB Pattern)*
b) Superior vena cava
c) Brachiocephalic vein
d) External jugular vein

1394. Primary action of superior oblique is -
a) Intorsion *(NEET/DNB Pattern)*
b) Depression
c) Adduction
d) Abduction

1395. What is true about chorda tympani?
a) Postganglionic sympathetic *(NEET/DNB Pattern)*
b) Postganglionic parasympathetic
c) Preganglionic parasympathetic
d) Postgalglionic parasympathetic

1396. Blood supply of the Eustachian tube is by all except-
a) Ascending pharyngeal artery
b) Middle meningeal artery *(NEET/DNB Pattern)*
c) Artery of pterygoid canal
d) Facial artery

1397. Bed of tonsil is formed by - *(NEET/DNB Pattern)*
a) Superior constrictor b) Middle constrictor
c) Inferior constrictor d) Platysma

1398. True regarding surface anatomy of internal jugular vein - *(NEET/DNB Pattern)*
a) Line passing from ear lobule to mid pt of clavicle
b) Line passing from ear lobule to medial end of clavicle
c) Line joining ear lobule to lateral end of clavicle
d) Line joining mastoid process to mid pt of clavicle

1399. Keisselbach's plexus is present at -
a) Medial wall of nasopharynx *(NEET/DNB Pattern)*
b) Lateral wall of nasal cavity
c) Anteroinferior part of nasal septum
d) Posterior part of the nasal cavity

1400. Cricoid cartilage lies at which vertebral level -
a) C3 b) C6 *(NEET/DNB Pattern)*
c) T1 d) T4

1401. Rouviere's nodes are situated in -*(NEET/DNB Pattern)*
a) Nasopharynx b) Oral cavity
c) Retropharynx d) Clavicular nodes

1402. Passavants ridge is formed *by*-*(NEET/DNB Pattern)*
a) Palatoglossus b) Superior constrictor
c) Salpingopharyngeus d) Palatopharyngeus

1403. Crystalline lens develops *from*-*(NEET/DNB Pattern)*
a) Mesoderm b) Endoderm
c) Surface ectoderm d) Neuroectoderm

1404. Muscle entering middle ear from pyramid apex is - *(NEET/DNB Pattern)*
a) Stapedius b) Tensor tympani
c) Tensor palatine d) Auricularis

1405. Eustachian tube passes between -
a) Superior and middle constrictors
b) Above superior constrictor *(NEET/DNB Pattern)*
c) Middle and inferior constrictor
d) Below inferior constrictor

1406. Largest turbinate is - *(NEET/DNB Pattern)*
a) Superior b) Inferior
c) Middle d) All are of the same size

1407. Nasolacrimal duct opens into the -
a) Supreme meatus *(NEET/DNB Pattern)*
b) Superior meatus
c) Middle meatus
d) Inferior meatus

1408. Which of the following is a direct content of the cavernous sinus? *(NEET/DNB Pattern)*
a) Ophthalmic division of trigeminal nerve
b) Trochlear nerve
c) Abducent nerve
d) Occulomotor nerve

1409. Which is not a characteristic of a typical cervical vertebra? *(NEET/DNBPattern)*
a) Has a triangular vertebral canal
b) Has foramen transversarium
c) Superior articular facet is directed backwards and upwards
d) Has a large vertebral body

1410. Waldeyer's ring consists of all of the following except ? *(NEET/DNBPattern)*
a) Palatine tonsils b) Pharyngeal tonsils
c) Tubal tonsils d) Post auricular nodes

1411. Gilette's space indicates which of the following ?
a) Prevertebral space *(NEET/DNBPattern)*
b) Paravertebral space
c) Retropharyngeal space
d) Perotinsillar space

1388) d 1389) a 1390)d 1391)b 1392)b 1393)c 1394)a 1395)c 1396)d 1397)a 1398)b 1399)c 1400)b 1401)c
1402) d 1403) c 1404) a 1405)b 1406)b 1407)d 1408)c 1409)d 1410)d 141 l)c

1412. Mandibular nerve exits the cranial cavity by passing through - *(NEET/DNB Pattern)*
a) Formanen rotundum b) Foramen lacerum
c) Stylomastoid foramen d) Foramen ovale

1413. Which of the following is related to floor of middle ear - *(NEET/DNB Pattern)*
a) Round window b) Internal carotid artery
c) Internal jugular vein d) Tegmen tympani

1414. Nasolacrimal duct opens *into-(NEET/DNB Pattern)*
a) Superior b) Inferior meatus
c) Middle d) Sphenoethmoid recess

1415. Suture present between parietal & occipital bones is - *(NEET/DNB Pattern)*
a) Lambdoid suture b) Saggital suture
c) Coronal suture d) Metopian suture

1416. Surface anatomy for internal jugular vein- *(NEET/DNB Pattern)*
a) Ear lobule to medial third of clavicle
b) Ear lobule to middle third of clavicle
c) Ear lobule to lateral third of clavicle
d) Mastoid to third of clavicle

1417. Abductor of vocal cords is - *(NEET/DNB Pattern)*
a) Thyroarytenoid
b) Lateral cricoarytenoid
c) Posterior cricoarytenoid
d) Cricothyroid

1418. Otic ganglia is related to - *(NEET/DNB Pattern)*
a) 9th nerve b) 10th nerve
c) 8th nerve d) 7th nerve

1419. Posterior one-third of the tongue develops from-
a) Lingual swellings *(NEET/DNB Pattern)*
b) Tuberculum impar
c) Hypobranchial eminence
d) Tongue bud

1420. TYapezoid body is seen in - *(NEET/DNB Pattern)*
a) Lateral lemniscus pathway
b) Medial lemniscus pathway
c) Visual pathway
d) None

1421. Which of the suprahyoid muscle is supplied by both facial nerve and mandibular nerve- *(NEET/DNB*
a) Stylohyoid b) Mylohyoid*Pattern)*
c) Digastric d)Hyuglussus

1422. What is present in the retropharyngeal space -
a) Platysma *(NEET/DNB Pattern)*
b) Loose areolar tissue & lymph nodes
c) Vertebrae
d) Hypoglossal nerve

1423. Anterior l/3rd of the tongue develops from which arch - *(NEET/DNB Pattern)*
a) 1st b)2nd
c) 3rd d)4th

1424. Killian dehiscence is in - *(NEET/DNB Pattern)*
a) Superior constrictor
b) Inferior constrictor
c) Middle constrictor
d) None

1425. Sensory apply of larynx, below the vocal cord -
a) Superior laryngeal nerve *(NEET/DNB Pattern)*
b) Inferior laryngeal nerve
c) Recurrent laryngeal nerve
d) Internal laryngeal nerve

1426. All of the following are true about ear ossicles except - *(NEET/DNB Pattern)*
a) Give the eardrum mechanical advantage via lever action
b) Transmit vibrations from tympanic membrane to inner ear
c) The muscles are highly developed like in bats for echolocation.
d) Are controlled by muscles as part of the accoustic reflex.

1427. Spenoid sinus drains into which of the following -
a) Spheno-ethmoidal recess *(NEET/DNB Pattern)*
b) Middle meatus
c) Superior meatus
d) Hiatus semilunaris

1428. Ethmoid articulates with which of the following -
a) Middle turbinate *(NEET/DNB Pattern)*
b) Inferior turbinate
c) Superiorturbinate
d) All of the above

1429. Cranial Nerve VIII exits through which of the following? *(NEET/DNB Pattern)*
a) Foramen ovale
b) Foramen rotundum
c) Internal accoustic meatus
d) Stylomastoid foramen

1430. Ethmoidal sinus opens into which of the following-
a) Hiatus semilunaris *(NEET/DNB Pattern)*
b) Middle meatus
c) Superior meatus
d) All of the above

1431. Yoke muscle pair - *(NEET/DNB Pattern)*
a) Rt IR + Rt SR b) Rt LR + Rt MR
c) Rt LR + Lt MR d) Lt LR + Lt MR

1432. Choroidal artery is a branch of which of the following? *(NEET/DNB Pattern)*
a) Retinal artery
b) External carotid artery
c) Internal carotid artery
d) Middle meningeal artery

1433. Chamberlains line is - *(NEET/DNB Pattern)*
a) Palate to occiput
b) Palate to temporal
c) Palate to foramen magnum
d) Palate to parietal

1434. Ear ossicles articulate with each other through which type of joints? *(NEET/DNB Pattern)*
a) Synostosis b) Synovial
c) Synchondrosis d) Syndesmosis

1412) d 1413)c 1414) b 1415)a 1416)a 1417)c 1418)a 1419)c 1420)a 1421)c 1422)b 1423)a 1424)b 1425)c
1426)c 1427)a 1428)b 1429)c 1430)d 143l)c 1432)c 1433)c 1434)b

1435. All of the following are true about the larynx except -
a) All intrinsic muscles are supplied by the reccurrent laryngeal nerve *(NEET/DNB Pattern)*
b) Cricothyroid is supplied by the external laryngeal nerve
c) Posterior cricoarytenoids abduct the vocal cords
d) Lymphatic drainage of the larynx is to the deep cervical nodes.

1436. All of the following are true about the middle ear cavity except - *(NEET/DNB Pattern)*
a) Roof is formed by tegmen tympani
b) Anterior wall has opening of two canals
c) Medial wall is formed by tympanic membrane
d) Floor has bulb of internal jugular vein

1437. Inferior thyroid artery arises from which of these vessels? *(NEET/DNB Pattern)*
a) Thyrocervical trunk
b) Brachiocephalic trunk
c) Internal carotid artery
d) External carotid artery

1438. Nerve to pterygoid canal is formed from -
a) Deep petrosal nerve + greater petrosal nerve
b) Facial nerve *(NEET/DNB Pattern)*
c) Lesser superficial petrosal nerve
d) Lesser petrosal nerve

1439. Deep petrosal nerve is formed from -
a) Symathetic plexus around carotid
b) Facial nerve *(NEET/DNBPattern)*
c) Glossopharyngeal
d) Internal carotid plexus

1440. Nervus spinosus is a branch of which of the following? *(NEET/DNBPattern)*
a) Maxillary nerve
b) Mandibular nerve
c) Facial nerve
d) Nerve of pterygoid canal

1441. Tympanic branch of the middle ear is derived from-
a) Facial nerve *(NEET/DNBPattern)*
b) Glossopharyngeal nerve
c) Nerve to stapedius
d) Chorda tympani

1442. AU extra-ocular muscles are supplied by the occulomotor nerve except - *(NEET/DNB Pattern)*
a) Superior rectus b) Inferior oblique
c) Lateral rectus d) Medial rectus

1443. Which of the foUowing is not a branch of first part of maxillary artery - *(NEET/DNB Pattern)*
a) Greater palatine artery
b) Middle eningeal artery
c) Deep auricular artery
d) Inferior alveolar artery

1444. Which of the foUowing doesn't elevate the larynx?
a) Sternohyoid *(NEET/DNB Pattern)*
b) Thyrohyoid
c) Mylohyoid
d) None

1445. Which part of ICA does not give any branch -
a) Cervical b) Petrous *(NEET/DNB Pattern)*
c) Cavernous d) Cerebral

1446. Location of pyriformins fossa-*(NEET/DNBPattern)*
a) Nasopharynx b) Oropharynx
c) Laryngeal part of pharynx d) None

1447. Pterygopalatine gangUon suppUes -
a) Paroted gland *(NEET/DNB Pattern)*
b) Submandibular gland
c) Lacrimal gland
d) Sublangual

1448. PregangUonic supply to submandibular gland -
a) Otic ganglion *(NEET/DNB Pattern)*
b) Geniculate ganglion
c) Superior salivary nucleus
d) Inferior salivary nucleus

1449. Main action of superior *rectm-(NEET/DNB* Pattern)
a) Extorsion b) Intorsion
c) Elevation d) Depression

1450. Superior cervical ganglia gives gray rami communicats to - *(NEET/DNB Pattern)*
a) C_rC_4 b) C_5-C_6
c) C_7-C_8 d) None

1451. Inferior thyroid artery is related to -
a) Superior laryngeal nerve *(NEET/DNB Pattern)*
b) Recurrent laryngeal
c) Glossopharyngeal nerve
d) XII nerve

1452. Ophthalmic artery is a branch of which part of ICA- *(NEET/DNBPattern)*
a) Cervical b) Petrous
c) Cavernous d) Cerebral

1453. Common carotid artery bifurcation is at -
a) Thyroid cartilage *(NEET/DNBPattern)*
b) Cricord cartilage
c) *a*
d) T2

1454. STYLOHYOID muscel is supplied by -
a) Facial *(NEET/DNBPattern)*
b) Glossopharyngeal
c) Ansa cervical
d) Vagus

1455. DEEP PETROSAL nerve arises from -
a) Facial nerve *(NEET/DNBPattern)*
b) Glossopharyngeal nerve
c) Plexus around internal carotid artery
d) Mandibular nerve

1456. Abductor of vocal cord is - *(NEET/DNB Pattern)*
a) Cricothyroid
b) Post cricoarytenoid
c) Thyro arytenoid
d) Lat cricoarytenoid

1457. Opening of jaw is done by - *(NEET/DNB Pattern)*
a) Temporalis b) Lat pterygoid
c) Med pterygoid d) Masseter

1435)a 1436)c 1437)a 1438)a 1439)a 1440)b 1441)b 1442)c 1443)a 1444)a 1445)a 1446)c 1447)c 1448)c 1449)c 1450) a 1451)b 1452)d 1453)a 1454)a 1455)c 1456)b 1457)b

1458. Otic ganglion supplies - *(NEET/DNB Pattern)*
a) Submandibular gland b) Lingual gland
c) Parotid gland d) All three

1459. Occipital myotome gives - *(NEET/DNB Pattern)*
a) Muscle of mastication b) Tongue muscles
c) Facial muscles d) Laryngeal muscles

1460. Continuation of inner layer of choroid is -
a) Nonpigmented layer of retina
b) Sclera
c) Pigmented layer of retina
d) None

1461. Thyocervical trunk is a branch of -
a) 1st b) 2nd *(NEET/DNB Pattern)*
c) 3rd d) None

1462. Passavant ridge is formed by- *(NEET/DNB Pattern)*
a) Tensor veli palati and superior constrictor
b) Palatopharyngeous and superior constrictor
c) Palatopharyngeous and inferior constrictor
d) Palatoglossus and superior constrictor

1463. Pyramid of ear gives attachment to -
a) Tensor tympani *(NEET/DNB Pattern)*
b) Stapedius
c) Tensor palati
d) Levator palati

1464. Sclera is thinnest at - *(NEET/DNB Pattern)*
a) Limbus
b) Equator
c) Anterior to attachment of superior rectus
d) Posterior to attachment of superior rectus

1465. Abductor of larynx is - *(NEET/DNB Pattern)*
a) Cricothyroid b) Post cricoarytenoid
c) Thyro arytenoid d) Lat cricoarytenoid

1466. Which laryngeal cartilage is elastic -
a) Epiglottis *(NEET/DNB Pattern)*
b) Comiculate
c) Cuneiform
d) Thyroid

1467. Afferent component in corneal reflex is mediated by- *(NEET/DNB Pattern)*
a) Optic nerve b) Ophthalmic nerve
c) Facial nerve d) Occulomotor nerve

1468. Bony nasal septum is formed by all except -
a) Vomer *(NEET/DNB Pattern)*
b) Sphenoid
c) Ethmoid
d) Nasal spine of nasal bone

1469. Blood supply to Eustachian tube is -
a) Acending pharyngeal *(NEET/DNB Pattern)*
b) Middle meningeal
c) Artery of pterygod canal
d) All

1470. Maxillary artery is - *(NEET/DNB Pattern)*
a) Branch of facial artery
b) Branch of internal carotid artery
c) Branch of common carotid
d) Terminal branch of external carotid

1471. All of the following are division of the Vth cranial nerve except - *(NEET/DNB Pattern)*
a) Ophthalmic b) Optic
c) Mandibular d) Maxillary

1472. Olfactory region in nose is - *(NEET/DNB Pattern)*
a) Below inferior trubinate
b) Above superior turbinate
c) Between middle & inferior trubiate
d) None

1473. Early sign of glaucoma includes following except -
a) Nerve fibre atrophy *(NEET/DNB Pattern)*
b) Splinter hemorrhage
c) Vertical cup
d) Horizontal cup

1474. Lens derives its nutrition *from-(NEET/DNB Pattern)*
a) Tears b) Small capillaries
c) Aqueous d)None

1475. All are true about adenoids except -
a) Physiological growth upto 6 years
b) Crypta magna present *(NEET/DNB Pattern)*
c) Present in nasopharynx
d) Supplied by facial artery

1476. Inferior parathyroid develops from which arch -
a) 1st b) 2nd *(NEET/DNB Pattern)*
c) 3rd d) 4th

1477. Which nerve is responsible for referred pain in ear -
a) Trochleal *(NEET/DNB Pattern)*
b) Olfactory
c) Glossopharyngeal
d) Abducent

1478. Sympathetic root of otic ganglion -
a) Plexus around ICA
b) Plexus around facial artery
c) Plexus around ophthalmic artery
d) Plexus around middle meningeal artery

1479. Soft palate is supplied by - *(NEET/DNB Pattern)*
a) Cranial accessory b) Trigeminal
c) Abducent d) None

1480. Muscles of mastications are derived *from-(NEET/*
a) 1st arch b) 2nd arch *DNBPattern)*
c) 3rd arch d) 4tharch

1481. Subarachnoid space ends at -*(NEET/DNB Pattern)*
a) D12 b) L2
c) L5 d) S2

1482. Parotid duct opens - *(NEET/DNB Pattern)*
a) Opposite 1st molar
b) Opposite 2nd molar
c) Into the papilla
d) Opposite incisor

1483. Plica triangularis is present in -
a) Antero-inferior part of tonsil
b) Dorsum of tongue *(NEET/DNB Pattern)*
c) Inlet of larynx
d) None

1484. Upper border of thyroid cartilage is at -
a) C2 b) C4 *(NEET/DNB Pattern)*
c) 06 d) T1

1458) c 1459) b 1460)c 1461)a 1462)b 1463)b 1464)d 1465)b 1466)a 1467)b 1468)d 1469)d 1470)d 1471)b
1472)b 1473) d 1474)c 1475)b 1476)c 1477)c 1478)c 1479)a 1480)a 1481)d 1482)b 1483)a 1484)b

1485. A patient is unable to move eye outward beyond midline. The lesion is in - *(NEET/DNB Pattern)*
a) Trochlear nerve b) Obturator nerve
c) Abducent nerve d) None

1486. All are paire venous sinuses except -
a) Superior petorsal *(NEET/DNB Pattern)*
b) Inferior petorsal
c) Superior sagittal
d) Transverse

1487. Risorius is a muscle of - *(NEET/DNB Pattern)*
a) Mastication b) Deglutition
c) Facial expression d) Eye movement

1488. Middle meningeal artery is branch of -
a) 1st part of maxillary artery *(NEET/DNB Pattern)*
b) 2nd part of maxillary artery
c) 3rd part of maxillary artery
d) External carotid artery

1489. Whic of the following is transmitted through foramen spinosum - *(NEET/DNB Pattern)*
a) Middle meningeal artery
b) Internal carotid artery
c) Facial nerve
d) Mandibular nerve

1490. Thyrocervical trunk is branch of -
a) 1st b) 2nd *(NEET/DNB Pattern)*
c) 3rd d) None

1491. Which artery is palpated at the anterior border of masseter - *(NEET/DNB Pattern)*
a) Superficial temporal b) Occipital
c) Facial d) External carotid

1492. Which artery does not contribute to little's area -
a) Septal branch of facial artery *(PGI97)*
b) Anterior ethmoidal artery
c) Sphenopalantine A
d) Posterior ethmoidal A

1493. Which of the following is not a mixed ner*e-(NEET/*
a) Vagusb) Glossopheryngeal *DNB Pattern)*
c) Facial d) Trochlear

1494. Taste sensations from anterior 2/3rd of tongue are carried by - *(NEET/DNB Pattern)*
a) Glossopharyngeal b) Chordatympani
c) Trigeminal d) Greater auricular

BRAIN

1495. Pyramidal fibres are - *(AI98)*
a) Projection fibres
b) Association fibres
c) Commissural fibres
d) Association & commissural fibres

1496. In the postnatal period the greatest growth in the grey matter of the C.N.S. **is of -** *(Karnataka 2001)*
a) Neuron cell number b) Length of axon
c) Dendritic tree d) Size of perikaryon

1497. Which of the following sepctrum of colour is highest visualized due to central cones - *(AI2002)*
a) Red Blue b) Blue Red
c) Blue Green d) Red Green

1498. Vestibulocerebellar tract terminates in the ....of cerebellum - *(JIPMER 78, AMU 86)*
a) Flocculus b) Lingula
c) Nodulus d) Uvula
e) All of the above

1499. In Grey mater of cerebellum are the following nuclei- *(PGI79,81)*
a) Nucleus globosus b) Nucleus emboliformis
c) Nucleus dentatus d) Nucleus fastigi
e) Nucleus caudatus

1500. By three cerebellar peduncles, the cerebellum is attached to- *(DNB 80)*
a) Spinal cord b) Medulla
c) Cerebrum d) Midbrain
e) Pons

1501. CSF is partly absorbed by lymphatics around .... cranial nerves - *(PGI80, ROHTAK 89)*
a) i, n, vn, vrn b) i, ii, vi, vn
c) i,m,vn,vm d)i,n,vi,vm

1502. Tremor associated with cerebellar lesions -
a) Called resting tremor *(PGI 81, 82)*
b) Seen predominantly in extremities
c) Occurs ipsilateral to lesion
d) Has coarse, irregular quality
e) Occurs at rest and during sleep

1503. A lesion involving an entire cerebral peduncle would result in the degeneration of fibres originating from cell bodies in which of the following areas -
a) Globus pallidus *(AUMS82)*
b) Cerebellar nuclei
c) Cerebral cortex
d) Dorsal horn of gray matter

1504. Which nerves does not arise form the medulla -
a) Facial b) Glossopharyngeal *(AIIMS 82)*
c) Vagus d) Hypoglossal

1505. All are nuclei of the basal gangila except -
a) Caudate nucleus *(AIIMS 84)*
b) Amygdaloid nucleus
c) Lentiform nucleus
d) Dentate nuclei

1506. The spinal nerves pairs are - *(NIMHANS 86,*
a) 28 b) 30 *87, Kerala87)*
c) 31 d)33
e) 35

1507. In an adult, the spinal cord ends at the level of -
a) Lower border of LI b)L2 *(NIMHANS87,*
c) 13 d)L4 *AI06)*
e) L12

1508. In the new born, the spinal cord ends at - *(PGI88)*
a) L3 b) S4
c) L5 d)Ll

1509. Following are the branches of basilar artery -
a) Pontine *(PGI 88)*
b) Posterior inferior cerebellar artery
c) Posterior cerebellar
d) Labyrinthine

1485)c 1486)c 1487)c 1488)a 1489)a 1490)a 1491)c 1492)d 1493)d 1494)b 1495) a 1496)c 1497)d
1498) a,c,d 1499)a,b,c,d 1500)b,d,e 1501)a 1502)b,c,d 1503)a,b,c 1504)a 1505)d 1506)c 1507)a 1508)a
1509) a,d

1510. Frontal eye motor area is - *(DNB 89)*
a) 9 b)2
c) 6 d) 8

1511. Fibres passing through posterior column is/are -
a) Post spinocerebellar tract - *(PGI89)*
b) Anterior spinocerebellar tract
c) Lateral spinothalamic tract
d) Fasciculus gracilis

1512. Pupillary reflex pathway includes all except - *(Kerala 89)*
a) Retina b) Edinger westpal nucleus
c) Pretectal areas d) Lateral geiculate body

1513. Dentate nucleus is a part of - *(Delhi 89, 93)*
a) Midbrain b) Pons
c) Medulla d) Cerebellum

1514. The central canal of the spinal cord is central in region of - *(AP 89)*
a) Cervical b) Thoratic
c) Lumbar d) Sacral

1515. The cisterna of the lateral sulcus contains -
a) Deep middle cerebral vein *(AP 90)*
b) Middle meningeal artery
c) Internal carotid artery
d) Superficial middle cerebral vein

1516. Which of the following is not a part of Epithalamus-
a) Pineal body *(AP91)*
b) Posterior commissure
c) Trigonum Habenulae
d) Geniculate bodies

1517. All the following arteries supply medulla oblongeta except - *(AIIMS 91)*
a) Posterior inferior Cerebellar artery
b) Spinal artery
c) Anterior inferior Cerebellar artery
d) Vertebral artery

1518. Nucleus in brain common to IX, X & XI cranial nerves - *(DELHI 92, AIIMS 80)*
a) Nucleus solitarius b) Nucleus ambigous
c) Dentate nucleus d) Red nucleus

1519. Which nucleus is not found in the floor of the fourth ventricle - *(JIPMER92)*
a) Abducens N b) Dorsal vagal nuclei
c) Facial N d) Hypoglossal N

1520. Purkinje cells from the cerebellum end in -
a) Extrapyamidal system *(JIPMER92)*
b) Cranial nerve nuclei
c) Cerebellar nuclei
d) Cerebral cortex

1521. Fibres of Acoustic radiation arise in the -
a) Lateral geniculate body *(AIIMS92)*
b) Medial geniculate body
c) Thalamus
d) Temporal lobe

1522. Broca's area is - *(Delhi92)*
a) 44&45 b) 40 & 42
c) 43 & 44 d) None

1523. Cerebral aqueduct (Duct of Sylvius) - which is true- *(Delhi 92)*
a) 3 cms in length
b) Connects III. ventricle to IV ventricle
c) Connects two lateral ventricles
d) None of the above

1524. Fibres pssing through crus-cerebri are - *(Delhi 92)*
a) Corticonclear and Corticospinal fibres
b) Medial leminiscus
c) Spinothalamic
d) All

1525. The inferior cerebellar peduncle has all the following tracts except - *(PGI 93)*
a) Vestibulocerebellar b) Olivo cerebellar
c) Spinocerebellar d)Pontocerebellar

1526. Pretectal nucleus is responsible - *(TN 95)*
a) Accomodation reflex b) Light reflex
c) Conjugation reflex d)None

1527. About blood brain barrier, folowing is true -
a) Present only at choroid plexus *(JIPMER 98)*
b) Restricts the entry of lipid soluble molecules
c) Destroyed by inflammation, irradation & tumor
d) None

1528. Interpeduncular fossa contains all except -
a) Mammillary bodies *(CUPGEE 99)*
b) Posterior perforated substance
c) Occulomotor nerve
d) Opthalmic nerve

1529. Basal ganglion contains all except - ***(A1**99)*
a) Globus pallidus b)Putamen
c) Thalamus d) Lantiform nucleus

1530. Unpaired structure in the brain - *(AI99)*
a) Basilar artery
b) Vertebral artery
c) Middle cerebral artery
d) Anterior cerebral artery

1531. Complete sulcus is - *(TN 99)*
a) Calcarine sulcus b) Central sulcus
c) Temporal sulcus d) Frontal sulcus

1532. Efferents from cochlear nuclear arise for -
a) Superior olivary nucleus *(MP2K)*
b) Inferior colliculus
c) Medial geniculate body
d) Lateral leminiscus

1533. Auditory transmission is via - *(DNB 2001)*
a) Lateral lemniscus b) Medial lemniscus
c) Lateral geniculate body d) Frontal cortex

1534. Oligodendrocytes are important in - *(Kerala 2001)*
a) Blood brain barrier b) Myelin formation
c) Phagocytosis d)Chemotaxis

1535. Middle cerebellar peduncle transmits fibres of -
a) Ponto cerebellar pathway *(PGI97, TN99)*
b) Tectospinal pathway
c) Spinocerebellar pathway
d) Oliva cerebellar pathway

1510) a,c,d 151 l)d 1512)d 1513)d 1514)c 1515)b 1516)d 1517)c 1518)b 1519)c 1520)c 1521)b 1522)a 1523) b 1524) a 1525)d 1526)b 1527)c 1528)d 1529)c 1530)a 1531)a 1532)a 1533)a 1534)b 1535)a

1536. Artery/ arteries supplying occipital cortex is -
a) PCA b) MCA *(PGI 97)*
c) MCA+PCA d)ACA

1537. Fibres which pass through genu of internal capsule are- (*PGI97)*
a) Cortico nuclear fibres b) Rubral fibers
c) Fibres of upper limb d) Fibres of lower limb

1538. Optic tract is related to - *(PGI98)*
a) Olivary mucleus b) Lat. geniculate body
c) Medial geniculate body d) Trapezoid body

1539. Lesion of medial temporal lobe is associated with -
a) Auditory amnesia b) Agnosia *(PGI 98)*
c) Visual amnesia d) Alesia

1540. Unilateral trigeminal N. injury is tested by-
a) Elevation and lowering of jaw *(PGI 98)*
b) Inability to tense the jaw
c) Blinking of eye
d) Comeal reflex

1541. Auditory pathway passes through - *(PGI98)*
a) Medial geniculate body
b) Lateral geniculate body
c) Reticular formation
d) Cerebellar fornix

1542. Great vein of Galen is formed by- *(PGI 98, 97)*
a) Superior saggital sinus with straight sinus
b) Inf. sagital sinus with straight sinus
c) Internal cerebral veins
d) Basilar vein

1543. Which of the following tracts is seen in the posterior column of spinal cord - *(PGI 01)*
a) Leteral spinothalamic tract
b) Fasciculus gracilis
c) Fasciculus cuneatus
d) Rubrospinal tract
e) Posterior spinocerebellar

1544. Branch of basilar artery include - *(PGI 02)*
a) Posterior inferior cerebellar
b) Posterior cerebral
c) Middle cerebral
d) Post, communicating
e) Ant. cerebral

1545. Which of the following is/are the ventral posterior neucleus of thalamus - *(PGI03)*
a) Medial lemniscus b) Leteral lemniscus
c) Corticospinal d) Spinothalamic
e) Trigeminal lemniscus

1546. The mamillothalamic tract terminates in which one of the following nuclei in the thalamus -
a) Anterior b) Ventral lateral *(UPSC 02)*
c) Mediodorsal d)Pulvinar

1547. The following tracts enter the cerebellum through Inferior Cerebellar Peduncle except - (*UPSC 02)*
a) Posterior spino-cerebellar tract
b) Striae medullares
c) Anterior external arculate fibres
d) Anterior spino-cerebellar tract

1548. Which of the following is not a branch of the basilar artery- *(Bihar03)*
a) Labrynthine artery
b) Anterior inter connecting cerebral artery
c) Pontine artery
d) Posterior communicating artery

1549. Which of the following thalamic nuclei does not project to neocortex - *(AIMS03)*
a) Intralaminar nuclei
b) Reticular nuclei
c) Pulvinarnucei
d) Anterior thalamic nuclei

1550. Which of the following nuclei belongs to the general visceral efferent column - *(AIIMS 04)*
a) Facial nerve nucleus
b) Trigeminal motor nucleus
c) Dorsal nucleus of vagus
d) Nucleus ambiguous

1551. Blood brain barrier is formed by - *(APPGE 04,*
a) Microglia b) Oligodendrocytes *AIIMS 86)*
c) Astrocytes d) Type II Pneumotocytes

1552. Tectal breaking is seen in - *(AIIMS 03)*
a) Dandy - Walker malformation
b) Arnold - Chiari malformation
c) Aqueductal stenosis
d) Third ventricular tumour

1553. Central sulcus is an example of - *(Jipmer 03)*
a) Limiting sulcus b) Axial sulcus
c) Operculated sulcus d) Complete sulcus

1554. All are true statement about spinal cord except -
a) Coccygeal ligament is investing layer of dura over filum terminale *(SGPGI05)*
b) Dural sac ends at S2 vertebra
c) Cords ends at lower border of L1
d) Filum terminate extends upto coccyx

1555. Myelin sheath in the central nervous system is formed by- *(SGPGI 05, KARN04, AI90)*
a) Schwann cell
b) Microglia
c) Oligodendrocytes
d) Protoplasmic astrocytes

1556. Cerebello-pontine angle contains all *except* **-**
a) VHN bjVIUN *(SGPGI 05)*
c) Medullo-olivary tract d)XIIN

1557. Which area is out of the blood brain barrier -
a) Thalamus b) Cerebral cortex *(MAHE05,*
c) 4th ventricle d) Area postrema *MP98)*

1558. Support of the muscles against gravity is a function of which one of the following - *(ICS 05)*
a) Reticular nuclei
b) Hypothalamus
c) Supplementary motor area
d) Amygidala

1559. Through which part of internal capsule does auditory pathway pass - *(ICS 05)*
a) Anterior limb b) Posterior limb
c) Retrolentiform part d) Sublentiform part

1536) c 1537) a 1538)b 1539)a 1540) a,d 1541) a 1542) c 1543) b,c 1544) b 1545)a,d,e 1546)a 1547)d 1548)b,d
1549)b 1550) c 1551)c 1552)b 1553)a 1554)a 1555)c 1556)d 1557)d 1558)a 1559)d

1560. Which of the following does NOT give rise to arteries supplying the spinal cord - (*MAHA 05)*
a) Ascending cervical artery
b) Deep cervical artery
c) Intercostal arteries
d) Thoracoacromial artery

1561. The structure which is NOT a component of basal ganglia - **(***APPGE 05)*
a) Caudate of basal ganglia b) Putamen
c) Globus pallidus d) Thalamus

1562. Sensation not represented in sensory cortex is -
a) Pain b) Temperature (*Orrisa 05)*
c) Touch d) Olfaction

1563. Nucleus ambigus includes all, except -
a) IX b)X (*PGMCETGTT)*
c) XI d)XH

1564. Superior colliculus is concerned with -(*Corned 08)*
a) Olfaction b) Hearing
c) Vision d) Pain sensation

1565. Posterior communicating artery a branch *oi-(AI07)*
a) Internal carotid b) External carotid
c) Middle cerebral d) Posterior superior cerebellar

1566. The structures that passes between middle cerebellar peduncle and pons is - *(MAHE 07)*
a) Trigeminal nerve b) Vagus nerve
c) Olfactory nerve d) Optic nerve

1567. The constituents of Inferior cerebellar peduncle includes all except - *(UP 0 7)*
a) Anterior spino cerebellar b) Cuneo cerebellar
c) Olivocerebellar d)Parolivocerebellar

1568. Hypoglossal nucleus lies on - *(UP 07)*
a) Mid brain b) Pons
c) Medulla d) Lower pons

1569. Thrombosis of the following cerebral vessels leading to the Hemiplegia by - *(UP 08)*
a) Anterior cerebral b) Middle cerebral
c) Posterior cerebral d) Lateral cerebral

1570. Which of the following is NOT a branch of intracranial part of Internal carotid artery -*(UP 08)*
a) Anterior communicating
b) Anterior cerebral
c) Middle cerebral
d) Posterior communicating

1571. Pupillary light reflex related with all EXCEPT -
a) Retina *(UP 08)*
b) Pretectal nucleus
c) Edinger - westphal nucleus
d) Superficial longitudinal association tract

1572. All of the following cranial nerves contain somatic efferents, Except - *(AI08)*
a) VII nerve (Facial nerve)
b) III nerve (Occulomotor nerve)
c) IV nerve (Trochlear nerve)
d) VI nerve (Abducent nerve)

1573. Facial colliculus is seen in - ***(AI** 08)*
a) Midbrain b) Pons
c) Medulla d) Interpeduncular foosa

1574. Which is the Nucleus of masseteric reflex *?(AI 08)*
a) Superior sensory nucleus of trigeminal nerve
b) Spinal nucleus of trigeminal nerve
c) Mesencephalic nucleus of trigeminal nerve
d) Dorsal nucleus of vagus nerve

1575. TVue about spinal cord-
a) In adults spinal cord ends at lower border of LI vertebra
b) In newborn may extend up to L3
c) Cauda equina extends from lumbar vertebra to coccyx
d) In embryonic period cord extends up to coccyx
e) It has same diameter all throughout the length

1576. Genu of internal capsule carries - *(PGIJune 08)*
a) Optic radiation b) Corticospinal tract
c) Corticorubral tract d) Corticonuclear tract

1577. The structure that passes between middle cerebellar peduncle and pons is - *(Manipal 08)*
a) Trigeminal nerve b) Vagus nerve
c) Olfactory nerve d) Optic nerve

1578. Which of the following is not the branch of maxillary branch of internal carotid artery ? *(APPG 08)*
a) Inferior alveolar b) Middle meningeal
c) Anterior tympanic d) Posterior tympanic

1579. Visual area of cortex is supplied by -
a) Anterior cerebral artery *(PGIDec 08)*
b) Middle cerebral artery
c) Posterior cerebral artery
d) Posterior inferior cerebellor artery
e) Posterior choroidal artery

1580. Structures not passing through inferior cerebellar peduncle - *(PGI Dec 08)*
a) Pontocerebellar
b) Cuneocerebellar
c) Anterior spinocerebellar
d) Posterior spinocerebellar

1581. Which of the following brainstem nuclei is not derived from the alar plate - *(AIIMSNov 08)*
a) Inferior olivary b) Substantia nigra
c) Dentate d) Hypoglossal

1582. Medulla oblongata is supplied by the following arteries, Except - *(AI 09)*
a) Anterior spinal artery
b) Bulbar artery
c) Basilar artery
d) Posterior inferior cerebellar artery

1583. Vm cranial nerve affects - *(AIIMS May 09)*
a) Taste b) Equilibrium
c) Touch d) Smell

1584. Structure(s) not passing through inferior carebeller peduncle - *(PGI June 09)*
a) Pontocerebeller b)Cuneocerebelle
c) Anterior spinocerebeller d) Olivocerebeller
e) Vestibulocerebeller

1560)d 1561) d 1562) a,b 1563) d 1564)c 1565)a 1566)a 1567)a 1568)c 1569)b 1570)a 1571)d 1572)a 1573)b
1574)c 1575)a,b,c 1576)d 1577)a 1578)d 1579)c 1580)a,c 1581)d 1582)b 1583)b 1584)a,c

1585. The rhombencephalon includes all except -
a) Midbrain b)Pons *(COMED09)*
c) Medulla oblongata d) Cerebellum

1586. Some areas in or near the brainstem, situated outside the blood brain b arrier, are - *(DELHIPG Feb. 09)*
a) Anterior pituitary, area postrema and subfornical organ
b) Area postrema, organum vasculosum of lamina terminalis, posterior pituitary and subfornical or gan
c) Median eminence of hypothalamus, anterior pituitary, organum vasculosum of lamina terminals and area postrema
d) Pituitary gland, median eminence of hypothalamus and subfornical organ

1587. Trigeminal nuclei - *(DELHIPG Feb. 09)*
a) Main sensory nucleus is located in pons
b) Mesencephalic nucleus is made up of unipolar neurons
c) Motor nucleus is located in pons
d) All of the given options

1588. The trapezoid body is concerned with - *(DELHIPG*
a) Pain and temperature b) Hearing *Mar. 09)*
c) Touch and pressure d) Proprioception

1589. All of the following arteries supply medulla oblongata, except - *(DELHIPG Mar 09)*
a) Posterior inferior cerebellar artery
b) Spinal artery
c) Anterior inferior cerebellar artery
d) Vewrtebral artery

1590. Which of the following cranial nerve does not content parasympathetic motor (GVE) fibers ?
a) m b) VI *(DELHI PG Mar 09)*
c) IX d)X

1591. True about corpus callosum - *(PGINov 09)*
a) Unite far area of two sides of brain
b) Connect two frontal lobe
c) Unite two hemisphere
d) Superiorly related to - Indusium griseum
e) Unite adjacent & widespread gyri in the same lobe

1592. Pain insensitive structure in brain is -
a) Falx cerebri *(AIIMS May 10)*
b) Dural sheath surrounding vascular sinuses
c) Middle meningeal artery
d) Choroid plexus

1593. Cerebellar glomeruli are seen in_____layer of cerebellar cortex - *(Maharashtra 10)*
a) Molecular b)Purkinje
c) Granular d) None of the above

1594. Deep venous system of brain consists of -*(PGI May 10)*
a) Internal cerebral vein b) Great cerebral vein
c) Basal veins d) Cavernous sinus

1595. All of the following form the floor of third ventricle, Except- *(AI11)*
a) Infundibulum b) Occulomotor nerve
c) Mammillary body d) Optic chiasma

1596. Floor of fourth ventricle contains all except -
a) Abducent nucleus *(Jipmer 11)*
b) Facial nucleus
c) Dorsal vagal nucleus
d) Hypoglossal nucleus

1597. Posterior communicating artery is branch of -
a) Internal carotid artery *(NEET/DNB Pattern)*
b) External carotid artery
c) Middle cerebral artery
d) Posterior cerebral artery

1598. Nucleas ambiguous doesn't include -
a) 7^{th} nerve nucleus *(NEET/DNB Pattern)*
b) 9^{th} nerve nucleus
c) 10^{th} nerve nucleus
d) 11^{th} nerve nucleus

1599. Vertebral artery passes through foramen of transverse processes of - *(NEET/DNB Pattern)*
a) All cervical vertebrae
b) 2^{nd} to 5^{th} cervical vertebrae
c) All except 1^{st} cervical vertebra
d) All except 7^{th} cervical vertebra

1600. Nucleus ambiguous is related to all cranial nerve except- *(NEET/DNB Pattern)*
a) Vm b)IX
c) X d)XI

1601. Nucleus fasciculatus is seen in -*(NEET/DNB Pattern)*
a) Frontal lobe b) Medulla
c) Temporallobe d) Midbrain

1602. Which artery is formed by joining of 2 vertebral arteries - *(NEET/DNB Pattern)*
a) Basal artery
b) Middle cerebralartery
c) Posterior cerebral artery
d) Basilar artery

1603. Pyramidal cells are seen in?
a) Cerebellum *(NEET/DNB Pattern)*
b) Cerebrum
c) Medulla oblongata
d) Anterior horn cells of spinal cord

1604. Posterior cerebral artery is a branch of which of these? *(NEET/DNBPattern)*
a) Verterbral artery
b) Basilar artery
c) Posterior cerebral artery
d) Posterior choroidal artery

1605. Nucleus of occulomotor nerve is in -
a) Midbrain *(NEET/DNBPattern)*
b) Pons
c) Medulla
d) Thalamus

1606. POSTERIOR COMMUNICATING artery is a branch of- *(NEET/DNBPattern)*
a) Vertebral artery
b) Internal carotid artery
c) External carotid artery
d) Basillary artery

1585) a 1586) b 1587)d 1588)b 1589)c 1590)b 1591) All 1592)d 1593)c 1594)a,b,c 1595)b 1596)b 1597)a
1598) a 1599)d 1600)a 1601)b 1602)d 1603)b 1604)b 1605)a 1606)b

1607. Diencephalon represents - *(NEET/DNB Pattern)*
a) Lateral ventricle b) 3rd ventricle
c) 4th ventricle d) Aquedct

1608. All tracts passed through superior cerebellur peduncles except - *(NEET/DNB Pattern)*
a) Tectocerebellar b) Rubrocerebellar
c) Olivocerebellar d) Cerebellorubral

1609. Corpus callosum - *(NEET/DNB Pattern)*
a) Projection fibers b) Commissoral fibers
c) Association fibers d) None

1610. Cerebellar cortex contains - *(NEET/DNB Pattern)*
a) Pyramidal cells b) Purkinje cells
c) Stromal cells d) Kupffer cells

1611. Two internal cerebral veins fuse to form -
a) Middle cerebral vein *(NEET/DNB Pattern)*
b) Anterior cerebral vein
c) Great cerebral vein
d) Inferior cerebral vein

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1612. Hofbauer cells are associated with - *(AIMS 78, 83)*
a) Single umbilical artery
b) Maternal diabetes
c) Early pregnancy
d) Erythroblastosis foetalis

1613. Mastoid process antrum begins to develop in the -
a) 6th month b) 9th month *(Jipmer80,*
c) 1st year d) 2nd year *Delhi 87)*

1614. The development of diaphragm is from-
a) Septum Transversum (*AIMS 81)*
b) Pleuropericardial membranes
c) Pleuroperitoneal membranes
d) A and C are true
e) B and C are true

1615. Renal agenesis is because of all except - *(AI97)*
a) Defective development of nephritis tissue
b) Failure of ureteric bud with metanephros
c) Failure of ascent of primitive
d) All of the above

1616. Epoophoron is a remnant of - *(PGI95)*
a) Wolffian duct b) Mullerian duct
c) Gubemaculum d)None

1617. The appendix of the testis develops from -
a) Mesonephric duct *(CUPGEE 96)*
b) Para-Mosonephric duct
c) Both
d) None

1618. Tonsils develop embryologicaUy from- *(PGI88)*
a) First pharyngeal pouch
b) Second pharyngeal pouch
c) Third pharyngeal pouch
d) Fourth pharyngeal pouch

1619. Parathyroid glands develop from .....branchial pouches - *(AMC 88)*
a) 1st & 2nd b) 2nd & 3rd
c) 3rd & 4th d) 5th & 6th

1620. The precartilagenous analogue to bone arises from-
a) Ectoderm b) Entoderm *(AIMS 85)*
c) Mesenchyme d) None of the above

1621. Superior parathyroid glands are derived from - *(PGI 86, Dehli 85)*
a) 1st branchial pouch b) 3rd branchial pouch
c) 4th branchial pouch d) 5 th branchial pouch
e) None of the above

1622. Oogonia are derived from - *(MAHE 98)*
a) Yolk sac b) Germinal epithelium
c) Chorion d) Mesoderm

1623. Foot plate of stapes is developed from- *(Kamat 99)*
a) Meckel's cartilage b) Otic capsule
c) Reicherts cartilage d) Hyoid arch

1624. A persistent left superior venacava usually drains into the - *(JIPMER 81, PGI 85)*
a) Right atrium b) Inferior vena cava
c) Coronary sinus d) Right superior vena cava

1625. Cleft lip is due to non fusion of - *(AIMS 92)*
a) Maxillary process with lateral nasal process
b) Maxillary process with medial nasal process
c) Maxillary process with mandibular p rocess
d) All of the above

1626. Uterus develops from - *(AIMS 75)*
a) Mullerian duct b) Wolfian duct
c) Both d)None

1627. Which of the following is derived from cartilage of the third arch - *(JIPMER 78, AP 89)*
a) Styloid process b) Malleus
c) Incus d) Greater come of hyoid

1628. Umbilical vesicle attains full development in weeks of development foetus - *(PGI 80, DNB 88)*
a) 2 b)4
c) 6 d)7

1629. Patent foramen ovale is due to failure pf fusion of - *(AIMS 80, JIPMER 92)*
a) Ostium primum with Endocardial cushion
b) Ostium primum with Ostium Secundum
c) Ostium primum with Septum primum
d) Ostium primum with mitral valve

1630. Urachal fustula results *from-(JIPMER 81,AMU, 84)*
a) Ectopic urethra
b) Ectopic ureter
c) Ectopic vesicae
d) Persistent vitellointestinal duct
e) Persistent allantois

1631. Length of a mature humans spermatozoon is - *(JIPMER 80, DNB 89)*
a) 50-60 microns b) 10-40 microns
c) 100-200 microns d) 300-500 microns

1632. Which of the following is not derivative of mesoderm - *(AIMS 81, AP 89)*
a) Ureter b) Gall bladder
c) Uterus d) Epididymis

1633. Weeping umbilicus refers to developmental malformation of..... - *(AIMS 84)*
a) Allontois b) Vitello-intestinal duct
c) Falciform ligament d) Umbilical vein

1607)b 1608) c 1609)b 1610)b 1611)c 1612)c 1613)a 1614)d 1615)c 1616)a 1617)b 1618)b 1619)c 1620)c
1621)c 1622) a 1623)b 1624)c 1625)b 1626)a 1627)d 1628)b 1629)b 1630)e 1631)a 1632)b 1633)a,b

1634. Uro-rectal septum separates the cloaca into -
a) Rectum and bladder *(AIIMS 84)*
b) Anus and urethra
c) Allantois and bladder
d) Rectum and urogenital sinus

1635. Umbilical cord has - *(PGI86, 87, Andhra 86, Kerala 88, TN 89, AIIMS 89)*
a) 2 artery and 1 vein
b) 1 artery and 2 vein
c) 2 artery and 2 ven
d) only one artery

1636. The reduction of the physiological herina occurs at- *(PGI86, JIPMER 84, AIIMS84)*
a) 6^{th} week b) 7^{th} week
c) 10^{th} week d) 12^{th} week
e) 20^{th} week

1637. The Testes descends into the scrotum during- *(AIMS 86, 85, UPSC 1985)*
a) 6^{th} month b) 7^{th} month
c) End of 8^{th} month d) 9^{th} month
e) 10^{th} month

1638. Genital swellings in male differentiate into -
a) Gians penis *(AIIMS 85)*
b) Penile urethra
c) Ischiocavemosus of penis
d) Scrotum
e) No adult structure

1639. The first teeth to appear in an infant is-*(PGI86, 87 UPSC 86, Kerala 86)*
a) Upper incissors
b) First molar
c) Canine
d) Lower central incissor
e) Second molar

1640. Structures derived from the neural crest are -
a) Pia *(Kerala 87, PGI 86, AIIMS 86, A.I. 88)*
b) Dental papillae
c) Adrenal medulla
d) Schwann cells
e) All of the above

1641. Cells or parafollicular cells are derived from - *(Kerala 87, Andhra 86)*
a) l^{5t} branchial pouch b) 2^{nd} branchial pouch
c) 5^{th} branchial pouch d) 4^{th} branchial pouch
e) Ultimo branchial body

1642. Shotgun perineum is - *(JIPMER 87)*
a) Acquired condition in males
b) Acquired in females
c) Congenital in males
d) Congenital condition in female
e) None of the above

1643. Malleus and Incus are derived from - *(TN87)*
a) First arch b) Second arch
c) Third arch d) Fourth arch

1644. The most important structure involved in development of inferior vena cava is - *(AIIMS 8 7)*
a) Supracardinal vein b) Umbilical vein
c) Subcardinal vein d) Anterior cardinal vein
e) Posterior cardinal vein

1645. Double barr body is seen in.....syndrome -
a) Turners b) Klinefelters *(AI89)*
c) xxx d) Downs

1646. Ligamentus arteriosus is a remnant of - *(TN89)*
a) Ductus arterious b) Ductus caroticus
c) Ductus venosus d)None

1647. Ossification centres for all carpal bones is found by - *(AP89)*
a) 12^{th} year b) 2^{nd} year
c) 3^{rd} year d) 5^{th} year

1648. Melanoblasts are derived from - *(AP 90)*
a) Basal epidermal cells
b) Neural crest cells
c) Prickle cells of epidermis
d) Somato pleuric mesoderm

1649. Somatic afferent columns arise from which part of the neural crest - *(KERALA91)*
a) Antrum b) Alar lamina
c) Basal plate d)Roof

1650. Which is not derived from ectoderm -*(JIPMER 91)*
a) Sclera of eye b) Sweat gland
c) Skin d) Distal part of Anus

1651. Endoderm forms which of the following -
a) Liver parenchyma *(JIPMER91)*
b) Trigone of bladder
c) Cells lining renal tubules
d) Cells fallopian tube

1652. The collecting tubules of the Kidney is derived from - *(Jipmer 91, AIIMS 91)*
a) Mesonephros b) Metanephros
c) Mullerian duct d) Ureteric bud

1653. The following are derived from first branchial except-
a) Anterior malleolar ligment *(Delhi 91, 93)*
b) Posteror malleolar ligament
c) Sphenomandibular ligament
d) Mandible

1654. Hofbauer cells are seen in - *(AMU 91)*
a) Liver b) Placenta
c) Stomach d) Kidney

1655. Non ascent of the kidney is due to faulty -
a) Ureteric budb) Metanephruccap*(DNB 92)*
c) Blood vessels d) Mesonephric ducts

1656. Which of the following is formed at birth -
a) Otic Capsule b) Pinna *(AIIMS 92)*
c) Secondary areola d) Mastoid process

1657. Which Of the following Umbilical blood vessel, disappears first - *(AIIMS 92, Delhi 90)*
a) Right umbilical vein b) Left umbilical vein
c) Right umbilical artery d) Left umbilical artery

1658. Formation of primary ovary in female foetus takes place by - *(PGI 93, AIIMS 76)*
a) 6^{th} week b) 8^{th} week
c) 10^{th} week d) 12^{th} week

1659. Skeletal element of second branchial arch -
a) Malleus b) Incus *(PGI 93)*
c) Meckel's cartilage d) Stapes

1634) d 1635) a 1636)c 1637)c 1638)d 1639)d 1640)e 1641) c,e 1642) d 1643) a 1644) a,c 1645) c 1646)a 1647)a
1648)b 1649)b 1650)a 1651)a 1652)d 1653)b 1654)b 1655)c 1656)a,bl657)a 1658)b 1659)d

1660. Regarding zonal pellucida what is *wrong-(AlIMS 94)*
a) Acellular b) Contains glycoprotein
c) Surrounds morula d) Surrounds ovum

1661. In embryo the inner cell mass forms the -
a) Embryonic disc *(AIIMS 94)*
b) Extra embryonic mesoderm,
c) Chorion
d) Allantois

1662. All are developed from ectoderm except -
a) Lens b) Brain *(Kerala 94)*
c) Spinal cord d) Retinal vascular endothelium

1663. Thymus develops from - *(Kerala 94)*
a) 4th arch b) 2nd arch
c) 3rd pouch d) 6th pouch

1664. Umblical vein assumes which of the following positions after birth - *(Assam 95)*
a) Ligamentum teres
b) Urachus
c) Medial umblical ligament
d) lateral umblical ligament

1665. Proximal convolutd tubules develops from -
a) Mesonephric duct *(JIPMER '98)*
b) Metanephric tubules
c) Mesonephric tubules
d) Ureteric buds

1666. The structure derived from the right fourth aortic arch- ***(IN 98)***
a) Right common carotid artery
b) Right subclavian artery
c) Aortioc arch
d) None of the above

1667. Corona Radiata of ovum is formed from - *(A198)*
a) Cummulus ovaricus b) Zona pellucida
c) Formative yolk d) Follicular cells

1668. During formation of a vertebra, which one of the following is intersegmental in position - *(ICS 98)*
a) Intervertebral disc b) Artery
c) Spinal nerve d) Myotome

1669. Number of Barr bodies in Super female -
a) one b) two *(MAHE 98)*
c) three d) zero

1670. All are endodermal in origin except - *(MP 2K)*
a) Hepatocyte b) Odontoblast
c) Alveolar lining cells d)None

1671. All are mesodermal in origin except - *(MP 2K)*
a) Iris stroma b) Ciliary body
c) Dilator pupillae d) Viteous

1672. Melanoblast cells appear in basal layer of epidermis during - *(ICS 2K)*
a) 3rd month of intrauterine life
b) 5th month of intrauterine life
c) 7th month of intrauterine life
d) 8th month of intrauterine life

1673. Mediline cleft lip is due to failure of fusion of -
a) Two medial nasal processes *(Kerala 01)*
b) Medial & lateral nasal processes
c) Two lateral nasal processes
d) Any of the above

1674. Notochord develops in - *(NIMHANS 01)*
a) 3rd week b) 3rd month
c) 6 months d) 10th week

1675. Commonest type of cleft lip is - *(PGI2001)*
a) Bilateral b) Midline
c) Combined with cleft palate d) Unilateral,

1676. Exomphalos is a disease involving - *(PGI 2001)*
a) Umbilicus b) Cervix
c) Abdominal wall d) Urinary bladder

1677. C-cells of thyroid are derived from - *(PGI 02)*
a) I branchial arch b) II branchial arch
c) III branchial arch d) IV branchial arch
e) Ultimobranchial body

1678. TVue about gastrulation is - *(AI2002)*
a) Process involving rotation of Gastrointestinal tract
b) Process by which 3 germinal layers form
c) Occurs in 4th week of gestation
d) Involves hypoblastic inner cell mass

1679. Bone does not present at birth - *(CUPGEE02)*
a) Malleus b) Incus
c) Stapes d) Petrous temporal

1680. The membranous part of the atrio ventricular part of interventricular septum is between -
a) RA&LV b) LA & RV *(JIPMER 2002)*
c) RA&RV d)LA&LV

1681. At 30 days intra uterine life - *(NIMHANS2002)*
a) Heart starts beating b) Cerebellum develops
c) Optical vesicle appears d) Pinna appears

1682. The interventricular septum is formed by which of the following - *(PGI 2002)*
a) Truncus septum b) Conus septum
c) Septum spurium d) Endocardial cushion
e) Bulbar septum

1683. Following are derived from II arch except - *(PGI98)*
a) Malleus/Incus b) Stylohyoid ligament
c) Stapes d) Smaller cornu of hyoid

1684. Paraxial mesoderm develops into - *(PGI99)*
a) Somites b) Mesonephric duct
c) Notochord d) All of the above

1685. In a female child at birth oocyte is in a stage of-
a) Anaphase 2nd meoitic *(PGI 2000)*
b) Prophase 1 st meiotic
c) Oogony
d) Maturation

1686. True about development all except - *(PGI2000)*
a) Parathyroid glands develop from 3rd & 4th branchial arch
b) Tongue muscles develop from occipital myotome
c) Superior parathyroid gland develops from 4th branchial arch
d) Inferior parathyriod gland develop from 2nd branchial arch

1660) None 1661)a 1662)d 1663)c 1664)a 1665)b 1666)b 1667)d 1668)b 1669)b 1670)b 1671)c 1672)a
1673) a 1674) a 1675)c 1676)c 1677)e 1678)b 1679)d 1680)a 1681)c 1682)b,d,e 1683)a 1684)a 1685)b
1686) a,c,d

1687. True about morula - *(.PGI01)*
a) 8-cell stage
b) 16-cell stage
c) Solid mass with fluid inside
d) Ach.barrier present
e) Zona pellucida present

1688. Primordial germ cells develop from - *(.PGI02)*
a) Neural crest b) Splanchnic mesoderm
c) Genital ridge d) Yolk sac
e) Somatic mesoderm

1689. Derivaties of neural Creast is/are- *(PGI 03)*
a) Para follicular cells of thyroid
b) Adrenal crest
c) Adrenal medulla
d) Dorsal roort ganglia
e) Autonomic ganglia

1690. In the testis, haploid number of chromosomes are present in - *(UPSC 02)*
a) Spermatogonia - Type A
b) Primary spermatocyte
c) Spermatids
d) Spermatogonia - Type B

1691. Anterior neuropore closes on - *(Orrisa 04)*
a) 16 days b) 24 days
c) 28 days d) 8 days

1692. Sphincter and dilator pupillae develops from -
a) Neuro ectoderm *(Jipmer 04)*
b) Surface ectoderm
c) Mesoderm
d) Endoderm

1693. All are ectodermal in origin except - *(Kerala 04)*
a) Cerebellum b) Anal canal
c) Sebaceous gland d) Bone marrow

1694. Meiosis occurs in human males in - *(AIIMS 04)*
a) Epididymis b) Seminiferous tubules
c) Vas deferens d) Seminal vesicles

1695. The germ cell are - *(UPPGMEE 04)*
a) Genital ridge
b) Ebdoderm of neuro ectoderm
c) Endoderm of Yolk sac
d) Endoderm of allontosis

1696. Following cartilage are derivative of Second arch EXCEPT- *(UPPGMEE 04)*
a) Smaller cornu of hyoid
b) Greater cornu of hyoid
c) Styloid process
d) Stylohyoid ligament

1697. Clitoris develops from - *(Mahara 02)*
a) Genital tubercle b) Genital ridge
c) Wolfian duct d) Mullerian duct

1698. Incomplete closure of ectodermal cleft is know to cause- *(SGPGI04)*
a) Retinal detachment
b) Iridodonesis
c) Retinoblastoma
d) Coloboma of iris and retina

1699. The length of the umbilical cord is-------- cm - *(TN 04)*
a) 50 b) 60
c) 70 d)75

1700. Lack of fusion of maxillary and medial nasal process results in - *(CMC 05)*
a) Upper hare lip b) Lower hare lip
c) Cleft palate d) Cleft lower lip & palate
e) Cleft palate and upper lip

1701. Torus Aorticus is an impression in the cavity of -
a) Right atrium b) Right ventricle *(Karn 05)*
c) Left ventricle d) Left atrium

1702. The germ cells are derived from - *(ICS 05, AP 89, AI93)*
a) Yolk sac endoderm
b) Amnion
c) Germinal epithelium of gonad
d) Allantois

1703. Which one of the following cells of germinal epithelium of testis divides by meiosis - *(ICS 05)*
a) Type A spermatogonium
b) Primary spermatocyte
c) Spermatid
d) Secondary spermatocyte

1704. The results of the fertilization include the following except- *(J&K05)*
a) Acrosome reaction
b) Restoration of diploid number of chromosome
c) Determination of sex
d) Initiation of cleavage

1705. Which one of the following muscles does NOT develop from the second pharyngeal arch -
a) Posterior belly of digastric *(J&K 05)*
b) Tensor palatine
c) Stapedius
d) Stylohyoid

1706. In hydatidiform mole, blood cells does not develop because of defect in - *(MAHA 05)*
a) Primary ectoderm b) Mesoderm
c) Endoderm d) Trophoblast

1707. Defect in any of the following may result In renal agenesis except - *(MAHA 05)*
a) Nephrogenic bud
b) Ureteric bud
c) Blastoma of nephrogenic tissue
d) Failure of descent of nephrogenic tissue of lumbar area

1708. Appendix of epididymis is a remnant *of-(APPGE 05)*
a) Mesonephric duct b) Paramesonephric duct
c) Mullerian duct d)None

1709. 4th Ventricle develops from- *(Orrisa 05)*
a) Telencephalon b) Mesencephalon
c) Diencephalon d) Rhombencephlon

1710. 3rd Ventricle develops from - *(Orrisa 05)*
a) Diencephalon b) Telencephalon
c) Mesencephalon d) Prosencephalon

1687) b,e 1688) d 1689)c,d,e 1690)c 1691)b 1692)a 1693)d 1694)b 1695)c 1696)b 1697)a 1698)d 1699)a
1700) e 1701) a 1702)a 1703)b 1704)a 1705)b 1706)b 1707)d 1708)a 1709)d 1710)a

1711. Axillary sheath is derived from - *(Orrisa 05)*
a) Pre-vertebral layer of deep cervical fascia
b) Post vertebral layer of deep cervical fascia
c) Pre tracheal fascia
d) Carotid sheath

1712. Barr body is found in the following phase of the cell cycle - *(A105)*
a) Interphase b) Metaphase
c) GI phase d) Telophase

1713. Meckel's diverticulum is a remnant of - *(AIIMSMay 05)*
a) Stenson's duct b) Wolffian duct
c) Mullerian duct d) Vitellointestinal duct

1714. Polar bodies are formed during - *(AI06)*
a) Spermatogenesis b) Organogenesis
c) Oegenesis d) Morphogenesis

1715. Nucleus pulposus is a remnant of - *(APPG 2006)*
a) Notochord b) Intervertebral disc
c) Spinal cord d) Spinous process

1716. Vitelline vein forms -
a) Ligamentum venosum b) Ligamentum teres
c) Portal vein d) Coronary sinus

1717. Ductus deference is derived from - *(Manipal 2006)*
a) Mesonephric duct b) Mullerian duct
c) Paramesonephric d) Vitelline duct

1718. Somites are derived from - *(PGMCET 01, TN95)*
a) Paraxial mesoderm
b) Lateral plate mesoderm
c) Intermediate mesoderm
d) Mesoblastic nephroma

1719. Primordial germ cell is derived from - *(AI07)*
a) Ectoderm b) Mesoderm
c) Endoderm d) Mesodermal sinus

1720. Most common site of ectopic pancreatic tissue is -
a) Stomach b) Jejunum ' *(Aiims May 07)*
c) Appendix d) Hilum of spleen

1721. The outer layer of the blastocyst form - *(UP 07)*
a) Primitive streak b) Yolk sac
c) Embryo proper d) Trophoblast

1722. The embryological first pharyngeal arches remains - *(UP 07)*
a) Sphenomandibular ligament
b) Stylonoid ligament
c) Stylomandibular ligament
d) Styloid ligament

1723. Forelimb bud appears on- *(UP 07)*
a) 21 days b) 26 days
c) 28 days d) 30 days

1724. Primitive streak is initiated and maintained by -
a) Nodal gene b) BMP4 *(AIIMS Nov 07)*
c) FGF d) Brachyury gene

1725. Ureter develops from - *(AIIMS Nov 07)*
a) Mesonephric tubules b) Mesonephric duct
c) Urogenital sinus d) Paramesonephric duct

1726. Regarding sexual differentiation of the fetus -
a) Gonadal development begins at 5th week of intrauterine life *(AIIMS Nov 07)*
b) Y chromosome determines the differentiation of ovaries
c) Female external genitalia development is completed by 10 weeks.
d) Male sexual differentiation occurs earlier than females

1727. All are mesodermal in origin except - *(UP 08)*
a) Dilator pupillae b) Chroid
c) Iris d) Ciliary body

1728. All are neural crest derivatives except - *(UP 08)*
a) Cauda - equina b) Adrenal medulla
c) Melanoblast d) Odontoblasts

1729. According to embryologist, embryo is termed till -
a) 8 weeks of fertilization *(PGIJune08)*
b) 10 weeks after fertilization
c) 10 weeks after fertilization
d) 12 weeks after LMP
e) 12 weeks after fertilization

1730. Pre auricular sinus is formed due to - *(Manipal 08)*
a) Improper fusion of auricular tubercles
b) Persistent opening of first bronchial arch
c) Degeneration of auricular tubercles
d) None of the above

1731. In ductus venous the fetal blood from the plecenta reaches to the liver through - *(DPGEE 08)*
a) Portal vein b) Rt umblical vein
c) Inferior vena cava d) Left umblical vein

1732. Which of the following is not present at birth ?
a) Mastoid tip *(APPG 08)*
b) Mastoid antrum
c) Ethmoidal labrynth
d) Endolymphatic sinus

1733. Closure of Neural tube begins at which of the following levels - *(AI09)*
a) Cervical region b) Thoracic region
c) Cephalic end d) Caudal end

1734. Following statements are true regarding first pharynegeal arch - *(PGI June 09)*
a) Maxullary & mandibular prominences are formed
b) Maxilla & Zygomatic bone are formed by intermembranous ossification
c) Tensor palati formed by first arch.
d) Facial nerve is nerve supply of first arch.
e) Glosspharyngeal is nerve supply of first arch

1735. Spiral ganglion and organ of Corti are fully developed in a foetus by - *(COMED 09)*
a) 20 weeks b) 25 weeks
c) 30 weeks d) 3 5 weeks

1736. The umbilical cord has - *(DELHIPG Mar. 09)*
a) Two arteries and one vein
b) One arteries and two vein
c) Two arteries and two veins
d) One artery and one vein

1711) a 1712) a 1713)d 1714)c 1715)a 1716)c 1717)a 1718)a 1719)a 1720)a 1721)d 1722)a 1723)b 1724)a 1725)b 1726) a,d 727)a 1728)a 1729)a 1730)a 1731)d 1732)a 1733)a 1734)a,b,c 1735)a 1736)a

1737. Ventral mesogastrium derivatives includes all, except: *(DELHI PG Mar 09)*
a) Falciform ligament b) Coronary ligament
c) Lesser omentum d) Gastrosplenic ligament

1738. Meissner's and Auerbach's plexus are derived from- *(AIIMS Nov 09)*
a) Neural crest
b) Yolk sac
c) Primordial germ cell
d) Epithelial lining of gut

1739. All of the following are composite muscles, except - *(AI10)*
a) Flexor carpi ulnaris
b) Flexor digitorum profundus
c) Pectineus
d) Biceps femoris

1740. Paramesonephric duct in males remains as - *(Maharashtra 10)*
a) Prostatic utricle
b) Prostatic urethra
c) Colliculus seminalis
d) Ejaculatory duct

1741. Which of the following arteries is derivative of second branchical arch? *(Maharashtra 10)*
a) Maxillary artery
b) Middle meningeal artery
c) Stapedial artery
d) Anterior tympanic artery

1742. Meckl's cartilage develops from *1 (Maharashtra 10)*
a) I branchial arch b) II branchial arch
c) III branchial arch d) IV branchial arch

1743. False statement about fetal development -
a) Fetal legs develop before upper limb *(PGINov 10)*
b) Growth in length is very fast in 3-5th month
c) Thumbs are formed in preaxial border
d) Fetus gains maximum weight in 1 st trimester
e) Upper limb develops before legs

1744. Which of the following attains adult size before birth? *(AIIMS Nov 10)*
a) Ear Ossicles b) Maxilla
c) Mastoid Process d) Parietal bone

1745. Structure derived from neural crest is - *(Punjab 10)*
a) Retina b) Cauda equina
c) Melanocytes d) Adrenal cortex

1746. Diaphragm develops from all of the following structures, except - *(AI 11)*
a) Septum transversum
b) Pleuroperitoneal membrane
c) Cervical myotomes
d) Dorsal mesocardium

1747. Muscular component of dorsal aorta develops from- *(AI 11)*
a) Axial Mesoderm
b) Paraxial Mesoderm
c) Intermediate mesoderm
d) Lateral plate mesoderm

1748. Which of the following vessels do not carry deoxygenated bood in fetal circulation? *(AI 11)*
a) Pulmonary Artery b) Umbilical Artery
c) Umbilical Vein d) Pulmonary Vein

1749. What is the embryological remnant of Median umbilical ligament ? *(Karn 11)*
a) Urachus b) Allantois
c) Amnion d) Yolk sac

1750. Derivatives of urogenital sinus includes all except- *(Jipmer 10)*
a) Bladder b) Membranous urethra
c) Prostatic urethra d) Ejaculatory duct

1751. Derivatives of mesonephric duct are all except- *(Jipmer 10)*
a) Ductus deferens b) Seminal vesicles
c) Epididymis d) Rete testis

1752. Cranial end of Wolffian duct forms - *(Jipmer 10)*
a) Epophoron b) Paroophoron
c) Bartholin's duct d) Gartner's duct

1753. Cardiac septum develops by - *(Jipmer 11)*
a) 5 - 8 weeks b) 9 -12 weeks
c) 12 - 16 weeks d) 16 - 18 weeks

1754. Umbilical cord contains - *(Jipmer11)*
a) 1 vein & 2 arteries b) 2 vein & 1 artery
c) 2 veins & 2 arteries d) 1 vein & 1 artery

1755. Remnant of mesonephric duct are all except -
a) Paraoophoron b) Epoophoron *(Jipmer 11)*
c) Gartner's duct d) Bartholin's duct

1756. Renal agenesis is due to - *(Jipmer 11)*
a) Defect in ascent of metanephron
b) Defective formation of nephritic tissue
c) Defect of the ureteric bud & mesonephros
d) All of the above

1757. Which of the following is true about vertebral development ? *(NEET/DNB Pattern)*
a) The notochord forms the annulus fibrosus
b) The sclerotome forms the nucleus pulposus
c) The sclerotome surrounds the notochord only
d) The sclerotome surrounds the notochord and the neural tube

1758. After first meiotic division, the primary oocyte remains arrested in - *(NEET/DNB Pattern)*
a) Diplotene stage b) Pachytene stage
c) Metaphase d) Telophase

1759. Double aorta occurs due to - *(NEET/DNB Pattern)*
a) Non development of right 4th aortic arch
b) Non development of left 4th aortic arch
c) No division of truncus arteriosus
d) Persistence of distal portion of the right dorsal aorta

1760. Pharyngeal tonsil develop from which pharyngeal pouch- *(NEET/DNB Pattern)*
a) First b) Second
c) Third d) Fourth

1761. During the third week of human embryo development- *(NEET/DNB Pattern)*
a) Neural plate formed by stimulation from notochord
b) Amniotic disc forms
c) Body stalk moves ventrally to form umbilical cord
d) Primitive streak formation

1737) d 1738) a 1739)a 1740)a 1741)c 1742)a 1743)a,d 1744)a 1745)c 1746)d 1747)b>d 1748)c
1749) None 1750)d 1751)d 1752)a 1753)a 1754)a 1755)d 1756)d 1757)d 1758)a 1759)d 1760)b 1761)d

1762. The upper 3/4th of vagina develops from -
a) Mullerian duct *(NEET/DNB Pattern)*
b) Wolfian duct
c) Sino vaginal bulb
d) Endoderm

1763. Rectum develops from - *(NEET/DNB Pattern)*
a) Cloaca b) Hind gut
c) Allantoic remnants d) Urogeital sinus

1764. Skeletal derivative of 2nd pharyngeal arch -
a) Malleus b) Incus *(NEET/DNB Pattern)*
c) Stapes d) Maxilla

1765. Umbilical cord contains - *(NEET/DNB Pattern)*
a) 2 arteries & 1 vein b) 2 arteries & 2 veins
c) 1 artery & 1 vein d) 1 artery and 2 veins

1766. All are derived from neuroectoderm except -
a) Dilator pupillae *(NEET/DNB Pattern)*
b) Lens vesicle
c) Optic nerve
d) Posterior layers of retina

1767. Bladder develops from - *(NEET/DNB Pattern)*
a) Ectoderm b) Mesoderm
c) Endoderm d) Neural crest cells

1768. Development of labia majora is from -
a) Urogenital sinus *(NEET/DNB Pattern)*
b) Mullerian duct
c) Genital ridge
d) Genital swelling

1769. All develop from the hindgut except -
a) Ascending colon *(NEET/DNB Pattern)*
b) Descending colon
c) Sigmoid colon
d) Rectum

1770. Myoblasts of diaphragm develops from which somites - *(NEET/DNB Pattern)*
a) Cervical 1-3 b) Cervical 2-4
c) Cervical 3-5 d) Cervical 5-7

1771. Primordial germ cells are desired from -
a) Yolk sac endoderm *(NEET/DNB Pattern)*
b) Yolk sac medoderm
c) Epiblast
d) Gonadal ridge

1772. All are derived from ectoderm except -
a) Lens *(NEET/DNBPattern)*
b) Eustachian tube
c) Spinal cord
d) Retina

1773. Tongue muscles are derived from -
a) Occipital somites *(NEET/DNBPattern)*
b) Pharyngeal pouch
c) Hypobranchial emminence
d) Neural crest

1774. Development of peritoneal cavity is from -
a) Mesenchyme *(NEET/DNBPattern)*
b) Introembyonic coelom
c) Extoderm
d) Endoderm

1775. Cytotrophoblasts invades - *(NEET/DNB Pattern)*
a) D parietalis b) D basalis
c) D capularis d) None

1776. Embgryological development of the human vertebra is from - *(NEET/DNB Pattern)*
a) Somite b) Endoderm
c) Ectoderm d) None

1777. Endodermal cloaca gives rise to all of the following except- *(NEET/DNB Pattern)*
a) Rectum
b) Lower *Vi* of anal canal
c) Upper *Vi* of anal canal
d) Mucous membrane of bladder

1778. Embryonic period of development is -
a) Upto 16 weeks *(NEET/DNBPattern)*
b) Upto 12 weeks
c) Upto 10 weeks
d) Upto 8 weeks

1779. Which of these is correct about the development of tonsil ? *(NEET/DNBPattern)*
a) Is a derivative of the first pharyngeal arch
b) Develops from the third pharyngeal pouch
c) Develops from the second pharyngeal pouch
d) Is a derivative of the neural crest cells

1780. Which of the following is derived from endoderm-
a) Gall bladder *(NEET/DNBPattern)*
b) Lens
c) Spleen
d) Lymph nodes

1781. Small intestine develops *from-(NEET/DNB* Pattern)
a) Foregut b) Midgut
c) Hindgut d) Endodermal cloaca

1782. Which is derived from wolffian duct -
a) Appendix of testis *(NEET/DNB Pattern)*
b) Uterus
c) Appendix of epididymis
d) Hydatid of margagni

1783. Artery of 2nd pharyngeal arch is -
a) Maxillary artery *(NEET/DNB Pattern)*
>) Stapedial artery
c) Subclavian artery
d) Common carotid artery

1784. Umbilical cord has - *(NEET/DNB Pattern)*
a) 2 veins and 1 artery
b) 1 artery and 1 vein
c) 2 arteries and 1 vein
d) 2 arteries and 2 veins

1785. Single unit smooth muscles are seen *in-(NEET/*
a) Iris b) Ductus deferens *DNB Pattern)*
c) Ureter d) Trachea

1786. Second arch derivative - *(NEET/DNB Pattern)*
a) Malleus b) Incus
c) Stapes d) None

1787. The outer layer of the blastocyst forms - *(NEETZ*
a) Primitive streak b) Yolk sac *DNB Pattern)*
c) Embryo proper d) Trophoblast

1762) a 1763) a 1764)c 1765)a 1766)b 1767)c 1768)d 1769)a 1770)c 1771)a 1772)b 1773)a 1774)b 1775)b
1776) a 1777)b 1778)d 1779)c 1780)a 1781)b 1782)c 1783)b 1784)c 1785)c 1786)c 1787)d

1788. Implantation occurs at - *(NEET/DNB Pattern)*
a) 2-3 days b) 6-7 days
c) 15-20 days d) 20-25 days

1789. Double aotric develops from - *(NEET/DNB Pattern)*
a) Ist arch artery b) 2nd arch artery
c) Right dorsal aorta d) Left dorsal aorta

1790. Mesodermal in origin - *(NEET/DNB Pattern)*
a) Astrocytes b) Oligodendrocytes
c) Ependymal cells d) Microglial cells

1791. Which of the following is derived from ectoderm- *(NEET/DNB Pattern)*
a) Epithelium of iris b) Ciliary muscles
c) Vascular endothelium d) Sclera

1792. Which of the following are derived from mesodrm- *(NEET/DNB Pattern)*
a) Astrocytes b) Oligodendrocytes
c) Microlial cells d) Schwann cells

HISTOLOGY

1793. What best characterises the sinusoids - *(AMU86)*
a) Have smaller diameter than lymph capillaries
b) Are not found in skeletal muscle
c) Have a continuous endothelial lining
d) Have a continuous basement membrance

1794. Select the statement which best characterises lymph capillaries - *(Rohtak 86)*
a) have smaller diameter than blood capillaries
b) Less permeable than blood capillaries
c) Have no endothelial lining
d) Have a discontinuous basement membrane

1795. Which of the following cells Contain organeles needed for the secretion of a proteinaceous product-
a) Pyramidal cells of the pancreatic acini *(PGI82)*
b) Chief cells of the stomach
c) Serous-Secreting cells of the parotid gland
d) Fibroblast
e) None

1796. The ureter is lined by.....ephithelium -*(AIIMS 84)*
a) Stratified squamous b)Cuboidal
c) Cilliated columnar d) Transitional

1797. JG cells (Juxta glomerular apparatus) are -
a) Macula densa *(ROHTAK 87)*
b) Smooth muscular cells of afferent arteriole
c) Smooth muscular cells of efferent arteriole
d) Islets of epithelial cells

1798. Ducts of Bellini are found in- *(PGI 87)*
a) Pancreas b) Submandibular salivary gland
c) Kidney d) Liver

1799. Haversian system is seen in - *(AQP 88)*
a) Cortical bone b) Cancellous bone
c) Teeth d)Nail

1800. Auerbachs plexus is present in the - *(Kerala 88, Karnataka 89)*
a) Colon
b) Esophagus c) Stomach
d) S. intestine e) All of the above

1801. Which of the following are true of the nephron or it parts - *(AP 89)*
a) It is the principal site of action of antiduretic homone (ADH)
b) Sodium is actively transported by its cells
c) It is made up in part of a stratified epithelium
d) It is found in the pars conviouta, pars radiata, and medulla

1802. Good collateral circulation occurs in - *(AI91)*
a) Skin b) Muscle
c) Fascia d)Bone

1803. Sinuses are not seen in - *(Kerala 91)*
a) Kidney b) Spleen
c) Endocrine glane d) Liver

1804. Which is not a feature of Skeletal muscle -*(JIPMER*
a) Spindle shaped fibres b) Syncytium *91)*
c) Striations d) Hypolemmal nucleus

1805. Epithelium of cornea is - *(AP 91)*
a) Pseudostratified
b) Transitional
c) Statified squamous keratinized
d) Statified squamous non keratinized

1806. Epithelial lining of the Tonsil is - *(JIPMER 93)*
a) Cuboidal
b) Squamous epithelium without Keratinisation
c) Squamous epithelium with Keratinisation
d) Columnar

1807. Hassals coupuscles are seen in - *(Kerala 94)*
a) Thymus b) Spleen
c) Lymph node d) Appendix

1808. Which of the following is lined by transitional epithelium - *(JIPMER 95)*
a) Stomach b) Colon
c) Urethro verical junction d) Prostrate

1809. Ansa nephroni is lined by - *(Jipmer 95)*
a) Columnar epithelium
b) Squamous epithelium
c) Cuboidal and columnar epithelium
d) Stratified squamous epithelium
e) Cuboidal and Squamous

1810. Toughest layer in esophagus is- *(AI95)*
a) Mucosa b) Submucosa
c) Muscularis d) Adventitia

1811. Parietal peritonium is lined by - *(PGI 95)*
a) Simple squamous b) Stratified squamous
c) Cuboidal d) Columnar

1812. Brunner's glands are located in the -
a) Duodenum b) Jejunum *(CUPGEE96)*
c) Ileum d)All

1813. The normal process by which the existing epithelial cells of skin are replaced by new epithelial cells is called- *(CUPGEE96)*
a) Apoptosis b) Autolysis
c) Both d) Any of these

1814. Space of Disse is seen in - *(M.P 98)*
a) Spleen b) Kidney
c) Liver d) Small intestine

1788) b 1789)c 1790)d 1791) a 1792)c 1793)b 1794)d 1795)a,b,c 1796)d 1797)b 1798)c 1799)a 1800)e 1801)b,d 1802) a 1803)None 1804)a,d 1805)d 1806)b 1807)a 1808)c 1809)e 1810)c 1811)a 1812)a 1813)a 1814)c

1815. Olfactory epithelium is - *(Kerala 98)*
a) Squamous Keratinised
b) Squamous non keratinised
c) Striated columnar
d) Simple
e) Pseudostratified

1816. All have NO LYMPHATICS, except- *(A1IMS98)*
a) Brain b) Internal ear
c) Dermis d)Eye

1817. Halocrine secretion is seen in ..gland-*(JIPMER 99)*
a) Salivary b) Mammary
c) Sebaceous glands d) Gastric

1818. Largest organelle in eukaryote is - *(Orissa R)*
a) ER b) Nucleus
c) Cytoskeleton d) Golgi body

1819. The commonest cartilage to ossify is - *(TNPSC 2K)*
a) Hyaline b) Elastic
c) Fibrous d) Fibroelastic

1820. Stellate cells of von Kuffer are seen in the sinusoids of which of the following organs - *(Kerala 2K)*
a) Spleen b) Bone marrow
c) Liver d) Adrenal
e) None of the above

1821. Gitter cells are - *(Kerala 01)*
a) Microglia b) Modified macrophages
c) Astrocytes d) Neutrophils

1822. Intercalated disc is present in - **(***PGI2000)*
a) Cardiac muscle b) Smooth muscle
c) Skeletal muscle d)All

1823. Number of cartilages in bronchiole - **(***Orrisa 04)*
a) 1 b)2
c) 3 d)None

1824. Nissle's substance is mainly - **(***Orrisa 04)*
a) Histone b) Ribosomes
c) DNA d) Ribonucleoprotein

1825. Elastic cartilage is found in - **(***SGPGI04)*
a) Auditory tube b) Nasal septum
c) Articular cartilage d) Costal cartitage

1826. The synovial bursa between an aponeurosis and a bone is called - *(J&.K05)*
a) Subtendinous b) Submuscular
c) Subfascial d) Subcutaneous

1827. The following structures do NOT have lymphatics, except - *(J &K 05)*
a) Bone marrow b)Bronchii
c) Cartilage d) Epidermis

1828. The following glands contain the myoepithelial cells, except- *(J&.K05)*
a) Mammary glands b) Salivary glands
c) Sebaceous glands d) Sweat glands

1829. Goblet cells are present in - *(Orissa 05)*
a) Trachea b) Jejunum
c) Epididymis d) Ileum

1830. All of the following physiological processes occur during the growth at the epiphyseal plate except -
a) Proliferation and hypertrophy *(AI 05)*
b) Calcification and ossification
c) Vasculogenesis and erosison
d) Replacement of red bone marrow with yellow marrow

1831. Ceruminous glands present in the ear are -
a) Modified eccrine glands *(AIIMSMay 05)*
b) Midified apocrine glands
c) Mucous gland
d) Modified holocrine glands

1832. Neuro-epithelium type of sensory receptors are present in the following system except -
a) Visual b) Auditory *(AIIMS May 05)*
c) Gustatory d) Olfactory

1833. The ducts of all the following glands consist of stratified cuboidal epithelium except - *(AIIMSMay*
a) Sweat gland b) Sebaceous glands *05)*
c) Salivary glands d) Pancreas

1834. Von Brun's nest is seen in - *(Corned 08)*
a) Normal urothelium
b) Transitional cell carcinoma
c) squamous cell carcinoma
d) adeno carcinoma

1835. Cell which does not migrate from the base of the crypt to ends of villi is - *(Aiims May 07)*
a) Enterocyte b) Endocrine cell
c) Paneth cell d) Goblet cell

1836. The upper half of the oesophagus in lined by -
a) Stratified cuboidal epithelium *(UP 07)*
b) Stratified squamous non keratinised epithelium
c) Stratified squamous non keratinsed epithelium
d) Stratified squamous keratinised epithelium

1837. Almost exclusively urinary bladder is lined by -*(UP07)*
a) Squamous epithelium b) Columnar epithelium
c) Transitional epithelium d) Cuboidal epithelium

1838. A patient presented with acute abdominal pain. On clinical suspicion the pt underwent cholecystectomy. On histopathological examination the finding is normal. The gallbladder epithelium will be -
a) Squamous epithelium *(AIIMS Nov 07)*
b) Simple columnar with brush border
c) Simple columnar
d) Simple columnar with sterocilia

1839. Urothelium lines all except - *(AIIMS Nov 07)*
a) Ureters b) Minor calyx
c) Urinary bladder d) Collecting duct

1840. The epithelial lining of the urethra below the opening of the ej aculatory ducts is- *(Corned 08)*
a) Stratified cuboidal epithelium
b) Stratified columnar epithelium
c) Transitional epithelium
d) Stratified squamous epithelium

1841. Tonsil is lined by - *(UP 08)*
a) Stratified squamous keratinised epithelium
b) Stratified squamous non keratinised epithelium
c) Columnar epithelium
d) Cuboidal epithelium

1815) e 1816) c 1817)c 1818) a 1819)d 1820)c 1821)a 1822)a 1823)d 1824)d 1825)a 1826)c 1827)a,c 1828)c 1829) a 1830)d 1831)b 1832)a,b,d 1833)b 1834)a 1835)c 1836)c 1837)c 1838)b 1839)d 1840)b 1841)b

1842. Ureter's is lined by - *(UP 08)*
a) Cuboidal epithelium b) Columar epithelium
c) Squamous epithelium d) Transitional epithelium

1843. Which is not lined by stratified nonkeratinised squamaous epithelium ? *(APPG 08)*
a) Hypopharynx and laryngopharynx
b) Oesophagus
c) Cornea
d) Tympanic membrane

1844. About osteon which of the following statement (s) is/are correct - *(PGIDec 08)*
a) Present in compact bone
b) Concentric lamallae is present
c) Haversian canal is present
d) Volkman's canal surrounded by concentric lamellae

1845. Cells present in Cerebellar cortex are all except -
a) Purkinje b) Bipolar *(AIIMSNov08)*
c) Granule d) Golgi

1846. Gut Associated lymphoid tissue (GALT) is primarily located in - *(AI09)*
a) Lamina propria b) Submucosa
c) Muscularis d) Serosa

1847. Urothelium lines all except - *(AIIMSMay09)*
a) Ureters b) Minor calyx
c) Urinary bladder d) Membranous Urethra

1848. Ruffled membrane is seen in - *(COMED 09)*
a) White fibrous cartilage b) Osteoblast
c) Osteoclast d) Elastic cartilage

1849. After ovulation the discharged oocytes and surrounding layer of granulosa cells are known as - *(DELHIPGFeb. 09)*
a) Corpus luteum b) Corona radiata
c) Stigma d) Zona peliucida

1850. Urothelium lines all except - *(AIIMSNov 09)*
a) Ureters b) Major calyx
c) Urinary bladder d) Membranous urethra

1851. Paneth cells - true is - *(AIIMS May 10)*
a) Rich in rough endoplasmic reticulum
b) High zine content
c) Foamy cytoplasm
d) Numerous lysozyme granules

1852. Human intestinal glands contain_____-*(Maha 10)*
a) Paneth ceils b) Neuroendocrine cells
b) Stem cells d) All of the above

1853. Portal Acinus in liver is centered on *1 (Maharashtra*
a) Central vein b) Hepatic arteriole *10)*
c) Portal tract d) Bile ductule

1854. Which of the following is a holocrine gland ?
a) Sweat gland *(NEET/DNB Pattern)*
b) Breast
c) Pancreas
d) Sebaceous gland

1855. Transitional epithelium is seen in -
a) Esophagus *(NEET/DNB Pattern)*
b) Vagina
c) Urinary bladder
d) Trachea

1856. Lining epithelium of vagina is - *(NEET/DNB Pattern)*
a) Pseudostratified columnar epithelium
b) Keratinized stratified squamous epithelium
c) Non keratinized stratified squamous epithelium
d) Ciliated columnar epithelium

1857. Lining epithelium of fallopian tube is -
a) Simple columnar *(NEET/DNB Pattern)*
b) Pseudo-stratified columnar
c) Ciliated columnar
d) Simple cuboidal

1858. Lining epithelium of the uterine cavity is -
a) Simple squamous epithelium
b) Simple columnar epithelium *(NEET/DNB Pattern)*
c) Stratified squamous epithelium
d) Ciliated columnar epithelium

1859. Mucous glands are absent in - *(NEET/DNB Pattern)*
a) Cervix b) Esophagus
c) Vagina d) Duodenum

1860. All are derived from ectoderm except -*(NEET/DNB*
a) Hypophysis b) Retina *Pattern)*
c) Spinal cord d) Adrenal cortex

1861. Clara cells are present in - *(NEET/DNB Pattern)*
a) Alveoli b) Bronchus
c) Bronchioles d) Trachea

1862. Trachea is lined by - *(NEET/DNB Pattern)*
a) Stratified squamous epithelium
b) Ciliated columnar epithelium
c) Simple columnar epithelium
d) Pseudostratified columnar epithelium

1863. Transistional epithelium is present in -
a) Renal pelvis *(NEET/DNB Pattern)*
b) Loop of Henle
c) Terminal part of urethra
d) PCT

1864. Which of the following cells will proliferate from top to bottom of villi - *(NEET/DNB Pattern)*
a) Chief cells b) Goblet cells
c) Paneth cells d) Pairetal cells

1865. Multi-unit smooth muscle present at all except -
a) Bloodvessels b) Iris *(NEET/DNB Pattern)*
c) Gut d) Ductus deferens

1866. Which of the following is an example of holocrine gland - *(NEET/DNB Pattern)*
a) Mammary glands b) Sweat glands
c) Sebaceous glands d) Parotid glands

1867. All cartilage is covered by perichondrium except - *(NEET/DNB Pattern)*
a) Hyaline b) Elastic
c) Fibrocartilage d) None of the above

1868. Which of the following is not a hyaline cartilage - *(NEET/DNB Pattern)*
a) Articular cartilage b) Thyroid cartilage
c) Meniscus d) Nasal septum

1869. Glands of Van Ebner are present in- *(NEET/DNB*
a) Cervix b) Penile urethra *Pattern)*
c) Tongue d) Vagina

1842) d 1843)d 1844)a,b,c 1845)b 1846)a 1847)d 1848)c 1849)b 1850)d 1851)a,b,d 1852)d 1853)bl854)d 1855) c 1856) c 1857)c 1858)d 1859)c 1860)d 1861)c 1862)d 1863)a 1864)c 1865)c 1866)c 1867)c 1868)c 1869)c

1870. Brunner's glands are seen *m-(NEET/DNB Pattern)*
a) Duodenum b) Gastric
c) Gall bladder d) Ileum

1871. Stave cells are seen in - *(NEET/DNB Pattern)*
a) Liver b) Spleen
c) Pancreas d) Gall bladder

1872. Corpora amylacea is found in -*(NEET/DNB Pattern)*
a) Pineal b) Prostate
c) Pituitary d) Thyroid

1873. All develop from endoodermal cloaca except -*(NEET/*
a) Rectum b) Anal canal *DNB Pattern)*
c) Sigmoid d) Primitive urogenital sinus

1874. All develop from mesoderm except- *(NEET/DNB*
a) Skeletal muscle b) Testes *Pattern)*
c) Enamel d) Ureter

1875. Holocrine glands are - *(NEET/DNB Pattern)*
a) Sweat b) Sebaceous
c) Mammary d) Pancreas

1876. Stratified sqnamous epithelium is seen in- *(NEETZ*
a) Vagina b) Urinary blooder *DNB Pattern)*
c) Uterus d) Cervix

1877. Which of the following is part of ear is derived from all three germ layers - *(NEET/DNB Pattern)*
a) External auditary canal b) Ear ossicles
c) Tymparic membrane d) Ear muscles

1878. Colon contains - *(NEET/DNB Pattern)*
a) Parietal cells b) Chief cells
c) Brunner's gland d) Goblet cells

1879. False about clavicle - *(NEET/DNB Pattern)*
a) Ossifies membrane
b) Horizontal bone
c) No medullary cavity
d) Most common site of fracture is the junction of medial l/3rd with lateral 2/3rd

JOINTS

1880. The example of syndesmoisis type of joint \s-*(AP91)*
a) Sacroiliac b) Inferior tibiofibular
c) Superior tibiofibular d) Mid tarsal

1881. Which is a hinge joint - *(AI92)*
a) Knee b) Elbow
c) Metacarpo phalangeal d)Atlanto Axial

1882. Action of Lumbricals is - *(JIPMER 92, PGI03)*
a) Extension of MP joint
b) Abduction at MP joint
c) Flexion of MP joint and Extension at I.P. joint
d) Lies inferior to inferior cerebellar peduncle

1883. It can be said that the intervertebral foramen -
a) Are narrow towards the lower part of lumbar region
b) Transmit lumbar and sacral spinal nerves since
c) Admit spinal arteries *(AIIMS 84)*
d) Are located between the laminae and the articular processes

1884. Os trigonum is which type of epiphysis -
a) Aberrant b) Pressure *(AMU 88)*
c) Atavistic d) Traction

1885. Following examples of epiphysees are correctly matched except - *(AIIMS 86)*
a) Pressure epiphysis-Hezad of femur
b) Traction epiphysis-tubercles of humerus
c) Atavistic epiphysis-Coracoid process of scapula
d) Aberrant epiphysis Trachanter of femur

1886. Manubriosternaljoint- *(Kerala 96)*
a) Saddle type b) Ball & Socket
c) Symphysis d) Syndesmosis

1887. Which of the following is an example of saddle joint-
a) Carpo-metacarpal joint of the thumb
b) Elbow joint *(CUPGEE95)*
c) Ankle joint
d) Kinnjoint

1888. Example for ellipsoid joint is - *(KERALA ' 96)*
a) Wrist b)Kenn
c) Ankle d) Shoulder

1889. All of the following are example of traction epiphysis, except- *(AI03)*
a) Mastoid process b) Tubercles of humerus
c) Trochanter of femur d) Condyles of tibia

1890. In interpharyngeal joint, capsule is absent in the -
a) Medial side b) Dorsal side *(Jipmer 03)*
c) Palmar side d) Lateral side

1891. The first costochondral joint is a - *(AI04)*
a) Fibrous joint b) Synovial joint
c) Syndesmosis d) Syncendrosis

1892. Vomar-sphenoidal rostrum junction is - *(Orissa R)*
a) Syndesmoisis b) Synostosis
c) Schindylesis d)Gomphoiss

1893. Joint between epiphysis and diaphysis of a long bone is a type of - *{AIIMS 04)*
a) Plain synovial joint b) Fibrous joint
c) Symphysis d) Synchondrosis

1894. Example of hinge joint are all except - *(SGPGI05)*
a) Elbow joint b) Interphalangeal joint
c) Knee joint d) Shoulder joint

1895. The type of joint between the sacrum and the coccyx is a - *(AI 05)*
a) Symphysis b) Syostosis
c) Synchondrosis d) Syndesmosis

1896. Which of the following is an intra-articular tendon-
a) Sartorius b) Semitendinosus *(AI06)*
c) Anconeus d) Popliteus

1897. 1st carpometacarpal joint is- *(APPG06MP98)*
a) Saddle joint
b) Ball & socket joint
c) Secondary cartilaginous joint
d) Hinge joint

1898. Movements of pronation & supination occurs in all the following j oints except - *{AI 0 7)*
a) Superior radio - ulnar joint
b) Middle radio - ulnar joint
c) Inferior radio - ulnar joint
d) Radio - carpal joint

1870) a 1871)b 1872)b 1873)c 1874)c 1875)b 1876)a 1877)c 1878)d 1879)d 1880)b 1881)b 1882)c 1883)c 1884)c 1885) d 1886)c 1887)a 1888)a 1889)d 1890)b 1891)c 1892)c 1893)d 1894)d 1895)a 1896)d 1897)a 1898)d

1899. Secondary cartilaginous joints are -
a) Situated in midline *(DELHI PG Feb. 09)*
b) Permanent in nature
c) Binding cartilage in fibrocartilage
d) All of the given options

1900. Which of .the following is an example of saddle joint?
a) Carpo-metacarpal joint of the thumb *(DPG10)*
b) Elbow
c) Ankle Joint
d) Knee joint

1901. Carpometacarpa; joint of thumb is_____ type of joint- *(Maharashtra 10)*
a) Ball and socket b) Hinge
c) Plane d) Saddle

1902. Enchondral ossification is/are seen in -*(PGIMay 10)*
a) Long bones b) Flat bones of skull
c) Clavicle d) Mandible
e) Nasal bones

1903. All of the following are pneumatic bones, except -
a) Frontal b) Ethmoid *(AJ11)*
c) Mandible d) Maxilla

1904. Which of the following best describes the type of joint seen in the growth plate - *(AI11)*
a) Fibrous b) Primary cartilaginous
c) Secondary cartilaginous d) Plane joint

1905. TVue about location of metaphysis is - *(PUNJAB 11)*
a) Narrow constricted part b) Shaft
c) Epiphyseal end d) Diaphysis end

1906. What kind of a joint is syndesmosis ?
a) Fibrous b) Plain *(NEET/DNB Pattern)*
c) Pivot d) Cartilaginous

1907. Which of the following is a compound condylar joint ? *(NEET/DNB Pattern)*
a) Knee b) Wrist
c) TM joint d) Elbow

1908. Intracapsular articular disc is present in which joint- *(NEET/DNB Pattern)*
a) Sternoclavicular joint b) Elbow
c) Hip joint d) Knee joint

1909. Type of cartilage seen at temporo-mandibular joint is - *(NEET/DNB Pattern)*
a) Hyaline cartilage b) Fibrocartilage
c) Elastic cartilage d) All of the above

1910. Which of the following is an example of atavistic epiphysis? *(NEET/DNB Pattern)*
a) Greater trochanter
b) Head of femur
c) Upper end of radius
d) Coracoid process of scapula

1911. Which of the following is a synovial joint of the condylar variety - *(NEET/DNB Pattern)*
a) First carpometacarpal joint
b) Metacarpophalangeal joint
c) Interphalangeal joint
d) Radiocarpal joint

1912. Joint with articular disc - *(NEET/DNB Pattern)*
a) Elbow b) Shoulder
c) Sternoclavicular d) Knee

1913. Elastic cartilage is seen in -*(NEET/DNB Pattern)*
a) Articular cartilage b) Costal cartilage
c) Epiglottis d) Intervertebral d.s

1914. Flexion extension in neck accors at -
a) Atlanto-axial joint *(NEET/DNB Pattern)*
b) Atlanto-occipital joint
c) C_6-C_7 joint
d) C_7-T_1 joint

MISCELLANEOUS

1915. Which of the following is not a congenital anomaly?
a) Amastia *(NEET/DNB Pattern)*
b) Polymastia
c) Polythelia
d) Mastitis

1916. Parasympathetic supply is *from-(NEET/DNB Pattern)*
a) C2,C3,C4 b) T2, T3, T4
c) L2, L3, L4 d) S2, S3, S4

1917. Prolapse of vertebral disc between L5S1 will affect which nerve root - *(NEET/DNB Pattern)*
a) 14 b) L5
c) SI d) S2

1918. Subcapsular sinus is seen in - *(NEET/DNB Pattern)*
a) Lymph node b) Spleen
c) Thymus d) None

1919. Absence of lymph nodes is charachteristic of -
a) Brain *(NEET/DNB Pattern)*
b) Liver
c) Lung
d) Placenta

1920. Which of the following is an operculated sulcus -
a) Calcarine b) Collateral *(NEET/DNB*
c) Lunate d) Central *Pattern)*

1921. Which of the following is a complete sulcus -
a) Lunate *(NEET/DNB Pattern)*
b) Calcarine
c) Colluteral
d) Central

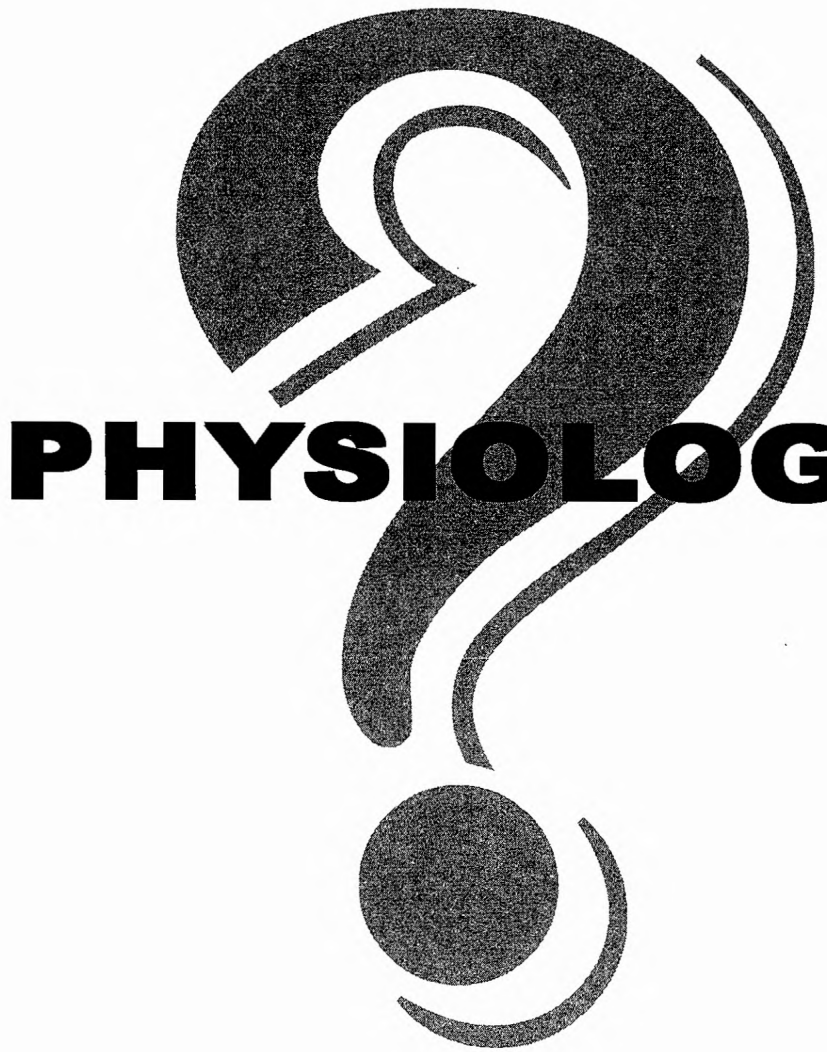
1922. Longest muscle in the body - *(NEET/DNB Pattern)*
a) Biceps b) Triceps
c) Sartorius d) Quadriceps

1923. Corpora arebacea is seen in - *(NEET/DNB Pattern)*
a) Prostrate b) Pineal
c) Seminal vesicle d) Breast

1924. Which of the following is supplied by two nerve -
a) Quadriceps *(NEET/DNB Pattern)*
b) Triceps
c) Digastric
d) FDS

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1899)d 1900) a 1901)d 1902)a 1903)c 1904)b 1905)c 1906)a 1907)a 1908)a 1909)b 1910)d 1911)b 1912)c
1913)c 1914) b 1915) d 1916)d 1917)c 1918)a 1919)a 1920)c 1921)c>b 1922)c 1923)b 1924)c



PHYSIOLOGY

PHYSIOLOGY

INTRODUCTION

1. Cardiac muscle is able to function as a syncytium because of the structural presence of - *(ICS 2K)*
a) Branching fibres
b) Intercalated disc
c) Protoplasmic bridges between cells
d) Gap-junctions

2. The largest amounts of prostaglandins are seen in-
a) Seminal fluid b)CSF *(AIIMS86)*
c) Blood d) Urine

3. Calcium binding protien is - *(AIIMS 86,90)*
a) Troponin-C b) Calsecritin
c) Calsequestrin d)All

4. Tropomyosin is a.....of molecular weight..... -
a) Albumin, 24000 *(AIIMS 85)*
b) Globulin, 54000
c) Globulin, 71000
d) Globulin, 51000

5. Osmolarity is - *(JIPMER 98)*
a) Osmolarity per kg of solvent
b) Osmolarity per litre of solvent
c) Moles per kg of solvent
d) Moles per litre of solvent

6. Clathrine mediates - *(AIIMS 2001)*
a) Receptor mediated endocytosis
b) Exocytosis
c) Pericytosis
d) Mesocytosis

7. The motility of cell's is due to protein- *(AIIMS 96)*
a) Motilin b) Tubulin
c) Laminin d)Tactilin

8. Which is true about resting membrane potential of the nerve - *(A191)*
a) Can be measured by applying electorde over the nerve fibre
b) Potassium (Extracellular) mainly contributes
c) Equal to the resting membrane potential of the muscle
d) Reduction of RMP Inhibits a voltage dependent increase in sodium Ion permeability.

9. Nernst equation deals with - *(JIPMER 92)*
a) Oxygen uptake b) Chloride shift
c) Cellular ATP levels d) Plasma bicarbonate level

10. All are true about sodium potassium pump except -
a) Needs ATP *(AIIMS 92)*
b) is inactive at 4°C
c) is elecrogenic
d) Needed for generation of action potential

11. HMG Co - enzyme A is not a co-enzyme in the intermediate metabolism of - *(AIIMS 92)*
a) Thromboxane b) Leucine
c) Pyruvate d) Cholestrol

12. Resting membrane potetial is close to the Isoelectrical potential of - *(AI93)*
a) Na^+ b) Mg++
c)K^+ d)Cl-

13. Chemical gradient across cell membrane is maintained chiefly by - *(JIPMER 93)*
a) Na^+ b) Ca++
c)K^+ d)CP

14. The quantity of water lost as sweat per day is -
a) 100 to 200 cc b)600to800cc *(AMU 91)*
c) 1000 to 1200 cc d) Above 1200 cc

15. Production of c-AMP from ATP requires -
a) ATP ase *(JIPMER 81,Delhi 86, 62)*
b) Adenylate cyclase
c) CAMP synthetase
d) None

16. How many pKa values does orthophosphoric acid possess - *(JIPMER 70, Bihar 91)*
a) One b)Two
c) Three d)Four

17. A substace on I.V. injection was found to be distributed through thirty percent of body water. It Probably- *(PGI79, DNB 88)*
a) Did not pass freely through blood capillaries
b) Was distributed evenly throughtout body water
c) Did not enter cells of body
d) Was exculuded form CSF

18. What provides most of the energy that is used to Maintain a normal resting membrane potential of about 70 millivolts inside the neuronal cell -
a) The potassium pump *(AIIMS 80, PGI 03)*
b) The chloride pump
c) The sodium pump
d) Diffusion of chloride ions

19. The ionic channels in excitable membrane are lined by- *(AIIMS 84)*
a) Cephalins b) Proteins
c) Lipids d) Carbohydrates

20. A solution cantains 1 gram-mole of magnesium sulfate per liter. Assuming full ionization of this compound, calculate the osmotic pressure of the solution (lmosmole/liter concentration is equivalent to 19.3 mm.Hg osmotic pressure) - *(AIIMS 86)*
a) 19.3 mm Hg b)3.86mmHg
c) 19.300 mm Hg d)38.600mmHg
e) 57.900 mm Hg

21. The emeiocytosis or reverse pinocytosis requires which ion - *(AIIMS 84, PGI83, 84)*
a) Na^+ b) K^+
c) Ca++ d) Mg++

22. Sodium channels are specifically blocked by -
a) Nifedipine b) Tetradotoxin *(AIIMS 85)*
c) Tetra Ethyl lead d) Choline

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l)d 2) a 3) a 4)c 5)b 6) a 7)b 8)c 9)b 10)d ll)a,c 12)d 13)c 14)a
15) b 16)c 17) c 18) a 19)b 20)d 21)c 22)b

23. **If potassium levels are 39 mg % calculate the same in meq/1 -** *(AIIMS 80, DELHI 85)*
a) 1 b)3.9
c) 10 d) 100

24. **D_20 (Deuterium oxide) is used to measure volume of -** *(AIIMS 87, AIIMS 91)*
a) Blood b) Total body water
c) extacellular fluid d) Intracellular fluid

25. **Potassium is maximum in -** *(PGI 82, 84, 90)*
a) Cell b) Plasma
c) interstitium d) Bone

26. **Total body sodium in meq/kg is -** *(PGI 82)*
a) 41 b)58
c) 70.7 d)91.0

27. **On weight basis, the membrane contains protein and lipid in the ratio of -** *(AIIMS 85)*
a) 1:2 b) 1:1
c) 2:1 d)4:1

28. **When solvent is moving in one direction, the solvent tends to drag along some molecules of solute. This is called -** *{PGI 81, AMU 86)*
a) Filtration b) Osmosis
c) Donnan effect d) Solvent drag

29. **Bound K^+ is mainly found in following except-**
a) Brain b)Bone *{AMU 86)*
c) RBC's d) Platelets

30. **The non-ionic diffusion in body is seen in -**
a) Gut b) Kidneys *(AIIMS 93)*
c) Both d)None

31. **For sodium - potasium pump the coupling ratio is -**
a) 1:1 b)2 :3
c) 3 :2 d) 1:4

32. **Plasma K^+ constitute what percentage of total body potassium -** *{AIIMS 86, JIPMER 01)*
a) 0.4% b) 7.6 *%*
c) 10.4% d) 89.6 *%*

33. **In a man weighing 70 kg, water content of body is -** *{JIPMER 80, AMC 84)*
a) 20-30L b) 30-40 L
c) 40-45 L d) 50-60 L

34. **Osmolality of plasma in a normal adult (in m Osm/L) is -** *{Delhi 87, AMC 82, A106)*
a) 250-270 b) 270-290
c) 300-310 d)310-330

35. **Cell shape & motility are provided by -** *{AI95)*
a) Microfilaments b) Microtubules
c) Golgi apparatus d) Nucleus

36. **Oncotic pressure of plasma is due to -** *{TN95)*
a) albumin b) Preabumin
c) Electrolytes d) Fibrinogen

37. **Cells involved in active protein synthesis have-**
a) Increased mitochondria *{AI97)*
b) Increased Rough Endoplasmic reticulum
c) Increased gogli apparatus
d) Increased lysosomes

38. **ECF forms what percentage of body wieght -**
a) 10% b)25% *{AI97)*
c) 33% d) 60 *%*

39. **Calmodulin activates -** *{TN99)*
a) Muscle phosphorylase b) Protein kinase
c) 2,3 DPG d) Glucokinase

40. **Not true regarding Na7K^+ pump is -** *{AIIMS 99)*
a) Pumps Na^+ against a gradient
b) 5 Na^+ exchange for 2K^+
c) Increase in intracellular Na^+
d) Hypocalcemia inhibits the pump

41. **The following is an example of 'Regulated pathway'-**
a) Constitutive exocytosis *(JIPMER 2002)*
b) Receptor mediated endocytosis
c) Constitutive endocytosis
d) Non constitutive exocytosis

42. **Following are true about G protein except-** *(PGI98)*
a) G channels
b) Phosphorylase formation
c) Made up of 4 units
d) Related to ras oncogene

43. **True about facilitated diffusion are A/E -** *(PGI 98)*
a) Occur in direction of concentration gradient
b) Does not require energy
c) Occur in direction opposite to electrical gradient
d) Facilitated by charge of molecule

44. **Regarding transport of Ca^ across a membrane following are true -** *{PGI 03)*
a) Ca^ calmodulin binding
b) It is a passive mechanism
c) Required hydrolysis of A.T.P.
d) It is a symport
e) It is an active process

45. **Receptors on cell membrane that activate ion channel after binding with agonists are -** *{PGI 03)*
a) Nicotonic Cholinergic b) Muscarinic Cholinergic
c) Optoid receptors d)$GABA_A$
e) GAB An

46. **Simulation of post ganglionic sympathetic neurons leads to -** *(PGI 02)*
a) Fast EPSP b) Slow EPSP
c) FastIPSP d) Slow IPSP
e) Very slow EPSP

47. **Action of calmodulin is -** *(PGI 02)*
a) Ca_2^+ dependent
b) Through calmodulin dependent kinases
c) Through CAMP dependent kinases
d) Through CGMP dependent kinases

48. **Which of the following statements is true regarding basal metabolic rate -** *(PGI 01)*
a) Increased in starvation
b) It is not influenced by hormonal changes
c) It is not affected by dietary changes
d) Decreased by 50% in starvation
e) It is not affected by energy expenditure

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23) c 24) b 25) a 26) b 27) c 28) d 29) d 30) c 31)c 32) a 33) c 34) b 35) b 36) a
37) b 38) b 39) b 40) c 41) d 42) c 43) c 44)c,e 45) a,d 46)a,b,d 47)a,b 48) None

49. **TVue about membrane receptors -** *(PGI2000)*
a) Barrier function b) For specific action
c) Molecular transport d) None

50. **Exocytosis -** *(PGI2000)*
a) Extrusion of cell bound vesicles
b) Intrusion of liquid particles
c) Instrusion of solid particles
d) All of the above

51. **In isometric exercise the following changes occur except-** (*Jipmer03)*
a) Increase in muscle tone
b) Staircase phenomenon
c) Summation of contractions
d) Relaxation heat

52. **The cell junctions allowing exchange of cytoplasmic molecules between the two cells are called - (***AI03)*
a) Gap junctions b) Tight junctions
c) Focal junctions

53. **Most accurate measurement of extracellular fluid volume (ECF) can be done by using - (***AIIMS 03)*
a) Sucrose b) Mannitol
c) Inulin d) Aminopyrine

54. **Smooth muscle are not pain sensitive to -**
a) Cutting b) Distension (*UPpgmee04)*
c) Low chloride d) Torsion

55. **Amongst the muscles, skeletal muscle is the most excitable tissue because -** *{Kerala 04)*
a) There are two "T: tubules per sarcomere and has well developed sarcoplasmic reticulum
b) It is suplied by large myelinated nerve fibres
c) It is nerve regulated
d) None of the above

56. **Energy producing enzymes are located in -**
a) Rough endoplasmic reticulum *{Karnataka 02)*
b) Ribosomes
c) Golgi apparatus
d) Mitochondria

57. **Which one of the following statements is true for excitatory postsynaptic potentials (EPSP) -** *{AI03)*
a) Are self propagating
b) Show all or none response
c) Are proportional to the amount of transmitter released by the presynaptic neuron
d) Are inhibitory at presynaptic terminal

58. **The intrafusal fibres of the striated skeletal muscles are innervated by one of the following type of motor neurons, Choose the correct answer**
a) Alpha b)Beta *{AIIMS 04)*
c) Gamma d) Delta

59. **The force of muscle contraction can be increased by all of the following except -** *{AI 04)*
a) Increasing the frequency of activation of motor units
b) Increasing the number of motor units activated
c) Increasing the amplitude fo action potentials in the motor neurons
d) Recruting larger motor units

60. **Duchenne muscular Dystrophy is a disease of -**
a) Neuromusculer junction *{A104)*
b) Sarcolemal proteins
c) Muscle contractile protein
d) Disuse atrophy due to muscle weakness

61. **In skeletal muscle, actin is bound to Z line by -**
a) Titin b)Desmin *{J&K05)*
c) Actinin d) Tropomyosin

62. **True regarding RMP is all except -** *{SGPGI05)*
a) -70 mV in neurons
b) Is due to K^+ ions
c) Na^1 - K^1 pump 3 Na^+out of cell & $2K^+$ inside
d) Ka^+ - K^+ pump $3K^+$ out of cell & 2 Na^+ inside of cell

63. **Gap junctions are found in -** *{AMU05)*
a) Intestine b) Brain
c) Kidney d) Cardiac muscles

64. **K^+ homeostasis in human is -** *{PGI June 05)*
a) Most of the K+ are intracellular
b) Most of the K+ are extra cellular
c) An essential electrolyte for different organ function
d) Actively secreted in the distal tubule
e) It maintains the Na^+ K^+ ATPase activity

65. **The process by which fusion of part of a cell membrane occurs is/are -** *{PGI June 05)*
a) Cell division b) Endocytosis
c) Exocytosis d) Virus replication

66. **Lysozymes are found in ■** *{PGI June 05)*
a) Eukaryotes b) Prokaryotes
c) Plants d) Bacteriophage
e) Virus

67. **In a neuron, graded electrogenesis occurs at -**
a) Soma - dendritic zone *{J &K 05)*
b) Initial segment
c) Axon
d) Nerve ending

68. **Clathrins used in -** *{MAHA 05)*
a) Receptor mediated endocytosis
b) Exocytosis
c) Cell to cell adhesion
d) Plasma membrane

69. **Time taken for electrical conduct from SA node to AV node in ECG is -** *{Orrisa 05)*
a) PR interval b) ST segment
c) QT interval d) Cannot be determined by ECG

70. **All of the following transport process follow 'saturation kinetics[9] except -** *{AIIMSNO V05)*
a) Facilitated diffusion
b) Na^+ - Ca^{2+} exchanger
c) Simple diffusion
d) Na+ coupled active transport

71. **Which one of the following molecules is used for cell signaling -** *(AI 05)*
a) $C0_2$ b) 0_2
c) NO d) N,

49) b,c 50) a 51)d 52)a 53)c 54)a 55)a 56)d 57)c 58)c 59)c 60)b 61)c 62)d
63) d 64) a,c 65) b 66)a,c,d 67) a 68) a 69) a 70) c 71) c

72. All of the following enzymes are active within a cell except- *(AIIMSMay 05)*
a) Trypsin b) Fumerase
c) Hexokinase d) Alcohol dehydrogenase

73. Synaptic potentials can be recorded by -
a) Patch clamp technique *(AIIMS May 05)*
b) Voltage clamp technique
c) Microelectrode
d) EEG

74. Intracellular receptors are found in- *(PGI June 06)*
a) Insulin b) Glucagon
c) Corticosteriods d) Androgen
e) Thyroxine

75. True statements about ions composition in body -
a) Intracellular & Extracellular ions compositions are same *(PGI June 06)*
b) Phosphorus and Mg'[H]' are major ions intracellularly
c) Na^+, Ch principal ions in E.C.F.
d) Kidney tightly regulates Na^+, K^+, Cl" composition

76. Amplitude of action potential is predominantly determined by-
a) Equilibrium potential of Na+
b) Equilibrium potential of K+
c) Equilibrium potential of CL
d) Equilibrium potential of $HC0_3$

77. Skeletal frame work of a cell is maintained by -
a) Nucleus b) Microtubules *(Manipal 06)*
c) Ribosomes d) Mitochondria

78. Transcytosis occurs in - *(Karnataka -PG MEE 06)*
a) Epithelial cells of intestine
b) Neuroglia
c) Neuron
d) Axonlemma

79. In an adult man weighing 70kgs, the extracellular fluid volume will be about - *(Kam PG MEE 2006)*
a) 42L b)25L
c) 15L d)12 L

80. Hyponatremia has no effect on the RMP (resting membrane potential) because- *(Kam-PGMEE 06)*
a) The cell membrane is impermeable to Na^+
b) ECF Na^+ concentration is high
c) Intracellular K^+ concentration is high
d) Equilibrium potential for Na^+ is +60 mV

81. Glucose is co-transported with Na^+ ions. This is a type of- *{PGMCET 07)*
a) Secondary active transport
b) Primary active transport
c) Facilitated diffusion
d) Simple diffusion

82. NERST's potential of Na^+ is - *{PGMCET01)*
a) +61 b)-60
c) +90 d)-80

83. Protein attached to ^{6}Z' line in cardiac muscle, which is responsible for elasticity is - *{PGMCET 01)*
a) Troponin b) Tropomyosin
c) Titin d) Actin

84. Cell junction is smooth muscle is - *{PGMCET 01)*
a) Zonula adherens b) Macula adherens
c) Tight junction d) Gap junction

85. In the mucosal cells, triglycerides are formed primarily in the - *{Corned 08)*
a) Rough endoplasmic reticulum
b) Smooth endoplasmic reticulum
c) Golgi apparatus
d) Ribosomes

86. Agranular endoplasmic reticulum is involved in the synthesis of - *{AI07)*
a) Protein b) Lipid
c) Carbohydrate d) Vitamin D

87. For PCR which of the following is not required -
a) Taq polymerase *(AiimsMay07)*
b) d-NTP
c) Primer
d) Radiolabelled DNA probe

88. Waston and Crick are associated with - *(MAHE 07)*
a) Discovery of helical structure of DNA
b) Association of Helicobacter Pylori with Chronic Gastritis
c) Discovery of HIV virus
d) None of the above

89. Following tetanising stimulus given to a muscle there is an increased contraction. This is due to -
a) Recruitment phenomenon *(MAHE 07)*
b) Increased Ca^ influx into muscle fibers
c) Contraction of different muscle fibers at different places
d) All of the above

90. Bradykinin causes - *(UP 07)*
a) Stimulation of the visceral smooth muscle
b) Stimulation of the vascular smooth muscle
c) Inhibition of the visceral smooth muscle
d) Inhibition of the vascular smooth muscle

91. Function of Basement membrane is - *(UP 08)*
a) Excitation b) Contraction
c) Filteration d) Transport of anions

92. Equilibrium potential for an ion is calculated using-
a) Gibbs Donnan equation *(Aiims May 08)*
b) Goldman equation
c) Nemst equation
d) Henderson Hesselbach equation

93. Regarding transport of substances through the cell membrane, all are true except - *(Aiims May 08)*
a) Glucose is transported via facilitated diffusion
b) Active transport is an energy driven process
c) Facilitated diffusion requires energy
d) Facilitated diffusion requires carrier protein

94. Fick's law, flux of Geomembrane increased in -
a) Concentration across *(PGI June 08)*
b) Temperature
c) Increased size of molecule
d) Weight
e) Area

72) a 73) c 74)c,d,e 75)b,c,d 76) c 77) b 78) a 79) a 80) d 81) a 82) a 83) c 84) d 85) c 86) b 87) d 88) a 89) b 90) a 91) c 92) c 93) c 94)a,e

95. All of the following are used to measure ECG volume, except - *(DPGEE 08)*
a) Sucrose b) Sodium chloride
c) Inulin d) Heavy water

96. When extracellular potassium is increased from 4 meq to 10 meq what will happen - *(APPG 08)*
a) Resting membrane potential becomes more negative
b) Increase in conductance of sodium
c) Increase in conduction of potassium
d) Na+ K+ ATpase will be stopped

97. Na dependent glucose transport is/are inhibited by-
a) Oubain b)Na azide *(PGIDec08)*
c) Phlorhizine d) Phloretin

98. Increase in cytosolic calcium from intracellular storage, during smooth muscle contraction is/are due to - *(PGI Dec 08)*
a) CAMP b) CGMP
c) CCMP d) IP3-DAG
e) Ca^{2+} channel

99. What is/are effect on membrane when extracellular concentration of K^+ is decreased- *(PGI Dec 08)*
a) *i* magnitude of RMP
b) T negativity of the membrane
c) T magnitude of RMP
d) *i* negativity of membrane

100. Weber Fechner Law is - *(AIIMS Nov 08)*
a) Magnitude of stimulus strength perceived is approximately proportionate to the log of the intensity of stimulus strength
b) Magnitude of stimulus strength perceived is directly proportional to the intensity of stimulus strength
c) Threshold of receptor is directly proportional to stimulus strength
d) Threshold of receptor is inversely proportional to stimulus strength

101. Nitrogen narcosis is caused due *to-(AIIMSNov 08)*
a) Nitrogen inhibits dismutase enzyme
b) Increase production of nitrous oxide
c) Increased solubility of nitrogen in nerve cell membrane
d) Decrease in oxygen free radicals

102. All are second messengers except - *(AIIMS Nov 08)*
a) Guanylyl cyclase b) cAMP
c) IP3 d)DAG

103. Action potential is initiated at the Axon Hillock - Initial segment of the neuron because - ***(AI09)***
a) Threshold for excitation is lowest
b) Neurotransmitter is released at this site
c) It is an unmyelinated segment
d) Has lowest concentration of voltage gated sodium channels

104. All of the following are involved in the transmission of regulatory signals through the ECF, Except -
a) Synaptic signals through neurotransmitters
b) Endocrine signals through hormones *(AI 09)*
c) Direct contact through gap junctions
d) G protein coupled receptors

105. Muscle spindle detects - *(ARMSMay 09)*
a) Tension b) Length
c) Proprioception d) Stretch

106. Somatomedin mediates - *(ARMSMay 09)*
a) Deposition of chondroitin sulfate
b) Lipolysis
c) Gluconeogenesis
d) Decreased rate of glucose uptake by cells

107. cGMP is second messenger for which hormone (s) -
a) Somatostatin *(PGI June 09)*
b) Atrial natruretic factor
c) Angiotensin II
d) antidiuretic hormone (ADH)
e) Nitric Oxide (NO)

108. What is/are effect on membrane when extracelluler concentration of K^+ of decreased - *(PGI June 09)*
a) *i* magnitude of RMP
b) T negativity of the membrane
c) f magnitude of RMP
d) *i* negativity of membrane

109. About osteon which of the following statement(s) is/ are correct - *(PGI June 09)*
a) Present in compact bone
b) Concentric Lamallae is present
c) Haversian canal is present
d) Volkman's canal surrounded by concentric lamellae

110. True about Galvanic skin Response -*(PGI June 09)*
a) Indicator of thermal sweating
b) T by sweating because of sweat has electrolytes
c) Fall when sympathetic activity is high
d) Fall is associated with yogic practice

111. Osmotic pressure of 1 mol of ideal solute relative to pure water is - *(PGI June 09)*
a) 6.5 atm. b) 22.4 atm.
c) 4 atm. d) 2 atm.
e) latm.

112. The following is an example of a primarily inhibitory amino acid - *(Corned 09)*
a) Glutamate b) Aspartate
c) Glycine d) Somatostatin

113. Resting membrane potential of a neuron is -
a)-9 mV b)-50mV *(Corned09)*
c) -70mV d)-100 mV

114. Sarcomere is the area between - *(Corned 09)*
a) Two consecutive I bands
b) Two adjacent Z lines
c) A band and I band
d) Two H zones

115. Plasma ceruloplasmin is a - *(Corned 09)*
a) Alpha 1 globulin b) Alpha 2 globulin
c) Beta 1 globulin d) Beta 2 globulin

95)b 96)c 97)c 98)d,e 99)b,c 100)a 101)c 102)a 103)a 104)c . 105)b 106)a 107)b,e 108)b,c 109) a,b,c 110) a,b,c lll) b 112)c 113)c 114)b 115)b

116. Heme to bilirubin conversion is carried out by -
a) Haeme oxygenase *(Corned 09)*
b) Haeme reductaste
c) Haeme isomerase
d) Haeme hydrolase

117. Drug transport process that requires energy -
a) Active transport *(DELHIPG Mar 09)*
b) Passive diffusion
c) Conventive current
d) Pinocytosis

118. Major neurotransmitter released at end organ effectors of the sympathetic division of the autonomic nervous system - *(DELHI PG Mar. 09)*
a) Adrenaline b) Noradrenalin
c) Dopamine d) Acetylcholine

119. Which of the following transport processes is passive - *(DELHI PG Mar 09)*
a) Co-transport of Na^+ ion and a molecule into cell
b) Echange of K^+ ion outside the cell for Na^+ ion inside the cell
c) Flow of H_20 through cell membrane by osmosis
d) Uptake of molecules into cell by endocytosis

120. Ca^{2+} Channel blockers would have a significant effect on muscle function in - *(DELHIPG Mar 09)*
a) Skeletal muscle b) Smooth muscle
c) Both the above d) Neither

121. Which of the following is not true for cardiac and skeletal muscle fibers ? *(DELHIPG Mar 09)*
a) Both cardiac and skeletal muscles exhibit graded contraction
b) Excitation-contraction coupling in both depends upon increased intracellular Calcium
c) Excitation-contraction coupling is not dependent on extracellular Ca^{2+} in skeletal muscle
d) Cardiac action potential has a plateau and a longer refractory period

122. Synaptic transmission in the autonomic ganglion is usually : *(DELHIPG Mar 09)*
a) Adrenergic b) Peptidergic
c) Cholinergic d) Mediated by substance P

123. In peripheral tissues which of the following contains substance P - *(AIIMS Nov 09)*
a) Plasma cell b) Mast cell
c) Nerve terminal d) Vascular endothelium

124. Basal metabolic rate depends most closely on -
a) Lean body mass b) Body mass index *(AI10)*
c) Obesity d) Body surface area

125. Decreased basal metabolic rate is seen in - *(AI 10)*
a) Obesity b) Hyperthyroidism
c) Feeding d) Exercise

126. A twitch of motor unit is called - *(DPG10)*
a) Myoclonic jerk b) Tremor
c) Fasciculation d) Chorea

127. Which of the following is the most abundant diet of animal origin? *(Maharashtra 10)*
a) Phospholipids b) Cholesterol esters
c) Cholesterol d) Triglycerides

128. True about Nissl granule - *(PGIMay 10)*
a) Involves in RNA synthesis
b) Present in axon
c) Present in dendrite
d) Involves in protein synthesis
e) Structurally they are endoplasmic reticulum

129. All of the following statements about phagocytosis are true, except - *(AI 11)*
a) Amoeba and other unicellular protozoa make their living out of this
b) Used to ingest particles <0.5 microns in size
c) Used to ingest particles >0.5 microns in size
d) Digestion occurs within phagolysosomes

130. Acetylcholine acting on nicotinic receptors produces- *(Korn 11)*
a) Contraction of skeletal muscle
b) Secretion of saliva
c) Bradycardia
d) Pupillary constriction

131. Most commonly occurring amino acid in the collagen structure is- *(Karn 11)*
a) Serine b) Glycine
c) Hydroxyproline d) Proline

132. Most diffusible ion in excitable tissue is -
a) Na+ b)K+ *(Punjab 11)*
c) Ca++ d)Cl-

133. Nernst potential of Na^+ is - *(PUNJAB 11)*
a)+94 b)+61
c) -64 d)-94

134. Which is electrical synapse? *(PUNJAB11)*
a) Motor end plate b) Gap junctions
c) Tight junctions d) Pores of kahn

135. Second messenger for nitric oxide - *(Jipmer 10)*
a) cAMP b)cGMp
c) IP3-DAG d) Calcium

136. Magnitude of action potential is determined by -
a) Na+ b)Mg2+ *(Jipmer 10)*
c)K+ d)Ca2+

137. Total body water differences between male & female is not seen at the age of - *(Jipmer 11)*
a) Above 60 years b) 40 - 60 years
c) 10 - 18 years d) 18 - 25 years

138. Efferent neuron for skeletal muscle *is-*(Jipmer 11)
a) Alpha motor neuron b) Gamma motor neuron
c) la fibre d)Ib fibre

139. Receptor for stretch reflex is - *(Jipmer11)*
a) Muscle spindle b) Golgi tendon organ
c) Proprioceptors d) Golgi bottle neuron

140. The parameter that remains unchanged with advancement of age - *(Jipmer 11)*
a) Hematocrit b) Creatinine clearance
c) FEV d) Heart rate response to stress

141. Skeletal muscle contraction ends when -
a) Ions move out of cytoplasm *(NEET/DNB Pattern)*
b) Ach is absorbed frm the nmj
c) Closure and indrawing of receptors
d) Decreased calcium outside reticulum

116) a 117)a 118)b 119)c 120)b 121)a 122)a 123)c 124)a>d 125) a 126) c 127)d 128)c,d,e
129)b 130) a 131)b 132)b 133)b 134)b 135)b 136)a 137)d 138)a 139)a 140)a 141)d

142. Mitochondria have - (*NEET/DNB Pattern*)
a) Plasmid DNA
b) Circular DNA
c) Single stranded DNA
d) Double stranded circular DNA

143. Presynaptic facilitation is caused by- *(NEET/DNB*
a) Prolonged opening of calcium channels *Pattern)*
b) Prolonged opening of chloride channels
c) Prolonged opening of sodium channels
d) Prolonged closure of potassium channels

144. Most distinguishing feature between skeletal muscle and smooth muscle - *(NEET/DNB Pattern)*
a) Troponin b) Tropomyosin
c) Myosin d) Actin

145. Which is not an action of bradykinin -
a) Vasoconstriction *(NEET/DNB Pattern)*
b) Increased vascular permeability
c) Chemo attractant
d) Pain on injection

146. Which vitamin required for hydroxylation of proline-
a) A b)D *(NEET/DNB Pattern)*
c) C d)K

147. Volume of ICF in body - *(NEET/DNB Pattern)*
a) 0.2*body wt b) 0.4*body wt
c) 0.6*body wt d) 0.8*body wt

148. Pantothenic acid is needed for donating the following moiety - *(NEET/DNB Pattern)*
a) Acetyl co A b) Carboxyl
c) Hydroxyl d) H^+

149. Most potent anti oxidant - *(NEET/DNB Pattern)*
a) VitA b)VitK
c) VitE d)VitC

150. Nernst potential for K+ is - *(NEET/DNB Pattern)*
a)-f90 b) -90
c) +70 d)-70

151. Vit k helps in gamma carboxylation of following AA..
a) Glutamate b) Aspartate *(NEET/DNB Pattern)*
c) Glycine d) Alanine

152. RMP of nerve cell is equal to which ion's equilibrium potential..? *(NEET/DNB Pattern)*
a) K^+ b) Cl"
c) Na^+ d) Ca^+

153. Most osmotically active intracellular cation -
a) K^+ b) Na^+ *(NEET/DNB Pattern)*
c) Mg^{+2} d) Protein

154. Inward flow of Na^+ in heart leads to- *(NEET/DNB*
a) Plateu phase b) Action potential *Pattern)*
c) Repolarization d) No change

155. ICF is - *(NEET/DNBPattern)*
a) 14 L b) 20 % of body weight
c) 28 L d) 33% of body weight

156. ECF is measured by - *(NEET/DNBPattern)*
a) Inulin b) D_20
c) Evan's blue d)$3H_2Q$

157. Golgi tendon apparatus conveys message to cns, depends upon - *(NEET/DNB Pattern)*
a) Tension in muscleb) Length of muscle
c) Rapaidity of contraction d) Blood supply

158. In severe exercise, decrease in pH is due to -
a) Respiratory acidosis *(NEET/DNB Pattern)*
b) Lactic acidosis
c) H^+ retension
d) $HC0_3$'excretion

159. Water travelling from extracellular to intracellular is by - *(NEET/DNB Pattern)*
a) Co-transport b) Diffusion
c) Filtration d) Active transport

160. The cell junctions allowing exchange of cytoplasmic molecules between the two cells are called - *(AT 03, NEET/DNB Pattern)*
a) Gap junctions
b) Tight junctions
c) Focal junctions

161. Sarcomere extends between - *(NEET/DNB Pattern)*
a) A band & I band b) Two Z lines
c) Two I bands d) None

162. Actin's active site is covered *by-(NEET/DNB Pattern)*
a) Myosin b) Tropomyosin
c) Troponin d)Desmin

163. ECF is how much part of total body weigh- *(NEETZ*
a) One third b)Half *DNBPattern)*
c) Two third d)None

164. Number of golgi tendon organs per 100 muscle fibres - *(NEET/DNB Pattern)*
a) 1-20 b) 200400
c) 50-60 d) 80-100

165. Which of the following is used in exocytosis -
a) Ca b)Mg *(NEET/DNB Pattern)*
c) Na d)K

166. Contraction of muscle can be caused by -
a) Release of noradrenaline *(NEET/DNB Pattern)*
b) Release of acetylcholine
c) Release of serotonin
d) Release of histamine

167. Inner hair cells depolarises due to- *(NEET/DNB*
a) k +influx b)na influx *Pattern)*
c) k efflux d) Voltage gated ca channels

168. Which cell junction allows exchange of cytoplas mic molecules - *(NEET/DNB Pattern)*
a) Gap b) Tight
c) Anchoring d)None

169. Myosin filament has a fixed length of- *(NEET/DNB*
a) 0.16 nm b) 1.6 microm *Pattern)*
c) 16nm d) 1.6 mm

170. Energy currency of the cell is -*(NEET/DNB Pattern)*
a) Nucleotide diphosphate
b) Nucleotide triphosphate
c) Deoxynucleotide diphosphate
d) Nuceotide monophosphate

142) d 143) a 144)a 145)a 146)c 147)b 148)a 149)c 150)d 151)a 152)b 153)a 154)b 155)c 156) a 157) a 158)b 159)None 160)a 161)b 162)b 163)a 164)a 165)a 166)b 167)a 168)a 169)b 170) b

171. Which of the following is used in exocytosis-
a) Ca b) Mg *(NEET/DNB Pattern)*
c) Na d)K

172. Na/K pump which enzyme is used -
a) ATPase b)GTPase *(NEET/DNB Pattern)*
c) Acetyl Co A c)NADPH

173. Thin filament consists of all except-
a) Actin b) Troponin *(NEET/DNB Pattern)*
c) Myosin d) Tropomyosin

174. Which ion causes repolarization- *(NEET/DNB*
a) Magnesium b) Calcium *Pattern)*
c) Potassium d) Sodium

175. Nerve depolarization is due to- *(NEET/DNB*
a) Opening of sodium channels *Pattern)*
b) Opening of chloride channels
c) Opening of potassium channels
d) Opening of calcium channels

176. Osmolarity is defined as - *(NEET/DNB Pattern)*
a) Number of osmole per litre
b) Number of osmole per kg
c) Weight of solute per litre
d) Weight of solvent per litre

177. Number of golgi tendon organs per 100 muscle fibres- *(NEET/DNBPattern)*
a) 1-20 b) 200-400
c) 50-60 d) 80-100

178. Thin filament consists of all except- *(NEET/DNB*
a) Actin b) Troponin *Pattern)*
c) Myosin d) Tropomyosin

179. Insensible water loss per day is -*(NEET/DNB Pattern)*
a) 100 ml b) 300 ml
c) 700ml d) 1000ml

180. Strengthening muscle exercise-(AEis*T/DNB Pattern)*
a) Isotonic b) Isometric
c) Aerobic d) None

181. Plasma membrane is mainly composed of - *(NEET/*
a) Cholesterol b) Carbohydrate*DNB Pattern)*
c) Phospholipid d) Protein

182. Most permeable to pure phospholipid bilayer -
a) Oxygen b)Na *(NEET/DNB Pattern)*
c) Q d) Water

183. True regarding Na^+ ion - *(NEET/DNB Pattern)*
a) Responsible for Donnan effect
b) Responsible for Resting membrane potential
c) Responsible for Depolarization
d) Does not help other ions in transport

184. Glucose is co-transported with Na^+ ions. This is a type of - *(NEET/DNBPattern)*
a) Secondary active transport
b) Primary active transport
c) Facilitated diffusion
d) Simple diffusion

185. Action potential is - *(NEET/DNB Pattern)*
a) Decremental phenomenon
b) Doesn't obey all or none phenomenon
c) K^+ goes from ECF to ICF
d) Threshold stimulus is required

186. Type I muscle fibers are - *(NEET/DNB Pattern)*
a) Red b)Anerobic
c) Large d) Glycolytic

187. Catabolism of H_20_2 is carried out by -
a) Peroxisomes *(NEET/DNB Pattern)*
b) Mitochondria
c) Endoplasmic reticulum
d) Lysosomes

188. Most susceptible tissue to hypoxia -
a) Muscle *(NEET/DNB Pattern)*
b) Neurons
c) Hepatocytes
d) Myocytes

189. Energy is required in - *(NEET/DNB Pattern)*
a) Diffusion b) Osmosis
c) Active transport d) None

190. Major cation in ECF - *(NEET/DNB Pattern)*
a) Na b)K
c) $P0_4^{\ 2}$ d) Mg

191. Renshaw cell inhibition is - *(NEET/DNB Pattern)*
a) Feedback facilitation
b) Feed forward inhibhition
c) Feed forward facilitation
d) Feedback inhibhition

192. On weight basis, the membrane contains protein and lipid in the ratio of- *(NEET/DNB Pattern)*
a) 1:2 b) 1:1
c) 2:1 d)4:1

193. Na-K ATPase - *(NEET/DNB Pattern)*
a) 3 Na out/ 2K in b) 3Na in*J* 2K out
c) 2Na out/ 3K in d) 2Na in/3K out

194. Resting membrane potential is generated mainly by - *(NEET/DNB Pattern)*
a) Na^+ b) K^+
c) Cl- d) CA^{2+}

195. cAMP action mediates all except -
a) Glucagon *(NEET/DNB Pattern)*
b) Follicle stimulating hormone
c) Leutinizing hormone
d) estrogen

196. Blood flow to skeletal muscles (ml/min) -
a) 100 *(NEET/DNB Pattern)*
b) 200
c) 400
d) 800

197. A marker of Golgi apparatus is -
a) Galactosyl transferase *(NEET/DNB Pattern)*
b) Acetyl CoA synthetase
c) Pyruvate kinase
d) Malonyl CoA

171)a 172) a 173) c 174)c 175) a 176) a 177) a 178) c 179)b 180) a 181)d 182) a 183) c 184) a
185) d 186) a 187) a 188)b 189)c 190) a 191)d 192) b 193) a 194)b 195) d 196)d 197) a

198. Resting membrane potential of neuron is -
a) +70mv b)-70mv *(NEET/DNB Pattern)*
c) +90 mv d)-90mv

199. Which of the following increases particle diffusion across the cell membrane? *(NEET/DNB Pattern)*
a) Increasing size of particle
b) Decreasing lipid solubility of substance
c) Increasing lipid solubility of substance
d) Decreasing size of opening in cell membrane

200. When sodium enters cells -*(NEET/DNB Pattern)*
a) There is spike in action potential
b) There is plateu in action potential
c) There is repolarization
d) There is hyperpolarization

201. Cell volume & shape is maintained by -
a) Goldman effect *(NEET/DNB Pattern)*
b) Gibbs - Donnan effect
c) Singer's effect
d) None

202. Tetanic contraction is due to accumulation of -
a) Na^+ b) Ca^{2+} *(NEET/DNB Pattern)*
c) K^+ d) Cl*

NERVOUS SYSTEM

203. Motor area in cerebrum is mainly associated with-
a) Performing all voluntary movements *(Delhi 93)*
b) Performing an involuntary movements
c) Executing fine movements
d) Controlling all motor activity

204. The following is a neurotransmitter -*(JIPMER 91)*
a) Serine b) Glutathoine
c) Glutamine d) Aspartate

205. Aqueous homour has composition very similar to CSF - *(JIPMER 81, AMC 85)*
a) Without the cells b) Without the Cl
c) Without the $HC0_3$ d) With high content of Cl'

206. CSF to plasma glucose ratio is normally - *(AI99)*
a) 2.0 to 2.4 b) 1.2 to 1.4
c) 0.6 to 0.8 d) 0.2 to 0.34

207. In Alzheimer's disease charactersitic lesion seen in- *(A197)*
a) Amygdaloid complex b) Nucleus of Meynert
c) Basal ganglia d) Peri ventricle

208. The Inability of the boys natural defence system to detect an abnoxious odour following long term exposure to the smell is called - *(Jipmer 81, PGI81)*
a) Olfactory fatigue b) Rhinoreaction
c) Rhinostenosis d) Rhinorrhoea

209. For the convergence of rays on to the retina, most important structure is - *(All India 97)*
a) Anterior surface of cornea
b) Lens curvative
c) Size of eye ball
d) Acquous humour

210. Refractive index of cornea is about - *(Delhi 80,89)*
a) 1.30 b) 1.33
c) 1.37 d) 1.42
e) 1.50

211. Colour vision is by- *(Kerala 94)*
a) Rods b) Cones
c) Occipital cortex d) Bipolar cells

212. Blind spot of mariotte is - **(***AP86)*
a) Fovea centralis b) Macula lutea
c) Optic disc d) None of the above

213. Near point of a 5 year old child is - *(KERALA 98)*
a) 5 cms b) 10 cms
c) 15 cms d) 25 cms

214. The most important constituent of endolymph is -
a) Sodium b) Potassium *(PGI 89)*
c) Chloride d) Protein

215. Primary visual field is situated around the.... sulcus-
a) Central b) Calcarine
c) Superior temporal d) Inferior ccipital

216. Kluver-Bucy syndrome is characterized by all except-
a) Korsakoff amnesia *(AIIMS 81, JIPMER 81)*
b) Apathy and placidity
c) Decreased sexual activity
d) Sham rage

217. EEG in parodoxical sleep is - *(AIIMS97)*
a) Low amplitude mixed frequency
b) High amplitude low frequency
c) Q - waves
d) Delta & Theta waves

218. Thalamus relay all sensory sensations except-
a) Touch b) Temperature *(JIPMER 98)*
c) Olfaction d) Auditory

219. Which one of the following regions of the body has the largest representation in cortical area -*(UPSC 97)*
a) Trunk muscle b) Muscles of forearm
c) Muscles of mastication d) Muscles of thumb

220. In normal CSF glucose is - *(SCTIMS 98)*
a) 2/3 blood level b) 1/3 blood level
c) Equal to blood level d) None of the above

221. Lowest representation in sensory cortex is for-
a) Thumb b) Genitalia
c) Tongue d)Face

222. While doing a neurosurgery, the paracentral lobule was accidentally damaged. It will lead to which of the following - *(AIIMS 2K)*
a) Hemiplegia
b) Monoplegia
c) Involvement of the perineum and lower limbs
d) Quadriplegia

223. Function of the thalamus is - *(AIIMS 92)*
a) Relay centre b) Arousal
c) Pain perception d) Pain localisation

198)b 199)c 200)a 201)b 202)b 203)a 204)d 205)a 206)c 207)b 208)None 209)a 210)c 211)b
212)c 213)a 214)b 215)b 216)c 217)a 218)c 219)c 220)a 221)c 222)c 223)a

224. Weber-Fechnar law is - *(All India 97)*
a) Mangitude of sensation is proportional to number of receptor stimulated
b) Mangitude of sensation is proportional to amplitude of action potential or receptor
c) Mangitude of sensation is proportional to logarithm of intesity of stimulus
d) Intensity of frequency of stimulus

225. "Spatial distortion" is common is disorders of -
a) Dominant parietal lobe *(PGI81, AIIMS 84)*
b) Non-dominant parietal lobe
c) Dominant temporal lobe
d) Non-dominant temporal lobe

226. Deja Vu is seen in - *(Kerala 94)*
a) Normal persons b) Temporal lobe epilepsy
c) Psychosis d) All of the above

227. Shivering is abolished during general anaesthesia by- *(AI91)*
a) Cerebrum b) Thalamus
c) Hypothaimus d) Vasomotor centre

228. The receptors of pain is - *(PGI 85)*
a) Ruffini organs b) Meckel's bodies
c) Golgi bodies d) Free nerve endings

229. Parasympathetic nerve supply of heart comes through - *(AIMS 81, TN 90)*
a) Phrenic nerve b) Spinal accessory nerve
c) Vagus nerve d) None of the above

230. First relay station of pain is - *(AIIMS 80, PGI 81)*
a) Spinal cord b) Medulla
c) Pons d) Thalamus

231. Superficial reflexes are - *(PGI85, NIMHANS 87)*
a) Corneal b) Plantar
c) Ankle d) Hoffmans
e) Jaw

232. Percentage of sensory fibres in a pure motor nerve is - *(PGI 87, JIPMER 86)*
a) 0% b) 10%
c) 2% d)40%
e) 25%

233. Enzyme involved in acetylcholine synthesis is -
a) Choline acetyl transferase *(Jipmer 86)*
b) Choline esterase
c) Pseudo cholinesterase
d) Glycine

234. Inhibition of the spinal cord may be brought about by- *(AI88)*
a) Glutamic acid b) Aspartic acid
c) Glycine d) Strychinine

235. Somatostatin is produced in the -
a) Hypothalamus b) Anterior pituitary
c) Delta cells of pancreas d) Alpha cells of pancreas

236. Beta endorphines are found in high concentration in-
a) Substantia gelatinosa b) Post pituitary
c) Spinal cord d) Medulla

237. The neuromuscular transmitter is - *(AI89)*
a) Dopamine b) Epinephrine
c) Norepinephrine d) Acetyl choline

238. Melatonin is secreted by - *(AI 89)*
a) Hypothalamus b) Adrenal cortex
c) Pineal gland d) Melanocytes

239. The satiety centre is located in the - *(ARMS 85)*
a) Dorsomedian nucleus of hypothalamus
b) Ventromedian nucleus of hypothalamus
c) Perifomical region
d) Lateral hypothalamic area

240. Lesions in... lead to sensory ataxia -
a) Posterior column b) Vermis
c) Floculo-nodular lobe d) Vestibular apparatus

241. Crude touch sensations are carried by -
a) Lateral spinothalamic tract
b) Ventral spinothalamic tract
c) Posterior columns
d) Pyramidal tracts

242. The basic postural reflex is -
a) Corssed extensor reflex
b) Golgi tendo reflex
c) Stretch reflex
d) Positive supporting reflex

243. Transection of medullary pyramid result in -
a) Hypotonia b) Atrophy of muscles
c) Forced grasping d) Positive babinski sign

244. What is the mechanism by which infection causes fever- *(TN90)*
a) Increased heat production and decreased heat loss
b) Decreased heat production and decreased heat loss
c) Pyrogens action dependent on hypothalamus
d) None of the above

245. Damage to sensory area 1 of the cerebral cortex results in - *(ARMS 82)*
a) Loss of perception of pain
b) Loss of tactile and two point discrimination
c) Loss of perception of touch
d) Loss of only tactile discrimination

246. Vomiting centre is situated in the - *(TN 90)*
a) Hypothalamus b) Amygdala
c) Pons d) Medulla

247. Pain producing substance is - *(Jipmer 90)*
a) Serotonin b) Substance P
c) Histamine d) Acetyl choline

248. Swallowing centre is situated in - *(Jipmer 90)*
a) Midbrain b) Pons
c) Medulla d) Cerebellum

249. Pyrogens raise body temperature by - *(AI90)*
a) Setting the thermostat to higher level
b) Releasing interleukins
c) Decreasing peripheral heat liberating mechanism
d) causing peripheral vasoconstriction

250. Medial geniculate body is concerned with -
a) Hearing b) Vision *(Kerala 90)*
c) Smell d) Taste

224) c 225) b 226) d 227) c 228) d 229) c 230) a 231)a,b,d,e 232) d 233) a 234) c 235) a,c 236) c
237) d 238) c 239) b 240) a 241)b 242) c 243) a,d 244) c 245) b 246) d 247)a,c,d 248) c 249) a,b 250) a

251. Skeletal muscle contraction requires all except -
a) Depends on action potential *(AJ 91)*
b) Recruitment of more number of fibres produces more contraction
c) Increase in the strength of action potential increase contraction
d) Local tension

252. Smell receptors are seen in - *(Kerala 91)*
a) Lower 1/3 of nasal mucosa
b) Upper 1/3 of nasal mucosa
c) Amygdaloid body
d) Cribriform plate

253. Smooth muscle has the following characteristic -
a) Threshold is higher *(Jipmer 91)*
b) RMP is greater
c) Action potential is greater
d) Chronaxie is longer

254. Which is caused by Acetylcholine through Nicotinic receptors - *(Jipmer 91)*
a) Contraction of Skeletal muscle
b) Descrease of heart rate
c) Secretion of Saliva
d) Contraction of pupils

255. The intensity of sensory stimuli is determined by -
a) Duration of latent period *(Jipmer 91)*
b) Amplitude of action potential
c) Frequency of action potential
d) Amplitude of generation potential

256. Nucleus gracilis and Nucleus cuneatus are the first synapse for -
a) Dorsal columns
b) Dorsa lateral tract
c) Ventral spino thalamic tract
d) Lateral spinothalamic tract

257. First change to occur in the distal segment of cut nerves - *(AllIndia 92)*
a) Myelin degeneration
b) Axonal degeneration
c) Mitosis of schwann cell
d) Sprouting

258. Action potentials are produced by - *(All India 92)*
a) Na^+ Influx b) Na^+ K^+ Influx
c) K^+ Influx d) K^+ efflux

259. Paccinian corpuscles are major receptors for -
a) Pressure b) Pain
c) Touch d) Temperature

260. Conduction in which type of nerve fibres is blocked maximally by pressure - *(JIPMER 92)*
a) C fibres b) A-alpha fibres
c) A-Beta d) A- gamma

261. Which structure in the eye is pain sensitive-
a) Iris b) Choroid *(JIPMER 92)*
c) Ciliary body d) All of the above

262. Spinothalamic tract transmits all the following sensations except - *(A ll India 93)*
a) Proprioception b) Pain
c) Temperature d) Touch

263. Increased Gamma efferent discharge is seen in all except: *(Jipmer 93)*
a) Jendrassik's maneruvre b) Anxiety
c) Rapid shallow breathing d) Stimulation of skin

264. Purkinje cell is a - *(Jipmer 93)*
a) Output cell b) Input cell
c) Inter neuron d) Connector neuron

265. In cerebellar disease all the statements are correct except - *(Jipmer 80, Delhi 87)*
a) The Romberg's sign is positive
b) There is Adiodokokinesia
c) There is pendular knee jerk
d) There is involuntary tremor

266. A stimulus event is called a reinforcer only if it canbe shown to - *(AIIMS 89)*
a) Produce reduction of a homeostatic need
b) Lead to increased probability of response
c) Serve as an unconditioned response for operant behaviour
d) Elicit the response that follows it

267. In addition to kidney counter current multiplier system is present in - *(AIIMS 81, Delhi 93)*
a) Crypts of gastric submucosa
b) Bone
c) Muscles
d) Skin

268. The electroencephalographic (EEG) curves are called - *(Jipmer 78, Delhi 87)*
a) ABCDE curves b) Berger's Rhythm
c) Neurogenic Rhythm d) REM Rhythm

269. Relation between nerve thickness and conditions velocity is - *(AIIMS 78, Delhi 90, 92)*
a) Linear b) Parabolic
c) Hyperbolic d) No relation

270. Motor area of Brodman's is area - *(Delhi 93)*
a) 1 b)4
c) 5 d)7

271. The Helmholtz theory of colour vision states that -
a) There are three kinds of cones in the retina responding to the three primary colours *(DNB 91)*
b) There are two kinds of cones called dominators and modulators.
c) There is only one kinds of cone and the colour is recognised only in area 17
d) There are seven types of cones responding to the seven colours of the spectrum.

272. Satiety centre in hypothalamus is regulated by- *(Delhi 92)*
a) Gastric dilatation b) Blood glucose levels
c) Blood insulin levels d) All of the above

273. The cerebellum - *(Jipmer 79, Nimhans 89)*
a) Has a totally inhibitory output from its cortex
b) Has only excitatory signal output form its deep nuclear layers
c) Has a conscious interpretation of motor activity
d) Has inhibitory influence on muscle tone in humans

251)c 252) b 253) d 254) a 255) c 256) a 257) b 258) a 259) c 260) c 261) d 262) a 263) c 264) a
265) d 266) b 267) d 268) b 269) a 270) b 271) a 272) b 273) a,b

274. The condition known as REM sleep is- *(Nimhans 88)*
a) That point at which the individual becomes aware and alert
b) Referred to as paradoxical sleep
c) Characterized by total lack of all muscular activity
d) Charactrized by slow high voltage regular EEG activity

275. Red colour blindness is called - *(AMU 92)*
a) Deuteranopia b) Protanopia
c) Protanmaly d) Deuteranomaly

276. True visceral pain arise from - *(PGI80, AMU87)*
a) Distension b) Mechanical irritation
c) Excessive heat d) Compression
e) Chemical stimulation

277. EEG rhythm recorded from the surface of the scalp during REM sleep - *(AIIMS86)*
a) Alpha b)Beta
c) Delta d) Theta

278. Interneurons neurons are - *(AMC89)*
a) Essential part of stretch reflex
b) Essential part of all reflexes
c) Always excitatory
d) Always inhibitory
e) None of the above

279. Intraocular fluid- *(AIIMS88)*
a) Is produced at the canal of schlemm
b) Is reabsorbed by ciliary process
c) Helps to maintain the curve of cornea
d) None of the above

280. Non myelinated axons differ from myelinated in that they - . *(AIIMS 79, Bihar 89)*
a) Are more excitable
b) Lack nodes of Ranvier
c) Are not capable of regeneration
d) Are not associated with Schwann cells

281. What is true regarding the gamma efferent neuron - *(JIPMER 80, ROHTAK 85)*
a) An 'A' group motor neuron with a smaller diameter than that of alpha efferent neurons
b) Innervates intrafusal fibres
c) Innervates muscle fibres that stretch annulospiral endings
d) All of the above

282. A unilateral upper motor neuron lesion in the internal capsule is best characterized by -
a) Diminished use of contralateral appendages below the lesion *(Nimhans 89)*
b) Muscle fasciculations
c) Ipsilateral hypotonicity
d) Flexion of the leg

283. Which of the following reflexes disappear in the absence of functional connections between the spinal cord and the brain ? *(PGI 81, DNB 92)*
a) Swallowing reflex b) Seating reflex
c) Withdrawal reflex d) Erection of penis
e) All of the above

284. The attenuation reflex is due to - *(AP 91)*
a) Contraction of tensor tympani
b) Contraction of stapedius
c) Contraction of tensor tympani and stapedius
d) Inward movement of the oval window

285. Muscle spindle is - *(AP 90)*
a) Receptor for a variety of multisynaptic reflexes
b) Receptor for myotatic or stretch receptor reflex
c) Occurs only in antigravity extensor muscles
d) Excited by both stretch and contraction of the muscles in which it is located.

286. In excitable cells, repolarization is closely associated with one of the following events -
a) Na efflux b) Na influx *(PGI 89)*
c) K efflux d)K influx

287. The EEG rhythm having lowest frequency is-
a) Alpha b)Beta *(Delhi87)*
c) Delta d) Theta

288. Most of the refraction that occurs in the eye occurs at the- *(UP 92)*
a) Anterior surface of cornea
b) Posterior surface of cornea
c) Anterior surface of lens
d) posterior surface of lens

289. An EEG- *(AIIMS 80, BHU 87)*
a) Provides indication of inteligence
b) Tends to show waves of smaller amplitude during deep sleep than of alert state
c) Show waves with a lower frequency during intense thought than during sleep
d) Is bilaterally symmetrical

290. The reticular formation is a diffuse collection of
a) Only sensory neurons *(JIPMER 79,*
b) Only motor neurons *BIHAR 89)*
c) Only autonomic centres
d) All of the above

291. The receptors in retina for those of blue, green and red wave lengths are called - *(TN 91)*
a) Modulators b) Trichomators
c) Dominators d) None of the above

292. Which of the following cortical layers is stimulated by the diffuse thalamocortical system - *(PGI82, 84)*
a) Layer 2 b) Layer 3
c) Layer 4 d) Layer 5
e) Layer 6

293. Decerebrate animal results from the following experimental procedure- *(Bihar 89)*
a) Removal of the cerebrum
b) Transection at the upper border of midbrain
c) Inter collicular transection
d) Section above the thalamus

294. A unique characterstic of smooth muscle is that- *(AIIMS 84)*
a) It can sustain a contraction for prolonged periods
b) Calcium is not required for contraction
c) Repetitive contractions are not possible
d) Myosin filaments are not required
e) ATP is required for contraction

274) b 275) b 276) a 277) a 278) e 279) c 280) b 281)d 282) a 283) a 284) c 285) b 286) c 287) c 288) a 289) d 290) d 291) b 292) c 293) c 294) a

295. Under resting conditions the ganglion cells of the retina discharge at approximately what rate?
a) One per second *(A1IMS 78,DELHI 80)*
b) Five per second
c) 25 per second
d) 125 per second
e) 1250 per second

296. Which of the following statement is not true -
a) Decorticate rigidity is greater than decerebrae rigidity *(AP 91)*
b) Righting reflexes are absent in the decrebrate animal
c) Visual righting reflex is present in a thalamic
d) Decorticate rigidity is seen only when the animal is at rest

297. The medium with highest refractive index in the eye is - *(PGI88)*
a) Cornea b) Nucleus of the lens
c) Cortex of the lens d) Aqueous humor

298. Where is motor activity probably initiated in the brain ? *(AIIMS80, UPSC 82)*
a) Motor cortex b) Premotor cortex
c) Basal ganglia d) Cerebellum

299. The most susceptible fibre to hypoxia is -*(Delhi 86)*
a) A b)B
c) C d) All are equally sensitive

300. The fibre which is the thickest in human nerve is - *(ALIMS 79, DELHI 89)*
a) Touch b)Pain
c) Temperature d) Proprioception

301. The optical power of the eye is-*(Jipmer 81,Delhi 83)*
a) 25 Dioptres b) 50 Dioptres
c) 60 Dioptres d) 75 Dioptres

302. Lowest most level of integration of stretch reflex is at- *(AMC 87)*
a) Cerebral cortex b) Medulla
c) Lower medulla d) Spinal cord

303. The visible range in electromagnetic spectrum for human eye is - *(JIPMER 81, 91, DELHI 84)*
a) 200-300 nm b) 310-340 nm
c) 370-740 nm d) 740-870 nm

304. Buerger waves (alpha waves) of EEG have the rhythm per sec of- *(PGI 84, DELHI 84, 89*
a) 04 b) 4-7 *AIIMS 8 7, MAHE 07)*
c) 8-13 d) 13-30

305. The percentage of pyramidal fibres which are unmyelinated - *(PGI 84)*
a) 20 b)35
c) 50 d)75

306. The usual voltage of alpha rhythm in (microvolts)-
a) 5 b) 40 *(AIIMS 80, DELHI 87*
c) 50 d) 60 *PGI81)*

307. Rhodopsin is most sensitive and least sensitive to
a) Violet light, red light *(AIIMS 79, PGI 80)*
b) Red light, violet light
c) Green light, red light
d) Blue light, green light

308. The average number of muscle fibres attached to one golgi tendon organ are - *(AIIMS 84)*
a) 1-3 b) 5-10
c) 10-15 d) 15-75

309. Stapes rests in - *(AIIMS 84)*
a) Round window b) Oval window
c) Tympanic membrane d) Basilar membrane

310. Weber fechner law deals with - *(DNB 88)*
a) Frequency discrimination
b) Receptive field organization
c) Intensity discrimination
d) Two point discrimination

311. The band which disappears on muscular contraction is - *(JIPMER 81, DELHI 82)*
a) H b)I
c) A d)Z

312. An important facilitatory neurotransmitter mediating coitus induced ovulation is - *(PGI 88)*
a) Dopamine b) Serotonin
c) Adrenalin d) Noradrenaline

313. The frequency of beta waves (per sec) in EEG is-
a) 04 b)4-7 *(Delhi 87)*
c) 7-13 d) 13-30

314. Spike duration is maximum in which nerve fibre-
a) A- alpha b) A- beta *(PGI 79, AMU 84)*
c) A-delta d)C

315. pH of CSF is - *(PGI81, UP 99)*
a) 7.13 b) 7.23
c) 7.33 d)7.40

316. What are some of the modalities of sensation that are detected by free nerve endings ?- *(AIIMS 86)*
a) Crude touch b) Pain
c) Tickle snesations d) Muscle stretch

317. Sham rage is produced when - *(AIIMS 85)*
a) Section is made at L2 vertebrae
b) Pons is removed
c) Medulla is removed
d) All the cortex is removed from the brain

318. If the red cones and the green cones are stimulated approximately equally. What colour will the person-
a) Red b) Yellow *(PGI 80)*
c) Green d) Purple
e) Blue

319. In parkinsonism tremor is - *(AIIMS 84)*
a) 6-8 per second b) 2 per second
c) 2-4 per second d) Uncountable

320. Flocculonodular lobe of cerebellum is concerned with- *(Kerala 94)*
a) Equilibrium b) Co-ordination
c) Baroreception d)Chemoreception

321. Vestibular fibres relay in - *(Kerala 94)*
a) Vermis
b) Lateral genticulate body
c) Flocculonodular lobe of cerebellum
d) Auditory cortex

295) c 296) a 297)b 298)b 299)b 300)d 301)c 302)d 303)c 304)c 305)b 306)c 307)c 308)c 309)b 310)c 311)a 312)b 313)d 314)d 315)c 316)a,b,c,d 317)d 318)b 319)a 320)a 321)c

322. All of the following relay in sensory cortex except-
a) Pain b) Touch *(Kerala94)*
c) Temperature d) Olfaction

323. Destruction of lateral nucleus of thalamus lead to
a) Aphagia b) Hyperphagia *(Kerala 94)*
c) Satiety d) Somnolence

324. One of the following is seen in auditory pathway-
a) Trapezoid body *(AllIndia 95)*
b) Lateral geniculate body
c) Genu of internal capsule
d) Lateral lemniscus

325. Which of the following nerve fibres is affected by local anaesthetics first - *(AllIndia 95)*
a) Type II b)A
c) B d)C

326. Unidirectional transport is seen across - *(AI96)*
a) Axon b) Synapse
c) Both of above d) None of above

327. Decreased hypothalamic function causes depressed levels of all of following hormones except- *(Delhi96)*
a) Gorwth hormone b) Prolactin
c) TSH d)ACTH

328. One of the following is a function of hypothalamus-
a) Swallowing *(Delhi96)*
b) Vomiting
c) Respiration
d) Homeostasis of temperature

329. Plateau phase of action potential is due to-
a) Na^+influx b)K^+efflux *(Assam 95)*
c) Na^+ Ca^slow channel d) All of the above

330. Normal resting membrane potential is -
a) -50 to-60 mv b)-80to-90mv
c) -lOOto-llOmv d)-30to-50mv
e) None

331. Best method to increase, the muscle strength is -
a) Isometric excercise *(Kerala 96)*
b) Isotonic excercise
c) Aerobic Isotonic excercise
d) Electrical stimulation

332. The receptors/buds responsible for carrying bitter taste sensation are situated - *(CUPGEE 96)*
a) At the tip of the tongue
b) Just behing the tip
c) At the sides
d) At the posterior aspect

333. Rheobase indicates - *(Karnat 96)*
a) Magnitude of the current
b) Rate of discharge
c) Velocity of nerve conduction
d) Specificity of impulse transmission

334. Warmth sensation is sensed by - *(Karnat 96)*
a) Pacinian capsule b) Meissneirs capsule
c) Raffine end organ d) Krauses end bulb
e) None of the above

335. Lesion of Caudate N^+ putamen : Chorea parkinsonison : lesion of Negrostriatal pathway isolated lesion of globus pallidus causes - *(AP 96)*
a) Chorea b) Athetosis
c) Tremor d) Flexion dystonia

336. All these are seen in a spinal reflex except -
a) Summation b) Fatigue *(AIIMS97)*
c) Memory d) Adaptation

337. Hypothalmus regulates all except - **(***AI97)*
a) Food intake
b) Temperature
c) Anticipatory rise in heart rate
d) Hypophysis

338. Alpha - wave in EEG is seen in - **(***PGI96)*
a) Sleep b) REM sleep
c) Awake state d) Mental work

339. Loss of feel of size & shape of a object is seen in lesion of - *(AIIMS 96)*
a) Tractus solitarius
b) Tractus cuneatus
c) Lateral spinothalamic tract
d) Cerebral cortex

340. In hippocampus EEG Waves are - *{A 198)*
a) Alpha wave b) Beta-wave
c) Theta-wave d) Delta wave

341. Group B fibre are - **(***AI98)*
a) Symapthetic preganglionic
b) Sympathetic post ganglionic
c) Parasympathetic preganglionic
d) Parasympathetic post ganglionic

342. Stereoanesthesia is due to lesion of - **(***AI93)*
a) Nucleus Gracilis b) Nucleus cuneatus
c) Cerebral cortex d) Spinothalamic tract

343. Phagocytosis in the CNS is done by - **(***AI98)*
a) Astrocytes b) Schwann cells
c) microglia d) Oligocytes

344. Nissl's substance is composed of - *{MAHE 98)*
a) Rough endoplasmic reticulum
b) Nerve cell vesicles
c) Aggregated mitochondria
d) Deposits of pigmented granules

345. An adolescent desirous of increasing his muscle mass is advised to - *{MAHE 98)*
a) Increase protein intake
b) Take steroids
c) Excercise the muscle
d) Electricity stimulate the muscle

346. All of the following manifestations are seen in cases of cerebeller damage in human beings except- *{ICS 98)*
a) Loss of non-declarative/reflexive memory
b) Loss of adjustment of vestibulo-ocular reflex
c) Static tremor and rigidity
d) Ataxia, atonia and asthenia

322) d 323) a 324) a,d 325) d 326) b 327) b 328) d 329) c 330) b 331)b 332) d 333) a 334) e 335) b
336) c 337) c 338) c 339) d 340) c 341) a,c 342) c 343) c 344) a 345) c 346) c

347. Circadian rhythm is controlled by- *(Kerala98)*
a) Supra chiasmatic nucleus
b) Hypothalamus
c) Thalamus
d) Pineal gland

348. A twitch of motor unit is called - *(AI99)*
a) Myoclonic jerk b) Tremor
c) Fasciculation d) Chorea

349. Prosap agnosia is- *(A199)*
a) Inability to recognise faces
b) Inability to draw
c) Inability to count
d) Inability to smell

350. Wallenberg degeneration is seen in - *(AIIMS 98)*
a) Proximal cut end of nerve with cell body
b) Distal cut end of nerve without cell body
c) Both the free ends of the cut nerve
d) All are true

351. Raised ECF K^+ levels seen in - *(TN 99)*
a) Endolymph b)Ectolymph
c) Aquous humour d) vitreous humour

352. Receptor which itself is a dendrite of a nerve -
a) Olfactory b) Gustatory (*TN99*)
c) Visual d) Hearing

353. Osmoreceptor is located at which site -
a) Anterior hypothalamus *(TN 99, AI 89)*
b) Renal dedulla
c) Carotid body
d) Atrial chamber

354. Crossed extensor reflex is a- *(JIPMER99)*
a) Withdrawal reflex b) Postural reflex
c) Monosynaptic reflex d) Sympathetic

355. Renshaw cell inhibition is an example of -
a) Feed-forward inhibition *(AIIMS 99)*
b) Oscillating motor activity
c) Circuit for bio feedback
d) All of the above

356. Arousal response is mediated by - *(MP 2K)*
a) Dorsal column
b) Reticular activating system
c) Spinothalamic tract
d) Vestibulo cerebeller tract

357. ATP needs- *(MP2K)*
a) Calcium b) Magnesium
c) Manganese d)Zinc

358. High twitch muscle fibres in comparison to low twitch muscle fibres are having more - *(AMC 2K)*
a) Mitochondria b)C-AMP
c) Cytoplasm d) Enzymes

359. In severe exercise muscle spasm occurs due to -
a) Accumulation of K+ *(UP2K)*
b) Accumulation of Acetylcholine
c) AccummulationofCa-H-
d) Depletion ATP

360. End plate potential follows which law -
a) All or none law *(Burdwan 2K, PGI88)*
b) Depolarisation
d)Hyperpolarisation
d)Propagation

361. While seeing a colour chart a colour blind male hasdecreased vision for red light colour which appear very light than that of other colours, which of the following is the likely anomaly in him?
a) Protanomaly b) Dutanomaly *(AI02)*
c) Tritanomaly d)Butanomaly

362. IPSP is due to - *(NIMHANS 01)*
a) C! influx b)K^+influx
c) Na^+ influx d) Ca^ influx

363. EPSP is due to - *(NIMHANS 01)*
a) K^+influx b)Na^+efflux
c) Na^+influx d) Ca^ influx

364. Sine qua non for cerebral cortex - *(NIMHANS 01)*
a) Stellate cells b) Pyramidal cells
c) Granular cells d) Basket cells

365. Initiation of impulse starts in - *(NIMHANS 01)*
a) Axon b) Axon hillock+initial segment
c) Cell body d) Dendritic tree

366. Bitter taste is mediated by action of- *(KERALA 01)*
a) Guanyl cyclase b)G protein
c) Tyrosine kinase d) Epithelial Na^+ chain

367. Skilled voluntary movement is initiated at -
a) Cerebral cortex (motor cortex) *(JIPMER02)*
b) Basal ganglia
c) Cortical association
d) Cerebellum

368. Human brain is more intelligent than monkey's brain due to - *(PGI 03)*
a) Larger brain
b) Increased compilations
c) Increased brain area compaired to body surface area
d) More blood supply

369. Function of microglia in CNS- *(PGI 03)*
a) Phagocytosis b) Myeline synthesis
c) Fibrosis

370. Function of Dendrites - *(PGI 03)*
a) It generates the action potential
b) Wave activity in E.E.G
c) Ted Retrograde firing
d) Ted Retrograde firing
e) Involved in memory

371. UMN includes- *(PGI 02)*
a) Pyramidal cells b) Peripheral nerves
c) Anterior horn cells d) Glial Cells
e)Schwann cells

372. Which of the following is most prone to hypoxic injury- *(PGI 2K, 99, Bihar03)*
a) Thalamus b) Hippocampus
c) Caudate nucleus d) Cerebellum

347) a 348) c 349)a 350)b 351)a 352)a 353)a 354)a 355)c 356)b 357)a 358)a 359)d 360)b
361)a 362)a 363)c 364)b 365)a 366)b 367)a 368)a 369)a 370)b,d,e 371)a 372)b

373. All are controlled by autonomic nervous system except - *(PGI2000)*
a) Aldosterone b) Insulin
c) GH d) Somatostatin

374. Functions of Basal ganglia include - *(PGI 02)*
a) Gross motor movements
b) Skilled motor movements
c) Maintenance of equilibrium
d) Emotional responses
e) Cortical arousal

375. Vasopressin secretion is increased by -
a) Alcohol *(NIMHANS01)*
b) Decreased ECF volume
c) Carbamazepine
d) Procainamide

376. The only sensory modality which does not reach the thalamus directly is - **(***UPSC 02)*
a) Proprioception b) Taste
c) Olfaction d) Pain and temperature

377. The rod receptor potential differs from other sensory receptors in that it shows - **(***UPSC 02)*
a) Depolarization
b) Decreased negativity
c) Increased conductance of Sodium
d) Hyperpolarization

378. Earliest, definite sign of death is - **(***Kerala 03)*
a) Absent brain stem reflexes
b) Stoppage of mucosal ciliary action in respiratory passage
c) Retinal anterior column break down
d) None of these

379. A person with intractable pain over the right leg is benefited by - **(.***Kerala 03)*
a) Right Spinothalamic tract cordectomy
b) Left Spinothalamic tract cordectomy
c) Right hemicordectomy
d) Left hemicordectomy

380. Emotional effect to a physical stimulus is given by -
a) Amygdaloid b) Cortex (*Jipmer03*)
c) Cerebellum d) Hippocampus

381. One of the following is intraneural secondary messenger - **(***Jipmer 03)*
a) Dopamine b) Cyclic AMP
c) GMP d) Calcium

382. Circadian rhythum is maintained by - (*Jipmer 04)*
a) Suprachiasmatic nucleus
b) Pre optic nucleus
c) Supraoptic nucleus
d) Thalamic nucleus

383. Gate system for pain control at - *{Jipmer 04)*
a) Substantia gelatinosa
b) Dorsal root ganglion
c) Both
d) None

384. The primary motor area for shivering is -
a) Cerebrum (*SGPGI04)*
b) Red nucleus
c) Ventromedial anterior hypothalamus
d) Dorsomedial posterior hypothalmus

385. The distance by which two touch stimuli must be separated to be perceived as two separate stimuli is greatest at - *(Karnataka 04)*
a) The lips b) The palm of the hand
c) The back of scapula d) The dorsum of the hand

386. Thirst is activated by - *(UPPGMEE04)*
a) Increased Angitension II level
b) Extracellular hyperosmolarity
c) Increaed ANP levels
d) Increased Renin levels

387. Strychnine acts by - *(SGPGI 05)*
a) Exciting all the excitatory synapses in the cord
b) Blocking inhibitory synapses
c) Being incorporated as substitute transmitter in monoaminergic synapses
d) Directly exciting the skeletal muscle fibrosis

388. Neurotransmitter involved in nigrostriatial pathway is - **(***SGPGI 05, AI89)*
a) Serotonin b) Dopamine
c) Cholinergic d) Adrenergic

389. Parasympathetic fibre arise from all the following cranial nerve except - *(SGPGI 05)*
a) Abducent b) Oculomotor
c) Vagus d)Glossopharyn

390. Nerve fibres innervating sweat glands release the following at their endings - *(SGPGI 05)*
a) Noradrenaline b) Acetycholine
c) Dopamine d) Histamine

391. Autonomic fibres are rich in which type of neurotransmitter - *(AMU 05)*
a) Acetylcholine b) Noradrenaline
c) GABA d) Epinephrine

392. Pacinian corpuscles are - *(AMU 05)*
a) Rapidly adapting touch receptors
b) Slowly adapting touch receptors
c) Temperature receptor
d) Pressure receptors

393. Number of neurons in enteric nervous system -
a) 100 million b) 10 million *(AMU 05)*
c) 1 million d) llakh

394. The function of the neocerebellum are -
a) Maintenance of equilibrium *(COMEDK 05)*
b) Servo correction of voluntary movements
c) Planning and programming of voluntary movements
d) Maintenance of muscle tone

395. Depression of level of consciousness in hypothermia starts when the core body temperature is below -
a) 36 degrees C b) 34 degrees C *(COMEDK 05)*
c) 33 degrees C d) 32 degrees C

373)a 374)b 375)b,c 376)c 377)d 378)a 379)b 380)b 381)a 382)a 383)b 384)d 385)c 386)b
387) b 388) b 389)a 390)b 391)a 392)a 393)a 394)c 395)d

396. 'A' wave in Electro Retinogram corresponds to activity in - *(COMEDK 05)*
a) Rods and cones b) Pigment epithelium
c) Ganglion cell layer d) Nerve fibre layer

397. Tissue with least chronaxie - *(MAHE 05)*
a) Smooth muscle b) Cardiac muscle
c) Skeletal muscle d) All the above

398. Pain receptors are found in - *(MAHE 05)*
a) Ventral horn b) Dorsal horn
c) Substantia nigra d) None of the above

399. Vagal stimulation causes the following effects except-
a) Increase in intestinal secretion *(Jipmer 05, UP 97)*
b) Constriction of intestinal musculature
c) Relaxation of bronchial musculature
d) Fall in the blood pressure

400. Section of the vagus nerve results in - **(***ICS 05)*
a) Increased rate of respiration
b) Decreased depth of respiration
c) Irregular breathing patterns
d) Increases in breath - holding time

401. Which one of the following sensory receptors is found in epidermis - **(***ICS 05)*
a) Merkel disc b) Meissner's corpuscles
c) Ruffini ending d) Pacinian corpuscles

402. All of the following are thermal modalities except- **(***PGIJune05)*
a) Cold receptor b) Warm receptor
c) Pain receptor d) Stretch receptor
e) Pressure receptor

403. Mechanism of analgesia is by - *(PGIJune05)*
a) Nociceptin stimulation
b) Nocistatin stimulation
c) VLRJ
d) Anadamide receptors
e) Nicotinic & cholinergic receptors

404. Which of the following sensations is most affected by cortical lesions - **(***J&K05***)**
a) Proprioception b) Temperature
c) Itch d) Crude touch

405. Heart rate increase with one of the following -
a) Stimulation of trigeminal nerve pain receptor
b) Increased intracranial tension *(APPGE 05)*
c) Decreased stimulation of Baroreceptors
d) Increased parasympathetic stimulation

406. An anterolaternal corodotomy relieving pain in right leg is effective because it interrupts the -
a) Left dorsal column *{AIIMSNO V05)*
b) Left ventral spinothalmic tract
c) Left lateral spinothalmic tract
d) Right lateral spinothalmic tract

407. Beta waveforms in electroencephalogram designate which of the following states of the patient-
a) Deep Anaesthesia *{AIIMSNOV05)*
b) Surgical Anaesthesia
c) Light Anaesthesia, eyes closed, relaxed
d) Awake/alert state

408. The fibers from the contralateral nasal hemiretina project to the following layers of the lateral geniculate nucleus - *(AI05)*
a) Layers 2,3 & 5. b) Layers 1,2 & 6.
c) Layers 1,4 & 6. d) Layers 4,5 & 6.

409. The parvocellular pathway from lateral geniculate nucleus to visual cortex is most sensitive for the stimulus of - *(AI 05)*
a) Color contrast
b) Luminance contrast
c) Temporal frequency
d) Saccadic eye movements

410. The first physiological response to high environmental temperature is - *(AI 05)*
a) Sweating
b) Vasodilatation
c) Decreased heat production
d) Non-shivering thermogenesis

411. Neuronal degeneration is seen in all of the following except - *(AI 05)*
a) Crush nerve injury b) Fetal development
c) Senescence d)Neuropraxia

412. Group A nerve fibers are most susceptible to -
a) Pressure *(AIIMS May 05)*
b) Hypoxia
c) Local anaesthetics
d) Temperature

413. Most afferent fibers from the lateral nucleus terminate in the primary visual cortex is - *(AI06)*
a) Layer 1 b) Layer 2 & 3
c) Layer 4 d) Layer 5 & 6

414. The blobs of the visual cortex are associated with-
a) Ocular dominance *(AI 06)*
b) Orientation
c) Color processing
d) Saccadic eye movements

415. The parvocellular pathway, from the lateral geniculate nucleus to the visual cortex, carries signals for the detection of - *(AI 06)*
a) Movement, depth and flicker
b) Color vision, shape and fine details
c) Temporal frequency
d) Luminance contrast

416. The maintenance of posture in a normal adult human being depends upon - *(AI 06)*
a) Integrity of reflex are
b) Muscle power
c) Type of muscle fibers
d) Joint movements in physiological range

417. The first reflex response to appear as spinal shock wears off in humans is - *(AI 06)*
a) Tympanic reflex b) Withdrawal reflex
c) Neck righting reflex d) Labyrinthine reflex

396) a 397)? 398) b 399) c 400) d 401) a 402) d,e 403)a,c,d,e 404) a 405) c 406) c 407) d 408) c 409) a 410)b 411) d 412) a 413)c 414)c 415)b 416)a 417)b

418. The hyperkinetic features of the Huntington's disease are due to the loss of - *(AI06, AIIMS 04)*
a) Nigrostriatal dopaminergic system
b) Intrastriatal cholinergic system
c) GABA-ergic and cholinergic system
d) Intrastriatal GABA-ergic and cholinergic system

419. The cell bodies of orexinergic neurons are present in - *(AI 06)*
a) Locus ceruleus b) Dorsal raphe
c) Lateral hypothalamic area d) Hippocampus

420. Axonotmesis includes discontinuity in- *(PGI June 06)*
a) Perineurium b) Epineurium
c) Endoneurium d)Axon
e) Myelin sheath

421. Functions of limbic system - *(PGI June 06)*
a) Emotion b) Memory
c) Higher function d) Planned motor activity

422. Conduction velocity (m/s) of nerve fibers carrying fast pain is about -
a) 120 b) 70
c) 30 d)2

423. The ^{6}C' type nerve fibers are highly susceptible to -
a) Hypoxia b) Pressure
c) Local anesthetics d) All of the above

424. In hypoxic damage to brain, which of the following is damaged most - *(HP 2006)*
a) Claustrum
b) Mamillary body
c) Layer of corpus callosum
d) Purkinje layer of cerebellum

425. Vibration sensation is mediated by -
a) Merkel's disc *(NIMHANS 06)*
b) Ruffmi's endogran .
c) Paccinian corpuscle
d) Meissner's corpuscle

426. Impotence is seen with which lesion of spinal cord? *(PUNJAB 2006)*
a) Upper lumbar b) Lower sacral
c) Upper thoracic d)None

427. Which of the following is released from hypothalamus- *(APPG2006)*
a) Cortisol releasing hormone
b) Neuropeptide
c) Orexin
d) Ghrelin

428. Kluver bucy syndrome is due to the lesion in which of the following structure- *(APPG 06, UP 04)*
a) Amygdala b) Hippocampus
c) Hypothalamus d) Temporal lobe

429. Lesion in Wenicker's area results in -
a) Global aphasia
b) Non-fluent aphasia
c) Conduction aphasia
d) Failure of comprehension of spoken or written words

430. Nicotinic acetylcholine receptors - *(Manipal 2006)*
a) Myocardium
b) Motor end plates
c) Prejunctional sympathetic neurons
d) Neuromuscular junction

431. Phantom limb phenomenon is explained by -
a) Law of proj ection *(PGMCET 0 7, AIIMS 05)*
b) Webers law
c) Fechner's law of degeneration
d) Pascals law

432. Red cones in fovea are sensitive to which wavelength-
a) 460 nm b)480nm (*PGMCET0T1*)
c) 520 nm d)560nm

433. EEG in a male fully awake with eyes closed, electrodes placed at occipital position will record: (*PGMCET 01, Kerala 97, Jipmer 92)*
a) a waves b) (5 waves
c) y waves d) 8 waves

434. The principle that is the spinal cord dorsal roots are sensory and the ventral roots are motor is known as - *(Corned 07)*
a) Laplace's law b) Bell-Magendle's law
c) Frank Starling's law d) Weber-Fechner's law

435. Cutaneous vasocontriction is mediated by -
a) Sympathetic adrenergic nerves *(Corned 07)*
b) Sympathetic cholinergic nerves
c) Parasympathetic cholinergics
d) Somatic nerves

436. Which of the following types of nerve fibers carry pain - *(Corned 08, 07)*
a) Aa b)AP
c) Ay d)A8

437. The raphe nuclei located in lower pons and medulla secrete the following neurotransmitter-f*Corned 08)*
a) Norepinphrine b) Dopamine
c) Serotonin d) Acetycholine

438. Broca's area is concerned with - *(AI07)*
a) Word formation b) Comprehension
c) Repetition d) Reading

439. The nucleus involved in Papez circuit is - *(AI07)*
a) Pulvinar
b) Intralaminar
c) VPL nucleus
d) Anterior nucleus of Thalamus

440. The mechanism of hearing and memory, include all except - *(AI 0 7)*
a) Changes in level of neurotransmitter at synapse
b) Increasing protein synthesis
c) Recruitment by multiplication of neurons
d) Spatial Reorganization of synapse

441. The processing of short term memory to long term memory is done in- (*AI07***)**
a) Prefrontal cortex b) Hippocampus
c) Neocortex d) Amygdala

442. Delta waves are seen in - *(AI 07, JIPMER 92)*
a) Deep sleep b) REM sleep
c) Awake state d) Stage INREM sleep

418)c 419)c 420)d.e 421)a,b,c 422)c 423)c 424)d 425)c 426)a 427)a 428)a 429)d 430)c 431)a
432) d 433) a 434) b 435) a 436) d 437) c 438) a 439) d 440) c 441) b 442) a

443. Cerebral blood flow is regulated by all except -
a) Blood pressure *(Aiims May 07)*
b) Arterial $PC0_2$
c) Potassium ions
d) Cerebral metabolic rate

444. Avoiding response is due to_____ lesion in the brain- *(MAHE 07)*
a) Ipsilateral frontal lobe lesions
b) Contralateral frontal lobe lesions
c) Ipsilateral parietal lobe lesions
d) Contralateral parietal lobe lesions

445. Impairment of moral and social sense, lack of initiation and difficulty in planning with flight of ideas is a feature of lesion in the - *(UP 0 7)*
a) Frontal lobe b) Parietal lobe
c) Temporal lobe d) Occipital lobe

446. Broca's area situated in - *(UP 07, AI89, 93)*
a) Superior temporal gyrus
b) Inferior temporal gyrus
c) Superior temporal gyrus
d) Inferior frontal gyrus

447. Brown-sequardsyndrome- *(UP07, UP06)*
a) Pain loss in the opposite side of lesion
b) Fine touch lost in opposite side of lesion
c) UMN paralysis in opposite side of lesion
d) LMN paralysis in opposite side of lesion

448. Weber's syndrome occurs due to lesions in the -
a) Pons b) Midbrain *(UP 07)*
c) Medulla oblongata d) Cerebellum

449. According to herrington classification the decerebrate rigidity is characterised by all except-
a) Rigidity occurs all muscles of the body *(UP 07)*
b) Increased in the rate of discharge of the 'y* efferent neuron
c) Increased excitability of the motor neuron pool
d) Decerebration produces no phenomenon akin to spinal shock

450. Autonomic nervous system the cholinergic nerve fibres - *(UP 07)*
a) All preganglionic fibres, releases acetycholine
b) Post ganglionic cholinergic fibres secretes acetyl choline
c) The post ganglionic sympathetic cholinergic nerve fibres supplies sweat glands and blood vessels inheart and skeletal muscles
d) All of the above

451. All are neuroglial cells in CNS except - *(UP 07)*
a) Astrocytes b) Microglia
c) Oligodendrocytes d) Troposomes

452. Evacuation of the urinary bladder and stool with profuse sweating is a features of - *(UP 07)*
a) Mass reflex
b) Positive supportive reaction
c) Labyrinthine righting reflex
d) Stretch reflex

453. Pyramids are formed by - *(UP 07)*
a) Arcuate nucleus
b) Vestibular nuclei
c) Interstitial cells of cajal
d) Lateral corticospinal tract

454. Which of the following receptors are missing from the surface of the intestine - *(UPSC-II08)*
a) Temperature b) Pressure
c) Distension d) Touch

455. Auditory receptors are found in - *(UP 08)*
a) Semicircular canal b) Organ of corti
c) Ear ossicles d) Tympanic membrane

456. Adult human who are awake with mind wandering and the eyes closed. Most likely EEG pattern is -
a) Alpha - rhythm b) Beta rhythm *(UP 08)*
c) Theta rhythm d) Delta waves

457. A man loses his right hand in a farm accident, four year later, he has episodes of severe pain in the missing hand (phantom limb pain). A detailed PET scan study of his cerebral cortex might be expected to show - *(UP 08)*
a) Expansion of the right hand area in his right somatic sensory area I (SI)
b) Expansion of the right hand area in his left SI
c) Projection of fibre from neighboring sensory areas into the right hand area of his right SI.
d) Projection of fibers from neighbouring sensory areas into the right hand area of his left SI

458. Fine, irregular contraction of individual fibers called - *(UP08)*
a) Fasciculations b) Fibrillation
c) Tics d) Spasm

459. The site where myosin heads to action in skeletal muscles are covered by - *(AI08)*
a) Tropomyosin b) Troponin
c) Calcium d) None of the above

460. Which of the following is not a Sarcolemmal proteins ? *(AI08)*
a) Sarcoglycan b) Dystrophin
c) Dystroglycan d) Perlecan

461. Which of the following sensation are transmitted by the Dorsal tract/Posterior column - *(AI 08)*
a) Fine touch b)Pain
c) Temperature d) All of the above

462. Regarding Golgi tendon organ true is -
a) Senses dynamic length of muscle *(Aiims May 08)*
b) Involved in reciprocal innervation
c) a-motor neuron stimulation
d) Senses muscle tension

463. Increase in threshold level on applying subthreshold, slowly rising stimulus is k/a - *(Aiims May 08)*
a) Adaptation b) Accomodation
c) Refractoriness d) Electrotonus

443) c 444) d 445)a 446)d 447)a 448)b 449)a 450)d 451)d 452)a 453)d 454)d 455)b 456)a
457) d 458) b 459)a 460)d 461) a 462)d 463)b

464. Increased velocity of conduction in a nerve is favoured by - *(PGI June 08)*
a) Increased capacitance
b) Decreased capacitance
c) Increased resistance
d) Decreased resistance
e) Increased velocity

465. Posterior column lesion which of the following is not affected - *(PGI June 08)*
a) Vibration b) Temperature
c) Fine touch d) Position sense
e) Crude sense

466. All are true about olfaction except - *(Manipal 08)*
a) Key-lock system
b) Chemical mediated
c) Females have stronger sense of olfaction
d) Males have stronger sense of olfaction

467. Limbic system is concerned with - *(Manipal 08)*
a) Control of emotions, food habits
b) Sexual behavior
c) Autonomic functions
d) All of the above

468. Cholinergic receptor agonist in *brzin-(Manipal 08)*
a) Nicotine b) Acetylcholine
c) Both a and b d) None of above

469. In dark adaptation, there occurs - *(DPGEE 08)*
a) Decreased perception of vision
b) Decreased visual acuity
c) Pupillary dilatation
d) Breakdown of rhodopsin

470. Osmoreceptors are located in - *(DPGEE 08)*
a) Supraoptic nuclei
b) Paraventricular nuclei
c) Anterior hypothalamus
d) Lateral hypothalamus

471. Phagocytic cells in the CNS are - *(DPGEE 08)*
a) Oligodendrocytes b) Schwann cells
c) Astrocytes d) Microglial cells

472. The neurotransmitter in the autonomic ganglia is -
a) Adrenaline b) Noradrenaline *(DPGEE 08)*
c) Acetylcholine d) Nicotine

473. Which of the following statements is true about presynaptic inhibition? *(AIIMS Nov 08)*
a) It results due to failure of the action potential to reach the synapse
b) It occurs due to hyperpolarisation of presynaptic membrane
c) It occurs due to inhibition of release of neurotransmitter from presynaptic terminal.
d) It occurs due to blockade of neurotransmitter receptors

474. Which of the following nucleus controls the circadian rhythm? *(AIIMS Nov 08)*
a) Supraoptic nucleus
b) Paraventricular nucleus
c) Suprachiasmatic nucleus
d) Premamillary nucleus

475. Which of the following statements about vasomotor centre (VMC) is true - *(AI09)*
a) Independent of corticohypothalamic inputs
b) Influenced by baroceptor signals but not by chemoreceptors
c) Acts along with the cardiovagal centre (CVC) to maintain blood pressure
d) Essentially silent in sleep

476. Which of the following statements about myocardial oxygen demand is true - *(AI 09)*
a) Correlates with heart rate
b) Is directly proportional to external cardiac work
c) Is negligible when heart is at rest
d) Depends upon duration of systole

477. Appetite is stimulated by all of the following peptides, Except- *(AI 09)*
a) Agouti - Related Peptide (AGRP)
b) Melanocyte stimulating hormone (MSH)
c) Melanin concentrating hormone (MCH)
d) Neuropeptide Y

478. Key regulators of sleep are located in - *(AI 09)*
a) Hypothalamus b) Thalamus
c) Putamen d) Limbic cortex

479. Cortical representation of body in the cerebrum is-
a) Horizontal b) Vertical*(AIIMSMay 09)*
c) Tandem d) Oblique

480. Rods and cones differ in all, *e\cept~(AIIMSMay 09)*
a) Signal transduction b) Light sensitivity
c) Wavelength d) Acuity

481. True about spinocerebellar tract *is-(AIIMSMay 09)*
a) Equilibrium
b) Smoothens and coordinates movement
c) Learning induced by change in vestibulocular reflex
d) Planning and programming

482. For color vision, which is true? *(AIIMS May 09)*
a) Independent of wavelength of light
b) Depends on intensity discrimination
c) Involves opponent color cells
d) Minimum at fixation point

483. Nerve ending sensitive to noxious stimuli are present in all except - *(PGI June 09)*
a) Stomach b) Intestine
c) Mesentry d) Liver
e) Brain

484. Na &/or K^+ is/are involved in mechanism of action of which of the following receptor(s) -*(PGI June 09)*
a) $GABA_a$ receptor b)Nm receptor
c) Nn receptor d) 5-HT3 receptor
e) Dopamine

485. The only neurons in retina showing action potentials are- *(Corned 09)*
a) Roads and cones b) Bipolar cells
c) Amacrine cells d) Ganglion cells

464) a,d 465) b 466) d 467) d 468) a 469) c 470) c 471)d 472) c 473) c 474) c 475) c 476) a 477) b
478) a 479) b 480) a 481)b 482) c 483) e 484)b,c,d,e 485) d

486. The first reflex to return after recovery from spinal shock is - *(DELHIPG Feb. 09)*
a) Stretch reflex b) Flexor reflex
c) Stepping reflex d) Postural antigravity reflex

487. The refractory power of eye is normally 59 diopters. Two thirds of this is contributed by -
a) Anterior surface of the lens *(DELHI PG Feb. 09)*
b) Posterior surface of the lens
c) Anterior surface of the cornea
d) Aqueous humor and vitreous humor combined

488. Stimulation of proximal cut end of vagus causes -
a) Apnea b)iHR *(DELHIPG Feb. 09)*
c) *lEP* d)±BP

489. If the blood flow through a blood vessel is 2 ml/min, how much will it become if its radius is doubled -
a) Will remain the same *(DELHI PG Feb. 09)*
b) 4 ml/min
c) 8 ml/min
d) 16 ml/min

490. All are true about brown sequard syndrome except -
a) Ipsilateral loss of joint sensation *(PGI Nov 09)*
b) Contralateral loss of joint sensation
c) Ipsilateral loss of pain & temperature
d) Segmental sign are bilateral
e) Contralateral loss of vibration

491. Transection at mid pons level results in -
a) Asphyxia *(AIIMSNov09)*
b) Hyperventilation
c) Rapid and shallow breathing
d) Apneusis

492. Events occurring in the past one week is an example of- *(AIIMSNov 09)*
a) Recent memory b) Remote memory
c) Working memory d) Delayed memory

493. Appetite is stimulated by all except-*(ALIMSMay 10)*
a) Agouti related peptide
b) Melanocyte concentrating hormone
c) Melanocyte stimulating hormone
d) Neuropeptide Y

494. True about spinocerebellar tract \s*-*(AIIMSMay 10)
a) Equilibrium
b) Smoothens and coordinates movement
c) Learning induced by change in vestibulocular reflex
d) Planning and programming

495. Hot water bottle relieves pain of abdominal spasm by- *(AJ10)*
a) Stimulation of adrenergic fibers
b) Stimulation of cholinergic fibers
c) Inhibition of cold receptors
d) Inhibition of heat receptors

496. Lesions of the lateral cerebellum cause all of the following, except - *(AI10)*
a) Incoordination b) Intention tremor
c) Resting tremor d) Ataxia

497. Refractive Index of cornea is about - *(DPG10)*
a) 1.30 b) 1.33
c) 1.37 d) 1.42

498. Vomiting centre is situated in the - *(DPG 10)*
a) Hypothalamus b)Amygdala
c) Rons d) Medulla

499. The fibre which is the thickest in human nerve is -
a) Touch b)Pain *(DPG 10)*
c) Temperature d) Proprioception

500. The function of the neocerebellum is - *(DPG 10)*
a) Maintenance of equilibrium
b) Servo-correction of voluntary movements
c) Planning and programming of voluntary movements
d) Maintenance of muscle tone

501. When an inddividual is resting in a room with the air temperature 21°C and the humidity of 80%, the greatest amount of heat lost from body is by -
a) Elevation of body metabolism
b) Vaporisation of sweat *(Maharashtra 10)*
c) Respiration
d) Radiation and conduction

502. Which of the following carries fast pain?
a) A d fibres b) A15 fibres *(Maharashtra 10)*
c) A a fibres d) C fibres

503. Satiety centre is located at - *(Maharashtra 10)*
a) Ventromedial nucleus of hypothalamus
b) Dorsomedial nucleus of hypothalamus
c) Peritrigonal area
d) Lateral nucleus

504. In humans the Auditory receptors act by_____ for the phenomenon of[6] Masking' - *(Maharashtra 10)*
a) All or none Low
b) Relative or absolute refractoriness
c) Beneficial effect
d) Post-tetanic potentiation

505. Bruxism occurs in_____ phase of sleep -
a) ReM b) NREM I *(Maharashtra 10)*
c) NREMII d) NREM III

506. The representational hemisphere (cerebral) is better than the categorical hemisphere at?
a) Language functions *(Maharashtra 10)*
b) Recognition of objects by their form
c) Understanding oprinted words
d) Mathematical calculation

507. "Nerve terminals release chemicals"-discovered by-
a) Dale b) Withering *(PGI May10)*
c) Domagk d) Langley
e) Loewi

508. Ascending pain pathway is inhibited in dorsal midbrain by- *(PGINov 10)*
a) 5-HT (serotonin) b) Noradrenaline
c) Substance P d) Glutamate
e) Adenosine

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486) b 487) c 488) a 489) d 490)b,c,d,e 491) d 492) a 493) c 494) b 495) a 496) c 497) c 498) d 499) d
500) c 501) d 502) a 503) a 504) b 505) c 506) b 507) a,e 508) a

509. Cortcospinal tract lesion leads to - *(PGINov. 10)*
a) Spaticity
b) Extensor plantar response
c) Cogwheel rigidity
d) Resting tremors
e) Exaggerated tendon reflexes

510. Difference between neuropraxia and neuronotomesis is- *(PGINov.10)*
a) EMG finding
b) Sensory loss
c) Motor loss
d) Nerve conduction studies in distal fragment
e) Axon integrity

511. Which of the following is not permeable through the Blood Brain Barrier? *(AIIMS Nov 10)*
a) Water b) Lipophilic drugs
c) Gas d) Proteins

512. Vasomotor centre of medulla is associated with -
a) Acts with the cardiovagal centre to maintain B.P.
b) Independent of corticohypothalamic inputs
c) Influenced by baroreceptors not chemoreceptors
d) Essetially silent in sleep

513. CSF pressure is mainly regulated by -
a) Rate of CSF formation *(AIIMS May 11)*
b) Rate of CSF absorption
c) Cerebral blood flow
d) Venous pressure

514. The nucleus involved in Papez circuit is - *(AI11)*
a) Pulvinar
b) Intralaminar
c) VPL nucleus
d) Anterior nucleus of Thalamus

515. Not included in cerebellar nuclei - *(PUNJAB 11)*
a) Dentate nuclei b) Emboliform nuclei
c) Fastigial nuclei d) Caudate nuclei .

516. Broca's motor speech area is present in -
a) Superior temporal gyrus *(PUNJAB 11)*
b) Precentral gyrus
c) Post central gyrus
d) Inferior frontal gyrus

517. Function of basal ganglia include - *(PUNJAB 11)*
a) Emotions
b) Skilled movements
c) Coordination of movements
d) Maintenance of equilibrium

518. Stimulation of bipolar cells results in all except -
a) Depolorisation *(Jipmer 10)*
b) Hyperpolarisation
c) Increased neurotransmitter release
d) Either hyperpolarizing or depolarizing

519. Circadian rhythm is influenced by - *(Jipmer 10)*
a) Supra optic nuclei
b) Postero lateral nucleus
c) Vnetrolateral nucleus
d) Supra chiasmatic nucleus

520. Dorsal column lesions are associated with loss of -
a) Ankle jerk *(Jipmer10)*
b) Knee jerk
c) Proprioception
d) Pain sensations

521. Vestibulo ocular relfex is concerned with -
a) Archicerebellum *(Jipmer10)*
b) Flocculonodular lobe
c) Neocerebellum
d) Occipital lobe

522. Gamma motor neurons are mainly influenced by -
a) Tectospinal tract *(Jipmer10)*
b) Vestibulo spinal tract
c) Reticulo spinal tract
d) Corticospinal tract

523. Not seen in accommodation reflex - *(Jipmer 10)*
a) Mydriasis
b) Contraction of cilliary muscle
c) Pupillary constriction
d) Curvature of lens increases

524. Which is not a medial pathway involved in maintenance of posture? *(Jipmer 11)*
a) Reticulospinal tract b) Rubrospinal tract
c) Tectospinal tract d) Vestibulospinal tract

525. Which of the following does not carry proprioceptive impulses? *(Jipmer 11)*
a) Olivo cerebellar tract b) Tecto cerebellar tract
c) Spino cerebellar tract d) Cuneo cerebellar tract

526. Ghrelin false is - **(***NEET/DNB Pattern)*
a) Produced by stomach cells
b) Increased appetite
c) Is related to regulation of thyroid hormone
d) Stimulates growth

527. Associative learning - **(***NEET/DNB Pattern)*
a) Associated with consciousness
b) Includes skills and habits
c) Relation of one stimulus to another
d) Facilitation of recognition of words

528. Posture is maintained by - *(NEET/DNB Pattern)*
a) Crossed extensor reflex b) Stretch reflex
c) Golgi tendon refkex d) None

529. Myelin in CNS - C*NEET/DNB Pattern)*
a) Oligodendrocyte b) Schwann cell
c) Astrocyte d) Microglia

530. Macrophage in CNS - C*NEET/DNB Pattern)*
a) Fibrous Astrocyte
b) Microglia
c) Oligodendrocyte
d) Protoplasmic astrocyte

531. Striatum damage affects priming -
a) Procedural memory (*NEET/DNB Pattern)*
b) Short term memory
c) Long term memory
d) Explicit memory

509)a,b,e 510)a,d,e 511)d 512)a 513)b 514)d 515)d 516)d 517)b 518)c 519)d 520)c 521)b 522)c 523)a 524)b 525)b 526)c 527)c 528)b 529)a 530)b 531) a

532. Somatosensory cortex lesion will cause -
a) Pain (*NEET/DNB Pattern*)
b) Temperature
c) Localization
d) Vibration

533. Renshaw inhibition - *{NEET/DNB Pattern)*
a) Feedback facilitation
b) Feed forward inhibhition
c) Feed forward facilitation
d) Feedback inhibhition

534. Semi circular canals are associated with -
a) Linear acceleration *{NEET/DNB Pattern)*
b) Angular acceleration
c) Static equlibirium
d) Hearing

535. Setting posture before planned movement -
a) Premotor cortex *{NEET/DNB Pattern)*
b) Motor cortex
c) Frontal
d) Supplementary motor cortex

536. Ventero lateral cordotomy for relief of pain in right lower limb due to cutting - *{NEET/DNB Pattern)*
a) Left ventral spinothalamic tract
b) Left lateral spinothalamic tract
c) Right ventral spinothalamic tract
d) Right lateral spinothalamic tract

537. Dysmetria - *{NEET/DNB Pattern)*
a) Cerebellum b) Cerebrum
c) Basal ganglia d) Premotor cortex

538. Unable to consolidate long term memory-
a) Frontal *{NEET/DNB Pattern)*
b) Parietal
c) Temporal
d) Hippocampi

539. Retinal cells which secrete acytyl choline
a) Bipolar cells *(NEET/DNB Pattern)*
b) Ganglion cells
c) Amacrine cells
d) H cells

540. Which is the first order neuron in optic pathway:
a) Bipolar cells *(NEET/DNB Pattern)*
b) Ganglionic cells
c) Cells of lateral geniculate body
d) Astrocytes

541. Photoreceptors on exposure to dark release -
a) Acetyl choline *(NEET/DNB Pattern)*
b) Glutamate
c) Adrenalin
d) Epinephrine

542. Dorsal root ganglia have - *(NEET/DNB Pattern)*
a) Unipolar b) Multipolar
c) Bipolar d) Psudounipolar

543. Pavlovs experiment on dogs shows -
a) Conditional response *(NEET/DNB Pattern)*
b) Unconditioned response
c) Procedural memory
d) Familiarity

544. Pt. is able to recognise person by name but not by face. Lesion is in.. *(NEET/DNB Pattern)*
a) Post parietal region b) Occipital
c) Frontal lobe d) Temporal lobe

545. The principal polypeptide that increase food intake are all except - *(NEET/DNB Pattern)*
a) Neuropeptide Y b)Leptin
c) OrexinA d)Ghrelin

546. CSF/plasma glucose ratio is - *(AI99)*
a) 0.2-0.4 b) 0.6-0.8
c) 1.2-1.6 d) 1.6 - 2.2

547. Second order neuron - *{NEET/DNB Pattern)*
a) Optic nerve b) MGB
c) LGB d) Layer of retina

548. Broca's area is present in - *(NEET/DNB Pattern)*
a) Superior temporal gyrus
b) Precentral gyrus
c) Post central gyrus
d) Inferior frontal gyrus

549. Node of Ranvier is seen in - *(NEET/DNB Pattern)*
a) Cell body b) Dendrites
c) Axons d) Terminal butons

550. Glucose in CSF - *(NEET/DNB Pattern)*
a) 1/3 of blood glucose b) 1/2 of blood glucose
c) 2/3 of blood glucose ^ d)None

551. Person wakes up with pain, parasthesia, tingling of the arms .he had slept with arm below the heacLwhich fibres are involved? *(NEET/DNB Pattern)*
a) Type A fibres b) Type B
c) Type C(pain) d) Type C(postganglionic)

552. Nociception from abdomen is transmitted by:
a) A gamma b)Aa *(NEET/DNB Pattern)*
c) C fibres d) B

553. Parasympathetic supply is from -
a) C234 b) T234 *(NEET/DNB Pattern)*
c) 1234 d) S234

554. Post ganglionic sympathetic fibres are -
a) A alpha b) C *(NEET/DNB Pattern)*
c) B fibres d) A gamma

555. Neurons in sympathetic ganglia are - *(NEET/DNB*
a) Unipolar b) Bipolar *Pattern)*
c) Pseudounipolar d) Multipolar

556. Burning pain is carried by which type of fibres -
a) A alpha b) A delta *(NEET/DNB Pattern)*
c) A beta d)C

557. Static equilibrium is due to - *(NEET/DNB Pattern)*
a) Macula b) Cupula
c) End organ of corti d) Cristae ampulla

558. Patient is able to recognise voice but not *face-(NEET/*
a) Temporal lobe b) Occipital *DNB Pattern)*
c) Frontal lobe d) Parietal lobe

559. Pain and temperature are carried by -
a) Anterior spinothalamic tract *(NEET/DNB*
b) Lateral spinothalamic tract *Pattern)*
c) Dorsal column
d) None

532) c 533) d 534) b 535) a 536) b 537) a 538) d 539) c 540) a 541) b 542) d 543) a 544) d 545) b
546) b 547) a 548)a 549)c 550)c 551)a 552)c 553)d 554)b 555)d 556)d 557)a 558)a 559)b

560. **Nerve Conduction is slowest in-***(NEET/DNB Pattern)*
a) C b) A alpha
c) A beta d) A delta

561. **What are the EEG waves recored for parietooccipital region with subject awake & eye closed-** *(NEET/*
a) Alpha waves b) Beta waves *DNB Pattern)*
c) Delta waves d) Theta waves

562. **Orthodromic conduction is -** *(NEET/DNB Pattern)*
a) An axon can conduct impulse in one direction only
b) An axon can conduct impulse in both direction
c) The jumping of depolarization from node to node
d) The print at which a runaway spike potential

563. **During the dark phase of visual cycle, which form of vitamin Acombines with opsin to make Rhodopsin-**
a) All trans-Retinaldehyde *(AIIMSNov04)*
b) All trans-Retinol
c) 11-cis-Retinaldehyde
d) 11-cis-Retinol

564. **Meissener's corpuscle are for-***(NEET/DNB Pattern)*
a) Touch b) Temperature
c) Pressure d) Proprioception

565. **Thickening of axon leads to -** *(NEET/DNB Pattern)*
a) Increased speed of conduction
b) Decreased speed of conduction
c) Increased absolute refractory period
d) Unmyelination

566. **Regarding Gherlin which is false -** *(NEET/DNB*
a) Secreted from oxyntic cells *Pattern)*
b) Increases fat deposition
c) Stimulates appetite
d) Secretion increased in anorexia

567. **Substrate P, actions all except -** *(NEET/DNB Pattern)*
a) Vasoconstriction b) Pain transmission
c) Axon reflex d) Peristalsis

568. **Pain and temperature in thalamus is controlled by nucleus-** *(NEET/DNB Pattern)*
a) VPM b) VPL
c) Anterior d) Posterior

569. **Circadian rhythm is regulated by-***(NEET/DNBPattern)*
a) Dorsomedial b) Ventromedial
c) Supraoptic d)Suprachiasmatic

570. **Which is not a peptide neurotransmitters -**
a) Enkephalin *(NEET/DNB Pattern)*
b) Substance P
c) Endorphin
d) Sorotonin

571. **Transducin is required for -** *(NEET/DNB Pattern)*
a) Small b) Hearing
c) Small d) Vision

572. **In decorticate animal which reflex is lost?**
a) Hopping and placing reflex *(NEET/DNB*
b) Tonic neck reflex *Pattern)*
c) Tonic labyrinthine reflex
d) Stretch reflex

573. **Short term memory conversion to long term memory takes place in -** *(NEET/DNB Pattern)*
a) Hypothalamus b) Thalamus
c) Hippocampus d) Amygdala

574. **The receptors/buds responsible for carrying bitter taste sensation are situated -** *(NEET/DNB Pattern)*
a) At the tip of the tongue
b) Just behing the tip
c) At the sides
d) At the posterior aspect

575. **All are effects of sympathetic stimulation except -**
a) Increased conduction velocity *(NEET/DNB*
b) Increased heart rate *Pattern)*
c) Increased refractory period
d) Increaed contractility of heart

576. **Endolymph in ear equivalent** *to-(NEET/DNB Pattern)*
a) ICF b) Lymph
c) CSF d) Blood

577. **Not a direct effect of Ach -** *(NEET/DNB Pattern)*
a) Decrease BP
b) Increase contraction of heart
c) Decrease heart rate
d) Decrease conduction

578. A **gamma nerve diameter is -** *(NEET/DNB Pattern)*
a) 13-20 b) 4-13
c) 3-6 d) 0.2-1.0

579. **Which of the following does not carry proprioceptive impulses?** *(Jipmer 11)*
a) Olivo cerebellar tract
b) Tecto cerebellar tract
c) Spino cerebellar tract
d) Cuneo cerebellar tract

580. **Vomiting centre -** *(NEET/DNB Pattern)*
a) Area postrema b) Suprachiasmatic
c) Medial nuclei d) Lateral nuclei

581. **Myelin sheath in CNS is produced by -**
a) Oligodendrocyte *(NEET/DNB Pattern)*
b) Schwann cell
c) Microglia
d) Macroglia

582. **Semicircular canals are stimulated by -** *(MP 2K)*
a) Gravity b) Linear acceleration
c) Rotation d) Sound

583. **Herring body is seen in -** *(NEET/DNB Pattern)*
a) Pars intermedia b) Pineal gland
c) Pars nervosa d)Adenohypoph

584. **Globus pallidus, putamen are present in -** *(NEETZ*
a) Pons b) Basal ganglia *DNB Pattern)*
c) Thalamus d) Cerebellum

585. **Broca's area is present in -** *(NEET/DNB Pattern)*
a) Superior temporal gyrus
b) Precentral gyrus
c) Post central gyrus
d) Inferior frontal gyrus

560) a 561) a 562) a 563) c 564) a 565) a 566) b 567) a 568) b 569) d 570) d 571) d 572) a 573) c
574) d 575) c 576) a 577) b 578) c 579) b 580)None> a 581) a 582) c 583) c 584)b 585) a

586. Motor march is seen in - *(NEET/DNB Pattern)*
a) Axontemesis b) Neurotemesis
c) Neuropraxia d) Nerve regeneration

587. Effect of aceytylcholine on LES-*(NEET/DNB Pattern)*
a) Contraction b) Relaxation
c) No effect d) Contraction followed by relaxation

588. The principle that is the spinal cord dorsal roots are sensory and the ventral roots are motor is known as - *(NEET/DNB Pattern)*
a) Laplace's law
b) Bell-Magendle's law
c) Frank Starling's law
d) Weber-Fechner's law

589. The distance by which two touch stimuli must be separated to be perceived as two separate stimuli is greatest at - *(NEET/DNB Pattern)*
a) The lips
b) The palm of the hand
c) The back of scapula
d) The dorsum of the hand

590. Purkinje fibres are inhibitory for -
a) Deep cerebellar nuclei *(NEET/DNB Pattern)*
b) Climbing fibre
c) Basket cells
d) Spinocerebellar tracts

591. Neurotransmitter involved in nigrostriatial pathway is - *(NEET/DNB Pattern)*
a) Serotonin b) Dopamine
c) Cholinergic d) Adrenergic

592. Nerve fibres innervating sweat glands release the following at their endings - *(NEET/DNB Pattern)*
a) Noradrenaline b) Acetycholine
c) Dopamine d) Histamine

593. Visceral noxious stimuli is mediated by -
a) Aa b)Ap *(NEET/DNB Pattern)*
c) Ay d)C

594. Shivering is controlled by - *(NEET/DNB Pattern)*
a) Medulla b) Hypothalamus
c) Thalamus d) Basal gonglia

595. Axonal transport is - *(NEET/DNB Pattern)*
a) Antegrade b) Retrograde
c) Antegrade & Retrograde d) None

596. Decrease reflex response after repetitive stimulation
a) Summation *(NEET/DNB Pattern)*
b) Fatigue
c) Irradiation
d) Occlusion

597. Nuclear bag fibers - *(NEET/DNB Pattern)*
a) Thinner b) Flower spray ending
c) Plate ending d) Trail ending

598. Loss of proprioception & fine touch -
a) Anterior spinothalamic tract *(NEET/DNB*
b) Lateral spinothalamic tract *Pattern)*
c) Dorsal column
d) Corticospinal tract

599. Pain-sensitive intracranial structure is -
a) Piamater *(NEET/DNB Pattern)*
b) Pial vessels
c) Duramater
d) Brain matter

600. Pyramids are formed by - *(NEET/DNB Pattern)*
a) Arcuate nucleus
b) Vestibular nuclei
c) Interstitial cells of cajal
d) Lateral corticospinal tract

601. True about spinocerebellar tract is-
a) Equilibrium *(NEET/DNB Pattern)*
b) Smoothens and coordinates movement
c) Learning induced by change in vestibulocular reflex
d) Planning and programming

602. Vomiting centre is situated in the -
a) Hypothalamus *(NEET/DNB Pattern)*
b) Amygdala
c) Rons
d) Medulla

603. Purkinje fibres are inhibitory for -
a) Deep cerebellar nuclei *(NEET/DNB Pattern)*
b) Climbing fibre
c) Basket cells
d) Spinocerebellar tracts

604. Somatosensory area I largest representation is for-
a) Arm b)Leg *(NEET/DNB Pattern)*
c) Back d) Head

605. Substrate P, actions all except -*(NEET/DNB Pattern)*
a) Vasoconstriction b) Pain transmission
c) Axon reflex d) Peristalsis

606. Amacrine cells secrete - *(NEET/DNB Pattern)*
a) Acetylcholine b) Glutamate
c) Adrenaline d) Dopamine

607. Vasoconstriction in skin - *(NEET/DNB Pattern)*
a) Sympathetic b) Parasympathetic
c) Wheal and flare d) Warm climate

608. Daily rhythm regulation - *(NEET/DNB Pattern)*
a) Dorsomedial b) Ventromedial
c) Supraoptic d) Suprachiasmatic

609. In a neuron, graded electrogenesis occurs at -
a) Soma - dendritic zone *(NEET/DNB Pattern)*
b) Initial segment
c) Axon
d) Nerve ending

610. Which of the following are Chemoreceptors -
a) Rods *(NEET/DNBPattern)*
b) Cones
c) Taste buds
d) Muscle spindle

611. Vestibulo ocular relfex is concerned with -
a) Archicerebellum *(NEET/DNBPattern)*
b) Flocculonodular lobe
c) Neocerebellum
d) Occipital lobe

586) a 87) a 588) b 589) c 590) a 591)b 592) b 593) d 594) b 595) c 596) b 597) c 598) c 599) c
600) d 601) b 602) d 603)a 604)a 605)a 606)a 607)a 608)d 609)b 610)c 611)b

612. Salty tase is due to- *(NEET/DNB Pattern)*
a) Ca^{+2} channels b) Na^{+} channels
c) G-protein d) H^{+} channels

613. Which is a cerebellor nucleus -*(NEET/DNB Pattern)*
a) Caudate b) Subthalamic
c) Globus pallidus d) Dentate

614. Disease of Basal ganglia dysfunction are all except -
a) Alziemer's disease *(NEET/DNB Pattern)*
b) parkinsonism
c) Chorea
d) Athetosis

615. Earliest reflex to reappear after spinal shock -
a) Knee jerk *(NEET/DNB Pattern)*
b) Ankle jerk
c) Bulbocavernous reflex
d) Planter reflex

616. In stretch reflex, the stimulus is -
a) Change in muscle length *(NEET/DNB Pattern)*
b) Change in muscle tension
c) Pain in muscle
d) Cessation of blood supply

617. Most sensitive nerve fiber to hypoxia -
a) A b)B *(NEET/DNB Pattern)*
c) C d) All are equally sensitive

618. Best prognosis in nerve injury-*(NEET/DNB Pattern)*
a) Neuropraxia b) Axonotemesis
c) Neurotemesis d) Complete transection

619. Ganglion cell-Order of *neuron-(NEET/DNB Pattern)*
a) 1st b)2nd
c) 3rd d)4th

620. Pseudounipolar cells - *(NEET/DNB Pattern)*
a) Sympathetic ganglia
b) Parasympathetic
c) Cranial nerve ganglion
d) Dorsal Root Ganglion

621. Proprioceptions are carried by-*(NEET/DNB Pattern)*
a) A a fibers b) A (3 fibers
c) B fibers d) C fibers

622. Fine touch is lost in lesion of - *(NEET/DNB Pattern)*
a) Anterior spinothalamic tract
b) Lateral spinothalamic tract
c) Dorsal column
d) Pyromidal tract

623. Dysmetria is seen in lesion of - *(NEET/DNB Pattern)*
a) Basal ganglia b)Cerebellum
c) Pons d) Midbrain

624. Basal ganglia is involved in which types ofmemory -
a) Conditioning *(NEET/DNB Pattern)*
b) Procedural memory
c) Explicit memory
d) None

625. Agnosia is caused by lesion of - *(NEET/DNB*
a) Representative hemisphere, left *Pattern)*
b) Categorial hemisphere, left
c) Representative hemisphere, right
d) Categorial hemisphere, right

626. Nonshivering thermogenesis is due to -
a) Acetylcholine *(NEET/DNB Pattern)*
b) Norepinephrine
c) Dopamine
d) Serotonin

627. Post ganglionic fibers are longer in -
a) Para sympathetic system *(NEET/DNB Pattern)*
b) Sympathetic system
c) Both have same length
d) It is variable

628. CSF is formed by - *(NEET/DNB Pattern)*
a) Arachnoid villi b) Venous plexus
c) Choroidal plexus d) Subfornical nucleus

629. Lens derives nutrition from -
a) Vitreous *(NEET/DNB Pattern)*
b) Aqueous
c) Optic artery
d) Ophthalmic artery

630. A man slept with head over forearm, next morning he complains of tingling, numbness over forearm. It is caused by - *(NEET/DNB Pattern)*
a) Sensitivity to hypoxia is A>B>C
b) Sensitivity to pressure is A>B>C
c) Sensitivity to hypoxia is C>B>A
d) Sensitivity to pressure is B>A>C

631. Destruction of anterior cerebellum in a decerebrate animal leads to - *(NEET/DNB Pattern)*
a) No effect on rigidity
b) Increased flexor muscle tone
c) Increased rigidity via alpha motor neurons
d) Decrease in rigidity

632. Na^{+} channel concentration is highest at -
a) Dendrites *(NEET/DNB Pattern)*
b) Soma
c) Axon hillock
d) Axon

633. Lesion of Globus pallidus causes -
a) Chorea b) Ballismus *(NEET/DNB Pattern)*
c) Athetosis d) Akinesia

634. Postural reflex with integrating center in spine -
a) Righting reflex *(NEET/DNB Pattern)*
b) Tonic labyrinthine reflex
c) Righting reflex
d) Crossed extensor reflex

635. Function of Basal ganglia -*(NEET/DNB Pattern)*
a) Motor b) Sensory
c) Olfaction d) None

ENDOCRINOLOGY

METABOLISM

636. During starvation the non-protein RQ value is close to - *(DNB 90)*
a) 1 b) 0.5
c) 0.25 d) 0.75
e) 0.0

612) b 613)d 614) a 615)c 616)a 617)b 618) a 619) b 620)d 621) a 622)c 623)b 624)b 625)c
626) b 627) b 628) c 629) b 630) b 631)c 632) c 633) c 634) d 635) a 636) a

637. Specific dynamic action is maximum in - *(A.1.90)*
a) Protein b)Carbohydrate
c) Fats d) Vitamins

638. Respiratory Quotient of fat, protein and carbohydrate are... respectively - *(AIIMS 86, 87)*
a) 0.70,0.80,1.0 b) 0.80,0.70,1.0
c) 0.8,1.0,0.7 d) 1.0,0.8,0.7

639. BMR is low in the following except - *(Delhi 83)*
a) Newborn of old age b) Larger individuals
c) Females d) Cold climate

640. Specific dynamic action is - *(JIPMER 80, PGI83)*
a) 6% for proteins
b) 30% for lipids
c) Energy expended on consumption of foods
d) Due to gastrointestinal factors

641. Cells with decreased oxidative phosphorylation have- *(AI93)*
a) Increased Ribosomes
b) Decreased mitochondria
c) Low protein
d) No motility

642. When energy is derived from creatine phosphate to cause muscle contraction, what is the first step in this transfer of energy - *(AIIMS 80)*
a) The creatine phosphate transfers its energy to the cross bridges to cause them to become locked
b) The creatine phosphate cause the power stroke of the cross bridges
c) The creatine phosphate transfers its energy to the actin filament
d) The creatine phosphate transfers its energy to the myosin filament
e) The energy of the creatine phosphate is used to convert ADP in ATP

643. The normal non-fasting blood ketone levels is -
a) 0.1-0.5 mg% b) 0.5-2 mg % *(AIIMS85)*
c) 2-10 mg % d) 100-500 mg %

644. BMR is decreased in - *(Kerala 94)*
a) Hyperthyroidism
b) Increased body temperature
c) Cushing syndrome
d) Addisons disease

645. BMR is dependent on - *(AI95)*
a) Body weight
b) Surface area
c) Amount of adipose tissue
d) Amount of lean body mass

646. BMR increase in all except - *(AMU 95)*
a) Low environmental temperature
b) Anxiety
c) Thyrotoxcosis
d) Sleep

647. The following is true about brain metabolism except- *(AI98)*
a) Use fatty acid in starvation
b) In resting state 60% of total energy utilised
c) Ketone bodies are used in starvation
d) Has no energy store

648. Non-shivering thermogenesis is mediated by-
a) a, receptor b) P_2 receptor *(PGI03)*
c) P_3 receptor d) UCP-2
e) UCP-1

649. Prostaglandin causing renal vasodilatation -
a)PGD_2 b)PGE_2 *(PGI01)*
c) PGF_2 d)PGI_2
e) $Tx A_2$

650. 02 consumption is minimal when temp, gradient between skin and ext. env. is - *(PGI2000)*
a) <0.5° b)>2.5°
c) < 1.5° ‘ d)>3.5°

651. Diet devoid of carbohydrates causes - *(PGI 02)*
a) Ketosis b)DM
c) No effect d) Obesity

652. TVue about intracellular receptors - *(PGI 01)*
a) Mainly on nuclear surface
b) Steroids act on them
c) Estrogen does not act on it
d) GH act on it

653. cAMP action mediates all except - *(PGI2000)*
a) Glucagon b) FSH
c) LH d) Estrogen

654. TVue about non shivering thermo genesis - *(TN 02)*
a) Glucose converted toe lactate
b) Fatty acids uncouple oxidative phosphorylates
c) ADP is burnt into heat
d) Adipose tissue is entirely absent

655. Proteins targeted for destruction in eukaryotes are covalently linked to - *(AI04)*
a) Clathrin b) Pepsin
c) Laminin d)Ubiquitin

656. Substrate controlled hormone is - *(MAHE 05)*
a) Glucogon b) FSH
c) LH d)TRH

657. Calorogenic hormone is - *(MAHE 05)*
a) Epinephrine b) Nor-epinephrine
c) Thyroid hormones d) All of the above

658. At 20 degree centigrade atmospheric temperature, body reacts by - *(MAHE 05)*
a) Cutaneous vasoconstriction
b) Shivering
c) TBMR
d) None of above

659. In human being, the least useful physiological response to low environmental temperature is - *(AI06)*
a) Shivering b) Vasoconstriction
c) Release of thyroxine d) Piloerection

660. All are examples of negative feed back except-
a) Coagulation of the blood *(UP 07)*
b) Regulation of blood pressure
c) Regulation of blood glucose
d) Regulation of carbon monoxide

637) a 638) a 639) d 640) c 641)b 642) e 643) b 644) d 645) b 646) d 647) a 648) c,e 649) b,d 650) a
651)a 652)a,b 653)d 654)b 655)d 656)a 657)d 658)b 659)d 660)a

661. Hyperkalemia stimulates secretion of - *(UP 07, 06)*
a) ADH b) Secretin
c) Aldosterone d) Parathormone

662. Sulfation factor is - *(UP 07)*
a) Somatostatin b) Somatomedian
c) GIP d)VTP

663. Steroid receptors at - *(UP 07)*
a) Cellular membrane b) Cytoplasm
c) Nucleus d) All of the above

664. Cytochrome P450 is identified to 11-p hydroxylase is known as - *(UP 08)*
a) CYMA- IB b) CYPA- 2B
c) CYPA-3B d)CYPA-4B

665. In a seriously ill patient, addition of amino acids in diet results in a positive nitrogen balance. The mechanism for this is - *(Aiims May 08)*
a) Increased Growth hormones secretion
b) Enhanced rate of gluconegenesis
c) Increased absorption of amino acids from diet
d) Increased secretion of Insulin

666. Energy expenditure in resting state depends on -
a) Lean body mass b) Adipose tissue
c) Resting heart rate d) Exercise *(AIIMS May 11)*

667. Basal Metabolic Rate depends most closely on -
a) Lean body mass b) Body mass index *(A111)*
c) Obsesity d) Body surface area

668. Increased glycolysis and decreased gluconeogenesis
a) Insulin (*NEET/DNB Pattern)*
b) Glucagon
c) Epinephrine
d) Cortisol

669. Hyperthermia - (.*NEET/DNB Pattern)*
a) Temperature > 41.5
b) > 40 with autonomic dysfunctuion
c) No change in hypothalamic thermostat
d) One which normalises with anti pyretic

670. Fat is maximum snythesised in -
a) Liver *{NEET/DNBPattern)*
b) Adipose tissue
c) Intestine
d) Muscle

671. Main mechanism in thermoregulation-heat loss is-
a) Radiation *{NEET/DNBPattern)*
b) Evaporation
c) Conduction
d) Convection

672. Motilin secretion decreased in -
a) Thirsty *{NEET/DNBPattern)*
b) Starving
c) Ingested meal
d) Interdigestive state

673. 1st response to hypoglycemia -
a) Decreased insulin *{NEET/DNBPattern)*
b) Increased glucagon
c) Increased cortisol
d) Increased nor epinephrine

674. Sprinter gets its immediate energy from - *(NEETZ*
a) Glycogen b) Fatty acid *DNB Pattern)*
c) Creatine phosphate d) None

675. BMR depends on - *(NEET/DNB Pattern)*
a) Body weight
b) Surface area
c) Amount of adipose tissue
d) Amount of lean body mass

676. Anti-inflammatory action of steroids due to -
a) Inhibiton of phospholipase A_2 *{NEET/DNB*
b) Inhibhition of cyclooxegenase *Pattern)*
c) Increased activity of lipolipase
d) Inhibition of lipo oxegenase

677. Which hormone acts on cytoplasmic membrane receptor- *(NEET/DNB Pattern)*
a) TSH b)Thyroxine
c) Androgen d) Cortisol

678. Temperature at which regularating mechanism does not work - *(NEET/DNB Pattern)*
a) 40>C b) 35°C
c) 30°C d) 25°C

THYROID

679. The percentage of total body iodine in the thyroid gland is - *(PG185)*
a) 50% b) 70 %
c) 90% d) 96 %

680. Calcitonin is produced by - *(AT 89)*
a) Thyroid b) Parathyroid
c) Thymus d) Kidney

681. TRH Stimulates TSH and- *(AI92)*
a) (H b) Oxytocin
c) Prolactin d) Gonadotrophin

682. Thyroxine binding globulin is increased in -
a) Pregnancy *(Delhi 96)*
b) Nephrotic syndrome
c) Glucocorticoid treatment
d) Cancer chemotherapy

683. Iodine uptake is seen in following organs- *{PGI03)*
a) Ovary b) Thyroid
c) Parathyroid d) Salivary gland
e) Mammary gland

684. Thyroid hormones in blood is transported by-
a) Albumin b) Globulin *(PGI 01)*
c) Prealbumin d) Transferrin
e) Ceruloplasmin

685. Thyroxine injected to rat produces A/E - *(PGI2K)*
a) *i* A lipolysisb) T T 0_2 consumption
c) *IBMR* d) T myocardial contractility

686. The principle of ''Wolff-Chaikoff effect" is used in- *(MAHE07)*
a) Iodide for thyrotoxic patients after surgery
b) Iodide for thyrotoxic patients before surgery
c) Stimulation of hormone synthesis
d) Increased vascularity of thyroid gland

661)c 662) b 663) d 664)b 665)d 666)a 667)a>d 668)a669)c 670)a 671)a 672)c 673)a 674)c 675) b 676) a 677) a 678) d 679) c 680) a 681) c 682) a 683)b,d,e 684)a,b,c 685) a,c 686) b

687. Which of the following is NOT essential for normal biosynthesis of thyroid hormone - *(UP 08)*
a) Iodine b) Ferritin
c) Thyroglobulin d) TSH

688. Which of the following would be least affected by injections of TSH? *(Maharashtra 10)*
a) Uptake of Iodine by Thyroid
b) Synthesis of thyroglobulin
c) cGMP in Thyroid cells

689. Wolf chaikoff effect is due to- *(NEET/DNB Pattern)*
a) Suppression of TSH secretion
b) Decreased iodination of MIT
c) Decreased t3 to t4 concersion
d) Iodine intake

690. In Thyroid follicle for how long Thyroxine is stored-
a) 2-3 weeks b) 2-3 days *(NEET/DNB Pattern)*
c) 2-3 months d) 2-3 years

PANCREAS

691. Somatostatin inhibits release of - *(SCTIMS 98)*
a) GH b) Gastrin
c) TSH d)MSH

692. Somatostatin is produced by---------- cells of the pancreas- *(A189)*
a) Alpha b) Beta
c) Delta d) Acinar

693. Experimental diabetes in caused by - *(Kerala 90)*
a) Alloxan b)PgEl
c) Radioactive yittrium d) Gold chloride

694. Beta cells of pancreas produce - *(Kerala 91)*
a) Glucagon b) Gastrin
c) Insulin d) Pancreatin

695. Which is false regarding insulin - *(JIPMER 92)*
a) Secreted Beta cells
b) Glycopeptide
c) Causes lipogenesis
d) Promotes giycogenesis

696. Increase in insulin receptors in seen in -
a) Starvation b) Obesity *(JIPMER 93)*
c) Acromegaly d) Diabetes

697. An adult human pancreas has about -
a) 100-2000 islest *(J1MPER 80, DNB 90)*
b) 100,000-200,000 islests
c) 250,000-750,000 islets
d) Above of 1000,000 islets

698. Insulin facilitates glucose uptake in - *(Karn 94)*
a) Kidney tubules b) Red blood cells
c) Brain d) Skeletal muscle

699. Glucagon stimulates all of the following except -
a) Glycogenolysis *(UPSC95)*
b) Bile secretion
c) Hydrochloric acid secretion
d) Intestinal secretion

700. How many parts are there in insulin receptor -
a) 1 b) 2 *(Burdwan 2K)*
c) 3 d)4

701. Insulin secretion is decreased by - *{PGI03)*
a) Glucagon b) Glucose
c) Adrenaline d) Vagal stimulation
e) Acetylcholine

702. Following hormones are produced by endocrinal part of pancreas - *(PGI01)*
a) Insulin b) Somatostatin
c) Glucagon d) Bombesin
e) Pancreatic polypeptide

703. True about Insulin action is - *(PGI2000)*
a) Causes neoglucogenesis
b) Not useful for growth & development
c) Required for transport of glucose, aminoacid, K^+ &Na^+
d) Catabolic hormone

704. Insulin helps glucose entry into cell except in -
a) Liver b) Muscles *(Kerala 03)*
c) Fat d)All

705. Glucose increases plasma insulin by a process that involves - *{Karnataka 04)*
a) GLUT1 b)GLUT2
c) GLUT3 d)SGLTl

706. Increased ratio of insulin to glucagon causes -
a) Decreased levels of cyclic AMP (*MAHA 05)*
b) Decreased levels of lipoprotein lipase
c) Decreased amino acid synthesis
d) Enhanced lipolysis in adipose tissue

707. In a foetus the insulin secretion begins by -
a) 3 rd month **b) 5th month** *(AIIMSMay05)*
c) 7th month d) 9th month

708. Insulin is secreted along with the following molecule in a 1:1 ratio - *(PGI June 06)*
a) Pancreatic polypeptide b) Glucagon
c) GLP-1 d) Somatostatin
e) C-peptide

709. Insulin dependent glucose transport is through -
a) GLUT 2 b) GLUT 3 *{Manipal 2006)*
c) GLUT 4 d) GLUT 5

710. Which of the following compound antagonizes the actions of insulin - *(MAHE 07)*
a) Neuropeptide Y b) Growth hormone
c) Substance P d) Vasoactive intestinal peptide

711. Which of these is the correct pair - *(ARMS Nov 07)*
a) A cell - Insulin b) B cell - Somatostatins
c) D cell - Glucagon d) G cell - Gastrin

712. C-peptide occurs in - *(UP 08)*
a) Proinsulin b) Glucagon
c) Paratharmone d) Thyroxine

713. Insulin increases the entry of glucose into-*(UP 08)*
a) All tissues
b) Renal tubular cells
c) The mucosa of the small intestine
d) Skeletal muscle

687) b 688) a 689)d 690)a 691)b 692)c 693)a 694)c 695)b 696)a 697)d 698)d 699)b,c,d 700)d 701)c 702)a,b,c,e 703)c 704)None 705)b 706)a 707)a 708)c 709)c 710)b 71 l)d 712)a 713)d

714. Glucose dependent release of insulin through -
a) Cyclic AMP *(UP 08)*
b) Carrier's modulators
c) Recipients phosphorylation
d) ATP dependent K^+ channel

715. True about insulin is - *(Manipal 08)*
a) Anabolic steroid
b) Induce lipolysis
c) Produced by a-cells
d) Glucose production in liver

716. Not done by insulin - *(AIMS May 09)*
a) Glycogen synthesis b) Glycolysis
c) Lipogenesis d) Ketogenesis

717. Not done by insulin - *(AIMS May 10)*
a) Glycogen synthesis b) Glycolysis
c) Lipogenesis d) Ketogenesis

718. Insulin secretion is inhibited by - *(AI10)*
a) Secretin b) Epinephrine
c) Growth hormone d) Gastrin

719. Insulin secretion is / are increased by all except -
a) Gastrin b) Secretin *(PGINov. 10)*
c) VIP d)GIP
e) OCK

720. Glucagon is secreted by - *(PGINov. 10)*
a) a cell b)pcell
c) 8 cell d) G cell
e) Ccell

721. Machanism of action of insulin includes all except -
a) Activation of tyrosine kinase *(Jipmer 10)*
b) Incorporation of GLUT-4 into cells
c) Inhibition of Na+ K+ ATPase
d) Hexokinase stimulation

722. Insulin mediated glucose uptake in skeletal muscles & adipose tissue is mediated by - *(Jipmer 11)*
a) GLUT-1 b) GLUT - 2
c) GLUT-4 d)GLUT-6

723. Glucose is transported in renal tubular cells by -
a) K symport *(NEET/DNB Pattern)*
b) Kantiport
c) Na antiport
d) Na cotransport

724 Epinephrine reduces insulin *by-(NEET/DNB Pattern)*
a) Alpha action predominantly
b) Beta action predominantly
c) Alpha and beta
d) Muscarinic receptors

725. Adrenaline effects insulin by-*(NEET/DNB Pattern)*
a) Stimulation of alpha cells
b) Stimulation of beta cells
c) Stimulation of delta cells
d) Stimulation of g cells

726. GLUT2 is present mainly in - *(NEET/DNB Pattern)*
a) Beta cells of pancreas b) Placenta
c) Skeletal muscle d) Cardiac muscle

727. Glucose transporter involved in insulin stimulated glucose transport is GLUT - *(NEET/DNB Pattern)*
a) 1 b)2
c) 3 d)4

728. Insulin is essential for glucose entry in-
a) Muscle *(NEET/DNB Pattern)*
b) Cortical neurons
c) Renal tubular cells
d) Beta cells of pancreas

729. Half life of insulin is - *(NEET/DNB Pattern)*
a) 1-2 min b) 4-6 min
c) 10-12min d) 12-16 min

730. Glucose is transported in renal tubular cells by -
a) K symport *(NEET/DNB Pattern)*
b) K antiport
c) Na antiport
d) Na cotransport

ADRENAL

731. In addisons disease the following is seen - *(AP 88)*
a) Hyperkalemia b) Hypernatremia
c) Hyperglycemia d) High blood pressure

732. Renin secretion is stimulated by all except -
a) Cardiac failure *(AI 93)*
b) Low Na+ in promimal tubule
c) Sympathetic stimulation
d) High Na+ in proximal tubule

733. Cortisol - *(AIMS 78, Delhi 90, 92)*
a) Secretion increases following injury
b) Favours protein synthesis
c) Enhances effects of antigen-antibody reactions
d) Tends to lower blood pressure

734. In a male newborn the adrenogenital syndrome (congenital hyperplasia of the adrenal glands) is most often associated with - *(JIPMER 80, UP 92)*
a) Normal appearing genitalia
b) Hypoglycemia
c) Pseudohermaphroditism
d) Persistent paramesonephros(Mullerian ducts)

735. Adrenal insufficiency causes - *(PGI84)*
a) A rise in plasma Sodium/Potassium ratio
b) Low blood pressure
c) Increased breakdown of protein
d) A fall in extra cellular fluid volume

736. What is not true for aldosterone - *(AIMS81)*
a) Secreted in increased amounts when blood volume falls
b) Is a polypeptide
c) Secretion tends to increase renal arterial pressure
d) Secretion results in a reduction in uninary volume

737. Regarding ACTH the following statements are true except - *(PGI 81, AMU86)*
a) Secreted by the basophil cells
b) Controls secretion of adrenal cortex
c) It is not protein in nature
d) In can withstand heating up to 100 degree C

714)a 715)None 716)d 717)d 718)b 719)c 720)a 721)c 722)c 723)d 724)a 725)b 726)a *121)6*
728) a 729) b 730) d 731) a 732) d 733) a 734) d 735) b,d 736) b 737) c

738. In Cushing syndrome the following features are found except- *(JIPMER 78, UP 92)*
a) Rapidly increasing adiposity
b) Polycythaemia
c) Hypotension
d) Impotence with atrophy of testis

739. Cushing's syndrome is characterised by-*(Kam 94)*
a) Eosinophilia b) Hyperkalemia
c) Nitrogen retention d) Poor wound healing

740. Hormones secreted by adrenal medulla are-
a) Glucagon b) Cortisol *(PGI02)*
c) Norepinephrine d) Insulin
e) Aldosterone

741. ACTH level is highest during - *(PGI99)*
a) Early morning b) Evening
c) Afternoon d) Night

742. Epinephrine action in liver - *(PGI98)*
a) Glycogenolysis b) Gluconeogenesis
c) Glycolysis d)Lipolysis

743. Aldosterone synthesis is inhibited by - *(PGI 03)*
a) Renin b)Endothelin
c) Dopamine d) Endorphin
e) Hypernatremia

744. All of the following development events are dependent on the production of maternal or fetal glucocorticoid, *except* **-** *(AI06)*
a) Induction of thymic involution
b) Production of surfactant by type II alveolar cells
c) Functional thyroid
d) Functional hypothalamopituitary axis

745. Aldosterone receptors are present in all except -
a) Liver b) Colon *(AiimsMay07)*
c) Hippocampus d) distal nephron

746. Mineralocorticoid receptors are present in all of the following sites, except - *(AIIMS Nov 08)*
a) Hippocampus b) Kidney
c) Colon d) Liver

747. In cushing syndrome, which of the following are seen - *(PGI Dec 08)*
a) T Aldosterone b) *i* Aldosterone
c) T Epinephrine d) *i* Epinephrine
e) Edema

748. Excessive production of aldosterone results in -
a) Metabolic acidosis *(Corned 09)*
b) Severe hypotension
c) Potassium retention
d) Depressed plasma renin

749. Hyperaldosteronism is associated with all except -
a) Hypernatremia b) Hypokalemia *(AIIMSMay 10)*
c) Hypertension d) Metabolic acidosis

750. In a male newborn the adrenogenital syndrome (congenital hyperplasia of the adrenal glands) is most often associated with - *(DPG10)*
a) Normal appearing genitalia
b) Hypoglycemia
c) Pseudohermaphroditism
d) Persistent paramesonephros (Mullerian ducts)

751. Mineralocorticoid receptors are present in all of the following sites, except - *(NEET/DNB Pattern,*
a) Hippocampus *AI II, AIIMS Nov 08, May 07)*
b) Kidney
c) Colon
d) Liver

752. Which of the following increases during surgical stress - *(NEET/DNB Pattern)*
a) Cortisol b) Glucagon
c) Insulin d) Gastrin

753. Aldosterone mainly acts upon - *(NEET/DNBPattern)*
a) PCT b)LoopofHenle
c) Glomerulus d) Collecting duct

754. Effect of cortisol - *(NEET/DNB Pattern)*
a) Decreased bone matrix
b) Increased bone mattix
c) Increases lymphocytes
d) Increases RBCs.

755. Major adrenal androgen is - *(NEET/DNB Pattern)*
a) Testosterone
b) 11-hydroxy derivative of androstenedione
c) 17-ketosteroid dehydroepiandrosterone
d) Cortisol

756. Zona glomerulosa secretes- *(NEET/DNB Pattern)*
a) Aldosterone b) Cortisol
c) Testosterone d) Catecholamines

CALCIUM METABOLISM

757. Which of the following does not interfere with calcium metabolism - *(AIIMS 85)*
a) Calcitonin b) Cholecaliferol
c) Vitamin D d) Thyroxine

758. Which of the following organ is not involved in Calcium metabolism - *(PGI 01)*
a) Lung b) Liver
c) Spleen d)Skin
e) Kidney

759. True of the following - *(PGI 01)*
a) Calcium reabsorbed in DCT
b) 90% calcium excreted by glomerulus
c) Parathormone (PTH) promotes absorption of Ca^ from intestine
d) PTH promote action of calcitonin

760. Hypocalcemia due to calcitonin is by - *(PGI99)*
a) Increased excretion in kidney
b) Decreased bone resorption
c) Decreased intestinal absorption
d) Decreased renal reabsorption

761. Calcium absorption is from - *(PGI 99)*
a) Proximal small intestine b) Distal Ileum
c) Middle small intestine d) Ascending colon

738) c 739) d 740) c 741) a 742) a 743) e 744) d 745) a 746) d 747)a,c,e 748) d 749) d 750) d 751)d
752) a>d 753)d 754)a 755)c 756)a 757)d 758)c 759)c 760)b 761) a

762. Parathyroid hormone is responsible for all actions except- *(PGI97)*
a) Absorption of phosphorous increase
b) Vit D absorption increases
c) Mobilizes calcium from bone
d) Increase intestinal absorption of calcium

763. Osteomalacia is associated with - *(AI03)*
a) Decreases in osteoid volume
b) Decrease in osteoid surface
c) Increase in osteoid maturation time
d) Increase in mineral apposition rate

764. Calcium absorption from gut is enhanced by -
a) Parathyroid hormone *(APPGE 05)*
b) Calcitonin
c) 1,25 dihydroxy cholecalciferol
d) AJ1

765. Osteoclasts are inhibited by - *(AI 05)*
a) Parathyroid hormone
b) Calcitonin
c) 1,25-dihydroxycholecalciferol
d) Tumor necrosis factor

766. Hypercalcemia associated with malignancy is most often mediated by - *(AI 05)*
a) Parathyroid hormone (PTH)
b) Parathyroid hormone related protein (PTHrP).
c) Interleukin - 6 (IL-6)
d) Calcitonin

767. Which of the following organs is not involved in calcium homeostasis ? *(AI 06)*
a) Kidneys b)Skin
c) Intestine d) Lungs

768. Calcitonin is secreted by - *(AI06)*
a) Thyroid gland b) Parathyroid gland
c) Adrenal glands d) Ovaries

769. True of the following - *(DPG10)*
a) Calcium reabsorbed in DCT
b) 90% calcium excreted by glomerulus
c) Parathormone (PTH) promotes absorption of Ca++ from intestine
d) PTH promote action of calcitonin

770. Parathormone (Parathroid hormone/PTH) increase calcium levels and reduces phosphate level by acting on_____- *(Maharashtra 10)*
a) Proximal tubules
b) Distal tubules
c) Thick ascending limb of Loop of Henle
d) All of the above

771. Which of the following organ is not involved in Calcium metabolism - *(PGI May 10)*
a) Lung b) Liver
c) Spleen d) Skin
e) Kidney

772. Effect of steroids on calcium - *(NEET/DNB Pattern)*
a) Increased plasma level
b) Increased absorption from gut
c) Increased excretion from kidney
d) None

773. Increased calcium levels lead to -
a) Increased 1,25 dihydroxycholecalciferol
b) Increased 24,25 dihydroxycholecalciferol
c) Decreased calcitonin *(NEET/DNB Pattern)*
d) Increased parathormone

774. Site of 25-hydroxylation of cholecalciferol -
a) Kidney b) Skin *(NEET/DNB Pattern)*
c) Liver d) Lung

775. Calcium absorption is increased by -
a) Proteins b) Bile *(NEET/DNB Pattern)*
c) Acid d) Phosphates

776. Bone removing cells - *(NEET/DNB Pattern)*
a) Osteoblasts b) Osteoclasts
c) Stem cells d) Cytotoxic T cells

111. **Which of the following cause low serum calcium-**
a) Vit D deficiency b) Parathyroid *(NEET/DNB*
c) GH d) Glucocorticoids *Pattern)*

778. Which of the following cause low serum calcium-
a) Vit D deficiency b) Parathyroid *(NEET/DNB*
c) GH d) Glucocorticoids *Pattern)*

PITUITARY

779. Anterior pituitary gland secretes all except -
a) GRH b)GH *(TN89)*
c) TSH d)LH-FSH

780. Hormones secreted form the anterior pituitary lobe- *(PGI87, NIMHANS86, Kerala 88)*
a) Growth hormone b) Prolactin
c) TSH d)ACTH
e) Somatostatin

781. Which of the following are true about median eminnce - *(AIIMS 85, AI 88)*
a) Portion of ventral hypothalamus
b) Hypothalmus hypophyseal vessels arise here
c) Outside the blood-brain barrier
d) All are correct

782. Site of ADH action is - *(AI 91)*
a) Proximal tubule b) Loop of Henle
c) Vasa recta d) Collecting tubule

783. Which of true regarding oxytocin - *(JIPMER 91)*
a) Increased by stress
b) Secreted by para ventricular tissue
c) Effective in males
d) Important for maintaining pregnancy

784. The effect of hypophysectomy is - *(JIPMER 91)*
a) Glucocorticoid deficiency
b) Mineralo corticoid deficiency
c) Menstrual failure
d) Ail

785. Transection of pituitary stalk leads to increase in -
a) TSH b) Prolactin *(JIPMER 92)*
c) GH d)ACTH

786. Neurotransmitter which controls secretion of prolactin - *(JIPMER 93)*
a) Serotonin b) GABA
c) Somatostatin d) Dopamine

762) a 763)c 764)c 765)b 766)b 767)d 768)a 769)c 770) d 771)c 772)c 773)b 774)c 775) a
776) b 777) a 778) a 779) a 780)a,b,c,d 781)d 782) d 783)a,b,c 784) a, c 785) b 786) d

787. Injection of hypertonic saline into which area causes diuresis - *(AIIMS 94)*
a) Supraoptic nucleus
b) Paraventricular nucleus
c) Preoptic nucleus
d) Posterior pituitary

788. Oxytocin causes all except - *(IN 97)*
a) Lactogenesis
b) Milk ejection
c) Contraction on uterine muscle
d) Myoepithelial cell contraction

789. True about growth Hormone is that - *(AI99)*
a) Causes diabetes mellitus resistant to insulin
b) Causes hyperglycemia
c) Enhances lipogenesis
d) Causes hypoglycemia

790. In the Neurohypophysis, secretory granules accumulate in - *(Karnataka 2001)*
a) Pituicytes
b) Nerve endings
c) Intercellular spaces
d) Capillary endothelium

791. Hormone secreted by adenohypophysis are/is -
a) Oxytocin b) TSH *(PG103)*
c) Gonadotropins d) Ariginine vesopressin
e) ACTH

792. Basophillic cells of pituitary secretes - *(PGI02)*
a) Prolactin b) GH
c) TSH d)ACTH
e) LH

793. Posterior pituitary secretes - *(PGI 01)*
a) Oxytocin b) Prolactin
c) ADH d)MSH
e) FSH

794. GH secretion is- **(***SGPGI05*)
a) Greater in early morning
b) Greater in evening
c) Increases on preolonged fasting
d) Stimulates B-cells of pancreases directly

795. Pro-opimdanocartin (POMC) releases all of the following except - *(SGPGI05)*
a) ACTH b)MSH
c) B_2-endorphins d) FSH

796. Hormone which initiates milk ejection- *(MAHE 05*
a) Lactogen b) Prolactin *Kerala94)*
c) LH d) Oxytocin

797. Greatest stimulator for ADH secretion-(PG7 *June*
a) Hyperosmolarity b) Hyponatremia*06)*
c) Hypotension d) Hypovolemia

798. Suckling releases which of the following from the anterior - *(MAHE 07)*
a) Prolactin b) Oxytocins
c) Somatostatins d)Somatomedins

799. Dwarfism is caused by all except - *(UP 07)*
a) Thyroid deficiency
b) Growth hormone deficiency
c) Castration before puberty
d) Receptor unresponsive

800. Somatomedin mediates - *(AIIMS May 10)*
a) Deposition of chondroitin sulfate
b) Lipolysis
c) Gluconeogenesis
d) Decreased rate of glucose uptake by cells

801. Oxytocin causes all except - *(DPG10)*
a) Lactogenesis
b) Milk ejection
c) Contraction of uterine muscle
d) Myoepithelial cell contraction

802. True about milk secretion - *(PGIMay 10)*
a) Neuroendocrine part of post pituitary is involved
b) Secretion by contraction of lactiferous sinus oxytocin
c) Oxytocin hormone is involved
d) Prolactin cause contraction of Myoepithelial cells
e) Affected by emotion

803. Which of the pairs about vasopressin receptors is incorrect - (AIIMS Nov 10)
a) V,-smooth muscles b) V_2-collecting ducts
c) V_3-anterior pituitary d)V_4-CNS

804. About Neuropeptide Y all are true except -
a) It is mediated through melanocorticotropin hormone *(AIIMS Nov 10)*
b) Decreases thermogenesis
c) Its level decreases during starvation
d) Contains 36 aa residues

805. Secretion of all the following hormones are decreased in section of pituitary stalk except -
a) Prolactin b)GH *(Jipmer10)*
c) Vasopressin d)FSH

806. Prolactin is secreted by - *(Jipmer 11)*
a) Acidophil b) Basophil
c) Chromophobe d) Herring bodies

807. Ejection of milk is caused by - *(NEET/DNB Pattern)*
a) Oxytocin b) ADH
c) Progesterone d) Thyroxine

808. Vasopressin induced thirst is - *(NEET/DNB Pattern)*
a) Subfomicial nuclei
b) Posterior hypothalamus osmoreceptors
c) Pretectal nucleus

809. Efferent pathway for milk ejection reflex - *(NEET/*
a) Prolactin b) Oxytocin *DNB Pattern)*
c) ACTH d) Growth hormone

810. Function of preoptic nucleus of hypothalamus -
a) Temperature regulation *(NEET/DNB Pattern)*
b) Thirst
c) GI stimulation
d) Satiety centre

787) a 788) a 789) a,b 790) b 791)b,c,e 792)c,d,e 793) a,c 794) c 795) d 796) d 797) a 798) b 799) c
800) a 801) a 802)a,b,c,e 803) d 804) c 805) a 806) a 807) a 808) a 809) b 810) a

811. Where does ADH not act ? *(NEET/DNB Pattern)*
a) PCT b) Collecting duct,
c) Collecting tubules d)DCT

812. Which of the following nucleus controls the circadian rhythm? *(NEET/DNBPattern)*
a) Supraoptic nucleus
b) Paraventricular nucleus
c) Suprachiasmatic nucleus
d) Premamillary nucleus

813. Lesion of which hypothalamic nuclei leads to loss of circadian rhythm - *(NEET/DNB Pattern)*
a) Dorsomedial b) Ventromedial
c) Supraoptic d) Suprachiasmatic

814. Pituitary secretes all hormones except ?
a) GH *(NEET/DNBPattern)*
b) Prolactin
c) Oxytocin
d) Thyroxine

815. Diurnal variation of ACTH depends on -
a) Suprachiasmatic nucleus *(NEET/DNB Pattern)*
b) Supraoptic nucleus
c) Ventrolateral nucleus
d) Thalamus

816. Hypothalamus increases release of all hormones from the pituitary except - *(NEET/DNB Pattern)*
a) TSH b)FSH
c) CRH d) Prolactin

817. Hypothalamus controls the hormone secretion of-
a) Anterior hypophysis *(NEET/DNB Pattern)*
b) Posterior hypophysis
c) Kidney
d) Pineal gland

818. Acidophils secrete - *(NEET/DNB Pattern)*
a) GH b) TSH
c) ACTH d)FSH

819. Vasopressin is secreted by - *(NEET/DNB Pattern)*
a) Supraoptic b) Preoptic
c) Paraventricular d) Posterior nucleus

820. Growth hormone level decreased in -
a) Mypoglycemia *(NEET/DNB Pattern)*
b) Fastiny
c) Sleep
d) Exercise

821. Circumentricular organ is - *(NEET/DNB Pattern)*
a) Anterior pituitary b) Posterior pituitary
c) Pineal gland d) None

822. ACTH is increased in all *except-(NEET/DNB Pattern)*
a) Exercise b) Emotions
c) Evening d) Tumors

823. Function of vasopressine - *(NEET/DNB Pattern)*
a) Absorption of water in PCT
b) Absorption of water in loop of Henle
c) Absorption of water in collecting duct
d) Absorption of Na^+ in PCT

824. Lesion of preoptic nucleus of hypothalamus causes-
a) Hyperphagia *(NEET/DNB Pattern)*
b) Hyperdypsia
c) Hyperthermia
d) Hyperglycemia

SEX HORMONES

825. Mullerian inhibiting substance that causes degeneration of paramesonephric ducts is secreted by- *(Jipmer95)*
a) Leydig cells b) Anterior pituitary
c) Adrenal cortex d) Theca cells

826. Which of these contain 19 carbon atoms -
a) Estradiol b) Testosterone *(ROHTAK88)*
c) Aldosterone d) Cortisol

827. Which is not a peptide hormone - *(JIPMER 92)*
a) Growth Hormone b) Prolactin
c) Progesterone d) Oxytocin

828. Best proof of ovulation is by - *(Delhi 87)*
a) Basal body Temp, chart
b) Study of cervical mucus
c) Vaginal cytology
d) Endometrial biopsy

829. Inhibin is secreted by - *(TN 95)*
a) Leydig cells b) Sertoli cells
c) Uterine endometrium d) Myometrium

830. Absence of fructose in semen indicates-£4//MS' *92)*
a) Prostatic atrophy
b) Testicular failure
c) Obstruction of vas
d) Obstruction of ejaculatory duct

831. To rule out azoospermia as a cause of infertility due to obstruction of seminal vesicles substance to be found in semen is - *(JIPMER 95)*
a) Fructose b) Carnitine
c) Pus cells d) All of the above

832. Testes does not produce- *(AI89)*
a) Estradiol b) Testesterone
c) Fructose d) Inhibin

833. Levels of which of the following hormones are increased in post menopausal women - *(AI89)*
a) Estrogen b) FSH
c) Progesterone d) Cortisone

834. The excretion of estrogens and progesterones are through- *(AP88)*
a) Bile b) Sweat
c) Urine d) Faces

835. Prostaglandin secretion is maximum in-
a) Urine b) Semen *(AIIMS89)*
c) Amniotic fluid d) Saliva

836. Function of leutenising hormone is - *(AI90, AJ 93)*
a) Follicle maturation and ovulation
b) Milk secretion
c) Causes progesterone secretion during ovulation
d) Maintains placenta

811)a 812)c 813)d 814)d 815)a 816)d 817)a>b 818)a 819)a 820)c 821)b 822)c 823)c 824)c
825) None 826) b 827) c 828) d 829) b 830) d 831) a 832) c 833) b 834) c 835) b 836) a

837. Cart wheel appearance of nucleus is seen in -
a) Leydig cell b) Sperms *(JIPMER 92)*
c) Sertoli of ovary d) Germinal epithlium

838. FSH is secreted by - *(JIPMER 92)*
a) Chromophobesb) Basophils
c) Acidophils d) Theca interna cells

839. Estrogen acts on - *(AIIMS 92)*
a) Nucleus b) Mitochondria
c) Cell membrane d) Cytoplosmic receptor

840. Which is not caused by Estrogen - *(AIIMS 92)*
a) Decreased folate levels
b) Decreased HDL
c) Increased blood sugar
d) Decreased serum alkaline phosphatase

841. Menopausal hot flushes is due to - *(AIIMS 92)*
a) Decreased Estrogen
b) Decreased progesterone
c) LH surge
d) FSH surge

842. Spermatozoa mature in which of the following organs- *(PGI80)*
a) Epidydimis b) Vas-Deferens
c) Rate-testes d) Prostate

843. Ovulation coincides with - *(AIIMS 8 7, Dehli 93)*
a) Increase in progesterone
b) GnRH release
c) LH Surge
d) Increase in Oestrogen

844. If a lady presents with a very regular 29 days messtrual cycle, ovulation should occur on day -
a) 14 b) 15 *(AIIMS 80, Delhi 8 7)*
c) 17 d) 19

845. In the female genital tract the spermatozoa do not live for more than - *(JIPMER 80, Orissa 91*
a) 12 hours b) 24 hours *AIIMS85)*
c) 36 hours d) 48 hours

846. The sperms are normally motile at the rate of -
a) 0-lmm/min b)l-3mm/min*(AIIMS 84)*
c) 3-10mm/min d)10-15mm/min

847. Following are the effects of testostone except -
a) Haemopoiesis *(JIPMER 81, Delhi 86)*
b) Calcium retention
c) Increase total quantity of bone matrix
d) Increase BMR
e) None

848. Which of the following determines the sex of the individual - *(BIHAR 89, 91)*
a) Genotype only b) Genotype + Phenotype
c) FSH+LH d) Hormones only
e) Any of the above

849. Normal-body temperature can be raised by -
a) Androgens b) Gonadotrophins *(Delhi 87)*
c) Oestrogen d) Progesterone

850. Menopausal hormonal relations are - *(AI95)*
a) LH/TSH increase
b) Gonadotropins increase estrogens decrease
c) Estrogens and gonadotropins decrease
d) Both increase

851. Progeterone is produced by - *(AI 95)*
a) Granulosa Luteal cells b) Theca cells
c) Stroma of ovary d) Sertoli cells

852. Testosterone is formed from - *(AMU 95)*
a) Cholesterol b) Pregnenolone
c) Androstendione d)All

853. Motility of sperms starts in - *(AIIMS 96)*
a) Testis b) Epididymis
c) Vas defedrens d) Prostratic urethra

854. Elasticity of cervical mucous is seen in - *(MP 98)*
a) Proliferative b) Midcycle
c) Luteal stage d) Menstruation

855. Prostaglandins found in the seminal fluid are secreting products of - *(Orissa 99)*
a) Prostate gland b) Seminal vesicle
c) Leydig cells d) Sertoli cells

856. Blood-testis barrier is formed by - *(MP 2K)*
a) Sertoli cells b) Leydig cells
c) Epididymis d) Vas deferens

857. Sperms persist in female genital tract for - *(Orissa 04)*
a) 1 -2 days b) 1 -2 weeks
c) 1 -2 months d) 1 -2 hours

858. Which among the following are polypeptides -
a) LHRH b) FSH *(PGI 02)*
c) Prolactin d) Estrogen

859. Before the onset of puberty, the GnRH neurons are under the inhibitory control of - *(AI 04)*
a) Glycine
b) Glutamate
c) Gamma amino butyric acid (GABA)
d) Beta endorphin

860. Features of HCG- *(PGI02)*
a) Is a glycoprotein
b) Levels increases in third trimester
c) Alpha subunit is specific for HCG
d) Secreted by Trophoblasts
e) Has 2 subunits

861. Capacitation of sperms takes place in - *(SRMC 02)*
a) Epididymus b) Seminal vasicle
c) Uterine tubes d) Uterus

862. Spermatozoa gets nourishment from - *(Kerala 03)*
a) Glucose b) Fructose
c) Galactose d) Lactose

863. Testesterone - *(Kerala 04)*
a) Causes salt and water retention
b) Has protein catabolic effect
c) Inhibits erythropoiesis
d) None of the above

864. Ovum is released due to - *(MAHE 05)*
a) FSH b)LH
c) Prolactin d)HCG

837) c 838) b 839) a 840)a,b,c,d 841) a 842) a 843) c 844) b 845) d 846) b 847) e 848) a 849) d 850) b
851) a 852) d 853) b 854) b 855) b 856) a 857) a 858)a,b,c 859) c 860) a,e 861) c 862) b 863) a 864) c

865. Which of the following statements can be regarded as primary action of inhibin - *(AI05)*
a) It inhibits secretion of prolactin
b) It stimulates synthesis of estradiol
c) It stimulates secretion of TSH
d) It inhibits secretion of FSH

866. Testosterone production is mainly contributed by- *(Ad 06)*
a) Ley dig cells b) Sertolie cells
c) Seminiferous tubules d) Epididymis

867. Ovulation is primarily caused by preovulatory surge of- *(AI06)*
a) Estradiol
b) Luteinizing hormone
c) Progesterone
d) Follicle stimulating hormone

868. After bilateral vasectomy which of the following substance deficiency is seen - *(Manipal 2006)*
a) Fructose b) Prostaglandin
c) Fibrinolysin d)None

869. By the time of implantation in uterine endometrium the typical fertilized ovum is devided into how many cells - *(HP 2006)*
a) 2 b) 4
c) 16 d)750

870. Males and females show difference in the age of onset of puberty. The difference in the age of onset of puberty amongst males may be explained by -
a) Increased Activin-A levels *(A107)*
b) Decreased Follistatin levels
c) Increased Inhibin levels
d) Easily releasable FSH pool

871. Normal testicular development requires which of the following chromosomes - *(MAHE 0 7)*
a)XY b)XX
c) Y chromosome d) X chromosome

872. Breast feeding often - *(UP 07)*
a) Stimulates FSH
b) Stimulates LH
c) Stimulates prolactin initiation
d) Stop suppression of FSH

873. Sertoli cells have receptors for - *(AIIMSNov07)*
a) FSH b)LH
c) Inhibin d) Progesterone

874. Sperms acquirs motility in - *(UP 08)*
a) Testis b) Epididymus
c) Vas deferences d) Seminal vesicles

875. Spermatogenesis occurs at - *(AI 08)*
a) Body temperature
b) Temperature lower than core body temperature
c) Temperature higher than core body temperature
d) Temperature does not play a role

876. Which of the following is correct regarding fertilization and implantation ? *(AI 08)*
a) Fertilisation usually occurs in the uterus
b) Implantation occurs 24 hours after fertilization
c) The tubes are lined by ciliated epithelium
d) The cilia beat towards fimbriae

877. Inhibin is secreted by - *('Manipal 08)*
a) Ovarian follicle
b) Stroma
c) Surface epithelium of ovary
d) Corpus luteum

878. Mellerian inhibiting substance (MIS) is produced by- *(Manipal 08)*
a) Stroma b) Sartoli cells
c) Ley dig cells d) All of the above

879. Source of progesterone during normal menstrual cycle- *(Manipal 08)*
a) Corpus luteum
b) Stroma
c) Surface epithelium of ovary

880. Spermatogenesis is maintained by which hormones (s)- *(PGI Dec 08)*
a) Testosterone b)FSH
c) LH d) Prolactin
e) Gonadotropin releasing hormone (GnRH)

881. Sertoli cells play a key role in which of the following process - *(AI 09)*
a) Spermiogenesis
b) Testosterone secretion
c) Secretion of seminal fluid
d) Production of germ cells

882. Capacitance of sperms takes place in - *(AIIMSMay 09)*
a) Seminiferous tubules b) Epididymis
c) Vas deference d) Uterus

883. Estrogen action on carbohydrate metabolism -
a) Increases uptake of glucose through increase in insulin sensitivity *(AIIMS May 09)*
b) Glycolysis increases
c) Increasing central adipose deposition
d) Worsening of NIDDM

884. Fern pattern in cervical mucus is due to high- *(Corned 09)*
a) Potassium chloride b) Sodium chloride
c) Calcium chloride d) Protein content

885. The principal steroid secreted by testis is -
a) Testosterone *(Corned 09)*
b) Dihydrotestosterone
c) Androstenidione
d) Dihydroepiandrosterone

886. Capacitance of sperms takeṗ *m-(ARMS May 10)*
a) Seminiferous tubules b) Epididymis
c) Vas deference d) Uterus

887. Which of the following is not seen in humans-^/*10)*
a) Estrous cycle b) Menstrual cycle
c) Endometrial cycle d) Ovarian cycle

888. Ductules in breast develop due to action of?
a) Progesteron b) Oestrogen *(Maharashtra 10)*
c) Activin d) All of the above

889. A man is given continuous testosterone.lt would lead to- *(ARMS Nov 10)*
a) Azoospermia
b) Increased sperm motility
c) Increased spermatogenesis
d) Increased gonadotrophins

865) d 866) a 867) b 868) d 869) c 870) c 871)c 872) c 873) a 874) b 875) b 876) c 877) a 878) b
879) a 880) a,b,c 781) a 882) d 883) a 884) b 885) a 886) d 887) a 888) b 889) a

890. Which of the following is not seen in humans -
a) Estrous cycle b) Menstrual cycle
c) Endometrical cycle d) Ovarian *cyc\e(AIll)*

891. Menopausal hot flushes coincides with - *(Korn 11)*
a) FSH secretion b) Decrease in estrogen
c) LH surge d) Increase in progesterone

892. FSH is secreted by - *(Punjab 10)*
a) Chrompphobes b) Basophils
c) Acidophils d) Theca interna cells

893. Androgen is secreted by - *(Jipmer 10)*
a) Leyding cell b) Sertoli cell
c) Cowper's gland d) Intermediate cells

894. Sperm acquires motility in - *(NEET/DNB Pattern,*
a) Seminal vesicle *A199, 94, ARMS 97, UP 08)*
b) Testes
c) Epididymis
d) Ejaculatory duct

895. Corpus luteum in pregnancy is maintained by which hormone - *(NEET/DNB Pattern)*
a) Progesterone b) Oestrogen
c) LH d)FSH

896. In post ovulatory phase thickness of endometrium is because of - *(NEET/DNBPattern)*
a) Progesterone b) Oestrogen
c) FSH d)LH

897. What is thelarche - *(NEET/DNB Pattern)*
a) Pubertal breast enlargement in girls
b) Breast enlargement in pregnancy
c) Hormone induced breast enlargement in boys
d) Post hormonal therapy breast enlargement in postmenopausal females

898. LH is secreted by - *(NEET/DNB Pattern)*
a) Ovary b) Pituitary
c) Corpus luteum d) Hypothalamus

899. Ovulation of ovary is influenced by.,
a) LH b)FSH *(NEET/DNBPattern)*
c) LH+FSH d)GnRH

900. Fertilization occurs at - *(NEET/DNB Pattern)*
a) Cervix b) Uterus
c) Ampulla d) Ovary

901. Haploid number of chromosomes is seen in -
a) Spermatogonia *(NEET/DNB Pattern)*
b) Primary spermatocytes
c) Secondary spermatocyte
d) None

902. Leydig cells secrete - *(NEET/DNB Pattern)*
a) Inhibin
b) MIS
c) Testosterone
d) Androgen binding protein

903. PGs in semen are secreted by *'(NEET/DNB Pattern)*
a) Prostate b) Seminal vesicle
c) Sperms d) Testes

904. Ovulation of ovary is influenced by -
a) LH b) FSH *(NEET/DNB Pattern)*
c) LH + FSH d)GnRH

905. 17 OH steroid - (NEET/DNB Pattern)
a) Androgen b) Progesterone
c) Estrogen d)None

906. Progestreone has how many carbons -
a) 18 b) 19 *(NEET/DNB Pattern)*
c) 20 d) 21

907. FSH is secreted by - *(NEET/DNB Pattern)*
a) Ovary b) Hypothalamus
c) Posterior pituitary d) Anterior pituitary

908. Ovulation in a women with 28 day cycle occurs at-
a) 14 days prior to mensturation *(NEET/DNB*
b) Just before LH surge *Pattern)*
c) Just after corpus leuteal maturation
d) Due to progesterone rise

909. Estrogen is secreted during pregnancy, mostly by-
a) Maternal ovary *(NEET/DNB Pattern)*
b) Fetal ovary
c) Pituitary
d) Hypothalamus

910. Spermatogenesis is mostly controlled by-
a) Inhibin b) FSH *(NEET/DNB Pattern)*
c) LH d)GnRH

911. Sperm maturation takes place in -
a) Vas deferens *(NEET/DNB Pattern)*
b) Seminiferous tubules
c) Epididymis
d) Female genital tract

912. Beta HCG is secreted by - *(NEET/DNB Pattern)*
a) Ovary b) Pituitary
c) Corpus luteum d) Placenta

913. Semen is released by - *(NEET/DNB Pattern)*
a) Epididymis b) Testes
c) Vas deferens d) Prostate

914. Sperm maturation takes place in -
a) Vas deferens *(NEET/DNB Pattern)*
b) Seminiferous tubules
c) Epididymis
d) Rete testis

915. Ovarian follicles at birth in ovary are -
a) 2 million b) 7 million
c) 10 million d) 20 million

916. Velocity of human sperm - *(NEET/DNB Pattern)*
a) 1 -3 mm/min b) 4-6 mm/min
c) 6-9 mm/min d) 10-13 mm/min

917. Dihydrotestosterone acts on - *(NEET/DNB Pattern)*
a) Pituitery b) External genitalia
c) Internal genitalia d) Tests

918. Ovary produces all except - *(NEET/DNB Pattern)*
a) Gonadotropin b) Testosterone
c) Estrogen d) Inhibin B

919. Negative feedback in spermatogenesis is by -
a) ABP *(NEET/DNB Pattern)*
b) Inhibin
c) Progesterone
d) None

890) a 891) c 892)b 893)a 894)c 895)c 896)a 897)a 898)b 899)a 900)c 901) c 902)c 903)b 904)a 905)b 906)d 907)d 908)a 909)a 910)c>b 911)d 912)d 913)c 914)c 915)a 916)a 917)b 918) a 919)b

920. Function of oxytocin - *(NEET/DNB Pattern)*
a) Milk ejection b) Milk secretion
c) Ovulation d) Maintainance of pregnancy

921. Size of sperm - *(NEET/DNB Pattern)*
a) 100 microns b)65nm
c) 100 nm d) 65 micrometer

922. Luteal phase dominant hormone-
a) Estrogen *(NEET/DNB Pattern)*
b) Progesterone
c) Prolactin
d) Oxytocin

923. Testosterone is produced in leydig cells in fetus due to - *(NEET/DNB Pattern)*
a) FSH b) pHCG
c) Cortisol d) Estrogen

924. Immune rejection in fetus is prevented by -
a) HOG *(NEET/DNB Pattern)*
b) HPL
c) Oestrogen
d) Progesterone

925. Sertoli cell feedback mechanism involves -
a) Decreased LH *(NEET/DNB Pattern)*
b) Decreased FSH
c) Decreased TRH
d) Decreased CRH

MISCELLANEOUS

926. Least half life is for which hormone - *(JIPMER 99)*
a) Nor adrenaline b) Renin
c) Aldosterone d) Thyroxine

927. Which of the following have natriuretic actions -
a) Aldosterone b) Natriuretic peptide *(PGI88)*
c) Angiotensin d) Prednisolone

928. Beta endorphin is - *(Kerala90)*
a) A lipoprotein
b) Analogue of morphine
c) Hormone of the intermediate lobe of pituitary
d) Morphine receptor in brain

929. Anabolic action on protein is mediated by -
a) ACTH b) Insulin *(JIPMER92)*
c) Testesterone d)TSH

930. Following are local hormones except- *(JIPMER 79,*
a) Insulin b) Heparin *Delhi 92)*
c) Bradykinin d) Acetyl choline

931. Erythropoietin is secreted by - **(***AI96)*
a) Liver b) Adrenal cortex
c) Kidney d) Bone marrow

932. Thromboxane A2 is mainly produced by- *(AI97, 95)*
a) Vascular endothelium b)Plateletes
c) Liver d) Damaged tissue

933. Erythropoietin level is raised by - *(AI98)*
a)$iP0_2$ b)$iPC0_2$
c) iHb d)iPH

934. True about creatine - *(UP 2K)*
a) It is a muscle protein
b) High energy compound
c) Measures GFR
d) None

935. Not a glycoprotein - *(DNB 2001)*
a) FSH b)LH
c) TSH d)GH

936. Angiotensionogen is produced by - *(Karnat. 2001)*
a) Liver b) Kidney
c) Atrium d) Hypothalamus

937. Stress-induced hyperglycemia is due to - *(PGI02)*
a) Glucocorticoids b)GH
c) Thyroxine d) Epinephrine
e) Insulin

938. T HIAA urine levels are suggestive of- (*MANE 05)*
a) Carcinoid tumors b) Colon cancer
c) Malignant melanoma d) None of the above

939. Diuresis produced by alcohol is due to - *(ICS 05)*
a) Decreased tubular reabsorption
b) Increased glomerular filtration rate
c) Osmotic diuresis
d) Inhibition of ADH secretion

940. Endothelium Derived Relaxing Factor (EDRF) induced vasodilatation is mediated by -
a) Increased intracellular CGMP *(APPGE05)*
b) Decreased intracellular CGMP
c) Increased extracellular cyclic Amp
d) Decreased intracellular cyclic Amp

941. Exercise is also prescribed as an adjuvant treatment for depression. Most probably is acts by -
a) Increasing pulse pressure *(AIIMSMay 2005)*
b) Improving hemodynamics
c) Raising endorphin levels
d) Inducing good sleep

942. There is mutation of gene coding for the ryanodine receptors in malignant hyperthermia. Which of the following statements best explains the increased heart production in malignant hyperthemia -
a) Increased muscle metabolism by excess of calcium ions *(AIIMSMay 05)*
b) Thermic effect of food
c) Increased sympathetic discharge
d) Mitochondrial thermogenesis

943. Which of the following hormones is an example of a peptide hormone - *(AIIMS May 05)*
a) Parathormone b) Adrenaline
c) Cortisol d) Thyroxine

944. Thyroid hormone acts through receptors present on- *(PGMCET0T1)*
a) Cell membrane b) Cytoplasmic membrane
c) Nuclear membrane d)DNA

945. Insulin with glucagon secretion occurs simultaneously in which condition or by which substance - *(PGMCET07)*
a) Hyperglycaemia b) Hypoglycaemia
c) Fatty acid d) Arginine

920)a 921)d 922)b 923)b 924)a>d 925)b 926)a 927)b 928)c 929)b 930)a 931)a,c 932)b 933)a
934) a 935) d 936) a 937)a,b,d 938) a 939) d 940) a 941) c 942) a 943) a 944) c 945) d

946. cAMP action mediates all except - *(Corned 08, 07)*
a) Glucagon
b) Follicle stimulating hormone
c) Leutinizing hormone
d) estrogen

947. A patient is on low calcium diet for 8 weeks. Following increases to maintain serum calcium levels- *(AIMS Nov 07)*
a) PTH
b) Calcitonin
c) Active 24,25 dihydroxy cholecaliferol
d) Serum phosphate level

948. Which one of the following does not cause small vessel vasculitis ? *(UPSC-108)*
a) Churg - strauss syndrome
b) Henoch - Schonlein purpura
c) Kawasaki disease
d) Microscopic polyangiitis

949. All of the following are increased in Acute stress EXCEPT- *(UP 08)*
a) Growth hormone b) Insulin
c) Epinephrine d) Glucagon

950. Which of the following statements about Histamine is true - *(AI08)*
a) Is found in mast cells
b) Increases gastric acid secretion
c) Related to arousal and blood pressure
d) All of the above

951. Natural light causes all except - *(Manipal 08)*
a) Vitamin D synthesis b) Destroys organ of corti
c) *i* Bilirubin level d) Melanin synthesis

952. 5 percent dextrose is ? *(APPG 08)*
a) Hypotonic b) Isotonic
c) Normotonic d) Hypertonic

953. Which set of hormones have nuclear receptor -
a) Estrogen, thyroxin & glucagon *(PGIDec 08)*
b) Estrogen, thyroxin & TSH
c) Estrogen, TSH & Gonadotropin releasing hormone (GnRH)
d) Retinoic acid, thyroxin & Luteinizing hormone (LH)
e) Testosterone, cortisol & Estogen

954. Hormone synthesized as peptide precursor is/are -
a) Insulin b) PTH *(PGI June 09)*
c) Renin d) Thyroid hormone
e) Angiotensin II

955. All the following hormones have receptors on the plasma membrane of target tissues except -
a) Thyrotropin b) Glucagons *(Corned 09)*
c) Estradiol d) Epinephrine

956. Which one of the following hormones decreases Na^+-K^+ AT-Pase activity - *(Corned 09)*
a) Thyroid hormone b) Aldosterone
c) Dopamine d) Insulin

957. The primary site of haematopolesis in the foetus before midpregnancy is - *(Corned 09)*
a) Bone b) Liver
c) Spleen d)Lung

958. Which of the following acts through tyrosine kinase receptor - *(Corned 09)*
a) Insulin b) Glucagon
c) Growth hormone d) Follicle stimulating hormone

959. All of the following use c-AMP as a second messenger except - *(AIMS Nov 09)*
a) Corticotropin b) Dopamine
c) Glucagon d) Vasopressin

960. Insulin-like Growth factor H plays an important role in_____ - *(Maharashtra 10)*
a) Control of metablism b) Skeletal growth
c) Cartilage growth d) Devolop of foetus

961. True about function of Angiotensin *H-(PGI Nov 10)*
a) Constriction of afferrent arteriole
b) Autoregulation of GER
c) Secreted from endothelial
d) Release aldosterone
e) Increased sodium and water reabsorption

962. Intrauterine growth of fetus is affected by -
a) Growth hormone *(PGI Nov. 10)*
b) Insulin
c) Thyroxine
d) Glucocorticoids
e) Parathormone

963. All are glycoprotein hormones except -
a) IH b) FSH *(Jipmer 10)*
c) Lh d) ADH

964. Which of the following occurs in acute trauma?
a) Increase in insulin *(Jipmer 11)*
b) Decrease in glucagon
c) Decrease in cortisol
d) Increase in thyroxine

965. Nissl's bodies located intracytbplasmic are in?
a) Perikaryon of neuron *(NEET/DNB Pattern)*
b) Smooth muscle
c) Skeletal muscle
d) Cardiac muscle

966. Which is incorrectly matched - *(NEET/DNB Pattern)*
a) Eyes-rods& cones
b) Olfaction- hair cells
c) Tongue- Na channels
d) Carotid body- chemoreceptor

G.I.T.

967. The rate of absorption of sugars by small intestine is highest for - *(AIMS 83)*
a) Disaccharides b) Polysaccharides
c) Hexoses d) Pentose

968. Which of the following is not secreted by the pancreas - *(PGI 92)*
a) Procarboxypeptidase b) Trypsinogen
c) Phospholipase A d) Pepsinogen

969. Liver does not produce - *(AI89)*
a) Albumin b) Gamma globulin
c) Fibrinogen d) Prothromobin

946) d 947) a 948)c 949)b 950)d 951)b 952)b 953)None 954)a,b,c,e 955)c 956)b 957)b 958)a 959)None>d 960)d 961)a,b,c,d 962)b,c,d 963)d 964)d 965)a 966)b 967)c 968)d 969)b

970. Pancreas Secretes all of the following except -
a) Amino peptidase b) Elastase *(AI 93)*
c) Ribonuclease d) Colipase

971. The major ejection force in vomiting is provided by-
a) Stomach *(JIPMER 80, PGI81)*
b) Reverse peristalsis of intestines
c) diaphragm
d) abdominal muscles

972. Normal acid level in stomach is - *(AIIMS 91)*
a) 300-400 m Eq b) 100-200 m Eq
c) 20-40 m Eq d) 15-20 m Eq

973. Gastrin secretion by pyloric antrum is stimulated by - *(JIPMER 88, UPSC 86)*
a) Cholecystokinin
b) Alteration in pH of gastric contents
c) Distension of antrum
d) All of the above
e) None of the above

974. Pancreatic secretion contain - *(PGI 87)*
a) Trypsin b) Lipase
c) Enteropeptidase d) Pepsin
e) Renin

975. Chymotrypsinogen in activated into chymotrypsin by- *(AIIMS 87)*
a) Trypsin b) Pepsin
c) Fatty acids d) Bile salts

976. Most potent stimulus for bile secretion is -
a) Cholecystokinin *(AIIMS 87)*
b) Gastrin c) Secretin
d) Bile acid e) Bile salt

977. Secretin does not cause - *(AI88)*
a) Bicarbonate secretin
b) Auguments the action of CCK
c) Contraction of pyloric sphincter
d) Gastric secretion increase

978. The gastric phase of gastric secretion is brought about by- *(AI89)*
a) Neural factors
b) Hormonal factors
c) Gastric distension
d) Presence of proteins in the stomach

979. Gastric secretion is stimulated by all of the following except - *(AI88)*
a) Secretin b) Gastric distension
c) Gastrin d) Vagal stimulus

980. Pancreatic juice rich in water and electrolytes but poor in enzymes is secreted in response to -*(Jipmer*
a) Pancreatozymin b) Cholecystokinin *90)*
c) Secretin d) Porteins

981. Gastrin is produced by - *(Jipmer 90)*
a) Pancreas b) Gastric antral cells
c) Pituitary d) All

982. Cephalic phase of gastric secretion is mediated by- *(A190)*
a) Neurohormones b) Parasympathetic
c) Sympathetic d) Gastrin

983. Most potent stimulus for secretin is - *(AI 90)*
a) Dilatation of intestine b) Acid chyme
c) Protein d)Fat

984. Which of the following is absorbed in the colon -
a) Iron b) Proteins
c) Bile salts d) Electrolytes

985. Which of the following is absorbed in the proximal intestine - *(AI 91)*
a) Iron b) Electrolytes
c) Bile salts d)VitaminB12

986. Best stimuli for CCK secretion is - *(AI 92)*
a) Acid b) Protein
c) Bile d)Fat

987. Gastric emptying is decreased by all except -
a) Fatty meal *(AIIMS 92)*
b) Hyperosmolarity in duodenum
c) Distension of duodenum
d) Hypoosmolarity in duodenum

988. Pepsinogen is activated by - *(All India 93)*
a) Enterokinase b) Low pH
c) Trypsin d) Chymotrypsin

989. The normal basal acid output is - *(Jipmer 93)*
a) 1 -2 mmol/hr b) 5-10 mmol/hr
c) 10-15 mmol/hr d) 20-25 mmol/hr

990. Which of the following is the fastest to be absorbed from the stomach - *(Jipmer 79, Delhi 92)*
a) Carbohydrate b) Proteins
c) Fats d) Water
e) None

991. Gastrin secretion is - *(UPSC 89)*
a) Inhibited by curare
b) Stimulated by nor adrenaline
c) Increased by stomach distention
d) Stimulated by an increase in tonic activity

992. Liver is the only organ which normally -
a) Synthesizes heparin *(AIIMS 82)*
b) Synthesizes urea
c) Degrades haemoglobin
d) Convents glycogen to glucose
e) All of the above

993. The only sugar normaly absorbed in the intestine against a concentration gradient is - *(AIIMS 84*
a) Xylose b) Mannose*PGI 81, Delhi 82)*
c) Glucose d) Ribose
e) Galactose

994. Maximum absorption of bile occurs at-
a) Jejunum b) Duodenum
c) Ileum d) Colon

995. The duodeum secretes a hormone which has following effects except - *(DNB 91)*
a) Causes copious pancretic juice rich in bicarbonate and poor in enzymes
b) Increases gastric motility
c) Causes gall bladder to contract and sphincter of Oddi to relax
d) Leads to meagre flow of pancreatic juice rich in enzymes

970) a 971) d 972) c 973) c 974) a,b 975) a 976) d 977) d 978) a,b 979) a 980) c 981)d 982) b 983) b
984) d 985) a,b 986) b 987) d 988) b 989) a 990) e 991) c 992) b,d 993) c,e 994) c 995) b

996. Small intestinal peristalsis is controlled by -
a) Myentric piexus *(Kerala 94)*
b) Meisners piexus
c) Vagus nerve
d) Para sympathetic system

997. Dietary fiber includes one of following - *(Al 96)*
a) Collagen b) Pectins
c) Keratin d)Elastin

998. The final sugars in intestinal chyme ar*t-(Delhi 96)*
a) Glucose & fructose b) Ribose & mannose
c) Ribose & xylulose d) Xylulose & fructose

999. All of the following are secreted proenzyme form except- *(Delhi 96)*
a) Trypsin b) Chymotrypsin
c) Pepsin d) Ribonuclease

1000. Bile is formed at the rate of how many ml/hr in liver - *(AMU95)*
a) 20 b)40
c) 80 d) 100

1001. Fat is maximally absorbed in - *(AMU 95)*
a) Ileum b) Colon
c) Stomach d) Jejunum

1002. All are actions of CCK except - *(Al 99)*
a) Relax lower esophageal sphinctor
b) Increased pancreatic secretion
c) Increased gastric secretion
d) Causes GB contraction

1003. Gastro-colic reflex is related to - *(Orissa 98)*
a) Mass preistalsis b) Segmental movement
c) Pendularmovement d) Colonic cases

1004. Actions of cholecystokinin include all of the following except- *(Kerala 2000)*
a) Contraction of gall bladder
b) Secretion of pancreatic juice rich in enzymes
c) Increases the secretion of enterokinase
d) Augments the action of secretion of gastrin
e) Stimulated gastric emptying

1005. Stimulation for gastric emptying - *(DNB 2001)*
a) Secretin b) CCK
c) Gastrin d) Distension

1006. Intestinal absorption is faster for - *(J&K2001)*
a) Hexoses b) Hissacharides
c) Oligosaccharides d) Polysaccharides

1007. Which of the following does not stimulate enterogastric reflex? *(J&K2001)*
a) Products of protein digestion in the duodeum
b) Duodenal distension
c) H + ions bathing duodenal mucosa
d) Hormones

1008. Which inhibits gastrin secretion - *(Kerala 2001)*
a) Secretin b) High gastric pH
c) Insulin d) Calcium

1009. Short chain fatty acid produced by bacteria are maximally absorbed in - *(Jipmer 2002)*
a) Duodenum b) Colon
c) ileum d) Jejunum

1010. Following are gastrointestinal hormones except
a) CCK-PZ b) GIP *(TN2002)*
c) Motilin d) Chymotrypsin

1011. Secretomotor fibers of parotid gland passes through-
a) Auriculotemporal nerve (*PGI03)*
b) Lesser petrosal nerve
c) Deep petrosal nerve
d) Otic ganglion

1012. Which of these statements are correct regarding acid secretion in stomach - *(PGI02)*
a) Gastrin increases acid secretion
b) Secretin decreases acid secretion
c) H_2 blockers decrease acid secretion
d) Total acid secretion reflects functional parietal cell mass
e) Somatostatin increases acid secretion

1013. All of these are required for digestion of dietary fat-
a) Bile pigments b) Gastric lipase
c) Colipase d) Bile salts
e) Pancreatic lipase

1014. HCL secretion is stimulated by- *(PGI 01)*
a) Secretin b) Somatostatin
c) Histamine d) Gastrin
e) VIP

1015. Maximum contraction of gall bladder is seen with -
a) CCK b) Secretin *(PG12K)*
c) Gastrin d) Enterogastrone

1016. TVue about secretin is - *(PGI1999)*
a) Incresed gall-bladder contraction and $HC0_3$ rich pancreatic fluid
b) Increased gastrin secretion
c) Gastric hypermotility
d) Increased enzyme rich pancreatic fluid

1017. Enterogastric reflex is stimulated by all except -
a) Aik. content of small int *(PGI 98)*
b) Hyperosmolarity of chyme
c) Distension of duodenum
d) None

1018. Chyme is propulsed forward in small intestine by-
a) Segmentation *(PGI 98)*
b) Haustrations
c) Migratory motor complexes (MMC)
d) Peristalsis

1019. Pacemaker of the GI.T. is located in - *(PGI98)*
a) Cardiac end of stomach
b) Long muscle of small intestine
c) Pyloric end of stomach
d) Central control at CBD origin
e) Fundus of stomach

1020. Longest transit time in GIT is seen in - *(PGI 97)*
a) Stomach b) Jejunum
c) Colon d) Ileum

1021. Which one of the following is the primary site of production of gastrin - **(***UPSC 02)*
a) Pylorus b) Antrum
c) Pancreas d) Small intestine

996) a,c,d 997)b 998)a 999)d 1000)a 1001)d 1002)c 1003)a 104)d,e 105)c 1006)a 1007)d 1008)a 1009)b 1010) d 1011) a,b,d 1012)a,b,c,d 1013)c,d,e 1014)c,d 1015)a 1016)None 1017)a 1018)d 1019)e 1020)c 1021)b

1022. Intrinsic factor is secreted by- *{Orissa 04,Kerala 94, AI09)*
a) G-cells
b) Pepsinogen secreting cells
c) Parietal or oxyntic cells
d) Pyloric glands

1023. Salivary amylase is activated by - (*Karnataka 04)*
a) Na^+ b)K^+
c) $HC0_3$ d)Cl

1024. Mixing waves of stomach - *{Kerala 04)*
a) Originates in body of stomach
b) Originates in fundus of stomach
c) Originates at incisura angularis
d) Originates in any part of stomach

1025. Gastrin - *{Kerala 04)*
a) Is a hormone secreted by pepsinogen cells
b) Is a polypeptide
c) Is released in cephalic phase
d) Cause gastric juice secretion at a rate of500-700 ml/hr

1026. Gastric secretions are increased by all of the following except - *{SGPGI05)*
a) Somatostatin b) Histamine
c) Vagal stimulation d) Gastrin

1027. Mass movement of the colon would be abolished by- *{COMEDK 05)*
a) Extrinsic denervation
b) Distension of the colon
c) Gastrocolic reflex
d) Destruction of auerbach's plexus

1028. Migrating motility complex - *{KARNAT05)*
a) Occurs upon arrival of food in the stomach
b) Begins in the lower part of the small intestine
c) Are initiated by pacemaker cells in the intestine
d) Occurs at a rate of 5 cms per minute from the stomach

1029. Paneth cells in the Mucosa of the small intestine secrete - *{KARNAT05)*
a) Lysozyme
b) Bioactive peptides and bioamines
c) Bicarbonate
d) Pepsin and Rennin

1030. Parietal cell secretes - *{MAHE 05)*
a) Mucus b) Pepsinogens
c) Gastrin d) Intrinsic factor

1031. Which of the following secretions has a very high pH- *(AI06)*
a) Gastric juice b) Pancreatic juice
c) Bile in gall bladder d) Saliva

1032. Which of the following parameter will be increased after hepatectomy? *(APPG 06, Kerala 03)*
a) Glucose b) Fibrinogen
c) Estrogen d) Conjugated bilirubin

1033. Which of the following undergo enterohepatic circulation ? - *(Manipal 2006)*
a) Bilirubin
b) Biliverdin
c) PAHA (para amino hippuric acid)
d) Bilinogen

1034. Micelles is formed by - *(Manipal 2006)*
a) Triacylglycerol in polar solvent
b) Amphipathic lipids in water
c) Triacyl glycerol in gut
d) Cholesterol esters

1035. Which of the following is true upper esophageal sphincter ? *(Manipal 2006)*
a) Its physiological not anatomical
b) It has pressure of 10 to 20 mmHg
c) It is under hormonal control
d) It is formed by striated muscles

1036. In the stomach, H+ ions are secreted in exchange for - *{Corned 08)*
a) Na^+ b)K^+
c) Ca^+ d)Cl-

1037. All of the following statements are true for 'Intestinal Motility' except - *{A10 7)*
a) Does not depend on Gastric motility
b) Increased by Distension
c) Increased by Acetylcholine
d) Increased by cholecystokinin

1038. Liver synthesizes all, except - *(Aiims May 07)*
a) C_3 complement component
b) Haptoglobin
c) Fibrinogen
d) Immunoglobulin

1039. Bile acids are synthesized from - *(Aiims May 07, AI 89)*
a) Cholesterol b) Amino acids
c) Bilirubin d) Protein

1040. Iron is actively absorbed in- *(Aiims May 07, Delhi 85)*
a) Stomach
b) Duodenum and proximal jejunum
c) Large intestine
d) Ileum

1041. Function of Kupffer cells in liver is - *(MAHE 07)*
a) Phagocytic b) Lytic
c) Secretory d) Excretory

1042. Glucose transport occur with the help of following ion in absorption in gut region - *(UP 07)*
a) Na^+ b)K^+
c) Ca^+ d)Cl-

1043. Which of the following inhibits gastric secretion and motility - *(UP 0 7)*
a) Vasoactive intestinal poly peptide (VIP)
b) Gastric inhibitory peptide (GIP)
c) Somatostatin
d) Ghrelin

1044. All are endo peptidases except- *(UP 07)*
a) Trypsin b) Chymotrypsin
c) Elastase d) Carboxy peptidases

1045. In infants, defecation often follows a meal. The cause of colonic contractions in this situation is - *(UP 08)*
a) Gastroileal reflex
b) Enterogastric reflex
c) Increased circulating levels of CCK
d) Gastrocolic - reflex

1022) c 1023) d 1024) a 1025)b 1026)a 1027)d 1028)d 1029)a 1030)d 1031)b 1032)c 1033)a 1034)b 1035)a
1036) b 1037) a 1038)d 1039)a 1040)b 1041)a 1042)a 1043)c 1044)d 1045)d

1046. Which of the following statement, regarding 'secretin[1] is least correct ? *(AI08)*
a) Increases bicarbonate rich secretion
b) Inhibit gastric acid secretion
c) Increases gastric acid secretion
d) Causes contraction of pyloric sphincter

1047. All are true about secretin except -
a) Inhibits gastric emptying *(PGI June 08)*
b) Increases bicarbonate rich pancreatic secretion
c) Potentiates action of CCK
d) T ses bile salt & bile acids
e) Increases bile secretion

1048. Motilin is secreted by cells in - *(Manipal 08)*
a) Stomach b) Duodenum/ileum
c) Pancreas d) Liver

1049. Which is not secreted by stomach - *(APPG 08)*
a) Lipase b) Pepsinogen
c) HQ d) All

1050. Maximum postprandial motility is seen in -
a) Ascending colon *(A1IMS Nov 08)*
b) Transverse colon
c) Descending colon
d) Sigmoid colon

1051. Intrinsic Factor of Castle is secreted by which of the following cells in gastric glands - *(AI 09)*
a) Chief cells b) Parietal cells
c) Enterochromaffin cells d)B cells

1052. Maximum potassium ions secretion is seen in -
a) Saliva *(AIIMS May 09)*
b) Gastric secretions
c) Jejunal secretions
d) Colonic secretions

1053. The mechanism involved in the absorption of glucose from the small intestine is - *(DELHIPG Feb. 09)*
a) Passive diffusion
b) Facilitated diffusion
c) Secondary active cotransport with sodium
d) Actively by insulin dependent uptake

1054. Gastric secretion of H^+ ions - *(DELHIPG Mar. 09)*
a) Is by chief cells
b) Is regulated in part by number of H^+ pumps
c) Is enhanced by carbonic anhydrase inhibitors
d) Occurs in exchange for luminal Na^+ ions

1055. Highest concentration of potassium is seen in- *(AIIMS Nov 09)*
a) Rectum b) Pancreatic juice
c) Ileal secretions d)Bile

1056. Intrinsic factor of Castle is secreted by -*(AIIMSMay*
a) Chief cells b) Parietal cells *10)*
c) Mucous cells d) P cells

1057. Maximum water reabsorption in the Gastrointestinal tract occurs in - *(AI 10)*
a) Stomach b) Jejunum
c) Ileum d) Colon

1058. The primary action on Nitric oxide (NO) in the gastrointestinal tract is - *(AI 10)*
a) Vasodilatation
b) Vasoconstriction
c) Gastrointestinal smooth muscle relaxation
d) Gastrointestinal slow smooth muscle contraction

1059. Iron is absorbed actively in the - *(DPG10)*
a) Stomach b) Duodenum
c) Terminal ileum d) Proximal ileum

1060. Which of the following is produced by the stomach and has a role in control of food intake?
a) Ghrelin *(AIIMS Nov 10)*
b) Insulin like growth hormone-I
c) Grexin
d) Cholecystokinin

1061. Maximum postprandial motility is seen in -
a) Ascending colon *(AIIMS May 11)*
b) Transverse colon
c) Descending colon
d) Sigmoid colon

1062. Maximum water reabsorption in the Gastrointestinal tract occurs in - *(AI 11)*
a) Stomach b) Jejunum
c) Ileum d) Colon

1063. Intrinsic factor is produced by- *(Punjab 10)*
a) Argentaffin cells b) Oxyntic cells
c) Chief cells d) Antral cells

1064. Normal Brown colour of stool is due to -*(Punjab 10)*
a) Urobilin b) Stercobilinogen
c) Stercobilin d) Urobilinogen

1065. Unconjugated hyperbilirubinemia is seen in -
a) Neonatal hepatitis *(Punjab 10)*
b) Gilbert syndrome
c) Dubin Johnson syndrome
d) Rotor syndrome

1066. Intrinsic factor secreted by - *(PUNJAB 11)*
a) Chief cells b) Parietal / oxyntic cells
c) Antral cells d) Mucous secreting cells

1067. Most potent stimulus for bile secretion -
a) Cholecystokin b) Secretin *(PUNJAB 11)*
c) Bile acid d) Bile salt

1068. Not true about bile salts - *(PUNJAB 11)*
a) Contain amino acid
b) Acts by increasing surface tension
c) They are amphipathic
d) Responsible for emulsification of fat

1069. Vitamin B12-Intrinsic factor absorption occur in -
a) duodenum b) Ileum *(Jipmer10)*
c) Colon d) Jejunum

1070. Entero hepatic circulation is necessary for the secretion of - *(Jipmer 11)*
a) Bile b) Intestinal juice
c) Pancreatic juice d) Gastric juice

1071. Pepsin is activated by- *(Jipmer 11)*
a) Enterokinase b)HCl
c) Uropepsinogen d) Trypsinogen

1046) c 1047) d 1048)b 1049) None 1050) c 1051)b 1052) a 1053) c 1054)b 1055) a 1056)b 1057)b 1058) c
1059)b 1060) a 1061)c 1062)b 1063)b 1064)c 1065)b 1066)b 1067)d 1068)b 1069)b 1070)a 1071)b

1072. Receptor for absorption of Vit-B12 intrinsic factor complex is located in - *(Jipmer 11)*
a) Ileum b) Duodenum
c) Transverse colon d) Descending colon

1073. Secretion of bile into bile canaliculus is by -
a) Osmotic gradient *(NEET/DNB Pattern)*
b) Facilitated diffusion
c) Active transport across the membrane
d) Simple diffusion

1074. Trypsinogen is converted to trypsin by -
a) Pepsin *(NEET/DNB Pattern)*
b) Enterokinase
c) HQ
d) None

1075. Resection of which intestinal segment causes marked electrolyte imbalance - *(NEET/DNB Pattern)*
a) Duodenum b) Jejunum
c) Ileum d) Sigmoid

1076. Cephalic phase of gastric secretion -
a) 20% b) 70 % C*NEET/DNB Pattern)*
c) 10% d) 100%

1077. What is Intrinsic Factor related to -
a) Cobalmin absorption *{NEET/DNB Pattern)*
b) Vitamin D
c) Folate absorbtion
d) Vitamin C

1078. Which vitamins are synthesised by intestinal bacteria- *{NEET/DNB Pattern)*
a) Vit K and D b) Vit K and B
c) Vit A and D d) Vit K and C

1079. Gastric acid decreased by - *(NEET/DNB Pattern)*
a) Secritin
b) Vagal stimulation
c) Proteins in gastric fluids
d) Gastric antral distension

1080. Which causes antral gastrin release -
a) Antral distension *(NEET/DNB Pattern)*
b) Acid
c) Secretin
d) Calcitonin

1081. Role of bile salts - *(NEET/DNB Pattern)*
a) Vit B12 absorption
b) Formation of lipid bilayer
c) Emulsification of lipids
d) Fatty acid degradation

1082. Gastric secretion is increased by all except -
a) Histamine *(NEET/DNB Pattern)*
b) Acetylcholine
c) Gastrin
d) HCl

1083. Gastric emptying sequence into duodenum -
a) Fat > protein > carbohydrate *(NEET/DNB*
b) Fat < carbohydrate < protein *Pattern)*
c) Protein < fat < carbohydrate
d) Protein > fat > carbohydrate

1084. HC1 secretion in gastric phase is increase by -
a) Pepsinogen *(NEET/DNB Pattern)*
b) CCK
c) Gastrin
d) Secretin

1085. Intestinal motility is increased *by-(NEET/DNBPattern)*
a) Secretin b) Gastrin
c) CCK d) None

1086. Intrinsic factor in stomach is secreted by -
a) Parietal cells *(NEET/DNB Pattern)*
b) Chief cells
c) Zymogen cells
d) Enterochromaffm cells

1087. Vitamin B12 is absorbed in - *(NEET/DNB Pattern)*
a) Duodenum b) Jejunum
c) Ileum d) Colon

1088. Short chain fatty acid produced by bacteria are maximally absorbed in - *(Jipmer 02)*
a) Duodenum b) Colon
c) Ileum d) Jejunum

1089. Slow waves/BER maximum in -*(NEET/DNBPattern)*
a) Stomach b) Ileum
c) Colon d) Rectum

1090. Which is maximally absorbed from GIT -
a) Pentose *(NEET/DNB Pattern)*
b) Hexose
c) Diasaccharide
d) Polysaccharide

1091.1 cells secrete - *(NEET/DNB Pattern)*
a) Secretin b) Gastrin
c) CCK d)Motilin

1092. Pepsinogen is secreted by - *(NEET/DNB Pattern)*
a) Parietal cells b) Mucus cells
c) Chief cells d) Oxyntic cells

1093.1 cells of duodenum secrete - *(NEET/DNB Pattern)*
a) Secretin b) Gastrin
c) CCK d) Motilin

1094. In blood bilirubin is with - *(NEET/DNB Pattern)*
a) Protein b) Steroid
c) Vitamin d) Carbohydrates

1095. Myentric plexus is present in - *(NEET/DNB Pattern)*
a) Muscularis externa b) Submucosa
c) Mucosa d) Serosa

1096. Pancreatic lipase hydrolyses ester linkage of tri acid glycerides at position- *(NEET/DNB Pattern)*
a) 1&2 b) 1&3
c) 2&3 d) Only 3

1097. Gastric secretions are essential for absorption of -
a) Cobalamin b)Fat *(NEET/DNB Pattern)*
c) Thiamine d) Protein

1098. Intrinsic factor of castle is secreted by-
a) Gcell b) Chief cell *(NEET/DNB Pattern)*
c) Parietal cell d)Dcell

1099. Major initiating response for peristalsis is -
a) Hormonal *(NEET/DNB Pattern)*
b) Local stretching of gut
c) Neural
d) None

1072) a 1073)c 1074)b 1075)b 1076)a 1077)a 1078)b 1079)a 1080)a 1081)c 1082)d 1083)a 1084)c 1085)c
1086) a 1087)c 1088)b 1089)b 1090)b 1091)c 1092)c 1093)c 1094)a 1095)a 1096)b 1097)a 1098)c 1099)b

1100. Secretin - *(NEET/DNB Pattern)*
a) Reduces the action of CCK PZ
b) Reduces Gastric secretion
c) Increases Gastric secretion
d) Secretion of pancreatic juice rich in enzyme

1101. Major initiating response for peristalsis is -
a) Hormonal *(NEET/DNB Pattern)*
b) Local stretching of gut
c) Neural
d) None

1102. Lysozyme is present in - *(NEET/DNB Pattern)*
a) Saliva b) Human milk
c) Tears d) Mucus

1103. Amount of water lost in stools - *(NEET/DNB Pattern)*
a) 50 ml b) 200 ml
c) 300ml d) 350 ml

1104. A man cannot digest carbohydrate. The enzyme deficient is - *(NEET/DNB Pattern)*
a) Lipase b)Amylase
c) Pepsin d) Trypsin

1105. Iron absorption takes place in which part of intestine
a) Duodenum *(NEET/DNB Pattern)*
b) Ileum
c) Jejunum
d) Colon

1106. Best absorbable monosaccharide -
a) Glucose *(NEET/DNB Pattern)*
b) Mannose
c) Fructose
d) Lactose

1107. What is responsible for clearing & flushing food from the intestinal lumen in the interdigestive period - *(NEET/DNB Pattern)*
a) Gastrin
b) Migrating motor complexes
c) Secretin
d) CCK

1108. Catecholamines - *(NEET/DNB Pattern)*
a) Decrease gut contraction
b) Bronchoconstriction
c) Decrease plasma glucose
d) Inhibit lipolysis

1109. Which enzyme is not release as proenzyme -
a) Pepsin *(NEET/DNB Pattern)*
b) Amylase
c) Trypsin
d) Chymotrypsin

1110. Cephalic phase of gastric secretion -
a) On food entering stomach *(NEET/DNB Pattern)*
b) On food entering intestine
c) On seeing food
d) On stress

1111. Goblet cells secrete - *(NEET/DNB Pattern)*
a) HQ b) Pepsin
c) Mucus d) Serolonin

1112. Gastric acid decreased by - *(NEET/DNB Pattern)*
a) Secretin
b) Vagal stimulation
c) Proteins in gastric fluids
d) Gastric antral distension

1113. Daily pancreatic secretion - *(NEET/DNB Pattern)*
a) 1.5L b)2.5L
c) 5.0 L d) 10 L

1114. Salivary amylase is inavated by -
a) Enteropeptidase *(NEET/DNB Pattern)*
b) Low pH of stomach
c) High pH of intestine
d) None

1115. Ptylin is secreted by - *(NEET/DNB Pattern)*
a) Gastric gland b) Salivary gland
c) Duodenal gland d) Pancreatic gland

CIRCULATION

1116. Blood brain barrier is maximally permeable to -
a) Na^+ b) K^+ *(AIMS 83, 85; Delhi 89,*
c) Chloride d)$C0_2$ *90)*

1117. Which Substance does not cross the blood brain barrier - *(A,I. 89)*
a) Insulin b)Urea
c) Testosterone d) Glucose

1118. Absolute refractory period of heart is the gap of time in which - *(AIMS 88)*
a) Heart is in diastole
b) Unresponsive to neural stimuli
c) No action potential from another part of heart will reexcite the heart muscle
d) None of the above

1119. Following acute failure of the left ventricle is the heart is man, pulmonary edema generally begins to appearwhen left atrial pressure approaches -
a) 7 mm Hg b) 15 mm Hg *(AIMS 80)*
c) 20mmHg d)30mmHg
e) 50mmHg

1120. In mature erythrocytes the major available anion is - *(PGI80, ROHTAK 85)*
a) Haemoglobin b) Chloride
c) Bicarbonate d) Diphosphoglycerate
e) ATP

1121. All of the following factors are produced by liepatocytes except - *(Kerala 2K)*
a) Fibrinogen b) Prothrombin
c) Von willebrand factor d) Factor VIII
e) Factor IX

1122. Preservation used for storing blood for transfusion is- *(AIMS92)*
a) Heparin + dextrose b) Citrate + glucose
c) EDTA d) CDP-A

1123. Coagulation factor VII is - *(JIMPER79)*
a) Thromboplstin b)Accalerin
c) Proconvertin d) Antihaemophilic factor

1100)b 1101) b 1102) a 1103)b 1104)b 1105)a 1106)a 1107)b 1108)a 1109)b 1110)c 1111) c 1112)a 1113)a
1114) b 1115) b 1116) d 1117) a 1118)c 1119)c 1120)b 1121)c 1122)d 1123)c

1124. Colostrum contains more of-------- than milk -
a) Ca b) Mg *(AP 96)*
c) Fe d) Cu

1125. Colostrum contains all in excess of milk accept -
a) Protein b)Fat *(AI99)*
c) Mineral d) Immunoglobulins

1126. At what stage of erythropoiesis does Hemoglobin appear- *(AIIMS 92)*
a) Reticulocyte b) Intermediate normobalst
c) Early normoblast d) Erythroblast

1127. Human colostrum has a relatively highter concentration of all of the following except -
a) Protein b) Fat *(UPSC 99)*
c) IgA d) Sodium

1128. The most common cause of painful pericarditis is- *(AIIMS 80, Bihar 91)*
a) Viral b) Tuberculous
c) Uraemic d) All of these

1129. Absent P waves with wide QRS complex indicates serum potassium of - *(PGI78, PGI80)*
a) 5.4meq/L b)6.5meq/L
c) More than 8 meq/L d) More than 10 meq/L

1130. In the RBC series, proliferation occurs at which stage - *(AIIMS 79, PGI 81)*
a) Early normoblast b) Intermediate normoblast
c) Late normoblast d) Proerythroblast

1131. Recticulocytosis is not seen in - *(AIIMS 94)*
a) Hereditary sphercytosis
b) Chronic renal failure
c) Haemorrhage
d) Paroxsmal nocturnal Hemoglobinuria

1132. Earliest change in iron deficiency anaemia is-
a) Decreased serum iron *(AI95)*
b) Decreased serum ferritin
c) Drcreased TIBC
d) Decreased hemoglobin

1133. Half life of monocytes in circulation is -
a) 6 hrs b) 12 hes *(JIPMER 79, PGI 81)*
c) 24 hrs d) 1 -3 days

1134. ABO antigens are present in all except - *(AI97)*
a) Sweat b) Saliva
c) Semen d) CSF

1135. Left ventricular systole corresponds to -
a) ST segment in ECG *(JIPMER 92, Assam 95)*
b) Right ventricular diastole
c) P wave in ECG
d) Auricular diastole

1136. A loud first sound is heard frequently in all of thefollowing except - *(ICS 2K)*
a) Mitral stenosis
b) Fever
c) Lown-Ganong levine syndrome
d) Mitral incompetence

1137. Aortic valve closure corresponds to beginning of-
a) Systole *(JIPMER 93)*
b) Parasystole
c) Isolvolumetric relaxation
d) Isovolumetric contraction

1138. 'P' waves normally absent in - *(Kerala 95)*
a) LI b)LH
c) aVF d) aVL

1139. 50 year old businessman with 50 % reduction in coronary artery diameter would be expected to have a blood flow how many times less than a normal person - *(MAHE 98)*
a) 4 b) 8
c) 32 d) 16

1140. Gold blatt hypertension is seen in ..... Hypertension- *(KERALA 91)*
a) Renovascular
b) Drug induced
c) Adrenal medullary tumour
d) Idio pathic

1141. Atrial natriuretic peptide acts by - *(PGI 93)*
a) Increasing renin sectetion
b) Increasng venous pressure
c) Decreasing cardiac output
d) Increasing blood volume

1142. Life-span of Neutrophil - *(PGI2000, 97)*
a) 15 days b) 6 Hours
c) 6 days d) 10 days

1143. Blood turbulence is increased in which of the following situations - *(AIIMS 2000)*
a) Multiple myeloma b) Leukemia
c) Polycythemia d) Anemia

1144. Left ventricular failure is indicated if pulmonary artery wedge presure exceeds - *(AIIMS 84)*
a) 5mmHg b)100mmHg
c) 15mmHg d)20mmHg

1145. The coronary artery most commonly involved in atherosclerosis is - *(AI93)*
a) Left main coronary artery
b) Right coronary artery
c) Circumflex coronary artery
d) Anterior Descending artery

1146. The oxygen consumption in the arrested, asystolic heart is - *(AIIMS 81, AMC 84)*
a) lOml/min b)100ml/min
c) 2ml/min/100 gm d)30ml/min
e) None of the above

1147.....% of the cardiac output flows through the liver
a) 10 b) 20 *(PGI 88)*
c) 30 d)40

1148. The percentage of the circulating blood volume inthe venous system and splanchnic vessels is normally between - *(JIPMER 70, AMU88)*
a) 20-30% b) 40-50%
c) 60-70% d) None of these

1124) d 1125)b 1126)b 1127)b 1128)a 1129)c 1130)a,b,d 1131)b 1132)b 1133)d 1134)d 1135)d 1136)d
1137) c 1138) None 1139)d 1140)a 1141)None 1142)b 1143)d 1144)d 1145)d 1146)c 1147)c 1148)c

1149. The greatest drop in systemic arterial blood pressure occurs in - *(JIPMER 79, PGI84)*
a) Capacitance vessels b) Venules
c) Pre capillary resistance d) None of the above

1150. Carotid body is not stimulated by - *(DNB 90, 91)*
a) Hypoxic hypoxia b) Anaemic hypoxia
c) Stagnant hypoxia d) Histotoxic hypoxia

1151. How much blood goes to brain in a normal healthy conscious individual-
a) Half of total cardiac output*(Jipmer 81, AIIMS 84)*
b) l/4th of total cardiac output
c) l/6th of total cardiac output
d) l/8th of total cardiac output

1152. Pre-Capillary vessels in pulmonary circulations differs from those of systemic circulation is, that in former, they are - *(Jipmer 80, PGI 87)*
a) Thick walled b) Thin walled
c) Easily distensible d) Both a and c are true
e) Both b and c are true

1153. Minimum pressure in lt.atrium for development of pulmonary edema - *{JIPMER 95)*
a) 15mmHg b)20mmHg
c) 30mmHg d)45mmHg

1154. In Hemophilia - *(PGI 87, NIM86, Keralal 86)*
a) Factor VIII is decreased
b) Factor VII is decreased
c) Bleeding time is increased
d) Clotting time is increased

1155. T-Lymphocyte- *(PGI87,NIMHANS85)*
a) Mature in lymphnodes
b) Produce anti-bodies
c) Comprise 10 to 15% lymphnodes
d) Principal cells in lymphonode cortical centre

1156. Half life of transfused plateletes is - *(AIIMS 8 7)*
a) 4 Hours b) 4 Days
c) 8 Days d) 15 Days

1157. CSF pressure in the lying down posture is- *(A188)*
a) 20-50mm b) 50-150 mm
c) 150-200mm d) 200-300 mm

1158. Normal blood pH is- *(AJ 88)*
a) 7.20 b) 7.30
c) 7.40 d) 7.70
e) 7.10

1159. Life span of RBC is- *(A188)*
a) 120 days b) 90 days
c) 60 days d) 30 days

1160. Thrombosthenin is - *(AIIMS 84)*
a) Coagulation factor
b) Contractile protein
c) A thrombosis promoting protein
d) A protein regulation platelet producting

1161. Hemophillia is due to deficiency of factor- *(AP 88)*
a) n b)V
c) vm d)XHI

1162. Immunity is most suppressed in- *(AP 88)*
a) Liver failure b) Patients on ACTH therapy
c) Anemia d) Renal failure

1163. The cause of post extrasystolic potentiation is -
a) Ca^{2+} b)K^{+} *(PGI88)*
c) Na^{+} d) Mg^{2+}

1164. Blood group antigens are - *(AIIMS 82, AI97)*
a) Carried by sex chromosomes
b) Attached to plasma proteins
c) Attached to Hemoglobin molecule
d) Found in Saliva

1165. Reticulocytes are stained with - *(TN90)*
a) Methyl violet b) Brilliant cresyl blue
c) Sudan Black d) Indigo carmine

1166. Autoregulation is seen in - *(PGI 90)*
a) Liver b) Muscles
c) Kidneys d) Brain

1167. Stimulation of baroreceptor leads of - *(AI 90)*
a) Increase in B.P. and heart rate
b) Decrease in B.P. and heart rate
c) Increased intracranil tension
d) Decreased intracranial tension

1168. Conduction velocity is maximum *in-(AI90, AIIMS 86*
a) SA node b) Av node *Kerala 90, Delhi)*
c) Bundle of His d) Right ventricle *86*

1169. Which is true about serum albumin - *(AI90)*
a) Contributes maximally to plasma oncotic presure
b) It is anionic
c) Freely permeable in Kidney
d) Not synthesised in liver

1170. CSF does not pass through - *(AI 90)*
a) Ventricles b) Venous sinuses
c) Epidural spaces d) Subarachnoid space

1171. Vagus inhibits pacemaker potential by all except-
a) Hyperpolarisation *(AI90)*
b) Increased pre potential
c) Stabilising resting membrane potential
d) Increase K^{+} permeability

1172. P-R Interval in the ECG corresponds to - *(A191)*
a) Time interval between onset of atrial contraction and onset of ventricular contraction
b) Time delay in the A-V- Node
c) S-A Nodal conduction time
d) Ventricular depolarisation

1173. Myocardial oxygen demand- *(AI91)*
a) Inversely proportional to heart rate
b) Directly proportional to heart rate
c) Increased by digitalis
d) Not related to heart rate

1174. Which of the following is true about ventircular filling- *(AI91)*
a) Atrial contraction mainly contributes
b) Maximum during isometric ventricular relaxation
c) Filling pressure is important for cardiac output
d) Inotorpic state of myocardium limits the cardiac output

1149) c 1150) b 1151) c 1152)e 1153)c 1154)a 1155)None 1156)b 1157)b 1158)c 1159)a 1160)b 1161)c 1162) b 1163) a 1164)d 1165)b 1166)A11 1167)b 1168)c 1169)a,b 1170)c 1171)b 1172)a 1173)b 1174)c

1175. S.A. Node all are true except- *(AI91)*
a) Initiates the impulse at faster rate
b) Generate the impulse spontaneously
c) Increased by the parasympathetic activity
d) Increased by sympathetic activity

1176. Decreased MCHC is found in - *(AI91)*
a) Microcytic hypochromic anemia
b) Megaloblastic anaemia
c) Sideoblastic anemia
d) Vit. B12 deficiency

1177. The first reactive change to occur after hemorrhage is - *(All India 92)*
a) Vasocontriction b) Tachycarida
c) Raised cortisol d) Raised adrenaline

1178. CSF is principally secreted by - *(JIPMER92)*
a) Choroid plexus
b) Arachnoid granulation
c) Floor of fourth ventricle
d) Periaqueductal grey

1179. In wolf parkinson white syndrome, there exists a connection between atria and - *(JIPMER 93)*
a) Bundle of His b) Ventricles
c) A.V. node d) Purkinjee fibres

1180. Conduction velocity is least in - *(JIPMER 93,PGI 98)*
a) AV node b) Bundle of Hs
c) SAnode d) Purkinjee fibres

1181. Upto what systolic pressure is the brain capable of autoregulation - *(JIPMER 81, Delhi 92)*
a) 65 mm of Hg b)55mmofHg
c) 45 mm of Hg d) 75 mm of Hg

1182. Sympathetic vasoconstrictor tone is diminished in response increased activity of - *(PGI81, 85)*
a) Carotid body chemoreceptors
b) Carotid sinus pressure receptors
c) Plain receptors
d) Medullary chemoreceptors

1183. Direct Fick method of measuring cardiac output requires estimation of - *(PGI 79, DNB 89)*
a) 0_2 content of arterial blood
b) 0_2 consumption per unit time
c) Arteriovenous 0_2 difference
d) 0_2 content of blood from right ventricle
e) All of the above

1184. Arneth Count is - *(PGI81, AIIMS88)*
a) Counting the Lymphocytes
b) Counting the lobes in the neutrophil
c) Counting the granules in the Eosinophil
d) WBC counting in Bone Marrow

1185. In vitro coagulation in intiated by factor- *(PGI 78, Delhi 86, 92)*
a) XU b) XI
c) X d)VH

1186. CSF in comparison to blood contains all except - *(AMU 90, Delh i 93)*
a) Lower calcium b) Lower chloride
c) Lower sodium d) Lower cells

1187. When pacemaker is in another area of heart, it denotes- *(AIIMS 86)*
a) Abnormal conducting tissue
b) Abnormal S-A node
c) Abnormal neural controlling system
d) None of the above
e) All of the above

1188. Blood flow through left coronary artery - *(AIIMS 85)*
a) Regulated by sympathetic vasodilator nerves
b) Increase when myocardial hypoxia is present
c) Greates during early systole
d) Decreased in reflex response to fall in blood pressure

1189. Endothelial cells synthesize - *(Delhi 87, 93)*
a) Fibrinogenb) Factor VII
c) Factor X d) Factor XII

1190. Cardiaccycle duration in man is - *(JIPME 78, DNB 92)*
a) 0.4 Seconds b) 0.8 Seconds
c) 1.2 Seconds d) 1.6 Seconds

1191. Normal hepatic blood flow per minute is -
a) 50 cc/lOOgm of liver tissue *(DNB 90)*
b) 100 cc/lOOgm of liver tissue
c) 200 cc/100 gm of liver tissue
d) 300 cc/100 gm of liver tissue

1192. Dicrotic notch in aortic pressure curve is -
a) Magnified by aortic regurgitaion *(AIIMS 86)*
b) Absent in arteriosclerosis
c) Of no diagnostic value
d) Coincident with 2nd heart sound

1193. Under resting condition the cardiac output is -
a) 2.5 b) 4.25 *(PGI87, PGI82)*
c)5.25 d)9.5
e) 7.5

1194. Cardiac output in L/min divided by heart rate equals-
a) Cardiac efficiency *(AIIMS 93)*
b) Cardiac index
c) Mean stroke volume
d) Mean arterial pressure

1195. Electrocardiographic leads designated VI, V2 etc. refer to - *(TN 89)*
a) Unipolar limb leads b) Unipolar chest leads
c) Bipolar limb leads d) Bipolar chest leads

1196. What is not true for extrasystole in ventricle -
a) Fails to produce radial pulse *(NIMHANS 87)*
b) Hints at serious heart ailment
c) Associated with abnormal QRS complex
d) Tendency to be followed by a compensatory pause

1197. The basis for Korot koff ounds is due to -
a) AV valve closure *(PGI 78, Delhi 83)*
b) Aortic valve closure
c) Arterial expansion
d) Arterial turbulence

1198. The normal A/G ratio blood is- *(AP 89)*
a) 5:1 b) 2:1
c) *12* d) 1:1

1175)c 1176) All 1177) a 1178) a 1179)b 1180)a 1181)a 1182)b 1183)e 1184)b 1185)a 1186)b 1187)d 1188)b 1189) None 1190)b 1191)a 1192)d 1193)c 1194)c 1195)b 1196)b 1197)d 1198)b

1199. Linear velocity of blood at normal cardiac output in the aorta is - *(ROHTAK 88)*
a) 32cms/sec. b)64cms/sec.
c) 8 cms/sec. d) 50 cms/sec.

1200. Which one of the following is released by blood platelets during haemorrhage to produce vasoconstriction - *(Orissa 91)*
a) Serotonin b) Histamine
c) Thrombosthenin d) Accelerator globulin
e) Bradykinin

1201. Which one of the following statements about lymphocytes is incorrect - *(AIIMS 80, Kerala 89)*
a) Produced by thymus, red bone marrow, spleen and lymph nodes
b) Concentration falls in the blood abruptly and immune reaction is disturbed after removal of thymus in adult
c) Probably change into plasma cells
d) Constitute 20-40% of leukocytes
e) Do not perform an important phygocytic function

1202. What increases the stroke work done by left ventricle - *(AIIMS 79, DNB 91)*
a) Systemic hypertension
b) Increased sympathetic tone in heart
c) Aortic stenosis
d) Aortic insufficiency
e) All of the above

1203. Which one of the following statements concerning the monocyte is incorrect - *(JIPMER 80, Kerala89)*
a) More common in blood than eosinophil and basophil
b) Produced in the adult by the bone marrow and lymph nodes
c) Unlike neutrophil does not accumulate outside circulation in area of inflammation
d) Not classiffed as a granulocyte

1204. During B.P. measurement if the muffled sound does not disappear with return of mercury to 'O' the conclusion is - *(AIIMS 79, ROHTAK 86)*
a) Aortic stenosis
b) Low haematocrit
c) Zero diastolic pressure
d) Patent ductus arteriosus

1205. Patient with anaemia tends to have all, except -
a) Compensatory increase in cardiac output
b) Increased incidence of heart mumurs *(AIIMS 84)*
c) Pallor of mucous membrane
d) A low PO_2 in arterial blood

1206. Vascular distensibility is least for the following vascular segment - *(DNB 89)*
a) Pulmonary artery b) Systemic artery
c) Systemic vein d) Pulmonary vein

1207. Pulse pressure in a particular vessel is determined chiefly by- *(Bihar 91)*
a) Distance from heart
b) Frictional characteristics lumen
c) Distensibility
d) Cross sectional area

1208. Venoconstriction is exhibited by all except -
a) Valsalva manoeuvre *(Delhi 90)*
b) Asphyxia
c) Haemorrhage
d) Lying down
e) Carotid artery occlusion

1209. Ventricular fibrillation - *(JIPMER 79, DNB 91)*
a) Follows ventricular tachycardia
b) Associated with quick fall in cardiac output
c) Induced by alternating current
d) Induced by alternating current during vulnerable phase

1210. What does prevent blood loss after rupture of small blood vessel - *(Orissa 91)*
a) Vasocontriction
b) Formation of fibrin threads
c) Formation of platelet plug
d) Production of haematoma to increase perivascular pressure
e) All of the above

1211. Work performed by the left ventricle is greater than that performed by the right ventricle due to difference in - *(JIPMER 81, AMU 86)*
a) Blood velocity b) Stroke volume
c) Arterial pressures d) Atrial pressures

1212. Essential hypertension is generally assocaited with an early increase in - *(Bihar 89)*
a) Oxygen use b) Coronary flow
c) Cardiac work d) Cardiac ouput

1213. A procoagulant not normally circulating in the plasma is - *(AIIMS 80, AMC 85)*
a) Prothrombin b) Fibrinogen
c) Antithemophilic factor d) Factor V
e) None of the above

1214. Fibres of A-V junction - *(JIPMER 79, AMU 91)*
a) Modified muscle fibres
b) Medifled nerve fibres
c) Highly contactile
d) Conduct impulse rapidly

1215. The arterial pulse pressure in the femoral artery is normally - *(PGI91)*
a) Less than the pulse pressure in the upper aorta
b) Less than 20 mm Hg
c) Greater than the pulse pressure in the upper aorta
d) Equal to the pressure in the upper aorta
e) None of the above

1216. Macrophages are the mature form of- *(PGI82)*
a) Neutrophils b) Eosinophils
c) Basophils d) Monocytes
e) Lymphocytes

1217. Absolute refractory period in heart - *(AIIMS 79,*
a) Lasts till cardiac contraction *ROHTAK 91)*
b) Longer than refractory period in skeletal muscle
c) A phase of cardiac cycle in which heart cannot be stimulaed by any amount of stimulus
d) Corresponds with duration of action potential
e) All of the above

1199) a 1200) a 1201)b 1202)e 1203)b,cl204)b 1205)d 1206)b 1207)c 1208)d 1209)a,b,d 12010)e 1211)c 1212) a,c 1213) e 1214)a 1215)a 1216)d 1217)e

1218. Turbulant blood flow is produced by - *(Delhi 88)*
a) Decreased velocity of circulation
b) Decreased cardiac output
c) Decreased heamatocrit
d) All of the above

1219. First component of first heart sound is usually clearly heard on ventral surface of chest at- *(ROHTAK91)*
a) 2nd intercostal space to right of sternum
b) 2nd intercostal space to left of stemmum
c) 5th intercostal space to left or sternum
d) 5th intercostal space over sternum

1220. The second heart sound differs from first heart sound in that - *(TN 92)*
a) Is ocassionally split
b) Has higher frequency
c) Duration greater than first sound
d) Due partly to turbulence set up by valve closure

1221. A decrease in the velocity of impulse conduction through the A-V node will usually cause -
a) The PQ interval to increase *(AIIMS 79,*
b) The PQ inteval to decrease *AMC 83)*
c) Disappearance of the T-wave
d) Increased heart rate
e) Atrial fibrillation

1222. For each 1° rise of temperature, cerebral blood flow falls by - *{PGI79, DELHI 89)*
a) 1 % b)2%
c) 4% d)7%

1223. Weightlessness result in - *{DELHI 85, DNB 89)*
a) Decreased cardiac output b) Hypotension
c) Gut motility d) Osteoporosis

1224. Blood supply of liver in ml per minute is-
a) 800 b) 1200 *{JIPMER 79, AIMS 83)*
c) 1500 d) 1800

1225. First heart sound occurs during the period of-
a) Isotonic relaxation *{JIPMER 80)*
b) Isovolumetric relaxation
c) Isovolumetric contraction
d) Isotonic contraction

1226. For cardiac muscle, V max can be used as a measure of - *{AIIMS 86)*
a) Excitability b) Contractility
c) Rhythmicity d) Conductivity

1227. Oxygen consumption of whole human brain in ml/min is about - *{PGI 90, DNB90)*
a) 29 b)35
c) 49 d)61

1228. Oxygen consumption of renal cortex and inner medulla are ml/100/min respectively- *{AIIMS83)*
a) 9,4 b)4,9
c) 9,0,4 d)o,4,6

1229. Repolarization of ventrucular muscle - *{DNB 86)*
a) Occurs last at apex b) Begins in septum
c) Bigins in epicardium d) Begins at **AV** node

1230. Velocity of blood flow is inversely proportional to-
a) Viscosity b)Flow *{AIIMS 86)*
c) Cross-sectional area d) Length

1231. Major blood reservoirs of the body include all of the following except - *(AIIMS 8 7)*
a) Throracic vena caca
b) Liver sinuses
c) Major abdominal viens
d) Venous plexus of the skin
e) Venous sinuses of the spleen

1232. Viscosity of blood is--------times that of urine -
a) Same as of ECF *{PGI 81, AIIMS 82)*
b) 10 times of urine
c) 5-6 times more than of water
d) 5-6 times less than of water

1233. In brain ischaemia, systemic blood pressure rises, that of water - *{AIIMS 86)*
a) Monro-Kellie b) Cushing reflex
c) Autoregulation d) White reaction

1234. Which of the following is wrongly matched about ECG waves and their duration - *{UPSC 82)*
a) P wave-0.10 sec
b) S wave - 0.04 sec
c) QRS complex - max 0.10 sec
d) Q wave-0.10 sec

1235. To prolong lee white clotting time in a patient for the next eleven hours what would be the procedure of choice - *{PGI 93)*
a) I/V heparin b) IV sodium citrate
c) IV Vitamin K d) Dicumarol therapy

1236. All of the following ions cause vasodilatation except-
a) Mg b) K *(JIPMER 80, AIIMS 83)*
c) Ca*+ d)Kinins
e) None of the above

1237. The oxygen consumption of human brain is-
a) 1.0 ml/1 OOg brain/min *{JIPMER 82)*
b) 1.5 ml/1 OOg brain/min
c) 3.5 ml/1 OOg brain/min
d) 5.0 ml/1 OOg brain/min

1238. The renal blood flow (in ml/mt) is - *{AIIMS86)*
a) 250 b)800
c) 1260 d) 1500

1239. Right and left vagus respectively go to - *{PGI84)*
a) S A node, AV node
b) AV node, SA node
c) AV node, bundle of His
d) SA node, bundle of His

1240. Bathmotropic effect is produced by - *{PGI88)*
a) Stimulation of vagus
b) Nerves other than vagus
c) Atropine
d) Section of vagus

1241. Liver has the maximum 0_2 consumption (51ml mt) the next organ to have the maximum 0_2 oxygen (ml/mt) is - *{AIIMS 85)*
a) Heart b) Brain
c) Skeletal muscle d) Kidney

1218) c 1219)c 1220)b 1221)a 1222)c 1223)d 1224)c 1225)c 1226)b 1227)c 1228)None 1229)c 1230)c
1231) a 1232) c 1233)b 1234)d 1235)a 1236)a,c 1237)c 1238)c 1239)a 1240)b,c,d 1241)c

1242. The average coronary blood flow in human being at rest is--------% of cardiac output - *{PGI83)*
a) 4-5% b) 5-10%
c) 10-15% d) 15-20%

1243. The resistance of a blood vessel is 16 PRU. doubling the vessel diameters would change the resistance to - *{AIIMS 89)*
a) 1 PRU b) 2 PRU
c) 8PRU d) 12PRU

1244. R-wave in healthy subjects denote a dipole with and electrical axis of - *(ARMS 84)*
a) 0° b) -60°
c) 60° d) 120°

1245. Severe hypoxia may produce - (*PGI81, AMU85)*
a) Bp rise b) Bp fall
c) Fall followed by Bp rise d) No change

1246. Respiratory quotient of cerebral tissue *is-(AMC 86)*
a) 0.75-0.95 b) 0.95-0.99
c) 1.0-1.1 d)l.1-1.2

1247. Q-wave in healthy individual denotes a diploe in
a) Apex with axis of 180 % *(PGI 82)*
b) Base with axis of 80 %
c) Base with axis of 60 %
d) Apex with axis of 60 %

1248. The organ with maximum 0_2 consumption per minute- **(***PGI84, 87)*
a) Liver b) Brain
c) Skeletal muscle d) Heart

1249. Major part of total peripheral resistance is due to- *(DNB 89)*
a) Medium and small arteries b) Venules
c) Capillaries d) Arterioles

1250. Blood flow in ml/1 OOg/min is maximum in -
a) Kidneys b) Liver *{Jipmer 80, Delhi80)*
c) Heart d) Skin

1251. Cardiac index in a normal person is - **(***IN86)*
a) 2.1 b)3.2
c) 4.6 d)5.9

1252. Heart sound heard immediately before the first heart sound when atrial pressure is high -
a) First b) Second *(AP86)*
c) Third d) Fourth

1253. Splanchnic vessels and venules contain what percentage of blood volume - **(***AMC 86,87)*
a) 10-20% b) 20-30%
c) 40-50% d) 60-70%

1254. Calculate the peripheral resistance if is 5.4 L and BP 90 mm Hg - **(***DELHI 89)*
a) 11 b) 12
c) 14 d) 16

1255. Coronary blood flow stops during- *{DELHI84,89)*
a) Proto diastole
b) End of deastole
c) Isometric relaxation
d) Isovolumetric contraction

1256. The purkinje fibres - *(ARMS 85)*
a) Are myelinated axons
b) Have a conduction velocity of about fives time that seen in heart muscle
c) Have action potentials about a tenth as long as those in heart muscle
d) All of the above

1257. Baroreceptors mainly act through - *{ARMS 86)*
a) Sympathetic system b) Parasympathetic system
c) Cerebral cortex d) Blood volume

1258. In athletes bradycardia is because of -
a) Decreased sympathetic tone *{DELHI 86, 88)*
b) Increased vagal tone
c) Cardiac output
d) Low venous return

1259. All of the following factors in increase cardiac output except- *{AMC 83)*
a) Pregnancy in late stages
b) Histamine
c) Eating
d) Sitting from lying position

1260. Plasma sodium concentration is - *{Kerala 94)*
a) 120 meq/1 b)3.5meq/l
c) 140 meq/1 d) 110 meq/1

1261. Arteriolar dialation is caused by the following except- *{Karn94)*
a) Decrease in adrenergic discharge
b) Histamine
c) Substance P
d) Serotonin

1262. Tachycardia at the onest of exercise is due to stimulation of - *(JIPMER95)*
a) Chemoreceptors b) Baroreceptors
c) Stretch receptors d) Joint proprioceptors

1263. During exercise, blood flow does not decrease in
a) Cutaneous circulation *(AI95)*
b) Hepatosplanchnic circulation
c) Coronary circulation
d) Renal circulation

1264. Mean life of RBCs in trans used blood is - *(AI95)*
a) 120 b) 100
c) 60 d)35

1265. Normal QRS interval is - *(AI96, ARMS 84)*
a) 0.08-0.1 sec b) 0.12-0.20 sec
c) 0.24-0.32 sec d) 0.05-0.08 sec

1266. Arterial 0_2 content is reduced in one of following- *{AI 96)*
a) Stagnant hypoxia b) Anemic hypoxia
c) Histotoxic hypoxia d) Ischemic hyopxia

1267. Capillaries with tight junctions allowing the passage of only small molecules are found in -
a) Brain b) Skin *{Delhi 96)*
c) Kidney d) Muscle

1242) a 1243)b 1244)c 1245)a 1246)b 1247)a 1248)a 1249)d 1250)a 1251)b 1252)d 1253)b 1254)d 1255)d
1256) b 1257) a 1258)b 1259)d 1260)c 1261)d 1262)d 1263) a,c 1264) d 1265)a 1266)b 1267)a

1268. Venous return (VR) is given by formula - *(Delhi 96)*
a) VR=$\frac{RVR-RAP}{MFSP}$
b) VR $\frac{-MFSP-RVR}{RAP}$
c) VR-$\frac{MFSP-RAP}{FVR}$
d) None

1269. Most potent stimulus for vaso constriction is -
a) Cerebral hypoxia *{Kerala 96)*
b) Renal perfusion
c) Cardiac Perfusion
d) Skeletal muscle perfusion
e) None of the above

1270. For cerebral blood flow to be doubled, $PC0_2$ should be- *(PGI95)*
a) 40mmHg b) 80mmHg
c) lOOmgHg d)200mgHg

1271. In which of the following is change of blood flow least during exercise - *(CUPGEE 96)*
a) Brain b) Heart
c) Skeletal Muscle d)GIT

1272. Biconcave shape of RBC's is helpful because -
a) Easily passage through capillaries (*AP96)*
b) Rouleax formation
c) Increased surface area for a given diameter
d) None

1273. True aboutRh factor- *(AP 96)*
a) Has no naturally occurring antibody
b) Seen only in humans
c) Not important for blood transfusion
d) None

1274. Ejection fraction of the ventricle refers to the ratio of- *(UP 97)*
a) Amount of blood received/amount of blood ejected
b) Stroke volume/end-diastolic volume
c) End-systolic volume/end-diastolic volume
d) Stroke volume /end-systolic volume

1275. Fastest conducting tissue in human heart - (*TN97***)**
a) AV node b) S A node
c) Bundle of His d) Purkinje fibres

1276. Increased blood flow in muscle during exercise is not because of - *{AI97)*
a) Low PH b) High Lactate
c) High$C0_2$ d)Low$P0_2$

1277. Splanchnic circulation in vigorous activity is affected by - *(A197)*
a) Decrease blood supply due to vasoconstriction
b) Decrease blood supply due to venoconstriction
c) Decrease capacitance with shunting of blood
d) Increase capillary congestion

1278. All are increased during exercise except- *{AP 97)*
a) Cardiac output
b) Venous return
c) Coronary blood flow
d) Peripheral vascular resistance

1279. Carotid sinus afferents pass through - *{MAHE 98)*
a) IX nerve b) X nerve
c) V nerve d) VII nerve

1280. Carotid sinus stimulation would result in -
a) Decreased vagal activity *{MAHE 98)*
b) Increased heart rate
c) Decreased sympathetic discharge to heart
d) Increased vasomotor tone

1281. True statement regarding CSF is - *{MAHE 98)*
a) Daily production < 700 ml
b) CSF analysis rules out active secretion as a cause of formation of CSF
c) It flow from III ventricle to the IV ventricle
d) Produced only by choroid plexus

1282. Immune complexes are removed from blood by -
a) Bcell b)Basephil *{MAHE 98)*
c) Plasma cell d) Kupffer cell

1283. Which one of the following is the correct sequence in increasing order of their basal blood supply (ml/min/lOOg of tissue) - *{ICS 98)*
a) Heart, brain, kidney b) Brain, Kidney, Heart
c) Kidney, heart, brain d) Brain, Heart, Kidney

1284. Pre-capillary sphincter relaxation is caused by -
a) Local metabolites *{AIIMS98)*
b) Circulating catecholamines
c) Sympathetic activity
d) Fall in capillary pressure

1285. Repolarization in isolated muscle piece fibre proceeds from - *(PG198)*
a) Epicardium to endocardium
b) Endocardium to epicardium
c) Left to right
d) Right to left

1286. Increased blood viscosity and slow circulation causes - *{TN 99)*
a) RBC rouleux formation
b) Increased plasma skimming
c) Increased number of RBC in capillaries
d) None

1287. Maximum heart rate with exercise - *(JIMPER99)*
a) 120 b) 140
c) 160 d)200

1288. Most permeable capillaries - *(JIPMER99)*
a) Post pituitary b) Liver
c) Kidney d) Small intestine

1289. Reperfusion injury is caused by- *(PGI99)*
a) Vitamin E b) superoxide ion
c) Calcium ion d) Magnesium ion

1290. The cardiac output can be determined by all except -
a) Fick's principle b)V/Q ratio
c) Echocardiography d) Thermodilution

1291. True about blood flow in various organs -
a) Liver > Kidney > brain > heart *(PGI99)*
b) Liver > brain > Kidney > heart
c) Kidney > brain > heart > liver
d) Liver > heart > brain > kidney

1268) c 1269) a 1270)b 1271)a 1272) a,c 1273) a 1274)b 1275)d 1276)None 1277)c 1278)d 1279)a 1280)c
1281) c 1282) d 1283)d 1284)a 1285)a 1286) a,c 1287) d 1288)c 1289)b 1290)b 1291)a

1292. Not a vit K dependent factor- *(PGI98)*
a) ß **b)vn**
c) DC d)XII

1293. Activity of factor VIII procoagulant is deficient in- *(PGI 98)*
a) Haemophilia b) Von Willibrand's disease
c) ITP d) Sickle cell anemia

1294. Helper and cytotoxic cells belong to - *(PGI97)*
a) T cells b) B cells
c) Monocytes d) Macrophages

1295. Maximum surface area is present in - *(Jipmer 90*
a) Capillary b) Arterioles *Burdwan 2K)*
c) Artery d) Vein

1296. Hypovolemic shock is characterised by all of the following except - **(***Kerala 2K)*
a) Hypotension b) Cold and clammy skin
c) Intense thirst d) Tachycardia
e) Inhibition of respiration

1297. If an unacclatimised person is suddenly exposed to cold atmosphere, change seen are - **(***AIIMS 01)*
a) Increase in systolic BP
b) Shift of blood from shell to core
c) Non-thermogenic shivering
d) Tachycardia

1298. Nitric oxide is produced in - *(PGI2K)*
a) Endothelium b) Plasma
c) Platelets d) Serum

1299. Ejection fraction increase with - *(DNB 2001)*
a) End systolic volume
b) End diastolic volume
c) Peripheral vasculalr resistance
d) Venodilation

1300. CSFproduction per minute - *{SCTIMS 2K)*
a) 0.30 - 0.35 ml/min b)0.5 ml/min
c) 2 ml/min d) 1 ml/min

1301. CSF pressure (lumbar) - *(SCTIMS2K)*
a) 70-180 mm CSF b) 50-100 mm CSF
c) >200 mm CSF d) 150-200 mm CSF

1302. Volume of CSF is about- *{SCTIMS 2K, PGI 85)*
a) 50ml b) 100 ml
c) 150ml d) 200 ml

1303. Below-------pressure, CSF absorption stops -
a) 60 mm CSF b) 68 mm CSF *{SCTIMS 2K)*
c) 80 mm CSF d) 50 mm CSF

1304. All the following are more in CSF compared to plasma except - **(,***SCTIMS 2K)*
a) Mg b) Cl
c) $HC0_3$ d)Glucose

1305. Carotid body baroreceptor is most sensitive to -
a) Mean blood pressure *(JIPMER 2001)*
b) Diastolic blood pressure
c) Systolic blood pressure
d) Pulse pressure

1306. Blood flow through a vessel varies directly with - *(Kerala 2001)*
a) Resistance b) Viscosity
c) Pressure of difference d) Length of vessel

1307. Occlusion of common carotid artery on both sides leads to- *(TN2002)*
a) Increase in HR & BP
b) Increase in BP& decrease in HR
c) Decrease in HR & BP
d) No effect on BP & HR

1308. Antigen presenting cells are specialised cells presention all of the following except - *(TN2002)*
a) Skin b) Lymph node
c) Spleen d) Kidney

1309. Physiological changes during severe exercise are
a) Hyperventilation in the beginning *{PGI 03)*
b) Hyperkalemia c) Ted Pa 0_2
d) Ted Pa $C0_2$ **e) Ted** H2 $C0_3$

1310. Central lymphoid organs are - *{PGI 03)*
a) Bone Marrow b) Lymph node
c) Thymus d) Spleen
e) Tonsil

1311. Function of lymphatics- *(PGI 02)*
a) Increase oncotic pressure
b) Carries protein
c) Immunocompetent cells
d) Fat absorption
e) Preventive role in infection

1312. What is true of iron- *(PGI2000)*
a) It is stored in ferritin
b) It is absorbed by Transferrin in the intestine
c) Spleen is major storage organ
d) Fe^ is excreted in urine

1313. In a patient with a transplanted heart which of these are the reasons for increased cardiac output during exercise - *(PGI 02)*
a) Reinnervation of transplanted heart by vagus
b) Intrinsic mechanism
c) Epinephrine from medulla
d) Bainbridge reflex
e) Frank-Starling mechanism

1314. Pressure on carotid sinus cause - *(PGI99)*
a) Hyperapnea b) Reflex bradycardia
c) Tachycardia d) Dyspnea

1315. Blood pressure is defined as the product of -
a) Systolic pressure x pulse *(PGI 98)*
b) Diastolic pressure x pulse rate
c) Pulse pressure x pulse rate
d) Cardiac output x peripheral resistance

1316. In exercising muscle; true about metabolism is- *(PGI 98)*
a) Same in aerobic and anaerobic
b) Fatty acids used mainly
c) Glycogen and creatine kinase used aerobically
d) All of the above

1317. Volume determining preload is - *(PGI98, AI93)*
a) End diastolic volume of ventricles
b) End systolic volume
c) Volume of blood in aorta
d) Ventricular ejection volume

1292) d 1293) a 1294)a 1295)a 1296)e 1297)b 1298)a 1299)b 1300)a 1301)a 1302)c 1303)b 1304)d 1305)a
1306) c 1307) a 1308)d 1309)a,b,d 1310)a,c 1311)b,d,e 1312)a 1313)c 1314)b 1315)d 1316)c 1317)a

1318. Cardiac index ratio is determined by- *(PGI97)*
a) CO & surface area b) SV & surface area
c) Surface area only d) Peripheral resistance

1319. Main site of peripheral vascular resistance is -
a) Pre-Capillary arterioles (*Jipmer04*)
b) Pre-Capillary sphincters
c) Capillaries
d) Wind kessel vessels

1320. Choose the right statement regarding red blood cell physiology - *(SGPGI04)*
a) Erythropoietin is primarily produced in spleen
b) Mature red cell do not have ribosomes
c) Haemoglobin has 3 pairs of polypeptide chains
d) 2,3 diphosphoglycerate cleaves haemoglobin into 3 fragments

1321. The pressure-volume curve is shifted to the left in- *{AIIMS 04)*
a) Mitral regurgitation b) Aortic regurgitation
c) Mitral stenosis d) Aortic stenosis

1322. In which Hb iron is in Fe^{3+} form - *{Kerala 03)*
a)Hb_F b)Hb_{A2}
c) Hb gower d) Meth HB

1323. During blood clotting, the conversion of fibrinogen to fibrin is catalysed by-*{Karnataka 02)*
a) Thrombin b) Thromboplastin
c) Stuart-Power factor d) Proconvertin

1324. The type of hemoglobin without a-chain is - *{TN 03)*
a) Gower-1 b) Fetal hemoglobin
c) Hemoglobin d) Gower-2

1325. Bernoulli's principle states - *{TN 03)*
a) Sum of kinetic energy of flow and pressure energy is constant
b) Low tones producing maximal stimulation at apex of cochlea
c) Magnitude of the sensation felt is proportionate to the intensity of stimulus
d) Force of contraction is proportional to the stretch of cardiac muscle

1326. Laminal flow is dependent on - *{TN 03)*
a) Critical velocity b) Viscosity
c) Constant velocity d) Critical closing pressure

1327, AV nodal delay is - *{Orissa 04)*
a) 0.2 sec b) 0.13 sec
c) 0.01 sec d) 0.3 sec

1328. Amount of coronary flow per minute is -*{Orissa 04)*
a) 225 ml b) 300 ml
c) 50ml d) 300 ml

1329. Cardiac output = 5 lit/min. BSA = 1.7 m^2, calculate the cardiac index - *{PGI04)*
a) 51/m^2 b)4.8
c) 3.0 d)3.7

1330. Bilateral occlusion of carotids causes -*{Manipal 04)*
a) iBP&iHR b) **T** BP & **T** HR
c) TBP&lHR d) **1** BP & **T** HR

1331. Endothelial derived relaxing factor include all except- *{Manipal04)*
a) Deficiency presents as systemic hypertension
b) Vasodilator
c) Arises from arginine
d) Acts through adenyl cyclase

1332. In erythropoiesis - *{Kerala04)*
a) Size of the cells increases in subsequent stages
b) Haemolobin appears at early normoblast stage
c) Mitosis occurs in late normoblast at the fastest rate
d) Folic acid is useful as a maturation factor

1333. The pacemaker potential is due to - *{Jipmer 03)*
a) Fast Na+ channel
b) Decrease in K+ permeability
c) Slow Ca++ channel
d) Rapid repolarisation

1334. Two students, Vincent and Kamlesh were asked to demonstrate in dogs the role of sinus nerve in hypovolumic shock. Vincent severed the sinus nerve when the mean blood pressure (MBP) was 85 mm Hg and Kamlesh cut the sinus nerve when the mean blood pressure was 60 mm Hg. On cutting the sinus nerve- *{AI03)*
a) Vincent recorded the increasesin MBP but Kamlesh recorded a decrease in MBP
b) Vincent recorded a decrease in MBP but Kamlesh recorded an increase in MBP
c) Both recorded an increase in MBP
d) Both recorded a decrease in MBP

1335. Cardiac output measured by thermodilution technique is unreliable in all of the following situations except - *{AI03***)**
a) Ventricular septal defect
b) Tricuspid regurgitation
c) Low cardiac output
d) Pulmonary regurgitation

1336. As a part of space-research program, a physiologist was asked to investigate the effect of flight induced stress on blood pressure. Accordingly, the blood pressure of the cosmonauts were to be measured twice: once before the take-off and once after teh spacecraft entered the designated orbit around the earth. For a proper comparison, the preflight blood pressure should be recorded in - *{AI 03)*
a) The lying down position
b) The sitting position
c) The standing position
d) Any position as long as the post - flight recording is made in the same position

1337. Calcium enters the cardiac cell during -*{Kam 03)*
a) Rapid upstroke of the action potential
b) Down slope of the action potential
c) Plateau phase of the action potential
d) Slow diastolic depolarization (phase 4) of the action potential

1318)a 1319)a 1320)b 1321)d 1322)d 1323)a 1324)a 1325)a 1326) a,bl327) b 1328)a 1329)c 1330)b 1331)d 1332) d 1333)b 1334)c 1335)a,d 1336) a 1337) c

1338. Most potent Chemoattractent for neutrophils is due to - *(SGPGI05)*
a) LL-1 b)IL-6
c) EL-8 d) IL -2

1339. Factors involved in intrinsic pathway are all except-
a) vn **b)Vin** *(SGPGI 05)*
c) DC d)XII

1340. Thromboxane A_2 produced mainly by- *(SGPGI*
a) Vascular endothelium b) Platelets *05, AI95)*
c) Liver d) Damaged tissue

1341. In a standard Electrocardiogram, an augmented limb lead measures the electrical potential difference between- *(Corned 05)*
a) Two limbs
b) One limb and two other limbs
c) One limb and neutral (Zero)
d) Two limbs and two other limbs

1342. Carotid sinus massage sometimes stops supraventricular tachycardia because - *(Corned 05)*
a) It decrease sympathetic discharge to SA node
b) It decrease vagal discharge to the conducting tissue between the atria and the ventricles
c) It decreases sympathetic discharge to the conducting tussue between the atria and the ventricles

1343. Blood pressure in right ventricle - *(MAHE05)*
a) 25mmHg b)80mmHg
c) 95mmHg d)120mmHg

1344. A 59 year old man complains of recurrent of pain in the region of left shoulder radiating to sternum stomach. The attacks of pain came at lengthy intervals until the two days when it became continuous. The physician diagnosed it as angina pectoris. In this case the pain pathway from the heart is carried by - *(Jipmer 05)*
a) Superior cervical cardiac nerve
b) Middle and inferior cervical cardiac nerve
c) Thoracic splanchnic nerve
d) Vagus

1345. A patient exhibits swelling of the ankles and a bloated abdomen and has a history of malnutrition. The bloated abdomen is probable caused by -
a) Increased intestinal gas *(MAHE05)*
b) Slow, chronic abdominal hemorrhage
c) Increased capillary hydrostatic pressure
d) Decreased capillary colloid osmotic pressure

1346. Baroreceptor stimulation produces -
a) Decreased heart rate & BP *(PGIJune05)*
b) Increased heart rate & BP
c) Increased cardiac contractility
d) Decreased cardiac contractility

1347. A patient was admitted to the hospital, and ECG lead III was recorded. It was found to contain no S wave. The P, R, and T waves appeared normal. What conclusions can you draw - *(MAHA 05)*
a) Activation of parts of the base of the heart are abnormal
b) Activation of parts of the apex of the heart are abnormal
c) There has been cardiac depression
d) There are no indications of cardiac abnormalities

1348. Dicumarol is a drug that impairs the utilization of vitamin K by the liver. Dicumarol therapy, therefore, would decrease the plasma concentration of which of the following procoagulants -
a) Prothrombin *(MAHA 05)*
b) Fibrinogen
c) Antihemophillic factor (factor VIII)
d) Ac-globulin (factor V)

1349. Which of the following situations will lead to increased viscosity of blood - *(AIIMS NO V 05)*
a) Fasting state b) Hypoglycemia
c) Multiple myeloma d)Amyloidogene

1350. Distribution of blood flow in mainly regulated by the- *(AI05)*
a) Arteries b) Arterioles
c) Capillaries d) Venules

1351. All of the following factors normally increase the length of theventricular cardiac muscle fibers except- *(AI05)*
a) Increased venous tone
b) Increased total blood volume
c) Increased negative intrathoracic pressure
d) Lying to standing change in posture

1352. S.A. node acts as a pacemaker of the heart because of the fact that it - *(AI 05)*
a) Is capable of generating impulses spontaneously
b) Has rich sympathetic innervations
c) Has poor cholinergic innervations
d) Generates impulses at the highest rate

1353. Heme is converted to bilirubin mainly in - *(AI 05)*
a) Kidney b) Liver
c) Spleen d) Bone marrow

1354. The ECG of a 40 year old male was recorded using standard bipolar limb leads. The sum of voltages of the three standard leads was found to be 5 millivots. This indicates - *(AIIMS May 05)*
a) A normal heart
b) Right ventricular hypertrophy
c) Left ventricular hypertrophy
d) Increased cardiac muscle mass

1355. The velocity of blood is maximum in the -
a) Large veins b) Small veins *(AIIMSMay 05)*
c) Venules d) Capillaries

1356. Which of the following methods is not used for measurement of body fluid volumes -
a) Antipyrine for total body water *(AIIMS May 05)*
b) Insulin for extracellular fluid
c) Evans blue for plasma volume
d) ^{125}I-albumin for blood volume

1357. Which one of the following is not a transport or binding protein - *(AIIMS May 05)*
a) Erythropoietin b) Ceruloplasmin
c) Lactoferrin d) Transferrin

1338) c 1339) a 1340)b 1341)b 1342)c 1343)a 1344)b 1345)d 1346)a,d 1347)dl348)a 1349)c 1350)b 1351)d 1352)d 1353)c 1354)d 1355)a 1356)d 1357)a

1358. A pilot in Sukhoi aircraft is experiencing negative G. Which of the following physiological events will manifest in such situation - *(AI06)*
a) The hydrostatic pressure in veins of lower limb increases
b) The cardiac output decreases
c) Black out occurs
d) The cerebral arterial pressure rises

1359. All of the following inflammatory mediators produce vasoconstriction except -
a) Leukotrienes b)Bradykinin
c) Thromboxane A_2 d) Platelet activating factor

1360. Which of the following is expected to increase in response to haemorrhage - *(HP 2006)*
a) Arteriolar diameter in skeletal muscle
b) Sympathetic activity
c) Sodium excretion
d) Water excretion

1361. Poiseuille's law is - *{PGMCET01)*
a) $F = (PA\text{-}PB) \frac{nr^4}{8\ n^l}$
b) $F = (PA \times PB) \frac{nr^4}{8\ n^1}$
c) $F = \{PA + PB) \text{-} \frac{nr^4}{8\ n^l}$
d) $F = (PA/PB) \frac{nr^4}{8\ n^l}$

1362. Laplace's law, all except - *(PGMCET07)*
a) P = T/r b) P = 2T/r
c) T = Pr/w d) T = WP/r

1363. Plateau phase of cardiac muscle is due to -
a) East Na^+ channel opening *(PGMCET07,*
b) Opeaning of Ca^{++} Na^+ channels *Jipmer 95)*
c) Opening of Slow Ca"^ channels
d) Opening of K^+ channels

1364. Which one of the following is a potent stimulus for the production of erythropoietin - *(UPSC 07)*
a) Alpha interferon b) Interleukin - 3
c) Hypoxia d) Hypercarbia

1365. The fourth heart sound is caused by -
a) Closure of the aortic and pulmonary valves
b) Vibrations in the ventricular wall during systole
c) Ventricular filling *(Corned 07, Karn 04)*
d) Closure of the mitral and tricuspid valves

1366. A 78-year-old patient is anaesthetized for resection of a liver tumour. After induction and tracheal intubation, a 20 guage arterial line is placed and connected to a transducer which is located 20 cm below the level of heart. The system is zeroed at the stopcock located at the wrist while the patient's arm is stretched out on an arm board. How will the arterial line pressure compare with the true blood pressure - *(Corned 07)*
a) It willbe 20 mm Hg higher
b) It will be 15 mm Hg higher
c) It will be the same
d) It will be 15 mm Hg lower

1367. Von Willebrand factor is produced by - *(Corned 07)*
a) Liver b) Platelets
c) Endothelial cells d) Spleen

1368. The ECG change seen in hyerkalemia is -
a) Narrowing of the QRS complex *(Corned 08)*
b) Increased amplitude of P waves
c) Narrowing and peaking of T waves
d) Prominent U waves

1369. Which one of the following causes of hypoxemia is NOT corrected by giving supplemental oxygen -
a) Ventilation perfusion mismatch *(Corned 08)*
b) Alveolar hypoventilation
c) Impairment of diffusion
d) Right to left shunt

1370. The substance that is present in both serum and plasma is- *(A107)*
a) Fibrinogen b) Factor VII
c) Factor V d) Factor II

1371. Site of RBC formation in 20 year old healthy male is - *(AI 07)*
a) Flat bones b) Long bones
c) Liver d) Yolk sac

1372. Which of the following is true about fourth heart sound 'S4' - *(AI 07)*
a) Can be heard by the unaided ear
b) Frequency is greater than 20 Hz
c) Heard during ventricular filling phase
d) Heard during ventricular ejection phase

1373. Heart muscle, true are all except - *(AI 07)*
a) Act as syncitium b) Has multiple nuclei
c) Has gap junctions d) Has branching

1374. True regarding endothelin-1 are all except-
a) Bronchodilatation *(Aiims May 07)*
b) Vasoconstriction
c) Decreased GFR
d) Has inotropic effect

1375. True about blood pressure measurement is all/ except - *(A iims May 0 7)*
a) Cuff width should be 40% of arm circumference
b) Diastolic blood pressure is indicated by fourth Korotkoff sound
c) Small cuff measures spuriously elevated Diastolic blood pressure
d) Monkenberg sclerosis causes pseudohypertension

1376. In isometric exercise all are increased except-
a) Heart rate *(Aiims May 07)*
b) Cardiac output
c) Mean arterial pressure
d) Systemic vascular resistance

1358) d 1359) b 1360)b 1361)a 1362)d 1363)c 1364)c 1365)c 1366)c 1367)c 1368)c 1369)d 1370)b 1371) a 1372) c 1373) b 1374)a 1375)b 1376)d

1377. Which of the following does not occur as the blood passes through systemic capillaries-fPGMCisT*07 Maharashtra 07, AIIMSNov 07)*
a) Increased protein content
b) Shift of hemoglobin dissociation curve to left
c) Increased hematocrit
d) Decreased pH

1378. Atrial natriuretic polypeptide (ANP) acts by -
a) Decreasing aldosterone production *(MAHE 07)*
b) Decreasing sodium reabsorption from renal tubules
c) Inhibiting release of renin
d) All of the above

1379. QRS complex is due to- *(UP 07)*
a) Ventricular repolarization
b) Ventricular depolarization
c) Atrial repolarization
d) Atrial depolarization

1380. True about cardiac 0_2 demand is - *(AIIMSNov 07)*
a) Directly proportional to mean arterial pressure
b) Inversely proportional to heart rate
c) Inversely proportional to cardiac work
d) Has a constant relation to the external work done by the heart

1381. Following change is noted during exercise -
a) Blood flow to brain increases with increase in mean systolic blood pressure *(AIIMS Nov 07)*
b) Body temperature increases
c) Lymphatic flow from muscle decreases
d) Blood flow to muscles increase after half a minute

1382. In a normal person which of the following occurs when he changes to supine position from standing -
a) Cerebral perfusion increases *(AIIMSNov 07)*
b) Heart rate settles to a higher level
c) Immediate increase in venous return
d) Decreased perfusion to the apex

1383. Changes in blood passing through the systemic capillaries are all except - *(AIIMS Nov 07)*
a) Increase in hemotocrit
b) pH decreases
c) Shift of oxygen dissociation curve to the left.
d) Increase in protein content

1384. Which of the following is not true about CSF -
a) Removal of CSF during dural tap causes intense intracranial headache *(AIIMS Nov 07)*
b) Normally contain no neutrophils
c) Formed by arachnoid villi within the ventricles
d) pH less than that of plasma

1385. All are true about nitric oxide except -
a) Acts through cAMP *(AIIMSNov 07)*
b) Helps to regulate vascular tone
c) Important role in penile erection
d) Present in low concentration in cigarette smokers

1386. Function of the blood plasma are all except -
a) Transport hormones *(UP 08)*
b) Transport oxygen
c) Transport antibodies
d) Transport chylomicrons

1387. Conversion of Prothrombin to thrombin requires -
a) Ca^ b) Va, Ca^ *(UP 08)*
c) V, X, Ca^ d) X, V, XII, & Ca^

1388. Albumin exerting high oncotic pressure because - *(UP 08)*
a) High molecular weight and low concentration
b) Low molecular weight and high concentration
c) High molecular weight and High concentration
d) Low molecular weight and Low concentration

1389. Which of the following has high molecular weight and possess no role in transport mechanism is -
a) Albumin b) Alpha-globulin *(UP08)*
c) Beta globulin d) Fibrinogen

1390. Decrease in contributing factor in chronic hypertension is associated with - *(UP 08)*
a) Aldosterone b) Angiotensin II
c) Nitric oxide d) Reduced sympathetic nerve

1391. Slowest conduction of velocity occurs in - *(UP 08)*
a) Atrial muscle b) A.V. node
c) Purkinje fibre d) Ventricular muscles

1392. Largest % of blood volume in - *(UP 08)*
a) Aorta b)Artery/Arterioles
c) Venules / Veins d) Capillaries

1393. Lewis triple response is mediated by - *(AI08)*
a) Histamine b) Axon reflex
c) Injury to endothelium d) None of the above

1394. Which of the following coagulation factors causes cross Unking and stabilization of clot - *(AI 08)*
a) Factor XIII b) Thrombin
c) Factor Vm d) Factor IX

1395. The blood within the vessels does not clot normally because - *(AI08)*
a) Vitamin K antagonists are present in plasma
b) Thrombin has a positive feedback on plasminogen
c) Sodium citrate in plasma chelates calcium ions
d) Vascular endothelium is smooth and coated with glycocalyx

1396. The blood pressure measured by a sphygmomanometer - *(AI08)*
a) Is lower than the intraarterial pressure
b) Is higher than the intraarterial pressure
c) Is same as the intraarterial pressure
d) Is the same with different cuff sizes

1397. Which of the following statement is least correct -
a) Vagal stimulation decreases rate of contraction
b) Noradrenaline increases force of contraction
c) Denervated heart has more heart rate *(AI 08)*
d) During Exercise systole is shortened more than diastole

1377)b 1378) d 1379)b 1380)a 1381)b 1382)c 1383)c 1384)c 1385)a 1386)b 1387)b 1388)b 1389)d 1390)c
1391)b 1392)c 1393) a1394)a 1395)d 1396)b 1397)d

1398. Which of the following statements regarding the flow of lymph from lower limb is true- *(AI08)*
a) T ed with change from supine to standing position
b) *i* ed in increased capillary permeability
c) *i* ed in deep vein valve incompetence
d) T ed by massage of foot

1399. What is the effect of moderate exercise on cerebral blood flow ? *(AI08)*
a) Does not change
b) Increases
c) Decreases
d) Intially increases and then decreases

1400. In standing position, Venous return to heart from lower limbs is affected by all of the following except-
a) Competant valves *(Aiims May 08)*
b) Deep fascia
c) Arterial pressure
d) Contraction of calf muscles

1401. Cerebral blood flow is regulated by all except -
a) Blood pressure *(Aiims May 08)*
b) Arterial $PC0_2$
c) Potassium ions
d) Cerebral metabolic rate

1402. CSF pressure is mainly regulated by -
a) Rate of CSF formation *(Aiims May 08)*
b) Rate of CSF absorption
c) Cerebral blood flow
d) Venous pressure

1403. Stroke volume is less than 50% of the end diastolic volume is seen in - *(PGI June 08)*
a) CHF
b) Acute coronary syndrome
c) Increased systemic arterial pressure
d) ACE inhibitor therapy
e) Cardiomyopathy

1404. Turbulence of blood flow increases when -*(Manipal 08)*
a) Viscosity b) Diameter of blood vessel *i*
c) Density *i* d) Straight arteries

1405. The duration of atrial systole is - *(DPGEE 08)*
a) 0.80 second b) 0.57 second
c) 0.11 second d) 0.44 second

1406. The conduction velocity is maximum *m~(DPGEE 08)*
a) SA node b) AV node
c) Bundle of his d) Purkinje fibres

1407. During exercise, blood flow to brain is -
a) Decreased *(DPGEE 08)*
b) Increased
c) Unaltered
d) Initially increased and then decreases

1408. Blood flow to brain is not influenced by *1(APPG 08)*
a)$PaC0_2$ b)$P0_2$
c) Cerebral circulation d) Systemic circulation

1409. Which of the following statement (s) is/are true about Hb/02 dissociation curve - *(PGI Dec 08)*
a) Foetal Hb shift curve to left
b) Hypothermia shifts curve to left
c) Hypercarbia shifts curve to left
d) Acidosis shifts curve to left
e) Left shift cause more O_2 release to tissue

1410. About CSF following statement (s) is/are true -
a) Specific gravity is 1.003-1.0008 *(PGIDec 08)*
b) Specific gravity is 1.0003-1.0008
c) Total volume of CSF is 150 ml
d) Daily production is 550 ml/day
e) Daily production is 1500 ml/day

1411. Mean circulatory filling pressure is?
a) Difference between systemic and pulmonary arterial pressure *(AIIMS Nov 08)*
b) Difference between central venous pressure and central arterial pressure
c) Mean atrial pressure
d) Arterial pressure taken at the point when heart stops beating

1412. Vagal stimulation of the heart causes -
a) Increased heart rate *(AIIMS Nov 08)*
b) Increased R-R interval in ECG
c) Increased force of heart contraction
d) Increased cardiac output

1413. CSF pressure is mainly regulated *by-(AIIMSNov 08)*
a) Rate of CSF formation b)Rate of CSF absorption
c) Cerebral blood flow d) Venous pressure

1414. The oxygen - hemoglobin dissociation curve is sigmoid because - *(AI 09)*
a) Binding of one oxygen molecule increases the affinity of binding other 0_2 molecules
b) Binding of one oxygen molecule decrease the affinity of binding other 0_2 molecules
c) Oxygen affinity of Hemoglobin decreases when the pH of blood falls
d) Binding of oxygen to Hemoglobin reduces the affinity of Hb for $C0_2$

1415. An increase in the concentration of 2 - 3 Biphosphoglycerate (2,3 DPG) may be seen in all of the following except - *(AI09)*
a) Anemia b) Hypoxia
c) Inosine d) Hypoxanthine

1416. Central chemoreceptors are most sensitive to following changes in blood - *(AI09)*
a) $tPC0_2$ b) *i* $PC0_2$
c)TH^+ d) T P02

1417. The primary direct stimulus for excitation of central chemoreceptors is - *(AI09)*
a) TH^+ b) T $C0_2$
c)$T0_2$ d) *i* CO_z

1418. During diastole, the arterial pressure is maintained by- *(AI09)*
a) Elastic recoil of aorta
b) Musculature of arteries
c) Constriction of capillaries
d) Contraction of left ventricle

1398)d>A 1399) a 1400)c 1401)c 1402)b 1403)a,b,c,e 1404)b 1405)c 1406)d 1407)c 1408)b 1409)a,b 1410)a,c,d 1411) d 1412)b 1413)b 1414) a 1415)d 1416)a 1417)a 1418)a

1419. Cyanosis does not occur in severe anemia because -
a) Hypoxia stimulates erythropoietin production
b) Oxygen carrying capacity of available Hb is increased *(AI09)*
c) Critical concentration of Hb required to produce cyanosis is reduced
d) Oxygen Hemoglobin curve shift to the right

1420. Which of the following is not involved in intrinsic pathway? *(AI 09)*
a) Factor XII b) Factor XI
c) Factor IX d) Factor VII

1421. Which of the following helps in bridging the fibrin in a clot and stabilizes the clot ? *(AI 09)*
a) Factor XIII b) Factor V
c) Factor VIII d) Factor III

1422. When a person changes position from standing to lying down, following change is seen - *(AI 09)*
a) Heart rate increases
b) Venous return to heart increases immediately
c) Cerebral blood flow increases
d) Blood flow at apices of lung decreases

1423. The main cause of increased blood flow to exercising muscles is - *(AI 09)*
a) Raised blood pressure
b) Vasodilatation due to local metabolites
c) Increased sympathetic discharge to peripheral vessels
d) Increased heart rate

1424. Which of the following statements about cutaneous shunt vessels is true - *(AI 09)*
a) Perform nutritive function
b) Have role in thermoregulation
c) Not under the control of autonomic nervous system
d) These vessels are evenly distributed throughout the skin

1425. Fetal hemoglobin has higher affinity for oxygen due to - *(AIIMSMay 09)*
a) Decreased 2,3 DPG concentration
b) Reduced pH
c) Increased release of carbon dioxide
d) Oxygen dissociation curve is shifted to right

1426. During first 3-4 month of gestation erthrocytes are formed by - *(PGI June 09)*
a) Yolk sac b) Liver
c) Spleen d) Bone marrow
e) Thymus

1427. The cell which forms blood-testis barrier is -
a) Spermatogonia *(Corned 09)*
b) Primary spermatocyte
c) Leydigcell
d) Sertoli cell

1428. The basis of Korotkoff sound is related to -
a) Aortic valve closure *(Corned 09)*
b) Production of heart sound
c) Arterial turbulence
d) Arterial valve expansion

1429. Oxyhaemoglobin dissociation curve is shifted to left in - *(Corned 09)*
a) Metabolic acidosis b) Hyper apnoea
c) Hypothermia d) Increased 2-3 DPG levels

1430. Von Willebrand factor is produced by -*(COMED 09)*
a) Liver b) Platelets
c) Endothelial cells d) Spleen

1431. The positive chronotropic action of epinephrine is due to all of the following effecs on cardiac action potential, except - *(DELHI PG Feb. 09)*
a) Increase in the rate of rise of phase zero
b) Increase in the rate of repolarization in phase one
c) Shortening of phase two
d) Increase in the rate of repolarization of phase three

1432. Thrombomodulin-thrombin complex prevents clotting because - *(DELHI PG Feb. 09)*
a) Thrombomodulin inhibits prothrombin activator
b) Thrombomodulin-thrombin complex activities an tithrombin III
c) The binding of thrombomodulin with thrombin removes thrombin and also activities a plasma protein C which inactivates activated factors V & **vm**
d) Thrombomodulin-thrombin complex activates heparin

1433. Which of the following is not a measure of stroke volume ? *(DELHI PG Mar. 09)*
a) Left ventricular end diastolic volume minus left ventricular end systolic volume
b) Ejection fraction times left ventricular end diastolic volume
c) Ejection fraction times cardiac output
d) Cardiac output/heart rate

1434. On decreasing the alveolar ventilation to half of the normal, what will be the change in $PaCO_z$?
a) $PaC0_2$ double immediately *(DELHI PG Mar. 09)*
b) $PaC0_2$ halves immediately
c) $PaC0_2$ doubles over next several minutes
d) $PaC0_2$ halves over next several minutes

1435. Platelets contribute to clot retraction by the following mechanisms except -*(DELHIPG Mar 09)*
a) By release of fibrin stabilizing factor
b) By activation of thrombosthenin, actin and myosin
c) By release of Ca^+ ions form its mitochondria
d) By activation of factor XIII

1436. Which ofthe following is not true about bone marrow derived stem cells ? *(DELHI PG Mar. 09)*
a) A subset of bone marrow derived stem cells circulate in peripheral blood
b) Hematopoeisis occurs in marrow because of its specialized environment
c) Hematopoeisis occurs in marrow as stem cells are restricted to the marrow
d) Bone marrow transplantation is done by infusing donor stem cells into peripheral blood

1419) c 1420) d 1421) a 1422)b 1423)b 1424)b 1425)a 1426)b,c 1427) d 1428) c 1429)c 1430)c 143 l)c 1432)c 1433)c 1434)c 1435)d 1436)c

1437. 0_2 (oxygen) dissociation curve is shifted to right in the following EXCEPT - *(UPSC-II09)*
a) Rise in temperature b) Hypercapnia
c) Riased 2,3 DPG level d) Metabolic alkalosis

1438. Myocardial oxygen demand depend upon -
a) Preload *(PGINov09)*
b) Afterload
c) Intramyocardial tension
d) Myocardial muscle mass
e) Blood Hb concentration

1439. Memory cells doesn't undergo apoptosis due to presence of which growth factor - *(AIIMSNov 09)*
a) Platelet derived growth factor
b) Nerve growth factor
c) Insulin like growth factor
d) Fibroblast growth factor

1440. The main cause of increased blood flow to exercising muscles is - *(AIIMS May 10)*
a) Raised blood pressure
b) Vasodilatation due to local metabolites
c) Increased sympathetic discharge to peripheral vessels
d) Increased heart rate

1441. Vitamin K dependent coagulation factors include -
a) II and III b) IX and X *(AI10)*
c) III and V d) VIII and XII

1442. During heavy exercise the cardiac output (CO) increases upto five fold while pulmonary arterial pressure rises very little. This physiological ability of the pulmonary circulation is best explained by -
a) Increase in the number of open capillaries
b) Sympathetically mediated greater distensibility of pulmonary vessels *(AI 10)*
c) Large amount of smooth muscle in pulmonary arterioles
d) Smaller surface area of pulmonary circulation

1443. Venous return to heart during quiet standing is facilitated by all of the following factors, except -
a) Calf muscle contraction during standing *(AI 10)*
b) Valves in perforators
c) Sleeves of deep fascia
d) Gravitational increase in arterial pressure

1444. During cardiac imaging the phase of minimum motion of heart is - *(AI 10)*
a) Late systole b) Mid systole
c) Late diastole d) Mid diastole

1445. All of the following statements about bronchial circulation are true, except - *(AI 10)*
a) Contribute 2% of systemic circulation
b) Contribute to gaseous exchange
c) Cause venous admixing of blood
d) Provide nutritive function to lung

1446. Low CSF protein may be seen in all of the following conditions, except - *(AI 10)*
a) Recurrent lumbar puncture
b) Hypothyroidism
c) Pseudotumor cerebri
d) Infants

1447. At what stage of erythropoiesis does Hemoglobin appear? *(DPG 10)*
a) Reticulocyte
b) Intermediate normoblast
c) Early normoblast
d) Erythroblast

1448. Which one of the following is released by blood platelets during haemorrhage to produce vasoconstriction? *(DPG10)*
a) Serotonin b) Histamine
c) Thrombosthenin d)Bradykinin

1449. A patient was admitted to the hospital and ECG lead HI was recorded. It was found to contain no S wave. The P, R and T waves appeared normal. What conclusions can you draw? *(DPG 10)*
a) Activation of parts of the base of the heart are abnormal
b) Activation of parts of the apex of the heart are abnormal
c) There has been cardiac depression
d) There are no indications of cardiac abnormalities

1450. Which of the following does not occur as the blood passes through systemic capillaries?
a) Increased hematocrit *(Maharashtra10)*
b) Increased protein content
c) Shift of Hemoglobin dissociation curve to left
d) Decreased pH

1451. Low pressure receptors that play role in Minimal arterial pressure changes, due to volume changes are located in - *(Maharashtra10)*
a) Left Atrium b) Right Atrium
c) Pulmonary arteries d) All of above

1452. In coagulation pathway, "FIBRINSTABILIZINGFACTOR'' is -
a) Factor XII *(Maharashtra10)*
b) Factor XIII
c) High Molecular Weight Kinimogen (HMWK)
d) Factor IX

1453. Which of the following required for iron absorption is synthesized in liver and transported to intestine by secretion through bile? *(Maharashtra10)*
a) Apoferitin b) Apotransferrin
c) Transferin d) All of the above

1454. Which of the following is not true about "Laplace Law"? *(Maharashtra10)*
a) T = Pr/W b) P = 2T/r
c) P = T/r d) p =T/W

1455. Relation between current, electromotive forces and resistance in a circuit by Ohm's law is stated as -
a) **i** = E/R b) i = R/E *(Maharashtra 10)*
c) i=RE d) All of the above

1456. A Patient with increased BP and decreased heart rate is likely to have - *(PGINov. 10)*
a) Increased ICT b) Deep sea diving
c) Brain tumor d) Head tumor

1437) d 1438)A11 1439) b 1440) b 1441)b 1442)a 1443)d 1444)d 1445)b 1446)b 1447)b 1448)a 1449)d 1450)c 1451) d 1452)b 1453)b 1454)d 1455)a 1456)a,c,d

1457. Which is Vitamin K dependent clotting factor?
a) Factor VII *(AIIMS Nov 10)*
b) Factor I
c) Factor XI
d) Factor XII

1458. True about shunt vessels - *(AIIMSMay 11)*
a) Evenly distributed throughout the skin
b) Role in nutrition
c) Play a role in thermoregulation
d) No autonomic nervous regulation

1459. True regarding myocardial O_z demand -
a) Inversely related to heart rate *(AIIMSMay 11)*
b) Has constant relation to external cardiac work
c) Directly proportional to duration of systole
d) Is negligible at rest

1460. The primary action of Nitric oxide (NO) in the gastrointestinal tract is - *(AI11)*
a) Vasodilatation
b) Vasoconstriction
c) Gastrointestinal smooth muscle relaxation
d) Gastrointestinal slow smooth muscle contraction

1461. Orthopnea is heart failure develops due to - *(AI 11)*
a) Reservoir function of pulmonary veins
b) Reservoir function of leg veins
c) Reservoir function of pulmonary arteries
d) Reservoir function of leg arteries

1462. Which of the following is true about IgG antibody?
a) Produced in primary immune response
b) Cannot cross placenta *(Karn 11)*
c) Provides local protection
d) Produced in secondary immune response

1463. Korotkow's sound is produced due to - *(Karn 11)*
a) Stream line flow of blood
b) Increase in viscosity of blood
c) Murmur
d) Turbulent flow of blood

1464. All are effects of sympathetic stimulation except -
a) Increased conduction velocity *(Punjab 10)*
b) Increased heart rate
c) Increased refractory period
d) Increaed contractility of heart

1465. Normal cardiac index is- *(PUNJAB 11)*
a) 3.2 b)2.8
c) 2.4 d)4.4

1466. Serum does not contain- *(PUNJAB 11)*
a) Fibrinogen b) Cerruloplasmin
c) Albumin d) Globulin

1467. Osmotic fragility is increased in - *(Jipmer 10)*
a) Sickle cell anemia
b) Thalassemia
c) Hereditary elliptocytosis
d) Hemophilia

1468. Preload to the heart depends on- *(Jipmer 10)*
a) End diastolic volume b) End systolic volume
c) Stroke volume d) Cardiac output

1469. Normal AV delay of 0.1 seconds is due to -
a) Decrease in amplitude of firing *(Jipmer 10)*
b) Resistance offered by myocytes
c) Decrease in number of gap junctions
d) Lack of tight junctions

1470. Cortisol therapy increases the count of all except -
a) RBC's b) Platelets *(Jipmer 10)*
c) Eosinophils d) Monocytes

1471. Not a complication of massive blood transfusion -
a) Hyperkalemia *(Jipmer 10)*
b) Hypercalcemia
c) Volume overload
d) Hypocalcemia

1472. True regarding BP measurement with sphygmomanometer versus intra arterial pressure measurement is - *(Jipmer 10)*
a) Less than intra vascular pressure
b) Equal to intravascular pressure
c) Depends on velocity of flow
d) Greater than intravascular pressure

1473. Detectable fall in blood pressure occur in -
a) Sympathetic stimulation *(Jipmer 10)*
b) Inhibition of VMC
c) Disinhibition of VMC
d) Stimulation of vagal centre

1474. Megaloblastic anemia is due to defective maturation of- *(Jipmer 11)*
a) DNA b)RNA
c) Globin d) Cytoplasm

1475. Compensatory mechanism in a patient with hypovolemic shock - *(Jipmer 11)*
a) Increased renal blood flow
b) Decrease in cortisol
c) Decrease in vasopressin
d) Decreased cutaneous blood flow

1476. Biconcave shape of RBC is beneficial in all aspects except - *(Jipmer 11)*
a) Cellular metabolism
b) Prevention of osmotic lysis
c) Passage through small capillaries
d) Increased diffusion of gases

1477. Clotting of transfused blood is due to -
a) ABO incompatibility *(Jipmer 11)*
b) Rh incompatibility
c) Transfusion with ringer lactate
d) Transfusion with 5% dextrose & water

1478. Kidney receives about_____ % of cardiac output -
a) 5% b) 10% *(Jipmer 11)*
c) 15% d) 20%

1479. Total cardiac output doesn't change during -
a) Sleep *(Jipmer 11)*
b) From supine to standing position
c) Exercise
d) Arrhythmias

1457)a 1458)c 1459)b 1460)c 1461)b 1462)d 1463)d 1464)c 1465)a 1466)a 1467)c 1468)a 1469)c 1470)c
1471)b 1472) d 1473)b 1474)a 1475)d 1476)a 1477)a 1478)d 1479)a

1480. Microcirculation consists of -(*NEET/DNB Pattern)*
a) Capillaries
b) Capillaries venules and arterioles
c) Aorta
d) Arteries and veins

1481. Arteriole is - (*NEET/DNB Pattern)*
a) Conducting vessel b) Resistance vessel
c) Exchange vessels d) Capacitance vessel

1482.3rd heart sound is d/t - (*NEET/DNB Pattern)*
a) Closure of av valve
b) Closure of aortic valve
c) Mid diastolic flow in the ventricle
d) Atrial contraction

1483. Volume receptors are - (*NEET/DNB Pattern)*
a) Affected by total cardiovascular output
b) Stimulated by atrial systole and diastole
c) Stimulated by left ventricular contraction
d) Stimulated by aortic pressure

1484. Role of Vitamin K for activation in clotting cycle-
a) Carboxylation (*NEET/DNB Pattern)*
b) Hydroxylation
c) Oxidation
d) Reduction

1485. Fourth heart sound is caused by -
a) Closure of AV valves *(NEET/DNB Pattern)*
b) Closure of semilunar valves
c) Rapid ventricular filling
d) Atrial contraction

1486. Starlings law implies - *(NEET/DNB Pattern)*
a) Increased VR- increased CO
b) Increased discharge - increased CO
c) Increased HR- increased CO
d) Increased BP- increased CO

1487. 2nd Most Common Hb in adult *\s-(NEET/DNBPattern)*
a) a2 (32 b) a 2 y2
c)oc2S2 d) (3 2y2

1488. Isometric relaxation is defined as-
a) Relaxation of both atria *(NEET/DNB Pattern)*
b) Relaxation of both atria with all valves open
c) Relaxation of LV with mitral & aortic valve closed

1489. Isotope used to measure RBC volume is -
a) Cr51 *(NEET/DNB Pattern)*
b) H3
c) D_20
d) I^{135}

1490. Windkessel effect is seen in - *(NEET/DNB Pattern)*
a) Large elastic vessels
b) Capacitance vessels
c) Throughfare channels
d) Capillaries

1491. On increasing vagal tone following occurs in pacemaker - *(NEET/DNB Pattern)*
a) Increased Na^+ increased slop
b) Decreased Na^+ decreased slop
c) Increased Na^+ decreased slop
d) Decreased Na^+ increased slop

1492. Gatekeeper of the heart is - *(NEET/DNB Pattern)*
a) S A node b) AV node
c) Purkinje fibers d) Bundle of His

1493. Maximum reservoir of blood - *(NEET/DNB Pattern)*
a) Large vein b) Aorta
c) Heart d) Capillaries

1494. Increased BP & decreased heart rate is seen in -
a) Hemorrhage *(NEET/DNB Pattern)*
b) High altitude
c) Raised intracranial pressure
d) Anemia

1495. Which of the following protein inhibits heme loss from plasma - *(NEET/DNB Pattern)*
a) Ferritin b) Hemopexin
c) Ceruloplasmin d) Hemosiderin

1496. P wave is absent in - *(NEET/DNB Pattern)*
a) Atrial fibrillation b)CCF
c) Atrial flutter d)PSVT

1497. Hypokalemia ECG changes all except-
a) Tall T wave *(NEET/DNB Pattern)*
b) Prolonged QRS interval
c) Depressed ST segment
d) Prominent U waves

1498. Baroreceptor reflex, true is - *(NEET/DNB Pattern)*
a) From aortic and carotid body
b) Causes arterial vasoconstriction when BP falls
c) Causes decrease in HR when BP increases
d) Causes increase in HR when BP increases

1499. Isometric relaxation is defined as -
a) relaxation of both atria *(NEET/DNB Pattern)*
b) relaxation of both atria with all valves open
c) relaxation of LV with mitral & aortic valve closed

1500. Coronary blood flow, true is - *(NEET/DNB Pattern)*
a) 500 ml/min
b) Maximum during systole
c) Adenosine decreases it
d) More than skin

1501. Conduction velocity is maximum in -
a) Bundle of His *(NEET/DNB Pattern)*
b) Purkinje System
c) Ventricular muscles
d) Atrial pathway

1502. Einthoven's triangle, what is the value of lead IH when lead 1=2 mv and Lead II=1 mv - *(NEET/DNB Pattern)*
a) 1 b)2
c) 3 d)4

1503. A wave in JVP is due to - *(NEET/DNB Pattern)*
a) Atrial systole b) Atrial diastole
c) Ventricular systale d) Ventricular diastole

1504. Highest compliance is seen in which vessel-
a) Arteries *(NEET/DNB Pattern)*
b) Veins
c) Aorta
d) Capillaries

1480)b 1481)b 1482)c 1483)a 1484)d 1485)d 1486)a 1487)c 1488)c 1489)a 1490)a 149l)b 1492)b 1493)a
1494) c 1495) b 1496)a 1497)a 1498)c 1499)c 1500)None>d 1501)b 1502)a 1503)a 1504)b

1505. Erythopoiesis in gestation age takes place in -
a) Yolk sac *(NEET/DNB Pattern)*
b) Placenta
c) Amniotic sac
d) Chorion

1506. Thrombin activity is inhibited by ■ *(A1 08)*
a) Chymotrypsin
b) Heparin cofactor II
c) Alpha 2 antitrypsin
d) Alpha 2 macroglobulin

1507. ANP acts at which site - *(NEET/DNB Pattern)*
a) Glomerulus b) Loop of Henle
c) PCT d) Collecting duct

1508. Which of these carries maximum blood?
a) Arteries b) Veins *(NEET/DNB Pattern)*
c) Aorta d) Arterioles

1509. What is the normal left ventricular ejection fraction?
a) 20% b) 30% *(NEET/DNB Pattern)*
c) 50% d)65%

1510. Duration of 2nd heart sound is - *(NEET/DNB Pattern)*
a) 0.15sec b) 0.12 sec
c) 0.08 sec d) 0.1 sec

1511. Brain blood supply - *(NEET/DNB Pattern)*
a) 55ml/1 OOgm/min b) 400 ml/1 OOgm/min
c) 100 ml/1 OOgm/min d) 200 ml/1 OOgm/min

1512. Half life of factor Vm- *(NEET/DNB Pattern)*
a) 2-4 hours b) 8-12 hours
c) 6 minutes d) 60 days

1513. Cardiac output is determined by-
a) Ratio of organ to total peripheral resistance
b) Mean stroke volume *(NEET/DNBPattern)*
c) mean BP
d) Contractility of heart

1514. Regulation of coronary circulation is?
a) Autonomic *(NEET/DNBPattern)*
b) Autoregulatory
c) Hormonal
d) Sympathetic

1515. Conversion of fibrinogen to fibrin is by-
a) Prothrombin *(NEET/DNBPattern)*
b) Factor XIII
c) Thrombin
d) Kallikrein

1516. Maximum reservoir of blood - *(NEET/DNB Pattern)*
a) Large vein b) Aorta
c) Heart d) Capillaries

1517. About arterioles true is - *(NEET/DNBPattern)*
a) Resistance b) Exchange
c) Reservoir d) Pressure

1518. All are vasodilators except - *(NEET/DNB Pattern)*
a) Prostacyclin b)NO
c) Bradykinin d) Endothelin

1519. Normal cardiac index is ■ *(NEET/DNB Pattern)*
a) 3.2 b)2.8
c) 2.4 d)4.4

1520. Rate of impulse generatin is maximum in -
a) SA node *(NEET/DNB Pattern)*
b) AV node
c) Bundle of His
d) Purkinje system

1521. Mean arterial pressure depends upon-
a) Cardiac output *(NEET/DNB Pattern)*
b) Cardiac output & peripheral resistance
c) Arterial complaince
d) Peripheral resistance

1522. Ejection fraction is - *(NEET/DNB Pattern)*
a) SV/EDV b) EDV/SV
c) ESV/EDV d) SV/EDV

1523. Thromboxane A2 causes - *(NEET/DNB Pattern)*
a) Vasodilatation and platelet aggregartion
b) Vasodilatation and anti platelet aggregatory
c) Vasoconstriction and anti platelet aggregatory
d) Vasoconstriction and platelet aggregartion

1524. Preload leads to - *(NEET/DNB Pattern)*
a) Isovolumetric relaxation
b) Isovolumetric contraction
c) Peripheral resistance
d) Parasympathetic nervous system activation

1525. HbA_2 has - *(NEET/DNB Pattern)*
a) ot2p2 b) oc2y2
c) cc2S2 d)y282

1526. Cardiac output is increased in -
a) Sleep *(NEET/DNB Pattern)*
b) Pregnancy
c) Sitting
d) Standing

1527. Plateau phase of ventricular muscle is d/t opening of- *(NEET/DNBPattern, PGlMay 11)*
a) Na^+ channel b) K^+ channel
c) Ca-Na channel d) Closure of K^+channel

1528. Erythopoiesis in gestation age takes place in -
a) Yolk sac *(NEET/DNB Pattern)*
b) Placenta
c) Amniotic sac
d) Chorion

1529. Largest cross-sectional area -*(NEET/DNB Pattern)*
a) Artery b) Veins
c) Capillaries d) Venules

1530. Normal duration of PR interval - *(NEET/DNB Pattern)*
a) 0.12- 0.2 sec. b) 0.2 - 0.3 sec.
c) 0.3 - 0.4 sec. d) 0.4 - 0.5 sec.

1531. In Fetal Life RBC are produced in all except -
a) Liver *(NEET/DNB Pattern)*
b) Lymph node
c) Spleen
d) Bone marrow

1532. Prepotential SA node is due to all EXCEPT?
a) Ca^{2+} spark *(NEET/DNB Pattern)*
b) Fast sodium channels opening
c) K^+ decay
d) Transient Ca channel opening

1505) a 1506)d 1507)d 1508)b 1509)d 1510)b 1511)a 1512)b 1513)b 1514)b 1515)c 1516)a 1517)a 1518)d
1519)a 1520) a 1521)b 1522)a 1523)d 1524)b 1525)c 1526)b 1527)c 1528)a 1529)c 1530)a 1531)b 1532)b

1533. Lymphocytes are produced in -*(NEET/DNB Pattern)*
a) Lymph node b) Thymus
c) Bone marrow d) None

1534. Normal interstitial pressure *is-(NEET/DNB Pattern)*
a) 10 to 15 mmHg b) -5 to 0 mmHg
c) 20 to 30 mmHg d) -10 to -20 mmHg

1535. What is charle's law - *(NEET/DNB Pattern)*
a) PV = constant b) P/T = constant
c) PV = nRT d) None

1536. Which is not synthesised by vascular epithelium-
a) Prostacyclin *(NEET/DNB Pattern)*
b) Angiotensin 2
c) Endothelin
d) Heparin

1537. Amount of blood in heart - *(NEET/DNB Pattern)*
a) 250-300 ml b) 500-600 ml
c) 1-2 litre d) 100-200 ml

RESPIRATORY

1538. Unloading of oxygen to tissues cells by oxy-Hb is assisted by - *(AIMS 86)*
a) Bohr- affect
b) 2-3 diphosphoglycerate
c) Low $P0_2$ and high $PC0_2$ in tissues
d) All of the above

1539. The most important buffer in RBC is -
a) 0_2 Hb + Na Hemoglobinate *(JIPMER 92)*
b) O_z Hb + K Hemoglobinate
c) $E£Q_3+KH.C0_3$
d) H_2C0_3+$NaHC0_3$

1540. Halden effect is - *(Delhi 96)*
a) Binding of $0_2$to Hb favors exhalaion of Co_2
b) Binding of $C0_2$ to Hb favors release of 0_2
c) Important mechanism of 0_2 transport in body
d) All of above

1541. The cause of death in cyanide poisoning is - *(JIPMER 81, AIMS 82)*
a) Anoxic anoxia b) Anaemic anoxia
c) Histotoxic anoxia d) Stagnant anoxia

1542. Volume of air taken into the lungs in normal respiration is known as - *(PGI88)*
a) Vital capacity b) Timed vital capacity
c) Tidal volume d) Inspiratory reserve volume

1543. The normal respiratory quotient is - *(PGI85)*
a) 0.5 b)0.75
c) 0.8 d) 1.0

1544. Normal intrapleural pressure is - *(PGI 85)*
a) 1-2 mm Hg b) 2-4 mm Hg
c) 9.5-1.0mmHg d)-3to-4mmHg

1545. Increased resistance to airflow during expiration is due to- *(AIMS 92)*
a) Bronchoconstriction
b) Compression of airways
c) Tubulent flow of air
d) High vapour saturation

1546. Anatomical dead space of normal lung is-
a) 150 ml b) 250 ml *(PGI 78, AIMS 79)*
c) 300ml d) 350 ml

1547. Most of the airway resistance is from- *(UP 96*
a) Terminal bronchioles *AIMS 79, JIPMER 80)*
b) Respiratory bronchioles
c) Medium sized bronchi
d) Trachea

1548. Normal $C0_2$ tension in venous blood is-
a) 36-45 mm of Hg *(UPSC 83, 86, 91,Delhi 84)*
b) 32-37 mm of Hg
c) 47-52 mm of Hg
d) 50-60 mm of Hg

1549. The following are acceptable as normal results-
a) $P0_2$ 100 mm Hg *(JIPMER 79, AIMS 85)*
b) V/Q ration 1.0
c) Resting tidal ventilation 5L/min
d) FEVj 60% of vital capacity

1550. After hyperventilating for some time, holding the breath is dangerous since- *(AIMS 2K)*
a) It can lead to $C0_2$ nacrosis
b) Due to lack of stimulation by $C0_2$ anoxia can go into dangerous levels
c) Decreased $C0_2$ shift the oxygen dissociation curve to the left
d) Alkalosis cal lead on the tetany

1551. A patient is having normal lung compliance and increased airway resistance way of breathing for him- *(AIMS 2K)*
a) Slow and deep b) Slow and shallow
c) Rapid and deep d) Rapid and shallow

1552. After hyperventilation prolonged voluntary breath holding is dangerous because- *(AIMS2K)*
a) Tetany develops due to Ca^{2+}
b) Hypoxemia is furthur aggravated
c) Shifts 0_2' Hb curve to lefts
d) $C0_2$ fails to stimulate respiratory centre

1553. Pulmonary surfactant is - *(JIPMER 79, AIMS 80)*
a) Lectithin
b) Dipalmitoyl phosphatidyl choline
c) Dipalmitoyl phosphatidyl serine
d) Sphingosine

1554. Pathological changes in Caison's disease is due to- *(NIMS96)*
a) N_2 b) 0_2
c)$C0_2$ d)CO

1555. Cyanosis in which $Pa0_2$are normal often results due to - *(AIMS 80, UPSC 81, 84)*
a) Congenital heart disease
b) Respiratory disease
c) Valvular lesion
d) Abnormal hemoglobin

1556. Gas with greatest affinity for Hemoglobin -
a) 0_2 b)CO *(AIMS87)*
c) $C0_2$ d)N_zO

1533)c 1534) b 1535)b 1536)b 1537)b 1538)d 1539)b 1540)a 1541)c 1542)c 1543)c 1544)d 1545)b 1546)a
1547)d 1548) None 1549)a,c 1550)b 1551)a 1552)d 1553)b 1554)a 1555)d 1556)b

1557. Siggard - Anderson normogram determines -
a) Plasma bicarbonate b) Hypercapnia
c) Hypoxia d) Respiratory alkalosis

1558. The normal dead space is about - *(Jipmer 81 AIIMS 86, Delhi 96)*
a) 30% of tidal volume
b) 40% of tidal volume
c) 50% of tidal volume
d) 60% of tidal volume

1559. Ventilation perfusion ratio is - *(AIIMS 79, DNB 89)*
a) 0.5 b) 0.8
c) 1.0 d) 1.2

1560. The sole channel of Hydrogen ion excretion from the body is- *(Jiper 81, DNB 91)*
a) Blood b) Urine
c) Sweat d) Stools
e) Bile

1561. The venous concentration of 0_2($P0_2$) is - *(Delhi 96)*
a) 100 mm Hg b) 46 mm Hg
c) 40mmHg d)60mmHg

1562. In hyperbaric oxygenation the maximum allowed pressure of 0_2 is - *(Delhi96)*
a) 3 atm b) 1 atm
c) 5 atm d)atm

1563. All of the following differ in males and females except- *(Assam95)*
a) Tidal volume b) Vital capacity
c) Residual volume d) Expiratory reserve volume

1564. In hypercapnic acidosis all are correct except -
a) Plasma bicarbonate rises *(AIIMS97)*
b) May be associated with pickwickian syndrome
c) Kaussmal breathing may be present
d) Cerebral vasodiliation can occur

1565. Type II pulmonary epithelial cells secrete -
a) Surfactant *(AIIMS 85, 87, NIMHANS 86,*
b) Mucus *PGI86, Kerala 88)*
c) Heparin
d) Polypeptides

1566. Oxygen dissociation curve is shifted to the right in all except - *(AIIMS 8 7, AI86)*
a) Fall in pH
b) Rise in temperature
c) Increase of 2,3 DPG
d) HbF

1567. Oxygen therapy is not affective in - *(AIIMS 87)*
a) Hypoxic hypoxia b) Anaemic hypoxia
c) Ischemic hypoxia d) Histoxic hypoxia

1568. Spirometer cannot measure- *(AI89)*
a) Tidal volume b) Vital capacity
c) Expiration reserve volume d) Residual volume

1569. Most potent respiratory stimulant is - *(AI 89)*
a) Oxygen b) Carbondioxide
c) H^+ d) K^+

1570. Hypoxia is characterised by - *(AIIMS 84)*
a) Low arterial P02
b) Intense chemoreceptor response
c) Favourable response to 100% oxygen
d) All of the above

1571. J-Receptors are situated by - *(PGI 88)*
a) Heart b) Blood vessels
c) Alveolar interstitium d) Carotid body

1572. Which of the following does not occur in high altitude acclimatisation - *(Jipmer 90)*
a) Reticulocytosis
b) Increase serum erythropoiten
c) Increased serum cortisol
d) Increased blood glucose

1573. Shift to right of 0_2 dissociation curve is seen in - *(AI 90)*
a) Increase Pa $C0_2$ b) Decreased Pa $C0_2$
c) Increased pH d) Decreased pH

1574. A person ascends to 12,000 feet develops acute breathlessness this is due to - *(AI 90)*
a) Increased pulmonary blood flow
b) Carbon dioxide washout
c) Decreased hypoxic stimulation of respiration
d) Mechanical interference of thorax

1575. In Bohr effect - *(Kerala 91)*
a) 0_2 dissociation increased in hypoxia
b) 0_2 dissociation decreases in hypoixa
c) 0_2dissociation increase with elevated temperature
d) None of the above

1576. In normal adult, the lung is kept dry because of- *(Kerala 91)*
a) Osmotic pressure b) Surfactant
c) Hydrostatic pressure d) Tidal volume

1577. Vital capacity is a measure of- *(Kerala 91)*
a) Total volume
b) Inspiratory reserve volume plus expiratory reserve volume
c) Tidal volume plus inspiratory reserve volume plus expiratory reserve volume
d) Expiratory reserve volume plus reserve volume

1578. The Alveolar $P0_2$ is- *(Jipmer91)*
a) lOOmmHg b)110mmHg
c) 120mmHg d)150mmHg

1579. Respiratory acidosis can cause - *(Jipmer 91)*
a) Decreased $PC0_2$ and decreased PH
b) Increased $PC0_2$ and decreased PH
c) Increased $PC0_2$ and increased PH
d) Decreased $PC0_2$ and increased PH

1580. Addition of glucose to stored blood is to - *(AIIMS 91)*
a) Prevent hemolysis b) Provide nutrition
c) Increase Hb content d) Increase 2,3 DPG

1581. Which occurs after hyperventilation with 6% $C0_2$- *(AIIMS91)*
a) Apnea
b) Continued hyperventilation
c) Cheyne stoke's breathing
d) Kussmaul's breathing

1557) a 1558) a 1559)b 1560)b 1561)c 1562)a 1563)d 1564)c 1565)a 1566)d 1567)b,c,d 1568)d 1569)b
1570)d 1571) c 1572)d 1573)a,dl574)b 1575)d 1576)a 1577)c 1578)a 1579)b 1580)d 1581)b

1582. The most important factor in transport of $C0_2$ as Bicarbonate is - *(AIIMS 91)*
a) Affinity to Hb
b) Basic nature of $HC0_3$
c) Increased solubility of $C0_2$
d) Carbonic anhydrase in RBC

1583. Normal value of FEVj in an adult male is -
a) 80% b)95% *(Jipmer 92)*
c) 65% d) 50%

1584. [6] J' Receptor Stimulation causes - *(AIIMS 92)*
a) Tachynoea b) Apnoea
c) Tachycardia d) Hypotension

1585. Closing volume of lung determines- *(AI93)*
a) Distensibility of lung b) Residual volume
c) Small air way resistance d) Dead space

1586. The Aveolar ventilation in an individual with Tidal volume 600 ml. dead space 150 ml. and Respiratory rate of 15/minute is - *(Jimper 93)*
a) 2.5 Lit/Min b) 4.0 Lit/Min
c) 6.75 Lit/Min d) 9 Lit/Min

1587. Which of the following diffuses freely from plasma to extracellular space- *(Jipmer 93)*
a) $C0_2$ b)H_20
c) Glucose d) Proteins

1588. What is not true for respiration centre -*(AIIMS 79,*
a) Situated in the medulla and pons *AMU 91)*
b) Sends out regular bursts of impulses to expiratory muscles during quiet respiration
c) Sends out regular impulses to inspiratory muscles during quiet respiration
d) Is inhibited during swallowing and vomiting

1589. Structure through which 0_2 must diffuse in passing from alveolar lumen to haemoglobin-
a) Surfactant containing liquid *(PGI81, 85)*
b) Alveolar membrane basement membrane
c) Capillary endothelium, Plasma and RBC membrane
d) All of the above

1590. An increase in ventilation occurs in all situation except - *(AIIMS 84)*
a) Fall in plasma bicarbonate
b) Sleep
c) Fall in pH of CSF
d) Rise in blood adrenaline level

1591. What happens when $C0_2$ in inspired air increases beyond 10% at atmospheric pressure - *(AP 89)*
a) Depression of CNS
b) Decreased ventilation
c) Diminshed sensory acuity
d) Confusion, coma and death
e) All of the above

1592. During the initial part of inspiration, which of the following does not occur -*(AIIMS 79, DNB 90)*
a) Intrapulmonary pressure falls
b) Intrathoracic pressure rises
c) Intrabdominal pressure rises
d) The partial pressure of 0_2 in dead space rises

1593. $C0_2$ is carried in the blood - *(AIIMS 81, Orissa 91)*
a) In combination with hemoglobin
b) In physical solution in plasma
c) In combination with plasma proteins
d) Mainly as bicarbonate
e) All of the above

1594. The surfactant material lining the lung alveoli -
a) Decrease the surface tension of alveolar fluid
b) Increase the compliance of lungs *(AIIMS 86)*
c) Has increasingly less effect, the more lungs are inflated
d) Is decreased when pulmonary blood flow is interrupted
e) All of the above

1595. The instrument used for measuring the vital capacity and FEV is - *(JIPMER 78, DNB 90)*
a) Wright peak flow meter b) Vitalograph
c) Carlen's catheter d) None of the above

1596. When the atmospheric pressure is halved, which of the following is not likely to develop- *(AIIMS 80, 85)*
a) An increase in pulmonary ventilation
b) A fall in arterial $p0_2$
c) A rise in arterial pH
d) A rise in cerebral blood flow

1597. The most important substance controlling alveolar ventilation- *(AIIMS 89)*
a)0_2 b)$C0_2$
c) F^O d) None of the above

1598. Destruction of lung tissue and defective gaseous exchange causes all except - *(AP 89)*
a) Prominent P wave
b) Decreased cerebral blood circulation
c) Increased red cell number
d) Pulmonary hypertension

1599. The diffusing capacity for carbon dioxide compared to that for oxygen is - *(AIIMS 79, Delhi 84)*
a) 20 times b) 10 times
c) 5 times d) 2 times

1600. The intrapleural pressure at the end of deep inspiration is - *(Delhi 93)*
a) -4mmHg b) + 4mmHg
c)-18mmHg d)+18mmHg

1601. Effort during normal respiration is done due to -
a) Lung elasticity *(Delhi 90)*
b) Respiratory air passages
c) Alveolar air spaces
d) Creating negative pleural pressure

1602. Compliance of the lung is decreased in all conditions except - *(Jipmer 81, Delhi 92)*
a) Fibrosis of lung b) Emphysema
c) Pulmonary oedema d) Kyphosis

1603. N2 has a role in body as it - *(AIIMS81, 80, 83 AMC 85)*
a) Decrease rate of combustion
b) Delays alveolar collapse
c) Prevents atelectesis
d) All of the above

1582)d 1583) a 1584)a,b,d 1585)c 1586)c 1587)a 1588)b 1589)d 1590)b 1591)e 1592)b 1593)e 1594)e 1595)b 1596) None 1597)b 1598) b 1599) a 1600) c 1601) a 1602)b 1603)d

1604. Arterial $p0_2$ is reduced in - *(PGI87)*
a) Anaemia
b) KCN poisoning
c) Pulmonary hypoventilation
d) CO poisoning

1605. Oxygen dissociation curve is-*(AIIMS 84, Delhi 85)*
a) Bell shaped b) S-shaped
c) Normal curve type d) Delta shaped

1606. In strenuous exercise, $P0_2$ (mm/Hg) falls from -
a) 40 to 15 b) 60 to 35 *(AIIMS82)*
c) 20 to 10 d) 35 to 0

1607. Work done in quiet breathing is - *(AIIMS 79.*
a) 0.1 Kg-m/min b) 0.2 Kg-m/min *ROHTAK86)*
c) 0.5 Kg-m/min d) 2.5 Kg-m/min

1608. Functional residual capacity in a male is - *(PGI80*
a) 3.8 litres b) 3.3 litres *AI93)*
c) 2.8 litres d) 2.2 litres

1609. Blood flow in carotid body in ml/100 gm of tissue-
a) 500 b)1000 *(PGI80, AMU87)*
c) 2000 d)4000

1610. In an normal adult, the ratio of physiological and anatomical dead space is - *(AMC 87, PGI84)*
a) 2:1 b)1:3
c) 3:1 d)1:1

1611. Respiratory minute volume in a normal person -
a) 1.2 L/min b) 2.1 L/min *(PGI 79, UPSC 85)*
c) 4.2 L/min d) 6.0 L/min

1612. Maximum voluntary ventilation (L/min) is -
a) 90-120 b) 125-170 *(AMC 85, 86, 95)*
c) 170-210 d) 210-250

1613. In cigarette smoking, surfactant is - *(PGI82)*
a) Increased
b) Decreased
c) Increased followed decreases
d) Unaltered

1614. The most common form of hypoxia is - *(AIIMS 86)*
a) Hypoxic b)Stagnant
c) Anemic d)Histotoxic

1615. C02 affects Respiratory centre via - *(AIIMS 84)*
a) $CSFH^+$Conc.
b) Carotid body
c) Inflation and deflation receptors
d) Aortic body

1616. $H^+$is more bound to - *(AMU 85)*
a) Deoxygenated hemoglobin
b) Oxygenated hemoglobin
c) Both a+b equally
d) Not related to oxygenation

1617. In a normal adult, 24 hour production of $C0_2$ is about- *(UPSC 80)*
a) 150L b)290L
c) 330 L d)410L

1618. Oxygen toxicity limits exposures to less than - hours and pressures to atmospheres or less respectively - *(AIIMS 82)*
a) 3,5 b) 5,3
c) 1,2 d)2,1

1619. Hemotocrit of venous blood is - *(PGI80, DNB 89)*
a) 3% greater than arterial blood
b) 3 times greater than arterial blood
c) 3% less than arterial blood
d) 3 times less than arterial blood

1620. Total dead space can be calculated from -
a) PC02 of expired air *(AIIMS 78, UPSC 80)*
b) PC02 of alveolar gas
c) Tidal volume
d) All of the above

1621. Hyperbaric oxygenation is useful in all except -
a) Congenital heart disease *(JIPMER 80,*
b) Gas gangrene *AMC 83)*
c) Carbon monooxide poisoning
d) Nitrogen toxicity

1622. In anemia, the concentration of 2,3-DPG is -
a) Decreased b) Increased *(DNB 89)*
c) A or b d) Not changed

1623. There are about - *(AMC 87)*
a) 50 million alveoli in man
b) 100 million alveoli in man
c) 300 million alveoli in man
d) 500 million alveoli in man

1624. Rise of pulmonary arterial pressure is cause by -
a) Hypoxia b) Acidosis *(PGI 84,88)*
c) Alkalosis d) All of the above

1625. In which of the following diseases would you expect to find an increase in thickness of the respiratory membrane- *(PGI85)*
a) Emphysema
b) Asthma
c) Pulmonary artery thrombosis
d) Skeletal abnormalities of the chest
e) Pulmonary edema

1626. Surfactant is - *(Kerala94)*
a) Protein b) Glycoprotein
c) Sphingolipid d) Alpha palmityl lecithin

1627. Right shift of oxygen dissociation curve occurs in all except - *(JIPMER95)*
a) Transfusion b) Shock
c) RDS d)CHF

1628. Chemoreceptor mechanism is not triggered in- *(AIIMS 94, AI97)*
a) Anemic hypoxia b) Hypoxic hypoxia
c) Stagnant hypoxia d) Histotoxi hypoxia

1629. Difference of pulmonary microcirculation from systemic is - *(AI 95)*
a) Resistance low, pulsatile flow
b) Resistance low, capillary pressure decrease
c) Capillary pressure high, pulsatile flow
d) None of the above

1630. One of the following does not stimulate peripheral chemoreceptors - ***(AI** 95)*
a) Hypoxia b) Hypocapnia
c) Acidosis d) Low perfusion pressure

1604)c 1605)b 1606) a 1607)c 1608)d 1609)c 1610)d 161 l)d 1612)b 1613)b 1614)a 1615)a 1616)a 1617)b
1618)b 1619)a 1620) a,c 1621) a 1622)b 1623)c 1624)a,b 1625) e 1626) d 1627)a 1628)a 1629)b 1630)b

1631. Oxygen affinity is increased by all except - *(AI95)*
a) Alkalosis b) Hypoxia
c) Increased HbF d) Hyperthemia

1632. Pulmonary surfactant reduces the following except- *(Karnatak 96)*
a) The filtration forces from pulmonary capillaries
b) The surface tension in the Lungs
c) Transpulmonary pressure
d) Alveolar radius

1633. Fastest acting enzyme is - *(AI97)*
a) Pepsin b) Trypsin
c) Carbonic anhydrase d) Thrombin

1634. All are true about 2,3 DPG except - *(AI97)*
a) Low affinity of 0_2 to Hemoglobin
b) Altered binding to fetal Hemoglobin
c) Causes Bohr effect
d) High levels in red cells

1635. Lung diffusion capacity is measured with -
a) $C0_2$ b) CO *(NMS96)*
c)0_2 d) H_2

1636. Ventilation perfusion Ratio is maximum in -
a) Base of lung b) Apex of lung *(AI98)*
c) Post lobe of lung d) Middle lobe of lung

1637. Moderate excercise tachypnea is due to stimulation of which receptor - *(AI98, MP 98)*
a) Propioception b) J receptor
c) Lung receptor d) Baro receptor

1638. Non-respiratory function of the lung is-
a) Dopamine metabolism *(MAHE 98)*
b) Adrenaline metabolism
c) Serotomin metabolism
d) PGE 2 prediction

1639. Vital capacity is - *(ROHATAK 97)*
a) Tidal Vo 1 ume+Expir atory Reserve Volume
b) Tidal Volume+Inspiratory Reserve Volume
c) LRV.+ERV
d) TV+I.RV+E.RV.
e) Tidal volume

1640. C02 is transported in plasma - *(India 99)*
a) Bicarbonate b) Carbamine compounds
c) Dissolved form d)CO

1641. Flow during last stage of expiration decreases because of - *(AIIMS 98)*
a) Braking by inspiratory muscles
b) Dynamic compression of airways
c) Collapse of alveoli
d) All

1642. Oxygen dissociation is increased by all except -
a) Hypercapnia *(AIIMS 98)*
b) 2,3 DPG increase
c) Increased temperature
d) Metabolic alkalosis

1643. Role of 2,3 DPG in hemoglobin - *(IN 99)*
a) Unloading oxygen to tissues
b) Increased affinity for oxygen
c) Buffering capacity
d) Osmotic fraglity

1644. Hypoxia causes vasoconstriction in - *(JIPMER 99)*
a) Muscle b) Lungs
c) Liver d) Spleen

1645. Which is seen in high altitude - *(CUPGEE 99)*
a) Respiratory alkalosis b) Metabolic alkalosis
c) Respiratory acidosis d) Metabolic acidosis

1646. Oxygen affinity decreases in - *(Calcutta 2K)*
a) Hypoxia b) Hypothermia
c) HbF d) Increase in pH

1647. If we cut the spinal cord above medulla, what happens to respiration - *(AIIMS 2K)*
a) It becomes slower and deeper
b) Apneustic breathing
c) Breathing ceases
d) Irregular & gasping

1648. Decreased O_2 affinity of Hb in blood with decreased pH - *(Orissa R, JIPMER 95)*
a) Haldane effect b) Double Haldane effect
c) Bohr's effect d) Double Bhor effect

1649. Earliest change in high altitude is - *(Kerala 2001)*
a) Hyperventillation
b) Decrease in work capacity
c) Drowsiness
d) Polycythemia

1650. Total lung capacity is - *(CUPGEE 02)*
a) 3-4 litres b) 4-5 litres
c) 6-7 litres d) 7-8 litres

1651. Peripheral chemoreceptors is stimulated maximally by - *(IN 2002)*
a) Cyanide b) Anaemia
c) Hypocapnia d)Alkalosis

1652. 0_2 delivery to tissue is decreased by - (.*PGI03)*
a) ted Haemoglobin level
b) ted$Pa0_2$ * c)ted$PaC0_2$
d) ted$HC0_3$ e) ted pH

1653. A mountaineer ascents 18,000 feet in 2 days without supplemental oxygen. At the height of ascent the changes are - *(PGI 03)*
a) ted Pa $C0_2$ b) ted Barometric pressure
c) ted inspired 0_2 d) ted $Pa0_2$
e) ted PH

1654. True about pulmonary circulation - *(PGI 03)*
a) It receives 30% of cardiac output
b) Hypoxia causes vasoconstriction
c) Blood volume in lung is 450 ml
d) Pulmonary capillaries contain most of the blood volume in lung
e) It has low resistance

1655. Decompression sickness is seen in - *(PGI 02)*
a) Diver
b) Pilot
c) Diver and pilot
d) Diver, pilot and mountainers
e) Diver, pilot, mountainers and astronauts

1631) b,d 1632) c,d 1633)c 1634)c 1635)b 1636)b 1637)a 1638)c 1639)d 1640)a,b,c 1641)b 1642)d 1643)a 1644)b 1645) a 1646) a 1647)d 1648)c 1649) a 1650)b 1651) None 1652)a,b,e 1653)b,d,e 1654)b,c,e 1655)a,b,c

1656. Carbon dioxide retention is seen in the following condition - *(PGI01)*
a) Carbon monoxide poisoning
b) Lung failure
c) Drowning
d) Ventilatory failure
e) High altitude

1657. Which of the following is seen in high altitude climbers- *(PGI 01)*
a) Hyperventilation b) Decreased $PaC0_2$
c) Pulmonary edema d) Hypertension
e) Bradycardia

1658. Oxygen dissociation curve shift to right in -
a) Hypothermia b) Hypercarbia *(PGI 02)*
c) Fetal Hb d) Sickly Hb

1659. Central cyanosis is seen if- *(PGI 01)*
a) Methemoglobin0.5 gm/dl
b) 0_2 saturation <85%
c) 0_2 saturation < 94%
d) Hb - 4 gm%

1660. Hyperbaric oxygen is dangerous because it -
a) Decreases desplacement of 02 from Hb *(PGI 99)*
b) Decreases repiratory drive
c) Enzyme damage
d) Is toxic to tissues

1661. In normal adult Vd/Vt ratio is- *(PGI 99)*
a) 20 b)0.35
c) 40 d)50

1662. In high altitude mountain sickness, feature of pulmonary edema is - *(PGI99)*
a) Decreased pulmonary capiillary permeability
b) Increased pulmonary capillary pressure
c) Normal left atrial pressure
d) Increases left ventricular back pressure

1663. Administration of pure 0_2 to hypoxic patients is dangerous because - *(PGI 99)*
a) Apnea occurs due to hypostimulation of peripheral chemoreceptors
b) Pulmonary edema
c) DPG
d) Convulsions

1664. Nitrogen washout method is used for estimating-
a) Dead space volume *(PGI 98)*
b) Functional residual capacity
c) Tidal volume
d) Diffusion capacity

1665. Following are true about HCO_s -except - *(PGI 98)*
a) Extracellular concentration 25 m mol
b) Intracellular concentration 10 m mol
c) 7.5% solution gives 2 nmols
d) In kidney, $HC0_3'$ is produced by carbonic anhydrase

1666. Arterial blood 0_2 in ml of 0_2 per dL - *(PGI 02)*
a) 12.1 b) 19.8
c) 15.6 d) 27.8

1667. Functional residual capacity of lung is defined as -
a) Volume expired after normal expiration *(PGI 97)*
b) Volume remaining after forced expiration
c) ERV+RV
d) Tidal volume + volume inspired forcefully

1668. Apnoea is defined as - *(PGI02)*
a) Stoppage of heart beat
b) Cessation of respiration
c) Irregular respiration
d) RR

1669. Least amount of $C0_2$ is in - **(***Jipmer04)*
a) Anatomical dead space-end inspiration phase
b) Anatomical dead space-end expiration phase
c) Alveoli-end inspiration phase
d) Alveoli-end expiration phase

1670. Surfactant is- *(PGI 04)*
a) Secreted by Type I pneumocytes
b) Secreted by bronchial glands
c) Contains mucin
d) Necessary for alveolar stability
e) Secreted as eosinophilic nodules

1671. Surfactant is - *(PGI 04)*
a) Secreted by 26th week of GA
b) Deficiency causes RDS in new bom
c) Composed of cytokeratin
d) It can be used therapeutically
e) Increased in bronchoalveolar carcinoma

1672. In Caissons disease all seen except - *(Jharkand 03)*
a) Myonecrosis b) Lymphedema
c) Paraplegia d)None

1673. Dissolved oxygen is not dependent on-*(Jharkand 03)*
a) Hb b) Atmospheric pressure
c) Alveolar pressure d) Arterial tension of 0_2

1674. All of the following lead to increased dissociation of 0_2 from Hb except - *(SGPGI05)*
a) HbF b) Increased $C0_2$
c) Increase H^+ d) Increase Temperature

1675. Physiological effects of emphysma may include all of the following, except - *(SGPGI 05)*
a) Increased vital capacity
b) Irregular ventilation
c) Impaired gas diffuse
d) Pulmonary hypertension

1676. The primary function of surfactant is - *(SGPGI 05)*
a) Prevent overexpansion of alveoli
b) Decrease the surface tension of the fluid lining the alveoli
c) Facilitate diffusion of oxygen
d) Prevent airway closure

1677. Respiratory burst in neutrophils occurs due to- *(SGPGI 05)*
a) NADPH oxidase b) NADP oxidase
c) FADH2 oxidase d)FAD

1678. Earliest symptom of acute mountain sickness is -
a) Blurring of vision b) Fever *(AMU 05)*
c) Nausea and vomiting d) Headache

1656)b,c,d 1657)a,b,c 1658)b,d 1659)b 1660)d 1661)b 1662)b,cl663)a 1664)b 1665)c 1666)b 1667)c 1668)b 1669) a 1670) d 1671)a,b,d 1672)b 1673)a 1674)a 1675)a,c 1676)b 1677)a 1678)d

1679. The oxygen buffer function of haemoglobin is related to - *(COMEDK 05)*
a) Dissociation curve shape
b) Haldane effect
c) Bohr effect
d) Respiratory exchange ratio

1680. Normal alveolar ventilation pressure on inspiration is- *(MAHE05)*
a) - 1 cm water b) -1 cm Hg
c) + 1 cm Water d) + 1 cm Hg

1681. The stimulation of which of the following causes hyperventilation at high altitude - *(ICS 05)*
a) Peripheral chemoreceptors
b) Vagal afferents
c) Central chemoreceptors
d) Proprioceptors

1682. Which of the following conditions leads to tissue hypoxia without alteration of oxygen content of blood- *(AIMS May 05)*
a) CO poisoning b) Met Hb
c) Cyanide poisoning d) Respiratory acidosis

1683. The spirometer can estimate all the following except- *(APPGE 05)*
a) Total lung capacity
b) Forced expiratory volume in 1 second
c) Peak expiratory flow
d) Vital capacity

1684. The volume of $C0_2$ exhaled by a healthy person is -
a) 100 ml b) 150 ml *(Orrisa05)*
c) 200ml d) 250ml

1685. Arterial blood gas of a 5 year old child done at sea level gives the following results: pH 7.41, PaO_z 100 mmHg, and $PaCO_z$ 40 mm Hg. The child is being ventilated with 80% oxygen. What is the (A-a) PO_z- *(AIMS NOV 05)*
a) 570.4mmHg b)520.4mmHg
c) 470.4mmHg d)420.4mmHg

1686. Pulmonary function abnormalities in interstitial lung diseases include all of the following except -
a) Reduced vital capacity *(AIMSNOV05)*
b) Reduced FEVj/FVC ratio
c) Reduced diffusion capacity
d) Reduced total lung capacity

1687. Fetal haemoglobin has all the following characteristic features except - *(AIMSNOV 05)*
a) Strong affinity for *2*,3-DPG
b) Oxygen dissociation curve is shifted to left
c) At low fetal $P0_2$ gives up more oxygen to tissues than adult haemoglobin
d) Forms 80% of haemoglobin at birth

1688. Pulmonary surfactant is secreted by- *(AI05)*
a) Type I pneumocytes
b) Type II pneumocytes
c) Clara cells
d) Bronchial epithelial cells

1689. In which of the following a reduction in arterial oxygen tension occurs - *(AI 05)*
a) Anaemia b) CO poisoning
c) Moderate exercise d) Hypoventilation

1690. The vasodilatation produced by carbon dioxide is maximum in one of the following - *(AI 05)*
a) Kidney b) Brain
c) Liver d) Heart

1691. The type of hemoglobin that has least affinity for 1, 3- Diphosphoglycerate (2,3-DPG) or (2,3-BPG) is -
a) HgA b) HgF *(AI05)*
c) HB d)HgA_2.

1692. The intrapleural pressure is negative both during inspiration and expiration because - *(AIMSMay*
a) Intrapulmonary pressure is always negative *05)*
b) Thoracic cage and lungs are elastic structure
c) Transpulmonary pressure determines the negativity
d) Surfactant prevents the lungs to collapse

1693. Surfactant synthesis starts after about -
a) 26 weeks of foetal life
b) 20 weaks of foetal life
c) 30 weeks of foetal life
d) 18 weeks of foetal life

1694. Which of the following true about ventilation and perfusion in alveoli in erect posture - *(Manipal 06)*
a) Ventilation/perfusion ratio is max^m at apex
b) Ventilation/perfusion ratio is max^m at base
c) Ventilation is max at apex
d) Perfusion is max at apex

1695. Myoglobin binds to_____molecules of 0_2 -
a) 1 b) 2 *(PGMCET07, PGI80, AP 85)*
c) 3 d)4

1696. J-receptors which are responsible for rapid shallow breathing are located in - *(UPSC 07)*
a) Thoracic cage and lung
b) Carotid artery
c) Alveoli-capillary junction
d) Respiratory musceles

1697. Respiratory distress syndrome is due to a defect in the biosynthesis of - *(Corned 07)*
a) Dipalmitoyl lecithine b) Dipalmitoyl cephaline
c) Dipalmitoyl serine d) Dipalmitoyl inositol

1698. Carbon dioxide trasported in blood mostly as -
a) CarboxyHb *(Corned 07, AI 05)*
b) In combination with plasma proteins
c) Bicarbonate
d) Carbonic acid dissolved in plasma

1699. Toxic effects of high oxygen tension include all of the following except - *(AI07)*
a) Pulmonary edema
b) Decreased cerebral blood flow
c) Retinal damage
d) CNS excitation and convulsion

1679) a 1680) a 1681)a 1682)c 1683)a 1684)c 1685)d 1686)b 1687)a 1688)b 1689)d 1690)b 1691)b 1692)b
1693)b 1694) a 1695)a 1696)c 1697)a 1698)c 1699)b

1700. Which of the following adaptations will be apt to increase the work capacity at high altitude - *(A107)*
a) Increasing workload, decreasing duration of exercise
b) Increasing workload, increasing duration of exercise
c) Decreasing workload, increasing duration of exercise
d) Decreasing workload, decreasing duration of exercise

1701. 0_2 delivery to tissues depends on all/except -
a) Cardiac output *(Aiims May 07)*
b) Type of fluid administered
c) Hemoglobin concentration
d) Affinity of hemoglobin for 0_2

1702. Not a correct formula for calculating the percentage of 0_2 saturation in arterial blood excep*t-(MAHE 07)*
a) Saturation 0_2% = (oxygen content/oxygen)
b) Saturation 0_2% = (oxygen carrying capacity)
c) Saturation 0_2% = (carbon dioxide content/oxygen carrying capacity) x 100%
d) Saturation 0_2% = (oxygen content/carbon dioxide carrying capacity) x 100%

1703. Pleural pressure positive in - *(UP 07)*
a) End of inspiration
b) End of expiration
c) End of forced expiration
d) Start or beginning of inspiration

1704. Diffusion of gas in respiratory membrane-ff/F *07)*
a) Directly proportional to thickness of respiratory membrane
b) Inversely proportional to molecular weight of the gas
c) No lipid - water solubility
d) Inversely proportional to pressure gradient

1705. Surfactant production is accelerated by - *(UP 07)*
a) Thyroxine b) Glucocorticoids
c) Carbamazepine d) Iodine

1706. Hyperventilation in high altitude is due to -
a) Respiratory alkalosis *(UP 07)*
b) Respiratory acidosis
c) Hypercapnea
d) Decreased concentration of bicarbonate

1707. In hyperventilation - *(PGIJune07)*
a) p50 and Hb affinity for 0_2 increases
b) p50 and Hb affinity for 0_2 decreases
c) p50 increases and 0_2 affinity decreases
d) p50 decreases and 0_2 affinity increases
e) No change

1708. The mechanism of action of surfactant is -
a) Lubricates the flow of $C0_2$ diffusion
b) Binds oxygen *(AIIMSNov 07)*
c) Makes the capillary surface hydrophilic
d) Breaks the structure of water in the alveoli

1709. The following factors shift the oxygen dissociation curve to the right, *except* **-** *(UPSC-108)*
a) Hypoxia b) Fever
c) Increase in 2,3-DPG d) Alkalosis

1710. Oxygen-hemoglobin dissociation curve shifted to Right side in all EXCEPT - *(UP 08)*
a) Fresh blood transfusion b) Anemia
c) Acidosis d) Alkalosis

1711. Most important form of carbon-dioxide transport in the blood- *(UP 08)*
a) It is mostly transported as carboxy hemoglobin
b) As dissolved $C0_2$
c) As bicarbonates
d) Due to $C0_2$ molecules attached to hemoglobin

1712. Comparision of the apex of the lung, the base of the lung has - *(UP 08)*
a) High pulmonary arterial pressure 0_2
b) High pulmonary arterial pressure $C0_2$
c) High ventilation / perfusion ratio
d) Same ventilation / perfusion ratio

1713. In which of the following conditions the respiratory muscles are relaxed - *(UP 08)*
a) Residual volume
b) Functional residual capacity
c) Expiratory reserve volume
d) Inspiratory reserve volume

1714. In which of the following disease normal structure of hemoglobin but their blood volume reduced in- *(UP 08)*
a) Chronic blood loss b) Sickle - cell anemia
c) Hemolytic anemia d) Thalassemia

1715. Pulmonary circulation differs from systemic circulation - *(Aiims May 08)*
a) Pulmonary vasodilation in hypoxia
b) Pulmonary vasoconstriction in hypoxia
c) Decreased blood volume during systole
d) Increased basal vasoconstrictor tone

1716. Oxygen toxicity causes all except - *(Manipal 08)*
a) Rupture of alveoli b) Atelectasis lung
c) Pulmonary edema d) Convulsions

1717. Oxygen carrying capacity of blood is largely determined by- *(Manipal 08)*
a) Hb level b) Amount of $C0_2$ inblood
c) Acidosis d) Plasma concentration

1718. $P0_2$ over 8 kPa is (Hb saturation) - *(Manipal 08)*
a) 60% b) 70%
c) 80% d) 90%

1719. In which of the following conditions oxygen delivery is least to muscles ? *(APPG 08)*
a) Person inhaling 100 percent oxygent at the top of mount everest
b) Marathon runner at sea level
c) Person with carbon monoxide poisoning
d) None of the above (this option none of the above was also there)

1720. Hb 0_2 dissociation curve to left **by** ? *(APPG 08)*
a) Increase pH b) Increased $PC0_2$
c) Increased2.3. DPG d) Exercise

1700) c 1701)b 1702) a 1703)c 1704)None 1705)b 1706)a 1707)c 1708)d 1709)d 1710)d 1711)c 1712)c 1713)a 1714) d 1715)b 1716)a 1717)a 1718)d 1719)c 1720)a

1721. At the end of normal *expiration*-*(DELHIPGFeb. 09)***
a) The outward recoil tendency of the chest
b) The volume inside the lung is expiratory reserve volume
c) The chest wall has a tendency to move inwards
d) Alveolar pressure is usually negative

1722. The following acute respiratory response to ascent to high altitude, there is normalization of blood pH. The mechanism is - *(DELHIPGMar. 09)*
a) Increased erythropoesis leads to increased buffering by haemoglobin
b) Increased excretion of $HC0_3^-$ by the kidneys
c) Increased levels of 2,3-DPG
d) Retention of bicarbonate by the kidneys

1723. Physiological response to smoking, are all, except-
a) Decreased HDL *(AIMS May 09)*
b) Increased hematocrit
c) Increased heart rate and increased catecholamine release
d) Decreased carboxyhemoglobin

1724. Surfactant is produced by - *(Corned 09)*
a) Pulmonary alveolar macrophages
b) Plasma cells
c) Type 1 pneumocytes
d) Type 2 pneumocytes

1725. Stability of alveoloi is maintained by -
a) Compliance of the lungs *(AIMS Nov 09)*
b) Residual air in alveoli
c) Negative intrapleural pressure
d) Reduce surface tension by surfactant

1726. Pacemaker regulating the rate of respiration -
a) Pneumotaxic centre *(AIMS Nov 09)*
b) Dorsal group of nucleus
c) Apneustic centre
d) Pre-Bötzinger Complex

1727. An important non-respiratory function of lungs is-
a) Anion balance b) Sodium balance *(AI10)*
c) Potassium balance d) Calcium balance

1728. Arterial 0_2 content is reduced in one of the following - *(DPG10)*
a) Stagnant hypoxia b) Anemic hypoxia
c) Histotoxic hypoxia d) Ischemic hypoxia

1729. Vital capacity is sum of- *(Maharashtra 10)*
a) Inspiratory reserve volme, Tidal volume and Expiratory Expiratory reserve volume
b) Tidal volume, Inspiratory reserve volume and Residual volume
c) Expiratory reserve volume, Inspiratory reserve volume and Residual volume.
d) Residual volume, Inspiratory volume, and Expiratory volume

1730. Normal intrapleural pressure at the start/beginning of inspiration is_____ cm of H_20.
a)-7.5 b)-5.0 *(Maharashtra 10)*
c)-2.0 d)-0.5

1731. $C0_2$ retention is seen in - *(PGI May 10)*
a) Carbon monoxide poisoning
b) Respiratory failure
c) High altitude
d) Ventilatory failure
e) Pulmonary edema

1732. TVue about normal expiration - *(PGINov. 10)*
a) At the end of normal expiration air in lung is ERV
b) Chest wall has a tendency to move outward which is balanced by inward recoil of alveoli
c) In expiration pleural pressure is equal to alveolar pressure
d) Muscles that elevate the chest cage are classified as muscles of expiration

1733. Caisson's disease is - *(AIMSNov 10)*
a) Gas embolism b) Fat embolism
c) Amniotic fluid embolism d) Tumor embolism

1734. In lung, true about Hyaline membrane disease -
a) FRC is smaller than closing volume
b) FRC is larger than closing volume
c) FRC is equal to closing volume *(AIMS Nov 10)*
d) FRC doesn't depend on closing volume

1735. Gas used to measure the diffusion capacity of lung -
a) CO b) NO *(AIMS Nov 10)*
c) $C0_2$ d) Nitrogen

1736. Hypoxiema independent of - *(AIMS Nov 10)*
a) Fi02 b) Altitude
c) Hb d)$PaC0_2$

1737. Not a stimulus for normal/resting ventilation?
a) Stretch receptors *(AIMS Nov 10)*
b) J receptors
c) $P0_2$
d) $PC0_2$

1738. $C0_2$ diffuses more easily through the respiratory membrane than 0_2 because it is - *(AIMSNov 10)*
a) Less dense
b) More soluble in plasma
c) Less molecular weight
d) Less $PC0_2$ in the alveoli

1739. Pacemaker regulating the rate of respiration -
a) Pneumotaxic centre *(AIMS Nov 10)*
b) Dorsal group of nucleus
c) Apneustic centre
d) Pre-Bötzinger Complex

1740. Negative intrapleural pressure is due to -
a) Uniform distribution of surfactant over alveoli
b) Negative intraalveolar pressure
c) Absorption by lymphatics *(AIMS Nov 10)*
d) Presence of cartilage in the upper airway

1741. Cyanosis in trauma is interpreted as -
a) Early sign of hypoxia *(AIMS Nov 10)*
b) Late sign of Hypoxia
c) Absence of cyanosis means adequate tissue ventilation
d) Absence of cyanosis means adequate tissue oxygenation

1721) a 1722) d 1723)d 1724)d 1725)d 1726)d 1727)b 1728)b 1729)a 1730)b 1731)b,d,e 1732)a,b 1733)a
1734) a 1735) a 1736) c 1737)b 1738) b 1739) d 1740) c 1741)b

1742. The primary direct stimulus for excitation of central chemoreceptors regulating ventilation is -
a) Increased H^+ *(AIIMS May 11)*
b) Increased $C0_2$
c) Increased 0_2
d) Decreased $C0_2$

1743. Nitrogen narcosis is caused due *to-(AIIMSMay 11)*
a) Nitrogen inhibits dismutase enzyme
b) Increase production of nitrous oxide
c) Increased solubility of nitrogen in nerve cell membrane
d) Decrease in oxygen free radicals

1744. Small airways have laminar air flow because-
a) Reynold's number >2000 *(AI11)*
b) Very small diameter
c) Extremely low velocity
d) Low cross sectional area.

1745. Pulmonary Compliance is decreased in all of the following conditions, Except - *(AI 11)*
a) Pulmonary Congestion b)COPD
c) Decreased Surfactant d) Pulmonary Fibrosis

1746. A man connected to a body plethysmograph for estimation of FRC inspires against a closed glottis. Which of the following statements is true - *(AI 11)*
a) The pressure in both the lungs and the box increases
b) The pressure in both the lungs and the box decreases
c) The pressure in the lungs decreases, but that in the box increases
d) The pressure in the lungs increases, but that in the box decreases

1747. A 32 year old high altitude mountaineer is observed to have a hematocrit of 70 percent. Which of the following represents the most likely cause/ explanation - *(AI 11)*
a) Polycythemia with increased red cell mass
b) Relative Polycythemia due to dehydration
c) Polycythemia due to hemoconcentration
d) Polycythemia with high altitude pulmonary edema

1748. Acclimatization does NOT include- *(Karn 11)*
a) Hyperyentilation
b) Decreased concentration of 2,3 DPG in RBC
c) Increased erythropoiesis
d) Kidney excrete more alkali

1749. Depth of inspiration controlled by - *(Punjab 10)*
a) Pneumotaxic center b) Posterior medula
c) Apneustic center d) Pons

1750. 0_2 which is about 21% of inspired air exerts a partial pressure of- *(Jipmer 10)*
a) 160mmHgb)240mmHg
c) 58QmmHg d) 760mmHg

1751. Surfactant is synthesized by - *(Jipmer 10)*
a) Type-I pneumocytes
b) Type-II pneumocytes
c) Alveolar macrophages
d) Dust cells

1752. Respiratory causes of hypoxemia are all except -
a) Voluntary hypoventilation *(Jipmer 11)*
b) Physiological shunt
c) Ventilation perfusion mismatch
d) Dead space ventilation

1753. Carbon monoxide poisoning is a type of-
a) Anemic hypoxia *(Jipmer 11)*
b) Histotoxic hypoxia
c) Hypoxic hypoxia
d) Stagnant hypoxia

1754. Inspiratory depth is halted by - *(NEET/DNB Pattern)*
a) Pneumotaxic centre b) Apneustic centre
c) Inspiratory centre d) Expiratory centre

1755. Carbon monoxide poisoning is a type of -*(Jipmer 11)*
a) Anemic hypoxia b) Histotoxic hypoxia
c) Hypoxic hypoxia d) Stagnant hypoxia

1756. Surfactant is secreted by which alveolar cells -
a) Type 1 cells *(NEET/DNB Pattern)*
b) Type 2 cells
c) Alveolar macrophages
d) Endothelial cells

1757. Measurement of anatomic dead space is by -
a) 0_2 breath test *(NEET/DNB Pattern)*
b) Helium dilution test
c) N2 breath test
d) $PC0_2$

1758. Best denotes airway resistance -
a) Vital Capacity *(NEET/DNB Pattern)*
b) Mid respiratory flow rates
c) FEV_1
d) Total volume

1759. Oxygen therapy is least useful in -
a) Anemia *(NEET/DNB Pattern)*
b) ARDS
c) Alveolar damage
d) COPD

1760. Which of these is not a cause of rightward shift of Oxygen - Hemoglobin dissociation curve?
a) Increased hydrogen ions *(NEET/DNB Pattern)*
b) Decreased $C0_2$
c) Increased temperature
d) Increased BPG

1761. Oxygen dissociation curve is shifted to right in -
a) Hyperkalemia *(NEET/DNB Pattern)*
b) Hypokalemia
c) Anemia
d) Metabalic alkalosis

1762. Most important stimulus to peripheral chemoreceptrs - *(NEET/DNB Pattern)*
a) $P0_2$ b) $C0_2$
c) pH d) $HC0_3$

1763. Difference in the amount of 0_2 inspired and $C0_2$ expired - *(NEET/DNB Pattern)*
a) 20ml/min b)50ml/min
c) 75 ml/min d) 100 ml/min

1742) a 1743)c 1744)c 1745)b 1746)c 1747)a 1748)b 1749)a 1750)a 1751)b 1752)d 1753)a 1754)a 1755)a
1756) b 1757) c 1758)b 1759)a 1760)b 1761)c 1762)a 1763)b

1764. In moderate excercise the respiratory rate is increased due to response of - *(NEET/DNB Pattern)*
a) Propioception receptor in the joints
b) TPCO in arterial blood
c) TPO fti arterial blood
d) J-receptor stimulation

1765. Spirometry can demonstrate and measure all of the following except - *(NEET/DNB Pattern, AI9 7)*
a) Tidal volume
b) Residual volume
c) Vital capacity
d) Inspiratory reserve capacity

1766. Oxygen therapy is least useful in -
a) Anemia *(NEET/DNB Pattern)*
b) ARDS
c) Alveolar damage
d) COPD

1767. Peripheral & central chemoreceptors may both contribute to increased ventilation that occurs as a result of decreased - *(NEET/DNB Pattern)*
a) Arterial BP
b) Arterial tension
c) Arterial 0_2 concentration
d) H^+

1768. Compliance of lungs is - *(NEET/DNB Pattern)*
a) 200 ml/cm water b)500ml/cmwater
c) 800 ml/cm water d) 1000 ml/cm water

1769. When gases flow through an orifice which factor is least likely to effect turbulence -
a) Density of gas *(NEET/DNB Pattern)*
b) Viscosity of gas
c) Pressure of gas
d) Diameter of orifice

1770. True about caisson's disease - *(NEET/DNB Pattern)*
a) 0_2 release from tissues
b) $C0_2$ release from tissues
c) N_2 release from tissues
d) H_2 release from tissues

1771. Difference in the amount of 0_2 inspired and $C0_2$ expired - *(NEET/DNB Pattern)*
a) 20ml/min b)50ml/min
c) 75 ml/min d) 100 ml/min

1772. Increased oxygen delivery to tissues in reponse to increased $C0_2$ is - *(NEET/DNB Pattern)*
a) Bohr effect b) Haldane Effect
c) Hamburger effect d) Chloride shift

1773. Respiratory minute volume of lung is - *(NEET/DNB*
a) 6L b)4L *Pattern)*
c) 500mL d) 125L

1774. Carbon monoxide poisoning is a type of- *(Jipmer 11)*
a) Anemic hypoxia b) Histotoxic hypoxia
c) Hypoxic hypoxia d) Stagnant hypoxia

1775. Gas exchange in tissues takes place at -
a) Artery b) Capillary *(NEET/DNB Pattern)*
c) Vein d) Venules

1776. Compliance of lung is measured by -
a) Elasticity *(NEET/DNB Pattern)*
b) Amount of air
c) Blood flow
d) Presence if fluid

1777. Surfactant is secreted by - *(NEET/DNB Pattern)*
a) Type II pneumocytes
b) Type I pnuemocytes
c) Alveolar capillaries
d) Alveolar macrophages

1778. Normal diffusion of $C0_2$ at rest -
a) 20-25 ml/min *(NEET/DNB Pattern)*
b) 50-100 ml/min
c) 100-200 ml/min
d) 300-400 ml/min

1779. A person unacclimatised develops pulmonary edema- *(NEET/DNB Pattern)*
a) 19-21 days b) 2nd-3rd month
c) 2 -3 days d) 6-7 days

1780. Haldane effect - *(NEET/DNBPattern)*
a) Effect of 2,3-BPG
b) Dissociation of C02 on oxygenation
c) Dissociation of 02 on addition of C02
d) Chloride shift

1781. Pulmonary vasoconstriction is caused by all except-
a) Hypoxia *(NEET/DNBPattern)*
b) Hypercarbia
c) Prostocyclin
d) Thromboxane A2

1782. In caissons disease pain in joint is because of -
a) Nitrogen bubble *(NEET/DNBPattern)*
b) Oxygen bubble
c) Carbon monoxide
d) Air in joint

1783. Cyanosis is not seen in - *(NEET/DNB Pattern)*
a) CHF b) COPD
c) CO poisoning d) High altitude

1784. Effect of fetal hemoglobin on 0_2 dissociation curve-
a) Right Shift *(NEET/DNB Pattern)*
b) Left Shift
c) No effect
d) May be right or left

1785. Uncompensated metabolic acidosis shows -
a) Increased pH with increased $HC0_3$- *(NEET/DNB*
b) Increased pH with Decreased $HC0_3$- *Pattern)*
c) Decreased pH with increased $HC0_3$-
d) Decreased pH with Decreased $HC0_3$-

1786. False about the 0_2 dissociation curve:
a) Sigmoid curve *(NEET/DNB Pattern)*
b) Combination of the first heme in the Hb molecule with 0_2 increases the affinity of the second heme for 0_2
c) Increase in ph shifts curve to right
d) Fall in temperature shifts curve to left

1764) a 1765)b 1766)a 1767)d 1768)a 1769)c 1770)c 1771)b 1772)a 1773)a 1774)a 1775)b 1776)a 1777)a
1778) d 1779)c 1780)b 1781)c 1782)a 1783)c 1784)b 1785)d 1786)c

1787. Increase in P50 in oxygenation curve is due to decrease in - *(NEET/DNB Pattern)*
a) PH b) Oxygen
c) Temperature d)$C0_2$

1788. Regarding Dead space Volume in a normal individual -
a) Anatomical dead space>Physiological Dead space
b) Anatomical dead space=Physiological Dead space
c) Anatomical dead space<Physiological Dead space
d) Anatomical dead space is not related to Physiological Dead space *(NEET/DNB Pattern)*

1789. Alveoli are kept dry because *oi-(NEET/DNB Pattern)*
a) Surfactants b) Glycoproteins
c) Buffers d) Bohr's Effect

1790. Vital capacity is sum of - *(NEET/DNB Pattern)*
a) Inspiratory reserve volme, Tidal volume and Expiratory reserve volume.
b) Tidal volume, Inspiratory reserve volume and Residual volume.
c) Expiratory reserve volume, Inspiratory reserve volume and Residual volume.
d) Residual volume, Inspiratory volume, and Expiratory volume.

1791. Herring Breuer reflex is an increase in -
a) Duration of inspiration *(NEET/DNB Pattern)*
b) Duration of expiration
c) Depth of inspiration
d) Depth of expiration

1792. Ventilation perfusion ratio is least at-
a) Apex b) Middle lob *(NEET/DNB Pattern)*
c) Base d)None

1793. When gases flow through an orifice which factor is least likely to effect turbulence -
a) Density of gas *(NEET/DNB Pattern)*
b) Viscosity of gas
c) Pressure of gas
d) Diameter of orifice

1794. Bohr Effect is? *(NEET/DNB Pattern)*
a) Facilitates oxygen transport
b) Facilitates C02 transport
c) Facilitates Chloride transport
d) None

1795. Volume of air taken in and given out during normal respiration is referred to as - *(NEET/DNB Pattern)*
a) IRV b)TV
c) EKV d)VC

1796. CO_z increases ventilation by acting mainly on receptors of - *(NEET/DNB Pattern)*
a) Apneustic center
b) Pneumotaxic center
c) Ventral surface of medulla
d) DRG

1797. Intrapleural pressure is - *(NEET/DNB Pattern)*
a) Transpulmonary pressure + Alveolar pressure
b) Transpulmonary pressure - Alveolar pressure
c) Transmural pressure + Alveolar pressure
d) Alveolar pressure - Transpulmonary pressure

1798. $P0_2$ is maximum - *(NEET/DNB Pattern)*
a) Base of lung b) Posterior lobe
c) Apex of lung d) Middle lobe

KIDNEY

1799. In metabolic acidosis, true about urinary change is-
a) Increase in ammonia *(UPSC 83, Delhi 84)*
b) Decrease in ammonia
c) Decrease in lactic acid
d) $HC0_3$

1800. High threshold substance is - *(Delhi 89)*
a) Uric acid b) Urea
c) Glucose d) Creatinine

1801. Norman filtration fraction is - *(PGI84)*
a) 0.9 b)0.2
c) 0.6 d) 1.0

1802. Normal PAH clearance is - m/minute -
a) 100-250 b) 250-500 *(AIIMS84,85)*
c) 500-800 d) 800-1200

1803. Minimum urinary pH that can be attained is -
a) 3.8 b) 3.5 *(PGI 81, JIPMER 81)*
c) 4.8 d)6.5

1804. Angiotensinogen is synthesized in the-
a) Liver b) Kidney *(Jipmer 79, Aiims 80)*
c) Lungs . d) Adrenals

1805. Glomerular filtration drops when the systolic pressure falls below - *(JIPMER 86,87)*
a) 90mmHg b)80mmHg
c) 70mmHg d)50mmHg

1806. GFR is increased when - *(AIIMS 87)*
a) Plasma oncotic pressure is increased
b) Glomerular hydrostatic pressure is decreased
c) Tubular hydrostatic pressure is increased
d) Increased renal blood flow

1807. Each kidney contains about-----nephrons - *(AP 88)*
a) One million b) Two million
c) Four million d)**1/2** million

1808. The renal clearance of - *(AI89)*
a) Creatinine indicates glomerular filtration rate
b) Insulin is lower than that of urea
c) Chloride increases after an injection of aldosterone
d) PAH continues to rise as the plasma concentration of pAH rises.

1809. Normal levels of creatinine in serum is -*(AIIMS 82,*
a) 0.6 to 1.2 mg % b) 1 to 2 mg % ***AI90)***
c) 0.01 to 0.04 mg % d) 0.04 to 0.1 mg %

1810. In renal glycosuria, the renal threshold for glucose is - *(TN 90)*
a) Low b)High
c) Same d) Greatly increased

1811. In Hypertension, there is - *(AIIMS 89)*
a) Reflex vasoconstriction
b) Renal afferent arteriolar dilatation
c) Sodium retention
d) Water retention

1787)a 1788) b 1789)a 1790)a 1791)b 1792)c 1793)c 1794)a 1795)b 1796)c 1797)d 1798)c 1799)a 1800)c
1801) b 1802) c 1803)c 1804)a 1805)a 1806)d 1807)a 1808)a 1809)a 1810)a 181 l)c

1812. Tubular maximum for kidney in practice is actually less than the calculated value because -
a) Different nephrons have different transport maximum *(TN 91)*
b) Depends on GFR
c) Depends of renal blood flom
d) Depends on blood pressure

1813. Major portion of glomerular filtrate is absorbed in- *(AI92)*
a) Loop of henle b) Distal convoluted tubule
c) Collecting duct d) Proximal segment

1814. True statement regarding creatinine clearance is -
a) 80 ml/min ***(AI93)***
b) Most accurate renal function test
c) Represents tubular function
d) Represents GFR

1815. Ammonia in the kidney tubules is excreted in exchange for - *(J1PMER 93)*
a) $HC0_3$ b) Na^+
c) Cl- d)$P0_4^{2}$-

1816. Two substances that can probably be used to determine filtration fraction are - *(PGI79, 87)*
a) Insulin and mannitol b) Urea and diodrast
c) PAH and phenol red d) Inulin and PAH

1817. Juxtamedullary nehprons in kidney are what percentage of total nephrons - *(JIPMER 81,*
a) 15 b)50 *Delhi 93)*
c) 70 d)90

1818. In a normal adult the desire for micturition is felt - *(AIIMS 81, AMC 87)*
a) When about 100-200 cc of urine has collected in the bladder
b) When about 300-400 cc of urine has collected in the bladder
c) When about 600-800 cc of urine has collected in the bladder
d) When about 1000 cc of urine has collected in the bladder

1819. Which of the following has no Tm value-
a) Albumin, arginine *(ARMS 78, Delhi 87)*
b) Betahydroxybutyrate, glucose
c) Glucose haemoglobin, phosphate
d) Sulfate, Uric acid
e) Urea

1820. Inulin clearance closely resembles - *(ARMS 78,*
a) GFR *Delhi 92)*
b) Renal Plasma flow
c) Creatinine clearance
d) P.A.H. clearance

1821. What is the urea clearance - *(ARMS 89)*
a) 4.4 ml/min b) 88 ml/min
c) 440 ml/min d) 44 ml/min
e) 22 ml/min

1822. Where in the kidney does acitve reabsorption of sodium ions occur-
a) Collecting duct b) Distal tubule
c) Ascending limb of Henle d) All of the above
e) Only B and C

1823. The hyperosmolarity of the renal medulla is due to increased content of - *(ARMS 8 7)*
a) K b) Na
c) Glucose d) Na+

1824. The length of distal convoluted tubule is - *(PGI 80,*
a) 2mm b) 5 mm *ARMS81)*
c) 8mm d)12mm

1825. In humans, effective renal blood flow is -
a) 425 b) 525 *(AIIMS83, 86)*
c) 625 d)725

1826. The excretion of sodium (meq) in 24 hours is -
a) Zero b) 50 *(ARMS82)*
c) 150 d)250

1827. What is the glomerular filtration rate -
a) 100 ml/min b) 125 ml/min *(JIPMER 80,*
c)150ml/min d) 175ml/min *PGI 81, 03)*
e) 200 ml/min

1828. Addis test is used for - *(PGI 81, AMU 85)*
a) Urinary sugar b) Urinary sediment
c) Blood lactate d) Serum magnesium

1829. Haemoglobin is a buffer because of - *(Kerala 94)*
a) Histidine residue b) Glycoprotein nature
c) Weak acidic nature d) Iron molecule

1830. One of the following does not form filtration barrier in nephrons - ***(AI** 95)*
a) Mesangium b) Podocytes
c) Endothelial cell d) Basement membrane

1831. Macula densa in kidney is located in relation to -
a) PCT b) DCT *(AMU 95)*
c) Afferent arteriole d) Efferent arteriole

1832. Which one the following is not responsible for concentration of urine in the kidneys - *(UPSC 97)*
a) Aldosterone b) Angiotensin II
c) Vasopressin d) Epinephrine

1833. The urge for micturition is felt when the bladder is filled with - *(TN97)*
a) 100-200cc of urine b) 200-3OOcc of urine
c) 500-700cc of urine d) 700-800cc of urine

1834. True statement among the following is - *(MAHE 98)*
a) Bladder emptying cannot occur if volume < 100ml.
b) Bladder muscles contains intrafusal fibres
c) Pressure increase in bladder very linerly with time
d) One time of fluid intake results in complete excretion in 1 hour

1835. The majority of body sodium is present - *(Kam 98)*
a) Extra cellular fluid b) Intra cellular fluid
c) Plasma d)Bone

1812) a 1813) d 1814)d 1815)a 1816)d 1817)a 1818)a 1819)e 1820)a 1821)b 1822)d 1823)b 1824)b 1825)c 1826)c 1827)b 1828)b 1829)a 1830)a 1831)c,d 1832)dl833)a 1834)a 1835)d

1836. True about nephron is - *(AI99)*
a) Na is absorbed actively in descending loop of henle
b) 60 to 70 % of GFR is absorbed in proximal tubule
c) Absorption of water occurs in ascending loop of henle
d) The filtrate reaching distal convoluted tubule is hypertonic with respect to surroundings

1837. Transport maximum (Tm) means - *(JIPMER 2002)*
a) Maximum reabsorption & secretion
b) Maximum amount of glomerular filtration/min
c) Substance cleared from plasma/min
d) Amount of toxic substances excreted/min

1838. Following cells are responsible for acid secretion in kidney - *(JIPMER 2002)*
a) I cells b)P cells
c) Mesangial cell d) Pericytes

1839. Relaxation of mesangial cells of kidney is brought about by - *(JIPMER 2002)*
a) cAMP b)Endothelin
c) PGF2 Vasopressin

1840. Inulin clearance is equal to - *(TN 2002)*
a) 55 ml/min b)625ml/min
c) 125 ml/min d) 40 ml/min

1841. P.G increasing the renal blood flow is/are -
a) PGL, b) PGE_2 *{PGI 03)*
c) TXA, d)PGF_{1a}
e) PGF_2

1842. Renal medullary hyperosmolarity is due to -
a) Increased Na+ *(PGI03, PGI04)*
b) Increased Na content
c) Increased Glucose
d) Increased urea
e) Increased Potassium

1843. All of these are correct of renal physiology except -
a) Sodium absorption occurs in DCT *(PGI 02)*
b) Potassium is both secreted and absorbed in tubules
c) Glucose is reabsorbed in DCT
d) Hb is not excreted as it is a large molecule
e) Amino acids are reabsorbed in CD

1844. Maximum water absorption takes place in -
a) Proximal convoluted tubule *(PGI2000)*
b) Distal convoluted tubule
c) Collecting duct
d) Loop of Henle

1845. Elimination of waste product from a normal person requires minimal amount of urine of-
a) 100 ml b) 500 ml *(PGI 98)*
c) 100ml d) 2000 ml

1846. lYue about juxta-glomerular apparatus of kideny-
a) Important source of angiotensinogen *(PGI 2000)*
b) Important source of renin
c) Consist of macula densa
d) Consist of afferent arteriole forming lacis cells

1847. Which is true about renin - *(PGI 2000)*
a) It helps to convert angiotensinogen to Angiotensin -1
b) Secreted by PCT
c) T GFR causes T secretion of renin
d) *i* plasma Na^+ & H_20

1848. Loop of Henle handles the following ions except-
a) Na^+ b)K^+ *(PGI 97)*
c) Q- d) Urea

1849. The renal plasma flow (RPF) of a patient was to be estimated through the measurement of Para Amino Hippuric acid (PAH) clearance. The technician observed the procedures correctly but due to an error in the weighing inadvertently used thrice the recommended dose of PAH. RPF estimated is likely to be - **(***AI03)*
a) False - high
b) False - low
c) False - high or false - low depending on the GFR
d) Correct and is unaffected by the PAH overdose

1850. GFR increases if- **(***Jipmer04)*
a) Efferent arteriole constricts
b) Efferent arteriole dilates
c) Afferent arteriole constricts
d) Afferent arteriole dilates

1851. Renal plasma flow is best determined by - **(***TN02)*
a) Inulin b)Creatinine
c) PAH d)Mannitol

1852. Filtration pressure in glomeruli of kidney -
a) 10 mm of Hg b) 6 mm of Hg *{Orissa 04)*
c) 15mmofHg d)2.0mmofHg

1853. Least clearance is for among these - *{Jipmer 04)*
a) Glucose b) Inulin
c) Urea d)Creatinine

1854. In renal disease albumin is first to appear in urine because - *{AIIMS 04)*
a) Of its high concentration in plasma
b) Has molecular weight slightly greater than the molecules normally getting filtered
c) High albumin: globulin ratio,
d) Tubular epithelial cells are sensitive to albumin

1855. Over half of the potassium that appears in the urine of a patient, who has ingested some potassium salts, is derived form - *(UPSC 02)*
a) Glomerular filtrate
b) Secretion by the distal tubule
c) Reabsorption in the proximal tubule
d) Secretion by the loop of Henle

1856. Potassium is maximally absorbed in which part of nephron - *(Jimper 03)*
a) Proximal convoluted tubules
b) DCT
c) Collecting ducts
d) Loop of Henle

1836) b 1837) a 1838)a 1839)a 1840)c 1841)a,b 1842)a,d,e 1843)c,d,e 1844)a 1845)b 1846)b,cl847)a 1848)b
1849) b 1850)a,dl851)c 1852)c 1853)a 1854)b 1855)b 1856)a

1857. The kidney normally does NOT allow transglomerular passage of - *(SGPGI05)*
a) B-2 microglobulin b) Lysozyme
c) Myoglobin d) Immunoglobulin

1858. GFRis measured by- *{SGPGI05)*
a) Creatine clearance b) Inulin clearance
c) PAH clearance d) Creatinine clearance

1859. Endocrine functions associated with kidney include all of the following *except* **-** *(SGPGI05)*
a) Erythropoietin secretion
b) Natriuretic peptide secretion
c) 1,25 hydroxy D3 Formation
d) Renin secretion

1860. PCT absorbs A/E- *(MAHE05)*
a) Sodium b) Glucose
c) Hydrogen ions d) Amino acids

1861. Stretch reflex of bladder is integrated at-*(MAHE 05)*
a) Sacral portion b) Lumbar portion
c) Substantia gelatinosa d) Sympathetic plexus

1862. Which one of the following substances, actively transported by the tubular cells, has the highest Tabular Transport Maximum- *(ICS 05)*
a) Plasma protein b) Haemoglobin
c) Glucose d) Sodium

1863. According to myogenic hypothesis of renal autoregulation, the afferent arterioles contract in response to stretch induced by - *(AI1MSNOV05)*
a) NO release
b) Noradrenaline release
c) Opening of Ca^{2+} channels
d) Adenosine release

1864. Which one of the following statement regarding water reabsorption in the tubules - *(AI05)*
a) The bulk of water reabsorption occurs secondary to Na^{+}reabsorption
b) Majority to facultative reabsorption occurs in proximal tubule.
c) Obligatory reabsorption is ADH dependent.
d) 20% of water is always reabsorbed irrespective of water balance.

1865. Urinary concentrating ability of the kidney is increased by - *(AI 05)*
a) ECF volume contraction
b) Increase in RBF
c) Reduction of medullary hyperosmolarity
d) Increase in GFR

1866. The tubuloglomerular feedback is mediated by -
a) Sensing of Na+ concentration in the macula densa *(AI06)*
b) Sensing of C1+ concentration in macula densa
c) Sensing NaCl concentration in the macula densa
d) Opening up of voltage gated Na+ channels in afferent arteriole

1867. The prime driving force for counter current multiplier system is - *(AI 06)*
a) Medullary hyperosmolarity
b) Reabsorption of Na+ in thick ascending limb
c) Action of ADH via aquaporin channels
d) Urea recycling

1868. Hormones secreted by kidney - *(PGIJune06)*
a) Erythropoietin
b) 1,25 dihydroxy cholecalcifevol
c) Granulocyte-Monocyte-CSF

1869. The intravesical pressure rises abrupyly when the bladder volume is about -
a) 400ml b) 300ml
c) 200ml d) 100ml

1870. Most important buffer system present in the distal convoluted tubule - *(Manipal 2006)*
a) Bicarbonate b) Phosphate
c) Protein d) Ammonia

1871. Which of the following ion is secreted in proximal convoluted tubule?
a) Na^{+} b)C
c) K^{+} d) Mg^{+}

1872. The plasma clearance value of glucose in a diabetes mellitus patient will be - *(Karnataka PGMEE2006)*
a) Zero
b) Equal to that of insulin clearance
c) Greater than that of PAH clearance
d) Greater than zero.

1873. Which of the following hormone is not secreted by the kidney - *(AI07)*
a) Renin b) AngiotensinI
c) Erythropoietin d) 1,25 DHCC

1874. During voiding (iv) pressure in bladder is -
a) 25-30 mmHg *(PGMCET01)*
b) 50-70 mmHg
c) 70-100 mmHg
d) > 100 mmHg

1875. Autosomal vanant of nephrogenic diabetes insipidus is due to defect in - *(PGMCET01)*
a) Aquaporin 2
b) Angiotensin I receptor
c) Angiotensin II receptor
d) VIP receptors

1876. Proximal convoluted tubule have which type of aquaporins- *(Corned08)*
a) Aquaporin 1 b) Aquaporin 2
c) Aquaporin 5 d) Aquaporin 9

1877. The supraoptic nucleus of the hypothalamus is believed to control secretion of which of the following hormones - **(***Corned 08)*
a) Antidiuretic hormone
b) Oxytocin
c) Growth hormone
d) Adrenocortiocotrophic hormone

1857) a 1858) b 1859)b 1860)c 1861)a 1862)c 1863)c 1864)a 1865)a 1866)c 1867)b 1868) a,b 1869) a 1870)d
1871) a 1872) a 1873)b 1874)a 1875)a 1876)a 1877)a

1878. Juxtaglomerular apparatus lies in relation to -
a) Proximal convoluted tubule *(AiimsMay07)*
b) Ascending loop of Henle
c) Descending loop of Henle
d) Glomerulus

1879. Renin is secreted by - *(Aiims May 07)*
a) PCT b) DCT
c) Collecting duct d) Juxatglomerular apparatus

1880. True about free water clearance is -
a) Regulated by ADH *(A iims May 0 7)*
b) Regulated by aldosterone
c) Increased by furosemide
d) None of the above

1881. GFRdecreases with the following- *(MAHE07)*
a) Hypotension b) Hypoproteinemia
c) ACE inhibitors d) All the above

1882. Rate of excretion of sodium in a normal male when GFR = 125 mL/min - *(MAHE 07)*
a) 400 - 425 eq/min b) 60 - 70 eq/min
c) 50-60 eq/min d)70-80 eq/min

1883. Ureteric peristalsis is due to intact supply of -
a) Sympathetic innervation *(AIIMSNov 07)*
b) Parasympathetic innervation
c) Both sympathetic and parasympathetic
d) Intrinsic smooth muscle pacemaker activity of renal calyces

1884. Bicarbonate is maximally absorbed in -
a) PCT *(AIIMSNov 07)*
b) DCT
c) Thick ascending loop of Henle
d) Collecting duct

1885. Maximum absorption of the water occurs at -
a) Proximal convoluted tubule *(UP08)*
b) Distal convoluted tubule
c) Collecting duct
d) Loop of henle

1886. All are functions of angiotensin, except -
a) Acts on adrenal cortex to aldosterone secretion
b) Decreases GFR *(Manipal08)*
c) Directly causes vasoconstriction
d) Acts on adrenal medulla and stimulates steroids

1887. Maximum osmotic gradient is found in-*(Manipal 08)*
a) Outer medulla b) Inner medulla
c) Outer cortex d) Inner cortex

1888. GFR is determined by the following - *(Manipal 08)*
a) Bowman capsule pressure
b) Hydrostatic pressure
c) Plasma oncotic pressure
d) All of the above

1889. Mechanism by which water is reabsorbed from proximal convoluted tubule is - *(DPGEE 08)*
a) Active transport b) Passive transport
c) Facilitated diffusion d) Osmosis

1890. Which of the following statement is true?
a) Fluid coming from the descending limb of loop of Henle is hypotonic *(AIIMS Nov 08)*
b) Descending limb of loop of Henle is permeable to solutes
c) If clearance of a substance is greater than GFR, then tubular secretion must be present
d) Clearance of a substance is always more than GFR if there is tubular secretion

1891. All of the following structures lie in the renal medulla, except - *(AIIMS Nov 08)*
a) Juxtaglomerular apparatus b) Loop of Henle
c) Collecting duct d) Vasa Recta

1892. Macula densa is present in - *(Corned 09)*
a) Collecting tubule
b) Proximal convoluted tubule
c) Distal convoluted tubule
d) Loop of Henle

1893. All of the following statements about Renal physiology are true, Except - *(AI09)*
a) Distal tubule always receives hypoosmotic solution
b) The kidneys receive 5% of the cardiac output
c) GFR is controlled by resistance in afferent and efferent arterioles
d) The Glomerulus receives capillaries from the afferent arteriole

1894. Angiotensin II causes all of the following, except - *(AI 09)*
a) Stimulation of thirst b) Increased ADH secretion
c) Vasodilatation d) Aldosterone secretion

1895. What is the clearance of a substance, if its concentration in plasma in 10 mg%, concentration in urine is 100 mg% and urine flow is 2 ml/min -
a) 0.2ml/min b) 0.2 ml/min *(Delhi Feb. 09)*
c) 2 ml/min d) 20 ml/min

1896. Which of the following product is primarily filtered with little secretion or re-absorption in renal tubules? *(DELHIPG Mar. 09)*
a) Sodium b) Creatinine
c) Glucose d) Amino acids

1897. Which of the following is not a component of glomerular filtration barrier *1 (DELHIPG Mar 09)*
a) Capillary endothelial cell
b) Basement membrane of endothelial and visceral epithelial cells
c) Podocytes with their foot processes
d) Mesangial cells

1898. Kidney produces - *(PGI Nov 09)*
a) Vasopressin b) Erythropoietin
c) Renin d)Angiotensinogen
e) 25 hydroxy vit D

1899. Substance (s) freely filtered across glomerular capillaries - *(PGINov 09)*
a) Glucose b) Albumin
c) Thyroxin d) Creatinine
e) Bicarbonate

1878) d 1879) d 1880)a 1881)a,c 1882)None 1883)d 1884)a 1885)a 1886)d 1887)b 1888)d 1889)d 1890)c 1891) a 1892)d 1893)b 1894)c 1895)d 1896)b 1897)d 1898)b,c 1899)a

1900. Glomeruiar Filtration Rate is increased when -
a) Plasma oncotic pressure is increased *(DPG10)*
b) Glomerular hydrostatic pressure is decreased
c) Tubular hydrostatic pressure is decreased
d) Increased renal blood flow

1901. Minimum urine osmolality that can be human kindney - *(Maharashtra 10)*
a) lOOmOsm/L b)80mOsm/L
c) 50 mOsm/L d)20mOsm/L

1902. Not absorbed from the PCT - *(ARMS Nov 10)*
a) Na^+ b) Phosphate
c)HC03- d)H^+

1903. Angiotensin II causes all of the following except -
a) Stimulation of thirst *(AIIMS May 11)*
b) Aldosterone secretion
c) Increased ADH secretion
d) Vasodilation

1904. Which of the following statement is true?
a) Fluid coming from the descending limb of loop of Henle is hypotonic *(AIIMS May 11)*
b) Descending limb of loop of Henle is permeable to solutes
c) If clearance of a substance is greater than GFR, then tubular secretion must be present
d) Clearance of a substance is always more than GFR if there is tubular secretion

1905. In a healthy individual on a normal diet, which of the following ion is completely absorbed in tubules -
a) Na^+ b)K^+ *(Jipmer 11)*
c) Cl- d)$HC0_3$-

1906. Macula densa is a part of - (*NEET/DNB Pattern)*
a) pet b) det
c) Renal arteriole d) Glomerulus

1907. Destruction of zona glomerulosa will deplete -
a) Aldosterone **(***NEET/DNB Pattern)*
b) Cortisol
c) Testosterone
d) Catecholamines

1908. Renin is secreted by - (j*NEET/DNB Pattern)*
a) Juxtaglomerular cells b) Macula densa
c) Mesangial cells d) Glomerulus

1909. The main cause of minimal change ds is:
a) Increase in pore size (*NEET/DNB Pattern)*
b) Loss of negative charge on membrane
c) Loss of cells
d) Decreased circulation

1910. A negatively charged molecule is filtered with more difficulty compared to a positive one because -
a) Presence of negatively charged sialoproteins on the filtering membrane (.*NEET/DNB Pattern)*
b) Negatively charged molecules are larger
c) Postively charged proteins on filtering membrane
d) Urine is acidic

1911. Lacis cells are located at - (*NEET/DNB Pattern)*
a) JGA b) Proximal tubule
c) Distal tubule d) Loop pf henle

1912. Relaxation of mesangial cells is caused by -
a) Histamine (*NEET/DNB Pattern)*
b) Dopamine
c) Angiotensin 2
d) Vasopressin

1913. Which causes raised angiotensin in blood -
a) Increased blood volume *(NEET/DNB Pattern)*
b) Raised cardiac output
c) Decreased blood pressure
d) Increased sympathetic tone

1914. Least reabsorption out of- *(NEET/DNB Pattern)*
a) Glucose b) Urea
c) Na^+ d)$HC0_3$

1915. Net filtration pressure is ■· *(NEET/DNB Pattern)*
a) 32mmHg b) lOmmHg
c) 60mmHg d) 20 mm Hg

1916. Rennin is present in - *(NEET/DNB Pattern)*
a) Gastric juice b) Liver
c) Kidney d)Lung

1917. Erythropoietin is secreted from -
a) Juxtraglomerular cells *(NEET/DNB Pattern)*
b) Macula densa
c) Intersititial cells
d) Glomerulus

1918. K+ secretion from loop of henle is decreased by -
a) Furosemide *(NEET/DNB Pattern)*
b) Thiazide
c) Spironolactone
d) Acetazolamide

1919. Rennin is present in - *(NEET/DNB Pattern)*
a) Gastric juice b) Liver
c) Kidney d)Lung

1920. Substance that is completely reabsorbed from the kidney - *(NEET/DNB Pattern)*
a) Na^+ b)K^+
c) Urea d) Glucose

1921. GFR is measured by- *(NEET/DNB Pattern)*
a) Urea b) Inulin
c) Creative d) Hippuric acid

1922. Normal range of urine osmolality(mosm/l)-
a) 50-1400 *(NEET/DNB Pattern)*
b) 100-1400
c) 200-1000
d) 300-1200

1923. Two substances that can probably be used to determinefiltration fraction are -
a) Insulin and mannitol *(NEET/DNB*
b) Urea and diodrast *Pattern, PGI98)*
c) PAH and phenol red
d) Inulin and PAH

1924. Renin secretion is increased by all EXCEPT?
a) Na^+ in PCT *(NEET/DNB Pattern)*
b) Low afferent arteriolar pressure
c) Na^+ in DCT
d) Sympathetic nerve stimulation

1900)d 1901)c 1902) d 1903)d 1904)c 1905)d 1906)b 1907)a 1908)a 1909)b 1910)a 1911)a 1912)b 1913)d
1914) b 1915) b 1916)c 1917)c 1918)c 1919)a 1920)d 1921)b 1922)a 1923)d 1924)a

1925. Which of the following relaxes mesangial cells in glomerulus - *(NEET/DNB Pattern)*
a) Dopamine b) Histamine
c) AT III d)PDGF

1926. Which of the following relaxes mesangial cells in glomerulus - *(NEET/DNB Pattern)*
a) Dopamine b) Histamine
c) AT III d)PDGF

1927. Countercurrent mechanism in the kidney is responsible for - *(NEET/DNBPattern)*
a) Absorption of glucose
b) Maintenance of blood flow
c) Osmotic gradient in medulla
d) Secretion of uric acid

1928. Substrate which is both secreted & filtered -
a) Uric Acid *(NEET/DNBPattern)*
b) Glucose
c) Urea
d) Na^+

1929. Which of the following is most important in sodium and water retention - *(NEET/DNBPattern)*
a) Rennin angiotensin system
b) ANP
c) BNP
d) Vasopressin

1930. Which of the following causesincrease in both GFR and renal plasma flow - *(NEET/DNB Pattern)*
a) Increased plasma colloid osmotic pressure.
b) Dilatation of afferent arteriales
c) Constriction of afferent arterioles
d) Increased tubular pressure

1931. Maximum reabsorption of $HC0_3$-occurs in -
a) PCT *(NEET/DNB Pattern)*
b) DCT
c) CD
d) Loop of henle

1932. Bicarbonate is absorbed - *(NEET/DNB Pattern)*
a) Activity in PCT b) Actively in DCT
c) Indirectly in PCT d) Actively in DCT

1933. Counter current mem chanism, all are true except-
a) Occurs due to opp flow in vasa recta and loop of henle *(NEET/DNB Pattern)*
b) Seen in medullary nephron
c) Helps in creating osmolarity gradient
d) Urea has no role

1934. As fluid comes down the PCT, what is true -
a) Concentration of urea **falls** ***(NEE T/DNB*** *Pattern)*
b) Concentration of HC03- falls
c) Concentration of Na^+ increases
d) Concentration of inulin decreases

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1925) a 1926) a 1927)c 1928)a 1929)d 1930)b 1931)a 1932)c 1933)d 1934)b



BIOCHEMISTRY

STRUCTURE & FUNCTION OF PROTEIN

1. Sulphur containing amino acids are - *(PGI85,8 7*
a) Cysteine b) Asparagine *AP 86)*
c) A and B d) Methionine
e) Glycine

2. Heme in Hemoglobin is in the - *(AI89)*
a) Hydrophobic Pocket b) Positive region
c) Negative region d) Polar region

3. Blood group antigens belong to the class..... -
a) Conjugated proteins *(AP 88)*
b) Unconjugated proteins
c) Simple proteins
d) Hemoglobin binding proteins

4. Fluorescamine is used to detect - *(TN89)*
a) Amino acids b) Fatty acids
c) Glucose d)All

5. Acidic amino acids are - *(PGI83)*
a) Asparagine b)Arginine
c) Glutamine d) Lysine
e) None

6. Basic amino acids are - *(PGI83)*
a) Asparagine b)Arginine
c) Glutamine d) Lysine
e) All

7. Aromatic amino acids are - *(PGI83)*
a) Typtophan b) Tyrosine
c) Lysine d) Arginine
e) Phenylalanine

8. Ninhydrin is a reagent used in detection of -
a) Ketone bodies b) Blood sugar *(Kerala 90)*
c) Blood urea d) Alpha amino acids

9. Non - Essentieal amino acid is - *(AP91)*
a) Tyrosine b) Phenyalanine
c) Lysine d) Threonine

10. Alpha Helix structure- *(AI91)*
a) Free rotation
b) Hydrogen bond between peptides
c) H bond with in peptide
d) Electrostatic band between two adjacent peptides

11. Same charged two proteins separation is done by -
a) Agrose b) DEAE Cellulose *(AI91)*
c) Sephadex d)None

12. Iron in the haemoglobin is held by - *(AI 91)*
a) Polar bonds b) Non polar bonds
c) Co- ordinate bonds d) Covalent bonds

13. Vibrational property of proteins is due to..... structure - *(AIIMS 92)*
a) Primary b) Secondary
c) Tertiary d) Quaternary

14. Tertiary structure of proteins is maintained by all except - *(All India 93)*
a) H2 bond b) Hydrophobicbond
c) Ionic bond d) Disulpide bond

15. The colour of cheloglobin is - *(AIIMS 83,86)*
a) Red b) Pink
c) Orange d) Green

16. Sulphaemoglobin has a..... colour - *(AIIMS 80,*
a) Cherry Red b) Pink *KERALA 88)*
c) Dirty Green d)Blue

17. Siderophyllin is_____ globulin - *(AIIMS 85)*
a) Alpha- 1 b) Alpha -2
c) Beta d) Gamma

18. Helical content of polypeptides can be estimated -
a) By comparison of viscocity with polyproline
b) By analysis for related sheet structure *(AIIMS 85)*
c) Only by X- ray crystallography
d) From optical rotatory

19. In determining protein structure, performic acid is used to - *(AIIMS 86)*
a) Identify N- terminal residue
b) Identify C- terminal residue
c) Denature protein
d) Reduce disulphide bonds
e) Oxidize disulphide bonds

20. In electrophoresis, if the pH is above isoelectric point a protein will - *(AIIMS 80, RPHTAK 8 7)*
a) Precipitate b) Not move
c) Form a zwitterion d) Migrate to anode
e) Migrate to cathode

21. Which of the following is correct about breakdown of hemoglobin (Hb) - *(AIIMS 85)*
a) Hb—>Heme—>bilirubin—>urobilinogen
b) Heme—>Hb—>biliverdin—>bilirubin—>urobilinogen
c) Hb-»Heme—>biliverdin—>bilirubin—> urobilinogen
d) Hb—>Heme—»bilirubin—mrobilinogen —» biliverdin

22. Prophyrin is formed by joining together four pyrrole rings by means of bridges-*(JIPMER 81)*
a) Hydrogen b) Hydroxy
c) Phosphate d) Methenyl

23. Which of the following is a derived protein -
a) Protamines b) Peptones *(DNB 91)*
c) Prolamines d) Lactalbumin

24. Monoclonal electrophoresis is useful in the diagnosis of - *(AIIMS 84; Delhi 86)*
a) Thalassemia b) Sickle cell anemia
c) Multiple myeloma d) Gout

25. Siderophyllin is - *(PGI 84)*
a) Haematin b) Ferrtin
c) Haemin d) Transferrin

26. Which of the following is not a part of hemoglobin molecule - *(AIIMS 83)*
a) Pyrrole rings b) Vinyl gourps
c) Histidine d) Ferric ions

27. The Klett Summerson's photoelectric calorimeter is used for haemoglobin estmation and the reagent used for this is - *(AIIMS 84)*
a) Ringer's solution b) Isotonic saline
c) Nayem's reagent d) Drabkin's reagent

l)a,d 2) a 3) a 4) a 5)e 6)b,d 7)a,b,e 8)d 9) a 10)c 11) c 12)a 13)c 14)None
15) d 16)c 17)c 18) d 19)e 20)d 21)c 22)d 23)b 24)c 25)d 26)d 27)d

28. Aromatic ring is present in - *(Delhi 90)*
a) Arginine b) Glycine
c) Phenylalanine d) Phenylalanine Glycine

29. What is the average number of high energy bonds required for the synthesis of 1 peptide bond -
a) 1 b)2 *(AIMS 82)*
c) 3 d)4
e)5

30. Bohr effect is - *(AIMS 82,84,85,87, PGI88)*
a) Effect on Zn on carbonic anhydrase activity
b) Effect of $PC0_2$ on oxyhemoglobin dissociation
c) $HC0_3$- leaving the RBC in exchange of Cl
d) H leaving RBC for each $C0_2$ that inters

31. Heme in hemoglobin is - *(AIMS 83)*
a) Between Helix C and D
b) Surrounded by non polar environment
c) Bonded to E7 histidine
d) Protoporphyrin IX

32. Collagen is unique in that it contains much -
a) Cystine b) Cysteine *(TN 88)*
c) Hydroxyproline d) Lysine
e) Desmosine

33. The most abundant protein in the human body is -
a) Myosin b) Albumin *(PGI 83)*
c) Hemoglobin d) Collagen
e) Keratin

34. Ninhydrin reaction gives a purple colour and evolves $C0_2$ - *(AIMS 86)*
a) With peptide bonds b) With histamine
c) With aspargine d) With serotonin

35. Collagen is a major component of - *(AIMS 84, 87)*
a) Synovial fluid b) Wharton's jelly
c) Bone d)Hair
e) Blood

36. Flexibility of protein chain is determined by -
a) Glycine b) Tryptophan *(AIMS 88)*
c) Serine d) Proline

37. Myoglobin - *(CMC 85)*
a) Contains four hemes per molecule
b) Shows the Bohr effect
c) Has an 0_2 dissociation curve that is unaffected by wide range of pH
d) None of the above

38. Quartenary structure of protein is - *(Kerala 94)*
a) The arrangement sequence of amino acids in the polypeptide chain
b) Inter relation between amino acids in a single polypeptide chain
c) Inter relation of amino acids in 2 polypeptide chains
d) The inter relation and arrangement of polypeptides in a protein with more than 2 polypeptide chains

39. Structure of proteins is best studied by -
a) X-ray crystallography *(Kerala 94)*
b) Ultra centrifugation
c) Using sangers reagent
d) Sucrose density gradient centrifugation

40. Iron is complexed in heamoglobin to - *(AI95)*
a) Leucine b)Histidine
c) Isoleucine d) Valine

41. Amino acid which does'nt participate in alpha-helix formation is - *(All India 96)*
a) Leucine b) Glycine
c) Proline d) Lysine

42. The amino acid whose Ionisation is maximum affected by changes in local microenvironment-
a) Glycine b) Histidine *(AIMS95)*
c) Glutamic acid d) Aspartic acid

43. The integral membrane glycoprotein of human RBCs is - *(AIMS 95)*
a) Porin b)Ankylin
c) Spectrin d) Glycophorin

44. In terms of chemical structure which one of the following is a tetrameric glycoprotein - *(UPSC 97)*
a) Insulin receptors b) Leptins
c) Neuropeptide d)Thyrotrophin

45. The Coiling & folding of protein requires -
a) Amide bond b) Phosphate bonds *(AIMS 97)*
c) Sulphide bonds d) Hydrogen/covalent bonds

46. False statement about haemoglobin structure -
a) Hb has 2 polypeptide *(PGI96)*
b) Iron is present in ferrous state
c) Hb structurally similar to myoglobin
d) Ferrous ions are in porphyrin rings

47. Indole ring is present in - *(Kerala 97, Delhi 87)*
a) Tryptophan b) Valine
c) Methionine d) Histidine

48. Triple helix is found in - *(All India 98)*
a) Cystine b) Collagen
c) Pectin d) DNA

49. Albumins and globulins are proteins -*(ROTHAK 97)*
a) Simple b) Derived
c) Conjugated d) Structural
e) Lipoproteins

50. Regarding isoelectric pH true is (regarding enzymes) - *(AIMS98)*
a) All amino acids exist as zwitter ions
b) Net + ve and -ve on molecule are equal
c) Enzyme activity maximum
d) None of the above

51. Which is a denaturing agent - *(AIMS 98)*
a) Guanidine b) Glutamate
c) Glycine d) Guanosine

52. Electrophoresis done under pH gradient is -
a) Isoosmotic b) Isoelectric *(CUPGEE 99)*
c) Ion exchange d)None

53. Most abudant collagen in body is - *(CUPGEE 99)*
a) Type I b) Type II
c) TypeV d) Type VI

54. At pH 7 the binding of 2.3-DPG to hemoglobin occurs at which site - *(AIIMS2K)*
a) Sulphydryl gorup b)Carboxy terminal
c) Aminoterminal d) Histidine

28) c 29) d 30) b 31)b 32)c,d 33) d 34) c 35) c 36) a 37) c 38) d 39) a 40) b 41) c
42) b 43) d 44) a 45) c 46) a,c 47) a 48) b 49) a 50) b 51) a 52) b 53) a 54) c

55. Keratin in the nail is exceptionally stronger than others because of - *(AIIIMS 2K)*
a) Disulphide bond b) Van der Wall's forces
c) Ionic bonds d) Calcification

56. Phospholamban is a protein - *(AIIMS 2K)*
a) That increase interaction of calcium with myofilaments
b) That leads to sequestration of calcium in endoplasmic reticulum
c) That leads to sequestration of calcium by mitochondria
d) That activates Ca/Na pump

57. When the following amino acids are separated by running them on agarose gel, at pH 7, which one of them will migrate slowest to the anodic end -
a) Glycine b) Valine
c) Aspartic acid d) Lysine

58. Molecular separation of two proteins with same charge can be done by- *(PGI9 7)*
a) Ion exchange chromatography
b) Dialysis
c) Gel diffusion chromatography
d) Electrophoresis

59. Intact peptide bond is necessary for which test-
a) UV diffraction b) Ninhydrin *(PGI 98)*
c) Diazo reaction d)AU

60. The best method to differentiate proteins is by -
a) Gel chromatography *(PGI 99)*
b) Affinity chromatography
c) Ion exchange electrophoresis
d) None of the above

61. Defect in collagen formation is seen in - *(PGI 02)*
a) Scurvy b) Hunter's syndrome
c) Marfan's syndrome d) Osteogenesis imperfecta

62. Optical transmission through a solution depends on- *(PGI03)*
a) Time b) Concentration
c) Scale d) Path length
e) Spectrophotometer

63. Which of the following statement characterize both Hemoglobin and Myoglobin - *(PGI 03)*
a) Non-helical
b) Subunits which are held together by hydrogen bonds
c) Binds with 2 Hema
d) Hema at hydrophobic pockets
e) Bind with 1 molecule of 0_2

64. At isoelectric pH protein - *(PGI03)*
a) Have Net charge'O'
b) Are positively charged
c) Are negatively charged
d) Don't migrate

65. Proteins are separated on the basis of size by -
a) SDS-PAGE *(PGI03)*
b) HPLC
c) Affinity Chromatography
d) Ion-exchange Chromatography

66. Proteins can be separated by the following except -
a) Electrophoresis *(Jipmer03)*
b) Ultra - centrifugation
c) Gas chromatography
d) Salt separation

67. The following separation technique depends on the molecular size of the protein - *(AI03)*
a) Chromatography on a carboxymethyl (CM) cellulose column
b) Iso-electric focusing
c) Gel filtration chromatography
d) Chromatography on a diethylaminoethyl (DEAE) cellulose column

68. The conversion of optically pure isomer (enantiomer) into amixture of equal amounts of both dextro and levo forms is called as - *(AI 03)*
a) Polymerization b) Stereoisomerization
c) Racemization d) Fractionation

69. The collagen triple helix structure is not found in
a) Cytoplasm *(AI 03)*
b) Golgi apparatus
c) Lumen of endoplasmic reticulum
d) Intracellular vesicles

70. Protein acts as buffer due to which property -
a) Colloid *(Orissa 04)*
b) Basic
c) Acidic
d) Amphipathic (amphoteric in nature)

71. Alpha helix and Beta pleated sheet are examples of-
a) Primary structure *(AI 04, COMED 06)*
b) Secondary structure
c) Tertiary structure
d) Quaternary structure

72. Cytochrome C of the bacteria has 50% identity of amino acid sequence with that of human. Which of the following is the most conserved parameter in these 2 protreins - *(AI 04)*
a) Quartemary structure
b) Tertiary structure
c) Amino acid sequence
d) Loop and turn segments

73. Copper is required in collagen synthesis for - *(Jipmer 04)*
a) Lysyl hydroxylase b) Lysyl oxidase
c) Prolyl hydroxylase d) Prolyl oxidase

74. Which one of the following is not true for alpha helix-
a) It is one of the most important secondary structure
b) It has a net dipole moment *(AIIMS 04)*
c) All hydrogen bonds are aligned in the same direction
d) Long stretches of left handed helice occur in proteins

75. Which of the following amino acids have side chains that are negatively charged under physiological conditions - *(SGPGI04)*
a) Aspartic acid b) Histidine
c) Tyrosine d) Serine

55)a 56)b 57)d 58)c 59)b 60)a 61)a,d 62)b,d 63)d 64)a,d 65)a 66)None 67)c
68) c 69) a 70) d 71)b 72) b 73) b 74) b 75) a

76. One of the following is an example of phosphoprotein-
a) Histone b) Casein *{Korn 04)*
c) Ceruloplasmin d) Albumin

77. Which of the following can be a homologous substitution for valine in hemoglobin - *{AI04)*
a) Iso leucine b) Glutamic acid
c) Phenylalanine d) Lysine

78. Biological value of protein is related to - (.*PGI04)*
a) Amino Acid content
b) Essential amino acid content
c) N_2 content
d) Content of NH_3 to urea
e) Protein quality

79. The molecular weight of a protein can be determined by- (.*JIPMER 05)*
a) Native poly acrylamide Gel Electrophoresis (PAGE)
b) Sodium dodecyl Sulphate h-PAGe
c) Isoelectric focusing
d) Ion Exchange Chromatography

80. In chromatography mass movements of the substances in due to - (*MAHA OS)*
a) Diffusion b) Electrophoresis
c) Paper chromatography d) Osmosis

81. Zwitter ions, have - (*Orissa 05)*
a) +ve ions > - ions b) + ve ions < - ions
c) + ve ions = -ve ions d) None of these

82. At physiological pH, the carboxy-terminal of a peptide is - (*AIIMS Nov 05)*
a) Positively charged b) Negatively charged
c) Neutral d) Infinitely charged

83. Substitution of which one of the following amino acids in place of alanine would increase the absorbance of protein at 280 nm - (*AIIMS Nov 05)*
a) Leucine b) Arginine
c) Tryptophan d) Proline

84. Secretory proteins are synthesized in -
a) Cytoplasm (,*AIIMS Nov 05)*
b) Endoplasmic Reticulum
c) First in cytoplasm and then in Endoplasmic Reticulum
d) First in Endoplasmic Reticulum and then in cytoplasm

85. Which one of the following can be a homologous substitution for isoleucine in a protein sequence?
a) Methionine b) Aspartic acid *(AI06)*
c) Valine d) Arginine

86. Proteins are linear polymers of amino acids. They fold into compact structures. Sometimes, these folded structures associate to form homo or hetero-dimers. Which one of the following refers to this associated form - *(AI06)*
a) Denatured state b) Molecular aggregation
c) Precipitation d) Quaternary structure

87. The structural proteins are involved in maintaining the shape of a cell or in the formation of matrices in the body. The shape of these proteins is - *(AI 06)*
a) Globular b) Fibrous
c) Stretch of beads d) Planar

88. Protein purification and separation can be done by all except - *(AI07)*
a) Chromatographyb) Centrifugation
c) Electrophoresis d) Densitometry

89. Protein that precipitates on heating to 45° C and redissolves on boiling is - *(AI 0 7)*
a) Bence Jones Protein b) Gamma globulin
c) Albumin d) Myosin

90. Hemoglobin electrophoresis is based on -*(Aiims May 07)*
a) Molecular weight b) Charge
c) Solubility d) Calorimetric properties

91. In collagen synthesis, hydroxyproline is formed from- *(MAHE07)*
a) Prolene b) Lysine
c) Hydroxylysine d) None of the above

92. Lipids and proteins interact in membrane by -
a) Hydrophobic interactions *(PGI June 07)*
b) Both hydrophobic and covalent interactions
c) Covalent bonds
d) H bonds

93. Which of the following is/are extracellular matrix protein - *(PGI Nov 09)*
a) Collagen b) Laminin
c) Fibronectin d) Integrin
e) Elastin

94. Basic amino acid (s) is/are - *(PGINov 09)*
a) Arginine b) Proline
c) Lysine d) Histidine
e) Methionine

95. Folding protein are - *(PGINov 09)*
a) GLLJT-1 b)Calnexin
c) Cytochrome 450 d) Insulin receptor
e) Protein disulfide isomerase

96. Method (s) to determine protein structure is/are - *(PGI Nov 09)*
a) X-ray crystallography b) NMR spectroscopy
c) Electrophoresis d) Ultrasonography
e) Infra red spectroscopy

97. Which of the following has maximum buffering capacity? *(Maharashtra 10)*
a) Threonineb) Histidine
c) Serine d) Arginine

98. Which component transfers four protons -
a) NADH-Q Oxidoreductase *(PGIMay 10)*
b) Cytochrome-C Oxidase
c) Cytochrome-Q oxidoreductase
d) Isocitrate Dehydrogenase

99. Hydrophobic amino acids are - *(PGIMay 10)*
a) Methionineb) Isoleucine
c) Tyrosine d) Alanine
e) Asparagine

100. Trypsin cleaves - *(PGI May 10)*
a) Arginine b)Glutamate
c) Lysine d) Proline

76) b 77) b 78) e 79) b 80) a 81) c 82) b 83) c 84) b 85) c 86) d 87) b 88) d 89) a
90) b 91) a 92) a_5d 93)a,b,e 94)a,c,d 95)b,e 96)a,b,e 97) b 98) a,c 99)a,b,d 100) a,c

101. Method (s) to determine protein structureis/are -
a) X-Ray Crystallography *(PGIMay 10)*
b) NMR Spectroscopy
c) Electrophoresis
d) Ultrasonography
e) Infra red spectroscopy

102. Non Polar Amino Acids are - *(PGINov. 10)*
a) Alanine b) Tryptophan
c) Isoleucine d) Lysine
e) Tyrosine

103. Enzyme catalyzing reversible step in glycolysis is/are - *(PGI Nov. 10)*
a) Phosphofructokinase
b) Enolase
c) Pyruvate kinase
d) Phospho- glyceromutase
e) Glyceraldehyde 3- phosphate- dehydrogenase

104. Protein fragments separation is/ are done by- *(PGINov. 10)*
a) Western blot b) Chromatography
c) Centrifugation d) Ultrafiltration
e) Electrophoresis

105. Movement of protein from nucleus to cytoplasm can be seen by - *(AIIMS May 11)*
a) FISH b) FRAP
c) Confocal microscopy d) Electron microscopy

106. Transfer of an amino group from an amino acid to an alpha -keto acid is done by- *(AI11)*
a) Transaminases b) Oxidases
c) Transketolases d) Deaminases

107. All are essential amin o acids except - *(Punjab 10)*
a) Glycine b) Valine
c) Isoleucine d) Tryptophan

108. Function ofubiguitin in the cells is- *(Jipmer 10)*
a) Protein degradation
b) Election transport chain
c) Endocytosis
d) Acute inflammation

109. Protein present in brown adipose tissue -
a) Thermogeninb) Dinitro protein *(Jipmer 11)*
c) Spectrin d) Adiponectin

110. Alpha helix formation is inhibited by - *(Jipmer 11)*
a) Glutamateb) Valine
c) Tryptophan d) Proline

111. Nitrogen content in a 200g protein is - *(Jipmer 11)*
a)24g b) 48g
c) 16g d) 32g

112. Function of ubiquitin in the cell is - *(Jipmer 11)*
a) Protein degradation b) Electron transport chain
c) Endocytosis d) Acute inflammation

113. Protein synthesis occurs in-*(NEET/DNB Pattern)*
a) Ribosomeb) Golgi apparatus
c) Lysosomes d) Endosomes

114. In first step of Heme synthesis, what is required-
a) Fe b) Folate *(NEET/DNB Pattern)*
c) Glycine d) Histidine

115. This attaches to protein before destruction -
a) Ubiquitin b) RNAseF *(NEET/DNB Pattern)*
c) Zymase d) Chaperone

116. Taurine is biosynthesized by - *(NEET/DNB Pattern)*
a) Arginine b) Leucine
c) Valine d) Cysteine

117. Which is 21st amino acid - *(NEET/DNB Pattern)*
a) Alanine b) Cystine
c) Arginine d) Seleno cysteine

118. Separation of proteins by their mass -
a) Electrophoresis *(NEET/DNB Pattern)*
b) Salting out
c) SDS-PAGE
d) Ion exchange chromatography

119. Protein segregation occurs in-*(NEET/DNB Pattern)*
a) Golgi appparatus b) Peroxisomes
c) ER d) Mitochondria

120. 250 mm light is absorbed by - *(NEET/DNB Pattern)*
a) Arginine b) Alanine
c) Tyrosine d) Histidine

121. Protein folding is done by - *(NEET/DNB Pattern)*
a) Chaperones b) Preosomes
c) Ubiquitin d) None

122. Which of the following tripeptide-(A£ET/DVB *Pattern)*
a) Glutathione b) Angiotensin
c) Glucagon d) Oxytocin

123. Non-essential amino acid - *(NEET/DNBPattem)*
a) Valine b) Leucine
c) Tryptophan d) Aspartate

124. Which of following is an analouge guanosine -
a) Abacavir *(NEET/DNB Pattern)*
b) Allopurinol
c) Bromodeoxyuridine
d) None

125. About Denaturation of protein,which is true -
a) Biological property persists
b) Primary structure lost *(NEET/DNB Pattern)*
c) Always irreversible
d) Mostly renders protein insoluble

126. Which process involves formation of non essential amino acid from keto acid ? *(NEET/DNB Pattern)*
a) Deamination b) Transamination
c) Dehydrogenation d) Oxidation

127. Collagen in basement *membrane-(NEET/DNBPattem)*
a) Type I b) Type II
c) Type III d) Type IV

128. Sulphar containing bond is not found in -
a) Chondroitin *(NEET/DNB Pattern)*
b) Keratan
c) Dermatan
d) Hyaluronic acid

129. Myoglobin contains - *(NEET/DNB Pattern)*
a) Iron b) Copper
c) Zink d) Selenium

101)a,b,e 102) a,d 103)b,d,e 104)b,c,d 105) b 106) a 107) a 108) a 109) a 110)d lll)d 112) a 113) a 114)c 115) a 116) d 117)d 118)c 119)a 120)c 121)a 122)a 123)d 124)a 125)d 126)b 127)b 128) d 129) a

130. Two same charged proteins can be separated by all except - *(NEE T/DNB Pattern)*
a) Agarose b) DEAE Cellulose
c) Sephadex d) None of these

131. Which of following is polar - *(NEET/DNB Pattern)*
a) Isoleucine b) Methionine
c) Glutamic acid d) Tryptophan

132. Precursor of norepinephrine -*(NEET/DNB Pattern)*
a) Tryptophan b) Tyrosine
c) Methionine d) Asparagine

133. Which of the following is monoenoic acid - *(NEET/DNB Pattern)*
a) Arachidonic acid b) Linoleic acid
c) Oleic acid d) Linolenic acid

134. True about alkaptonuria - *(NEET/DNB Pattern)*
a) Deficiency of Tyrosinase
b) Urine is black
c) banedict test is not useful
d) $Fecl_3$ test gives red colour

135. The fold in collagen is because of presence of -
a) Glutamate b) Glycine *(NEET/DNB Pattern)*
c) Arginine d) Histidine

136. Most abundant in bone - *(NEET/DNB Pattern)*
a) Alanine b) Hydroxyproline
c) Lysine d) Arginine

137. Which of the following dose not contain uronic acid -
a) Hyaluronic acid *(NEET/DNB Pattern)*
b) Heparin
c) Heparan sulfate
d) Keratan sulfate

138. Amino acid sequence in protein is determined by -
a) Sanger's reagent *(NEET/DNB Pattern)*
b) Banedit's reagent
c) Fehling's reagent
d) Ehrlich's reagent

139. Amino sugar are formed *forms-(NEET/DNBPattern)*
a) Glucose-1-phosphate b) Glucose-6-phosphate
c) Fructose-1-phosphate d) Fructose-6-phosphate

ENZYMES

140. Cardiac enzymes are - *(PGI87)*
a) CPK b)LDH
c) SGOT d) Aik. Phosphatase

141. Enzymes stored in muscle is - *(TN 89)*
a) Alkaline phosphatase b) SGOT
c) SGPT d)CPK

142. The enzyme diagnostic of MI in a case of hypothyroidism is - *(TN 91)*
a) SGOT b)LDH
c) Aldolase d) CPK-MB

143. Aspartate transaminase, an enzyme, is most abundant in - *(DELHI 83)*
a) Brain b) Heart
c) Spleen d) Retina

144. Tyrosinase is - *(AIIMS 86)*
a) Oxidase b) Transferase
c) Lyase d) Isomerase

145. Fumarase is a - *(PGI 84)*
a) Oxidoreductase b) Transferase
c) Oxidase d) Lyases

146. Michaelis-Menten hypothesis states that - *(DNB 91)*
a) Rate of enzymatic reaction is independent of substrate concentration
b) Rate of non enzymatic reaction is proportional to substrate concentration
c) Km is the enzyme-substrate complex association constant
d) Enzyme-substrate complex formation is essential in enzymatic reaction

147. Dehydrogenases use as coenzymes all of the following, except - *(AIIMS86)*
a) FMN b)FAD
c) NADOP+ d)NAD
e) Ferriprotoporphyrin

148. Glutamine synthetase is a - ■ *(AIIMS 80, DELHI 83)*
a) Isomerase b) Ligase
c) Lyase d) Transferase

149. Histidine decarboxylase is present in - *(AIIMS 86)*
a) RBC's b) Heart
c) Liver d) Kidney

150. Coenzyme, in an enzymatic reaction usually functions to - *(AIIMS 86)*
a) Activate the substrate
b) Increase the active sites of apoenzyme
c) Enhance the specificity of apoenzyme
d) Accept one of the cleavage products

151. Coenzymes are.....organic compounds -
a) Lipoprotein b) Proteinaceous *(PGI 84)*
c) Non-protein d) Any of the above

152. Incompetitive inhibition - *(DELHI 84)*
a) Vmax unchanged
b) Apparent Km unchanged
c) Apparent Km decreased
d) Vmax decreased
e) Rate independent of substrate concentration

153. Which of the following is not a component of coenzyme A - *(AIIMS 83)*
a) Pantothenic acid b) Adenylic acid
c) Sulfhydryl group d) Acetic acid

154. Kinases require - *(AIIMS 84, Delhi 82)*
a) Mn++ b)Cu++
c) Mg++ d) Inorganic phosphate

155. Lactate dehydrogenase is - *(AIIMS 86)*
a) Isozyme b) Coenzyme
c) Antienzyme d) Zymogen

156. Hexokinase is a - *(AIIMS 79, Delhi 85)*
a) Transferase b) Reductase
c) Oxidoreductase d) Oxidase

130)b 131) c 132)b 133)c 134)b 135)b 136)b 137)d 138)a 139)d 140)a,b,c 141)b,c,d 142)d
143) b 144) a 145)d 146)c,d 147)e 148)b 149)c,d 150)d 151)c 152)a 153)d 154)c 155)a 156)a

157. The lactate dehydrogenase (LDH) levels are increased in - *(UPSC 83, 86, AIIMS 83)*
a) Myocardial infarction
b) Acute pancreatitis
c) Diabetes mellitus
d) Acute glomerulonephritis

158. Hormone substrate concentration affects the velocity of enzymatic action, this is known as -
a) Zimmerman reaction *(DNB 90, AIIMS 84,*
b) Salkowski reaction *PGI96)*
c) Michales Menton reaction
d) Lieberman-Burchard reaction

159. Which of the following enzymes do not need cofactor- *(Delhi 87)*
a) Oxidoreductase b) Isomerase
c) Aldolase d) Lyases

160. The combination of main supporting enzyme is called - *(PGI 83, AIIMS 91)*
a) Apoenzyme b) Coenzyme
c) Holoenzyme d) Constitutive enzyme

161. Coenzymes forms are correctly matched except -
a) Biotin - carboxylated biotin *(DNB 88)*
b) Vitamin B - ATP
c) Niacin - NAD + NADP
d) Vitamin B2-FMN + FAO

162. Disopropyl phosphofluoridate (DFP) reacts with serine proteases irreversibly and therefore is -
a) Allosteric inhibitor *(AP87)*
b) Competitive inhibitor
c) Non competitive inhibitor
d) A repressor

163. Adenyl Cyclase is composed of - *(TN 89)*
a) C-AMP
b) Phosphodiesterase
c) Nuclear receptors
d) GTP dependant regulatory proteins

164. The maximum number of substrate per mole enzymes is seen with - *(Al96)*
a) Amylase b) Trypsin
c) Lipase d) Collagenase

165. Which of the following is a synthetic reaction -
a) Reduction b) Acetylation *(Karnat 97)*
c) Oxidation d) Hydrolysis

166. Km Increases but Vmax same enzyme is - *(PGI 98)*
a) Competitive b) Non - competitive
c) Irreversible d) Uncompetitive

167. Hydrogen peroxide is a product of reaction catalysed by- *(TN 2002)*
a) Fumarase
b) Catalase
c) L-amino acid oxidase
d) Lactate dehydrogenase

168. True about isoenzymes is/are - *(PGI 01)*
a) Different km value
b) Act on different substrate
c) Consist of multimeric complex
d) Same electrophoretic mobility
e) Have different physical properties

169. True about enzyme specificity - *(PGI 01)*
a) Amount of enzyme required per second, per mole of product formation
b) Number of sites per substrate
c) Amount of enzyme binding with various substrates
d) Number of enzyme units per milligram of enzyme protein
e) Amount of enzyme causing transformation of 1 mol of substrate per minute under standard conditions

170. Ribozymes is/are- *(PGI 02)*
a) Splicing of heterogenous RNA (hnRNA) to form mRNA
b) Splicing of polypeptide chain and mRNA
c) Transcription of codons in introns
d) Recognition of codons in introns
e) RNA polymerase

171. H_20_2 is br eaked or formed by which of the following enzyme - *(PGI 03)*
a) Oxidase b) Oxygenase
c) Hydrolase d) Peroxidase
e) Catalase

172. Enzyme marker for Golgi apparatus - *(PGI 03)*
a) Peroxidase b) Galactosidase
c) Galactosyl transferase d) Catalase
d) Acid phosphatase

173. Which one of the following is an example of antioxidant endogenous enzyme - *(UPSC 02)*
a) Cytochrome oxidase
b) Superoxide dismutase
c) Creatine kinase
d) Xanthine oxidase

174. In competitive inhibition the relation Km and Vmax is one of the following - *(Jipmer 03)*
a) Km and Vmax are the same
b) Km increases and Vmax is the same
c) Km decreases and Vmax increases
d) Km and Vmax decreases

175. The main enzyme responsible for activation of xenobiotics is - *(AI03)*
a) Cytochrome P-450
b) Glutathione S - transferase
c) NADPH cytochrome P - 450 reductase
d) Glucoronyl transferase

176. The buffering capacity of a buffer is maximum at pH equal to - *(AI 03)*
a) 0.5 pKa b)pKa
c) pKa + 1 d)2pKa

177. Km of an enzyme is - *(AIIMS 03, PGI 98)*
a) Dissociation constant
b) The normal physiological substrate concentration
c) The substrate concentration at half maximum velocity
d) Numerically identical for all isozymes that catalyze a given reaction

157)a,b 158)c 159)c,d 160)c 161) b 162)c 163)None 164)b 165) b 166)a 167)c 168)a,c,e 169)e 170)a,d 171)a,d,e 172)c 173) b 174)b 175)a 176)b 177) c

178. Non vitamin co enzyme is - *(Orissa 04)*
a) Lipoicacid b)CoA
c) S-adenosyl methionine d) Niacin

179. Enzymes that move a molecular group from one molecule to another are known as - *(AI05)*
a) Ligases b) Oxido-reductases
c) Transferases d) Dipeptidases

180. A common feature of all serine proteases \s- *(AI06)*
a) Auto catalytic activation of zymogen precursor
b) Tight binding of pancreatic trypsin inhibitor
c) Cleavage of protein on the carboxyl site of serine residues
d) Presence of Ser-His-Asp catalytic triad at the active site

181. Which of the following is an example of a reverse transcriptase - *(Karnataka - PG MEE 06)*
a) Gyrase b)Helicase
c) Telomerase d) RNA polymerase

182. All of the following are true regarding oxygenases except- *(AI07)*
a) Incorporate 2 atoms of oxygen
b) Incorporate 1 atom of oxygen
c) Required for hydroxylation of steroids
d) Required for carboxylation of drugs

183. Treatment of Multiple Carboxylase deficiency is -
a) Biotin b)Pyridoxine (*A107)*
c) Thiamine d) Folic acid

184. Which of the following enzymes is stable at acidic pH- *(A107)*
a) Pepsin b) Trypsin
c) Chymotrypsin d) Carboxypeptidase

185. The adenylate cyclase system is mediated by -
a) cAMP *(MAHE 07)*
b) Phosphodiesterase
c) GTP regulating proteins
d) Nuclear receptors

186. Different sequence of amino acids having similar structure of proteins is an example of - *(AIIMSNov*
a) Divergence b) Convergence *07)*
c) Opportunistic d) Incidental

187. All are true about glutathione except -
a) It is a tripeptide *(AIIMS Nov 08)*
b) It converts hemoglobin to methemoglobin
c) It conjugates xenobiotics
d) It is co-factor of various enzymes

188. Non-functional enzymes are all except -
a) Alkaline phosphatase *(AIIMS Nov 08)*
b) Acid phosphatase
c) Lipoprotein lipase
d) Gamma glutamyl transpeptidase

189. Refsum's disease is due to deficiency of which of the following enzyme? *(AIIMS Nov 08)*
a) Malonate dehydrogenase
b) Thiophorase
c) Succinate thiokinase
d) Phytanic alpha oxidase

190. In muscle, phosphorylase b is inactivated by -
a) cAMP b) Ca ions *(AIIMS Nov 08)*
c) Glucose d) ATP

191. All of the following enzymes are involved in oxidation-reduction reactions, Except - *(AI 09)*
a) Dehydrogenases b) Hydrolases
c) Oxygenases d) Peroxidases

192. Serine proteases - *(DELHIPG Feb. 09)*
a) Hydrolyze peptide bonds involving carboxyl groups of serine residues
b) Are characterized by having several active sites per molecule, each containing a serine residue
c) Are inactivated by reaching with one molecule of di-isopropyl-fluorophosphate per molecule of protein
d) Are exopeptidases

193. The specific activity of an enzyme would be reported in which of the following units of measures ?
a) Millimoles per liter *(DELHI PG Mar 09)*
b) Units of activity per milligram of protein
c) Micromoles per minute
d) Units of activity per minute

194. A non-competitive inhibitor of an enzyme -
a) Increases K_m with no or little change in V_{max}
b) Decreases K_m *(DELHIPG Mar 09)*
c) Decreases V_{max}
d) Increases V_{max}

195. All known effects of cyclic AMP in eukaryotic cells results from - *(DELHIPG Mar. 09)*
a) Activation of the catalytic unit of adenylate cyclase
b) Activation of synthetase
c) Activation of protein kinase
d) Activation Phosphorylation of G protein

196. Aspirin inhibits which of the following enzymes ? *(DELHIPG Mar. 09)*
a) Lipoprotein lipase b) Lipoxygenase
c) Cyclooxygenase d) Phospholipase D

197. Which of the foilwing enzymes are activated in dephosphorylated state - *(PGI Nov 09)*
a) HMG Co A reductase
b) Glycogen phosphorylase
c) Glycogen phosphorylase kinase
d) Citrate lyase
e) Glycogen synthase

198. TVue about reversible non-competetive inhibitors -
a) Lower Vmax b) Lower Km *(PGI Nov 09)*
c) Not affect Km d) Not affect Vmax
e) Affect both V max & Km

199. TVue about Km - *(PGINov 09)*
a) Half the substrate concentration at which velocity is maximum
b) Substrate concentration at which reaction rate is half the maximum
c) Michaelis constant
d) Dissociation constant of enzyme-substrate complex
e) Dissication constant of enzyme-product complex

178) a 179) c 180) d 181)c 182)d 183)a 184) a 185)a 186)b 187) b 188) c 189)d 190)d
191) b 192)b 193) b 194)c 195)c 196) c 197)a,e 198)a,c 199)b,c

200. Which component transfers four protons -
a) NADH-Q oxidoreductase *(PGI Nov 09)*
b) Cytochrome oxidase
c) Cytochrome-Q c oxidoreductase
d) Isocitrate dehydrogenase
e) Succinate Q reductase

201. Zinc is a cofactor for - *(AIIMSNov 09)*
a) Pyruvate dehydrogenase
b) Pyruvate decarboxylase
c) a-keto glutarate dehydrogenase
d) Alcohol dehydrogenase

202. Which of the following liver enzymes is predominantly mitochondrial - *(AI10)*
a) SCOT (AST) b) SGPT (ALT)
c) GGT d) 5'Nucleotidase

203. Kinase require - *(DPG10)*
a) Mn++ b) Cu++
c) Mg++ d) Inorganic phosphate

204. Pyridoxal phosphate acts as coenzyme for the following except- *(Maharashtra 10)*
a) Alanine transferase b) Tranketolase
c) ALA Synthase d) Cystathionine Synthase

205. True about competitive inhibition of enzyme -
a) T Km b) *i* Km *(PGI May 10)*
c) TVmax d) No change in Km and Vmax
e) Vmax remain same

206. Non- competitive enzyme inhibition leads to -
a) VmaxT b) Vmax *i*
c) Vmax unchanged d) Km T *(PGINov. 10)*
e) Kmi

207. A transporter has a Km for glucose of 45 mM and a Vmax of 36 micromoles glucose sec/mg of transporter. If the glucose concentration in peripheral blood is 15 mM, what will the rate of glucose transport (in micromoles glucose/sec/mg transporter) be? *(Karn 11)*
a) 6 b) 3
c) 12 d) 9

208. Which of the following causes hydrolysis of Peptidoglycans - *(Punjab 10)*
a) Lysozymeb) Lactoferrin
c) Protease d) Aflatoxin

209. Following is true statement about enzymes -
a) In competitive inhibition Vmax unchanged but Km increased *(Punjab 10)*
b) In uncompetitive inhibition Km unchanged but Vmax increased
c) In uncompetitive inhibition Km unchanged but Vmax changed
d) In uncompetitive inhibition mixed increase of Vmax and Km value

210. All of the following cells contain telomerase enzyme except- *(Punjab 10)*
a) Cancer cells b) Germ cells
c) Somatic cells d) Hemopoetic cells

211. Hexokinase is - *(PUNJAB 11)*
a) Ligase b) Transferase
c) Oxidoreductase d) Reductase

212. The predominant isoenzyme of LDH occuring in liver injury is- *(PUNJAB 11)*
a) LDH-1 b)LDH-2
c) LDH-4 d) LDH-5

213. Marker for peroxisomes - *(Jipmer 10)*
a) Glucose-6-phosphatase
b) Glutamate dehydrogenase
c) 5-nucleotidase
d) Uric acid oxidase

214. Digestive enzymes are - *(NEET/DNB Pattern)*
a) Hydrolases b) Oxidoreductases
c) Dehydrogenases d) Ligases

215. Rate limiting enzyme in heme synthesis -
a) ALA synthase *(NEET/DNB Pattern)*
b) Hmg coa reductase
c) ALA dehydratase
d) Uroporphyrinogen 1 synthase

216. Zinc is a cofactor for - *(NEET/DNB Pattern)*
a) Carbonic anhydrase
b) Pyrovate carboxylase
c) Alpha-ketoglutarate
d) Enolase

217. Enzymes that move a molecular group from one molecule to another are known as - *(AI 05,02, 92)*
a) Ligases b)Oxido-reductases
c) Transferases d) Dipeptidases

218. Enzymes act by - *(NEET/DNB Pattern)*
a) Increase in activation energy
b) Decrease in activation energy
c) Shift equilbrium constant
d) None

219. Carboxylases require - *(NEET/DNB Pattern)*
a) Vitamin B, b) Vitamin B_2
c) Vitamin $B_{,2}$ d) Vitamin $B_?$

220. Which of the following enzymes is active in phosphorylated form - *(NEET/DNB Pattern)*
a) Pyruvate dehydrogenase
b) HMG-CoA reductase
c) HMG-CoA reductase kinase
d) Pyruvate kinase

221. Serum enzyme used for MI - *(NEET/DNB Pattern)*
a) CPK
b) Alkaline phosphatase
c) Acid phosphatase
d) Lipase

222. Km value is defined as - *(NEET/DNB Pattern)*
a) Substrate concentration at Vmax/2
b) Substrate concentration of twice Vmax
c) Substrate concentration of thrice Vmax
d) Substrate concentration of one third Vmax

200)a,c 201)d 202)a 203)c 204)b 205)a,e 206)b 207)c 208)a 209)a>c 210)c 21 l)b 212)d 213)d 214) a 215)a 216)a 217) c 218)b 219)d 220)c 221)a 222)a

223. Carboxylases requires - *(NEET/DNBPattern)*
a) Vitamin B_{j2} b) Folic acid
c) Niacin d) Biotin

224. The predominant isoenzyme of LDH occuring in liver injury is - *(NEET/DNB Pattern)*
a) LDH-l b)LDH-2
c) LDH-4 d)LDH-5

225. In competitive inhibition the relation Km and Vmax is one of the following - *(NEET/DNB Pattern)*
a) Km and Vmax are the same
b) Km increases and Vmax is the same
c) Km decreases and Vmax increases
d) Km and Vmax decreases

226. What are isoenzyme - *(NEET/DNB Pattern)*
a) Physically same forms of different enzymes
b) Physically disinct forms of same enzyme
c) Forms of same enzyme that catalyze different reactions
d) Forms of different enzyme that catalyze same reactions

227. Which of the following is not secreted as zymogen-
a) Pepsin *(NEET/DNB Pattern)*
b) Trypsin
c) Amylase
d) Colipase

228. Cofator for glutathione peroxidase -
a) Mg^{+2} b) Se *(NEET/DNB Pattern)*
c) Mn^{+2} d) Ca^{+2}

229. Fumarase is- *(NEET/DNB Pattern)*
a) Lyase b) Ligase
c) Hydrolase d) None

230. Which isoform of LDH is raised in Anemia -
a) LDH 5 b) LDH 4 *(NEET/DNB Pattern)*
c) LDH 3 d) LDH 2

231. Following is true statement about enzymes-
a) In competitive inhibition Vmax unchanged but Km increased *(NEET/DNB Pattern)*
b) In uncompetitive inhibition Km unchanged but Vmax increased
c) In uncompetitive inhibition Km unchanged but Vmax changed
d) In uncompetitive inhibition mixed increase of Vmax and Km value

232. Apoenzymeis- *(NEET/DNB Pattern)*
a) Cofactor b) Coenzyme
c) Protein moiety d) None

233. Enzyme causing covalent bond cleavage without hydrolysis ? *(NEET/DNB Pattern)*
a) Lyase b) Ligase
c) Hydrolase d) Transferase

234. Specific activity of enzyme is - *(NEET/DNB Pattern)*
a) mol of enzyme per gram of substrate
b) Enzyme units per mg of protein
c) Cone, of substrate transformed per minute
d) None

235. CoA requires - *(NEET/DNB Pattern)*
a) Pantothenicgroup b) Biotin
c) Folic acid d) Cabalamine

236. Type of inhibition of aconitase by Transaconitate is - *(NEET/DNB Pattern)*
a) Non-competitive b) Competitive
c) Allosteric d)None

237. Functional plasma enzyme is - *(NEET/DNB Pattern)*
a) Fibrinogenb) LDH
c) SGOT d) SGPT

238. Isoenzyme, true is - *(NEET/DNB Pattern)*
a) Same structure and similar function
b) Different structure and similar function
c) Catalse different reaction
d) Have same Km

239. Aldolase is a/an - *(NEET/DNB Pattern)*
a) Transperaseb) Isomerase
c) Lyase d)Reductase

RESPIRATORY CHAIN

240. All these reactions take place inside the mitochondria except - *(PGI85, 86, Kerala, 88, AP 86, Delhi 86)*
a) EM pathway b) Krebs cycle
c) Urea cycle d) Electron transfer
e) Fatty acid oxidation

241. Detoxification of drugs is controlled by - *(AP 88)*
a) Cytochrome b) Cytochrome P450
c) Cytochrome C d) Cytochrome A

242. Livings cells require which of the following as a component of ATP, NAD, NADP and flavins -
a) Organic sulfar *(Karnatak 89)*
b) Magnesium ion
c) Inorganic phosphates
d) Ferrous ion

243. The main function of mitochondria is - *(Kerala 91)*
a) Protein synthesis b) Oxidation
c) Electron transfer d) Fat synthesis

244. The enzyme marker of electron transport system is -
a) Cytochrome reductase *(All India 92)*
b) Fumarase
c) Pyruvate
d) Malate dehydrogenase

245. Conversion of phenylacetic acid into phenol is an example of - *(PGI 82)*
a) Oxidation b) Reduction
c) Hydrolysis d) Conjugation

246. Which of the following is a constituent of Cytochrome C reductase - *(AIIMS 85, 82)*
a)B, b) B,
c) Biotin d)Pyridoxine
e) Ascorbic acid

247. Which of the following is not a component of transport system - *(PGI 79, AIIMS 81)*
a) Receptor activation
b) Selective gate
c) Non-selective channel
d) Energy coupling system

223) d 224) d 225) b 226) b 227) b 228) b 229) a 230) d 231) a 232) c 233) a 234) b 235) a 236) b
237) a 238) b 239)c 240)a 241)b 242)c 243)c 244)a 245)None 246)b 247)a

248. **Cytochromes are -** *(AIMS 83, DNB 88)*
a) Pyridine nucelotides
b) Metal containing flavoproteins
c) Peroxidases
d) Iron-porphyrin proteins

249. **Uncouplers of oxidative phosphorylation -***(AIMS 81)*
a) Snake venom b) High levels of serum bilirubin
c) High level of T_4 d) High level of free F. A.
e) All the above

250. **Aerobic oxidation of reduced cytochromes shows P/O ratio of-** *(AIMS 79, 84)*
a) 4 b)3
c) 2 d) 1

251. **Cyanide is toxic because it -** *(Karnatak 94)*
a) Inhibits cytochrome oxidase
b) Forms cyan meth Hb
c) Inhibits ATP carrier in mitochondria
d) Inhibits Na-K-ATP ase

252. **NADPH is used in -** *(AI95, 98)*
a) Fatty acid synthesis b) Ketone synthesis
c) Glucogenesis d) Glycolysis

253. **Which of the following is an effect of dinitrophenol on oxidative phosphorylation -**
a) Inhibition of cytochrome b
b) Blockade of both electron transport and ATP synthesis
c) Inhibition of ATP synthesis with normal electron transport
d) Inhibition of electron transport but not ATP synthesis

254. **In cytochrome P 450, P stands for -** *(AI 99)*
a) Structural proteins b) Substrate protein
c) Pigment d) Polymer

255. **About oxidative phosphorylation true is-** *(PGI97)*
a) Generation of ATP's b) Generation of ADP's
c) Utilization of ATP's d) Utilization of NADP

256. **Acetyl CoA is necessary for-** *(PGI 97)*
a) Aminoacid b) Fatty acid synthesis
c) Glucose storage d)All

257. **In TCA cycle, $C0_2$ is released from-** *(PGI98)*
a) Thioinase
b) Isocitrate dehydrogenase
c) Citrate dehydrogenase
d) Alpha ketoglutrate

258. **Among the following, the maximum redox potential is for-** *(PGI 99)*
a) NADH/NAD b) Succinyl Co A fumarate
c) Ubiquinone d)Fe2+

259. **Proper functioning of Kreb cycle does not occur with deficiency of-** *(PGI2000)*
a) Thiamine b) Riboflavin
c) VitaminE d)VitK

260. **In vivo control of citric acid cycle is effected by-**
a) Acetyl CoA b) Coenzyme A *(PGI 01)*
c) ATP d) Citrate
e) NADH

261. **Cytochrome oxidase is inhibited by-** *(PGI 02)*
a) Cyanide b) Aluminium phosphide
c) Phenobarbitone d) Carbonmonoxide
e) NO

262. **Mitochondrial membraneprotein contain transporter of-** *(PGI 03)*
a) NADH b) Acetyl COA
c) NADPH d)ATP

263. **Internal respiration are -** *(PGI 03)*
a) Exergonic and anabolic
b) Exergonic and catabolic
c) Endergonic and anabolic
d) Endergonic and catabolic
e) Cytochrome-C reductase involved

264. **Intermediate metabolite in TCA cycle are A/E -**
a) Pyruvate b) Isocitrate *(PGI 01)*
c) Oxaloacetate d) Malonate
e) Nitric oxide

265. **Electron transport chain is located in -***{St.Johns 02)*
a) Inner mitochondrial membrane
b) Inner part of mitochondrial membrane
c) Intermembranous
d) Matrix

266. **What is the connecting link between urea cycle and TCA cycle-** *{Bihar 03)*
a) Fumarate b) Sucinate
c) Oxaloacetale d) Arginino sucinate

267. **Least important in final pathway of Electron Chain Reaction is -** *{SGPGI05)*
a) Ph
b) Temperature (morning)
c) Enzyme concentration
d) Substrate concentration

268. **All of the following is true when one molecule of acetyl CoA is oxidized by citric acid cycle except-**
a) NADH is produced & each of this molecule produces 3 ATP *{SGPGI 05)*
b) FADH2 is produced which from 2 ATP
c) Succinyl CoA to succinate-one molecule of ATP is generated
d) Total of 14 ATP are generated

269. **$NADPH^+$, H^+ is generated in the reaction catalysed by-** *{SGPGI 05)*
a) LDH b) G-6 PD
c) G-3 PD d) Alcohol dehydrogenase

270. **Total number of dehydrogenases Krebs cycle -**
a) 3 b)2 *{MAHE05)*
c) 4 d) 5

271. **True about electron transport chain-(PG7** *June 05)*
a) FADH gives 2 ATP
b) Entry point of NADH is at complex II
c) NADH gives 3 ATP
d) FADH gives 3 ATP
e) NADH enters the step 1 of cycle

248)d 249)e 250)b,c 251)a 252)a 253)c 254)c 255)a 256)b 257)b 258)d 259)a,b 260)c,e 261)a,d 262) a,c,d 263) b,e 264)a,d,e 265) a 266) a 267) c 268) d 269) b 270) c 271)a,c,e

272. During phagocytosis, the metabolic process called respiratory burst involves the activation of - *(AI06)*
a) Oxidase b) Hydrolase
c) Peroxidase d)Dehydrogenase

273. The specialized mammalian tissue/organ in which fuel oxidation serves not to produce ATP but to generate heat is - *(AI06)*
a) Adrenal gland b) Skeletal muscle
c) Brown adipose tissue d) Heart

274. The comparison of the amino acid sequence of Cytochrome C from different species shows many variations. Most of these variations are found -
a) Randomly *(AI 06)*
b) Only in helical regions
c) Only in strand regions
d) Mainly in loop regions

275. 3 ATP's are formed in the following steps of kreb's cycle- *(PGIJune06)*
a) Isocitrate dehydrogenase
b) Succinate dehydrogenase
c) Succinate thiokinase
d) Malate dehydrogenase

276. Which of the following inhibit complex IV -
a) Amylobarbital b)Aconitase *(APPG06)*
c) Secobarbitone d) Cyanide

277. CoA and Acylcarier protein (ACP) are similar in that- *{PGMCET01)*
a) Both are present in mitochondria
b) Both contain pantothenic acid
c) Both are used in fatty acid degradation
d) Both are required for activation of fatty acids

278. Which of the following vitamin is used in the electron transport chain - *{PGMCET01)*
a) Thiamine b) Riboflavin
c) Nicotinic acid d) Vitamin B_{12}

279. Copper is a constituent of the enzyme - *(Corned 07)*
a) Lysyl oxidase b) Glucose oxidase
c) Xanthine oxidase d) Transketolase

280. All the following are inhibitors of cytochrome oxidase except - *{Corned 0 7)*
a) Carbon monoxide b) Amytal
c) Cyanide d) Azide

281. A maj or lipid of mitochondrial membrane is -
a) Lecithin b) Inositol *{Corned 08)*
c) Plasmalogen d) Cardiolipin

282. All of the following occur in mitochondria except -
a) Citric acid cycle (Kreb's cycle) *(AI 07)*
b) Glycogenolysis
c) Fatty acid oxidation
d) Electron transport chain

283. Dinitrophenol causes - *(AI07)*
a) Inhibition of ATP synthase
b) Inhibition of electron transport
c) Uncoupling of oxidation and phosphorylation
d) Accumulation of ATP

284. Enzyme responsible for complete oxidation of glucose to $C0_2$ to water is present in -
a) Cytosol **b) Mitochondria** *(Aiims May 07)*
c) Lysosomes d) Endoplasmic reticulum

285. First substrate of Kreb's cycle is- *(Aiims May 07)*
a) Pyruvate b) Glycine
c) HQ d) Lipoprotein

286. Cytochrome oxidase contains - *(UP 07)*
a) Ca^ b) Cu
c) Mn d)Zn

287. Which of the following metabolic pathways does not generate ATP- *(AI 08)*
a) Glycolysis b)TCA cycle
c) Fatty acid Oxidation d) HMP pathway

288. Transport of fatty acids through mitochondrial membrane is by - *(DPGEE 08)*
a) Active transport b) Facilitated transport
c) Diffusion d) Lipases

289. The following poisons act by causing inhibition of complex IV of respiratory chain except -
a) Cyanide b)Malonate *(Maharashtra10)*
c) H2S d)CO

290. Methionine can entre the TCA cycle at which level - *(NEET/DNB Pattern)*
a) Fumarate b) Oxabacetate
c) Succinyl - CoA d) Citrate

291. Cyanide inhibits - *(NEET/DNB Pattern)*
a) Pyrurate kinase b) Cytochrome Coxidase
c) Enolase d) None

292. Mitochondria have - *(NEET/DNB Pattern)*
a) Plasmid DNA
b) Circular DNA
c) Single stranded DNA
d) Double stranded DNA

293. Uncoupler in ETC - *(NEET/DNB Pattern)*
a) H_2S b) Antimycin a
c) 2, 4-dinitrophenol d) Barbiturates

294. The number of ATPs generated in krebs cycle are -
a) 12 b)24 *(NEET/DNBPattern)*
c) 15 d) 30

295. Electron transport chain is located in - *(NEET/DNB Pattern)*
a) Inner mitochondrial membrane
b) Inner part of mitochondrial membrane
c) Intermembranous
d) Matrix

296. Why citric acid cycle called amphibolic pathway -
a) Both exergonic and endergonic reactions takes place *(NEET/DNBPattern)*
b) Metabolites are utilized in other pathways
c) It can proceed both in forward and backward direction
d) Same enzymes can be used in reverse directions

297. The activity of pyruvate carboxylase is dependent upon the positive allosteric effector -
a) Succinate b)AMP *(NEET/DNBPattern)*
c) Iso citrate d) Acetyl CoA

272) a 273) c 274) a 275) a,d 276) d 277) a 278) b 279) a 280) b 281) d 282) b 283) c 284) b 285) a
286) b 287) d 288) b 289) b 290) c 291)b 292) b,d 293) c 294) None >a 295) a 296) a 297) d

298. Substrate level phosphorylation in glycolysis is seen in - *(NEET/DNBPattern)*
a) Pyruvate kinase b) Succinate thiokinase
c) Enolase d) PDH

299. The biosynthesis of the enzyme pyruvate carboxylase is repressed by - *(NEET/DNBPattern)*
a) Insulin b) Glucagon
c) Cortisol d) Epinephrine

300. Which is inhibitor to cytochrome oxidase?
a) Malonate b) BAL *(NEET/DNBPattern)*
c) Oligomycin d) Cyanide

301. Enzyme involved in oxidative phosphorylation -
a) Pyruvate kinase *(NEET/DNBPattern)*
b) Succinyl CoA thiokinase
c) NADH dehydrogenase
d) None

302. Which couple has minimum Redox potential -
a) $NADP^+$/NADPH *(NEET/DNBPattern)*
b) NAD^+/NADH
c) FAD/$FADH_2$
d) CoQ-CoQ H_2

303. Substrate-level phosphorylation seen in reaction catalysed in - *(NEET/DNBPattern)*
a) Succinate dehydrogenase
b) Alfa-ketoglutarate dehydrogenase
c) Succinyl CoA thiokinase
d) Malate dehydrogenase

304. In ETC NADH generates - *(NEET/DNB Pattern)*
a) 1 ATPs b) 2 ATPs
c) 3ATPs d) 4 ATPs

305. Total number of dehydrogenases Krebs cycle -
a) 3 b)2 *(NEET/DNBPattern)*
c) 4 d) 5

306. Energy currency of the cell is - *(NEET/DNBPattern)*
a) Nucleotide diphosphate
b) Nucleotide triphosphate
c) Deoxynucleotide diphosphate
d) Nuceotide monophosphate

307. Respiratory burst is due to which enzyme -
a) NADH oxidase *(NEET/DNB Pattern)*
b) Catalase
c) SOD
d) Glutathione peroxidase

308. Chemiosmotic coupling of oxidation phosphorylation is related to - *(NEET/DNBPattern)*
a) Formation of ATP at substrate level
b) ATP generation of pumping of protein
c) ATP generation of pumping of neutron
d) ATP formation by transport of 0_2

309. RQ is least in - *(NEET/DNB Pattern)*
a) Brain b) RBC
c) Adipose d) Heart

310. Which of the following enters the TCA cycle at succinyl-CoA - *(NEET/DNB Pattern)*
a) Tyrosine
b) Methionine
c) Tryptophan
d) Histidine

311. High energy compound is - *(NEET/DNBPattern)*
a) ADP b) ATP
c) Glucose-6-phosphate d) AMP

312. Anaplerotic reaction is catalyzed by -
a) Pyruvate carboxylse *(NEET/DNB Pattern)*
b) Enolase
c) Pyruvate kinase
d) G6PD

313. Rate limiting step in TCA cycle is catalyzed by -
a) a-ketoglotarate *(NEET/DNB Pattern)*
b) Pumarase
c) Aconitase
d) Thiokinase

314. Complex I of ETC is inhibited *by-(NEET/DNB Pattern)*
a) Amobarbital b) Cyanide
c) CO d) H_2S

315. Rate limiting steps in TCA cycle - *(NEET/DNB*
a) a Ketoglutarate —> Succinyl CoA *Pattern)*
b) Citrate —> Isocitrate
c) Succinyl CoA —> Succinate
d) Succinate —» Fumarate

316. Which of the following is physiological uncoupler- *(NEET/DNB Pattern)*
a) Thermogenin b) 2, 4 nitrophenol
c) 2, 4 Dinitrophanal d) Oligomycin

317. Maximum energy store in -*(NEET/DNB Pattern)*
a) Adipose b) Liver
c) Muscle d) Blood glucose

318. Cytochrome C oxidase is inhibited by- *(NEET/DNB*
a) Barbiturate b) 2,4-dinitrophanol *Pattern)*
c) HjS d) Rotenone

319. ATP is generated in ETC by -*(NEET/DNB Pattern)*
a) Na^+ K^+ ATPase b) Na^+ Cl' ATPase
c) FoFj ATPase d) ADP Kinase

320. Substrate for ATP synthase is - *(NEET/DNB Pattern)*
a) AMP b) ADP
c) IMP d) GMP

321. **ATPs generated in TCA cycle -** (NEET/DNB Pattern)
a) 15 b) 20
c) 30 d) 40

METABOLISM OF CARBOHYDRATE

322. Me Ardles disease is due to the deficiency of -
a) Glue-1, Phosphatase *(JIPMER 86, PGI86, 87*
b) Glue-1,6 diphosphatase *Kerala 88)*
c) Glue 6 phosphatse
d) Myophosphorylase

323. NADPH is generated by the action of - *(AIIMS 87)*
a) Glucose 6 Phosphate dehydrogenase
b) Glucose 1 phosphate dehydrogenase
c) Glucose 1.6 diphosphate dehydrogenase
d) All of the above

298) a 299) a 300)d 301) c 302)a 303)c 304)None>c 305)c 306)b 307)a 308)b 309)d 310)b
31 l)b 312) a 313)a 314) a 315)a 316)a 317)a 318)c 319) c 320)b 321) c 322)d 323)a

324. Cyclic AMP accelerates glycogenolysis by -
a) Converting inactive protein kinase *(AIIMS 87)* to active protein kinase
b) Acting on glue l phosphatase
c) Acting on glue 6 phosphatase
d) All of the above

325. Von Gierke's disease is due to the deficiency of -
a) Gluc-6 phosphatase *(PGI85)*
b) Gluc-l phosphatase
c) Branching enzyme
d) Mycophosphorylase
e) Glue 1,6 diphosphotase

326. Galactosaemia commonly is due to deficiency of -
a) Galactose-1 phosphatate uridyl transferas
b) Galactose-1 phosphatase *(PGI 85)*
c) Glucose-1 phosphatase
d) Glucose-6 phosphatase

327. Adrenaline acts on which enzyme in glycogenolysis-
a) Glucokinase b)Hexokinase *(AI89)*
c) Phosphorylase d) Glue diphosphatase

328. Insulin acts on which enzyme in glycolysis *~(AI 89)*
a) Glucokinase b)Hexokinase
c) Glucose 6-Phosphatase d) Adenylate kinase

329. The tissue with the highest glycogen content (mg/100mg)— *(PGI 88)*
a) Liver b) Muscle
c) Kidneys d) Testes

330. Which of the following are reducing sugars-
a) Sucrose b) Maltose *(PGI 88)*
c) Trehalose d) Glucose
e) Lactase

331. Key glycolytic enzymes - *(PGI 88)*
a) Phosphofructokinase b)Hexokinase
c) Pyruvate kinase d) Glue 1,6 diphosphatase

332. Sites where HMP shunts can occur include -
a) Liver b)WBC *(PGI 83)*
c) Lactating mammany gland d) Testes
e) All

333. Glucose can be synthesised from all except -
a) Amino acids b) Glycerol
c) Acetoacetate d) Lactic acid

334. What is the major fate of glucose-6-phosphate in the tissue in the fed state - *(AI89)*
a) Isomerisation to Fructose-6-phosphate
b) Hydrolysis to glucose
c) Conversion to glycogen
d) Conversion to ribulose-6-phosphate

335. Which of the following is completely dependent on glucose as fuel - *(AIIMS 82)*
a) Renal cortex b) Adrenal cortex
c) Heart d) Retina

336. Gluconeogenesis does not occur significantly from... in humans - *(AIIMS 92)*
a) Lactate b) Fatty acids
c) Pyruvate d) Amino acid

337. Oxaloacetate+Acetyl CoA+H_20=Citrate+GoA. This is an example of- *(IN 97)*
a) Hydration b) Deacylation
c) Dehydrogenation d) Condensation

338. Which of the following is not decreased in diabetes mellitus - *(AI 90)*
a) Glucokinase b) Acetyl CoA carboxylase
c) Pyruvate carboxylase d)All

339. All increase serum glucose except - *(AI 91)*
a) Glucagon b) Edpinephrine
c) Cortisol d) Vasopressin

340. All are true regarding glucose-6-phosphate deficiency except - *(AI 91)*
a) Hyperuricemia
b) Hyperglycemia
c) Defective cori cycle
d) Increased mobilisation of glycogen from liver

341. All are common in diabetes and starvation except
a) Increased gluconeogenesis *(AI 91)*
b) Increased glycogen degradation
c) Increased fatty acid mobiliation from adipose tissue
d) Cholesterol synthesis

342. The end product of one stage fermentation is -
a) Formic acid b) Pyruvate *(JIPMER91)*
c) Lactate d) Ethanol

343. Glycogen synthetase is increased by -*(JIPMER 91)*
a) Cortisone b) Insulin
c) GH d) Epinephrine

344. TCA cycle does not take place in - *(JIPMER 91)*
a) Hepatocyte b) Osteocyte
c) Neuron d) Erythrocyte

345. Glucose-6-phosphatase deficiency is seen in -*(AI92)*
a) Pompe's disease b) Von gierke's disease
c) Me Ardles syndrome d) Downs syndrome

346. Which is not seen in starvation - *(AI 92)*
a) Ketoacidosis b) Hypoglycemia
c) Hypercholesterolemia d) Hypertriglyceridemia

347. Muscle glyocogen is mainly utilised for supplying energy to- *(AI92)*
a) Liver b) Heart
c) Brain d) Muscle

348. Major contribution towards gluconeo genesis is by- *(A192)*
a) Lactate b) Glycerol
c) Ketones d) Alanine

349. Lactate is transported from muscle to Liver because - *(AI 92)*
a) Liver has mitochondria
b) Lactate is stored in Liver
c) Liver has Glucose-6-Phosphatase
d) Lactate is Oxidised in Liver

350. Which of the following is not a product of HMP shunt
a) NADPH *(AIIMS 92)*
b) D fructose-6-phosphate
c) D sedoheptulose-7-phosphate
d) D Glyceraldehyde-3-phosphate

324)a 325)a 326)a 327)c 328)a 329)a 330)b,c,d,e 331)a,b,c 332)a,c,d 333)c 334)c 335)d 336)b
337)d 338)c 339)d 340)b 341)d 342)d 343)b 344)d 345)b 346)c,d 347)d 348)d 349)c 350)c

351. Allosteric inhibition with ATP affects - *(AI93)*
a) Phosphofructokinase
b) Phospho - enol - pyruvase
c) G-6PD
d) Pyruvate kinase

352. Gluconeogenesis occurs in the Liver and.....-
a) Kidney b) Muscle *(Al 93)*
c) Heart d)Fat

353. Insulin promotes transport of glucose in which of these- *(JIPMER93)*
a) Hepatocytes b) Muscles
c) RBC d) Adipose tissue

354. Which of the following hepatic enzyme activities is not increased in the diabetic state - *(AP 89)*
a) Pyruvate carboxylase
b) G-6-phosphatase
c) Serine dehydratase
d) Co A - camtine acyl transferase
e) Citrate cleavage enzyme

355. An enzyme not involved in glycolysis is -*(A1IMS 96)*
a) Enolase b) Phosphoglyceromulase
c) Aldolase d) Glycerophosphate dehydrogenase

356. Glycerol is convered to glucose in - *(AIIMS 86,*
a) Liver b) Muscle *Delhi 93)*
c) Heart d) Brain

357. Starch and glycogen are both polymers of-*(PGI83)*
a) Mannose b)Alpha-glucose
c) Beta-glucose d) Fructose
e) Glucose-1-phosphate

358. GT.P. is a substrate for the following except -
a) Pyruvate carboxykinase *(PGI 83)*
b) Succinate thiokinase
c) Nucleoside diphosphate kinase
d) None of the above

359. In Glycolysis which of the ions is most important -
a) Ca b) Mg *(PGI 79, BIHAR 80)*
c) Cu d)Zn

360. Which of following inhibitor in TCA cycle acts by blocking citrate - *(ROHTAK 89)*
a) Fluoroacetate b) Arsenite
c) Malonate d) None of the above

361. About Galactose which is true - *(AIIMS 83)*
a) Has the same molecular weight as glucose
b) Is directly converted to glucose by the enzyme galactose oxidase
c) Is liberated when lactose is hydrolysed
d) From the diet is stored in the liver as galactose-1 -phosphate
e) In Ihe urine gives a positive test with clinitest tablets

362. Which of the following interconversions of monosacharides does not require a nucleotide linked sugar intermediate - *(ROHTAK 90)*
a) Galactose-1-phosphate to glucose-1-phosphate
b) Glucose-6-phosphate to mannose - 6 -phosphate
c) Glucose-phosphate-UDP glucose
d) D-glucuronic acid to UDP glucuronic acid

363. The main products of HMP shunt are all except- *(PGI 81)*
a) 6-NADPH b) 2-Fructose-6-$P0_4$
c) l-Glyceraldehyde-3-$P0_4$ d)l-$C0_2$

364. Transketolase - *(PGI 82)*
a) Transfers two carbon fragments to an aldehyde acceptor
b) Transfers a three carbon ketone containing fragment to an acceptor
c) Converts ribose-5-phophate to xylulose-5-phosphate
d) Concerts two five carbon sugar phosphates to fuctose-6-phosphate and erythrose-4-phosphate

365. Which of the following has no free aldehyde or ketone group - *(AIIMS 8 7)*
a) Fructose b) Maltose
c) Sucrose d) Galactose

366. Dehydrogenases of HMP shunt are specific for -
a) FAD b) NAD
c)NADPH d)FMN

367. Which of the following is not an intermediate in the formation of glucoronic acid from glucose is - *(AIIMS85)*
a) UDP glucose b) UDP gucoronic acid
c) UDP galactose d) Glucose-6-Po_4

368. Chitin is a - *(AIIMS87)*
a) Polypeptide b) Polysaccharide
c) Fatty ester d)None

369. Which of the following is a debranching enzyme
a) Glycogen synthetase *(AIIMS80)*
b) Glucose-6-phosphatase
c) Amylo (1,6) glucosidase
d) Amylo 1,4, -1,6 transglycosylase

370. Which of the following is a component of polysaccharide - *(PGI 79, 82)*
a) Synovium b) Glucosamine
c) Glucoronic acid d) Ascorbic acid

371. I molecule of glucose forms.. .molecules of pyruvate-
a) 1 b)2
c) 3 d) 5

372. In TCA cycle of tricarboxylic acid, which is first formed - *(RAJASTHAN92)*
a) Isocitrate b) Citrate
c) Succinate d)Fumarate

373. Which of the following enzyme is a constituent of HMP shunt- *(AIIMS83)*
a) Glucose-6-phosphatase b)Hexokinase
c) G-6-P dehydrogenase d) Phosphorylase

374. UDP glucose is converted to UDP-glucoronic acid by- *(AIIMS83)*
a) ATP b)FAD
c) NAD d)NADP

375. Which of the following cannot be metabolished in the body - *(AIIMS 84, Delhi 84)*
a) Galactose b) Sucrose
c) Fructose d) Dextrose

351) a 352) a 353)a,b,d 354) e 355) d 356) a 357)b 358) c 359)b 360) a 361)a,c,e 362)b 363) d 364) a
365) c 366) c 367) c 368) b 369) c 370) b 371) b 372) b 373) c 374) c 375) b

376. Reduction of glucose with calcium in water produces - *(AIIMS 86, 84)*
a) Sorbose b)Dulcitol
c) Mannitol d) Sorbitol
e) Glucuronic acid

377. In TCA cycle, citrate is converted into, after losing a molecule of H_20 - *(AMU 86)*
a) Isocitrate b) Cis-aconitate
c) Oxaloacelate d)Glutarate

378. HMP shunt is of great importance in cellular metabolism because it produces - *(ARMS 83)*
a) ATP b)ADP
c) Acetyl Co A d)NADPH

379. Mature RBC contains all except - *(ARMS 84)*
a) Enzyme of HMP shunt pathway
b) Enzyme of TCA cycle
c) Glycolytic enzymes
d) Pyridine nucleotides

380. The sugar component of cerebrosides is - *(PGI81, 85,97)*
a) Fructose b) Sucrose
c) Galactose d) Glucose

381. Specific poison for succinate dehydrogenase is -
a) Arsenic b) Cyanide *(ARMS 83)*
c) Malonate d) Fluoride

382. Abnormal glycogen structure is found in disorder type- *(ARMS 97)*
a) I b) II
c) m d)IV
e) V

383. The first product of glycogenolysis is - *(DNB 90)*
a) Glucose 6 phosphate
b) Glucose 1, 6 diphosphate
c) Glucose 1-phosphate
d) Fructose 1-phosphate

384. C-AMP increases glycogenolysis by -
a) Contributing phosphate *(ARMS 94, 88)*
b) Causing deposphorylation
c) Uncoupling
d) All of the above

385. Which of the following is not a polymer of glucose - *(JIPMER 78, DNB 88)*
a) Glycogen b) Cellulose
c) Amylose d) Inulin

386. What is the substrate for the only physiologically irreversible reaction in the Kreb's Citric acid cycle-
a) Citrate b) Alpha ketoglutarate *(TN 89)*
c) Succinate d)Malate

387. Sorbitol is - *(ARMS 88, 87)*
a) A reducing sugar b) A sugar ester
c) Sugar alcohol d) An O-glycoside

388. An essential for the conversion of glucose to glycogen in liver is - *(DNB 91)*
a) UTP b)GTP
c) Pyrubate kinase d) Guanosine

389. Enzyme that hydrolyzes sucrose is -
a) Invertase b) Amylase *(PGI 78, Delhi 80)*
c) Emulsin d) Sucrose phosphorylase
e) Saccharase

390. Inhibition of glycolysis by 0_2 is known *as-(DNB 91)*
a) Muni effect b) Pasteur effect
c) Hill reaction d) Gluconeogenesis

391. Reduced glutathione - *(BIHAR 88)*
a) Removes water from RBC
b) Requires function of 6-6 PD
c) Maintains proper enzyme activity in tissue cells
d) All of the above

392. The reducing ability of a carbohydrate is due to the presence of - *(ARMS 92)*
a) A hemiacetal b) Cupric ions
c) Afreecarboxy d) A free hydroxy

393. A deoxy-sugar characteristic of blood group polysaccharides is - *(JIPMER 78, KERALA 88)*
a) L-Rhannose b)L-Fructose
c) 2-deoxy-D-ribose d) 6-deoxy-L-mannose

394. Enzyme deficiency in glycogen storage disease type five is- *(Kerala 94)*
a) Glucose-6-phosphatase
b) Acid maltase
c) Debranching enzyme
d) Myophosporylase deficiency

395. Metabolites in HMP shunt are all except- *(AI95)*
a) Carbon dioxide b) Sedoheptulose phosphate
c) NADPH d) Glycerol-3-phosphate

396. In which type of glycogen storage disease is hyperuricemia a feature - *(TN 95)*
a) I b) II
c) m d)IV

397. Aldolase is an enzyme whose substrate is -
a) Glucose-6-phosphate *(Delhi 96)*
b) Fructose-6-phosphate
c) Fructose
d) Fructose-1,6-biphosphate

398. Untreated diabetes lead to - *(AIIMS 95)*
a) Tissue use fatty acids as main fuel
b) Inhibition of gluconeogenesis & stimulation of glycolysis
c) Insulation of breakdown of triacylglycercol
d) Storage of glucose as glycogen

399. Step in HMP pathway requiring TPP - *(AP 96)*
a) G6PD
b) 6 Phosphogluconate dehydrogenase
c) Transketolase
d) Trans aldolase

400. Increased uronic acid in the urine is pathognomonic of- *(ARMS 97)*
a) Maple syrup urine disease
b) Tyrosinemia
c) Mucopolysaccharidosis
d) Cushing disease

376)d 377)b 378)d 379)b 380)c,d 381)c 382)c,d 383)c 384)a 385)d 386)b 387)c 388)a 389)a 390)b 391)d 392)a 393)None 394)d 395)d 396)a,c 397)d 398)a 399)c 400)c

401. All the following gluconeogenic except -
a) Glycerol b) Alanine *(AIIMS 97)*
c) Acetoacetate d) Lactate

402. Andersen disease is due to deficiency of - *(TN 97)*
a) Debranching enzyme
b) Branching enzyme
c) Myophosphorylase
d) Acid maltase

403. The maj or fuel for the brain after several weeks of starvation - *(AI9 7)*
a) Glucose b) Fatty acid
c) Beta hydroxy butyrate d) Glycerol

404. An Exclusive protein meal intake will cause -
a) Hypoglycemia *(JIPMER98)*
b) Hepatic glycogen stores depletion
c) Decreased release of insulin
d) Increase release of insulin

405. Fluroacetate inhibits - *(JIPMER98)*
a) Citrate synthetase
b) Aconitase
c) Succinic dehydrogenase
d) Alphaketoglutarate dehydrogenase

406. Heart uses one of following as energy source during starvation - *(JIPMER98)*
a) Glucose b) Acetoacetate
c) Fats d) Proteins

407. Muscle cannot make use of glycogen for energy due to the absense of - *(PGI9 7)*
a) Glucose-6-phosphatase
b) Glucokinase
c) Phosphorylase
d) Phosphoglucomutase

408. First committed step in Glycolysis is - *(AIIMS97)*
a) Hexokinase b) Glucokinase
c) Phosphofructokinase d) Aldolase

409. Pyruvate dehydrogenase contains all except -
a) Biotin b)NAD *(IN 98)*
c) FAD d) Co A

410. Kreb's cycle does not occur in - *(Kerala 97)*
a) Muscle b) RBC
c) Heart d) All the above

411. Aldose sugar is converted to ketose sugar by-
a) Oxido reductase b) Aldose *(AP 98)*
c) Decarboxylase d) Isomerase

412. The reaction : Acetoacetyl CoA + succinate a succinyl CoA+acetoacetate occurs in all of the following except - *(MAHE 98)*
a) Brain b) Striated muscle
c) Liver d) Cardiac muscle

413. Blood glucose levels cannot be augmented by mobilization of muscle glycogen due to lack of -
a) G-6-P dehydrogenase *(MAHE 98, JIMPER 93,*
b) G - 6-phosphatase *UP 99, ARMS98)*
c) Adolase
d) Glucokinase

414. Which one of the following is the correct sequential order in which the given enzymes of Kreb's cycle are formed after a molecule of acetyl CoA enters the cycle - *(ICS 98)*
a) Citrate, Oxaloacetate, Ketoglutarate
b) Ketoglutarate, Oxaloacetate, Citrate
c) Citrate, Ketoglutarate, Oxaloacetate
d) Oxaloacetate, Ketoglutarate, Citrate

415. The reaction inhibited in thiamine deficiency is -
a) Pyruvate to acetyl CoA *(AI99)*
b) Citrate to alpha ketoglutarate
c) Succinyl CoA to fumarate
d) None

416. TCA cycle substrate level phosphorylation occurs at- *(ARMS98)*
a) Succinate dehydrogenase
b) Malonate reduction
c) Thiokinase
d) Fructase

417. Production of fructose in seminal fluid is by following steps - *(ARMS98)*
a) Glucose-6-phosphate > fructose-6-phosphate > fructose
b) Glucose-6-phosphate > sorbitol phosphate > fructose phosphate > fructose
c) Glucose-6-phoaphate > glucose > sorbitol > fructose
d) Glucose-6-phosphate > fructose-1-phosphate > fructose

418. About glycolysis - true is - *(PGI 88)*
a) Glucose to 3 C products
b) Takes place in mitochondria
c) Complete breakdown of glucose
d) No ATP production

419. Which one of the following enzymes use NADP as coenzyme - *(Kerala 2K)*
a) Glyceraldehyde-3-phosphate dehydrogenase
b) Lactate dehydrogenase
c) Glucose-6-phosphate dehydrogenase
d) Beta hydroxy acyl CoA dehydrogenase
e) Mitochondrial isocitrate dehydrogenase

420. Insulin stimulate the activity of the following enzymes except - *(Kerala 2K)*
a) Acetyl CoA carboxylase b) Pyruvate kinase
c) Hormone sensitive lipase d) Glycerol kinase
e) Phosphofructokinase

421. Which is a fructosan - *(J & K 2001)*
a) Pectin b)Chitin
c) Inulin d) Glycogen

422. The oxidation of primary alcohol group in glucose results in - *(TN 2002)*
a) Gluconic acid b) Glutaric acid
c) Glucuronic acid d) Hyaturonic acid

401) c 402) b 403) c 404)d 405)b 406)c 407)a 408) a 409)a 410) b 41 l)d 412)c 413)b 414)c
415)a 416)c 417)c 418)a 419)c 420)c,d 421)c 422)c

423. Enzyme levels which are decreased during starvation - *(PGI2002)*
a) Fatty acid synthase b) Co A carnitine transferase
c) Citrate lyase d) Lipoprotein lipase
e) Tyrosine kinase

424. Substrate level phosphorylation in TCA cycle involves - *(PGI 2002)*
a) Alpha KG dehydrogenase
b) Succinate thiokinase
c) Isocitrate dehydrogenase
d) Fumarase
e) Malata dehydrogenase

425. Products accumulated in Hunter's syndrome are - *(PGI 02)*
a) Keratan sulfate b) Dermatan sulfate
c) Chondroitin sulfate d) Heparan sulfate
e) Hyaluronic acid

426. In starvation, nitrogen is carried from muscle to liver and kidney by- *(PGI 9 7)*
a) Alanine b) Aspartic acid and Serine
c) Glycine c) Asparagine

427. Pompe's disease is due to deficiency of which enzyme-
a) Branching enzyme *(PGI 97)*
b) Glucose 6 phosphatase
c) Acid maltase deficiency
d) Muscle phosphorylase

428. Muscles are not involved in which glycogen storage disease - *(PGI 97)*
a) I b) II
c) m d)IV

429. Fructokinase is necessary for - *(PGI98)*
a) Fructose-1-$P0_4$
b) Ructose 1,6 diphosphate
c) Fructose 6 phosphate
d) Glyceraldehyde

430. Reducing sugar in urine is seen in - *(PGI 01)*
a) Fanconi anemia b) Lactose intolerance
c) Galactosemia d) Phenylketonuria
e) Salicylate poisoning

431. True regarding galactosemia- *(PGI 01)*
a) Mental retardation occurs
b) Absent disaccharidase in intestine
c) Defect in epimerase
d) Defect in galactose 1 $P0_4$ uridyl transferase

432. Glycogen storage disesses include all the following except- *(PGI 01)*
a) Von Gierke's disease b) Fabry's disease
c) Me Ardle's disease d) Fragile syndrome
e) Krabbe's disease

433. Which of the following enzymes is/are involved in neoglucogenesis all except - *(PGI 01)*
a) Phospoglycerate kinase
b) Fructose 1, 6-biphosphatase
c) Phosphoglucomutase
d) Pyruvate carboxylase
e) Isomerase

434. True statements about Glucokinase is/are-fPG/ *03)*
a) Km value is higher than normal blood sugar
b) Found in liver
c) G-6P inhibit it
d) Has both glucose 6 phosphatase and kinase activity
e) Glucose enter into cells through GLUT-2

435. Phosho-dephosphorylatio of phosphofrue tokinase and fructose 1, 6 Biphosphatase by fructose 2, 6 Biphosphate regulation is seen in - *(PGI 03)*
a) Brain b) Liver
c) Adrenal Cortex d)RBC
e) Muscle

436. Marquios disease not seen is - *(APPG 03)*
a) Corneal opacity b) Mental retardation
c) Stunted growth d) Absent clavicle

437. Enzymes in glycogen metabolism - *(PGI 04)*
a) Phosphorylase a b) Phosphorylase b
c) Glycogen Synthase I d) Glycogen Synthase C
e) Branching enzyme

438. In the fasting state, glucose is obtained from- *(Jharkhand 03)*
a) Liver glycogen b) Muscle glycogen
c) Both d) None

439. The metabolite that is regarded as the dead end in glycolysis - *{Kerala 04)*
a) Pyruvate b) Lactate
c) 2,3-bisphosphoglycerate d) 3-phosphoglycerate

440. Cyclic AMP increase the rate of glycogenolysis by -
a) Promoting the formation of phosphorylated form of glycogen phosporylase *(SGPGI05)*
b) Acting as a cofactor for glycogen phosphorylase
c) Furnishing phosphate for the phosphorylysis of glycogen
d) Acting as a precursor of 5' AMP which is a cofactor for glycogen phosphorylase

441. The following types of reaction occur in glycolysis, except - *(SGPGI 05, 97, AI89)*
a) Hydration b) Isomerisations
c) Phosphoryl transfer d) Aldol cleavage

442. Chitin contains - *(AMU 05)*
a) Alfa 1-4 bond b) Alfa 1-6 bond
c) (3-1-6 bond d) (3-1-4 bond

443. Enzymes not used in glycogen metabolism -
a) Glycogen phosphorylase B *(PGI June 05)*
b) Glycogen synthase I
c) Glycogen synthase C

444. Hexose monophosphate shunt occurs in A/E- *(PGI June 05)*
a) Liver b) Adipose tissue
c) Mammary gland d) Skeletal muscle
e) Skin

445. Which of the following is an aldose - **(***J & K 05)*
a) Ribulose b)Ribose
c) Erythrulose d) Dihydroxyacetone

446. End-Product of the action of salivary amylase is -
a) Mannose b) Maltose *(J&K05)*
c) Sucrose d) Fructose

423)a,c 424)b 425)b,d 426)a 427)c 428)a 429)a 430)c 431)a,c,d 432)b,d,e 433)c 434)a,b,e 435)b 436) b 437) a,b,c,e 438) a 439) b 440) a 441) a 442) d 443) c 444) e 445) b 446) b

447. Biosynthesis of glucuronic acid requires the -
a) Oxidation of UDP glucose *(MAHA05)*
b) Oxidation of glucose 6-phosphate
c) Oxidation of 6-phophogluconate
d) Oxidation of glucose

448. Which one of the following statements concerning gluconeogenesis is correct - (*MAHA 05)*
a) It occurs in muscle
b) It is stimulated by fructose 2, 6-bisphosphate
c) It is inhibited by elevated levels of acetyl CoA
d) It is important in maintaining blood glucose during the normal overnight fast

449. Composition of Hyaluronic acid - *(APPGE 05)*
a) N-acetyl glucosamine + b glucosamine acid
b) N-acetyl glucosamine + b - glucoraunic acid
c) N-acetyl glucosamine + sulfated glucosamine acid
d) N-acetyl glucosamine + iduranic acid

450. By which of the following anticoagulants used in estimating blood glucose, glycolysis is prevented - *(AIIMSNov 05, DNB 91)*
a) EDTA b) Heparin
c) Sodium fluoride d) Sodium citrate

451. Fluoride, used in the collection of blood samples for glucose estimation, inhibits the enzyme - *(AI05, ICS 05, PGI86, 93)*
a) Glucokinase b)Hexokinase
c) Enolase d) Glucose-6-phosphatase

452. The molecule, which is the intiator of cataract formation in the eye lens and whose 1-phosphate derivative is responsible for liver failure, is -
a) Sorbitol b) Mannitol *(AIIMSMay05)*
c) Inositol d)Galacticol

453. Which of the following when absent would impair the rate limiting step of glycogenolysis - *(HP 06)*
a) 1,4-Glucoronosyl troanterase
b) Glycogen synthetase
c) Glycogen phosphorylase
d) Phosphoglucomutase

454. Fructose 2-6 biphosphate is - *(Manipal 2006)*
a) Intermediate of glycosis
b) Positive allosteric regulation of PF1 (phosphofructokinase 1)
c) Negative allosteric regulation of PF1
d) Positive allosteric regulation of PF2

455. Positive signals for glycogen breakdown include in all the following except -
a) Cyclic AMP b) Blood glucose
c) Epinephrine d)$Ca2^{+}$

456. Essential Pentosuria is due to defect in -
a) HMP pathway *(PGMCET01)*
b) Glycolysis
c) Gluconeogenesis
d) Uronic acid pathway

457. Hemolytic anaemia is seen most commonly due to -
a) Pyruvate kinase *(PGMCET01)*
b) Phospho fructokinase I
c) Phospho fructokinase II
d) Pyruvate dehydrogenase

458. The activities of all the following enzymes are increased in starvation except - *(Corned 07)*
a) Pyruvate kinase
b) Pyruvate carboxylase
c) Phosphoenolpyruvate carboxykinase
d) Glucose 6-phosphatese

459. The biosynthesis of the enzyme pyruvate carboxylase is repressed by - *(Corned 08)*
a) Insulin b) Glucagon
c) Cortisol d) Epinephrine

460. Regarding HMP shunt all of the following are true except- (*AI07***)**
a) Occurs in the cytosol
b) No ATP is produced in the cycle
c) It is active in Adipose tissue, Liver and Gonads
d) The oxidative phase generates NADPH and the Non oxidative phase generates pyruvate

461. Within the RBC, hypoxia stimulates glycolysis by which of the following regulating pathways-(^47 *07)*
a) Hypoxia Stimulates pyruvate dehydrogenase by increased 2,3 DPG
b) Hypoxia inhibits hexokinase
c) Hypoxia stimulates release of all Glycolytic enzymes from Band 3 on RBC membrane
d) Activation of the regulatory enzymes by high PH

462. Glycolysis occurs in - *(Aiims May 07)*
a) Cytosol b) Mitochondria
c) Nucleus d) Ly so some

463. In Lysosomal storage disorders, true is -
a) The lysosomes are deficient in the enzyme hydrolase
b) There is a defect in the fusion of lysosomes and phagosomes
c) There is a defect in the lysosomal membrane
d) There is increased degradation of heteroglycans

464. The rate limiting enzyme in glycolysis is - *(UP 08)*
a) Glucose 6-dehydrogenase
b) Phosphofructokinase
c) Glucokinase
d) Pyruvate kinase

465. Maximum carbohydrate concentration in strict vegetarian diet present is - *(UP 08)*
a) Amylase b) Maltose
c) Fructose d)Glycogen

466. In which of the following tissues, is glycogen incapable of contributing directly to blood glucose ?
a) Liver b) Muscle *(AI 08)*
c) Both d)None

467. Phosphorylase b is maintained in an inactivated state by- *(4108)*
a) ATP b) c AMP
c) Calcium d) Insulin

447) a 448) d 449)b 450)c 451)c 452)d 453)c 454)b 455)b 456)d 457)a 458)a 459)a 460)d 461)c 462)a 463)a 464)b,c,d 465)d 466)b 467)d

46$. Insulin causes lipogenesis by all except -
a) Increasing acetyl-CoA carboxylase activity
b) Increases the transport of glucose into the cells
c) Inhibits pyruvate dehydrogenase *(Aiims May 08)*
d) Decreases intracellular cAMP level

469. Main source of energy derived from - *(PGI June 08)*
a) Fat b) Glycogen
c) Lactate d) Ketone
e) Acetone

470. Enzyme regulated by phosphorylation-fPG/ *June 08)*
a) Glucokinase
b) Glycogen synthetase
c) Pyruvate dehydrogenase
d) Isocitrate
e) Citrate lyase

471. After 50 gm of glucose of feed orally -
a) Decrease ketone body production *(PGI June 08)*
b) Increased lactate production upon exercise
c) Decreased gluconeogenesis
d) Increased gluconeogenesis

472. High energy phosphates are produced in the following pathways except - *(DPGEE 08)*
a) HMP shunt b) Oxidative pathway
c) Glycolysis d)TCA cycle

473. Glycolytic enzymes (s) inhibited by fluoride -
a) Hexokinase b) Aldolase *(PGIDec 08)*
c) Enolase d) Pyruvate kinase
e) Phosphofructokinase

474. NAD acts as aconfactor for - *(PGI June 09)*
a) Citrate synthetase
b) Isocitrate dehyrogenase
c) a ketoglutarate dehyrogenase
d) Malate dehydrogenase
e) Succinyl thiokinase

475. Hyperammonaemia inhibit TCA cycle by depleting -
a) Oxaloacetate b) a ketoglutarate *(PGI June 09)*
c) Citrate d) Succinyl Co-A
e) Fumarate

476. Which of the following metabolites is involved in glycogenolysis, glycolysis and gluconeogenesis ?
a) Galactose-1-phosphate *(DELHIPG Mar. 09)*
b) Glucose-6-phosphate
c) Uridine diphosphoglucose
d) Fructose-6-phosphate

477. The activity of pyruvate carboxylase is dependent upon the positive allosteric effector:
a) Succinate b)AMP *(DELHIPG Mar. 09)*
c) Isocitrate d) Acetyl Co A

478. Epimer combination(s) is/are - *(PGI Nov 09)*
a) D-glucose & D-fructose
b) D-glucose & D-talose
c) D-glucose & D-mannose
d) D-glucose & D-idose
e) D-galactose & D-glucose

479. True about gaucher disease - *(PGI Nov 09)*
a) Due to deficiency of enzyme sphingomyelinase
b) Due to deficiency of enzyme (J-Gluco-cerebrosidase
c) Deposition of glucosylceramide
d) Foam cell deposition
e) PAS staining positive

480. Acetyl coA can be directly converted to all except -
a) Glucose b) Fatty acids *(AIIMS May 10)*
c) Cholesterol d) Ketone bodies

481. After overnight fasing, levels of glucose tranporters reduced in - *(AIIMS May 10)*
a) Brain cells b)RBCs
c) Adipocytes d) Hepatocytes

482. Insulin like fructans are used as prebiotics as they are non digestible. Resistance to digestion in the upper Gj tract results from - *(AI10)*
a) Absence of digestive enzyme in the upper GIT
b) Beta configuration of anomeric C_2
c) Low pH of the stomach
d) Presence of a-osidic linkages

483. Von Gierke's disease is due to the deficiency of -
a) Gluc-6 phosphatase *(DPG10)*
b) Glue -1 phosphatase
c) Branching enzyme
d) Mycophosphorylase

484. Skeletal muscle is deficient in - *(DPG10)*
a) Glucose -6 phosphatase
b) Hexokinase
c) Isomerase
d) Phosphofructokinase

485. Mechanism by which pyruvate cytosol is transported to mitochondria is - *(Maharashtra10)*
a) Chloride antiport b) Proton symport
c) ATP dependent antiport d) Facilitated uniport

486. Von Geirke's occurs due to deficiency of -
a) Glucose-6-phosphatase *(Maharashtra 10)*
b) Liver Phosphorylase
c) Muscle phosphorylase
d) Debranching enzyme

487. Fhuoride inhibits - *(Maharashtra10)*
a) Glucose-6-phosphatase b) Glucokinase
c) Hexokinase d) Enolase

488. Epimer combination (s) is/are - *(PGIMay 10)*
a) D-glucose & D-fructose
b) D-mannose & D-talose
c) D-glucose & D-mannose
d) D-glucose & D-gulose
e) D-galactose & D-glucose

489. Glycosphingolipid is made up of - *(PGIMay 10)*
a) Glucose b) Glycerol
c) Sphingosine d) Fatty acids
e) Thromboxane A_2

468)c 469)b 470)b,c 471)a,c 472)a 473)c 474)b,c,d 475)b 476)b 477)d 478)c,e 479)b,c,e 480)a 481)c
482) b 483) a 484) a 485) b 486) a 487) d 488) c_5e 489)a,c,d

490. Enzymes of Calvin cycle are - *(PGIMay 10)*
a) G-6-PD
b) Sedoheptulose-1-7- bisphosphatase
c) Glycerol Kinase
d) Phosphoribulose kinase

491. Which of the following substance binds to CoA and condenses oxaloacetate to inhibit the TCA cycle -
a) Malonate b)Arsenite *(AllMS Nov 10)*
c) Fluoroacetate d)Fumarate

492. Which of the following is not degraded by colonic flora? *(AIIMS May 11)*
a) Pectin b) Lignin
c) Starch d) Glucose

493. Acetyl coA can be directly converted to all except -
a) Glucose b) Fatty acids *(AIIMS May 11)*
c) Cholesterol d) Ketone bodies

494. Enzyme deficient in von gierke's disease -
a) Glucose 1 phosphatase *(Punjab 10)*
b) Glucose 6 phosphatase
c) Acidmaltase
d) (i Glucosidase

495. G6PD stands for - *(Punjab 10)*
a) Glucose 6 phosphatase dehydratase
b) Glucose 6 phosphate dehydrogenase
c) Glucose 6 phosphodiesterase
d) Glucose 6 phosphate decarboxylase

496. Compound that joints glycolysis with glycogenesis and glycogenolysis is - *(Punjab 10)*
a) Glucose 1,6 biphosphate
b) Glucose 1 phosphate
c) Glucose 6 phosphate
d) Fructose 1, 6 biphosphate

497. Substrate level phosphorylation is catalysed by -
a) Succinate dehydrogenase *(PUNJAB 11)*
b) Pyruvate kinase
c) Malate dehydrogenase
d) Acetyl CoA carboxylase

498. Rate limiting enzyme in glycolysis - *(PUNJAB 11)*
a) Phosphofructokinase
b) Glucose 6 dehydrogenase
c) Pyruvate kinase
d) Pyruvate carboxylase

499. Hydrogen ions are not formed by which complex or which is not a proton pump? *(PUNJAB 11)*
a) Complex I b) Complex II
c) Complex in d) Complex IV

500. Collagen has which amino acid - *(PUNJAB 11)*
a) Tryptophan b) Glycine
c) Threonine d) Tyrosine

501. Cofactor for glycogen phosp horylase -*(Jipmer 10)*
a) Thiamine pyrophosphate
b) Pyridoxal phosphate
c) Citrate
d) FAD

502. Von Grieke's disease includes all except-*(Jipmer 11)*
a) Hyperlipidemia b) Hyperuricemia
c) Muscle atrophy d) Metabolic acidosis

503. Benedict's test will be positive in the urine after administration of- *(Corned 10)*
a) Folic acid b) Ascorbic acid
c) Pantothenic acid d) Retinoic acid

504. Substrate level phosphorylation is catalysed by which enzyme? *(NEET/DNB Pattern)*
a) Succinate dehydrogenase
b) Alpha keto glutarate dehydrogenase
c) Succinate thiokinase
d) Malate dehydrogenase

505. Co-factor for phosphofructokinase is- *(NEET/DNB*
a) Mg^{+2} b) Mn^{+2} *Pattern)*
c) Fe^{+2} d) Zn

506. Reverse folding of proteins is carried out by which enzyme- *(NEET/DNB Pattern)*
a) Valine b) Threonine
c) Chaperone d) Aspartate

507. In glycolysis, inorganic phosphate is used reaction, catalyzed by- *(NEET/DNB Pattern)*
a) Enolase
b) Pyruvate kinase
c) Glyceraldehyde-3-p dehydrogenase
d) Aldolase

508. Glycogen storage disorder due to muscle phosphorylase deficiency - *(NEET/DNB Pattern)*
a) Mcardle's disease b) Pompe's disease
c) Andersen's disease d) Tarui's disease

509. Another name for glucose - *(NEET/DNB Pattern)*
a) Dextrin b) Dextrose
c) Sucrose d) Saccharin

510. True about glycolysis - *(NEET/DNB Pattern)*
a) Hexokinase produce ATP
b) 1 cycle produces 2 ATP
c) It produces directly 2 molecules of lactate
d) Aldolase produces irreversible polymerization

511. Nafinhibits- *(NEET/DNBPattern)*
a) Enolase b) Glucokinase
c) Hexokinase d) G-6 PD

512. Essential fructosuria is due to deficiency of -
a) (3-galactosidase *(NEET/DNBPattern)*
b) Aldolase-B
c) Fructokinase
d) Aldose reductase

513. 6-phospho Gluconate dehydrogenase need- *(NEET/*
a) NAD b) NADP *DNB Pattern)*
c) FAD d)FMN

514. Von Geirke's occurs due to deficiency of-
a) Glucose-6-phosphatase *(NEET/DNB Pattern)*
b) Liver Phosphorylase
c) Muscle phosphorylase
d) Debranching enzyme

515. Hexosaminidase A deficiency causes -
a) Tay-sach disease *(NEET/DNB Pattern)*
b) Niemann pick disease
c) Gaucher's disease
d) Krabbe's disease

490)b,d 491)c 492)b 493)a 494)b 495)b 496)c 497)b 498)a 499)b 500)b 501)b 502)c 503)b
504) c 505) a 506)c 507)c 508)a 509)b 510) b 511)a 512)c 513) c 514) a 515)a

516. NADPH via glycerophosphate shunt makes how many ATP- *(NEET/DNB Pattern)*
a) 1 b) 2
c) 3 d)4

517. Essential pentosuria is due to deficiency of -
a) Gulonolactone oxidase *(NEET/DNB Pattern)*
b) Phosphoglucomutase
c) Xylulose reductase
d) Fructokinase

518. The metabolite that is regarded as the dead end in glycolysis - *(NEET/DNBPattern)*
a) Pyruvate
b) Lactate
c) 2,3-bisphosphoglycerate
d) 3-phosphoglycerate

519. Pentose pathway produces - *(NEET/DNB Pattern)*
a) ATP b) NADPH
c) ADP d) Acetyl CoA

520. Fructose is transported by - *(NEET/DNB Pattern)*
a) GLUT 5 b) GLUT 4
c) GLUT3 d) GLUT 7

521. Aldehyde dehydrogenase requires NAD as -
a) Cofactor *(NEET/DNB Pattern)*
b) Apoenzyme
c) Coenzyme
d) None

522. Gaucher's disease is due to deficiency of enzyme -
a) Sphingomyelinase *(NEET/DNB Pattern)*
b) (3-Glucosidase
c) Hexosaminidase-A
d) (3-Galactosidase

523. Flouride cause inhibition of - *(NEET/DNBPattern)*
a) PDH b) Enolase
c) G6PD d) Pyruvate kinase

524. Sandhoff s disease is d/t absence of which enzyme?
a) Beta-hexosaminidase *(NEET/DNB Pattern)*
b) Beta-glucuronibase
c) Aryl sulphatase
d) Alpha galactosidase

525. Muscle cannot make use of glycogen for energy because of deficiency of - *(NEET/DNB Pattern, PGIDec 97)*
a) Glucokinase
b) Phosphoglucomutase
c) G-6-phosphatase
d) Muscle phosphorylae

526. Net gain of ATP in glycolysis -*(NEET/DNB Pattern, PGI Dec 97)*
a) 5 b) 8
c) 15 d)20

527. Glucose oxidase converts glucose to-
a) Gluconic acid *(NEET/DNBPattern)*
b) Glucuronic acid
c) Iduronic acid
d) Galactic acid

528. Niemann-Pick disease is due to dificiency of -
a) Hexosaminidase *(NEET/DNBPattern)*
b) Sphingomyelinase
c) Galactokinase
d) Glucosidase

529. During starvation, brain utilizes- *(NEET/DNB Pattern)*
a) Glycogen b) Fattey acids
c) Ketone bodies d) None

530. Glucose is converted to glucuronate by- *(NEETZ DNBPattern)*
a) Oxidation of aldehydo group
b) Oxidation of terminal alcohol
c) Oxidation of both
d) None

531. All of the following are regulating enzymes of glycolysis, except - *(NEET/DNBPattern)*
a) Hexokinase b) Glucokinase
c) Enolase d) Phosphofructokinase I

532. Glycogen phosphorylase is active in-
a) Phosphorylated form *(NEET/DNBPattern)*
b) Dephosphorylated form
c) Both phosphorylated & dephosphorylated form
d) No rate of phosphorylation

533. Fructose intolerance is due to deficiency of ?
a) Aldolase B *(NEET/DNBPattern)*
b) Fructokinase
c) Triokinase
d) Aldolase A

534. Increased uric acid levels are seen in which glycogen storage disease - *(NEET/DNB Pattern)*
a) Type I b) TypeII
c) Type III d) TypeIV

535. Gluconate dehydrogenase requires - *(NEET/DNB Pattern)*
a) NADP b) NAD
c) FAD d) FMN

536. Glycogen synthase is activated by - *(NEET/DNB Pattern)*
a) Insulin b) Glucagon
c) Epinophrine d) AMP

537. Anerabic glycolysis occurs in all except - *(NEET/DNBPattern)*
a) RBCs b)Lens
c) Brain d)Testis

538. Which of the following is NADH linked -
a) G6PD *(NEET/DNB Pattern)*
b) APDH
c) a-keto glutarate dehydrogenaes
d) None

539. In glycolysis, NADH is produced at -
a) Pyruvate kinase *(NEET/DNB Pattern)*
b) Enolase
c) Glyceraledehyde-3 -P-dehydrogenase
d) PFK-1

540. True about glycolysis - *(NEET/DNBPattern)*
a) Hexokinase produce ATP
b) 1 cycle produces 2 ATP
c) It produces directly 2 molecules of lactic acid
d) Aldolase produces irreversible polymerization

516) None>b 517))c 518)b 519)b 520)a 521)c 522)b 523)b 524)a 525)c 526)None>b 527)a
528) b 529) c 530) b 531) c 532) a 533) a 534) a 535) a 536) a 537) c 538) a 539) c 540) c

541. The rate limiting step in glycolysis is catalyzed by- *(NEET/DNB Pattern)*
a) Pyruvate kinase b) Enolase
c) Glucokinase d) Phosphofructokinase

542. Inhibitors of glycolysis are all except -
a) Fluoride *(NEET/DNB Pattern)*
b) Fluoroacetate
c) Arsenite
d) Iodoacetate

543. Which of the following metabolites is involved in glycogenolysis, glycolysis and gluconeogenesis ?
a) Galactose-1-phosphate *(NEET/DNBPattern)*
b) Glucose-6-phosphate
c) Uridine diphosphoglucose
d) Fructose-6-phosphate

544. Where can glucose 6 phosphate not be converted to glucose ? *(NEET/DNBPattern)*
a) Muscle b) Liver
c) Adipose tissue d) Kidney

545. Glycogen storage disease which presents as lysosomal storage disease - *(NEET/DNB Pattern)*
a) Von gierke's disease b) Pompes disease
c) Mcardle's disease d) Andersen's disease

546. Phosphofructokinase is the key enzyme of -
a) Glycogenolysis *(NEET/DNBPattern)*
b) Glycogenesis
c) Glycolysis
d) TCA cycle

547. Hexokinase is inhibited by - *(NEET/DNBPattern)*
a) Glucose-6-phosphate b) Glucagon
c) Glucagon d) Insulin

548. Benedict test is for - *(NEET/DNB Pattern)*
a) Bile salts in urine
b) Bile pigment in urine
c) Reducing sugar in urine
d) Ketone bodies in urine

549. Which of the following is not a reducing sugar -
a) Fructose *(NEET/DNB Pattern)*
b) Galactose
c) Sucrose
d) Maltose

550. Which one of the following statements concerning gluconeogenesis is correct - *(NEET/DNBPattern)*
a) It occurs in muscle
b) It is stimulated by fructose 2, 6-bisphosphate
c) It is inhibited by elevated levels of acetyl CoA
d) It is important in maintaining blood glucose during the normal overnight fast

551. Energy source of brain in later part of starvation -
a) Glucose *(NEET/DNB Pattern)*
b) Fatty acids
c) Ketones
d) Glycogen

552. Overnight fasting what *occurs-(NEET/DNB Pattern)*
a) Glucose decreases
b) FFA increases
c) Increased gluconeogenesis
d) Increased beta-hydroxybutyrate

553. Cori's cycle is concerned with transport of -*(NEET/*
a) Alanine b) Glutamate *DNB Pattern)*
c) Lactate d) None

554. Essential pentosuria is seen in defect of which pathway - *(NEET/DNB Pattern)*
a) HMP shunt b) Uronic acid pathway
c) TCA cycle d) Gluconeogenesis

555. Which of the following is not a ketose - *(NEET/DNB*
a) Ribose b) Erythrulose *Pattern)*
c) Fructose d) Ribulose

556. Final product in anaerobic *g\yco\ysi\s-(NEET/DNB*
a) Pyruvate b) Acetyl CoA *Pattern)*
c) Lactate d) Oxaloacetate

557. All are substrates for gluconeogenesis except -
a) Lactate *(NEET/DNB Pattern)*
b) Propionate
c) Alanine
d) Acetyl-CoA

558. Rate limiting step in Gluconeoganesis is catalyzed by- *(NEET/DNBPattern)*
a) Phyruvate Carboxylase b) Glucokinase
c) Glycoral kinase d) PDH

559. Forbe's disease is due to deficiency of -
a) Branching enzyme *(NEET/DNB Pattern)*
b) Debranching enzyme
c) Myophosphorylase
d) Hepatic phosphorylase

560. Co-factor for phosphofructokinase is - *(NEET/DNB*
a) $^{+2}$ M| b) Mn^{+2} *Pattern)*
c) Fe^{2} d) Zn

561. Aldolase-B is involved in metabolism of -*(NEET/DNB*
a) Galactose b) Fructose *Pattern)*
c) Sucrose d)None

562. ATP is consumed at which step of glycolysis -
a) Enolase b) Hexokinase*(NEET/DNB*
c) Pyruvate kinase d) Isomerase *Pattern)*

563. Allosteric activator of PFK - *(NEET/DNB Pattern)*
a) Fructose 1-6 bisphosphate
b) Fructose 2-6 bisphosphate
c) Phosphoenolpyruvate
d) Pyruvate

564. G-6-PD deficiency causes - *(NEET/DNB Pattern)*
a) Leukemia b) Hemolytic anemia
c) Hemophilia d)None

565. Enzyme deficient in Galactose, most commonly - *(NEET/DNB Pattern)*
a) Galactokinase b) Epimerase
c) Uridyl transferase d) None

541)d>a,c 542)b 543)b 544)a 545)b 546)c 547)a 548)c 549)c 550)d 551)c 552)c 553)c 554)b
555) a 556) c 557) d 558) a 559) b 560) a 561) b 562) b 563) b 564) b 565) c

566. Major amino acid released from muscles during starvation- *(NEET/DNB Pattern)*
a) Arginine b) Alanine
c) Hitidine d) Glutamate

567. Arsenite inhibits - *(NEET/DNB Pattern)*
a) Enolase b) G-6-PD
c) Phosphoglycarate Kinase d) Hexokinase

568. Inhibition of glycogenolysis and gluconeogenesis is caused by - *(NEET/DNB Pattern)*
a) Insulin b) Glucogon
c) Glucocorticoid d) Epinephrine

569. Which helps in production of more glucose -
a) Pyruvate kinase *(NEET/DNBPattern)*
b) Pyruvate carboxylase
c) PDH
d) Pyruvate decarboxylase

570. Lactate is formed in all except -*(NEET/DNB Pattern)*
a) RBCs b) Lens
c) Brain d) Testis

571. Renal threshold for glycosuria- *(NEET/DNB*
a) 100 mg/dl b) 170 mg/dl *Pattern)*
c) 300 mg/dl d) 350 mg/dl

572. Rate limiting step in cholesterol synthesis -
a) HMG CoA reductase *(NEET/DNB Pattern)*
b) HMG CoA synthase
c) Mevalonate kinase
d) Squalene synthetase

573. Fluroacetate inhibits - *(NEET/DNBPattern)*
a) Citrate synthetase
b) Aconitase
c) Succinate dehydrogenase
d) Alphaketoglutarate dehydrogenase

574. Mechanism by which pyruvate cytosol is transported to mitochondria is - *(NEET/DNB Pattern)*
a) Chloride antiport
b) Proton symport
c) ATP dependent antiport
d) Facilitated uniport

575. Which of the following is true - *(NEET/DNB Pattern)*
a) Glucokinase has high effinity for glucose
b) Hexokinase has low affinity for glucose
c) Glucokinase has low effinity for glucose
d) Hexokinase is induced by insulin

576. Which of the following is not a rate limiting enzyme-
a) HMG CoA reductase *(NEET/DNB Pattern)*
b) Phosphofructokinase
c) Acetyl CoA carboxylase
d) Malonate dehydrogenase

METABOLISM OF LIPID

577. Lipotropic factors are - *(PGI86)*
a) Choline b)Betain
c) Methionine d) Tryptophan

578. Essential fatty acids - *(PGI 86)*
a) Linoeicacid
b) Linolenic acid
c) Arachiconic acid Palmitic acid
d) Plamitic acid
e) Stearic acid

579. Atherosclerosis is due to - *(AI89)*
a) HDL receptor defect
b) Apo protein E deficiency
c) Decreased LDL activity
d) Decreased lipoprotein lipase

580. Fredrickson's type II hyperlipoprotiemia is due to excess amount of - *(AP 88)*
a) VLDLremnats b)VLDL
c) Floating LDL d) HDL

581. Examples of mononusaturated fatty acids are -
a) Oleic b) Arachidonic acid *(PGI 83)*
c) Linolenic acid d) Lysine
e) None

582. Triacylglycerol synthesis is enhanced *by-(PGI 83)*
a) Cortisol b) Glucagon
c) Insulin d)Epinephime

583. Cerebrosides contain which of the following-^ *89)*
a) Phytol b) Glycerol
c) Galactitol d) Sphinogosine

584. The following is a Ketone body - *(AI89)*
a) Oxalocetate b) Pyruvic acid
c) Acetyl COA d) Acetoacetate

585. Rare limiting step in cholesterol synthesis is -
a) HMG CoA synthetase *(AI 90)*
b) HMG CoA lyase
c) HMG CoA reductase
d) Mevalonate synthetase

586. Stored triacy glycerol and cholesterol are released by- *(AI91)*
a) Lysosomal lipase b) Lipoprtein lipase
c) LCAT d) Harmone senstive lipase

587. Cholesterol from the liver is transported to the tissue mainly by - *(AI91)*
a) HDL b)LDL
c) VLDL d) Chylomicrons

588. Limiting factor for Fatty acid synthesis -
a) Acetoacetate synthesis *(JIPMER91)*
b) Acyl transferase
c) Acetyl COAcarboxylase
d) Biotin

589. Which is a lipotropic factor - *(JIPMER 91)*
a) HDL b) Insulin
c) Choline d) Carnitine

590. Ketoacidosis without glycosuria is seen in -
a) Aspirin poisoning *(JIPMER92)*
b) Renal tubular
c) Prolonged starvation
d) Paracetamol poising

566) b 567) c 568) a 569) b 570) c 571) b 572) a 573) b 574) b 575) c 576) d 577)a,b,c 578)a,b,c
579) b 580)c 581)a 582)c 583) d 584)d 585)c 586) d 587)b 588)c 589)c 590) c

591. NADPH is required in - *(A1IMS 92)*
a) HMP shunt b) Gluconeogensis
c) Lipogensis d) Glycogenolysis

592. The Lipid which accumulates in fatty liver is -
a) Trigylcerids b)FFA
c) Lipoprotein d) Cholesterol

593. Which Cholesterol ester is maximum in plasma -
a) HDL b)LDL *(JIPMER 93)*
c) VLDL d) Chylomicron

594. Which of the following has a Ketogenic effect on liver- *(JIPMER 93)*
a) Insulin b) Glucagon
c) (H d) Androgen

595. Which has highest cholestrol content -*(JIPMER 93,*
a) HDL b) LDL *AI90, UP 97, TN 99)*
c) VLDL d) Chylomicron

596. Substances that can be classified as steroids include-
a) Chenodoxycholic acid b) Prolactin *(PGI88)*
c) Glucocerebroside d) Beta carotene
e) Testosterone

597. Protective factor for heart - *(MPGI8 7)*
a) Low HDL b) High LDL
c) Hightriglyeride d) High HDL
e) None of above

598. Which of the following undergoes auto-oxidation-
a) FFA b) PUFA *(AIIMS 92)*
c) Chylomicrons d) Cholestrol

599. C_{I7} H_{29} COOH is formula of- *(AIIMS83, 84)*
a) Linoleicacid b) Linolenic acid
c) Arachidonic acid d) Clupanodonic acid

600. Ketone bodies are by products of metabolism of - *(AIIMS81, UPSC 83)*
a) Carbohydrate b) Protein
c) Fat d) All of above

601. Ketone bodies are normaly synthesised from -
a) Acetyle-CoA b) Glucose *(AP 88)*
c) Glycerol d) Acetone

602. In man the serum liprotein with the highest cholesterol content is - *(DELHI92)*
a) Prealbumin b) Chylomicrons
c) Beta-lipoprotein d)Pre-beta-lipoprotein
e) Alpha-lipoprotein

603. The daily normal excretion of ketone bodies is -
a) 0.1 mg b) 0.5mg *(PGI81, AMC87)*
c) l.Omg d)2.0mg

604. Basic structure unit from which fatty acids are derived - *(JIPMER 80, DELHI 84)*
a) Acetyle CoA b) Succinyl Coa
c) Acetoacetate d) Mevalonate

605. Which of the following is not a phospho lipid - *(PGI 83, AIIMS 84, 86, Kerala 8 7)*
a) Cerebroside b)Sphingomyelein
c) Lectithin d) Cephelin

606. If choline moity is replaced by ethanolamice the net product is - *(AIIMS 84)*
a) Cerebroside b) Sphingomyelien
c) Ceaphalin d) Plasminogen

607. Triglycerides in serum are transported by -
a) HDL *b)\UJL(Delhi 85, 90)*
c) LDL d) Chylomicron

608. Cholestrol detection can be done with following except- *(PGI 78,DNB 88)*
a) Lieberman-burchard reaction
b) Zimmerman reaction
c) Winslow test
d) Salkwski reaction

609. Which of the following essential fatty acid contains maximum cumber of carbon atoms - *(AIIMS 83)*
a) Linolicacid b)Linlenic
c) Arachidonic acid d) Oxaloacetic acid

610. Cholestrol is synthesized from - *(ROHTAK 88,*
a) Acetyl Co A b) Malonate *AIIMS 84)*
c) Alpha keto glutaric acid d) Oxalate

611. Which of the following is not a ketone body -
a) Acetone b) Acetic acid *(PGI84)*
c) Oxaloacetic d) Beta-hydroxybutyric acid

612. Which of the following aids in preventing fatty liver-
a) Thiamine *(AIIMS 84)*
b) Guanidocetate
c) Dietary choline
c) Dimethyl propiothenate

613. Ketosis is partly due to - *(PGI 83)*
a) Overutilization of glucose
b) Overproduction of acetyl CoA
c) Under production of acetyl CoA
d) A slowdown in fat metabolism

614. Which of the following is a product of microbial reduction - *(PGI80, AIIMS 82)*
a) Cholic acid b)Glycime
c) Coprostanol d) Pregnenolone

615. Which of the following is a phospholipid -*(NIMHANS*
a) Glycogen b) Sphingomyelin *88)*
c) Prostagladin d)01icacid

616. The major lipid in adipose tissue is-*(Rajasthan 89)*
a) Cholesterol b) Phospholipids
c) Triglyceride d) Glyceride

617. Which of following is not a constituent of ganglioside molecule - *(AIIMS 81, KERALA 87)*
a) Glycerol b) Sialic acid
c) Lecithins d) Long chain fatty acid

618. The transport of fatty acids from adipose tissues to other tissues for metabolism is primarily a function-
a) Carnitine b) Chylomicrons *(DNB89)*
c) Plasma albumin d) High density lipoproteins

619. Phosoholipids include all except - *(DNB 90)*
a) Plasmalogens b) Dipalmityl lecithin
c) Ceramide d) Cardiolopin

591) c 592) a 593) b 594) b,c 595) b 596)a,e 597)d 598)b 599)b 600)c 601)a 602)c 603)c 604)a 605) a 606) c 607)) b,d 608) c 609) c 610)a 611)b,c 612)c 613)b 614)c 615)b 616)c 617)a 618)c 619)c

620. The molecular weight of linoleic acid is 280 and atomic weight of iodine is 127. What is iodine number of this acid - *(AMU 87)*
a) 270 b) 135
c) 180 d)90
e) 0

621. In diabetes the factor limiting synthesis of triglycerides in adipose tissue is - *(JIPMER 80,*
a) ATP b) Lectithin *AMU 88)*
c) Alpha-glycerophosphate d) Acetyl CoA

622. What is the following is a dietary essential fatty acid- *(DELHI87, 88; UPSC84, 88, PGI83)*
a) Glycine b) Cholesterol
c) Glycerol d) Linoeic acid
e) Galactose

623. "Squalene" is the intermediate product during synthesis of - *(ROHTAK 86, BIHAR 91)*
a) VLDL b) Cholesterol
c) Tachysterol d) Lonosterol

624. A compound that stimulate transfer of acetate from cytosol into mitochondria is - *(AIIMS 84)*
a) TPP b) Carnitine
c) Citrate d) Tetrahydrofolic acid
e) Acetyl CoA

625. Ganglioside is composed of all except - *(AIIMS 86,*
a) Galactose b) Phosphate *92)*
c) Ceramide d) Sialic acid

626. HMG-CoA is formed during metabolism of all except-
a) Cholesterol b) Lecucine *(Kerala 94)*
c) Ketone bodies d) Bile acids

627. Which of the following organs cannot use ketone bodies - *(JIPMER 95)*
a) Brain b) Liver
c) Kidney d) Spleen

628. Lipid from tissues is carried to liver by-*(Kerala 95)*
a) LDL b)VLDL
c) HDL d) Chylomicrons

629. Unsaturated fatty acids are converted to -*(Kerala 95)*
a) Prostaglandins b) Cholesterol
c) Cell membrane lipid d) Saturated fatty acid

630. The product of oxidation of odd chain fatty acids is - *(AIIMS 94)*
a) Aceto acetyle CoA b) Malonyl CoA
c) PropionylCoA d)FumarylcoA

631. Oxidation of fatty acids occur in - *(IN 95)*
a) Cytoplasm b) Ribosomes
c) Centrioles d) Mitochondria

632. Endogenous triglyceride carrier in plasma is -
a) Chylomicron b) VLDL *(AI96, 90)*
c) LDL d)HDL

633. The apoprotein in HDL is mainly - *(AI 96)*
a) B-100 b)B-48
c) A-l d)C-l

634. Cholesterol is a - *(DELHI96)*
a) Steriod b) Tocopherol
c) Lipoprotein d) Lipoposaccharide

635. Type II hyperlipoproteinmia is characterized by- *(DELHI 96)*
a) Increased LDL b) Decreased LDL receptors
c) Decreased HDL d) Increased triglycerides

636. Which of the following biochemical changes is not indicative of Hyperlipidemia type 11a -*(CUPGEE 96)*
a) VLDL is increased b) VLDL normal
c) LDL increased d) HDL increased

637. Which is the most essential fatty acid-*(CUPGEE 96)*
a) Linolenic acid b) Linoleic acid
c) Arachiodonic acid d) Oleic acid

638. Accumulation of increased amount of sphingomyline in liver and spleen is found in - *(KARNAT 97)*
a) Goucher's disease b) Niemann-Pick disease
c) Obstructive jaundice d) VonGierke's disease

639. All of derived of cholesterol except - *(AP 96)*
a) Chenodeoxy Cholic acid b) Glycocholic acid
c) Testesterone d) Cholecystokinin

640. One of the following is a scavenger of cholesterol from tissue and prevents atheroscalerosis-(PG7 *96,*
a) VLDL b) LDL *97, AP 88)*
c) Chylomicrons d) HDL

641. Immediate precursor in the production of acetoacetate is - *(PGI96)*
a) Acetoacyl CoA b) Hydroxymethyl glutaryl
c) Malonyl CoA d) Isocaleric acid

642. Multienzyme complex in humans - *(PGV96)*
a) Fatty acid synthetase
b) Malonyl CoA Carboxylase
c) Carbamoyl phosphate synthetase
d) Adenosine phosphoribosyl transferase

643. The regulatory enzyme in the biosynthetic pathway of Cholesterol is correct - *(UP 97)*
a) Hyffoxymethyl glutaryl co. A synthetase
b) Hydroxymethyl glutaryl coA reductase
c) Mevalonate Kinase'
d) Isopentenyl 1 pyrophospho isomerase

644. Carnitine is formed from - *(CUPGEE 97)*
a) Arginine b) Leucine
c) Lysine d) Serine

645. Apoprotein-A is found in - *(AI98)*
a) LDL b)HDL
c) Chylomicrons d)VLDL

646. Triglyceride content is lowest in - *(KERALA 98)*
a) HDL b)LDL
c) VLDL d) Chylomicrons

647. Alcoholic group is found in - *(PGI 98)*
a) Galactoside b) Cerebroside
c) Sphingomyelin d) Lecthin

648. Familial hypercholeserolemia is - *(PGI98)*
a) Deficient LDL receptors
b) Deficient HDL receptors
c) HMG CoA reductase deficiemcy
d) Deficient VLDL receptors

620)None 621)c 622)d 623)b 624)b 625)b *626)6 621)6* 628)c 629)a 630)c 631)d 632)b 633)c 634)a 635)a,b 636)a,d 637)b 638)b 639)d 640)d 641)b 642)a 643)b 644)c 645)b,c 646)a 647)b,c 648) a

649. Which of the following is used to transport cholesterol from intestine to liver - *(AI 2K)*
a) Apo E b) Apo C
c) Apo A d) Apo B

650. The metabolic adaptations in alcoholic are the following except - *(Kerala 2K)*
a) Lactic acidosis
b) High NAD^+ level
c) Accumulation of fat in the liver
d) Ketogenesis
e) Decreased excretion of uric acid

651. Which of the following acts as Lung surfactant - *(Kerala 2K)*
a) Spingomyelin b) Lysolecithin
c) Dipalmitiyl lecithin d) Cephalin
e) Phosphotidyl inositol

652. Fatty acid of Cholesterol are mainly - *(PGI2K)*
a) Oleic acid b) Linoleic acid
c) Linolenic acid d) Palmitic acid
e) Stearic acid

653. Hormone sensitive lipase is not activated by -
a) Insulin b) Glucagon*(DNB01)*
c) Catecolamines d) T_4

654. Which fatty acid is not synthesized by man - *(J&K 01, AIIMS 86)*
a) Linoleic acid b) Stearic acid
c) Palmitic acid d) Oleic acid

655. Saponification means hydrolysis of fats by -
a) Acid b)Alkali *(J&K 01)*
c) Water d) Enzymes

656. Eicosanoids are derived from - *(J&K 01, Kerala 01)*
a) NSAJDS b) 20 Carbon cyclic fatty acids
c) Steroids d) Tyrosine

657. The APO-B-48 & APO-B-100 are, main proteins of different lipoproteins due to - *(AI2002)*
a) RNA splicing b)RNA editing
c) Misreading of mRNA d) DNA Duplication

658. Ketone bodies utilized by conversion of -
a) Acetoacetate to acetoacetyl Co A *(NIMHANS 01)*
b) Series of changes leads to Pyruvate
c) Alphaketo glutaric acid
d) Succinyl CoA

659. The following fatty acid does not belong to W6 series - *(JIPMER 02)*
a) Linoleic acid b) Arachidinic acid
c) Gamma linolenic acid d) Alpha linolenic acid

660. Which of the following is an activator of LCAT-
a) Apo B 100 b) Apo B 48 *(JIPMER 02,*
c) Apo E d) Apo AI *Orrisa R)*

661. Eicosanoids are derived from - *(TN 2002)*
a) Oleocacid b) Linoleic acid
c) Linolenic acid d) Archidonic acid

662. Long chain fatty acid is transported into inner mitochondria membrane by - *(TN02, JIPMER 95)*
a) Acyl carrier protein b) Acyl carnitine
c) Simple diffusion d) Energy mediated

663. Dietary cholesterol is transported to extrahepatic tissue by - *(PGI 02, AI 99)*
a) LDL b)HDL
c) VLDL d) Chylomicrons
e) ApoE

664. Ketone body formation without glycosuria seen in-
a) DM b)DI *(PGI97)*
c) Prolonged starvation d) Obesity

665. Bile Salts undergo xenobiotics - *(PGI 97)*
a) After conjugation with taurine and glycine
b) After conjugation with lysine
c) After conjugation with betaglucuronic acid
d) After conjugation with derived proteins

666. One of the following is having least density-
a) Chylomicron b) HDL *(PGI 98)*
c) LDL d)VLDL

667. Alcoholic group is found in- *(PGI 98)*
a) Ganglioside b) Sphingomyelin
c) Cerebroside d) Teipen

668. Bile acids synthesized in liver (Primary bile acids)-
a) Lithocolic acid *(PGI 2000)*
b) Cholic acid
c) Chenodeoxycholic acid
d) Deoxycholic acid
e) Taurocholic acid

669. True about lipid bilayer of cell wall - *(PGI 01)*
a) Asymmetrical arrangement of cell wall component
b) Lateral diffusion of ions
c) Symmetrical arrangement of cell wall components
d) Not made up of amphipathic lipids

670. Hypolipidemic agents act on - *(PGI 02)*
a) HMG CoA synthetase b) HMG CoA oxygenase
c) HMG CoA reductase d) HMG Co A hydratase
e) HMGCoAmutase

671. In Abetaltipoproteinemia result in absence of -
a) Chylomicron b)LDL *(PGI 02)*
c) VLDL d)HDL
e) TG

672. For reduction of cholesterol, the best management includes - *(PGI 03)*
a) Cholesterol restricted diet
b) High fiber diet
c) Diet with high unsaturated FA and low saturated FA
d) Diet with low unsaturated FA and high saturated FA
e) Cholesterol restricted diet, high fiber and diet with low saturted FA to unsaturated FA ratio

673. Beta-Oxidation in peroxisome is differentiated from that occuring in mitochondria by - *(PGI 03)*
a) Acetyl CoA
b) H_20_2 formed
c) Different enzymes are found in different sites
d) NADH is required

674. Lipotrophic factor are all except - *{Jipmer 03)*
a) Choline b) Lecithin
c) Arginine d) Methionine

649) d 650) b 651)c 652)a,b,d 653) a 654) a 655) b 656) b 657) b 658) a 659) d 660) d 661) d 662) b
663) a 664) c 665) a 666) a 667)a,b,c 668) b,c 669) a 670) c 671)a,b,c,e 672) e 673) b 674) c

675. Enzyme deficient in "type I Hyperlipidemia is -
a) HMG CoA reductase *(Jipmer03)*
b) Lipoprotein lipase
c) Cholesterol acyl transferase
d) Peroxidase

676. Which one of the following pairs of lipids and related compounds exhibits opposite biologic activities - **(***Karnataka 03)*
a) 5 - HPETE and leukotriene D4
b) Cholic acid and lithocolic acid
c) Thromboxane A_2 and prostacyclin (PGI_2)
d) Acetone and beta - hydroxybutyrate

677. A person on a fat free carbohydrate rich diet continues to grow obese. Which of the following lipoproteins is likely to be elevated in his blood -
a) Chylomicrons b)VLDL *(AI04)*
c) LDL d)HDL

678. Fatty acids does not produce glucose due to absence of-
a) Glucokinase *(Manipal04)*
b) Hexokinase
c) Phosphoenolpyruvate kinase
d) Strong extensor

679. Apoproteins present in LDL- *{Manipal04)*
a) B-48 b)B-100
c) C-I d)C-ffl

680. Chylomicrons contain - *{Jharkhand03)*
a) Apo A b) Apo B
c) Apo C d) Apo E

681. All of the following statements about LDL are true except - *{AIIMS04)*
a) It delivers cholesterol to cells
b) It contains only one Apoprotein
c) It is a marker for cardiovascular disease
d) It contains Apo-B4

682. Steroid biosynthesis occur at - *{APPGE 04)*
a) Rough endoplasmic retinaculum
b) Smooth endoplasmic retinaculum
c) Nucleolus
d) Ribosomes

683. The highest quantity of lipid and lowest concentration of protein are found in - *{Kerala 04)*
a) Chylomicrons
b) Very low density lipoproteins
c) Low density lipoproteins
d) High density lipoproteins

684. Ketone bodies are formed in the -(*TN 04, Kerala 91)*
a) Liver b) Pancreas
c) Kidneys d) Lungs

685. Triglycerides are transported from the liver to the tissues by - *{TN 04)*
a) HDL b)LDL
c) VLDL d) Chylomicrons

686. Cholesterol is a (an) - *{CMC 05)*
a) Ester b)Phospholipid
c) Sterol d) Lipoprotein
e) Protein

687. In the mucosal cells triglycerides are formed primarily in the - *{COMEDK 05)*
a) Rough endoplasmic reticulum
b) Smooth endoplasmic reticulum
c) Golgi apparatus
d) Ribosomes

688. A membrane phospholid that does not contain glycerol is - *{COMEDK 05)*
a) Lecithin b) Sphingomyelin
c) Cardiolipin d)Ceramide

689. The principal precursor of cholesterol is -
a) Citrate b) Acetate *(MAHE 05)*
c) Glycerol d) Lanosterol

690. ATP yield in stearic acid oxidation - *{MAHE05, Rohtak87)*
a) 146 ATP b) 142 ATP
c) 129 ATP d) 139 ATP

691. Ligand for LDL- *{PGI June 05)*
a) APO B 100 b)APOE
c) APO 48 d) APO All

692. In synthesis of fatty energy is supplied by -
a) NAD b)FAD *(MAHA 05)*
c) GTP d) NADPH

693. Respiratory destress syndrome in premature infants is due to inadequate secretion of which one of the following lipids - *{MAHA 05)*
a) Dipalmitoyl phosphatidylcholine
b) Spingomelin
c) Cholesterol
d) Phosphatidylinositol

694. To be defined as a ganglioside, a lipid substance isolated from nervous tissue must contain in its structure - *{MAHA 05)*
a) N-Acetylneuraminic acid (NANA), hexoses, sphingosine, long chain fatty acid
b) NANA, a hexose, a fatty acid, sphingosine, phosphorylcholine
c) NANA, Phingosine, ethanolamine
d) NANA, hexoses, fatty acid, glycerol

695. The immediate precursor of mevalonic acid is -
a) Mevalonyl CoA *{MAHA 05)*
b) Mevalonyl pyrophosphate
c) Acetoacetyl CoA
d) 3-hydroxy-3-methyglutaryl CoA

696. The human plasma lipoprotein containing the highest percentage of triacyglycerol by weight is - *(AI06, PGI86, 87, AIIMS May 07)*
a) VLDL b) Chylomicrons
c) HDL d)LDL

697. Lack of alpha oxidation of fatty acids leads to -
a) Accumulation of phytanic acid *(COMED2006)*
b) Formation of dicarboxylic acid
c) Formation of propionic acid
d) Oxidation of branched chain fatty acid

698. Organ which can utilize glucose, FA and ketone bodies is- *{PGMCETOf7)*
a) Liver b) Brain
c) Skeletal muscle d) RBC

675) b 676) c 677)b 678)c 679)b 680)A11 681)d 682)b 683)a 684)a 685)c 686)c 687)b 688)b
689) b 690) a 691)a,b 692) d 693) a 694) a 695) d 696) b 697) a 698) c

699. Which cholesterol is designated as "Good Cholesterol" - *(Corned 07)*
a) VLDL b)LDL
c) HDL d)IDL

700. Regarding synthesis of triacyl glycerol in adipose tissue, all of the following are ture except - *(AI07)*
a) Synthesis from Dihydroxyacetone phosphate
b) Enzyme Glycerol kinase plays an important role
c) Enzyme Glycerol 3 phosphate dehydrogenase plays an important role
d) Phosphatidate is hydrolyzed

701. Cardiolipin is found in - *(UP 07)*
a) Outer membrane of Mitochondria
b) Inner membrane of mitochondria
c) Lysosomes
d) Rough endoplasmic reticulum

702. Important intermediate product of biosynthesis of fatty acid is - *(UP 08)*
a) Cholesterol b)MalonylCoA
c) Acetyl CoA d) Thioesterases

703. All of the following statements about apoproteins are true Except - *(AI 08)*
a) Apoprotein A-I activates LCAT
b) Apoprotein C-I activates lipoprotein lipase
c) Apoprotein C-II inhibits lipoprotein lipase
d) Apoprotein C-II activates lipoprotein lipase

704. Which of the following types of hypertriglyceridemia is associated with an increase in chylomicron and VLDL remnants ? *(AI 08)*
a) Type I b) Type Ha
c) Type III d) Type IV

705. The reaction which requires HMG-COA reductase activity- *(Manipal08)*
a) P-hydroxy-b-methyl glutaryl COA —> Mevalonic acid
b) Acetyl COA+ $C0_2$ + ATP -> Malonyl COA+ADP + Pi
c) L-Methyl malonyl COA —> Succinyl COA
d) Lactose + H_20 —> Glucose + Galactose

706. Apoprotein - C - *(DPGEE08)*
a) Activates lipoprotein lipase
b) Inactivates lipoproteindipase
c) Facilitates triglyceride transport
d) All of the above

707. Sphingolipids are chiefly accumulated in -
a) Cardiac muscle *(DPGEE08)*
b) Adipose tissue
c) Skeletal muscle
d) CNS

708. Gangliosides consists of - *(PGIDec 08)*
a) Long chain fatty acid (LCFA)
b) Alcohol-sphingosine
c) Phosphate
d) Sailic acid
e) Glycerol

709. In chronic alcoholism the rate limiting component for alcohol metabolism excluding enzymes is/are -
a) NADP b) NAD^+ *(PGI Dec 08)*
c) NADPH d)FADH
e) FAD

710. All of the following statements about Lipoprotein Lipase are true, Except - *(AI 09)*
a) Found in adipose tissue
b) Found in myocytes
c) Deficiency leads to hypertriacylglycerolemia
d) Does not require CII as cofactor

711. Which receptors are present in liver for uptake of LDL- *(AIMS May 09)*
a) Apo E b) Apo A and Apo E
c) Apo E and Apo B100 d) Apo B100

712. A patient was diagnosed with isolated increase in LDL. His father and brother had the same disease with increased cholesterol. The likely diagnosis is-
a) Familial type III hyperlipoproteinemia
b) Abetalipoproteinemia *(AIIMSMay 09)*
c) Familial lipoprotein lipase deficiency (type I)
d) LDL receptor mutation

713. The parameter used as an index of lipid peroxidation is the level of - *(Corned 09)*
a) Ascorbic acid b) Hydrogen peroxide
c) Malondialdehyde d) Volatile fatty acids

714. Saturated fatty acids containing up to 16 carbon atoms are assembled in -*(DELHIPG Feb. 09)*
a) Mitochondria
b) Rough endoplasmic reticulum
c) Smooth endoplasmic reticulum
d) Cytoplasm

715. The elevated liver concentration of NADH produced by ingestion of ethanol - *(DELHI PG Feb. 09)*
a) Is restricted to the mitochondria
b) May lead to an acidosis by inhibiting the gluconeogenesis from lactate
c) Leads to fatty liver by stimulating fatty acid synthesis
d) Increase the conversion of acetate to acetyl CoA

716. Which of the following may be classified as a hydrophobic amino acid at pH 7.0 ?*(DELHI PG Mar. 09)*
a) Isoleucine b)Aginine
c) Aspartic acid d) Lysine

717. The end product of cytosol fatty acid synthetase in humans is: *(DELHI PG Mar. 09)*
a) Oleic acid b) Arachidonic acid
c) Linoleicacid d) Palmitic acid

718. False about trans fatty acid - *(PGINov 09)*
a) Increase risk of cardiovascular disease
b) Fried foods have high content of TFA
c) Hydrogenation increases TFA
d) Hydrogenation decreases TFA
e) It T LDL & f HDL

719. Eukaryotic plasma membrane is made up of all except-
a) Carbohydrates b) Triglycerides *(AIIMSMay 10)*
c) Lecithin d) Cholesterol

699) c 700) b 701)b 702)b 703)c 704)c 705)a 706)d 707)d 708)a,b,d 709)b,c 710)d 711)c
712) d 713)c 714) d 715)c 716)a 717)d 718)d 719)b

720. Branched chain ketoacid decarboxylation is defective in - *(AI10)*
a) Maple syrup urine disease
b) Hartnup disease
c) Alkaptonuria
d) GM1 gangliosidosis

721. Sphingomyelinase deficiency is seen in - *(AI 10)*
a) Niemann - Pick disease b) Farber's disease
c) Tay Sach's disease d) Krabbe's disease

722. Which of the following lipoproteins does not move towards charged end in electrophoresis - *(AI 10)*
a) VLDL b)LDL
c) HDL d) Chylomicrons

723. Phospholipids include all except - *(DPG10)*
a) Plasmalogens b) Dipalmitoyl lecithin
b) Ceramide d) Cardiolipin

724. Respiratory distress syndrome in premature infants is due to inadequate secretion of which one of the following lipids? *(DPG 10)*
a) Dipalmitoyl phosphatidylcholine
b) Sphingomyelin
c) Cholesterol
d) Phosphatidylinositol

725. Enzyme required for conversion of cholesterol to Pregnenalone? *(Maharashtra 10)*
a) Cytochrome P450 b) 11 (3-hydroxylase
c) 3 (3-hydroxylase d) 17-hydroxylase

726. False about trans fatty acid - *(PGINov. 10)*
a) Fried rice have high content of TFA
b) Hydrogenation increases TFA
c) Refining decreases TFA
d) TLDL
e) iHDL

727. Which of the following is a cardioprotective fatty acid- *(AI 11)*
a) Palmitic acid b) Stearic acid
c) Oleic acid d) Omega-3 fatty acids

728. Which of the following statements about High Density Lipoprotein (HDL) is false - *(AI 11)*
a) HDL increases oxidation of LDL
b) HDL reduces foam cell production by LDL
c) HDL is the best predictor of CAD
d) HDL helps to clear lipids from atheromas

729. All of the following are associated with increased risk of atherosclerotic plaque formation except -
a) Apo E mutation *(AI 11)*
b) Oxidized LDL
c) Increased homocysteine
d) Increased Alpha 2 macroglobulin

730. Which of the following is not a component of Sphingomyelin? *(PUNJAB 11)*
a) Choline b) Sphingosine
c) Phosphoric acid (H_3P0_4) d) Glycerol

731. Ketone bodies are synthesized in which part of body?
a) Brain b) Liver *(PUNJAB 11)*
c) Heart d) Intestine

732. Rate limiting enzyme in cholesterol synthesis -
a) HMG CoA synthetase *(PUNJAB 11)*
b) HMG CoA lyase
c) HMG CoA reductase
d) Mevalonate synthetase

733. Acetyl CoA carboxylase is activated by -
a) Malanyl CoA *(Jipmer 10)*
b) Citrate
c) PalmitoylCoA
d) Acetoacetate

734. HDL is increased by - *(Jipmer 11)*
a) Exercise b) 400 mg Vit. E daily
c) Aspirin d)DHEA

735. Aromatic enzyme complex is used for the synthesis of- *(Jipmer 11)*
a) Estradiol b) Cortisone
c) Cholesterol d) Progesterone

736. Metabolically the most active of the plasma lipids is-
a) Phospholipids b) Cholesterol *(Corned 10)*
c) Triacylglycerol d) Free fatty acids

737. What will you give to stop chyluria in diet?
a) Small chain Fa' *(NEET/DNB Pattern)*
b) Medium chain Fa
c) Long chain Fa
d) Omega 3 unsaturated Fa

738. Type 2 hypercholesterolemia occurs due to -
a) Lipoprotein lipase deficiency *(NEET/DNB*
b) Absence of LDL receptors on cells *Pattern)*
c) Abnormality in apo E
d) LCAT deficiency

739. Type 2 hypercholesterolemia occurs due to -
a) Lipoprotein lipase deficiency *(NEET/DNB*
b) Absence of LDL receptors on cells *Pattern)*
c) Abnormality in apo E
d) LCAT deficiency

740. In beta oxidation of fatty acids carnitine is required for - *(NEET/DNB Pattern)*
a) Conversion of short chain fatty acids to long chain fatty acids
b) Transport of long chain fatty acid to mitochondrial inner layer
c) Transport of long chain fatty acid to cytoplasm
d) Conversion of long chain fatty acids to short chain fatty acids

741. Rate limiting step in cholesterol synthesis -
a) HMG CoA reductase *(NEET/DNB Pattern)*
b) HMG CoA synthase
c) Mevalonate kinase
d) Squalene synthetase

742. Role of bile salts - *(NEET/DNB Pattern)*
a) Vit B12 absorption b) Formationoflipidbilayer
c) Emulsification of lipids d) Fatty acid degradation

743. Essential fatty acid - *(NEET/DNB Pattern)*
a) Linoleic acid b) Palmitoleic acid
c) Oleic acid d) Arachidonic acid

720) a 721)a 722)d 723)c 724)a 725)a 726)a,b,d,e 727)d 728)a 729)d 730)d731)b 732)c 733)b
734) a 735) a 736) d 737) b 738) b 739) b 740) b 741) a 742) c 743) a

744. 1st acetyl group donor in fatty acid synthesis is -
a) Malonyl CoA *(NEET/DNB Pattern)*
b) Palmitate
c) Acetyl CoA
d) Citrate

745. Enzyme deficient in Type I Hyperlipidemia is -
a) HMG Co A reductase *(NEET/DNB Pattern)*
b) Lipoprotein lipase
c) Cholesterol acyl transferase
d) Peroxidase

746. Rate controlling enzyme of fatty acid synthesis -
a) Thioesterase *(NEET/DNB Pattern)*
b) Transacetylase
c) Acetyl-CoA carboxylase
d) Ketacyl synthase

747. Which of the following is required for fatty acid synthesis - *(NEET/DNBPattern)*
a) NADPH b) NADH
c) FADH d)None

748. Which cholesterol is designated as "Good Cholesterol" - *(NEET/DNB Pattern)*
a) VLDL b)LDL
c) HDL d)IDL

749. All occur in mitochondria except - *(NEET/DNB*
a) ECT b)TCA cycle *Pattern)*
c) Ketogenesis d) Glycolysis

750. Mitochondria have - *(NEET/DNB Pattern)*
a) Plasmid DNA
b) Circular DNA
c) Single stranded DNA
d) Double stranded DNA

751. Serum appeary milky white in -
a) Increased LDL *(NEET/DNB Pattern)*
b) Increased hDL
c) Increased VLDL
d) Increased Chylomicrons

752. Which fatty acid is not synthesized by man -
a) Linoleicacid *(NEET/DNB Pattern)*
b) Stearic acid
c) Palmitic acid
d) Oleic acid

753. Which of the following is <d-6 fatty acid -
a) Cervonicacid *(NEET/DNBPattern)*
b) Linoleic acid
c) Alpha linolenic acid
d) Elaidic acid

754. Apoprotein - C - *(NEET/DNB Pattern)*
a) Activates lipoprotein lipase
b) Inactivates lipoprotein lipase
c) Facilitates triglyceride transport
d) All of the above

755. What is true regarding medium chain fatty acids -
a) Don't require pancreatic lipase *(NEET/)*
b) Not deposited in adipose tissue *DNBPattern*
c) Diffuse directly into portal circulation
d) All of the above

756. Adipose tissue fat metabolism is done by -
a) Lipoprotein lipase *(NEET/DNB Pattern)*
b) Hormone sensitive lipase
c) Acid lipase
d) Acid maltase

757. Oxidised LDL is more athreogenic because -
a) Binds to Apo E *(NEET/DNB Pattern)*
b) Binds to scavenger R
c) Binds to ATP binding
d) Accumulates in macrophages

758. Enzyme deficient in Type I Hyperlipidemia is -
a) HMG CoA reductase *(NEET/DNB Pattern)*
b) Lipoprotein lipase
c) Cholesterol acyl transferase
d) Peroxidase

759. Fatty acid metabolism gives - *(NEET/DNB Pattern)*
a) Acetyl CoA b) Malonyl CoA
c) Ketone bodies d) Cholesterol

760. Adipose tissue fat metabolism is done by -
a) Lipoprotein lipase *(NEET/DNBPattern)*
b) Hormone sensitive lipase
c) Acid lipase
d) Acid maltase

761. Role of somatomedin in fat *metabotism-(NEET/DNB*
a) Antilipolytic b) Lipolytic *Pattern)*
c) Ketogenic d) glucogenic

762. Ketone body formation without glycosuria seen in -
a) DM b)DI *(PGIJune 97)*
c) Prolonged starvation d) Obesity

763. Arachidonic acid is synthesized from -
a) Stearic acid *(NEET/DNB Pattern)*
b) Linodeic acid
c) Linolenic acid
d) Oleic acid

764. Hormone sensitive lipose is inhibited *by-(NEET/DNB*
a) Thyroid homone b) Insulin *Pattern)*
c) CH d) ACTH

765. Which is not true of chylomicrons -
a) Lowest desnsity *(NEET/DNBPattern)*
b) Max. content is TGs
c) Max. content is cholesterol
d) Largest size

766. Ketone bodies are synthesized -*(NEET/DNBPattern)*
a) Cytosol b)ER
c) Miochondria d) Peroxisomes

767. Autooxidation is seen in - *(NEET/DNB Pattern)*
a) Cholesterol b) Arachidonic acid
c) Stearic acid d) Palmitic acid

768. Difference between ganglioside & cerebroside,all except- *(NEET/DNB Pattern)*
a) Charge
b) Presence of NANA
c) Presence of carbohydrate
d) Native tissue

744) c 745) b 746) c 747) a 748) c 749) d 750) b 751)d 752) a 753) b 754) d 755) d 756) b 757) d
758) b 759)b 760)b 761) a 762)c 763)b 764)b 765)c 766)c 767)b 768) c

769. Lipogenesis is stimulated by - *(NEET/DNB Pattern)*
a) Insulin
b) Glucagon
c) Epinephrine
d) Corticosteroids

770. Chylomicron remnants are associated with -
a) Apo-A *(NEET/DNB Pattern)*
b) Apo-BlOO
c) Apo-E
d) Apo-C

771. Linoleic acid is - *(NEET/DNB Pattern)*
a) co-3 fatty acid b) co-6 fatty acid
c) co-9 fatty acid d) Saturated fatty acid

772. Ketosis is caused by - *(NEET/DNB Pattern)*
a) Excessine utilization of glucose
b) Over production of acetyl-CoA
c) Excessine secretia of insulin
d) Excessine intake of carbohydrates

773. Which of the following is a lipotropic factor: -
a) Sphingomyelin *(NEET/DNB Pattern)*
b) Histidine
c) Methionine
d) Bilirubin

774. Apo-E dificiency is seen in - *(NEET/DNB Pattern)*
a) Tpye I hypolipoproteinemis
b) Tpye II hypolipoproteinemis
c) Tpye III hypolipoproteinemis
d) Tpye IV hypolipoproteinemis

775. In Zellweger syndrome,there is-*(NEET/DNB Pattern)*
a) Accumulation of long fatty acids
b) Accumulation of short chain fatty acids
c) Accumulation of very long chain fatty acids
d) Accumulation of medium chain fatty acids

776. Primary ketone body - *(NEET/DNB Pattern)*
a) p-hydroxybutyrate b) Acetoacetate
c) Acetone d) None

///. Lipogenesis occurs in - *(NEET/DNB Pattern)*
a) Liver b) Skeletal muscles
c) Myocardium d) Lungs

778. Free fatty acid produced in adipose tissue is transported by - *(NEET/DNB Pattern)*
a) Globulin b) Albumin
c) Ceruloplasmin d) None

779. Which of the following is not affected in Abetalipoproteinemia - *(NEET/DNB Pattern)*
a) LDL b) VLDL
c) HDL d) IDL

780. Endogenous triglycerides in plasma are maximally carried in - *(NEET/DNB Pattern)*
a) VLDL b) Chylomicrons
c) IDL d)HDL

781. Which of the following has maximum density -
a) VLDL b)LDL *(NEET/DNB Pattern)*
c) HDL d) Chylomicrons

782. Glucosylceramide is accumulated in -
a) Tay-Sach disease *(NEET/DNB Pattern)*
b) Krabbe's disease
c) Gaucher's disease
d) Niemanm Pick disease

783. Which of the following is a secondary bile acid -
a) Cholic acid *(NEET/DNB Pattern)*
b) Chenodeoxy cholic acid
c) Litho Cholic acid
d) None

784. Omega oxidation of fatty acids occu*r-(NEET/DNB*
a) ER b) Mitochondria *Pattern)*
c) Cytosol d) None

785. Carnitine helps in - *(NEET/DNBPattern)*
a) Transport of fatty acids from mitochandria to cytosol
b) Transport of fatty acids from cytosol to mitochondria
c) Transport of pyrurate into mitochondria
d) Transport of Malate in Malate shuttle

786. Desired ratio of total cholesterol/HDL should be -
a) <7.5 b) < 10 *(NEET/DNB Pattern)*
c) <3.5 d) < 4.5

787. a-oxidation occurs in - *(NEET/DNB Pattern)*
a) Mitochondria b) Peroxisomes
c) Cytosol d) Golgi apparatus

788. Accumulatiom of following causes fatty liver - *(NEET/DNBPattern)*
a) Cholestrol b) Triglycerides
c) Cholestrol ester d) Phospholipids

789. Essential fatty acid - *(NEET/DNB Pattern)*
a) Linoleic acid b) Palmitoleic acid
c) Oleic acid d) Arachidonic acid

790. Medium chain fatty acids - *(NEET/DNB Pattern)*
a) Require pancreatic lipase for digestion
b) Absorbed through lymphatics
c) Hydrolyzed in stomach
d) Stored in Adipose tissue

791. Phospholipid is - *(NEET/DNB Pattern)*
a) Leukotrienes b) Lecithin
c) Cerebroside d) Ganglioside

792. Ketone bodies are all except- *(NEET/DNB Pattern)*
a) Acetoacetate b) Acetone
c) b-hydroxy butyrate d) Acetyl-CoA

793. Metachromatic leukodystrophy is due to deficiency of- *(NEET/DNB Pattern)*
a) Hexosaminidase A b) Hexosaminidase B
c) Ceramidase d) Arylsulfatase

794. LCAT is involved in - *(NEET/DNB Pattern)*
a) Transport of dictory cholesterol
b) Transport of dietory TGs
c) Reverse cholesterol transport
d) None

795. Citrate used in fatty acid synthesis uses which enzyme- *(NEET/DNB Pattern)*
a) Citrate Synthese b) ATP citrate lyase
c) Aconitase d) Malic enzyme

769)a 770)c 771)b 772)b 773)c 774)c 775)c 776)b 777)a>d 778)b 779)c 780)a 781)c 782)c
783) c 784) a 785) b 786) c 787) a 788) b 789) a 790) c 791)b 792) d 793) d 794) c 795) b

796. Hurler syndrome is due to deficiency of -
a) Beta galactosidase *(NEET/DNB Pattern)*
b) Sphingomyelinase
c) Induronate Sulfatase
d) Hyaluronidase

797. Endogenous triglycerides in plasma are maximally carried in - *(NEET/DNB Pattern)*
a) VLDL b) Chylomicrons
c) LDL d)HDL

798. Eicosanoids are derived from - *(NEET/DNB Pattern)*
a) Oleocacid b) Linoleic acid
c) Linolenic acid d) Archidonic acid

799. Which of the following fatty acid has maximum number of carbon atoms - *(NEET/DNB Pattern)*
a) Oleic acid b) Linolenic acid
c) Arachedonic acid d) Cervonic acid

800. HMG-CoA in liver mitochondria is inhibited by -
a) Insulin *(NEET/DNB Pattern)*
b) Glucogon
c) Glucocorticoid
d) Epinephrine

801. Common intermediate between gluconeogenesis and fatty acid synthesis - *(NEET/DNB Pattern)*
a) Glucose-6-phosphate b) Acetyl-CoA
c) Citrate d) Succinyl-CoA

802. Receptors on blood cells accept choleterol from -
a) HDL b) LDL *(NEET/DNB Pattern)*
c) VLDL d) Chylomicrons

803. Scavanger receptors uptake -*(NEET/DNB Pattern)*
a) HDL b) VLDL
c) LDL d) IDL

804. True about triacylglycerol and phospholipids -
a) Same structure *(NEET/DNB Pattern)*
b) Common pathway for synthesis
c) Same pathway for catabolism
d) None

805. All are true about fatty acid synthesis except -
a) Requires NADPH *(NEET/DNB Pattern)*
b) Requires NADH
c) Occurs in cytosol
d) Intermediately linked with glycolysis

806. True about conversion of 20C fatty acid conversion to prostaglandin by prostaglandin synthase -
a) First PG synthesized is PGIL, *(NEET/DNB Pattern)*
b) It is rate limiting enzyme
c) It convertes PGI H_2 to PGI E_2
d) The primary prostaglandin is PG H_2

METABOLISM OF PROTEIN AND AMINO ACID

807. Melatonin is synthesised from - *(AIIMS 87*
a) Tryptophan b) Serotonin *AI89)*
c) Phenyllanine d) Histidine
e) Leucine

808. Amino acids excreted in the urine in cystinosis-
a) Cystine b) Ornithine *(PGI 87)*
c) Arginine d) Lysine
e) All of the above

809. In maple syrup urine disease the amino acids excreted in the urine are - *(PGI85, 87, AP 86)*
a) Leucine b) Isoleucine
c) Valine d) a, b & c
e) Arginine

810. In Hartnup's disease..... is excreted in the urine -
a) Ornithine b) Glycine *(PGI 86)*
c) Tryptophan d) Phenylalanine
e) Cystine

811. In alkaptonuria the urine contains - *(NIMHANS 86)*
a) Homogentisic acid b) Phenylalanine
c) Ketones d) Acetates
e) None of the above

812. Glutamate is not a precusor of - *(AI 88)*
a) Ammonia b) Proline
c) Glutathione d) Histidine

813. All are essential amino acid except - *(AI 89)*
a) Phenylalanine b) Lysine
c) Leucine d) Glycine

814. Bilirubin glucoronide in the urine in the absence of Urobilinogen suggests - *(AIIMS 86)*
a) Hemolytic jaundice b) Hepatocellular jaundice
c) Obstructive jaundice d) None of the above

815. Which amino acid causes hypoglycemia -
a) Phenylalanine b) Lysine *(AIIMS 86)*
c) Leucine d) Valine

816. Glycine is used in the synthesis of - *(PGI 88)*
a) Hearn b) Glycocholic acid
c) Taurocholic acid d) Purines
e) All

817. Which of the following are metalloporphyrines -
a) Hemoglobin b) Catalase *(PGI 84)*
c) Bilirubin d) Cytochrome
e) Pyrolase

818. Glycine is present in - *(PGI 84)*
a) Hemoglobin b) Gulatathione
c) Purine d) Creatine
e) AH

819. The semi essential amino acids are - *(PGI 84, 85,*
a) Phenylalanine b) Lysine *86,89)*
c) Tryptophan d) Arginine
e) Histidine

820. The immediate precurosor of nor epinephrine is - *(TN87)*
a) Epinephrine b) Tyrosine
c) Dopamine d) Phenylalanine

821. Metabolite of epinephrine is - *(AI 90, JIPMER90)*
a) Metanephrine
b) Nor metanephrine
c) Hydroxy mandelic acid
d) 3 methoxy-2 hydroxy glycol

796) c 797) a 798) d 799) d 800) a 801) c 802) b 803) c 804) b 805) b 806) d 807) a 808) e 809) d
810)c,d 811)a 812)d 813)d 814)c 815)c 816)a,b,d 817)a,b,d,e 818)e 819)d,e 820)c 821)a

822. The urea in the brain is derived from - *(AI91)*
a) Glutamine b) Glutamic acid
c) Lactate d) Uric acid

823. Aminoacid carrier defect is found in - *(TN 91)*
a) Maple syrup urine disease
b) Alcaptonuria
c) Phenylketonuria
d) Cystinuria

824. Maple syrup urine disease is due to deficiency of -
a) Decarboxylation b) Dehydroxylation *(TN91)*
c) Transamination d) Deamination

825. The amino acid that can be converted into a vitamin-
a) Glycine b) Tryptophan*(Kerala 91)*
c) Phenylalanine d) Lysine

826. Histamine is produced by - *(Kerala 91)*
a) Oxedation b) Reduction
c) Deamination d)Decarboxylation

827. Glutathione is a - *(Kerala 91)*
a) Monopeptide b) Dipeptide
c) Tripeptide d) Tetrapeptide

828. Xanthurenic acid is a product of metabolism of-
a) Tryptophan *(JIPMER 91)*
b) Glucoronic acid
c) Xanthine
d) None of the above

829. The following is false about TVyptophan -
a) Non essential amino acid *(JIPMER 91)*
b) Involved in serotonin synthsis
c) Involved in niacin synthesis
d) Involved in melatonin synthesis

830. Ammonia is detoxified in brain by - *(JIPMER 91,*
a) Uric acid b) Glutamine*AUMS 89, AI 99)*
c) Creatinine d)Urea

831. Key enzyme in urea synthesis is - *(AI 92)*
a) Urease b) Carbamoyl transferase
c) Arginase d) Ornithine

832. S. Adenosyl methionine is necessary for synthesis of- *(JIPMER 92)*
a) Serine b) Cysteine
c) Homocysteine d) Choline

833. Melanin is synthesized *irom-(AIIMS 86, DELHI 93)*
a) Glycine b) Leucine
c) Tyrosine d)Phenylalanine

834. Guanido acetic acid is formed in.....from ...-
a) Kidney; Arginine + Glycine *(JIPMER 80*
b) Liver; Methionine + Glycine *DNB 88)*
c) Liver; Cysteine + Arginine
d) Muscle; Citrulline + Aspartate

835. Catabolism of tryptophan begins with formation of- *(PGI87)*
a) N-formyl kynurenine b) Anthranilic acid
c) Uroconic acid d) Serotonin

836. DFP, is useful in enzyme chemistry; combine with an active site of - *(DNB 89)*
a) Serine b) Lysine
c) Aspartate d) Histidine

837. In ureotelic animals carbamoyl group are transferred to - *(PGI83)*
a) Urea b) Uric acid
c) Ornithine d) Creatine
e) Phosphate

838. Decarboxylation yields a vasodilator from -
a) Aspartate b) Arginine *(AIIMS85,*
c) Histidine d) Serine *JIPMER 03)*
e) Glutamate

839. Which of the following is precursor of adrenaline and thyroxine synthesis - *(ALIMS84, 88, TN 98)*
a) Phenyl alanine b) Tyrosine
c) Tryptophan d) None of the above

840. Kynurenine is formed from - *(PGI 84)*
a) Phenylalanine b) Tryptophan
c) Tyrosine d) Histidine

841. Hair is rich in amino acid - *(AIIMS 84)*
a) Cystine b) Lysine
c) Glycine d) Leucine

842. Methionine is important in - *(DNB 90)*
a) Chain termination in protein synthesis
b) Disulphide bridge formation
c) Formation of choline
d) Transcarboxylation reactions

843. Choline, a most important lipotropic factor is formed with the help of following - *(NIMHANS 87)*
a) Methionine b) Serine
c) Glycine d) Histidine

844. Which is the by product of the urea cycle -
a) Aspartate b) Succinate *(DNB91)*
c) Ornithine d)Fumarate

845. Which of the following is the initiating amino acid for protein synthesis - *(AIIMS 84)*
a) Alanine b)Methionine
c) Serine d) Lysine
e) Cysteine

846. Which of the following is seen in obstructive j aundice - *(AIIMS 82,83)*
a) Excess of urobilinogen in urine
b) Excess of unconjugated serum bilirbin
c) Excess of bile salts in the urine
d) All of the above

847. Millon'stest is used for dectection of - *(DNB 91)*
a) Phenylanine b) Cystine
c) Tyrosine d) Tryptophan

848. Urea is produced by the enzyme- *(PGI 83)*
a) Urease b)Uricase
c) Arginase d) Glutaminase

849. Coproporphyrin IH is - *(Delhi 88, AI88, AIIMS 83)*
a) Normal hemoglobin breakdown product
b) Abnormal Hb precursor
c) Excreted in lead poisoning
d) Excreted in hepatic porphyria

822) a 823) d 824) a 825) b 826) d 827) c 828) a 829) a 830) b 831) None 832) b,c 833) c 834) a 835) a 836) a 837) c 838) c 839) b 840) b 841) a 842) c 843) a 844) d 845) b 846) c 847) c 848) c 849) c

850. The most direct precursor of taurine is- *(AIIMS 81)*
a) Glycine b) Cysteine
c) Methionine d) Glutathione

851. Negative nitrogen balance is produced in humans by elimination from the diet of all of the following amino acids except - *(Delhi 90, 93)*
a) Leucine b) Methionine
c) Lysine d) Serine
e) Threonine

852. Ingestion of benzoic acid in man result in an increase in urinary - *(AIIMS 79, DNB 88)*
a) Hippuricacid b) Phenyl piruvic acid
c) Phenlyalanine d) Noradrenaline

853. Which of the following is found in conjugation with bile acids - *(DELHI 84)*
a) Cholic acid b) Pregnenolone
c) Glycine d) Cholylacetyl CoA

854. An essential amino acid in man is - *(AP 87)*
a) L-methionine b)L-tyrosine
c) L-serine d)L-proline

855. Betaine is a - *(JIPMER 81, DNB 88)*
a) Purine like compound
b) Quartemary ammonium compound
c) Phosphogen
d) Mammalian glycoside

856. A plasma albumin concentration of less than 2g/ L would affect specifically the transport of -
a) Glucose b) Iron *(AIIMS 88)*
c) Bilirubin d) Cholesterol

857. Which of the following is not a catabolic product of tryptophan - *(AMU 8 7)*
a) Glutamine b) Xanthrurenic acid
c) Nicotinic acid d) Urocanic acid
e) Kynurenine

858. An amino acid not involved in urea synthesis is -
a) Ornithine b)Citrulline *(DNB 91)*
c) Histidine d) Arginine
e) Aspartic acid

859. Decarboxylation of which of the following occurs in the pathway for spermine and spermidine bio synthesis - *(AIIMS 79)*
a) Ornithine b) 5-hydroxytryptophan
c) Glutamate d) Histidine
e) Dihydroxphenylanine

860. Major source of ammonia in the kidney is - *(Delhi87,*
a) Urea b) Aspartate *Aiims88)*
c) Glutamine d)Glutamate

861. Which of the following is a precursor of protoporphyrin - *(PGI83, AIIMS 81)*
a) Leucine b) Alanine
c) Proline d) Histidine
e) Glycine

862. Millon test is positive in - *(PGI 83)*
a) Maple syrup disease b) Hartnup disease
c) Wilson's disease d) Tyrosinosis

863. In mammalian tissue glycine is not a synthetic precursor of - *(DNB 89)*
a) Heme b) Thymine
c) Creatine d) Guanine

864. 5-HIAA test may be false negative if patient is taking - *(JIPMER 79)*
a) Aspirin b) Colchicine
c) Phenothiazines d) Methotrexate

865. The rationale for feeding benzoic acids to subjects with a urea cycle enzyme defect is - *(BIHAR 88)*
a) It provides an alternative route for N_2 excretion through glycine conjugate, hippuric
b) It provides an alternative route for N_2 excretion through the N- acetyl glucoronic acid conjugate kynurenine
c) It inhibits adenylate deaminase
d) It inhibits glutamate dehydrogenase
e) It neutralizes NH_3 in both blood as well urine

866. Sources of the nucleotide portion of NAD include -
a) N-methyl nicotinamide *(TN 89)*
b) The vitamin reboflavin
c) PRPP
d) Tryptophan

867. The enzymes that synthesize pyruvate from cystine and gamma amino levulinate from succinyl CoA and glycine are both - *(BIHAR 89)*
a) Metaloproteins
b) Pyridoxil phosphate dependent
c) Biotin dependent
d) Flavoporteins
e) Any

868. Ehrlich's test is done to detect - *(PGI81, Kerala 88)*
a) Urinary amylase b) Urinary cystine
c) Abnormal porphyrin d) Urobilinogen

869. Enzyme deficiency in alkaptonuria is - *(Kerala 94)*
a) Tyrosine hydroxylase
b) Homogentisic acid oxidase
c) Cystathionine synthase
d) Phenylalanine hydroxylase

870. Creatinine is synthesised from - *(Kerala 94)*
a) Glycine, arginine and methionine
b) Glycine and methionine
c) Ornithine and glycine
d) Thymine and ornithine

871. Homocystinuria is due to abnormal metabolism of -
a) Methionine b) Valine *(AI95)*
c) Tryptophan d) Leucine

872. The normal value of BUN is - *(TN 95)*
a) 20-40 mg/dl b) 40-60 mg/dl
c) 8-16 mg/dl d) 10-20 mg/dl

873. Acholuric jaundice is caused by - *(TN 95)*
a) Obstructive jaundice b) Hemolytic jaundice
c) Cholestatic jaundice d) Infective jaundice

874. The compound metabolized in a manner similar to Xenobiotics is - *(AIIMS 95)*
a) Bilirubin b) Cholesterol
c) Urea d) Acetylcholine

850)b 851)d 852)a 853)c 854)a 855)b 856)c 857)a,d 858)c 859)a 860)c 861)e 862)d 863)b
864) a 865) a 866)c 867)b 868)d 869)b 870)a 871)a 872)d 873)b 874)a

875. Urea is formed in - *(Kerala 96, AMC 90)*
a) Brain b) Kidney
c) Liver d) Intestine
e) Muscle

876. Which of the following amino acids is involved in the synthesis of thyroxine - *(Karnat 97)*
a) Glycine b)Methionine
c) Threonine d) Tyrosine

877. One nitrogen atom of urea is derived from -
a) NH_3 of Glycine *(AP 96)*
b) Glycine of aspartate
c) NH_3 of aspartate
d) Glutamate of aspartate

878. Amino acid deficiency which result in defective phosphorylation in scurvy - *(AIIMS 9 7)*
a) Serine b) Folic acid
c) Leucine d) Isoleucine

879. lyrosinemia type II is due to deficiency of -
a) Tyrosine Transaminase *(TN 97)*
b) Fenanyl acetoacetyl hydrolase
c) Tyrosine hydroxylase
d) Tyrosinase

880. Aminoacid that enters the TCA cycle for gluconeogenesis & Ketogenic in nature - *(PGI96)*
a) Phenylalanine b) Alanine
c) Glycine d) Serine

881. Preservative used for urine in testing for porphyrin-
a) NaOH b) Formalin *(JIPMER 98)*
c) HCL d) Boric acid

882. Mousy odour urine is seen in - *(PGI 97)*
a) Phenylketonuria
b) Maple syrup urine disease
c) Isovalericaciduria
d) None of the above

883. Arthritis occur in - *(Kerala 97)*
a) Alkaptonuria b) Cytinosis
c) Maple syrup diseases d) Homocystinuria

884. Norepinephrine is converted to epinephrine by -
a) Dopamine hydroxylase *(AP98)*
b) Dopa decarboxylase
c) O-methylation
d) N-methylation

885. Guanido acetate is converted to - *(AP 97)*
a) Creatinine b) Creatine phoshpate
c) Choline d) Hydroxyproline

886. Not produced in Adrenaline synthesis pathway -
a) DOPA b) Dopamine *(MP98)*
c) Nor adrenaline d)Tyramine

887. Decarboxylation of aromatic Amino acid produces all except - *(MP98)*
a) Histamine b) Acetylcholine
c) Phenylalanine d)Tyramine

888. Regarding NH3 in glutamine-true is - *(PGI98)*
a) Cannot be used for purine syythesis
b) Cannot be degraded by enzymes
c) Toxic product
d) Major excretory pathway is kidney

889. Which metabolite of TCA cycle is used in detoxification of ammonia in brain - *(AIIMS2001)*
a) Alpha ketoglutarate b) Ornithine
c) Oxaloacetate d) Glycine

890. Regarding glutathione which of the following is/ are true - *(PGI 2K)*
a) It helps in the absorption of certain amino acids
b) It inactivates some enzymes
c) It help in membrane transport
d) It helps in conjugation reactions

891. Which of the following is not synthesised from tyrosine - *(KERALA 2001)*
a) Norepinephrine b) Melatonin
c) Thyroxine d) Dopamine

892. Naturally occuring amino acids - *(NIMHANS 01)*
a) Homocystein b) Beta alanine
c) Alanine d) Hydroxyproline

893. Carbamoyl phosphate is used in - *(NIMHANS 01)*
a) Urea b) Uric acid
c) Pyruvic acid d) Stearic acid

894. Methyl donor is - *(CIP 01)*
a) N-5 methyl tetra hydro folate
b) Homocystiene
c) Adenosyl methionine
d) Tetra hydro folate

895. The following amino acid is essential for synthesis of nitric oxide - *(JIPMER 02)*
a) Arginine b) Aspartate
c) Alanine d) Glycine

896. Source of ammonia in urine - *(JIPMER 02)*
a) Glutaminase b) Urease
c) Glutamate dehydrogenase d) Arginase

897. Pigment providing colour to stool is - *(PGI97)*
a) Stercobilinogen b) Urobilinogen
c) Mevobilirubin d) Bilirubin

898. Succinyl Co- A is formed by- *(PGI 98)*
a) Histidine b) Leucine
c) Valine d) Lysine

899. Phosphorylation of amino acid is by- *(PGI 98)*
a) Serine b) Tyrosine
c) Leucine d) Tryptophan

900. Glutamine in blood acts as - *(PGI 98)*
a) NH3 transporter b)Toxic element
c) Stored energy d)Abnormal metabolite

901. Of the following groups of amino acids produce common component of the TCA cycle is - *(PGI 99)*
a) Alaine, isoleucine, leucine, lysine
b) Serine, asparagine, glycine, glutamate
c) Isoleucine, valine, methionine
d) Prolone, leucine, tryptophan

902. The enzyme deficient in erythropoietic porphyria is - *(PGI 99)*
a) PBG deaminase
b) Uroporphyrin II cosynthetase
c) Coprophyrin
d) Ferrochelatase

875) a,c 876) d 877) c 878) None 879) a 880) a 881) c 882) a 883) a 884) d 885) b 886) d 887) b,c 888) d
889)a 890)a,d 891)b 892)d 893)a 894)a,c 895)a 896)a 897)a 898)c 899)a,b 900)a 901)c 902)d

903. Metabolites of tryptophan can give rise to - *(PGI 02)*
a) Diarrhoea
b) Vasoconstriction
c) Flushing
d) Can predispose to albinism
e) Phenylketonuria

904. Active sites of serine protease contain - *(PGI03)*
a) Histidine b) Lysine or threonine
c) Arginine d) Serine

905. Amino acid used in the synthesis of purines -
a) Glycine b) Ornithine (*Jipmer 03)*
c) Alanine d) Threonine

906. In porphyra cutanea tarda the type of porphyrin excreted in urine is - *(Jipmer 03)*
a) Coproporphyrin -1
b) Uroporphyrin -1
c) Uroporphyrins - II
d) Type I & III uroporphyrins

907. The conjugation of bilirubin to glucuronic acid in the liver- *(ARMS 03)*
a) Converts a hydrophilic compound to a hydrophobic one
b) Converts a hydrophobic compound to a hydrophilic one
c) Enables the bilirubin molecule to cross the cell membrane
d) Is increased during neonatal jaundice

908. Which is false about Alkaptonuria -(*Jharkhand 03)*
a) Genitourinary system not involved
b) Homogentistic oxidase deficiency
c) Black urine
d) Calcification in vertebral bodies

909. Which of the following gives a positive reaction with Ferrous chloride - *(APPGE 04)*
a) Phenylketonuria
b) Alkaptonuria
c) Maple syrup urine disease
d) None

910. In the body, metabolism of 10 gms. of protein would produce approximately - *(Karnataka 04)*
a) 1 K. Caorie b) 41K calories
c) 410 K calories d) 41 calories

911. A 45 years male, blood sample gives purple brown colour in Ehlerich's solution, the substance is -
a) Urobilinogen *(SGPGI05)*
b) Conjugated bilirubin
c) Unconjugated bilirubin
d) Haemosedrin

912. Which one of the following combination is wrong-
a) Phenylalanine - Niacin *(SGPGI 05)*
b) Tryptophon - Serotonin
c) Phenylalanine - Melanin
d) Tyrosine - Epinephrine

913. During Protein biosynthesis, high energy bonds are not utilized in which one of the following steps-
a) Formation of aminoacyl RNA *(ICS 05)*
b) Binding of aminoacyl tRNA to A site of ribosome
c) Formation of peptide bond (peptidyl transferase step)
d) Translocation step

914. Guanidinium group is associated with-(PG7 *June 05)*
a) Tyrosine b) Arginine
c) Histidine d) Lysine
e) Tryptophan

915. Transversion seen in - *(PGI June 05)*
a) Guanine - cytosine b) Guanine - adenine
c) Guanine - thymine d) Adenine - thymine
e) Cytosine - thymine

916. Which of these is a conservative mutator -
a) Glutamic acid-glutamine *(MAHA 05)*
b) Histidine glycine
c) Alanine-leucine
d) Arginine - aspartic acid

917. If cellular proteins do not fold into a specific conformation, their function are affected. Certain disorders arise, if specific proteins are misfolded. Which of the following disorders arises due to conformational isomerization - *(AIIMSNov 05)*
a) Familial fatal insomnia
b) Hepatitis delta
c) Pernicious anemia
d) Lesch-Nyhan syndrome

918. The amino acid residue having an iminoside chain is - *(AI05)*
a) Lysine b) Histidine
c) Tyrosine d) Proline

919. There are more than 300 variants of human hemoglobin gene. Among these only a few are fatal. Hence, the most important factor to be conserved in a protein for its function is the -
a) Amino acid sequence *(AI06)*
b) Ligand binding residues
c) Structure
d) Environment

920. All of the following amino acids are converted to succinyl-CoA, except - *(AI 06)*
a) Methionine b) Isoleucine
c) Valine d) Histidine

921. The amino acid which serves as a carrier of ammonia from skeletal muscle to liver is - *(AI 06)*
a) Alanine b) Methionine
c) Arginine d) Glutamine

922. Hemoprosthetic group is found in - *(PGI June 06)*
a) Myoglobin b) Cytochromeoxidase
c) Xanthine oxidase d) Tyrosine

923. Creatinine is formed from - *(PGI June 06, DNB 91)*
a) Arginine b) Lysine
c) Leucine d) Histamine

903)a,b,c 904)d 905)a 906)d 907)b 908)a 909)a 910)b 91 l)a 912)a 913)a 914)b 915)a,c,d
916)c 917)a 918)d 919)b 920)d 921)a 922)a,b 923)a

924. Mousy odour urine is seen in- *(PGMCET07, PGI 97)*
a) Phenylketonuria
b) Maple syrup urine disease
c) Homocystinuria
d) Tyrosinemia

925. FIGLU is an intermediate in - C*PGMCETOH)*
a) Valine b) Histidine
c) Methionine d) Arginine

926. Which of the following amino acids is purely ketogenic - **(***Corned 08)*
a) Phenylalanine b) Leucine
c) Proline d) Tyrosine

927. Regarding proteoglycans, false is - *(AI07)*
a) Chondroitin sulfate is a proteoglycan
b) They hold less amount of water
c) They are made up of sugar and aminoacids
d) They carry charge

928. The amino acid producing ammonia in kidney is -
a) Glutamine b) Alanine*(Aiims May 07, 86)*
c) Methionine d) Glycine

929. All of the following are essential aminoacids except-
a) Methionine b) Lysine *(Aiims May 07)*
c) Alanine d) Leucine

930. The protein synthesis is sorted out at / by -
a) Ribosomes b) Mitochondria*(UP 07,05)*
c) Golgi-apparatus d) Endoplasmic reticulum

931. All the following degradation product of Glycine except- *(UP 06,07)*
a) Serine b) Oxalates
c) Pyruvates d) Ornithine

932. "Classical phenylketonuria" is caused by deficiency of - *(UP 06,07)*
a) Phenylalanine transaminase
b) Phenylalanine hydroxylase
c) Tyrosine transaminase
d) Tyrosine hydroxylase

933. The two nitrogen atoms that are incorporated into the urea cycle. The source of the nitrogen are -
a) Glutamate & Aspartate *(UP 07,05)*
b) Aspartate & Arginine
c) Aspartate & NH_3
d) Glutamate & NH_3

934. Phenylalanine metabolism products are all except-
a) Epinephrine b) Dopamine *(UP 08)*
c) Melanin d) Melatonin

935. Basic amino acids are - *(UP 08)*
a) Lysine and arginine
b) Serine and cystein
c) Phenylalanine and tyrosine
d) Aspartic acid and Glutamic acid

936. A young male presented with X-linked recessive disorder with hyper uricemia and mild retardation develops - *(UP 08)*
a) Bronch chain amino acids metabolites deficiency
b) Homogentisate oxidase defective enzymes
c) Hypoxanthine phosphoribosyl transferase deficiency
d) Phenylalanine hydroxylase deficiency

937. All are true about glutathione except -
a) It is a tripeptide *(Aiims May 08)*
b) It converts hemoglobin to methemoglobin
c) It conjugates xenobiotics
d) It scavenges free radicals and superoxide ions

938. PKU is a congenital amino acid metabolic disorder. In one of the following rare variants of PKU dihydro biopterin synthesis is affected. The enzyme deficient is - *(PGI June 08)*
a) Histidine decarboxylase
b) Phenylalanine hydroxylase
c) Dihydropterin reductase
d) Tyrosine deficiency

939. All are aromatic amino acids except -
a) Lysine b) Phenylalanine *(DPGEE 08)*
c) Tyrosine d) Tryptophan

940. Phenylketonuria is caused by deficiency of -
a) Tyrosine transaminase *(DPGEE 08)*
b) Tyrosine hydroxylase
c) Phenylalanine transaminase
d) Phenylalanine hydroxylase

941. In which organelle (s) of hepatocyte, the elongation of long chain fatty acid takes place - *(PGI Dec 08)*
a) Endoplasmic reticulum (ER)
b) Golgi body
c) Mitochondria
d) Lysosomes
e) Ribosome

942. Which of the following are intracellular events occurring in fibroblast during synthesis of collagen-
a) Hydrolysis of procollagen to collagen
b) Glycosylation of proline *(PGI Dec 08)*
c) Formation of triple helix
d) Formation of covalent cross link b/w fibrils
e) Self assembly of tropocollagen molecules into fibrils

943. What is role of insulin in lipid metabolism -
a) Activate lipoprotein lipase *(PGI Dec 08)*
b) Increase lipolysis
c) Activate hormone sensitive lipase
d) Activate acetyl CoA carboxylase
e) Decrease free fatty acid level

944. Replacing alanine by which amino acid will increase UV absorbance of protein at 280nm wavelength -
a) Leucine b) Proline *(AIIMS Nov 08)*
c) Arginine d) Tryptophan

945. All of the following can determine the protein structure, except - *(AIIMS Nov 08)*
a) High performance liquid chromatography
b) Mass spectrometry
c) X-ray crystallography
d) NMR spectrometry

924) a 925) b 926) b 927) b 928) a 929) c 930) c 931)d 932) b 933) c 934) d 935) a 936) c 937) b
938) c 939) a 940) d 941) a,c 942) c 943)a,d,e 944) d 945) a

946. A protein with molecular weight of 100 kD is subjected to SDS PAGE electrophoresis. The SDS PAGE electrophoresis pattern show two widely separated bands of 20kD after addition of Mercaptoethanol. The true statement regarding this will be- *(AI09)*
a) The protein has undergone complete lysis
b) The protein is a monomer of 20kD and 30kD protein
c) The protein is a dimer of two 20kD proteins
d) The protein is a tetramer of 20kd and 30kD proteins

947. Which amino acid migrates fastest on paper chromatography on methylceOulose medium?
a) Aspartic acid b) Valine *(AIIMSMay09)*
c) Lysine d) Glycine

948. NO is synthesized by - *(AIIMSMay 09)*
a) Uracil b) Aspartate
c) Guanosine d) Arginine

949. Protein is purified using ammonium sulfate by -
a) Salting out *(AIIMSMay 09)*
b) Ion exchange chromatography
c) Mass chromatography
d) Molecular size exclusion

950. In SDS-PAGE (Sodium Dobecyl Sulfate-polyacrylamide Gel Electrophoresis) proteins are seperated on basis of- *(PGI June 09)*
a) Mass b) Charge
c) Density d) Molecular weight
e) Solubility

951. The amino acid that produces kinks in the |3 pleated structure of proteins is - *(Corned 09)*
a) Glycine b) Serine
c) Proline d) Alanine

952. During standard plasma electrophoresis, a protein that moves ahead of albumin is - *(Corned 09)*
a) Fibrinogen b) Alpha feto protein
c) Haemopexin d) Retinol binding protein

953. In type I collagen, telopeptides corresponds to- *(DELHIPGFeb. 09)*
a) COOH-terminal with superhelical conformation
b) NH_2-terminal with superhelical conformation
c) Both COOH andNH_2-terminals with superhelical conformation
d) Both COOH and NH_2-terminals superhelical conformation

954. Branched chain amino acids - *(DELHIPG Feb. 09)*
a) Are normally completely catabolised by muscle to $C0_2$ and H_20
b) Can be catabolised by liver but not muscle
c) Are the main dietary amino acids metabolized by intestine
d) Are a major source of nitrogen for alanine and glutamine produced in muscle

955. Dopamine beta-hydroxylase catalyzes:
a) Dopa to dopamine *(DELHI PG Mar. 09)*
b) Norepinephrine to dopamine
c) Epinephrine to norepinephrine
d) Dopamine to norepinephrine

956. The rate limiting step for norepinephrine synthesis - *(DELHIPG Mar. 09)*
a) Conversion of phenylalanine to Tyrosine
b) Conversion of Tyrosine to DOPA
c) Conversion of DOPA to dopamine
d) Conversion of dopamine to norepinephrine

957. Urea cycle enzymes are - *(PGINov 09)*
a) Glutaminase
b) Asparginase
c) Arginosuccinate synthetase
d) Ornithine transcaroxylase
e) Glutamate dehydrogenase

958. Two same charged proteins can be separated by -
a) Agarose b) DEAE Cellulose *(DPG10)*
c) Sephadex d) None of these

959. In metabolic alkalosis, which Is true about excretion in urine - *(DPG10)*
a) More ofNH_3
b) Less of aceto-acetic acid
c) Betahydroxy butyric acid
d) Less ammonia

960. Nicotinamide is derived from - *(Maharashtra 10)*
a) Histidine b) Methionine
c) Tryptophan d) Phenylalanine

961. Urea cycle enzymes are - *(PGIMay 10)*
a) Glutaminase
b) Asparginase
c) Arginosuccinate synthetase
d) Ornithine transcaroxylase
e) Glutamate dehydrogenase

962. In Phenylketonuria the main aim of first line therapy is- *(AIIMS Nov 10)*
a) Replacement of the defective enzyme
b) Replacement of the deficient product
c) Limiting the substrate for deficient enzyme
d) Giving the missing amino acid by diet

963. Urea cycle occurs in - *(A111)*
a) Liver b) Gastrointestinal tract
c) Spleen d) Kidney

964. All of the following represent disorders or protein misfolding, Except - *(A111)*
a) Alzheimer's disease b) Tuberculosis
c) Cystic fibrosis d) Creutzfeldt- Jakob disease

965. Deamination of the following amino acid occurs in liver- *(Jipmer 10)*
a) Asparatate b) Alanine
c) Glutamine d) Glycine

966. Urea synthesis is mediated by - *(Jipmer 11)*
a) Ornithine decarboxylase
b) Aspartate transaminase
c) Arginase
d) Citrulline synthase

946) c 947) b 948) d 949) a 950) a,d 951)a,c 952) d 953) d 954) d 955) d 956) b 957) c,d 958) c 959) d 960) c 961) c,d 962) c 963) a 964) b 965) c 966) c

967. Cysteine is formed from - *(NEET/DNB Pattern)*
a) Methionine and serine
b) Methionine and glycine
c) Alanine and glycine
d) Serine and glycine

968. The following metabolite is a derivative of tryptophan- *(NEET/DNB Pattern)*
a) Melatonin b) Thyroxine
c) Epinephrine d) Nor epinephrine

969. Carbamoyl phosphate is used in - *(NEET/DNB*
a) Urea b) Uric acid *Pattern)*
c) Pyruvic acid d) Stearic acid

970. Glutathione is composed of - *(NEET/DNB Pattern)*
a) Cysteine & glycine
b) Glutamic acid, cysteine &glycine
c) Glutamic acid, glycine & cystine
d) Lysine & methionine

971. Beta-alanine is derived from -*(NEET/DNBPattern)*
a) Adenosine b) Guanosine
c) Adenosine d) Uricil

972. Glutamine synthetase is a - *(NEET/DNB Pattern)*
a) Isomerase b) Ligase
c) Lyase d)Transferase

973. Which of the following amino acids is purely ketogenic- *(NEET/DNB Pattern)*
a) Phenylalanine b) Leucine
c) Proline d) Tyrosine

974. Gamma amino butyrate is synthesized from? -
a) Fumarate b) Glutamate
c) Histidine d) Glycine

975. Which of the following transports nitrogen from muscle to liver - *(NEET/DNB Pattern)*
a) Lactate b) Alanine
c) Glutamine d) Aspertate

976. Increased uric acid level in plasma is due to -
a) Increased purine utilization *(NEET/DNB Pattern)*
b) Decreased purine synthesis
c) Decreased degradation of purine
d) Decreased reutilization of purine

977. Which of the following porphuyrin is soluble in water and excreted in urine - *(NEET/DNB Pattern)*
a) Protoporphyrin b) Delta-ALA
c) Coproporphyrin d) Uroporphyrin

978. Glucuronyl conjugation of which amino acid leads to maximum excretion through urine?-*(NEET/DNB*
a) Glycine b) Alanine*Pattern)*
c) Proline d) Serine

979. NO is synthesized by -*(NEET/DNB Pattern, AMTS May 09)*
a) Uracil b) Aspartate
c) Guanosine d) Arginine

980. Maple syrup urine disease is due to -
a) a-ketoacid decarboxylase *(NEET/DNBPattern)*
b) Transaminase
c) Isomerase
d) Mutase

981. Selenocysteine is derivative of which aminoacid -
a) Cysteine *(NEET/DNBPattern)*
b) Alanine
c) Arginine
d) Glycine

982. Ochronosis is due to accumulation of?
a) Homogentisic acid *(NEET/DNB Pattern)*
b) Phenylpyruvate
c) Xanthurenate
d) Glyoxylate

983. Urea& Kreb's cycle are linked at - *(NEET/DNB*
a) Arginine b) Ornithine *Pattern)*
c) Oxaloacetate d) Fumarate

984. In blood bilirubin is with - *(NEET/DNB Pattern)*
a) Protein b) Steroid
c) Vitamin d) Carbohydrates

985. Carnitine is synthesised from -*(NEET/DNBPattern)*
a) Lysine b) Agrinine
c) Histidine d) Choline

986. Which will activate carbomoyl phosphate synthase I - *(NEET/DNBPattern)*
a) Alanine b) N-acetyl glutamate
c) Ornithine d) None

987. Transamination of Alanine results in formation of -
a) Oxaloacetate *(NEET/DNB Pattern)*
b) Pyruvate
c) Aspartate
d) Arginine

988. UAC to UAG - *(NEET/DNB Pattern)*
a) Nonsense mutation b) Frameshift mutation
c) Deletion d) Missense mutation

989. All are ketogenic & glucogenic amino acids except- *(NEET/DNB Pattern)*
a) Tyrosine b) Isoleucine
c) Phenyalanine d) Serine

990. Serotonin is synthesized *from-(NEET/DNB Pattern)*
a) Tryrosine b) Alanine
c) Tryptophan d) Glycine

991. All are in cystinuria except -*(NEET/DNB Pattern)*
a) Cystine b) Ornithine
c) Alanine d) Arginine

992. Mousy odour urine is seen in - *(NEET/DNB Pattern)*
a) Phenylketonuria
b) Maple syrup urine disease
c) Homocystinuria
d) Tyrosinemia

993. Which of the following enzyme is not used by liver in urea cycle - *(NEET/DNB Pattern)*
a) CPS-I b) CPS-II
c) Arginase d) Arginosuccinate

994. Acute intermittent porphyria is due to deficiency of- *(NEET/DNBPattern)*
a) Uroporphyrinogen I synthase
b) Uroporphyrinogen III synthase
c) Ferrochelatase
d) ALA synthase

967) a 968) a 969) a 970) b 971) d 972) b 973) b 974) b 975) b 976) d 977)d>c978)b 979) d 980) a
981)a 982) a 983)d 984)a 985)a 986)b 987)b 988)a 989)d 990)c 991) c 992)a 993)b 994)a

995. Lecithine hydrolysis yeilds - *(NEET/DNBPattern)*
a) Choline b) Pyruvate
c) Glycine d)None

996. Tryptophen is - *(NEET/DNB Pattern)*
a) Glucogenic
b) Ketogenic
c) Both glucogenic & ketogenic
d) None

997. Hyperammonemia type I is due to deficiency of -
a) CPS-I *(NEET/DNB Pattern)*
b) CPS-H
c) Arginase
d) Arginosuccinase

998. Which of the following amino acid is required for synthesis of hemoglobin - *(NEET/DNB Pattern)*
a) Alanine b) Glycine
c) Arginine d) Histidine

999. Enzyme dificient in alkaptonuria- *(NEET/DNB Pattern)*
a) Kynureninase
b) Tyrosine hydroxylase
c) Homogentisate oxidase
d) Tyrosinase

1000. Defect in phenylketonuria- *(NEET/DNB Pattern)*
a) Phenylanine hydroxylase
b) Homogentisate oxidase
c) Pyruvate hydroxylase
d) Fumarylacetoacetate hydroxylase

1001. Transamination reaction requires- *(NEET/DNB Pattern)*
a) Biotin b) Folic acid
c) Pyridoxin d) Niacin

1002. Major source of ammonia in kidney- *(NEET/DNB Pattern)*
a) Glutamate b) Glutamine
c) a-ketoglutarate d) Alanine

1003. Amino acid used by liver in urea cycle-*(NEET/DNB Pattern)*
a) Glutamine b) Glutamate
c) Aspartate d) Fumarate

1004. Cysteine is synthesized *irom-(NEET/DNB Pattern)*
a) Methionine b) Arginine
c) Histidine d) Lysine

1005. Albinism is due to deficiency of- *(NEET/DNB Pattern)*
a) Tyrosinase
b) Homogentisate oxidase
c) Fumaryl acetoacetate hydrolase
d) Chylomicrons

1006. Hartnup disease, limiting amino acid -*(NEET/DNB Pattern)*
a) Tyrosine b) Tryptophan
c) Rhenylalanine d) None

1007. Enzyme deficient in Isovaleric acidemia -
a) Isolvaleryl CoA dehydrogenase *(NEET/DNB Pattern)*
b) Phenylalanine hydroxylase
c) Arginase
d) None

1008. Cystine is formed from - *(NEET/DNB Pattern)*
a) Arginine b) Histidine
c) Cystane d) Alanine

1009. Which of the following is the rate limiting enzyme in pyrimine synthesis - *(NEET/DNB Pattern)*
a) Asportate transcarbamylase
b) Dihydro-orotase
c) Redvctase
d) UMP kinase

1010. Maple syrup urine disease is due accumulation of -
a) Phenylalanine *(NEET/DNB Pattern)*
b) Tyrosine
c) Branched chain amino acids
d) Tryptophan

1011. Xanthurenic acid, accumulation occurs due to pyridoxin deficiency, is a metaboline of which amino acid- *(NEET/DNBPattern)*
a) Tyrosine b) Phenylalanine
c) Tryptophan d) Alanine

1012. Selenocystein is synthesized from - *(NEET/DNB Pattern)*
a) Alamine b) Cysteine
c) Arginine d) Histidine

1013. lyrsoine is the precursor of all except -*(NEET/DNB Pattern)*
a) Thyroxine b)Melanine
c) Dopmine d) Nicotinic acid

1014. Hydrolysis occurs at which step of urea cycle -
a) Cleavage of arginine *(NEET/DNB Pattern)*
b) Formation of Arginosuccinate
c) Formation of citrullin
d) Formation of ornithine

1015. 1st product of tryptophan Catabolism - *(NEET/DNB Pattern)*
a) Kynurenine b) xantheurenic acid
c) Bradykinin d) Melatonin

1016. Indole ring is present in - *(NEET/DNB Pattern)*
a) Tryptophan b) Tyrosine
c) Phenylalanine d) Threonine

1017. Neonatal tyrosenemia is due to deficiency of -
a) Tyrosinase *(NEET/DNB Pattern)*
b) Fumarylacetoacetate hyroxyase
c) Hydroxyphenyl pyruvate hydroxylase
d) Tyrosine transminase

1018. Xantheurenic acid is produced in -
a) Tyrosine metabolism *(NEET/DNB Pattern)*
b) Tryptophan metabolism
c) Cysteine metabolism
d) Valine metabolism

1019. Which of the following requires vitamin B_{12} -
a) Serine to lysine *(NEET/DNB Pattern)*
b) Homocysteine to methionine
c) Serine to glycine
d) Glutamine to glutamate

1020. Non-protein nitrogen product in blood -
a) Sucrose b) Triglyceride
c) Urea d) Cholesterol

995)a 996)c 997)a 998)b 999)c 1000)a 1001)c 1002)b 1003)c 1004)a . 1005)a 1006)b 1007)a 1008)c
1009) a 1010)c 1011) c 1012)b 1013)d 1014)a 1015)a 1016)a 1017)c 1018)b 1019)b 1020)c

GENETICS & METABOLISM OF PURINE AND PYRIMIDINES

1021. Which base is not found in DNA - *(AI89)*
a) Adenine b) Guanine
c) Cytosine d) Uracil

1022. End product of purine metabolism is - *(JIPMER 90)*
a) Creatinine b) Uric acid
c) Xanthine d) Phosphates

1023. Part of M-RNA removed during protein synthesis
a) Interon b) Codon *(AI91)*
c) Exon d) Cistron

1024. DNA double helix is bound by - *(AIIMS 92)*
a) Covalent bond b) Disulfide linkage
c) Vanderwaal forces d) Hydrogen bond

1025. Lesch Nyhan syndrome is dur to - *(AI92)*
a) Total deficiency of HGPRT
b) Partial deficiency of HGPRT
c) Total deficeincy of PRPP
d) Partial deficeincy of PRPP

1026. Sickle cell anaemia is the clinical manifestation of homozygous genes for an abnormal haemoglobin molecule. The event responsible for the mutation in the B chain is - *(AIIMS 81,KERALA 90)*
a) Insertion b) Deletion
c) Nondisjunction d) Point mutation

1027. Orotic acid - *(AIIMS 82)*
a) React with PRPP to from OMP
b) Utilized for pyrimidine synthesis
c) Can be converted to UMP and CMP
d) All of the above
e) None of the above

1028. MRNA is a complimentary copy of - *(DNB90)*
a) TRNA b)RRNA
c) Ribosomal DNA d) Both strands of DNA
e) A single strand of DNA

1029. A codon consists of - *(DELHI 83)*
a) Two complementary base pairs
b) Three consecutive nucleotide units
c) An individual ribosome
d) Four individual nucleotides

1030. The degradation of RNA by pancreatic ribonuclease produces - *(Kerala 90)*
a) Nucleoside *T* phosphates
b) Nucleoside 3' phosphates
c) Nucleoside 5' phosphates
d) Nucleotides

1031. In sickle cell anaemia, the defect can be explained as having arisen from - *(PGI84)*
a) A base insertion in DNA
b) A base deletion in DNA
c) A base substitution in DNA
d) None of the above

1032. Inosinic acid is biological precursor of -
a) Uracil and thymine *(NIMHANS 8 7)*
b) Purines and pyrimidines
c) Adenylic acid and guanylic acid
d) Orotic acid and uridylic acid

1033. In mammalian cells protein synthesis takes place chiefly at the - *(AMU 8 7)*
a) Smooth endoplasmic reticulum
b) Rough endoplasmic reticulum
c) Nucleus
d) Nucleolus
e) Lysosomes

1034. HbS has defect in aminoacid position -
a) 4 b)6 *(PGI 84, TN 91)*
c) 11 d) 12

1035. Atoms found in UTP are derived from all of the following except - *(DNB 89)*
a) Phosphoribosyl pyrophosphate
b) Aspartate
c) $C0_2$
d) Glutamine
e) Glycine

1036. The percentage of a bacterial chromosome usually involved in transformation is - *(AIIMS 85)*
a) 1 percent b) 10 percent
c) 25 percent d) 50 to 100 percent

1037. Doland and Da Silva method is used to detect- *(AIIMS 83, 84)*
a) Hemosiderinuria b) Hemoglobinuria
c) Sickling trait d) RBC fragility

1038. R-RNA is mainly produced in - *(AIIMS 84)*
a) Nucleus b) Nucleolus
c) Ribosome d) Endoplasmic reticulum

1039. The attachment site of DNA dependent RNA polymerase to a gene is the - *(PGI 80, 89)*
a) Operator b) Promoter
c) Structural gene d) Regulatory gene
e) Repressor

1040. The term modified base refers to - *(Orissa 89)*
a) Purine or pyrimidine attached to deoxyribose
b) A purine or pyrimidine that has been altered
c) A nitrogen containing ring other than a purine or pyrimidine that is part of a nucleotide
d) A purine or pyrimidine attached to a sugar by O-glycoside linkage

1041. Chargaff rule states that - *(BIHAR 89)*
a) A+G = T+C b) A/T = G/C
c) A = U = T = G = C d)A+T=G+C

1042. Thermostability of DNA is provided by - *(AI96)*
a) G-C bonds
b) A-T pairing
c) N-glycosolic bond
d) Antiparallel arrangement

1021) d 1022)b 1023) a 1024)d 1025)a 1026)d 1027)d 1028)e 1029)b 1030)b,c,d 1031)c 1032)c 1033)b
1034)b 1035)e 1036)a 1037)c 1038)b 1039)b 1040)b 1041)a 1042)a

1043. One of the following mutations is potentially lethal-
a) Substitution of adenine for cytosine *(Delhi 96)*
b) Substitution of methylcytosine for cytosine
c) Substitution of guanine for cytoxine
d) Insertion of one base

1044. The breakdown product of ribonuclease action is -
a) Nucleoside 5' phosphates only *(Delhi 96)*
b) Nucleoside 3' phosphates only
c) Nucleoside 3' phosphate + oligonucleotides
d) Purine & pyrimidine bases

1045. Protein Synthesis takes place mainly in-
a) The ribosomes *(CUPGEE 96, JIPMER 92,*
b) The mitochondria *A1IMS 80, 81)*
c) The Centrosome
d) The golgi apparatus

1046. Proteins binding to DNA has - *(AllIndia 97)*
a) Copper b)Zinc
c) Cobalt d)Iron

1047. Restriction endonuclease cleaves - *(AllIndia 97)*
a) Double stranded DNA
b) Single stranded DNA
c) Single stranded RNA
d) Polypeptide

1048. DNA fragments are separated by- *(AIIMS96)*
a) Centrifugation
b) Paper chromatography
c) Agarose gel electrophoresis
d) Thin layer chromatography

1049. Enzyme most important in translation is -
a) DNA polymerase *(AIIMS96)*
b) RNA polymerase
c) T-RNA tranferase
d) Ribosomal transcriptase

1050. B-alaniane is a end product of - *(JIPMER 98)*
a) Heparin b) Albumin
c) Adenosined) Thymidylate

1051. Histones activation ingene expression is by- *(AIIMS97)*
a) Formylationb) Methylation
c) Acetylationd) Aldolase

1052. Unwinding of DNA is done by- *(AIIMS 97)*
a) DNAse b) Topoisomerase
c) Ligase d) Reverse transcriptase

1053. Leucine zipper motif is a mediator for -
a) Membrane attack complexes *(AIIMS97)*
b) Ligand membranes
c) Binding of regulatory proteins to DNA
d) Cyclic GMP

1054. Fidelity enzyme in protein synthesis - *(Al 98)*
a) DNA polymerase
b) RNA polymerase
c) Amino-Acyl t-RNA synthase
d) Amino acyl reductase

1055. Chain initiation in protein synthesis is by-
a) AUG b) GLAA *(MAHE 98, AIIMS 82)*
c) UGA d)UAG

1056. Which one of the following is the function of small nuclear ribonucleoprotein particles (SnRNP) -
a) Initiation of protein synthesis *(ICS 98)*
b) Activation of amino acids
c) Processing of RNA
d) Replication of DNA

1057. Nonsense codons bring about - *(ICS 98)*
a) Elongation of polypeptide chain
b) Pre-translational modiflcastion of protein
c) Initiation of protein synthesis
d) Termination of protein synthesis

1058. Function of endonucleoses - *(KERALA 98)*
a) Cut DNA at specific DNA sequences
b) To point out the coding regions
c) Enhancers
d) To find out antibiotic resisetance

1059. Translation occurs at - *(AI99)*
a) Mitochondria b) Centrosome
c) Nucleus d) Ribosome

1060. Polymerase Chain Reaction is - *(Al 99)*
a) Enzymatic amplificastion of gene
b) Genetic engineering mediated gene amplification
c) Duplication of gene
d) Cleavage of gene

1061. Visualisation of specific RNA fragment using RNA probe is - *(ALL INDIA 99)*
a) Southern blotting b) Western blotting
c) Eastern blotting d) Northern blotting

1062. Examples of conservative mutation is - *(AIIMS 98)*
a) Glutamine to glutamate
b) Alanine to leucine
c) Aspartate to asparagine
d) Leucine to alanine

1063. Photolyase helps in - *(CUPGEE99)*
a) DNA repair b) DNA replication
c) Protein synthesis d)None

1064. What is the technique by which DNA can be amplified- *(Karnat 99)*
a) Southern blot b) Polymerase chain reaction
c) Hybridization d) Western blot

1065. In restriction fragment length polymorphism, DNA separation is done using - *(AllIndia 2K)*
a) Gel electrophoresis
b) Ultra centrifugation
c) High performance liquid
d) Ion exchange chromatography

1066. Which one is nonsense codon - *(Burdwan 2K)*
a) UUA b)UAG
c) UGA d)UAU

1067. What is the first step in the synthesis of human insulin by genetic engineering - *(AIIMS 2K)*
a) CDNA identification in somatic cell
b) Genomic DNA identification in Pancreatic cell
c) CDNA identification in pancreatic cell
d) Genomic DNA identification in somatic cell

1043) d 1044)c 1045) a 1046)b 1047)a 1048)c 1049)None 1050)d 1051)b,c 1052)b 1053)c 1054)c 1055)a
1056) c 1057) d 1058) a 1059)d 1060)a 1061)d 1062)a 1063)a 1064)b 1065)a 1066)b,c

1068. On complete hydrolysis of DNA we will get all the following except - *(AIIMS2K)*
a) Deoxy pentose sugar b) Phosphoric acid
c) Adenosine d) Purine bases

1069. Amber codon is - *(AIIMS 2001)*
a) Initiator codon b) Terminator codon
c) Alters protein structures d) None

1070. Action of 'Telomerase' is - *(CUPGEE2001)*
a) DNA repair
b) Longetivity of cell - Ageing
c) Breakdown of telomer
d) None

1071. Which of the following is/are the features of polymerase used in recombinant synthesis -
a) Thermo stable *(PGI2K)*
b) Does not require a primer
c) Unusually active
d) Replicates double stranded DNA

1072. Which of the following RNA contains thymidine -
a) TRNA b) Ribosomal RNA *(PGI2K)*
c) Eukaryotic RNA d) Prokaryotic RNA

1073. All are true of the genetic code except - *(DNB 2001)*
a) Degenerate b) Universal
c) Punctuation d) Non overlapping

1074. Total number of genes in a human being is -
a) 80,000 b) 50,000 *(Kerala 01)*
c) 100,000 d) 30,000

1075. Northern blot uses - *(AIIMS 2001)*
a) Amplification of mRNA
b) Amplification of tRNA
c) Amplification of nucleotides
d) DNA

1076. Nucleic acid absorbs light at wavelength of 260 mm due to - *(PGI 2002)*
a) Proteins b) Ribose
c) Purines & Pyrimidines d) Deoxyribose
e) Phosphates

1077. DNA finger printing is done by- *(PGI 97)*
a) Splitting DNA b)DNAofWBC
c) DNA from nucleated cells d) All of the above

1078. The enzyme deficient in Lesch-Nyhan syndrome is -
a) GIRT b) Glutaminase *(PGI 99)*
c) Transcarboxylase d)HGPRT

1079. DNA synthesis requires- *(PGI 2000)*
a) DNA polymerase b)DNAligase
c) DNA topoisomerase d)Primase
e) RNA polymerase

1080. Which is the smallest fundamental unit coding for DNA synthesis- *(PGI 01)*
a) Cistron b) Operon
c) Replican d) Anticodon

1081. Polypetide chain termination is enhanced by-
a) Stop codon b) Promoter *(PGI 01)*
c) Ribosomal d) Peptidyl transferase
e) UAA

1082. Correct sequence of enzymes required for DNA formation is- *(PGI 01)*
a) DNA polymerase —> Protein unwinding enzyme —> DNA ligase —» DNA Isomerase —> Polymerase-1
b) Protein unwinding enzyme -> Polymerase 1 —> DNA ligase —> DNA Isomerase —> DNA polymerase
c) RNA polymerase —> DNA polymerase III —» DNA polymerase I -DNA ligase
d) RNA polymerase —» DNA Polymerase III —> DNA ligase —> Exonuclease —> DNA polymerase I

1083. The hydrolytic step leading to release of polypeptide chain from ribosomes is catalysed by - *(PGI 02)*
a) Stop codons b) Peptidyl transferase
c) Release factors d) AUG codon
e) Dissociation of ribosomes

1084. True statements about PCR - *(PGI 02)*
a) Protein amplification
b) DNA amplification
c) Same as western blot test
d) Detection of infecting organisms

1085. True about PCR - *(PGI 02)*
a) Primers required
b) DNA dependant RNA polymerase
c) DNA polymerase
d) RNA dependent DNA polymerase

1086. Somatic mutations involve - *(PGI 02)*
a) Deletion
b) Plasmid mediated
c) Frame-shift alteration in coding nucleotides
d) Trinucleotide repeat mutations
e) Non-sense alteration of DNA

1087. True about coding strand of DNA- *(PGI 03)*
a) Template strand
b) Minus strand
c) Runs at 5' - 3' direction
d) Runs at 3' - 5' direction
e) Plus strand.

1088. Autosomal dominant disorders are A/E - *(PGI 03)*
a) Huntington's disease
b) Neuro fibromatosis
c) Wilm's tumour
d) Adult polycystic kidney disease
e) Thalassemia

1089. Prenatal genetic diagnostic tests are performed in conditions - *(PGI 03)*
a) X-linked disorders
b) Advanced maternal age
c) Infertility
d) Multiple spontaneous abortions
e) Ethnic groups at high risks

1090. True about telomerase or telomere is/are - *(PGI 03)*
a) They are present at the ends of eukaryotic chromosome
b) Increased telomerase activity favours cancer cells
c) DNA dependent RNA polymerase
d) DNA polymerase

1067) c 1068) c 1069)b 1070)b 1071)a,d 1072)a 1073)c 1074)d 1075)a 1076)c 1077)d 1078)d 1079)A11 1080) a 1081)a,el082)c 1083)c 1084)b,d 1085)a,c 1086)a,c,d,e 1087)c 1088)e 1089)a,b,d,e 1090)a,b

1091. Metaphase II is seen in- *(PGI03)*
a) 1 N Chromosome b) 2 N Chromosome
c) 4 N Chromosome d) Seen only in Meiosis
e) Seen only in Mitosis

1092. Components of chromosome are - *(PGI 03)*
a) DNA b) tRNA
c) mRNA d)rRNA
e) Histones

1093. Correct statements regarding restriction endonuclease is/are - *(PGI 03)*
a) Restriction endonuclease recognizes specific sites of DNA sequence.
b) Resteiction endonuclease recognizes short sequence of DNA
c) It acts at 5' - 3' direction
d) It acts at 3' - 5' direction

1094. Autosomal recessive diseases are A/E- *(PGI 03)*
a) Hereditary spherocytosis b) Thalassemia
c) Sickle cell anaemia d) Cystic fibrosis
e) Haemophilia

1095. DNA polymerase have - *(PGI 03)*
a) 3' - 5' polymerase activity
b) 5' - 3' polymerase acitivity
c) 3' - 5' exonuclease activity
d) 5' - 3' exonuclease activity
e) Endonuclease activity

1096. Purpose of Gene therapy - *(PGI 03)*
a) Replacement of abnormal gene by normal gene
b) Replacement of normal gene by abnoral gene
c) Knock out of abnormal gene
d) Introduction of viral gene

1097. Gene therapy methods are - *(PGI 03)*
a) Electroporation
b) Intranuclear injection
c) Site directed mutagenesis
d) Retrovirus

1098. Highly repetetive DNA is seen in - *(PGI 03)*
a) Cloning of DNA b) Microsatelite DNA
c) Telomere d) Centromere

1099. True about reverse transcriptase - *(PGI 03)*
a) Forms DNA from RNA
b) Forms RNA from DNA
c) Important for replication of HIV
d) Amplification of DNA
e) DNA dependent RNA polymerase

1100. Mitochondrial DNA is - *(PGI 03)*
a) Paternally inherited
b) Maternally transmitted
c) Horizontal inheritance
d) Vertical inheritance

1101. True about coding strand of DNA- *(PGI 03)*
a) DNA acts as template for mRNA
b) Minus strand
c) Plus strand
d) Matches with RNA transcript that encodes protein

1102. Starting from the 3* end (acceptor arm) the correct sequence (towards 5' end) of arms in tRNA is -
a) Pseudouridine arm, anticodon arm, variable arm, Darm *(UPSC 02)*
b) D arm, anticodon arm, variable arm, pseudouridine arm
c) Pseudouridine arm, variable arm, anticodon arm, Darm
d) D ami, variable arm, anticodon arm, pseudouridine arm

1103. Degenerancy of codons means - *(Jipmer 03)*
a) More than one codon for a single amino acid
b) Termination of protein synthesis
c) Transcription
d) Translation

1104. The following enzymes are needed for DNA synthesis except - *(Jipmer 03)*
a) DNA polymeraseb) Restriction endonuclease
c) Ligase d)None

1105. The primary role of chaperones is to help in -*(AI03)*
a) Protein synthesis b) Protein degradation
c) Protein denaturationd) Protein folding

1106. Which one of the following is not a post transcriptional modification of RNA - *(AI 03)*
a) Splicing b) 5' capping
c) 3'polyadenylation d) Glycosylation

1107. Restriction fragment length polymorphism is used for - *(AI03)*
a) Analysis of chromosomes structures
b) DNA estimation
c) Synthesis of nucleic acid
d) Detecting proteins in a cell

1108. Which one of the following procedures as routine technique for karyotyping using light microscopy-
a) C - banding b) G - banding *(AI03)*
c) Q - banding d) Brd V - standing

1109. At the physiological pH the DNA molecules are- *(AIMS 03)*
a) Positively charged b) Negatively charged
c) Neutral d) Amphipathic

1110. Replication and transcription are similar processes in mechanistic terms because both -
a) Use RNA primers for initiation *(AIIMS 03)*
b) Use decoxybonucleotides as precursors
c) Are semi conserved events
d) Involve phosphodiester bond formation with elongation occuring in the 5^5 - 3' direction

1111. Chromosomal nomenclature is based on -
a) Position of the centromere *(Karnataka 03)*
b) Standing properties
c) Number of chromosomes
d) Length of the arms

1112. Major component of DNA- *(PGI 04)*
a) Histone b) Repressor
c) Deoxyribonucleotides d) Inducer
e) Uracil

1091) a,d 1092)a,e 1093)a,b 1094)b,c,d 1095)b,c,d 1096)a 1097) All 1098)c,d 1099)a,c 1100) b 1101)d 1102)c 1103)a 1104)b 1105)d 1106)d 1107)a 1108)b 1109)b 1110)d llll)a 1112)c

1113. Codon consists of- *(PGI04)*
a) 3 base pair b) 2 Base pair
c) Two nucleotide d) 5 Base pair

1114. Operon model was elucidated by - *(PGI04)*
a) Jacob & Monad b) Waston & Crick
c) Leiderburg & Tautum d) Twort D Herell
e) Weibelpalada

1115. DNA selected for genetic information as compared to RNA because - *(PGI 04)*
a) It is stable
b) Double stranded compared to RNA
c) Two strands are complementary
d) I has genes
e) Scmireplicating

1116. Selective suppression of a functional gene by a funtional allele is called - *(PGI 04)*
a) Transgene b) Pseudogene
c) Insertion d) Knockout
e) Repression

1117. Gene amplification is by - *(PGI 04)*
a) Polymerase Chain Reaction
b) Ligase chain reaction
c) DNA hybridization
d) In situ hybridization
e) Cloning

1118. An enzyme that makes a double stranded DNA copy from a single stranded RNA template molecule is known as - *(AI04)*
a) DNA polymerase b) RNA polymerase
c) Reverse transcriptase d) Phosphokinase

1119. A segment of an eukaryotic gene that is not represented in the mature mRNA, is known as -
a) Intron b) Exon *(AI 04)*
c) Plasmid d) TATA box

1120. Which of the following groups of proteins assist in the folding of other proteins - *(AI 04)*
a) Proteases b) Proteosomes
c) Templates d) Chaperones

1121. In PCR, DNA polymerase is used in-*{Jharkhand 03)*
a) DNA replication b) DNA Elongation
c) DNA Multiplication d)All

1122. Excessive ultraviolet (UV) radiation is harmful to life. The damage caused to the biological systems by ultraviolet radiation is by - *(AIIMS 04)*
a) Inhibition of DNA synthesis
b) Formation of thymidine dimers
c) Ionization
d) DNA fragmentation

1123. The protein rich in basic amino acids, Which functions in the packaging of DNA in chromosomes is-*(AI 03)*
a) Histone
b) Collagen
c) Hyaluronic acid binding protein
d) Fibrinogen

1124. New DNA synthesis occurs in - **(***SGPGI05)*
a) Prophase b) Anaphase
c) Telophase d) Interphase

1125. Number of t-RNA present in cells is - (*AMU 05)*
a) 23 b)25
c) 28 d)30

1126. DNA repair proof reading in prokarytotes are caused by - **(***AMU 05)*
a) DNA Polymerase I b) DNA polymerase II
c) DNA Polymerae III d)Gyrase

1127. The relationship between sulphonamide and PABA is -
a) Metabolic antagonism (*MAHE 05)*
b) Synergism
c) Intermediate compound formation
d) Chelation

1128. Using written convention, which one of the following sequences is complementary to TGGCAGCCT -
a) ACCGTCGGA b)ACCGUCGGA
c) AGGCTGCCA d)TGGCTCGGA

1129. A molecule used to direct the presence of specific fragment of DNA or RNA is known as - **(7***CS 05)*
a) Primosome b) Probe
c) Pseudo gene d) Signal

1130. Complemetary RNA sequence of 5' AGTCTGACT3' - *{PGI June 05)*
a) 5' UCAGACUGA3' b) 5'UCAGACUGA 3'
c) 5'UCAGACUGA3' d)5'UCAGACUGA3'
e) 5'UCAGACUGA3'

1131. DNA or RNA fragment which is radioactive or chemically labile to detect a specific fragment -
a) Probe *{PGIJune 05)*
b) Okazaki fragment
c) Antibody

1132. Acridine, which is a part of proflavin proflavin producing genetic mutation - *{PGI June 05)*
a) Gene re-arrangement
b) Point mutation
c) Fram shift mutation

1133. Enzyme used for p roof reading - *{PGI June 05)*
a) Prokaryote DNA polymerase 3'-5' exonuclease activity
b) Prokaryote DNA polymerase 5' - 3'

1134. PCR requires- *{PGI June 05)*
a) Primer
b) DNA Polymerase
c) De-oxyribonucleotide phosphate
d) Di-oxyribonucleotide phosphate

1135. Gene transfer in bacterial system by -*{PGI June 05)*
a) Transformation b) Transduction
c) Conjugation d) Location
e) Mutation

1136. All are true about topoisomerase - II - *{PGI June 05)*
a) Separates the DNA and ligates them
b) Initiates RNA priers synthesis
c) Cut single strand of DNA

1137. Watson and Crick theory is related *to-(PGI June 05)*
a) DNA structure b) RNA structure
c) Base pairing of DNA

1113) a 1114) a 1115)a,b,c,e 1116)d 1117)a,e 1118)c 1119)a 1120)d 1121)c 1122)b 1123)a 1124)d 1125)a
1126)b 1127) a 1128)c 1129)b 1130)a 1131)a 1132)c 1133)a 1134)a,b,c,e 1135)a,b,c 1136)a 1137)a

1138. Wobble's hypothesis is - (*PGIJune05*)
a) First 2-bp are specific for t-RNA
b) First 3-bp are not specific for t-RNA
c) First 5-bp are specific for t-RNA

1139. Apart from occurring in nucleic acids, pyrimidines are also found in - *(AIIMSNov 05)*
a) Theophylline b) Theobromine
c) Flavin mononucleotide d) Thiamine

1140. Xeroderma pigmentation is caused due to a group of closely related abnormalities in -
a) Mismatch repair *(AIIMS Nov 05)*
b) Base excision repair
c) Nucleotide excision rapair
d) SOS repair

1141. To synthesize insulin on a large scale basis, the most suitable starting material obtained from the beta cells of the pancreas is - *{AIIMS Nov 05)*
a) Genomic DNA b) Total cellular RNA
c) cDNA of insulin d) mRNA of insulin

1142. Euchromatin is the region of DNA that is relatively-
a) Uncondensed b) Condensed *(AI06)*
c) Overcondensed d) Partially condensed

1143. Microsatellite sequence is - *(AI 06)*
a) Small satellite
b) Extra chromosomal DNA
c) Short sequence (2-5) repeat DNA
d) Looped-DNA

1144. Mitochondrial DNA is - *(AI 06)*
a) Closed circular b) Nicked circular
c) Linear d) Open circular

1145. Which type of RNA has the highest percentage of modified base ? *(AI 06)*
a) mRNA b)tRNA
c) rRNA d) snRNA

1146. The sigma (a) subunit of prokaryotic RNA polymerase - *(AI 06)*
a) Binds the antibiotic rifampicin
b) Is inhibited by a-amanitin
c) Specifically recognizes the promoter site
d) Is part of the core enzyme

1147. Which one of the following is the complementary sequence of 5' TTAAGCTAC 3' ? *(AI 06)*
a) 5'GTACGCTTAA3' b)5'AATTCGCATG3'
c) 5^5 CATGCGAATT 3 ' d) 5 ' TTAAGCGTAC 3 '

1148. During replication of DNA, which one of the following enzymes polymerizes the Okazaki fragments - *(AI 06)*
a) DNA Polymerase I b) DNA Polymerase II
c) DNA Polymerase III d) RNA Polymerase I

1149. All of the following cell types contain the enzyme telemerase which protects the length of telomeres at the end of chromosomes, except - *(AI 06)*
a) Germinal b) Somatic
c) Hemopoietic d) Tumor

1150. Base substitution mutations can have be following molecular consequence except - *(AI 06)*
a) Changes one codon for an amino acid into another codon for that same amino acid
b) Codon for one amino acid is changed into a codon of another amino acid
c) Reading frame changes downstream to the mutant site
d) Codon for one amino acid is changed into a translation termination codon

1151. The following methods can be used to detect the point mutation in the beta (P)-globin gene that causes sickle cell anemia, except - *(AI 06)*
a) Polymerase chain reaction with allele-specific oligonucleotide hybridization
b) Southern blot analysis
c) DNA sequencing
d) Northern blot analysis

1152. Stop codon - *(PGI June 06)*
a) UAG b) UCA
c) UAC d)AUG

1153. Trinucleotide repeats are found in - *(PGI June 06)*
a) Huntington's disease
b) Spinocerebellar ataxia
c) Amyotropic lateral sclerosis

1154. Which of the following are situated away from the coding region - *(PGI June 06)*
a) Promoter
b) Enhancer
c) Operator

1155. True statements about DNA structure -
a) All nucleotides are involved in linkage
b) Antiparallel *(PGI June 06)*
c) Parallel
d) Bases are perpendicular to DNA
e) Attached by hydroxy bond

1156. Transcription is inhibited by - *(PGI June 06)*
a) ActinomycinD b)Amanitin
c) Chloramphenicol d) Streptomycin
e) Puromycin

1157. Zinc finger is- *(PGI June 06)*
a) Nuclear receptor
b) Membrane receptor
c) Receptor associated kinase

1158. DNA fingerprinting was founded by - *(PGI June 06)*
a) Watson b)Galton
c) Jeffrey

1159. DNA Amplification is done in - *(PGI June 06)*
a) PCR
b) NASBA (Nucleic acid sequential based amplification)
c) Ligase chain reactions
d) DNA sequencing

1160. Anticodon is present in - *(NIMHANS06,*
a) mRNA b) tRNA *Kerala 2k, 90)*
c) rRNA d) hn RNA

1138) a 1139) d 1140)c 1141)d 1142)a 1143)c 1144)a 1145)b 1146)c 1147)a 1148)c 1149)b 1150)c 1151)d 1152) a 1153)a,b 1154)a,b 1155)a,b,d 1156)a,b 1157)a 1158)c 1159)a,b,c 1160)b

1161. Okazaki fragment - *(APPG 2006)*
a) DNA fragment
b) RNA fragment
c) DNA fragment with RNA head
d) RNA fragment with DNA head

1162. In E.coli structural gene of lac operon is stimulated in- *(Manipal 2006)*
a) Presence of glucose only
b) Presence of lactose only
c) Presence of glucose and absence of lactose
d) Presence of lactose and absence of glucose

1163. Okazaki fragments are found *during-(PGMCET07, AI96)*
a) Replication b) Translation
c) Translocation d) Transcription

1164. Translocation is necessary for- *(PGMCET01)*
a) Initiation of codon
b) Binding of mRNA to ribosomes
c) Finding of proteins
d) Elongation of proteins

1165. Study of multiplication of proteins in disease process is called - *(AI 07)*
a) Proteomics b) Genomics
c) Glycomics d) Nucleomics

1166. Nothern blot is used for the separation of - *(AI07)*
a) mRNA b) DNA
c) Protein d) Protein DNA interaction

1167. Ragarding cytosolic Eukaryotic gene expression false is - *(AI07)*
a) Capping helps in attachment of mRNA to 40 S Ribosome
b) N formyl methionine tRNA will be the first t - RNA to come into action
c) EF2 shifts between GDP & GTP
d) Releasing factor releases the polypeptide chain from the P site

1168. CAP in Lac operon is an example of - *(AI 07, 01)*
a) Positive regulator b) Negative regulator
c) Constitutive expression d) Attenuation

1169. Rapid method of chromosome identification in intersex is - *(Aiims May 07)*
a) FISH b) PCR
c) SSCP d) Karyotyping

1170. SYBR Green Dye is used for - *(Aiims May 07)*
a) HPLC b) Immunofluorescence
c) PCR d) ELISA

1171. Y-chromosome is - *(Aiims May 07)*
a) Metacentric
b) Sub-metacentric
c) Acrocentric
d) Longer than the X-chromosome

1172. End product of purine metabolism in non-primate mammals is - *(Aiims May 07)*
a) Uric acid b) Ammonia
c) Urea d) Allantoin

1173. Abnormal base in tRNA is - *(MAHE07)*
a) Dihydrouracil b) Orotic acid
c) Methyl Xanthine d) Cystine

1174. The proteins presents in Deoxyribonucleic acid is -
a) Protamines b) Histone *(UP07)*
c) Albumins d) Globulins

1175. Human genome contains — base pairs- *(UP 07, PGI05)*
a) 3×10^9 b) 3×10^8
c) 3×10^7 d) 3×10^6

1176. "Transition mutation" occurs in - *(UP 07)*
a) A-G b) A-C
c) A-T d) D-G

1177. What is involved in formation of d-TMP from d-UMP- *(PGI June 07)*
a) N5, N10-methylene tetrahydro folate
b) Form imino folate
c) N5 formyl folate
d) Dihydro folate

1178. If there are 4 nucleotides instead of 3 in codon, how many amino acids may be formed -
a) 16 b) 21 *(PGI June 07)*
c) 256

1179. In leucine zipper model, leucine residue seen after every - *(PGI June 0 7)*
a) 3 amino acids b) 6 amino acids
c) 9 amino acids d) 12 amino acids
e) 7 amino acid

1180. Cation used in PCR is - *(AIIMSNov 07)*
a) Calcium b) Lithium
c) Magnesium d) Sodium

1181. Lesch - Nyhan Syndrome - associated with - *(UP 08)*
a) Purine necleoside phosphorylase deficiency
b) Adenosine deaminase deficiency
c) Hypoxanthine - guanine phosphoribosyl transferase defect
d) Xanthine oxidase deficiency

1182. Which of the following functionally competent of largest unit of the ribosomes - *(UP 08)*
a) tRNA
b) mRNA
c) Catalyze formation of the peptides
d) Formation of the polyribosomes

1183. Which of the following groups of proteins assist in the folding of other proteins ? *(AI 08)*
a) Proteases b) Proteosomes
c) Templates d) Chaperones

1184. Proteins are sorted by - *(AI 08)*
a) Golgi bodies b) Mitochondria
c) Ribosomes d) Nuclear membrane

1185. Okazaki fragments are formed during the synthesis of- *(AI08)*
a) ds DNA b) ss DNA
c) mRNA d) t RNA

1186. Poly(A) tail translates into - *(Aiims May 08)*
^ a) Polyproline b) Polylysine
c) Polyalanine d) Polyglycine

1161) c 1162) d 1163) a 1164)d 1165)a 1166)a 1167)b 1168)a 1169)a 1170)c 1171)c 1172)d 1173)a 1174)b
1175) a 1176) a 1177)a 1178)c 1179)e 1180) c 1181)c 1182) c 1183)d 1184)a 1185)a 1186)b

1187. In molecular cloning, Blue-white screening is used for - *(Aiims May 08)*
a) To screen for recombinant vectors
b) To detect gene mutations
c) To identify desired chromosomal DNA insert in plasmid vectors
d) To detect host DNA in situ

1188. True about DNA polymerae in eukaryotes -
a) Components are a, (J, y, A, £ *(PGI June 08)*
b) P associated with repair
c) y associated with repair
d) A associated with synthesis of mitochondrial DNA
e) Alpha is abundant amount

1189. True about DNA reconstruction technology -
a) Restriction endonucleases are involved
b) DNA ligase is used *(PGI June 08)*
c) Acid phosphatase is used
d) Reverse transcriptase needed

1190. DNA repair defect is seen in - *(PGI June 08)*
a) Xeroderma pigmentosa
b) Bloom's syndrome
c) Ataxia telangiectasia
d) Li-Fraumani syndrome
e) Retinoblastoma

1191. True about G-protein receptor complex -
a) It interacts transmembrane domain *(PGI June 08)*
b) GTP to GDP
c) Adenyl cyclase activation leads to increased cAMP
d) GPCR has no phosphorylation property
e) Helical structure

1192. 5' TTACGTAC-3' after transcription what will be theRNA- *(PGI June 08)*
a) 5'-TTACGTAC-3' b)3'-TTACGTAC-5'
c) 5 ' - CATGCATT-3 ' d) 3 ' - CATGCATT-5 '
e) 5'-GUACGUAA-3'

1193. InPCR- *(PGI June 08)*
a) Thermostable enzyme is needed
b) 211 copies formed after 'n' numbers of multiple
c) Non specific
d) Thermolabile enzyme
e) Primer is needed

1194. RELP, TVue are - *(PGI June 08)*
a) Endonuclease cuts DNA at nucleotide level
b) It acts at specific site
c) Only cohesive ends are produced
d) Only blunt ends are produced

1195. Radiasensitive stage of cell cycle - *(PGI June 08)*
a) G_2 b) M
c) S d)G,
e) G_0

1196. In conversion of DNA to RNA, enzyme required - *(PGI June 08)*
a) DNA-Polymerase b) DNA Ligase
c) DNA-Polymerase d) RNA polymerase
e) Primase

1197. The following is an example for unusual base -
a) Di hydro uracil b) Adenine *(Manipal 08)*
c) Cytosine d) Uracil

1198. Folding of nascent polypeptide chains is the function of- *(DPGEE 08)*
a) Chaperones b) Proteosome
c) Heat shock proteins d) Ribosomes

1199. Effect of ultraviolet radiation on DNA is formation of- *(DPGEE08)*
a) Purine dimers b) Pyrimidine dimers
c) DNA-DNA cros linking d) All of the above

1200. Cytoplasmic translation system has the following number of t-RNAs - *(DPGEE08)*
a) 20 b) 26
c) 28 d) 31

1201. Which of the following bond is preserved during denaturation of proteins - *(DPGEE08)*
a) Hydrogen bond b) Peptide bond
c) Ionic bond d) All of the above

1202. Gene is ? *(APPG08)*
a) Codon b) Anticodon
c) Cistron d) Okazaki fragment

1203. mRNA codes for which tail ? *(APPG 08)*
a) Poly A b)PolyU
c) PolyC d) Poly G

1204. True about Hybridoma- *(PGIDec 08)*
a) Immortalise myeloma cell
b) Hybridoma cell produced by fusion of T-cell & myeloma
c) Cell is human origin
d) Prior immunisation is done
e) Produce monospecific & monoclonal Ab

1205. Micro RNA transcribed by- *(PGI Dec 08)*
a) RNA polymerase I b) RNA polymerase II
c) RNA polymerase III d) DNA polymerase
e) Drosha

1206. DNA fingerprinting is based on possessing in DNA of-
a) Constant tandem repeat *(PGIDec 08)*
b) Variable number tandem repeats (VNTR)
c) Non-repetative sequence
d) Exon
e) Intron in eukaryotes

1207. What will happen to DNA if salt is added to it -
a) Increase melting point (Tm) *(PGI Dec 08)*
b) Decrease Tm
c) Not affect Tm
d) Melting lead to denaturation of DNA
e) Both increase & decrease in Tm depending on concentration of salt

1208. Which statements are true about E.coli chromosomal DNA in relation with eukaryotic chromosomal DNA - *(PGIDec 08)*
a) Circular
b) Packed into nucleolus
c) Postively supercoiled
d) Negatively sepercoiled
e) Nucleus present

1187) c 1188)a,b 1189)a,b,d 1190)a,b,c 1191)a,b,c,e 1192)e 1193)a,e 1194)b 1195)a,b 1196)d 1197)a
1198) a 1199) b 1200)a 1201)b 1202)c 1203)a 1204)a,d,e 1205)b,e 1206)b 1207)a,d 1208)a,c,e

1209. Supercoiled DNA is separated by relaxed DNA by- *(PGI Dec 08)*
a) ELISA b) Gel electrophoresis
c) DNA footprinting d) DNA fingerprinting
e) Microarray assay

1210. Ribosome has following enzymatic activity?
a) Pep tidy 1 transferase *(AIIMS Nov 08)*
b) Peptidase
c) Aminoacyl tRNA synthetase
d) GTPase

1211. Intron is not found in which DNA? *(AIIMSNov 08)*
a) Nuclear DNA b) Mitochondrial DNA
c) BDNA d) Z DNA

1212. Synthesis of an immunoglobulin in membrane bound or secretory form is determined by -*(AIIMSNov 08)*
a) One turn to two turn joining rule
b) Class switching
c) Differential RNA processing
d) Allelic exclusion

1213. The gaps between segments of DNA on the lagging strand produced by restriction enzymes are rejoined/ sealed by - *(AI09)*
a) DNA ligases b) DNA helicase
c) DNA topoisomerase d) DNA phosphorylase

1214. Normal role of Micro RNA is - *(AI 09)*
a) Gene Regulation
b) RNA splicing
c) Initiation of translation
d) DNA conformational change

1215. Splicing activity is a function of- *(AI 09)*
a) mRNA b) sn RNA
c) rRNA d)tRNA

1216. CAP in Lac operon is an example of - *(AI 09)*
a) Positive regulator b) Negative regulator
c) Constitutive expression d) Attenuation

1217. All of the following are true about Sickle cell disease, Except - *(AI 09)*
a) Single nucleotide change results in change of Glutamine to valine
b) RFLP results from a single base change
c) 'Sticky patch' is generated as a result of replacement of a non polar residue with a polar residue
d) HbS confers resistance against malaria in heterozygotes

1218. A ten year old child with aggressive behavior and poor concentration is brought with presenting complaints of joint pain and reduced urinary output. Mother gives history of self mutilitative behavior stating that he tends to mutilate his fingers. Which of the following enzymes is likely to be deficient in this child - *(AI 09)*
a) HGPRTase b) Adenosine deaminase
c) APRTase d) Acid maltase

1219. All of the following statements about Lambda phase are true, Except - *(AI 09)*
a) In lysogenic phase it fuses with host chromosome and remains dormant
b) In Lytic phase it fuses with host chromosome and replicates
c) Both lytic and lysogenic phases occur together
d) In lytic phase it causes cell lysis and releases virus particles

1220. False about eukaryotic protein synthesis is -
a) N formyl Met is the first t-RNA to come into action
b) mRNA read from 5' to 3^5 *(AIIMSMay 09)*
c) Ef2 shifts between GDP to GTP
d) Capping helps in attachment of mRNA to 40 S ribosome

1221. Which test uses oligomer with single base pair substitution - *(AIIMS May 09)*
a) PCR
b) RFLP
c) Error coded mutation analysis

1222. All of the following abbreviations are true except -
a) AMP- adenosine monophosphate *(PGI June 09)*
b) CMP- Cutidine monophosphate
c) GMP- Guanosine monophosphate
d) TMP- Thymine monophosphate
e) UMP- Uracil monophosphate

1223. Hemoproteins are - *(PGI June 09)*
a) Cytochrome C b) Cytochrome 450
c) Myoglobin d) Hemoglobin
e) Catalase

1224. Which DNA polymerase is/are involved in repair of mammalian DNA- *(PGI June 09)*
a) a b) p
c) *y* d) e
e) 8

1225. True about genetic code except - *(PGI June 09)*
a) Degenerate b) Overlapping
c) Ambiguous d) Universal
e) Commaless

1226. True about generic code - *(PGI June 09)*
a) AUA codes for methionine in mitochondria
b) UGA codes for selenocysteine
c) AUG codes for initiator codon in mammalian cell
d) AG A & AGG act as chain terminator in mammalian
e) UAA, UAG & UGA are stop codon.

1227. True about mitochondrial DNA- *(PGI June 09)*
a) UGA codes for trytophan
b) codes for 13 protein
c) High content of untranslated sequence
d) Circular double stranded DNA
e) Mitrochondrial disease occur due to point mutation and large scale rearrengements.

1209)b 1210) a 1211)b 1212)c 1213)a 1214)a 1215)b 1216)a 1217)c 1218)a 1219)c 1220)a 1221)b 1222)d,e 1223) All 1224) b,d 1225) b,c 1226)a,c,d,e 1227)a,b,d,e

1228. True about polymerase chain reaction (PCR) -
a) Carried out by thermostable DNA polymerase
b) Exponential *(PGI June 09)*
c) Additive
d) specific
e) Single-stranded DNA is required

1229. Mutation that completely disrupt the function of the gene used in which of the following techniques -
a) Knock out *(PGI June 09)*
b) Non sense mutation
c) Restriction fragment length polymorphism
d) Targetted gene disruption
e) Knock-in

1230. Concentration of DNA is measured by-
a) Absorption of 360 nm *(PGI June 09)*
b) D-oxyribose estimation

1231. Lesch-Nyhan syndrome is caused by the deficiency of- *(DELHI PG Feb. 09)*
a) Folic acid
b) Carbamoyl phosphate synthetase II
c) UMP synthase
d) HGPRT

1232. Which of the following enzymes in DNA dependent RNA polymerase - *(DELHIPG Feb. 09)*
a) DNAligase b)Primase
c) DNA polymerase III d) RNA transcriptase

1233. The Z DNA helix - *(DELHIPG Feb. 09)*
a) Has fewer base pairs per turn than B DNA
b) Is favored by an alternating GC sequences
c) Tends to be found at 3 end to genes
d) Is inhibited by methylation of the bases

1234. Which of the following is not true about the buffering action of haemoglobin (Hb) ? *(DELHIPG Mar. 09)*
a) Hb is technically intracellular buffer
b) Hb is functionally a plasma buffer
c) Hb's buffering action is due to its histidine content
d) Oxygenated Hb is a strong base

1235. Which one of the following is porphyrinesgives stools their characteristics brown color ? *(DELHI PG Mar. 09)*
a) Biliverdin . b) Urobilinogen
c) Heme d) Stercobilin

1236. Which of the following compounds is an analogue of hypoxanthine ? *(DELHI PG Mar 09)*
a) Arabinoside C
b) Allopurinol
c) Ribose phosphate
d) 5-phosphoribosylpyrophosphate (PRPP)

1237. Which of the following statements describing restriction endonucleases is true ?
a) They always yield overhanging single-stranded ends *(DELHIPG Mar 09)*
b) They recognize methylated DNA sequences
c) They recognize triplet repeats
d) They cleave both strands in duplex DNA

1238. A potent inhibitor of protein synthesis that acts as an analogue of aminoacyl t-RNA is- *(DELHIPG Mar 09)*
a) Mitomycin C b) Streptomycin
c) Nalidixic acid d)Puromycin

1239. Components of 60 S subunit of ribosome are -
a) 5.8 S b) 23 S *(PGINov 09)*
c) 16S d) 18S
e) 28 S

1240. True about gene library - *(PGINov 09)*
a) Also known as chromosome
b) Library that contains books on gene
c) Computer base with all gene knowledge
d) DNA nucleotide or fragment
e) Complete collection of gene copies of one organism

1241. tRNA met would recognize - *(PGI Nov 09)*
a) AUG b)UGC
c) GUG d)GCU
e) UUG

1242. True about silent mutation in gene - *(PGINov 09)*
a) No change in mRNA
b) No change in Amino acid sequence in protein
c) No expression of protein
d) No change in expression of protein
e) Termination of protein synthesis

1243. Antigen antibody reaction is detected by -
a) ELISA b) Southern blot *(PGI Nov 09)*
c) Northern blot d) Western blot
e) Eastern blot

1244. Biotechnology is/are used for - *(PGINov 09)*
a) Viral vaccine production
b) To cure genetic disorder
c) Genetic crop
d) Gene production
e) Production of genetic products

1245. True about ribosomes - *(PGINov 09)*
a) Conserved in nature
b) Role is to bring t-RNA and m-RNA together
c) DNA forms RNA and protein are formed from RNA
d) They are always free
e) Have two subunits

1246. True about nucleosome - *(PGI Nov 09)*
a) Use only one type of histone protein
b) Each complex is separated from each other by non histone proteins
c) Regular repeating structure of DNA & histone proteins
d) Reflect small nucleus
e) Core of DNA with protein wrapped

1247. True about Restriction enzymes - *(PGI Nov 09)*
a) Palindromic
b) Produce DNA sticky end
c) Restrict replication of DNA
d) Restriction sites are not specific
e) Breaks at sugar-phosphate bond

1228) a,b,d,e 1229)a,d 1230)a 1231)d 1232)b 1233)b 1234)b 1235)d 1236)b 1237)d 1238)d 1239)a,d 1240) d,e 1241) a 1242) b,d 1243)a,d 1244) All 1245)a,b,c,e 1246)c 1247)a,b,c,e

1248. Karyotyping under light microscopy is done by -
a) R banding b) Q banding *(AIIMS Nov 09)*
c) G banding d) C banding

1249. Western Blot detects?
a) DNA b)RNA
c) Protein d)mRNA

1250. Splicing activity is a function of - *(AIIMSMay 10)*
a) mRNA b) snRNA
c) tRNA d)rRNA

1251. After digestion by restriction endonucleases DNA strands can be joined again by - *(AIIMSMay 10)*
a) DNA polymerase b)DNAligase
c) DNA topoisomerase d) DNA gyrase

1252. True about Sickle cell disease are all, except -
a) Single nucleotide change results in change of Glutamine to Valine *(AIIMS May 10)*
b) Sticky patch is generated as a result of replacement of a non polar residue with a polar residue
c) HbS confers resistance against malaria in heterozygotes
d) RFLP results from a single base change

1253. Which of following techniques is used for detection of variations in DNA sequence and Gene expression-
a) Northern blot b) Southern blot *(AI10)*
c) Western blot d) Microarray

1254. Which of the following tests is not used for detection of specific aneuploidy - *(AI 10)*
a) FISH b) RT - PCR
c) QF-PCR d) Microarray

1255. Sickle cell anemia is the clinical manifestation of homozygous genes for an abnormal haemoglobin molecule. The event responsible for the mutation in the Beta chain is - *(DPG10)*
a) Insertion b) Deletion
c) Non-disjunction d) Point mutation

1256. Xeroderma pigmentation is caused due to a group of closely related abnormalities in - *(DPG 10)*
a) Mismatch repair
b) Base excision repair
c) Nucleotide excision repair
d) SOS repair

1257. Formation of okazaki fragments occur in -
a) Transcription b) Translation *(Maharashtra*
c) Transduction d) Replication *10)*

1258. A part from proteins which of the following exhibits the cataytic activity? *(Maharashtra 10)*
a) Phospholipids b)DNA
c) RNA d) Heteropolysacharides

1259. In cell with damaged DNA and potential for malignant transformation, the tumor suppressor p53 gene invoves- *(Maharashtra 10)*
a) Triggering of the production of p21
b) Inducing apoptosis
c) Getting complexed with other transforming proteins
d) All of the above

1260. PCR detects- *(Maharashtra 10)*
a) Antigen b) Antibody
c) Nucleic acid d) All of above

1261. High energy phosphate compounds are -
a) ATP b)ADP *(PGI May 10)*
c) Creatinine phosphate d) Acetyl CoA

1262. Non coding RNAs are- *(PGI May 10)*
a) siRNA b)miRNA
c) tRNA d)mRNA
e) rRna

1263. Termination process of protein synthesis is performed by all except - *(PGI May 10)*
a) Releasing factor b) Stop codon
c) Peptidyl transferase d) UAA codon
e) AUG codon

1264. Nucleosome consists of - *(PGI May 10)*
a) Histone b) DNA
c) RNA d) DNA & RNA both
e) Carbohydrate

1265. Nucleoside is made up of - *(PGI Nov. 10)*
a) Pyrimidine b) Histone
c) Sugar d) Purine
e) Phosphate

1266. True about Ig gene rearrangement & Ig diversity-
a) Somatic mutations theory *(PGINov. 10)*
b) One loop and two loop joining theory
c) DNA rearrangement
d) Appropriate class switching

1267. True about DNA methylation - *(PGINov. 10)*
a) Alters gene expression
b) Genetic code remains intact
c) Role in carcinogenesis
d) Protective mechanism aganist cleavage by restriction endonuclease

1268. Stop codons are - *(PGINov. 10)*
a) UAA b)UAG
c) UGA d)UAC
e) UCA

1269. True about genes - *(PGINov. 10)*
a) Smallest functional unit of genome
b) Not capable of independent expression
c) Promoter & ehnancer genes are typical example
d) Cistron is single funcitonal unit

1270. True about DNA structure - *(PGINov. 10)*
a) Purines are adenine and guanine & pyrimidines are uracil and cytosine
b) Waston and Crick discovered structure in 1973
c) Deoxyribose- phosphate backbone with bases stacked inside
d) Mainly consists of left handed helix
e) 5-3 phosodiester bonding is present

1271. True statement about transgenic *mice-(PGINov. 10)*
a) Developed from DNA insertion into fertilized egg
b) Have same genome as parents except one or more genes
c) Identical genome to parent mice
d) Produced by breeding over several generations
e) Homozygous are selected

1248) c 1249) c 1250)b 1251)b 1252)b 1253)d 1254)d 1255)d 1256)c 1257)d 1258)c 1259)d 1260)c
1261) a,c,d 1262) a,b,c,e 1263) c,e 1264) a,b 1265) a, c,d 1266) a, c,d 1267) a, c,d 1268) a,b,c 1269) a,c,d 1270) c
1271) a,b

1272. Incorrect statement are - *(PGINov 10)*
a) T4 DNA polymerase has 3' ->5' exonuclease activity
b) Klenow fragment of DNA polymerase I function is almost similar to T4 DNA polymerase
c) Restriction endonuclease cut DNA chains at specific location
d) Endonuclease cut DNA at 5' terminus
e) Right handed helix of DNA is more common

1273. A four-year-old child is diagnosed with Duchenne muscular dystrophy, an X-linked recessive disorder. Genetic analysis shows that the patient's gene for the muscle protein dystrophin contains a mutation in its promoter region. What would be the most likely effect of this mutation? *(AIIMS Nov 10)*
a) Tailing of dystrophin mRNA will be defective.
b) Capping of dystrophin mRNA will be defective.
c) Termination of dystrophin transcription will be deficient.
d) Initiation of dystrophin transcription will be deficient.

1274. Methods of introducing gene in target cells are all except - *(AIIMS Nov 10)*
a) Electroporation
b) Transfection
c) Site directed recombination
d) FISH

1275. CAP in LAC operon is - *(ARMSMay 11)*
a) Positive regulator
b) Negative regulator
c) Attenuation
d) Constitutive expression

1276. Apo B48 & Apo B100 is synthesized from the same mRNA; the difference between them is due to -
a) RNA splicing *(ARMS May 11)*
b) Allelic exclusion
c) Deamination of cytidine to uridine
d) Upstream repression

1277. Gene duplication plays an important role in the evolution of - *(ARMS May 11)*
a) mRNA b) rRNA
c) tRNA d) hnRNA

1278. Histone acetylation causes - *(ARMSMay 11)*
a) Increased Heterochromatin formation
b) Increased Euchromatin formation
c) Methylation of cystine
d) DNA replication

1279. Triplex DNA is due to - *(ARMS May 11)*
a) Hoogsteen pairing
b) Palindromic sequences
c) Large no. of guanosine repeats
d) Polypyramidine tracts

1280. After digestion by restriction endonucleases DNA strands can be joined again by - *(ARMSMay 11)*
a) DNA polymerase b) DNA ligase
c) DNA topoisomerase d) DNA gyrase

1281. True about Sickle cell disease are all, Except -
a) Single nucleotide change results in change of Glutamine to Valine
b) Sticky patch is generated as a result of replacement of a non polar residue with a polar residue
c) HbS confers resistance against malaria in heterozygotes
d) RFLP results from a single base change

1282. Which of the following process in a vector is used to increase the yield of protein produced in recombinant protein synthesis - *(AI11)*
a) Promoter induction
b) Origin of Replication
c) Translation Initiation
d) Translation of Transcription inhibition

1283. Which of the following factors is responsible for deciding whether an antibody/immunoglobulin will remain membrane bound or get secreted - *(AI 11)*
a) RNA Splicing
b) Class Switching
c) Differential RNA Processing
d) Allelic Exclusion

1284. Methods of fusing two cells in genetic recombination technique include all of the following techinques, Except- *(AI 11)*
a) Fusion mediated by Ethylene Glycol
b) Fusion mediated by Electric current
c) Fusion mediated by viral transformation
d) Fusion Mediated by altering membrane viscocity

1285. Two transgenic plants were genetically enginerred using Recombinant DNA technology. One plant was transformed using a plamid vector with GFP (Green Fluorescent Protein) gene and another plant was transformed with Luciferase gene. Which of these two plants will glow spontaneously in the dark -
a) Plant with GFP Gene *(AI 11)*
b) Plant with Luciferase Gene
c) Both plants
d) None of the above

1286. During heme synthesis, which enzyme is responsible for conversion of Coproporphyrinogen HI to Protoporphyrinogen HI? *(Karn 11)*
a) Protoporphyrinogen oxidase
b) Coproporphyrinogen reductase
c) Uroporphyrinogen decarboxylase
d) Coproporphyrinogen oxidase

1287. A hypothetical gene contains coding strand of 5' - TGGAATTGTATG-3. What would be the sequence of the resultant mRNA following transcription -
a) 3'ACCTTAACATAC-5' *(Karn 11)*
b) 5'-ACCUUAACAUAC-3'
c) 5'- UGGAAUUGUAUG - 3'
d) 3'-UCCTTUUCAUAC-5'

1288. Eukaryotic DNA polymerase involved in proof reading and DNA repair during replication is -
a) a b) P *(Karn 11)*
c) £ d)5

1272) d,e 1273) d 1274)d 1275)a 1276)c 1277)a 1278)b 1279)a 1280)b 1281)b 1282)a 1283)c 1284)d 1285)b 1286)d 1287)c 1288)c

1289. Genetic material possessing the dual capacity to exist chromosomal and extrachromosomal entity -
a) Auto some b)Episome *(Punjab 10)*
c) Endosome d) Mesosome

1290. Disorders associated with defect in Mitochondrial DNA are all except - *(Jipmer 10)*
a) Leber's hereditary optic atrophy
b) Mitochondrial encephalopathy with lactic acidosis
c) Huntington's disease
d) Pearson syndrome

1291. Defect in xeroderma pigmentosum - *(Jipmer 10)*
a) Mismatch repair
b) Base excision repair
c) Nucleotide excision repair
d) All of the above

1292. 7-methyl guanidine cap is added to - *(Jipmer 11)*
a) mRNA b) tRNA
c) rRNA d)DNA

1293. Porphyrias absorb light in the wavelength of -
a) 340 nm b)400nm *(Jipmer 11)*
c) 540nm d) 67Gnm

1294. In sickle cell anemia, translocation on codon 6 is due to substitution of - *(NEET/DNB Pattern)*
a) Valine for glutamate b) Glutamate for valine
c) Isoleucine for valine d) Valine for isoleucine

1295. What do restriction endonucleases do- *(NEET/DNB Pattern)*
a) Cut ds DNA at specific sites
b) Cut RNA at specific sites
c) Cut ss DNA at specific sites
d) Break peptide chains

1296. Primase functions as - *(NEET/DNB Pattern)*
a) Joining DNA fragments
b) Synthesining small RNA fragments during transcription
c) Synthesising small RNA fragments during translation
d) Unwinding of DNA

1297. Which of the following is a ribozyme- *(NEET/DNB Pattern)*
a) Peptidyl transferase
b) Elongation factor 2
c) Primase
d) RNA polymerase

1298. What is attatched to 3[f] end of mRNA after transcription - *(NEET/DNB Pattern)*
a) Poly Atail b) CCA
c) Intron d) 7-methylguanosine

1299. Not present in DNA - *(NEET/DNB Pattern)*
a) Uracil b) Thymine
c) Cytosine d) Adenine

1300. Oncogenes can be best studied by-
a) Transfection *(NEET/DNB Pattern)*
b) Transduction
c) Transformation
d) Conjugation

1301. Enzyme used in PCR is- *(NEET/DNB Pattern)*
a) Reyerse transcriptase b) Taq polymerase
c) RNA polymerase d) None

1302. Ribosomes have following enzymatic activity -
a) Peptidyl transferase *(NEET/DNB Pattern)*
b) Peptidase
c) Carboxylase
d) Dehydratase

1303. Telomerase is - *(NEET/DNB Pattern)*
a) DNA dependant RNA polymerase
b) RNA dependant DNA polymerase
c) RNA dependant RNA polymerase
d) DNA dependant DNA polymerase

1304. Pyrimidine metabolism end product -
a) Urea *(NEET/DNB Pattern)*
b) Uric acid
c) Beta alanine
d) Allantoin

1305. Nucleotide includes - *(NEET/DNB Pattern)*
a) Base + sugar
b) Base + phosphate group
c) Base + sugar + phosphate group
d) None

1306. Not present in DNA - *(NEET/DNB Pattern)*
a) Uracil b)Thymine
c) Cytosine d)Adenine

1307. Which of the following usually require a RNA intermediate for cloning/replication? *(NEET/DNB Pattern)*
a) Transposons b) Plasmids
c) Phages d)Cosmids

1308. Inhibition of protein synthesis in translocation steps occurs by - *(NEET/DNB Pattern)*
a) Tetracycline b) Erythromycin
c) Aminoglycosides d) Penicillin

1309. In sickle cell anemia, translocation on codon 6 is due to substitution of - *(NEET/DNB Pattern)*
a) Valine for glutamate
b) Glutamate for valine
c) Isoleucine for valine
d) Valine for isoleucine

1310. Purine are formed by - *(NEET/DNB Pattern)*
a) Aspartic acid, glycine, uric acid
b) Aspartate, glycine,
c) Aspartate, glutamate
d) Aspartate,glycine,glutamine

1311. What is the function of dna ligase ?
a) Unwinding (denaturation) of dsDNA to provide an ssDNA template *(NEET/DNB Pattern)*
b) Seals the single strand nick between the nascent chain and Okazaki fragments on lagging strand
c) Initiation of DNA synthesis and elongation
d) Initiates synthesis of RNA primers

1312. Chargaff s rule states that - *(NEET/DNB Pattern)*
a) A=T, G=C
b) A=QT=C
c) A=C,G=T
d) Any combination possible

1289)b 1290)c 1291)c 1292)a 1293)b 1294)a 1295)a 1296)b 1297)a 1298)a 1299)a 1300)a 1301)b 1302)a
1303) b 1304) c 1305)c 1306)a 1307)a 1308)b 1309)a 1310)d 131 l)b 1312)a

1313. In DNA, adenine always pairs with - *(NEET/DNB*
a) Guanine b) Cytosine*Pattern)*
c) Thymine d) Uracil

1314. R-RNA is mainly produced in - *(NEET/DNBPattern)*
a) Nucleus b) Nucleolus
c) Ribosome d) Endoplasmic reticulum

1315. Which of the following protein is synthesized in free ribosome - *(NEET/DNB Pattern)*
a) Cytosolic proteins
b) Secretery proteins
c) Membrane proteins
d) None

1316. Watson crick model is for which DNA -*(NEET/DNB*
a) B DNA b) A DNA*Pattern)*
c) C DNA d) Z DNA

1317. Termination codon is - *(NEET/DNB Pattern)*
a) AUG b) UAA
c) AUA d) AGG

1318. Which of the following is not involved in synthesis of pyrimidines? *(NEET/DNB Pattern)*
a) Glutamine b) CO_2
c) Aspartic acid d) Glycine

1319. Modified nucleotide is seen in - *(NEET/DNB Pattern)*
a) tRNA b) rRNA
c) hnRNA d) mRNA

1320. Which RNA is used in RNA spilicing -
a) mRNA *(NEET/DNB Pattern)*
b) small nuclear RNA
c) Small cytosolic RNA
d) tRNA

1321. Chian initiation in protein synthesis is by -
a) AUA b)GLA *(NEET/DNB Pattern)*
c) UGA d)UAG

1322. Nonsense codons bring about - *(NEET/DNB Pattern)*
a) Elongation of polypeptide chain
b) Pre-translational modificastion of protein
c) Initiation of protein synthesis
d) Termination of protein synthesis

1323. Protein glycosylation occurs in-*(NEET/DNB Pattern)*
a) ER b) Golgi bodies
c) Mitochondria d) Peroxisomes

1324. Function of UGA codon - *(NEET/DNB Pattern)*
a) Initiates transcription
b) Translates
c) Terminates protein synthesis
d) None

1325. Glysine is useful in all of the following except -
a) Purine synthesis *(NEET/DNBPattern)*
b) Creatine synthesis
c) Spermine synthesis
d) Heme synthesis

1326. Reverse transcription involves ? *(NEET/DNB*
a) RNA dependent DNA synthesis *Pattern)*
b) DNA dependent RNA synthesis
c) DNA dependent DNA synthesis
d) RNA dependent RNA synthesis

1327. Transcription is the process of -
a) Protein synthesis *(NEET/DNB Pattern)*
b) DNA replication
c) Synthesis of RNA
d) None

1328. Nuclosomes are- *(NEET/DNB Pattern)*
a) DNA+RNA
b) DNA+Hi stones
c) RNA+Histones
d) DNA+RNA+Histones

1329. Which of the following is the disorder of purine -
a) Hyperammonemia *(NEET/DNB Pattern)*
b) Gout
c) Orotic acduria
d) Hartnop disease

1330. Codons are present in - *(NEET/DNB Pattern)*
a) t-RNA b) r-RNA
c) m-RNA d) si-RNA

1331. Anticodon is present in - *(NEET/DNB Pattern)*
a) mRNA b) tRNA
c) rRNA d) hmRNA

1332. For RNA, which blotting technique is used -
a) Western blot *(NEET/DNB Pattern)*
b) Northern blot
c) Southern blod
d) None

1333. DNA replication occurs in how many phases -
a) Two b) Three *(NEET/DNB Pattern)*
c) Four d) Five

1334. Enzyme require for cutting the strand DNA synthesis - *(NEET/DNB Pattern)*
a) DNA polymerase b) DNA ligase
c) Topoismerase d) Helicase

1335. In DNA, Cytosine is passed with - *(NEET/DNB Pattern)*
a) Thymine b) Guanine
c) Ademine d) Uracil

1336. DNA synthesis occurs in phase - *(NEET/DNB Pattern)*
a) G_t b) G_2
c) S d) M

1337. Dihydrouridine is found in -*(NEET/DNB Pattern)*
a) DNA b) mRNA
c) tRNA d) rRNA

1338. All of the following are require in protein synthesis except- *(NEET/DNB Pattern)*
a) elF-1 b)mRNA
c) Mg^{+2} d)Ca^{+2}

1339. Unwinding of DNA during replication is done by -
a) Ligase b) Helicase *(NEET/DNB Pattern)*
c) Polymerase d)Prinase

1340. Peptidyl transfer is a / an - *(NEET/DNB Pattern)*
a) Termination factor b) Elongation factor
c) Ribozyme d) None

1341. Nucleotide consists of all *except-(NEET/DNB Pattern)*
a) Sugar b) Phosphate
c) Fatty acid d) Base

1313) c 1314)b 1315) a 1316)a 1317)b 1318)d 1319)a 1320)b 1321)a 1322)d 1323)b 1324)c 1325)c 1326)a 1327) c 1328)b 1329)b 1330)c 1331)b 1332)b 1333)b 1334)c 1335)b 1336)c 1337)c 1338)d 1339)b 1340)c 1341)c

1342. Which of the following statements regarding mature cytoplasmic messeng er RNA is true -
a) Transcribed from Nuclear DNA *(NEET/DNB Pattern)*
b) Has Thiamine in place of Uracil
c) Sugar is Deoxy Ribose
d) Its molecular weight is more than hn-RNA

1343. Which of the following is not a pyrimidine -
a) Uracil b) Thymine *(NEET/DNB Pattern)*
c) Adenine d) Cytosine

1344. Central Dugma of molecular biology includes all except - *(NEET/DNB Pattern)*
a) Transcription b) Translation
c) RNA replication d) DNA replication

1345. Uric acid is formed in humans in - *(NEET/DNB*
a) Liver b) GIT mucosa *Pattern)*
c) Kidney d) Joints

1346. Primer function is in - *(NEET/DNB Pattern)*
a) Transcription
b) Translation
c) Initiation of DNA replication
d) Termination of DNA replication

1347. Nitrogen atoms in purines are derived from all except - *(NEET/DNB Pattern)*
a) Aspartate b) Glutamine
c) THF d) Glycine

1348. Function of exonuclease - *(NEET/DNB Pattern)*
a) Polymerization b) Proofreading
c) Chain elongation d) Termination

1349. Sencent cells are deficient in - *(NEET/DNB Pattern)*
a) RNA polymerase b) DNA polymerase
c) Telomerase d) Helicase

1350. Identification of individed by their DNA was invented by- *(NEET/DNBPattern)*
a) Shapiro b) Lewis
c) Jeffreys d) Pasture

1351. Adenine phosphoribosyl transferase is involved -
a) De novo purine synthesis *(NEET/DNB Pattern)*
b) Purine degradation
c) Salvage synthesis of purine nucleotides
d) None

1352. Deficiency of purine nucleoside phosphorylase causes - *(NEET/DNB Pattern)*
a) Complement deficiency
b) Cellular immunodeficiency
c) Humoral immunodeficiency
d) Combined immunodeficiency

1353. TVansposons are - *(NEET/DNBPattern)*
a) Jumping genes b) Cosmid
c) Episome d) None

1354. In which of the following oligonucleotide primer is used - *(NEET/DNB Pattern)*
a) RFLP b) PCR
c) FISH d) Chromosomal walking

1355. Degeneracy of codon is related to -
a) Transcription *(NEET/DNB Pattern)*
b) Translation
c) Post-translation modification
d) None

MEMBRANE STRUCTURE & FUNCTION

1356. The lipid bilayer of cell membrane exists as -
a) Solid b) Semisolid *(PGI93)*
c) Gel d) Fibres

1357. Biological Cell membrane contains all the following except - *(AT 93)*
a) Steroid receptors b) Prostaglandins
c) Cholesterol d) Cytochrome

1358. A bilipid layer is most permeable to - *(AIMS 82, 83,*
a) Potassium b) Sodium *85,AI88)*
c) Glucose d) Urea

1359. The major driving force for formation of membrane lipid bilayer is - *(DNB 88; AIMS 81)*
a) Hydrogen bonding b) Hydrophobic interactions
c) Van der waal forces d) Not known

1360. "Molecular logic of living state" states all except -
a) Cells maintain a rigid state *(AP 87)*
b) A basic simplicity in biological macromolecular
c) Cells maintain maximum economy
d) All of the above

1361. The following statement about biological membrane is correct - *(UP 97, AIMS 82)*
a) They are symmetric bileaflet structure
b) They constituent lipid & Protein moieties are held together by covalent interaction
c) They are rigid assemblies of protein; lipid & carbohydrates
d) Their lipid molities are amphipathic in nature

1362. Transition temperature of lipid bilayers of cell membranes is increased by - *(AIMS 2K)*
a) Cholesterol
b) Saturated fatty acids
c) Unsaturated fatty acids
d) Hydrocarbons

1363. In cell membrance, following are true except -
a) Lipids are regularly arranged *(PGI98)*
b) Lipids are symmetrical
c) Protein displaced laterally
d) None

1364. Which important component of cell wall has carbohydrate moiety- *(PGI 01)*
a) Phosphoglyceride b) Triacylglycerol
c) Sphingomyelin d) Cholesterol
e) GM_2 Gangliosides

1365. Bilayer cell membrane contains - **(***Orissa 04)*
a) Cholesterol b) Triacyl glycerol
c) Cholesterol ester d) Glycerol

1342) a 1343)c 1344) c 1345)b 1346)c 1347)c 1348)b 1349)c 1350)c 1351)c 1352)b 1353)a 1354)b 1355)b 1356) c 1357) a,b 1358)d 1359)b 1360)a 1361)d 1362)b 1363)b 1364)e 1365)a

1366. The transmembrane region of a protein is likely to have- **(*AI04*)**
a) A stretch of hydrophilic amino acids
b) A stretch of hydrophobic amino acids
c) A disulphide loop
d) Alternating hydrophilic and hydrophobic amino acids

1367. Membrane fluidity is increased by - *(AIIMSMay 05,*
a) Stearic acid b) Palmitic acid *Kerala 01)*
c) Cholesterol d) Linoleic acid

1368. The ligand-receptor complex dissociates in the endosome because - *(AI06)*
a) Of its large size
b) The vesicle looses its clathrin cost
c) Of the acidic pH of the vesicle
d) Of the basic pH of the vesicle

1369. Type of collagen forming basement membrane of kidney - *(PGI June 06)*
a) I b) II
c) m d)IV
e) V

1370. Basement membrane degeneration is mediated by -
a) Metalloproteinases b) Oxidases(*AI07)*
c) Elastases d) Hydroxylases

1371. What is marker for cell membrane - *(PGI June 07)*
a) 5'nucleotidase
b) LDH
c) Galactosyl transferase

1372. Which of the following statements about facilitated diffusion is true - *(AI 09)*
a) It is a form of active transport
b) It requires a carrier protein
c) Rate of transport is proportionate to the concentration gradient
d) Requires creatine phosphate

1373. Eukaryotic plasma membrane is made up of all except - *(AIIMS May 09)*
a) Carbohydrates b) Triglycerides
c) Lecithin d) Cholesterol

1374. Plasmamembrane marker(s) is/are - *(PGIJune 09)*
a) 5'- Nucleotidase b) Galactosy Transferase
c) ATP synthetase d) Adenyl cyclase
e) Na^+-K^+ ATPase

1375. Which of the following is/are plasma membrane enzyme(s)- *(PGI June 09)*
a) Glucose-6-phosphatase b) 5'-Nucleotidase
c) Adenyl cyclase d) Na^+-K^+ ATPase
e) Sialyl transferase

1376. The translocation of Ca^ across a membrane -**
a) Is a passive mediated transport
b) Is an example of a symport system
c) Involves the phosphorylation of a serine residue by ATP *(DELHI PG Feb. 09)*
d) May be regulated by the binding of a Ca^{++}-calmodulin complex to the transporter

1377. Biological membrane has all of the following properties except - *(Punjab 10)*
a) A lipid bilayer
b) Ion channels are mainly lipids
c) Lipids form the membrane
d) Signal transmission

ENDOCRINOLOGY

1378. Insulin has.... amino acids - *(NIMHANS 86)*
a) 49 b)50
c) 51 d)62

1379. Biochemical abnormalities in primary hyper parathyroidism is - *(PGI 87)*
a) Increase Ca + increase $P0_4$
b) Increase Ca_2+decrease $P0_4$
c) Decrease Ca_2+decrease $P0_4$
d) Decrease Ca_2 + increase $P0_4$
e) None of the above

1380. 17-Alpha hdroxylase deficiency causes - *(AJ.89)*
a) Decreased testesterone
b) Decrease of estrogens
c) Decrease glucagon
d) Increase estrogen

1381. The most active form of vitamin D is - *(AIIMS 84)*
a) 25 Hydrocholecalciferol
b) 25 Hydrooxyergocalciferol
c) 24,25 dihydroxycholecalciferol
d) 1.25 dihydroxycholecalciferol

1382. Insulin resistance is seen in - *(AIIMS 86, 81)*
a) Hypothyroidism b) Acromegaly
c) Addision's disease d) Hypopituitarism

1383. What is known as the "second messenger"? -
a) ATP b)ADP *(AIIMS 86)*
c) Cyclic AMP d)GMP

1384. Which of the following hormones are dependant on cyclic AMP? - *(AIIMS 86)*
a) Vasopressin b) Aldosterone
c) Renin d) Angiotensin

1385. Secondary hyperparathyroidsm is caused by -
a) Parathyroidenoma *(IN 89)*
b) Parathyroid hyperplasia
c) Chronic renal failure
d) Milk - alkali syndrome

1386. In secondary hyperparathyroidism there is-
a) Hypercalcemia *(PGI 88)*
b) Hypocalcemia
c) Increased parathoromone
d) Decreased parathoromone

1387. Polypeptide hormones are - *(PGI 86)*
a) Insulin b) Angiotensin
c) Growth hormones d) Progesterone

1388. Major site of action of insulin are - *(PGI 84)*
a) Muscle b) Adipose tissue
c) Liver d) Kidney

1366) a 1367)d 1368)c 1369)d 1370)a 1371)a 1372)b 1373)b 1374)a,d,e 1375)b,c,d 1376)d 1377)b 1378)c 1379)b 1380) a 1381)d 1382)b 1383)c 1384)a 1385)c 1386)b,c 1387)a,b,c 1388)b

1389. Ratio of adrenaline to Noradrenaline - *(PGI83)*
a) 50:60 b) 60:40
c) 70:30 d) 856:15

1390. Tetany can be caused by - *(PGI 83)*
a) Hypocalcemia b) Hypecalcemia
c) Hyperthyroidism d) Hypomagnesemia

1391. The Hormone which has a receptor in the plasma membrane is - *(AI91)*
a) Thyroxine b) Gonadotrophins
c) Cortisone d)Proclactin

1392. The precursor of steroid is - *(AI91)*
a) Amino acids b) Fatty acids
c) Cholesterol d)None

1393. Which of the following is a direct precursor of hormones - *(AIIMS 92)*
a) Ergosterol b) Cyclic AMP
c) Cholesterol d) Tyrosine

1394. Biosynthesis of oestrogens: which is true -
a) Phenol end product *(AIIMS 86)*
b) Aromatization occurs, which requires 0_2 and NADPH
c) Angular methyl at C - 10 is lost
d) Androgens serve as precursors
e) All of the above

1395. True about Insulin is - *(AIIMS 83)*
a) Is a glycoprotein
b) Has a half - life of 4 hours after intervenous injection
c) Increases protein synthesis from aminoacids in muscle
d) Increases the activity of glycogen phosphorylase

1396. Steroids with 8-10 c-atorm side chains at C-17 and a OH group at C-3 are - *(AIIMS 78, ROHTAK 89)*
a) Androgens b) Andrenal corticoids
c) Progestins d) Sterols
e) Bile acids

1397. Urine osmolality in Diabetes insipidus is -
a) < 150 mmol/L b) < 300 mmol/1 *(JIPMER 93)*
c) < 600 mmol/L d) < 900 mmol/L

1398. Chemically, oestrogens are characterised by -
a) Absence of 02 at D - 17 *(PGI 83)*
b) Aromatic charactr at D-ring
c) Absence to methyl group at C - 10
d) A 21 - carbon steroid skeleton

1399. Chemically steroids are derivatives of - *(PGI 85)*
a) Cholesterol
b) Ergosterol
c) Fatty acids
d) Perhydrocyclopentanophenantherene
e) All of the above

1400. Phosphaturia is seen in the following except -
a) Metabolic alkalosis *(JIPMER 80, UPSC 86)*
b) Lead, cadmium or uranium poisonings
c) Hypervitaminosis D
d) Hyperparathyriodism

1401. What serves as a precursor of testosterone -
a) Aldosterone *(AIIMS 86, AI90, PGI 84)*
b) Estrone
c) Methyltestosterone
d) Pregnenolone
e) Andrenosterone

1402. Which of the following contains an aromatic a ring? - *(JIPMER 80, AMC 84)*
a) Estradiol b) Testosterone
c) Aldosterone d) Cortisol
e) Progesterone

1403. Steroles are metabolized to - *(AMU 86)*
a) Coenzyme A b)VitA
c) VitD d)VitE

1404. Enzymes not important in testoterone biosynthesis- *(PGI 81)*
a) 5-alpha reductase b) Delta 5-4 isomerase
c) 18 hydroxylase d) Alpha hydroxylase

1405. Calcium as a second messenger in hormone action involves all except - *(PGI 81, KERALA 87)*
a) Gastrin b) Oxytocin
c) ADH d) Insulin

1406. Estrogen receptors are seen in - *(AI95)*
a) Microsomes b) Membrane bound
c) Nucleus d) Mitochondria

1407. For which is cGMP second messenger - *(TN95)*
a) Thyroxine b) Atrial natriureptic peptide
c) GH d) Cortiosone

1408. Which inhibits adenyl cyclase enzyme - *(TN98)*
a) Somatostatin b) Calcitonin
c) Epinephrine d) Thyroxine

1409. Insulin receptors are - *(ROHTAK 98)*
a) Tyrosine Kinase receptors
b) Phosphodiesterase
c) Calcium calmodulin
d) Lipoprotein lipase
e) All

1410. Which of the following belongs to steroidal receptor superfamily - *(AIIMS 98)*
a) Vitamin D3 b) Encephalins
c) *CM* d) Insulin

1411. Shortest peptide is- *(DNB 2001)*
a) Encephalin b) Vasopressin
c) Angiotensin III d) Glucagon

1412. Following are second messengers - *(PGI 2002)*
a) CAMP b) CGMP
c) Inositol triphosphate d) Diacylglycerol
e) ADP

1413. Insulin acts on glucose metabolism by- *(PGI2000)*
a) T permeability of glucose across cell membrane
b) T permeability across cell membrane against glucose gradient
c) T permeability of renal cells
d) T glucose transport to brain

1389) d 1390) a,d 1391)b,d 1392)c 1393)a 1394)e 1395)c 1396)d 1397)a 1398)c 1399)a,d 1400)a
1401) d 1402) a 1403)c 1404)c 1405)d 1406)c 1407)b 1408)a 1409)a 1410)a 141 l)c 1412)a,b,c,d 1413)b

1414. Which one of the following is present intracellularly in muscle cells - *(AI03)*
a) Insulin b) Corticosteroid
c) Epinephrine d) Glucagon

1415. Early stage of trauma is characterized by - *(AI 03)*
a) Catabolism b) Anabolism
c) Glycogenesis d) Gluconeogenesis

1416. Which of the following is an uncoupler -(*Orissa 04)*
a) Insulin b) Epinephrine
c) GH d) Thyroxine

1417. Which of the following is a membrane-bound enzyme that catalyzes the formation of cyclic AMP from ATP-
a) Tyrosine kinase b) Polymerase*(AI 04)*
c) ATP synthase d) Adenylate cyclase

1418. A small Ca2+ binding protein that modifies the activity of many enzymes and other proteins m response to changes of Ca2+ concentration, is known as - *(AI 04)*
a) Cycline b) Calmodulin
c) Collagen d)Kinesin

1419. In which of the following tissues is glucose transport into the cell enhanced by insulin - *(COMEDK 05)*
a) Brain b) Lens
c) Red blood cells d) Adipose tissue

1420. All the following hormones use cylic AMP as a second messenger except - *(COMED 2006)*
a) Glucagon b) Estrogen
c) Epinephrine d) Luteinizing hormone

1421. Norepinephrine is synthesized from epinephrine by- *(PGMCET01)*
a) Hydroxylation b) N-methylation
c) Deamination d) Carboxylation

1422. C terminal end of androgen receptor is concerned with- *(AI07)*
a) Ligand binding
b) Increasing biological half life
c) Increasing the affinity of receptor to DNA
d) Increasing the level of transcription

1423. Steroid hormone receptors have attachment site for all except - *(Aiims May 08)*
a) Steroid hormone
b) Transcription repressors
c) Hormone responsive element
d) Transcription activators

1424. Human insulin gene receptor found on chromosome-
a) 11 b) 15 *(DPGEE08)*
c) 19 d) 21

1425. What is effect of cortisol on metabolism -
a) t Neoglucogenesis *(PGIDec 08)*
b) T Lipogenesis
c) T Proteolysis
d) Protein anabolism in liver
e) t Glycolysis

1426. Increased blood levels of cholesterol that are seen in hypothyroidism are most likely due to -
a) Decreased calorigenesis *(DELHIPG Feb. 09)*
b) Decreased production of LDL receptor in liver and the thus decreased clearance by liver
c) Decreased production of LDL receptor in the adipose tissue and increased release of cholesterol from adipose tissues
d) Increased breakdown of lipoproteins releasing cholesterol in circulation

1427. Glucose transporter in myocyte stimulated by insulin is- *(AIIMS Nov 09)*
a) GLUT 1 b)GLUT2
c) GLUT 3 d) GLUT 4

1428. Among the following all are hydrophilic hormones that act on cytosolic receptors except one which is a lipophilic hormone that acts on nuclear receptor -
a) Thyroxine b) Epinephrine *(AIIMS May 11)*
c) GH d)ACTH

1429. The rate limiting step in the biosynthesis of catecholamine is catalyzed by - *(Corned 10)*
a) Tyrosin hydroxylase
b) Dopa decarboxylase
c) Dopamine (3 hydroxylase
d) Catechol O-methyl transferase

1430. GLUT-5 is transporter for- *(NEET/DNB Pattern)*
a) Glucose b) Fructose
c) Mannose d) Galactose

1431. Which of the following does not dependent on insulin via GLUT4 for glucose uptake - *(NEET/DNBPattem)*
a) Brain b) Skeletal muscles
c) Cardiac muscles d) Adipose tissue

1432. In which of the following conditions a low/controlled glycemic index diet is preferred? *(NEET/DNB*
a) Diabetes b) hypertension *Pattern)*
c) children d) Normal adults

1433. Glucose transporter involved in insulin stimulate glucose transport is GLUT - *(NEET/DNBPattern)*
a) 1 b) 2
c) 3 d) 4

1434. All are activated by insulin except -
a) Lipoprotein lipase *(NEET/DNB Pattern)*
b) Pyruvate kinase
c) Hormone sensitive lipase
d) Acetyl-CoA carboxylase

1435. Shortest peptide - *(NEET/DNB Pattern)*
a) Angiotensin II b) Angiotensin III
c) Glycogon d) Vasopressin

1436. Insulin stimulates all except - *(NEET/DNBPattem)*
a) Glycolysis b)Lipolysis
c) Protein synthesis d) Lipogenesis

1437. GLUT responsible for secretion of insulin from beta cells of pancreas - *(NEET/DNB Pattern)*
a) 1 b) 2
c) 3 d) 4

1414) b 1415) a 1416)d 1417)d 1418) b 1419)d 1420)b 1421)b 1422)a 1423)b 1424)c 1425)a,c,d 1426)c
1427) d 1428) a 1429)a 1430)b 1431) a 1432)a 1433)d 1434)c 1435)b 1436)b 1437)b

1438. Mutation in GLUT-2 causes-*(NEET/DNB Pattern)*
a) Dandy walker syndrome
b) Fanconi becker syndrome
c) Beckwith syndrome
d) Menke's disease

1439. Which of the following is not steroid -*(NEET/DNB*
a) Estrogen b) Cholic acid *Pattern)*
c) Leukotrians d) Vitamin D

1440. Rate limiting enzyme in testosterone synthesis -
a) 17,20 lyase *(NEET/DNB Pattern)*
b) 20, 22-desmolase
c) 3-pHSD
d) 17-hydroxylase

1441. Increased insulin receptors are seen in -*(.NEET/DNB*
a) Obesity b) Starvation *Pattern)*
c) Acromegaly d) None

VITAMINS

1442. Wernicke's encephalopathy is caused by deficiency of- *(AUNS 87, AT88)*
a)B_1 b) B_2
c)B_6 d) B_{J2}
e) B,

1443. Vitamin essential for transamination is - *(PGI86, JIPMER 87, A.I. 88, Kerala 88, NIMHANS 87)*
a)B_1 b)B_2
c)B_6 d) B_{12}
e)B,

1444. Vitamin K dependent clotting factors are -
a) n b)vn *(PGI 85, 87)*
c) DC d)X
e) All of the above

1445. Cofactor for transaminations *is-(PGI86, AIIMS87,*
a) Thymine *JIPMER 87, Kerala 88)*
b) Riboflavine
c) Pyridoxine
d) Niacin
e) Cyanocobalamine

1446. Vitamine B_{12} is - *(PGI87)*
a) Extrinsic factor of castle
b) Intrinsic factor of castle
c) Cyanocobalamine
d) Decrease Ca_2+decrease Po_4

1447. Biotin is not a coenzyme in - *(AI89)*
a) Propionyl-COA carboxylase
b) Pyruvate carboxylase
c) Pyruvate dehydrogenase
d) Acetyl-COA carboxylase

1448. Biochemical test in thymine deficiency is -
a) FIGLUtest *(PGI 88)*
b) Histidine test
c) Erythrocyte transketolase test
d) Ferric chloride test

1449. Vitamin C is present in largest amount in the body in- *(PGI 83, AI98)*
a) Eye b) Kidneys
c) Testes d) Adrenal cortex
e) Pancreas

1450. Metal in Vitamin B_{12} is - *(PGI 89)*
a) Copper b) Cobalt
c) Iron d)Zinc

1451. Vitamin E prevents rancidity by virtue of its..... property- *(Kerala 90)*
a) Antioxidant b) Oxidant
c) Sulfuration d) Hydrogenation

1452. Malonyl aciduria is seen in deficiency of- *(AIIMS*
a) Pyridoxine b) B_{12} *86, JIPMER91)*
c) Folic acid d) Riboflavin

1453. Conversion of prothrombin to thrombin requires -
a) Factor x only *(AI92)*
b) Factor V only
c) Factors VII,X,V and Ca^{2+}
d) Factors XIVI Ca^{2+}

1454. Conversion of proline to hydroxy proline is by -
a) Vitamin C mediated hydroxylation *(JIPMER 92)*
b) Reverse hydroxylation
c) Inversion
d) Post translation induction

1455. Biotin is essential for - *(JIMPER 92)*
a) Translation b) Carboxylation
c) Hydroxylation d) Choline

1456. The Vitamine required for Carboxylation reaction is - *(AI93)*
a) VitB_2 b) Vitamin B6
c) Biotin d)VitB_{12}

1457. Germ oil has a high content of Vitamin -
a) B b)C *(JIPMER93)*
c) A+B d) E

1458. Vit K plays an essential role in - *(AIIMS 85)*
a) Preventing bile stasis
b) Electron transport
c) Preventing thrombosis
d) Biosynthesis of prothrombin and proconvertin
e) Maintaining retinal integrity

1459. Pantothenic acid acts on - *(AIIMS 94)*
a) NADP b) NAOpH
c) FAD d)CoA

1460. A vitamin which function as reducing agent is -
a) Vitamin C b) Vitamin B_{12} *(AIIMS 86,*
c) Folic acid d) Thiamine *PGI83)*
e) Nicotiamide

1461. Biotin deficiency is characterized by the following execpt - *(AIIMS 80, Kerala 88)*
a) Muscular pain b) Anaemia
c) Nausea d) Dermatitis

1438) b 1439) c 1440)b 1441)b 1442)a 1443)c 1444)e 1445)c 1446)a,c 1447) c 1448) c 1449)d 1450)b 1451)a
1452) b 1453) c 1454)a 1455)b 1456)c 1457)d 1458)d 1459)d 1460)a 1461)b

1462. Biological activity of tocopherols has been attributed, in part of their action as - *(AIIMS 87)*
a) Antioxidant
b) Anticoagulants
c) Provitamin
d) Antidotes for selenium poisoning
e) Carriers in electron transport system

1463. Trigonelline, an excretory product is formed in detoxification of - *(AIIMS88)*
a) Thiamine b) Nicotinic acid
c) Riboflavin d) Folic acid

1464. Which of the following vitamin act as a respiratory catalyst - *(PGI84)*
a) B_2 b)Pyridoxine
c) B_{12} d)C

1465. Which vitamin is found as a constituents of warburg yellow enzyme - *(AMU87)*
a)B_J b)B_2
c) Niacin d) Pantothen acid

1466. Which of the following compounds in not a metabolite of niacin - *(PGI81)*
a) Nicotinuric acid
b) Trigonelline
c) Para-aminobenzoic acid
d) N-methylnicotinamide
e) N- methyl-6 pyridone-3 carboxamide

1467. A vitamin related to a co-factor in glycine metabolism is- *(ARMS 83, 85)*
a) VitE b) Folic acid
c) Thiamine d)Cobalamine
e) Pantothenic acid

1468. Two vitamins whose derivatives are involved in transformation of serine to glycine are - *(PGI86)*
a) B_6andB_2 b)B_{12} and nicotinamide
c) Folic acid and B_6 d) Folic acid

1469. Whole wheat is an excellent source of - *(AMU 88)*
a) Vitamin D b) Vitamin C
c) Vitamin A d) Thiamine

1470. Which of the following is not a useful form of Vitamin A - *(JIPMER 78, Delhi 85)*
a) Retinol b) Retinal
c) Retinoic acid d) None of the above

1471. Of prime importance in the structure of flavoproteins is - *(ARMS 78, 82)*
a) VitB6 b) VitB2
c) VitBl d) VitA

1472. Dicumarol is an antimetabolite of - *(AMU85, 88)*
a) Heparin b) Vit K
c) Prothrombin d) Folic acid
e) Coumarin

1473. A low serum carotene level is caused by - *(PGI83)*
a) Vit A deficiency
b) Intrinsic factor deficiency
c) Malabsorption syndrome
d) Achlorhydria

1474. Patients with severe renal disease may not be able to use normal dietary sources of Vitamin -
a) A b)B *(Bihar 89)*
c) C d)D
e) E

1475. Wernickes encephalopathy is due to the dificiency of - *(Kerala 94)*
a) Niacin b) Cyanocobalamine
c) Pantothenic acid d) Thiamine

1476. Vitamin used in the treatment of homocysteinuria is - *(Kerala 94)*
a) B1 b)B5
c) B12 d)B6

1477. Vitamin necessary for Co A **synthesis -** *(A 195,*
a) Pantothenic acid b) Vit C *ARMS 86)*
c) B4 d) Biotin

1478. Thiamine is essential for - *(All India 95)*
a) Pyruvate dehydrogenase
b) Isocitrate dehydrogenase
c) Succinate dehydrogenase
d) Acetyl CoA syntheatase

1479. People eating only maize as staple diet develop niacin deficiency due to - *(All India 95)*
a) Low niacin b) Histidine
c) Isoleucine d) Valine

1480. Vitamin also acting as hormone - *(ARMS97)*
a) Vitamin D b) Vitamin A
c) Vitamin B1 d) Vitamin C

1481. Which vit is synthesized by intestinal sites -
a) VitB b) VitA *(JIPMER 98)*
c) VitD d) VitK

1482. In Beri-Beri,which enzyme activity is measured - *(JIPMER 98)*
a) Transketolase b) Tranaminase
c) Decarboxylase d) Deaminase

1483. Which is not Pyridoxine dependent - *(AUMS97)*
a) Oxaluria
b) Homocystinurea
c) Maple syrup urine disease
d) Xantkenuric aciduria

1484. All are vitamin K dependent clotting factors of hepatic origin except - *(PGI 99)*
a) n b)vn
c) vm d)X

1485. FIGLU is a metabolite of - *(J&K01)*
a) Folic acid b) Histidine
c) Tyrosine d) Alanine

1486. Total serum folic acid is - *(HPU2001)*
a) 5-20 mg/ml b) 10-20 mg/ml
c) 2-20 mg/ml d) 15-20 mg/ml

1487. HDN is seen due to deficiency of vitamin -
a) A b)C *(PGI99)*
c) K d)E

1462) a 1463) b 1464)d 1465)b 1466)c 1467)b 1468)d 1469)d 1470)d 1471)b 1472)b 1473)c 1474)d 1475)d 1476) d 1477) a 1478) a 1479) a 1480) a,b 1481) d 1482) a 1483) c 1484) c 1485) b 1486) None 1487) c

1488. Metabolic bone disease is caused by excess intake of which vitamin- *(PGI2000)*
a) A b)B
c) C d)D
e)E

1489. Which of the following acts as cofactor after it's modification- *(PGI01)*
a) Vit-C b) Pantothenic acid
c) Biotin d)Zinc
e) Copper

1490. Conversion of glycine to serine requires- *(PGI 02)*
a) Folic acid b) Thiamine
c) VitC d) Fe^{2+}
e) Pyridoxal phosphate

1491. During the formation of hydroxyproline and hydroxylysine, the essential factors required is/ are- *(PGI 03)*
a) Pyridxal phosphate
b) Ascorbic acid
c) Thiamine pyrophosphate
d) Methylcobalamine

1492. The pyruvate utilization in tissues is decreased in -
a) Pernicious anemia b) Scurvy *(UPSC 02)*
c) Beriberi d) Pellagra

1493. Thiamine deficiency is known to occur in all of the following except - *(AI03)*
a) Food faddist b) Homocystinemia
c) Chronic alcoholic d) Chronic heart failure

1494. The acitivity of the following enzyme is affected by biotin deficiency - *(AIIMS 03)*
a) Transketolase b) Dehydrogenase
c) Oxidase d) Carboxylase

1495. Not seen in thaimine deficiency - *(APPG 03)*
a) Cerebellar dysfunction b) Amnesia
c) Confabulation d) Nystagmus

1496. Which of the following combinations of biologically active molecules does vitamin A consists of -
a) Retinol, retinal and retinoic acid *(AIIMS 04)*
b) Retinol, retinal and tetrahydrofolate
c) Retinol, Iconjugase and retinoic acid
d) PABA, retinal and retinaldehyde

1497. All are antixidants except - *(HPU 05)*
a) VitA b)VitC
c) VitD d)VitE

1498. Tryptophan load test helps in the evaluation of deficiency of the Vitamin - *(MAHE 05)*
a) Folic acid b) Niacinamide
c) Pyridoxine d) Cyanocobolamine

1499. Diagnosis of folic acid deficiency is done by -
a) FIGLU estimation *(MAHE 05)*
b) Peripheral blood smears
c) AICAR estimation
d) All the above

1500. Following Vitamin Prevents Peroxidation of lipids of cellular level - *(Orissa 05)*
a) Vitamin A b) Vitamin C
c) Vitamin E d) Vitamin K

1501. Which of the following is a component of the visual pigment rhodopsin - *(AIIMS NO V 05)*
a) [3-Carotene b) Retinal
c) Retinol d) Retinoic acid

1502. Vitamin A is stored mainly as retinol esters in -
a) Kidney b) Muscle*(AIIMS NO V 05)*
c) Liver d) Retina

1503. Both Vitamin K and C are involved in - *(AI 05)*
a) The synthesis of clotting factors
b) Post translational modifications
c) Antioxidant mechanisms
d) The microsomal hydroxylation reactions

1504. Vitamin B_{J2} acts as co-enzyme to which one of the following enzymes - *(AI 06)*
a) Isocitrate dehydrogenase
b) Homocysteine methyl transferase
c) Glycogen synthase
d) G-6-P dehydrogenase

1505. All of the following enzymes are regulated by calcium or calmodulin, except - *(AI 06)*
a) Adenylate cyclase b) Glycogen synthase
c) Guanylyl cyclase d)Hexokinase

1506. Amino acid involved in 1 carbon metabolism -
a) Folic acid *(PGI June 06)*
b) Thiamine
c) Pyridoxine

1507. Consumption of raw egg may lead to deficiency of -
a) Biotin b) Riboflavin *(COMED06)*
c) Thiamine d)Avidin

1508. Principle function of cyanocobalamine is -
a) Post translational carboxylation of protein
b) Acts as coenzymes for methionine synthase and **L** methyl melonyl CoA synthase
c) A coenzyme for one carbone transfer in nucleic acid metabolism
d) A cofactor for decarboxylase of ketoacid

1509. Pyridoxine in required as co-factor in all, except -
a) Transamination *(PGMCETOT)*
b) Transketolation
c) Glycogen phosphonylase
d) Decarboxylation

1510. Vitamin A intoxication causes injury to -
a) Lysosomes *(Aiims May 07)*
b) Mitochondria
c) Endoplasmic reticulum
d) Microtubules

1511. Active form of vitamin D is - *(Aiims May 07)*
a) Cholecalciferol b) 24,25 $(OH)_2$ vit-D
c) l,25$(OH)_2$ vit-D d)25-OH vit-D

1512. Vitamin which is excreted in urine is -
a) Vitamin A b) Vitamin C *(Aiims May 07)*
c) Vitamin D d) Vitamin K

1513. Thiamine pyrophosphate is coenzyme required for-
a) Branched - chain amino acid dehydrogenase complex
b) 2 - hydroxyphytanoyl - CoA lyase *(MAHE 07)*
c) Transketolase
d) All of the above

1488) a,d 1489) b 1490)a 1491)b 1492)c 1493)b 1494)d 1495)a 1496)a 1497)c 1498)b 1499)d 1500)c
1501)b 1502)c 1503)b 1504)b 1505)d 1506)a 1507)a 1508)c 1509)b 1510)a 1511)c 1512)b 1513)d

1514. Thiamine deficiency, the thiamine level is best monitored by - *(UP 07, 05)*
a) Tansketolase level in serum
b) Transketolase level in RBC
c) Trans aminase level in serum
d) Trans aminase level in RBC

1515. Biotin deficiency is due to - *(UP 07)*
a) Avidin b) Flavoproteins
c) Metallo flavoproteins d) Oxireductase

1516. Vitamin K is required for - *(AIIMSNov 07)*
a) Hydroxylation b) Chelation
c) Transamination d) Carboxylation

1517. Which of the following is a Water soluble Vitamin?
a) Folic acid b) Vitamin A *(A108)*
c) Vitamin K d) Linolenic acid

1518. Which vitamin is required for carboxylation of clotting factors ? *(AI08)*
a) Vitamin A b) Vitamin D
c) Vitamin E d) Vitamin K

1519. Thiamine deficiency causes decreased energy production because - *(Aiims May 08)*
a) It is required for the process of transamination
b) It is co-factor in oxidative reduction
c) It is co-enzyme for transketolase in pentose phosphate pathway
d) It is co-enzyme for pyruvate dehydrogenase

1520. Diarrhea, Dementia and Dermatitis are seen in deficiency of- *(Manipal 08)*
a) Niacin b) Thiamine
c) Riboflavin d) Folic acid

1521. Thiamine deficiency causes - *(Manipal 08)*
a) Wemickie psychosisb) Pellagra
c) Scurvy d) Night blindness

1522. Thiamine pyrophosphate is coenzyme required for -
a) a-Ketoglutarate —> Succinyl CO A *(Manipal 08)*
b) Transketolase
c) Pyruvate —> Lactate
d) All the above

1523. Post-translational modification of clotting factors requires - *(DPGEE 08)*
a) Vitamin A b) Vitamin B
c) Vitamin E d) Vitamin K

1524. Which of the following statement about thiamine is true? *(AIIMS Nov 08)*
a) It is a co-enzyme of lactate dehydrogenase
b) Its deficiency is associated with scurvy
c) Its co-enzyme function is done by thiamine monophosphate
d) It is co-enzyme for pyruvate dehydrogenase and a-ketoglutarate dehydrogenase

1525. Carboxylation of clotting factors by vitamin K is required to be biologically active. Which of the following amino acid is carboxylated?
a) Histidine b) Histamine *(AIIMS Nov 08)*
c) Glutamate d) Aspartate

1526. Which coenzyme is responsible for carboxylation reaction? *(AIIMS Nov 08)*
a) Biotin b)FAD
c) NADH d) Thiamine pyrophosphate

1527. Panthothenic acid is coenzyme of which of the following reaction (s) - *(PGI Dec 08)*
a) Dehydrogenation b) Oxidation
c) Decarboxylation d) Reduction
e) Acetylation

1528. Initiation of visual impulse is associated with -
a) Condensation of opsin with vitamin A aldehyde
b) Photoisomerization and hydrolysis of visual purple *(AI 09)*
c) *i* NADP
d) 4 NAD

1529. Thiamin requirement increases in excessive intake of- *(AIIMS May 09)*
a) Carbohydrate b) Amino acid
c) Fat d)Lecithine

1530. Overdose of vitamin A mainly affects_____
a) Cytosol *(Maharashtra 10)*
b) Mitochondria
c) Lysosome
d) Cell membrance

1531. Which of the vitamin deficiency lead to lactic acidosis? *(AIIMS Nov 10)*
a) Riboflavin b) Thiamin
c) Niacin d) Panthotheic acid

1532. Vitamin K is involved in post translation modification of- *(AI 11)*
a) Glutamate b) Aspartate
c) Lysine d) Proline.

1533. Thiamine deficiency causes decreased energy production because - *(AI 11)*
a) It is required for the process of transamination
b) It is co-factor for oxidative reduction
c) It is co-enzyme for transketolase in pentose phosphate pathway.
d) It is co-enzyme for pyruvate dehydrogenase and a- ketoglutarate dehydrogenase in Tricarboxylic acid pathway.

1534. Homocystinuria is caused by deficiency of -
a) Riboflavin b) Biotin *(PUNJAB 11)*
c) Pyridoxine d) Thiamine

1535. Conversion of Pyruvate to Acetyl CoA does not require- *(PUNJAB11)*
a) Thiamine b)TPP
c) Pyridoxine d)FAD

1536. Which water soluble vitamin is synthesized in the body? *(PUNJAB11)*
a) Thiamine b) Vitamin C
c) Niacin d) Pyridoxine

1537. Hypervitaminosis-A present with all except -
a) Hyperlipidemia *(Jipmer10)*
b) Alopecia
c) Pseudotumor carebri
d) Hyperstosis

1514) b 1515)a 1516)d 1517)a 1518)d 1519)d 1520)a 1521)a 1522)d 1523)d 1524)d 1525)c 1526)a 1527)e
1528)b 1529) a 1530)c 1531)b 1532)a 1533)d 1534)c 1535)c 1536)c 1537)d

1538. Manifestations of Vitamin E deficiency does not include - *(Jipmer 11)*
a) Hemolysis
b) Testicular atrophy
c) Neurological involvement
d) Thrombocytopenia

1539. Thiamin status of an individual can be detected by activity of which of the following enzymes in erythrocytes? *(Corned 10)*
a) Transaldolase b) Glucose-6-phosphatase
c) Transketolase d) Enolase

1540. Pellagra is caused by deficiency of which vitamin-
a) B_2 b) B_3 *(NEET/DNB Pattern)*
c) Bi d) Folic acid

1541. Which of the following is not an antioxidant -
a) Beta carotene b) Vit C *(NEET/DNB Pattern)*
c) VitE d) Vit Bi

1542. Carboxylation is governed by -*(NEET/DNB Pattern)*
a) Biotin b) Niacin
c) Thiamine d) Pyridoxine

1543. Ascorbic acid is required for synthesis of -
a) Phenylserine *(NEET/DNB Pattern)*
b) Homoserine
c) Hydroxylysine
d) Selenocysteine

1544. Which vitamins are synthesised by intestinal bacteria ? *(NEET/DNB Pattern)*
a) Vit K and D b) Vit K and B
c) Vit K and H (biotin) d) Vit K and E

1545. What is function of Intrinsic Factor - *(1WET/DNB Pattern)*
a) Increases cobalamin absorption
b) Increases folate absorption
c) Converts prothrombin to thrombin
d) Converts fibrinogen to fibrin

1546. Role of Vitamin K for activation in clotting cycle-
a) Carboxylation *(NEET/DNB Pattern)*
b) Hydroxylation
c) Transamination
d) Deamination

1547. Which of the following is not an antioxidant- *(NEET/DNB Pattern)*
a) SOD b) Vitamin A
c) Gluthione peroxidase d) Xanthine oxidase

1548. The role of vitamin K in epoxide cycle is -
a) Carboxylation of glucatamate(7VEE77Z)7V5 *Pattern)*
b) Dehydrogenation of glucatamate
c) Carboxylation of glutamate
d) Dehydrogenation of aspartate

1549. Which vitamin is required for hydroxylation of proline-
a) A b) B *(NEET/DNB Pattern)*
c) C d) D

1550. In humans, ascorbic acid cannot be synthesized because of - *(NEET/DNB Pattern)*
a) Deficiency of G6PD
b) Deficiency of xylulose kinase
c) Deficiency of L-gulonolactone oxidase
d) Deficiency of phosphoglucomutase

1551. Pantothenic acid is needed for donating the following moiety - ***(NEET/DNB Pattern)***
a) Acetyl (or acyl) Co A
b) Carboxyl
c) Hydroxyl
d) Amino

1552. Most potent anti oxidant - *(NEET/DNB Pattern)*
a) Vit A b) Vit K
c) VitE d) VitC

1553. Which of the following is a canstituent of vitamin B12 - *(NEET/DNBPattern)*
a) Iodine b)Zinc
c) Cobalt d) Iron

1554. Coenzyme form of pyridoxine *i$-(NEET/DNB Pattern)*
a) ADP b)NAD
c) PLP d)FAD

1555. B^{12} is needed in which step of folate synthesis - *(NEET/DNBPattern)*
a) Tetrahydrofolate to folinic acid
b) Methyl tetrahydrofolate to tetrahydrofolate
c) Formyl tetrahydrofolate to tetrahydrofolate
d) Methylene tetrahydrofolate to methyltetrahydrofolate

1556. Methylmalonyl aciduria is seen in deficiency of -
a) VitB12 b)VitB6 *(NEET/DNB Pattern)*
c) VitC d) Folic acid

1557. Vit BI is a cofactor for- *(NEET/DNB Pattern)*
a) Transketolaseb) Transaldolase
c) Aldolase A d) AldolaseB

1558. Transketolase activity is seen with which vitamin- *(NEET/DNBPattern)*
a) VitBl b) Vit B2
c)VitB3 d) Vit B4

1559. Pyridoxine helps in generation of which coenzyme -
a) FAD b) ATP *(NEET/DNB Pattern)*
c) NAD d) None

1560. Menadione is an analogue of - *(NEET/DNBPattem)*
a) Vitamin C b) Vitamin A
c) Vitamin D d) Vitamin K

1561. Which vitamin is required for transfer of 1-carbon unit - *(NEET/DNBPattem)*
a) VtaminA b) Folic acid
c) VtaminB_{12} d) Niacin

1562. Scurvy is due to deficiency of - *(NEET/DNB Pattern)*
a) VtaminC b) Vitamin A
c) Vitamin K d) Vitamin E

1563. Diagnosis of vitamin BI deficiency is made by -
a) Thiamine level *(NEET/DNB Pattern)*
b) Transketolase activity
c) Carboxylase activity
d) Transaminase activity

1564. Which vitamindeficiency causes glossitis and cheilosis - *(NEET/DNB Pattern)*
a) Thiamine b) Riboflavin
c) Folic acid d) Vitamin A

1538)d 1539) c1540)b 1541)d 1542)a 1543)c 1544)b>c 1545)a 1546)a 1547)d 1548)c 1549)c 1550)c
1551) a 1552) c1553)c 1554)c 1555)b 1556)a 1557)a 1558)a 1559)c 1560)d 1561)b 1562)a 1563)b 1564)b

1565. 25 hydroxylation of vitamin D occurs - *(NEET/DNB Pattern)*
a) Skin b) Liver
c) Kidney d) Spleen

1566. Only vitamin that help in carbon fixation - *(NEET/DNB Pattern)*
a) Folic acid b) Pantotheinc acid
c) Niacin d) Thiamine

1567. VitaminEis- *(NEET/DNBPattern)*
a) Anticoagulant b) Coagulant
c) Antioxidant d) Antiinflammatory

1568. Vitamin B6 deficiency cause increased oxcretion of- *(NEET/DNB Pattern)*
a) Methylmalonyl CoA
b) Xanthurenic acid
c) Branched cheun keto acids
d) Ketore Bodies

1569. Which of the following is a Fat Soluble vitamin -
a) Thiamine b) Niacine *(NEET/DNB Pattern)*
c) Vitamin A d) Ribaflavin

1570. Vitamin required for collagen synthesis -
a) Vitamin A b) Vitamin C *(NEET/DNB Pattern)*
c) Thiamine d) Folic acid

1571. Decarboxylation reactions require - *(NEET/DNB Pattern)*
a) Riboflavin b) Thiamine
c) Niacin d) Biotin

1572. In folic acid deficiency which of the following is excreted in urine - *(NEET/DNB Pattern)*
a) Kynurenine b) Xantheurenic acid
c) FIGLU d) Methylmalonate

1573. Which of the following is rate limiting step -
a) 25 hydroxylation of vitamin D *(NEET/DNB Pattern)*
b) 24 hydroxylation of vitamin D
c) 1 hydroxylation of vitamin D
d) None

1574. Post translation carboxylation of clotting factors requires- *(NEET/DNB Pattern)*
a) Vitamin C b) Vitamin K
c) Vitamin A d) Vitamin D

1575. Which of the following in not a form of vitamin D-
a) Cholecalceferol b) Calcifediol *(NEET/DNB Pattern)*
c) Ergosterol d) Calcitriol

1576. Which of the following is a provitamin -
a) Ascorbic acid *(NEET/DNB Pattern)*
b) Vitamin-E
c) P-carotene
d) Vitamin-K

NUTRITION & DIGESTION

1577. Vit.B_{12} is absorbed in the- *(JIPMER85,NIMHANS 86, Kerala 87, 90)*
a) Stomach
b) Duodenum
c) Lower jejunum
d) Proximal ileum
e) Terminal ileum

1578. The serine proteases are all except- *(AIIMS 82AI89)*
a) Elastase b) Chymotrypsin
c) Trypsin d) Pepsin

1579. The brush border bound hydrolase linked with sucrase is - *(AIIMS 82, A.L 89)*
a) Alpha dextrinase b) Glucose hydrolase
c) Trehalase d) Alpha fructase

1580. The enzyme primarily responsible for protein degradation in stomach is - *(AI91)*
a) Trypsin b) Pepsin
c) Chymotrypsin d) Endopeptidase

1581. Which is not an endopeptidase - *(Jipmer 92)*
a) Trypsin b) Pepsin
c) Chymotrypsin d) Aminopeptidase

1582. Dietary fibre is rich in - *(AIIMS 92)*
a) Starch b) Pectin
c) Collagen d) Proteoglycan

1583. Zinc is a component of the following except- *(ROHTAK87)*
a) Hexokinase b) Carbonic anhydrase
c) Insulin d) Carboxypeptidase

1584. Rennin is present in - *(AMC86, 89)*
a) Liver b) Kidney
c) Stomach d) Testes

1585. Which of the following is not a trace element-
a) Zn b) Cu *(AIIMS 80, Delhi 86)*
c) Selenium d) Ca^

1586. Ferritin - an inactive form of iron is stored in -
a) Gut b) Spleen *(AMC 82; Delhi*
c) Liver d) All of the above *83, 87)*

1587. Tea and coffee contains - *(Delhi 88)*
a) Tannin b)Zinc
c) Amino acids d) Lactate

1588. Iron overload- *(PGI84)*
a) Cannot occur because very efficient excretory mechanism are available
b) Occur in a deficiency of ferroxidase I
c) Would be accompanied by an increase in total serum transferrin
d) Might be caused by an ingestion of large amounts of iron alongwith alcohol

1589. pH is maximum in - *(JIPMER 80)*
a) Pancreatic secretion b) Intestinal secretions
c) Salivary secretions d) Gastric secretion

1590. Alpha amylase acts on which bond - *(AI96)*
a) Alpha 1-4 bond b) Alpha 1-6
c) Beta 1-4 d) Beta 1-6

1591. All the following are trace elements required by body except - *(TN 97)*
a) Zinc b) Copper
c) Selenium d) Boron

1592. Ferritin stores are present in following sites except- *(JIPMER '98)*
a) Intestine b) Liver
c) Spleen d)Bone

1565)b 1566) a 1567)c 1568)b 1569)c 1570)b 1571)b 1572)c 1573)c 1574)b 1575)c 1576)c 1577)e 1578)d 1579) a 1580) b 1581)d 1582)b 1583)a 1584)c 1585)d 1586)d 1587)a 1588)d 1589)a 1590)a 1591)d 1592) None

1593. Glutathione peroxidase contains - *(Orissa R, AI98,*
a) Selenium b) Iron *96, TN 04)*
c) Zinc d) Copper

1594. Zinc is an essential component of the following enzymes except - *(Kerala 2K)*
a) Carbonic anhydraseb) Alkaline phosphate
c) Xanthine oxidase d) Ethanol dehydrogenase
e) Carboxypeptidase

1595. Absorption of fats is associated with all except -
a) Pancreatic lipase b) Colipase *(PGI02)*
c) Gastric lipase d) Bilirubin
e) Bile salts

1596. Zinc acts as co-factor in- *(PGI 02)*
a) Lactate dehydrogenase
b) Carbonic anhydrase
c) Glutathione peroxidase
d) Alkaline phosphatase
e) Superoxide dismutase

1597. Ceruloplasmin has the activity of - *{Jiprner 03)*
a) Hydrolase b) Enolase
c) Aminotransferase d) Ferroxidase

1598. Which of the following elements is known to influence the body's ability to handle oxidative stress-
a) Calcium b)Iron *(AI 04)*
c) Potassium d) Selenium

1599. Best indicator of iron deficiency - **(,***Jiprner 04)*
a) Serum iron b) Serum ferritin
c) TJBC d) Transferrin

1600. Xeroderma pigmentosum is produced as a result of a defect in - *{AI 04)*
a) DNA polymerase III b) DNA polymerase II
c) DNA exonuclease d) DNA ligase

1601. Dietary fibre contain - *(UP 08)*
a) Collagen b) Pectin
c) Proteoglycans d) Starch

1602. Which of the following vitamins deficiency occurs in exclusively in carnivores - *(UP08)*
a) Thiamine b) Niacin
c) Cobalamine d) Vitamin C

1603. Which of the following is considered the active form of calcium - *(AI08)*
a) Ionised calcium
b) Albumin bound calcium
c) Phosphate bound calcium
d) Protein bound calcium

1604. Which of the following plant components is not fermented by gastrointestinal microorganisms -
a) Lignin b) Cellulose *(AI09)*
c) Hemicellulose d) Pectin

1605. Menkes Kinky hair syndrome is characterized by congenital deficiency of - *(Maharashtra 10)*
a) Serum ceruloplasmin
b) Serum copper
c) Ferochelatase
d) Copper binding ATPase

1606. Which of the following is a non-essential metal/ mineral? *(AIIMS Nov 10)*
a) Sodium b) Manganese
c) Iron d)Lead

1607. Toxicity of ethanol is due to- *(Jiprner 11)*
a) Increased NADH7NAD ratio
b) Decreased lactate/Pyruvate ratio
c) Inhibition of gluconeogenesis
d) Stimulation of fatty acid oxidation

1608. Which of the following trace elements is important for conversion of procollagen to collagen -
a) Se b) Cu *(NEET/DNB Pattern)*
c) Zn d) Mg

1609. The pyruvate utilization in tissues is decreased in - *(NEET/DNB Pattern)*
a) Pernicious anemia b) Scurvy
c) Beriberi d)Pellagra

1610. Which of the following is not a micronutrient -
a) Iodine b)Iron *(NEET/DNB Pattern)*
c) Glucose d)Iron

1611. Conversion of Fe^{+2} to F^{4-3} reaction is called -
a) Haber weiss reaction *(NEET/DNB Pattern)*
b) Fenton's reaction
c) Nemst reaction
d) Donnan reaction

MISCELLANEOUS

1612. Enzyme deficient in Marfans syndrome is -
a) Cystanthione B synthetase *(AIIMS 87, PGI86*
b) Elastase type II *AI88)*
c) Lysyl oxidase
d) Collagenase
e) None of the above

1613. Abnormal constituents of urine are -
a) Ketone *(PGI 8 7, UPSC86, AP 86)*
b) Glucose c) B2 globulin
d) Creatinine e) Urea

1614. Amount of proteins excreted in urine/24 hours -
a) Less than 150mg b) 200 mg *(PGI87)*
c) 225 mg d) 450 mg
e) 800 mg

1615. The following is not a carrier protein - *(AP88)*
a) Ceruloplasmin b) Transferrin
c) Transcobalamine d)Haptoglobulin

1616. Abormal urinary constituents are - *(PGI 89)*
a) Albumin b) Amino acid
c) Creatinine d) Ketone
e) Glucose

1617. Physiological constituents of urine - *(PGI 86)*
a) Urea b) Sugar
c) Albumin d) Creatinine

1618. Myocardium normally utilises - ***(A.I** 90)*
a) Glucose b) Lactose
c) Fatty acid d) Ketones

1593) a 1594)c 1595)d 1596)a,b,d,e 1597)d 1598)d 1599)b 1600)d 1601)b 1602)d 1603)a 1604)a 1605)d 1606)d 1607) a 1608)b 1609)c 1610)c 1611)b 1612) e 1613)a,b,c 1614) a 1615)Noneora 1616)a,d,e 1617) a,d 1618) c

1619. The cellular organelle that stores peroxidases is-
a) Lysozomes b) Peroxisome *(AI91)*
c) Microsomes d) Mitochandria

1620. True blood sugar level measures the levels of- *(JIPMER 92)*
a) Glucose b) Frutose
c) Glucose and Ribose d) A + B

1621. Skeletal muscle in comparison to Heart muscle has - *(AIMS 80, PGI87)*
a) High phospholipid b) High cholesterol
c) Low creatine d) High camosine

1622. Hemoglobinuria is detected by - *(TN 91)*
a) Presence of RBC's on microscopy
b) Spectrophotometry
c) Nitric acid test
d) Fauchet's test

1623. Infant's gastric juice pH is -*(AIMS 94, Kerala 88)*
a) *l A* b)2.1
c) 5.0 d)7.0

1624. Anticoagulant used for preserving blood for prothro -mbin time estimation is- *(AIMS 86,Delhi 82)*
a) Heparin b) Sodium citrate
c) Double Oxalate d)Na

1625. Excess of indican in urine is present in -*(AIMS 86)*
a) Severe constipation b) Gangrene of lung
c) Cholera d) Any of the above

1626. Which of the following is not a correct Match -
a) Murexide test - Uric acid *(AIMS 83, 85)*
b) Jaff's test - Creatinine
c) Rothera's test - Acetone bodies
d) Ehrlich's aldehyde test - Urobilinogen
e) Fourchet test - bile

1627. Ergothioneine is mainly found in - *(PGI 83)*
a) RBC's b) Muscle
c) Brain d) Testes

1628. Prostaglandins- *(PGI86, Karn 89)*
a) Increase irritability of nerve tissue
b) Synthesized from oleic acid
c) Are acyclic fatty acid derivatives
d) Cause hypertension

1629. All of the following are present in sweat except -
a) Calcium b) Lactic acid *(AIMS 94)*
c) Urea d) Uric acid

1630. Normal diastatic index is - *(AIMS 81)*
a) 7-33.3 b) 31.3-51.2
c) 51.2-71.3 d) 71.3-93.1

1631. Indican in urine is tested by - *(AIMS 84)*
a) Ehrlich's aldehyde test b) Obemeyer's test
c) Hay's test d) Fouchet's test

1632. Actin, a muscle protein of molecular weight.. .exists in two forms - *(PGI81, AMU 85)*
a) 50,000A,Bb) 50,000 C,D
c) 60,000 F,G d) 60,000 C,D

1633. Etheral su phates are mainly excreted in -
a) Sweat b) Tears *(PGI85)*
c) Urine d) Faeces

1634. The effect of 2,4 dinitrophenol is to — *(PGI 87)*
a) Lower BMR b) Raise R.Q.
c) Lower R.Q. d) Decrease H. gradient

1635. The freezing point of normal human plasma is -
a) 4°C b)0°C
c) -0.54°C d) -4°C

1636. Xeroderma pigementosum, a rare skin disease is due to an autosomai recessive trait which causes a deficiency of - *(NIMHANS 86)*
a) DNA polymerase
b) DNA - dependent RNA polymerase
c) DNAligase
d) A specific DNA endonuclease

1637. Which of the following is not a major reaction occuring in the hepatocytes - *(AIMS 87)*
a) Bile pigment synthesis
b) Esterification of cholesterol
c) Transamination
d) Glycogenolysis

1638. Myoglobin has molecular weight of.....-
a) 12,600 b) 16,800 *(AIMS 79, PGI83)*
c) 18,200 d) 24,200

1639. I mmol of NaCl contains - *(UPSC 81, 84)*
a) 35.5 g b) 58.3 g
c) 35.5 mg d) 58.3 mg

1640. Bi-Urate test is mainly done for - *(AIMS 87)*
a) Carbohydrate b) Protein
c) Lipids d) Any of the above

1641. Endoplasmic reticulum is not permeable to -
a) Malate b) Phenylpyruvate *(Delhi82,90)*
c) Glycopyrrote d) Triacylglycerol

1642. The blood concentration of H_2C0_3 (meq/L) is -
a) 5 b) 15
c) 20 d)50

1643. Half saturation test is done for -*{AIMS 81, AMU87)*
a) Albumin b) Globulin
c) Fibrin d) Prothrombin

1644. The brain contains relatively high amounts of all of the following except - *(AIMS 83)*
a) Glutamine
b) N-acetylaspartate
c) Gamma-aminobulyric acid (GABA)
d) Glycogen
e) Proteolipid

1645. Urinary specific gravity in a new born is -
a) 1.004-1.005 b) 1.005-1.007 *(NIMHANS86)*
c) 1.007-1.010 d) 1.010-1.020

1646. The mucopolysaccharide hyaluronic acid is found primarily in - *(DNB 89)*
a) Cartilage
b) Mast cells
c) Outer layers of epidermis
d) Vitreous humour of the eye

1647. The anticoagulant normally present in animal cell -
a) Vitamin K b) Heparin *{PGI 85)*
c) Hyaturonidase d) Dicumarol
e) None of the above

1619)? 1620)d 1621) d 1622)b 1623)c 1624)b 1625)d 1626)b 1627)a 1628)a 1629)d 1630)a 1631)b 1632) None 1633)c 1634)d 1635)c 1636)d 1637)a 1638)b 1639)d 1640)b 1641)b 1642)d 1643)b 1644)d 1645) a 1646)d 1647)b

1648. Benedict reagent can detect minimum of Glucose-
a) 0.001% b) 0.02% *(JIPMER 79, DNB 88)*
c) 0.1% d) 0.3%

1649. The most important buffer in extracellular fluid is -
a) Hemoglobin b) Protein *(AIIMS 83, 85,*
c) Phosphate d)$H_20_3/HC0_2$ *Delhi85)*

1650. The earliest sign of impaired renal tubular function is - *(AIIMS 8 7)*
a) Specific gravity
b) Dilution test
c) Osmolality determination
d) Free water clearance

1651. S.G of whole blood is - *(AIIMS 87)*
a) 1.025-1-1.035 b) 1.035-1.045
c) 1.045-1.065 d) 1.065-1.075

1652. Colour index of blood is- *(AIIMS 86)*
a) 0.1-0.5 b) 0.6-0.9
c) 0.9-1.0 d) 1.0-1.2

1653. Addis urine sediment count is a renal-
a) Diagnostic test *(AIIMS 81, 84)*
b) Therapeutic test
c) Test of severity of disease
d) All of the above

1654. Which is the total energy expenditure for protein synthesis per day as a percent of basal metabolism in humans - *(AIIMS 86, AMC 89)*
a) 5% b) 15%
c) 30 d)40%
e) 50%

1655. Sehlesingar's test is done to detect - *(AIIMS 82)*
a) Bile pigment b) Hemoglobinuria
c) Urobilinogen d) Urobilin

1656. Modified koopanyi method is used to estimate in urine - *(PGI81, AMU 84)*
a) Bromide b) Galactose
c) Cystine d) Barbiturates

1657. Daily Excretion of iron in urine is - *(JIPMER 79,*
a) Nil b) 0.01-0.04 mg *AMU85)*
c) 00.06-0.1 mg d)0.1-0.8 mg

1658. Winslow test is used to estimate serum or urinary-
a) Calcium b) Chloride *(AIIIMS 80, 81)*
c) Amylase d) Lipase

1659. Gerhardt's test is positive in significant degree of -
a) Hematuria b) Ketosis *(AIIMS85)*
c) Bilirubinuria d) Pancreatitis

1660. Mature erythrocyte possesses - *(Kerala 98)*
a) Lecithin b) Ganglioside
c) Hemoglobine d) ATP
e) All of the above

1661. The following are crystals of a abnormal urine except- *(PGI81, 83)*
a) Leucine b) Tyrosine
c) Cholesterin d) None of the above

1662. Sulkowitch test is used to estimate of - *(DNB 89)*
a) Serum calcium b) Urinary calcium
c) Urinary 5 HIAA d) Acetone

1663. Laminin is present in - *(AI95)*
a) Basement membrane
b) Inner nuclear membrane
c) Outer nuclear membrane
d) Mitochondria

1664. The normal specific gravity of urine is - *(TN 95)*
a) 1.005-1.015 b) 1.015-1.020
c) 1.030-1.040 d) None

1665. Urinary protein is detected by - *(AI96)*
a) Barfoed test b) Hay's test
c) Boiling test d) Ehrlich test

1666. Which is correct about intracellular fluid -
a) Amount less than ECF *(Assam 95)*
b) Amount more than ECF
c) Amount equal to ECF
d) 70% of total body weight

1667. Keratin is chemically - *(Assam 95)*
a) Leucine b) Cystine
c) Lithium d) None of the above

1668. TVue about prostaglandins is - *(AMU 95)*
a) Short acting
b) Present in many tissues
c) Some require C-AMP for their action
d) All the true

1669. Liver doesn't synthesise - *(UP 97)*
a) Fibrinogen b) Prothrombin
c) Alumin d) Gammaglobulin

1670. In which parameter monitoring urine sample is prevented from such exposure to prevent photo degradation - *(JIPMER 98)*
a) Creatin b) Carotein
c) Cortisol d) Uric acid

1671. Guaiac test is used for - *(KARNAT. 98)*
a) Pentosuria b) Fructosuria
c) Hematuria d) Pancreatitis

1672. Most important compensatory mechanism in metabolic acidosis - *(ROTHAK 97)*
a) Hyperventilation
b) Increased NH3 excretion by kidneys
c) Increased urinary phosphates
d) Increased HC03 production
e) None

1673. Which is true regarding nitric oxide in human beings- *(AI99)*
a) Produced from nitrous oxide
b) Produced only in macrophage
c) Potent vasoconstrictor
d) Potent vasodilator effect

1674. Iron staining is with - *(TN 2001)*
a) H-E stain b) Prussian blue
c) Giemsa stain d) Romanovsky stain

1675. Which Amino acid can proteinate and deproteinate at neutral pH is - *(AIIMS 92)*
a) Serine b) Proline
c) Glycine d) Histidine

1648)c 1649)d 1650)a 1651)c 1652)c 1653)c 1654)b 1655)d 1656)d 1657)c 1658)c 1659)b 1660)e 1661)c
1662)b 1663) a 1664)b 1665)c 1666)b 1667)b 1668)d 1669)d 1670)b 1671)c 1672)b 1673)d 1674)b 1675)d

1676. Base Stacking of DNA is by- *(AIIMS 92)*
a) Hyperchromicity b) Linear dichromicity
c) Hypochromicity d) Electrophoresis

1677. The physiologically important anion other than chloride is - *{ARMS 93)*
a) Nitrate b) Phosphate
c) Bicarbonate d) Sulphate

1678. Marker of Golgi apparatus- ***(A195)***
a) Galactosyl transferase
b) Acetyl CoA synthase
c) Pyruvate kinase
d) Malonyl Co A

1679. Most important intracellular anion is - *(PGI95)*
a) Proteins b)$HC0_3'$
c) Cf d)None

1680. Most diffusible ion in excitable tissue is -
a) Na^+ b)K^+ ***(Am)***
c) $P0_4$- d)Cl-

1681. Aggrecan are - *(PGI 2K)*
a) Meant for platelet aggregation
b) for adhesion of cells to basement membrane
c) For adhesion of fibrinogen receptors to platets
d) Proteoglycan found in cartilage

1682. Energy of the brain starvation is form - *(AI88)*
a) Glucose b) Ketones
c) Fatty acids d) Amino acids

1683. Levostatin acts by - *(ARMS 92)*
a) Metabolising cholesterol
b) HMG Co A reductase inhibition
c) Inhibiting mevalonate Kinase
d) Inhibition of Cholesterol absorption

1684. Which is not encountered in HMG Co A pathway -
a) Cholesterol b) Mevalonate *(PGI 93)*
c) Acetyl Co A d) Pyruvate

1685. The number of ATP molecules generated in the conversion of glycogen to lactate is - *(PGI 93)*
a) 2 b) 14
c) 36 d)38

1686. A sprinter utilises in the first 3 to 4 minutes of a race- *(TN 97)*
a) Creatinine Phosphate b) Muscle glycogen
c) Blood glucose d) None of the above

1687. The poison cyanide inhibits the reaction between -
a) Cytochrome oxidase and molecular oxygen
b) Cytochrome A and cytochrome B *(CUPGEE 02)*
c) Phosphofructokinase and glucose oxidase
d) Haemoglobin and oxyhaemoglobin

1688. Gluconeogenesis is promoted by - *(AI 97)*
a) Insulin b) Calcitonin
c) **CH** d)LH

1689. Cyanide posoning affects--------- function - *(PGI 88)*
a) Respiratory b) Cardiac
c) Renal d) Liver

1690. The feature o Enzyme cascade system is -
a) Amplification *(ARMS 92)*
b) Allostearic inhibition
c) Feedback regulation
d) Counter regulation

1691. In exercising muscle; true about metabolism is -
a) Same in aerobic and anaerobic *(PGI98)*
b) Fatty acids used mainly
c) Glycogen and creatine kinase used aerobically

1692. Melatonin is - *(NIMHANS 01)*
a) Serotonergic b) Dopaminergic
c) Adrenergic d) Estrogenic

1693. Iron is stored in the body in the following except -
a) R.E system b) Spleen *(PGI 79, Rohtak 88)*
c) Gallbladder d) Bone marrow

1694. The state of iron responsible for 0_2 transport -
a)Fe^{++} b) Fe^ *(NMS96)*
c) Both d)None

1695. Hemoglobin unlike myoglobin shows - *(PGI98)*
a) Parabolic curve of oxygen association
b) Positive cooperativity
c) Cooperative index of 81
d) Hill's cofficient of 1

1696. Carbon monoxide combines with - *(Calcutta 2K)*
a) Heme part of hemoglobin
b) Glubin part of hemoglobin
c) Myglobin
d) Plasma

1697. Hydroxylation of Lysine & Proline in collagen synthesis requires all except - *(AllIndia 97)*
a) Dioxygenase b) Ascorbate
c) Pyridoxal phosphate d)0_2

1698. One of the following is due to point mutation -
a) Color blindness *(JIPMER 80,92)*
b) Sickle cell anemia
c) Diabetes mellitus
d) Porphyria

1699. Gene mapping for segments larger than 50-100 kilobases is done by - *(PGI98)*
a) RFLP b)SSCP
c) Picking d) Chromosome walking

1700. Glucose is indispensible source of energy for -
a) Muscle b) Kidney *(JIPMER 95)*
c) Heart d) Erythrocytes

1701. Orange colour of the urine is associated with- *(JIPMER92)*
a) Jaundice b) Diabetes insipidus
c) Urobilinogen d) Alkaptonuria

1702. Green colouration on Benedict's quantitative test implies - *(BIHAR90)*
a) Negative test
b) Sugar less than 0.5%
c) Sugar between 0.5-1%
d) Sugar between 1-2%
e) Sugar over 2%

1676) a 1677)c 1678)a 1679)a 1680)d 1681)d 1682)a,b 1683)b 1684)d 1685)a 1686)b 1687)a 1688)c 1689) a 1690) c 1691)c 1692)a 1693)c 1694)a 1695)b 1696) a,c 1697) c 1698)b 1699)d 1700)d 1701)None 1702)b

1703. Trace element in carbonic anhydrase is -
a) Copper b) Molybdenum *(JIPMER 90)*
c) Zinc d) Magnesium

1704. DNA melting refers to- *(AIIMS 98)*
a) Splitting of DNA into single strands
b) Breaking DNA into fragments
c) Breaking DNA down to bases
d) Fusion of DNA

1705. RFLP is used to identify- *(PGI2002)*
a) Sickle cell anaemia b) B thalassemia trait
c) Von Gierke's disease d) Gilbert's disease
e) Phenylketonuria

1706. Child of Vasanthi, was weaned from breast milk on the fifth day and was given suger cane juice. The child developed hypoglycemia and hepatomegaly. Biochemical examination showed hypophosphatasia and reducing substances in urine. The child is probably suffering from which of the following enzyme deficiencies - *(AIIMS 2K)*
a) Aldolase B b) Fructokinase
c) Glucose 6 Phosphatase d) Beta galactosidase

1707. Prenatal diagnosis is possible for all of following except- *(AI96)*
a) Sickle cell trait
b) B-thalassemia
c) Ectodermal dysplasia
d) Duchennes muscular dystrophy

1708. Cataract in a diabetic is caused by sorbitol which is formed by interaction on glucose by- *(AIIMS 99)*
a) Glucose oxidase
b) Aldose reductase
c) NADPH dependent phosphokinase
d) Hexokinase

1709. FIGLU determination in urine demonstrate deficiency of- *(AIIMS 88)*
a) Iron b) Vitamin B_{12}
c) Folic acid d)Pyridoxine

1710. The enzyme avidin inactivates... in the egg -
a) Pyriodoxine b) Riboflavin *(NIMHANS88)*
c) Biotin d) Thiamine

1711. Micronutrients are those whose daily requirements is less than - *(JIPMER 78, PGI 79)*
a) 100 meg b)10mg
c) 100 mg d)2gm

1712. Features of Vitamin C deficiency is due to defect of which enzyme - *(JIPMER 2K)*
a) Lysl hydroxylase b) Lysl oxidase
c) Procoilagen d) Peptidase

1713. Ferritin is the storage form of iron in -*(Kerala 94)*
a) Spleen b) Intestine
c) Bone marrow d) Pancreas

1714. Thalassemia is produced by which of the following genetic changes - *(PGI2K)*
a) Frame shift mutations b) Non sense mutations
c) Missense mutations d) Deletions
e) Point mutations

1715. The porphyrin present in normal erythrocyte haemoglobin is - *(PGI 81, AIIMS 87)*
a) Coproporphyrin I b) Uroporphyrin III
c) Protoprophyrin III d) Uroporphyrin I

1716. Black Urine is seen in - *(UPSC 87)*
a) Bilirubinuria b) Black water fever
c) Melanuria d) Alkaptonuria
e) All

1717. Green urine is seen in - *(UPSC 87)*
a) Bilirubinuria b) Oxalate poisoning
c) Pneumonia d) Pleural effusion

1718. On a normal diet, the daily excretion of urea is about- *(UPSC95)*
a) 0.5 gm b)5.0gm
c) 25.0 gm d) 100.0 gm

1719. Acholuric jaundice is seen in - *(JIPMER 98)*
a) Infective hepatitis
b) Hemolytic anemia
c) Ca head of pancreas
d) Congenital atresia of bile ducts

1720. Hormone acting on distal convoluted tubule and collecting tubule of kidney are - *(Kerala 94)*
a) Aldosterone b) Oxytocin
c) ADH d) Renin

1721. The action of insulin is primarily on- *(PGI 86)*
a) Muscle b) Liver
c) Adrenals d) Nervous tissue
e) Adipose tissue

1722. Enzyme deficient in diabetes mellitus is - *(JIPMER 79, PGI 84, A189)*
a) Glucokinase b) Hexokinase
c) Phosphorylase d) Pyrophosphate

1723. The following statement about magnesium are true except - *(KERALA2K)*
a) It is the second most common intracellular electrolyte
b) It plays a major role in glycolysis
c) Sixty percent of body magnesium is in bone
d) Most of the intracellular magnesium is in the muscle
e) The range of serum magnesium normally is 15-18 meq/L

1724. Normal serum cholesterol level is - *(AIIMS81, UPSC 84)*
a) 50 to 150 mg/100ml.
b) 300 to 350 mg/100ml.
c) 410 to 560 mg/100ml.
d) 20 to 30 mg/100ml.

1725. Methylmalonic aciduria is due to defect in the metabolism of - *(NIMHANS 01)*
a) Methylmalonic acid b) Valine
c) Lysine d) Arginine

1726. Nitric oxide acts through- *(AI2K)*
a) cGMP b) cAMP
c) Diacetyl glycerol d) Inositol triphosphate

1727. In sepectroscopy, necleotides absorb at 260 mm. This absorbence is due to - *(PGI2002)*
a) Purines and Pyrimidines b)Deoxribose
c) Ribose d) Histone
e) Phosphate

1703) c 1704) a 1705)a,b 1706)a 1707)c 1708)b 1709)c 1710)c 1711)c 1712)a 1713)a,b,c 1714)a,b,d,e 1715) c 1716) b,c,d 1717) a 1718) c 1719) b 1720) a,c 1721) a,b,e 1722) a 1723) d,e 1724) a 1725) a 1726) a 1727)a

1728. The characteristic of collagen is presence of -
a) Glycine b) Methionine *(DNB 91)*
c) Hydroxyproline d) None of the above

1729. In Metabolic alkalosis, which is true about excretion in urine- *(PGI97)*
a) More of NH_3
b) Less of aceto acetic acid
c) Betahydroxy butyric acid
d) Less ammonia

1730. Addition of water in C-C bond is by the enzyme-
a) Hydroxylase b) Dehydrogenase *(PGI 98)*
c) Hydrolase d) Hydratase

1731. True about nitric oxide- *(PGI 01)*
a) Free radical b) Vasodilator
c) Oxidizing d) Catalyst
e) Platelet aggregator

1732. Which is common metabolic process in human as well as bacteria - *(PGI 01)*
a) Purine synthesis
b) Nitrogen fixation
c) Mucolipid formation
d) Nonoxidative photophosphorylation

1733. Which of the following require template for it's formation- *(PGI 01)*
a) Carbohydrate b) Protein
c) Lipid d) Nucleicacid
e) Phospholipid

1734. Energy required for maintainenace of bodily functions of a person weighing 40 kgs is-*(PGI 01)*
a) 1000 kilocalories b) 1500 kilocalories
c) 2000 kilocalories d) 2500 kilocalories
e) 3500 kilocalories

1735. Complement fixation is done by - *(PGI02)*
a) IgG b) IgM
c) IgD d) IgA
e) IgE

1736. Bruton X-linKed agammaglobulinemia is characterised by - *(PGI 02)*
a) fed T-cell in circulation
b) Manifests at birth in male child
c) B-cell normal in circulation
d) Mutation of gene coding tyrosine kinase
e) Lymphnode biopsy reveals a depletion of cells of bursa dependent area

1737. Dominant negative inheritance is seen in-*(PGI 02)*
a) Ehler Danlos syndrome
b) Marfan syndrome
c) Hunter syndrome
d) Osteogenesis imperfecta
e) Hereditary retinoblastoma

1738. True about oncogene- *(PGI 02)*
a) Present in normal cell
b) They are of viral origin
c) They are transduced from virus infected cells
d) P53 is most common oncogene mutation causing malignancy
e) V-oncos are identical with in humans cellular on cogenes (C-oncos)

1739. Regarding oncogenesis - *(PGI 02)*
a) Protooncogenes are activated by chromosomal translocation
b) Malignant transformations involves accumulation of mutations in protooncogenes and tumour suppressor genes
c) Point mutation of somatic cells
d) Increase in telomerase activity causes antitumour effects
e) At G_2-M phase there is loss of inhibitors controlling cell cycle

1740. Cell surface molecules involve in peripheral tolerance induction are - *(PGI03)*
a) $B_?$ and CD_{28} b) CD_{40} and CD^
c) CD_{34} and CD_{51} d) $B_?$ and CD_3

1741. Adenosine deaminase deficiency is seen in -
a) Sever combined immunodeficiency *(PGI 03)*
b) Wiskot Aldrich syndrome
c) Agammaglobulinemia

1742. Immunoglobulin that crosses to the fetus from mother- *(PGI03)*
a) IgG b) IgM
c) IgD d)IgE
e) IgA

1743. Cellular bearings of herediatary diseases seen in-
a) DNA b) Ribosome *(PGI 03)*
c) RNA d) Membrane
e) Porteins

1744. Enzyme deficiency seen in genetic diseases like- *(PGI03)*
a) Tay sach's disease b) Gaucher's disease
c) Cystic Fibrosis d) Wilson's disease
e) Familial hypercholesterolemia

1745. Hybridoma technique is used to obtain - (*UPSC 02)*
a) Purified antibodies b) Purified antigens
c) Purified lymphocytes d) Purified macrophages

1746. Molisch's test is positive in all except- (*Jipmer 03)*
a) Mucoproteins b) Glycoproteins
c) Sucrose d) Phospholipids

1747. Brain lipid binding protein is expressed by which one of the following - *(AIIMS 03)*
a) Mature astrocytes b) Oligodendrocytes
c) Purkinje cells d) Pyramidal neurons

1748. A buffer that is most effective at a pH of about 5 is - *(AIIMS03)*
a) Acetate buffer b) Bicarbonate buffer
c) Phosphate buffer d) Tris buffer

1749. Large amount of SER are found in cells storing -
a) Lipoproteins b) Lipids *(Orissa 04)*
c) Glycogen d) Amino acids

1750. The most important source of reducing equivalents for fatty acid synthesis in the liver is- * *(AIIMS 04)*
a) Glycolysis b)TCA cycle
c) Uronic acid pathway d) HMP pathway

1728)c 1729)d 1730)c 1731)a,b,c,d 1732)a 1733)b,d 1734)a 1735)a,b,c,d 1736)d,e 1737)a,b,d 1738)c,d
1739) a,b,e 1740)a 1741)a 1742)a 1743)a 1744)a,b 1745)a 1746)d 1747)a 1748)a 1749)b 1750)d

1751. Biological role of metallothionens is to sequester harmful metal ions. These bind - *(AIIMS 04)*
a) Cd^{++}, Cu^{++} & Zn^{++} b) Al^{+++}, Hg^{++}& NH_4^+
c) Pt^{++}, As^{+++} & $P0_4$ d) Fe^{+++}, Na^+ & K^+

1752. Structure of Antibodies is composed of -*{SGPGI04)*
a) Single peptide chain
b) Two peptide chain
c) Non sulphur aminoacid
d) 2 heavy & 2 light peptidie chain

1753. Tocopherols are the derivatives of - *{Kerala 04)*
a) Isoprenoid ring b) Tocol
c) Sterol d)Ribitol

1754. Radio isotopes are used in the following techniques except- *(AI04)*
a) Mass spectroscopy
b) RIA
c) ELISA
d) Sequencing of nucleic acid

1755. A signal peptide is directed from cytoplasms to -
a) Nucleus b) Golgi bodies *{SGPGI 05)*
c) Lysosomes d) Endoplasmic retinaculum

1756. Mucopolysaccharidoses are caused by -
a) An increased rate of synthesis of proteoglycans
b) Defects in the degradation of proteoglycans
c) The synthesis of polysaccharides with an altered structure
d) An insufficient amount of proteolytic enzymes

1757. Tartrate libile phosphatase is concentrated in the following tissue - *{MAHE 05)*
a) RBC b) Thyroid
c) Prostate d) Bone

1758. Ladder pattern of DNA electrophoresis in apoptosis is caused by the action of the following enzyme -
a) Endonuclease b) Transglutaminase
c) DNAse d) Caspase *{Jipmer 05)*

1759. Hepatic microsomal enzyme induction occurs by-
a) Located in smooth ER *{PGI June 05)*
b) It's action always lead to inactivation of xenobiotics
c) Causes oxidation, reduction and hydrolysis reactions
d) Certain drug inactivates & certain drug enhances its action

1760. Professional antigen presenting cells-(PG7*June 05)*
a) T-cells b)B-cells
c) Dendritic cells d)NKcell
e) Endothelial cells

1761. Nitric Oxide Synthase - *(MAHA 05)*
a) Is inhibited by Ca++
b) Catalyzes a dioxygenase reaction
c) Accepts electrons from NADH
d) Requires NADH, FAD, FMN & Heme iron

1762. Which one of the following has as one of its major effects, the ability to inhibit platelets aggregation -
a) LeukotrieneA4 b) Prostacyclin *(MAHA 05)*
c) Thromboxane A2 d) Prostaglandin H2

1763. Enzyme which is a marker for mitochondria is -
a) Glutamate dehydrogenase *(APPGE05)*
b) Acid phosphatase
c) Alkaline phosphatase
d) Hexokinase

1764. Which of the following is NOT normally excreted inUrine- *(APPGE05)*
a) Sodium b)$HC0_3$
c) Creatinine d) Uric acid

1765. Severe muscular exercise causes - *(Orissa 05)*
a) Lactic acidosis b) Ketoacidosis
c) Hypothermia d) t CPK levels

1766. The predominant isozyme of LDH in cardiac muscle is- *{AI05)*
a) LD-1 b) LD - 2
c) LD-3 d) LD - 5

1767. What is the most acute effect of smoking cessation-
a) Shift of oxyhemoglobin curve to the right
b) Increased ciliary function *{AIIMS May 05)*
c) Decreased mucous production
d) Decreased incidence of post operative pneumonia

1768. The long and short arms of chromosomes are designated respectively as - *(AI06)*
a) p and q arms b) m and q arms
c) q and p arms d) 1 and s arms

1769. Markers of plasma membrane are - *(PGI June 06)*
a) Galactosyl transferase b) 5 - Nucleotidase
c) Adenyl cyclase d) ATP synthase
e) Glucokinase

1770. Brain fingerprinting - *(PGI June 06)*
a) Used lie-detector
b) Used by EEG on lead
c) Used for quantitative measurement of sulci, gyri
d) Used by DNA

1771. Rate limiting step in gluconeogenesis -
a) Fructose 1, 6 bisphosphatase *(PGI June 06)*
b) Glucokinase
c) Fructokinase

1772. Enzymes involved in PUFA synthesis -*(PGI June 06)*
a) Pyruvate carboxylase b) Acyl transferase
c) Acetyl transferase d) Desaturase

1773. All are lysosomal disorders, except - (*PGMCETOfl)*
a) Gaucher's disease b) Tay Sach's disease
c) Neimann Pick disease d) Von Geirke's disease

1774. Which of the following does not contain uronic acid- *{PGMCET 01)*
a) Heparin b) Keratin sulfate
c) Chondroitin sulfate d) Dermatan sulfate

1775. The cofactor required for the activity of Sulfite oxidase is - *{Corned 08)*
a) Copper b) Selenium
c) Molybdenum d)Zinc

1776. Increased copper excretion in urine is seen in all except-
a) Primary sclerosing cholangitis *(Aiims May 07)*
b) Wilson's disease
c) Primary biliary cirrhosis
d) Hepatocellular carcinoma

1751)a 1752)d 1753)b 1754)c 1755)c 1756)b 1757)c 1758)a 1759)a,c,d 1760)c 1761)d 1762)b 1763)a
1764)b 1765) a 1766)a 1767)a 1768)c 1769)b,c 1770)b 1771)a 1772)d 1773)d 1774)b 1775)c 1776)d

1777. All take place in mitochondria except - *(Aiims May 07)*
a) Fatty acid oxidation b) EMP pathway
c) Electron transport chain d) Citric acid cycle

1778. Which one of the enzyme deficiency is correctly paired ? *(MAHE07)*
a) Fabry's - alpha galactosidase
b) Gauchers - beta glucosidase
c) Cystic fibrosis - glucosidase
d) Chronic bronchitis - alpha 1 antitirypsin

1779. Anion gap means - *(MAHE07)*
a) Gap in anion molecule
b) Difference between high and normal anion gap acidosis
c) Unmeasured ions
d) Primary deficit of anions

1780. Muscle is the major biochemical transducer because it - *(UP07)*
a) Converts potential energy into kinetic energy
b) Converts kinetic energy to potential energy
c) Converts thermal energy to kinetic energy
d) Converts thermal energy to potential energy

1781. Nephelometry is based on the principle of -
a) Light attenuated in intensity by scattering
b) Refraction of light *(AIIMS Nov 07)*
c) Reduced transmission of light
d) Filtration of solutes by kidney

1782. Peroxidase enzyme is used in estimating -
a) Haemoglobin b) Ammonia *(AIIMSNov 07)*
c) Creatinine d) Glucose

1783. Molecular change in Lysosomal storage disorder is- *(AIIMS Nov 07)*
a) Defective fusion of lysosomes and phagosomes
b) Increased synthesis of some substrates
c) Mutation of genes encoding lysosomal hydrolases
d) Membrane defect of lysosomes

1784. All are involved in fast axonal transport, except -
a) Kinesin b)Dynein *(AIIMSNov 07)*
c) Lysosomes d) Neurofilaments

1785. Collagen of which type is found in hyaline cartilage-
a) Type I b) Type II *(AIIMS Nov 07)*
c) Type III d) Type IV

1786. In sickle cell anemia, sickle shapes occurs due to polymerization of - *(UP 08)*
a) Oxyhemoglobin b) Deoxyhemoglobin
c) Methoxyglobin d) Cyanohemoglobin

1787. Serum gamma glutamyl transpeptidase increase in (GGT)- ***(UP 08)***
a) Hepatitis b) Alcoholism
c) Muscular dystrophy d) Mycardial infarction

1788. All of the following are trypsin inhibitors, Except -
a) Alpha -1 antitrypsin *(AI08)*
b) Alpha - 1 - antiproteinase
c) Enterokinase
d) Egg - white

1789. Neutral molecules are transported by - *(AI08)*
a) Porin channels b) Ionophores
c) Simple diffusion d) None of the above

1790. Phosphatidyl choline in a lipid monolayer, at pH of 3.5 leads to - *(Aiims May 08)*
a) Decreased surface potential
b) Increased surface potential
c) Decreased dipole moment
d) Zero dipole moment

1791. True about G protein coupled receptors is -
a) G proteins bind to hormones on the cell surface
b) All the three subunits alpha, beta and gamma should bind to each other for G protein to act
c) G proteins act as inhibitory and excitatory because of difference in alpha subunit *(Aiims May 08)*
d) G protein is bound to GTP in resting state

1792. Normal plasma osmolality is - *(Manipal 08)*
a) 275-300 milliosmol/kg b) 310-340milliosmol/kg
c) 200-240 milliosmol/kg d) 160-180 milliosmol/kg

1793. Fireflies produ ce light due to - *(AIIMS Nov 08)*
a) NADH b)GTP
c) ATP d) Phosphocreatinine

1794. Action of a-subunit of G protein is - *(AIIMSNov 08)*
a) Breakdown of GTP to GDP
b) Conversion of GDP to GTP
c) Internalization of receptors
d) Binding of agonist

1795. Which of the following side chains is least polar -
a) Methyl b) Carboxyl *(AI09)*
c) Amino d) Phosphate

1796. After overnight fasting, levels of Glucose transporters are reduced in - *(AI09)*
a) Brain cells b) Hepatocytes
c) Adipocytes d) RBCs

1797. Acetyl CoA can be converted into all of the following Except- *(AI09)*
a) Glucose b) Fatty acids
c) Cholesterol d) Ketone bodies

1798. Sickling in 'HbS^f disease is primarily caused by -
a) Decreased solubility *(AI09)*
b) Decreased stability
c) Altered function
d) Altered 0_2 binding capacity

1799. Energy expenditure in resting state depends on -
a) Lean body mass *(AI 09)*
b) Adipose tissue
c) Resting Heart rate
d) Exercise

1800. Which of the following statements about recommended dietary allowances (RDA) is true -
a) RDA is statistically defined as two standard deviations (SD) above estimated average requirement (EAR) *(AI 09)*
b) RDA is defined as being equal to the estimated average requirement (EAR)
c) RDA is defined as being equal to adequate intake (AI)
d) RDA is defined as the recommended minimum requirement

1777)b 1778) a 1779)c 1780)a 1781)a 1782)d 1783)c 1784)d 1785)b 1786)b 1787)b 1788)c 1789)c 1790)?
1791)c 1792) a 1793)c 1794)a 1795)a 1796)c 1797)a 1798)a 1799)a 1800)a

1801. Monoprotic acid are - *(PGIJune09)*
a) Formic acid b) Carbonic acid
c) Acetic acid d) Citric acid
e) Nitric acid

1802. I-cell disease is associated *vrith-(DELHIPGFeb. 09)*
a) Golgi apparatus b) Lysosomes
c) Peroxisomes d) Mitochondria

1803. The current view regarding self-tolerance is that self antigens are presented along with nonself antigens but are then eliminated in the thymus during early development. This is known as -*(DELHI PG Feb. 09)*
a) Autoimmunity b) Clonal selection
c) Clonal anergy d) Clonal deletion

1804. Base excision repair - *(DELHIPG Feb. 09)*
a) Is used only for bases that have been deaminated
b) Uses enzymes called DNA glycosylases to generate an abasic sugar site
c) Removes about 10-15 nucleotides
d) Requires the action to E. coli DNA polymerase III

1805. Botulinum toxin produces skeletal muscle paralysis by- *(DELHIPGMar. 09)*
a) Enhancing release of norepinephrine
b) Inhibiting release of acetylcholine
c) Direct damage to nerve endings
d) Producing hemolysis

1806. The predominant component of osteoid matrix of bone is - *(DELHIPG Mar 09)*
a) Type I collagen b) Chondroitin sulfate
c) Keratin sulfate d) Dermatan sulfate

1807. Positive benzidine test is/are seen in- *(PGINov 09)*
a) Hemoglobin b) Myoglobin
c) Porphobilinogen d) Glucose
e) Bilirubin

1808. Danaparoid contains - *(PGI Nov 09)*
a) Keratin sulphate b) Chitin
c) Dermatan sulphate d) Heparan sulphate
e) Keratin

1809. Which of the following act as antioxidants -
a) Vit. D b) Vit. C *(PGINov 09)*
c) Selenium d) Glutathione peroxidase
e) VitE

1810. In CRP, the C stands for- *(AIIMSNov 09)*
a) CanavallinA
b) Cellular
c) Chondoitin sulfate
d) C polysaccharide of streptococcus

1811. Which statement is incorrect - *(AIIMSNov 09)*
a) Chemiluminescene: excited electron in higher orbit comes to lower orbit by emitting energy in form of photon
b) Bioluminescence: is a form of chemiluminescence
c) Phosphorescence: is energy emitted following absorption of EM radiation
d) Electrochemiluminescence: is energy emitted by photon

1812. A 40 yr old woman presents with progressive palmoplantar pigmentation. X-ray spine shows calcification of intervertebral discs. On adding Benedict's reagent to urine, it gives greenish brown precipitate and blue-black supernatant fluid. What is the diagnosis? *(AIIMS May 10)*
a) Phenylketonuria
b) Alkaptonuria
c) Tyrosinemia type-2
d) Argininosuccinic aciduria

1813. Method of chromatography in which molecules that are negatively charged are selectively released from stationary phase into the positively charged molecules in mobile phase is termed - *(AI10)*
a) Affinity chromatography
b) Ion - Exchange chromatography
c) Adsorbtion chromatography
d) Size - Exclusion chromatography

1814. Rothera's test used for detection of - *(AI 10)*
a) Proteins b) Glucose
c) Fatty acid d) Ketones

1815. Prenatal diagnosis of hemophilia is best done by -
a) PCR b) Linkage analysis *(AI 10)*
c) Cytometry d) Microarray

1816. Detoxification of drugs is controlled by - *(DPG10)*
a) Cytochrome b) Cytochrome P450
c) Cytochrome C d) Cytochrome A

1817. Maple syrup urine disease is due to deficiency of -
a) Decarboxylation b) Dehydroxylation *(DPG 10)*
c) Transamination d) Deamination

1818. Which of the following is an inhibitor of platelet aggregation? *(DPG 10)*
a) LeukotrieneA4 b) Prostacyclin
c) Thromboxane A2 d) Protaglandin H2

1819. Specific dynamic action is greatest *of-(Mah-stra 10)*
a) Protein b) Carbohydrates
c) Fat d) Vitamins

1820. Sulphur donor in phase II Detoxification is_____
a) FeS b)SAM *(Maharashtra 10)*
c) PAPS d)GSH

1821. Chalones are of cell division - *(Maharashtra 10)*
a) Regulators b) Promoters
c) Inhibitors d) Initiators

1822. **True about location of** Ig **chromosome-**(PG/*Nov 10)*
a) k-2 b) k-6
c) k-14 d) ***X-22***
e) ***X***-10

1823. Correct order of switching of Ig- *(PGINov. 10)*
a) IgMtoIgG b)IgMtoIgG
c) IgM to IgA d) IgM to IgD
e) IgEtoIgG

1824. Correct pair of Ig subclass with their heavy chain-
a) IgM-a (alpha) b) IgM-y (gamma) *(PGINov. 10)*
c) IgM-8 (delta) d)IgE-y (gamma)
e) IgA-y(gamma)

1801) a,c_5e 1802)b 1803)d 1804)b 1805)b 1806)a 1807)a,b 1808)a,c,d 1809) a,b,c,d,e I810)d 1811)d
1812) b 1813) b 1814) d 1815)a 1816)b 1817)a 1818)b 1819)a 1820)c 1821)c 1822)a,d 1823)a,c 1824)None

1825. IVue about IgM - *(PGINov 10)*
a) Fix Complement
b) Increased in primary response
c) Fab region is composed of variable region
d) Fc is antibody - binding portion

1826. TYansportofADPin and ATP out of mitochondria is inhibited by - *(AIIMS Nov 10)*
a) Atractyloside b) Oligomycin
c) Rotenone d) Cyanide

1827. Following modification occurs in Gs subunit which leads to watery diarrhea in cholera-f/IZZMS' *May 11)*
a) ADP ribosylation b) ATP-ADP transfer
c) Phosphorylation d)Dephosphorylation

1828. Which of the following statement is true - *(A111)*
a) Sulfonamides inhibit folate reductase irreversibility
b) Ethanol inhibits aldehyde dehydrogenase when used in methanol poisoning
c) Acetylcholinesterase inhibition by malathion can be reversed by increasing the levels of Acetylcholine
d) Fluoroacetate competitively inhibits Aconitase

1829. Phase-I of xenobiotic reactions include -
a) Acetylation b) Methylation *(Jipmer 10)*
c) Hydroxylation d) Glucorinidation

1830. All the following biochemical changes occur in acute starvation exept- *(Jipmer10)*
a) Increased gluconeogenesis in liver
b) Increased glycogenolysis in liver
c) Increased lipogenesis
d) Ketone bodies utilized by brain for energy

1831. Vital event in MI - *(Jipmer 11)*
a) Increase in ATP synthesis
b) Increased calcium efflux from SR
c) Increase in pH
d) Anaerobic glycolysis

1832. Northern blot is used for - *(Jipmer 11)*
a) RNA b)DNA
c) Protein d) Antigens

1833. Which one of the following is a phase I reaction in xenobiotics- *(Jipmer 11)*
a) Hydroxylationb) Methylation
c) Conjugation d) Acetylation

1834. Which of the following GAG is not sulphated -
a) Chondroitin *(NEET/DNB Pattern)*
b) Dermatan
c) Keratan
d) Hyaluronic acid

1835. Protein glycosylation occurs in - *(NEET/DNB*
a) ER b) Golgi bodies *Pattern)*
c) Mitochondria d) Peroxisomes

1836. Xanthoproteic reaction involves - *(NEETPattern)*
a) Nitric acid b) HCL
c) H_2S0_4 d) Carbolic acid

1837. Calorie provided by 1 gm dictery fibre is -
a) 2 cal b) 10 cal
c) 15 cal d) 20 cal

1838. In a person fasting overnight with carnitine deficiency, following chemicals increase in quantity in blood - *(NEET/DNB Pattern)*
a) Glucose b)Fatty acids
c) Amino acids d)Ketone bodies

1839. Weakest bond is - *(NEET/DNB Pattern)*
a) Covalent b)Hydrogen
c) Electrostatic d)Vander wall

1840. Oxidative deamination occurs *m-(NEET/DNBPattern)*
a) Cytoplasm of all cells
b) Mitochondria of all cells
c) Cytoplasm of hepatocytes
d) Mitochondria of hepatocytes

1841. Retheras test is used for - *(NEET/DNB Pattern)*
a) Bilirubine in urine
b) Sugar in urine
c) Protein in urine
d) Ketone bodies in urine

1842. Organ which can utilize glucose, FA and ketone bodies is - *(NEET/DNB Pattern)*
a) Liver b) Brain
c) Skeletal muscle d)RBC

1843. In FITC the color emitted after blue light absorption ? *(NEET/DNBPattern)*
a) Yellow green b) Orange red
c) Apple green d) Golden brown

1844. Which of the following occurs in mitochondria -
a) Glycolysis b) HMPshunt *(NEET/DNB*
c) TCA cycle d) Glycogenesis *Pattern)*

1845. DNA microarrays allow detection of Gene mutations using - *(NEET/DNB Pattern)*
a) Polymerase chain Reaction b) Cloning
c) Southern Blotting d) Hybridization

1846. Which of the following is based on ionic charge -
a) Filtration b) Dialysis *(NEET/DNB Pattern)*
c) Electrophoresis d) Ultracentrifugation

1847. Brain cannot utilize - *(NEET/DNB Pattern)*
a) Glucose b) Fatty acids
c) Ketone bodies d) None

1848. Chromosomal study is best carried out in -*(NEET/*
a) Prophase b) Metaphase *DNB Pattern)*
c) Telophase d) Anaphase

1849. NO is synthesized by all *except-(NEET/DNB Pattern)*
a) Endothelium b) Platelets
c) Neuron d) Macrophages

1850. Gas-liquid chromatography is used for -*(NEET/DNB*
a) Antigen b) Antibody *Pattern)*
c) Fatty acids d) Harmon receptor

1851. Substance with highest thermogenic effect -*(NEET/*
a) Fat b) Proteins *DNB Pattern)*
c) Carbohydrate d) All are the same

1852. Preteomics is - *(NEET/DNB Pattern)*
a) Study of structure and function of proteins
b) Study of genome
c) Study of structure and function of a cell
d) Study of structure and function of sugar

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1825) a,b,d 1826)a 1827)a 1828)d 1829)c 1830)c 1831)d 1832)a 1833)a 1834)d 1835)b 1836)a 1837)a 1838) b 1839) d 1840)d 1841)d 1842)c 1843)a 1844)c 1845)d 1846)c 1847)b 1848)b 1849)b 1850)c 1851)b 1852) a



SOCIAL & PREVENTIVE MEDICINE

CONCEPT OF HEALTH AND DISEASE

HEALTH

1. **Definition of health given by WHO includes which of the following dimension -** *(PGIDec 01)*
   a) Social b) Physical
   c) Mental d) Emotional
   e) Economic
2. **Optimal healthy life includes -** *(PGI2002)*
   a) Moderate physical exercise
   b) Athletic involvement
   c) Sufficient nutrition
   d) Mental peace
   e) Blood & urine examination at least twice a year
3. **Which of the following is the current trend in Health Care-** *(AI10)*
   a) Qualitative enquiry
   b) Community participation
   c) Equitable distribution
   d) Primary Health Care

CONCEPT OF WELL BEING

4. **Standard of Living (WHO) includes all except -**
   a) Income *(NEET/DNB Pattern)*
   b) Sanitation & nutrition
   c) Level of provision of health
   d) Human rights
5. **All of the following indicators are included in Physical Quality of Life Index (PQLI) except -**
   a) Infant mortality rate *(AI 06, 07)*
   b) Life expectancy at age one
   c) Literacy rate
   d) Per capita income
6. **PQLI included are -** *(PGI June 08)*
   a) Literacy b) Infant mortality
   c) Income d) Life expectancy at birth
7. **PQLI includes -** *(NEET/DNB Pattern)*
   a) IMR b) Life expectancy at birth
   c) MMR d) Per capita income
8. **Human living standards can be compared in different countries by -** *(NEET/DNB Pattern)*
   a) HDL b) PQLI
   c) HPI d)DALY
9. **Human development index includes A/E -**
   a) Crude death rate *(AIIMS May 01)*
   b) Education
   c) Life expectancy at birth
   d) GDP
10. **Human Development Index (HDI) values range between -**
    a) - 1 to + 1 b) 0 to 1
    c) 0 to 3 d) 1 to 3
11. **The value of Human Development Index in India is -** *(NEET/DNB Pattern, Jipmer 03)*
    a) 0.500 b) 0.545
    c) 0.505 d) 0.540
12. **Human development index includes -** *(PGIDec 0 7, May 11)*
    a) Crude death rate
    b) Life expectancy at one year
    c) Life expectancy at birth
    d) Adult literacy rate
    e) GDP
13. **Human development index is composite of the following except -** *(AI 11)*
    a) Life expectancy at birth
    b) Adult literacy rate and mean year of schooling
    c) CDP
    d) Life expectancy at one year
14. **Age limit for HDI?** *(NEET/DNB Pattern)*
    a) 25 to 85 yrs b) 25 to 50 yrs
    c) 15 to 45 yrs d) 50 to 75 yrs
15. **Poverty index does not include?** *(DNB June 2010)*
    a) Longlife b)Knowledge
    c) Standard of living d) Income

CONCEPT OF DISEASE CAUSATION

16. **All of the following are components of Epidemiological triad except -** *(AI 98)*
    a) Environment b) Agent
    c) Host d) Manpower
17. **The manner in which a disease behaves in a community is determined by -** *(AIIMS 80,AMU 86)*
    a) Infectiousness of disease
    b) Density of aggregation of population
    c) Standard of hygiene
    d) Size of reservoir of infection
    e) All of the above
18. **Web Causation of disease is most appropriate -**
    a) Mostly applicable for common disease
    b) Better for all the related factors associated with causation of disease *(NEET/DNB Pattern)*
    c) Epidemiological ratio
    d) Helps to interrupt the risk of transmission
19. **Epidemiologic Web Of Causation[f]theme by -**
    a) Lui pasture *(NEET/DNB Pattern)*
    b) Robert Koch
    c) McMahon and Pugh
    d) None
20. **Demarcation line in iceberg disease is between -**
    a) Symptomatic and asymptomatic cases *(AI08)*
    b) Diagnosed and undiagnosed cases
    c) Apparent and inapparent cases
    d) Case and carriers

1)a,b,c,e 2)a,c,d 3)b 4)d 5)d 6)a,b 7)a 8)b 9)a 10)b l1) b 12)c>d,e 13)d>b,c
14) None > a 15)d 16)d 17)e 18)b 19)c 20)c

21. According to the concept of iceberge phenomenon of disease, all of the following statements about the submerged portion of the ice berg are true except -
a) It includes sub-clinical cases *(Corned 07)*
b) It includes carriers
c) It constitutes undiagnosed reservoir of infection
d) Diagnosis can be made with available techniques

22. All show iceberg phenomenon except - (JIPMER 98)
a) Influenza b) Polio
c) Hepatitis d) Chicken pox

CONCEPT OF CONTROL

23. The term "Disease Control" describes ongoing operations aimed at reducing the following except the- *(UPSC2006)*
a) Incidence of disease
b) Financial burden to the community
c) Virulence of the disease agent
d) Disease duration

24. A state of disease endemicity in which disease transmission has been stopped but the agent persists is- *(AI12)*
a) Eradicationb) Elimination
c) Control d) Holoendemic

25. The only disease which has been eradicated -
a) Chickenpox b) Smallpox*(A192)*
c) Measles d) Influenza

26. Disease eradicated from India is/are -(PGI June 08)
a) Smallpoxb) Guinea worm disease
c) Yaws d) Measles
e) Polio

27. Disease which is close to be eradicated in India -
a) Diphtheria b) Measles *(MAHE 2001)*
c) Polio d) Guinea worm disease

28. In a population to prevent coronary artery disease changing harmful lifestyles by education is referred to as- *(AIMSMay 01)*
a) High risk strategy
b) Primary prevention
c) Secondary prevention
d) Tertiary prevention

29. A concept directed against prevention of risk factors of coronary artery disease is - *(AIIMS 01)*
a) Primordial prevention b) Secondary prevention
c) Health education d) Primary prevention

30. All of the following are methods of health promotion except - *(AIIMS 98)*
a) Immunization b) Nutritional changes
c) Behavioral changes d) Health education

31. Immunization is - *(NEET/DNB Pattern)*
a) Primary prevention
b) Secondary prevention
c) Tertiary prevention
d) Disability limitation

32. Vitamin A prophylaxis is an example -
a) Primordial prevention *(AIIMS May 10, AI09)*
b) Health promotion
c) Specific protection
d) Disability limitation

33. Iodized salt in iodine deficiency control programme is - *(NEET/DNB Pattern)*
a) Primary prevention
b) Secondary prevention
c) Teriary prevention
d) None

34. Pap smear is an example of - *(AI 88)*
a) Primary level of prevention
b) Secondary level of prevention
c) Teritary level of prevention
d) None of the above

35. Primary prevention in coronary heart diseases -
a) Exercise in high risk area *(PGIDec 07)*
b) BP monitoring
c) Salt restriction
d) Statins
e) TMT

36. Primordial prevention in myocardial infarction are all except - *(A ll India 9 7)*
a) Maintenance of normal body weight
b) Change in life style
c) Change in Nutritional habits
d) Screening for hypertension

37. An example of disability limitation is - *(AIIMSMay 08, 07, Nov 06)*
a) Immunization against tetanus
b) Providing children with polio with calipers
c) Resting the affected limb in neutral position
d) Arranging for schooling for children suffering from PRPP

38. Disability limitation is a part of prevention- *(NEET/DNB Pattern)*
a) Primary b) Secondary
c) Tertiary d) None

39. Any loss or abnormality of psychological physiological or anatomical stuctures or function -
a) Impairmentb) Disability *(AIIMS Nov 06)*
c) Handicap d) Disease

40. Which is the correct order - *(NEET/DNB Pattern)*
a) Disease-impairment-disability-handicap
b) Disease-Diability-impairment-handicap
c) Impairment-Disease-Handicap-Disability
d) None

41. The restoration of body function is known as -
a) Vocational rehabilitation *(AIIMS 81, PGI 84)*
b) Medical rehabilitation
c) Social rehabilitaion
d) None of these

42. Loss of part or function - *(NEET/DNB Pattern)*
a) Impairment b) Disability
c) Handicap d) Disease

21)d 22) d 23) c 24) b 25) b 26) a,b 27)a,b,c 28) b 29) a 30) a 31) a 32) c 33) a 34) b
35) a,b,c,d 36) d 37) c 38) c 39) a 40) a 41) b 42) a

43. Which of the following is primordial prevention for NCD (non communicable disease) - *(PGI June 05)*
a) Salt restriction in high NCD area
b) Smoking cessation in high NCE area
c) Preservation of traditional diet in low NCD area
d) Early diagnosis & treatement
e) Excercise in high NCD area

44. Primordial prevention is done in population -
a) With risk factors *(AI00)*
b) Without risk factors
c) Whole population with low prevalence of disease
d) Population with disease

45. Primary prevention does not include - *(AI 00)*
a) Early diagnosis and treatment
b) Health promotion
c) Specific protection
d) Health education

46. Primary prevention - *(PGI June 0 7)*
a) Marriage counseling
b) Early diagnosis and treatment
c) Pap smear
d) Self breast examination
e) Immunization

47. Primary prevention includes: *(PGINov 10)*
a) Marriage counselling
b) Health education
c) Pap smear
d) Self breast examination
e) Health promotion

48. Sputum examination for AFB is a type of - *(AI95)*
a) Primary prevention
b) Secondary prevention
c) Tertiary prevention
d) Primordial prevention

49. Iron and folic acid supplementation to the children forms - *(PGI June 06)*
a) Health promotion
b) Specific protection
c) Primary prevention
d) Secondary prevention

50. Iron and folic acid supplementation forms - *(AI 02)*
a) Health promotion
b) Specific protection
c) Primordial prevention
d) Primary prevention

51. Analysis of routine measurement is aimed at detecting changes in environment - *(NEET/DNB Pattern)*
a) Monitoring b) Surveillence
c) Isolation d) None

52. About monitoring true is / are - *(PGIDec 07)*
a) Broader concept
b) Analysis of measurements for detecting changes in health status
c) An essential part of surveillance
d) Smaller concept
e) Continues after disease elimination

53. Missing cases are detected by - *(AIIMS 99)*
a) Active surveillance
b) Passive surveillance
c) Sentinel surveillance
d) Prevalence rate

54. The most important function of sentinel surveillance is - *(AI 02)*
a) To find the total amount of disease in a population
b) To plan effective control measures
c) to determine the trend of disease in a population
d) To notify disease

55. Disease under WHO surveillance - *(AI 97)*
a) Rabies b) Mumps
c) Hepatitis d) Tetanus

56. International disease surveillance is for -
a) Hepatitis b) Polio *(NEET/DNB Pattern)*
c) TB d) Leprosy

57. Which disease comes under international surveillance - *(NEET/DNB Pattern)*
a) Typhoid fever b) Salmonellosis
c) Chikungunya fever d) Hepatitis B

58. True morbidity in a population can be calculated by-
a) Sentinel surveillance *(AIIMS 02)*
b) Passive surveillance
c) Active surveillance
d) Monitoring

59. Sentinel surveillance is done to - *(AIIMS 00)*
a) Known the total no. of cases in community
b) Know the hidden cases in community
c) Know natural history of disease
d) Plan intervention

60. HIV prevalence can be assessed by- *(NEET/DNB Pattern)*
a) Sentinel surveillance b) Active
c) Passive d) Register

INDICATORS OF HEALTH

61. All are morbidity indicators execpt - *(AI 91)*
a) Period of stay in hospital
b) Doctor : population ratio
c) Attendance at out patient department
d) Notification rates

62. Which of one of the following is NOT a utilization rate-
a) Population bed ratio *(UPSC-II09)*
b) Bed occupancy rate
c) Bed turnover ratio
d) Average length of stay

63. Sullivan's index indicates - *(MAHE 98)*
a) Life free of disability
b) Pregnancy rate per HWY
c) Hook worm eggs/gm of stool
d) Standard of living

64. Burden of disease is best detected by - *(AIIMS 01)*
a) DALY b) Sullivan's index
c) IMR d) Survival index

43) c,e 44) b 45) a 46) a,e 47)a,b,e 48) b 49)b,c 50) b 51) a 52)b,c,d 53) c 54) a 55) a 56) b
57) b 58) c 59) b 60)a 61)b 62)a 63)a 64)a

65. DALY true is - *(NEET/DNB Pattern)*
a) Indian life expectancy used as standard
b) One DALY means one lost year of life
c) Mortility indicator
d) None

66. DALY measures - *(AI12)*
a) Years lost due to premature death and years lived with disability
b) Years lost due to premature death and years lived without disability
c) Years lost due to disability
d) Years lived without disability

MISCELLANEOUS

67. James lind is known for - *(NEET/DNB Pattern)*
a) Germ theory of disease
b) Multifactorial causation of disease
c) Prevention of scurvy by fruits
d) None

68. Father of surgery - *(NEET/DNB Pattern)*
a) Hippocrates b) Ambroise pare
c) Sushruta d) Aristotle

69. Father of public health - *(NEET/DNB Pattern)*
a) Cholera b) Plague
c) Leptospirosis d)Anthrox

70. Edward Jenner died in - *(NEET/DNB Pattern)*
a) 1749 b) 1775
c) 1823 d) 1920

71. Socialization of medicine leads to all except -
a) Ensures complete utilization of services by all people *(AIIMS Nov 11, Nov 06)*
b) Free medical care supported by state
c) Eliminates the competition among physicians in search of clients
d) Ensures social equity, universal coverage of health services

72. If alternate of medicine were accepted as a modality of therapy, then 'Yoga' would be best described as a form of - *(AI 12)*
a) Physiotherapy b) Preventive Medicine
c) Emergency Medicine d) Caloric usurper

73. Which of the following is the contribution of GERMANY to public health - *(PGI June 05)*
a) Socialization
b) Pasteurization
c) Development of baths, sewers, aqueducts for sanitation
d) Instituting compulsory sickness insurance
e) Quarantine around shipping area

74. ICD 10 - *(NEET/DNB Pattern)*
a) Revised every 5 years
b) Consists of 10 chaptors
c) Arranged in 3 volumes
d) Was produced by UNICEF

75. ICD-10 code in XXI includes all except - *(AI 09)*
a) Lack of exercise b) Alcoholism
c) Poisoning d) Unhealthy found

76. ICD chapter 21 includes all except - *(NEET/DNB Pattern)*
a) Alcohol b) Tobacco
c) Injury d) Drugs

77. One of the following is not true of International Classification of Disease - *(Kerala 2K)*
a) It is revised once in 10 years
b) It was devised by UNICEF
c) The 10th revision consists of 21 major chapters
d) It is accepted for National and International use
e) It provides the basis for use in other health fields

78. Which events occurred before 1900AD- *(PGINov 10)*
a) Establishment of seat of social medicine at Oxford
b) Epidemiological work on cholera by John Snow
c) Work on scurvy by James Lind
d) Use of BCG vaccine
e) Chadwick work on cholera in London

79. 'Secrete of national health lies in the homes of people' statement by - *(NEET/DNB Pattern)*
a) Indira Gandhi b) Abhraham lincon
c) Bhore d) Florence Nightingale

80. Missing cases are detected by? *(DNB Dec 2011)*
a) Active surveillance b) Passive surveillance
c) Sentinel surveillance d) Monitoring

81. Which of the following is not a primary prevention strategy? *(DNB Dec 2011)*
a) Breast self exam b) Control of tobacco
c) Radiation protection d) Cancer education

82. Screening of the diseases is which type of prevention? *(DNB Dec 2011)*
a) Primordial b) Primary
c) Secondary d) Tertiary

83. Small pox vaccine was invented by? *(DNB June 2011)*
a) Louis pasture b) Edward Jenner
c) Paul Eugene d) John snow

84. Physical quality of life index includes - *(DNB June 2011)*
a) IMR, Literacy, Life expectancy at birth
b) IMR, Literacy, Life expectancy at one year
c) MMR, IMR and Life expectancy
d) MMR, intake of calories per capita and IMR

85. One DALY signifies? *(DNB Dec 2010)*
a) 1 year of disease free life
b) 1 lost year of healthy life
c) 1 month of bedridden life
d) None of these

86. Desks provided with table top to prevent neck problems is an example of? *(DNB Dec 2010)*
a) Primordial prevention b) Primary prevention
c) Specific protection d) Disability limitation

87. James Lind is related to the discovery of: *(DNB Dec 2010)*
a) Prevention of scurvy
b) Cause of scurvy
c) Pathogenesis of scurvy
d) All

65) b 66) a 67) c 68) b 69) a 70) c 71) a 72) b 73) d 74) c 75) c 76) c 77) b 78)b,c,e
79) d 80) c 81) a 82) c 83) b 84) b 85) b 86) c>b 87) a

88. **Theory of web of causation was given by?** *(DNB Dec*
a) Me Mohan and Pugh b) Petfenkoffer 10)
c) John snow d) Louis Pasteur

89. **All of the following are Eradicable diseases EXCEPT-** *(DNB June 2010)*
a) Tuberculosis b) Guinea worm
c) Polio d) Measles

90. **DALY is -** *(DNB June 10)*
a) Disease - Adjusted Life year
b) Disability Adjusted Life year
c) Disease Associated Life year
d) Disability Associated Life year

91. **Demarcation line in iceberg disease is between -** *(DNB June 10)*
a) Symptomatic and asymptomatic cases
b) Diagnosed and undiagnosed cases
c) Apparent and inapparent cases
d) Case and carriers

92. **Maximum damage to Napoleon's army during his march to Moscow was done by?** *(DNB June 2010)*
a) Typhus b) Plague
c) Diarrhea d) Typhoid

93. **ICD-10 has how many chapters?** *(DNB Dec 09)*
a) 5 b) 12
c) 22 d)32

94. **Sulllivian index -** *(DNB June 09)*
a) Measures disability
b) Measures life years adjusted with disability
c) Measures life expectancy adjusted without disability or free of disability
d) Measures life expectancy

95. **Missing cases are detected by?** *(DNB June 09)*
a) Active surveillanceb) Passive surveillance
c) Sentinel surveillance d) Monitoring

96. **Purpose of sentinel surveillance is -** *(DNB Dec 08)*
a) To know total number of cases
b) Health planning
c) Prevention of disease
d) To know natural history of disease

9 7. **Sullivan's index measures -** *(DNB Dec 08)*
a) Mortality b) Morbidty
c) Infectivity d) Disability

98. **P.Q.L.I. is -** *(DNB June 08)*
a) IMR, Life expectancy, literacy
b) MMR, Life expectancy, literacy
c) MMR, IMR, Life expectancy
d) IMR, Life expectancy at 1 year of age, SE status

99. **Primordial prevention is the -** *(DNB June 08)*
a) Prevention of diseases among the hill-dwelling and tribal people
b) Prolongation of human life span to the maximum extent
c) Promotion of health, well being and efficiency
d) Prevention of diseases through modification of their risk factors

100. **Emporiatrics deals with the health of -** *(DNB June 08)*
a) Farmers b) Travellers
c) Industrial workers d) Mine workers

101. **Which of the following dieases is under surveillance by WHO for notification by National health Authorities -** *(DNB June 08)*
a) Louse-borne typhus fever b) Relapsing fever
c) Paralytic polio d) All of the above

102. **Prevention of emergence of risk factor is -**
a) Primordial prevention *(DNB Dec 07)*
b) Primary prevention
c) Secondary prevention
d) Tertiary prevention

103. **Which of the following dimensions is not included in the WHO definition of heatlh -** *(DNB Dec 07)*
a) Physical well being
b) Occupational well being
c) Mental well being
d) Social well being

104. **Years of life lost to premature death and years lived with disability is known as -** *(DNB Dec 07)*
a) HALE b) DALY's
c) Suullivan's index d)HDI

105. **'Cource of a disease process without any' intervention is the definition of -** *(DNB Dec 07)*
a) Spectrum of disease
b) Epidemiology of disease
c) Natural history of disease
d) Iceberg phenonenon

106. **Who propounded the germ theory of disease -**
a) Leeuwenhoek *(DNB June 07)*
b) Robert koch
c) Ambroise Parre
d) Louis Pasteur

107. **A good indicator of the availability, utilization and effectiveness of health care services in a country is-**
a) Maternal mortality rate *(DNB June 07)*
b) Hospital bed occupancy rate
c) Infant mortality rate
d) DALY's

108. **The term 'disease control' employs all of the following except -** *(DNB June 07)*
a) Reducing the complications
b) Reducing the risk of further transmission
c) Reducing the incidence of disease
d) Reducing the prevalence of the disease

109. **Which of the following is not tertiary level prevention-** *(DNB June 07)*
a) Total mastectomy for breast cancer
b) Tendon transplant in leprosy
c) Physiotherapy in residual polio myelitis
d) Provision of spectacles for refractive errors

110. **WHO surveillance is done for all, except -** *(DNB*
a) Polio b) Viral encephalitis *June 07)*
c) Malaria d) Relapsing fever

88) a 89) a 90)b 91)c 92)a 93)c 94)c 95)c 96)a 97)d 98)d 99)d 100) b 101)d
102) a 103) b 104) a 105) c 106)d 107)c 108) d 109) a 110)b

111. Chemoprophylaxsis is----------prevention -
a) Primordial b) Primary *(AIIHPH 98)*
c) Secondary d) Tertiary

112. Benzathine Pencillin prophylaxis for rheumatic fever comes under - *(MAHE 07)*
a) Primary prevention b) Primordial prevention
c) Secondary prevention d) Tertiary prevention

113. Prevention of disease by immunization comes under which category - *(MAHE 07)*
a) Primordial prevention b) Primary prevention
c) Secondary prevention d) Tertiary prevention

114. Which one of the following modes of intervention covers the process of advising a patient to change his lifestyle in order to prevent any risk factor for a disease? *(UPSC-IIO?)*
a) Health promotion b) Specific protection
c) Disability limitation d) Rehabilitation

115. Amniocentesis is early pregnancy for genetic disorders is a kind of - *(UPSC-II09)*
a) Primordial prevention b) Primary prevention
c) Secondary prevention d) Tertiary prevention

116. Under which level of prevention should sentinel surveillance be categorised - *(UPSC-II 08)*
a) Primordial prevention b) Primary prevention
c) Secondary prevention d) Tertiary prevention

117. Purpose of sentinel surveillance is - *(COMED 06, DPG 09)*
a) To know total number of cases
b) Health planning
c) Prevention of disease
d) To know natural history of disease

118. Host related biological properties of a disease agent are the following except - *(UPSC - 2006)*
a) Virulence b) Infectivity
c) Pathogenicity d) Communicability

119. Most important component of level of living is -
a) Health b) Education *(Kerala 04)*
c) Occupation d) Housing

120. Living standard of people is best assessed by?
a) Infant mortality rate *(DPG 11)*
b) Maternal mortality
c) Physical quality of life index
d) Death rate

121. Following index measures average achievements in basic dimensions of human development -
a) Human poverty index *(COMEDK05)*
b) Human development index
c) Gender empowerment index
d) Life expectancy at birth

122. Sullivan index is an index for - *(MAHE 07)*
a) Life fiee of disability b) Life expectancy
• c) Earning capacity d) Population index

123. Sullivan's index measures - *(MAHE 2001)*
a) Mortality b) Morbidty
c) Infectivity d) Disability

124. All the following indicators are used to measure disability rates in a community except -
a) Suillivan's index *(Karnataka-PG MEE 2006)*
b) Human poverty index
c) Health adjusted life expectancy
d) Disability adjusted life yeart

125. All the following indicators are used to measure disability rates in a community except? *(DPG 11)*
a) Sullivan's Index
b) Human Poverty Index
c) Health Adjusted Life Expectancy
d) Disability Adjusted Life Year

126. Which one of the following branches of Sociology studies the relationship between organism and environment- *(UPSC 2K)*
a) Ergonomics b) Social physiology
c) Ecology d) Social pathology

127. Following are true about Kerala except- *(MAHA 05)*
a) Birth rate 29/100
b) Per capita annual income Rs. 2594
c) Life expectancy 66.6 years
d) Famale literacy rate 65%

128. Iceberg phenomena is not seen in - *(Orissa 04)*
a) Measles b)AJDS
c) Polio d) Rubella

129. Which of the following countries was the first to institute compulsory sickness insurance? *(UPSC-II09)*
a) USA b) England
c) France d) Germany

130. Provision of free medical care to the people at government expense is known as - *(UPSC 99)*
a) State medicine b) Social theraphy
c) Social medicine d) Preventive medicine

131. Epidemiology of cholera in England was classified by- *(BURDWAN2K)*
a) John Snow b) Winslow
c) Chadwick d) Howard huges

132. The concept of Social medicine was first introduced by- *(Kerala 2K)*
a) Neumann and Virchow b) Robert Grotjahn
c) John Ryle d) Rene sand
e) Crew

133. The term 'Social Medicine' was first introduced by -
a) John Snow b) David Morley *(UPSC 01)*
c) Jules Guerin d) C.E.A. Winslow

134. The pattern of disease in a community described in terms of the important factors which influence its occurrence is known as - *(UPSC 2006)*
a) Epidemiology b) Confounding factors
c) Iceberg of disease d) Community diagnosis

135. In what form is the example of "de-professionalization" of medicine widely seen in India-
a) Quack practitioners *(UPSC 2006)*
b) Primary health care practices
c) Irrational use of antibiotics
d) Non-ethical practices by doctors

111) b 112) c 113) b 114) a 115)c 116)c 117)a 118)d 119)a 120)c 121)b 122)a 123)d 124)b
125) b 126) c 127)? 128)a 129)d 130)a 131)a 132)a 133)c 134)d 135)b

EPIDEMIOLOGY

MEASUREMENT OF MORTALITY AND MORBIDITY

136. Denominator of crude death rate is - *(AIIMS 97)*
a) 1000 live birth
b) Mid year population
c) Total number of deaths in a community
d) Total number of case population in community

137. Burden of disease is given by - *(NEET/DNB Pattern)*
a) Incidence
b) Crude death rate
c) Cause specific death rate
d) Proportional mortality rate

138. Following can be used as a yardstick for the assessment of standards of therapy -
a) Specific death rate
b) Case fatality rate
c) Proportional mortality rate
d) Survival rate

139. Simplest measure of mortality -
a) Crude death rate *(NEET/DNB Pattern)*
b) Case fatality rate
c) Proportional mortality rate
d) Specific death rate

140. Proportional mortality rate is - *(NEET/DNB Pattern)*
a) Number of death due to particular a cause
b) Number of death during that year
c) Number of death in one month
d) None

141. Which one of the following is a good index of the severity of an acute disease ? *(AI05, AIIMS 04, 02,*
a) Cause specific death rate *99, 95)*
b) Case fatality rate
c) Standardized mortality ratio
d) Five year survival

142. All is true regarding case fatality rate except -
a) Represents killing power of disease *(AIIMS 97)*
b) Closely related to viruleance
c) Very useful for chronic diseases
d) May vary in different epidemic for same disease

143. In an outbreak of cholera in a village of 2000 population 20 cases have occurred and 5 have died. Case fatality rate is -
a) 1% b) 0.25%
c) 5% d) 25%

144. Severity of acute diseases can be best analyzed by?
a) Standardized mortality ratio *(AI 11, AIIMS May 04)*
b) Cause specific death rate
c) Case fatality rate
d) Age specific death rate

145. Case fatality rate is - *(NEET/DNB Pattern)*
a) Severity of disease
b) Communicability of disease
c) Burden of disease
d) None

146. Direct standardization is used to compare the mortality rates between two countries. This is done because of the difference in- *(NEET/DNB Pattern, AIIMS Nov 11, May 10, Nov 06, May 06, AI 11, 07)*
a) Causes of death b) Numerators
c) Age distributions d) Denominators

147. About direct standardization all are true except -
a) Age specific death rate is not needed *(AI00, 02)*
b) A standard population is needed
c) Population should be comparable
d) Two populations are compared

148. All the statements are true about standardization -
a) Standardization allows comparison to be made between two different populations *(AI 06)*
b) The national population is always taken as the standard population
c) For direct standardization age specific rates of the study population are applied to that of the standard population
d) For indirect standardization age specific rates of the standard population are applied to the study population

149. The rate adj usted to allow for the age distribution of the population is - *(AIIMS May 05, AIIMS 03)*
a) Perinatal mortality rate
b) Crude mortality rate
c) Fertility rate
d) Age standardized mortality rate

150. All are true of standardised mortality ratio except -
a) Expressed as rate per year *(NEET/DNB Pattern)*
b) Can be adjusted for age
c) Can be used for events other than death
d) Ratio of observed deaths to expected deaths

151. Single best mortality *'md\o.ator-(NEET/DNB Pattern)*
a) CDR b) PMR
c) ASDR d) CFR

152. Best method to compare vital statistics of two populations - *(AI 9 7)*
a) Crude death rate
b) Age specific death rate
c) Age Standardized death rate
d) Multivariatie mortality rate

153. Between 2 countries mortality compared best by -
a) Age adjusted rates *(NEET/DNB Pattern)*
b) Crude rates
c) Proportional rates
d) None

154. Which of the following statistics should be adjusted for age to allow comparisons - *(AI 12)*
a) Age specific fertility rate
b) Crude mortality rate
c) Perinatal mortality rate
d) Infant mortality rate

136) b 137) d 138) d 139)a 140)a 141)b 142)b 143)d 144)c 145)a 146)c 147)a 148)b 149)d 150) a 151) c 152)c 153)a 154)b

155. In the International death certificate one of the following is not true - *(Kerala 2K)*
a) Part I of the certificate deals with the immediate cause only
b) Part I of the certificate deals with the immediate cause and also the underlying cause
c) Part II records significantly associated diseases
d) The certificate has been recommended by the WHO for international news
e) In part I the underlying cause of death is recorded on line C

156. In a community, an increase in new cases denotes -
a) Increase in incidence rate *(AI01)*
b) Increase in prevalence rate
c) Decrease in incidence rate
d) Decrease in prevalence rate

157. Disease rate is - *(JIPMER 98)*
a) Risk of susceptibility
b) Usually expressed a percentage
c) Time period in a calendar year
d) Disease occurrence in a specified time period

158. Which one of the following is not a special incidence rate - *(NEET/DNB Pattern, UPSC 07)*
a) Attack rate
b) Secondary attack rate
c) Hospital admission rate
d) Standardized mortality rate

159. All are true of attack rate except - *(Kerala 04)*
a) It is type of prevalence rate
b) Expressed as percentage
c) Used when population is exposed to risk for a limited period of time
d) Reflects extent of epidemic

160. From 1st Jan 2007 to 30th June 2007,22 new cases of tuberculosis were reported per 1,65,000 population. But during this period 120 suspected cases of TB were registered. What will be incidence rate?
a) 133 Per 10,00,000 population *(AI 10)*
b) 90 Per 10,00,000 population
c) 75 Per 10,00,000 population
d) 270 Per 10,00,000 population

161. For calculation of incidence denominator is taken as - *(NEET/DNB Pattern)*
a) Mid year population
b) Population at risk
c) Total number of cases
d) Total number of deaths

162. In a stable situation - *(NEET/DNB Pattern)*
a) Incidence = prevalence x Duration
b) Prevalence = Incidence x Duration
c) Incidence = Prevalence + Duration
d) Prevalence = Incidence + Duration

163. Prevalence of a disease - *(AIIMS 02)*
a) Is the best measure of disease frequently in etiological studies
b) Can only be determined by a cohort study
c) Is the number of new cases in a definedpopulation
d) Describes the balance between incidence, mortality and recovery

164. If the prevalene is very low as compared to the incidence for a disease, it implies - *(AIIMS 05, 03)*
a) Disease is very fatal and/or easily curable
b) Disease is nonfatal
c) Calculation of prevalence and incidence is wrong
d) Nothing can be said, as they are independent

165. Which of the following can cause an increase in the prevalence of the disease - *(AI 09)*
a) Immigration of healthy persons
b) Increased cure rate of disease
c) Longer duration of illness
d) Decrease in population

166. Which of the following will cause an increase in the prevalence of the disease - *(AIIMSNov 07)*
a) Immigration of healthy persons
b) Increased cure rate of the disease
c) Longer duration of the disease
d) Emigration of diseased persons

167. If a new effective treatment is initiated and all other factors remain the same; when of the following is most likely to happen - *(AIIMS 04)*
a) Incidence will not change
b) Prevalence will not change
c) Neither incidence not prevalence will change
d) Incidence and prevalence will change

168. A disease has 3 time more incidence in females as compared to males, with same prevalence in both males and females. TRUE statement is-*(AIIMS 99)*
a) Increase fatality in women
b) More survival in women
c) Better prognosis in men
d) Less fatality in man

169. In a population of 5000, incidence of disease is 100 in 1 year duration of disease studied for is 2 years calculate Prevalance - ***(UP 96)***
a) 20/1000 b) 40/1000
c) 80/1000 d) 400/1000

170. At the end of the year 1990, the population of primary health centre was 30,000 and there were 120 cases of pulmonary tuberculosis. At the end of the year 1991, the population was 30,600 and 30 new cases were detected and 2 cases had died. Based on this data all of the following rates can be calculated except *(UPSC 96)*
a) Incidence b) Prevalence
c) Case fatality d) Proportional mortality

171. True statement about case fatality rate is - *(AI97)*
a) It is a ratio
b) It is a proportion
c) Numerator is always constant
d) Numerator and denominator are separate entities

155) a 156) a 157)d 158)d 159)a 160)a 161)b 162)b 163)d 164)a 165)c 166)c 167)a 168)a,c 169) b 170) d 171) b

172. All of the following statements regarding 'prevalence' are true except - *(AI98, 96)*
a) It is rate
b) It is ratio
c) Duration of disease effects 'prevalence'
d) Numerator & denominator are separate entities

173. The following is true about prevalence and incidence- *(AIIMS05, 03)*
a) Both are rates
b) Prevalence is a rate but incidence is not
c) Incidence is a rate but prevalence is not
d) Both are not rates

174. In crude death rate the population is taken as on -
a) 1 st March b) 1 st July *(AIMS01)*
c) 1st April d) 15th August

175. Prevalence is a - *(NEET/DNB Pattern)*
a) Rate b) Ratio
c) Propotion d) Mean

EPIDEMIOLOGICAL STUDY

176. The analytical study where population is the unit of study is - *(AIIMS 04)*
a) Cross sectional b) Ecological
c) Case-control d) Cohort

177. All are analytic studies except - *(AI09)*
a) Field trials b)Case-control
c) Cohort d) Ecological

178. Study of time place and person is called as - *(AI99)*
a) Experimental epidemiology
b) Analytical epidemiology
c) Descriptive epidemiology
d) Randomised controlled trial

179. All are true regarding point-source epidemic except-
a) All cases occur abruptly and simultaneously
b) Children are most commonly affected
c) Occurs within a specified period *(AI 00)*
d) No secondary waves

180. False regarding a propagated epidemic is -
a) No secondary waves *(AI 00, AIIMS 98)*
b) Spread depends on herd immunity
c) Person to person transmission occurs
d) Slow rise

181. Bhopal gas tragedy is an example of - *(AI 99)*
a) Point source epidemic
b) Propagated epidemic
c) Continous epidemic
d) Modem epidemics

182. Secular trend means - *(PGI June 06, Dec 05)*
a) Seasonal changes b) Periodical changes
c) Religion changes d) Long term changes
e) Short term changes

183. Which disease does not occur as seasonal variation
a) Measles b) Rubella *(NEET/DNB Pattern)*
c) Gastroenteritis d) Cerebral meningitis

184. Which is not an explanation for cyclic trend of diseases - *(JIPMER 93)*
a) Herd immunity variations
b) Environmental conditions
c) Build up of susceptibles
d) Antigenic variations

185. What do you understand by the term secular trend -
a) Long term changes *(PGIDec 05)*
b) Short long term changes
c) Seasonal changes
d) Periodical changes
e) Religion changes

186. Secular trend is a - *(NEET/DNB Pattern)*
a) Long term b) Short term
c) Both d) None

187. TVue about point source epidemic are all except -
a) The curve has rapid rise and slow decline
b) All cases occur in one incubation period
c) One single peak only *(AIIMS Nov 06)*
d) No secondary curves

188. Regarding point source epidemic, false statement (s) is/are: *(PGINov 10)*
a) Rapid rise & fall
b) Only infectious disease can cause
c) Explosive
d) Cases occur even after incubation period
e) No secondary wave

189. Which of the following is characteristic of a single exposure common vehicle outbreak ? *(AIIMS 05)*
a) Frequent secondary cases
b) Severity increases with increasing age
c) Explosive
d) Cases occur continuously beyond the longest incubation period

190. Regarding point source epidemic tru*e-(PGIDec 07)*
a) Rapid rise and fall b) Only infectious cause
c) Explosive d) T secondary attack rate
e) No secondary wave

191. Which of the following is true about Secular trend - *(AI 94)*
a) Road side accident is a good example
b) Due to environmental factors
c) Is due to normally occuring variation in herd immunity
d) Consistent change in a particular direction over a period of time

192. All of the following are analytical epidemiological studies except - *(AI 99)*
a) Cohort study b) Case-control study
c) Ecological study d) Field trial

193. All of the following features are true about cross sectional study except - *(AI 98, 97)*
a) All cases are seen at one point in time
b) Follow up is not a necessary feature
c) More useful for chronic disease
d) Cause and effect relationship can beestabilished

172) a,d 173) c 174)b 175)c 176)b 177)a 178)c 179)b 180)a 181)a 182)d 183)None 184)b
185) a 186) a 187)a 188)b,d 189)c 190)a,c,e 191)d 192)d 193)d

194. Which of the following is not a feature of a cross sectional study - *(AI96)*
a) Not expensive
b) Observational study
c) Used for chronic diseases
d) Well suited for establishing interrelationships of diseases

195. Residence of three village with three different types of water supply were to participate in a study to identify cholera carrier because several cholera deaths had occurred in the recent past, virtually everyone present at the time submitted to examination. The proportion of residents in each village who were carriers was computed and compared. This study is a - *(AIIMS 03)*
a) Cross - sectional study
b) Case - control study
c) Concurrent cohort study
d) Non - concurrent

196. Prevalance of cataract at one point of time can be determined by - *(AIIMS May 09)*
a) Longitudinal study
b) Cross-sectional study
c) Surveillance
d) Cohort study

197. Natural history of disease is studied with -
a) Longitudinal studies *(NEET/DNB Pattern)*
b) Cross-sectional studies
c) Both
d) None

198. In Longitudinal studies, which of the following is true- *(AI 94)*
a) Easy to conduct
b) Detects only one risk factor
c) Determines incidences of disease
d) Have increased bias

199. A one day census of inpatients in a mental hospital could - *(AIIMS May 05)*
a) Give good information about the patients in that hospital at that time
b) Give reliable estimates of seasonal factors in admissions
c) Enable us to draw conclusions about the mental hospitals of India
d) Enable us to estimate the distribution of different diagnosis in mental illness in the local area

200. All of the following are true about case control study except - *(AI 98)*
a) Rapid and inexpensive
b) No risk to subjects
c) Risk factor can be identified
d) Less prone to bias

201. In a case control study, the most characteristic feature is - *(AI 96)*
a) Odds ratio estimation b) Problem bias
c) Yield incidence rate d) Expensive

202. In case-control study there weve 35 cases of lung cancer and 82 controls (without lung cancer). Among cases 33 had positive history of smoking and among controls 55 had positive history of smoking. Odds ratio in this study is - *(AI 99)*
a) 8 b)20
c) 50 d) 100

203. The association between coronary artery disease and smoking was found to be as follows -

	CAD	No CAD
Smokers	30	20
No smokers	20	30

The odds ratio can be estimated as - *(AI 02)*
a) 0.65 b)0.8
c) 1.3 d) 2.25

204. All the following are advantages of case control studies except - *(AI 02)*
a) Useful in rare disease
b) Relative risk can be calculated
c) Odds ratio can be calculated
d) Cost-effective and inexpensive

205. In a case controlled study. It is found that the disease is more common in the group taking coffee as compared to the control group. The significance of this is - *(AIIMS 98)*
a) Cause and effect relationship established
b) Disease median can be calculated
c) Caffeine is associated with occurrence of disease
d) Controls will not get the disease

206. In case control study of buccal carcinoma -
a) CA is commoner in zarda pan users than non users
b) Zarda pan is a cause of buccal CA *(AIIMS 97)*
c) Zarda pan is associated with buccal CA
d) If use of zarda pan is stopped, number of cases will reduce

207. All of the following are characteristics of case control study except - *(NEET/DNB Pattern)*
a) Quick results are obtained
b) Measures incidence rate
c) Proceeds from effect to cause
d) Inexpensive study

208. Which of the following statement is correct in regards to case control study - *(PGIDec05,June01)*
a) Proceeds from effect to cause
b) Exposure already occured
c) Odd's rad ratio can be determined
d) Incidence rate can be calculated
e) Cases have to be followed for long time

209. True about case control study - *(AIIMS 01)*
a) Less expensive
b) Those with disease and not diseased compared
c) Attributable risk is estimated
d) None of these

194)d 195) a 196)b 197)a 198)c 199)a 200)d 201)a 202)a 203)d 204)b 205)c 206)c 207)b 208) a,b,c 209) a

210. Case control study, All can be measured except -
a) Relative risk b) Incidence *(NEET/DNB Pattern)*
c) Odds ratio d) Cause & effect relation

211. Cohort study is a type of - *(PGI99)*
a) Clinical trial b) Analytic study
c) Descriptive study d) Experimental study

212. Incidence rate is measured by - *(AIIMS 00, AI98)*
a) Case control study
b) Cohort study
c) Cross sectional study
d) Cross over study

213. In a study 400 smokers and 600 non - smokers were followed up over a period of 10 years to find out the incidence of hypertension. The following table summarizes the data at the end of the study -

	Hypertension			
	Yes	**No**	**Total**	
Smoking	**Yes**	120	280	400
	No	30	570	600
	Total	**150**	**850**	**1000**

The risk ratio in this study is - *(DPG11, AIIMS 05)*
a) 0.06 b) 0.60
c) 6.0 d) 60.0

214. In a prospective study comprising 10,000 subjects, 6000 subjects were put on beta carotene and 4000 were not. 3 out of the first 6000 developed lung cancer and 2 out of the second 4000 developed lung cancer. What is the interpretation of the above results ? *(AI 02)*
a) Beta carotene is protective in lung cancer
b) Beta carotene and Lung cancer have no relation to each other
c) The study design is not sufficient to draw any meaningful conclusions
d) Beta carotene is carcinogenic

215. Incidence of disease among exposed minus that of non exposed is equal to - *(AIIMS 97, 96)*
a) Relative risk b) Attributable risk
c) Odd ratio d) None of the above

216. In a village of 1 lakh population, among 2,000 exposed to smoking, 20 developed lung cancer and among 8,000 unexposed people, 8 developed lung cancer. What is attributable risk - *(PGI99)*
a) 10% b) 50%
c) 90% d) 100%

217. A women is exposed to multiple sex partners has 5 times increased risk for - Ca. Cx the attributable risk is - *(AIIMS 01)*
a) 20% b) 50%
c) 80% d) 100%

218. Several studies have shown that 85% of cases of lung cancer are due to cigarette smoking. It is a measure of - *(AI 07, AIIMS 05)*
a) Incidence rate b) Relative risk
c) Attributable risk d) Absolute risk

219. Attributable risk means - *(NEET/DNB Pattern)*
a) Strength of association
b) Temporal relation
c) Causal relation
d) Potential for prevention

220. Incidence rate of lung cancer among smokers is 8 per 1000 and among non-smokers is 1 per 1000. Population attributable risk is - *(PGI 99)*
a) 89% b) 95%
c) 10% d) 100%

221. Community physician takes action based on -
a) Population attributable risk *(AIIMS 98)*
b) Relative risk
c) Attributable risk
d) Odds ratio

222. In a village of 1 lakh population, among 20, 000 exposed to smoking, 200 developed cancer, and among 40,000 people unexposed, 40 developed cancer. The relative risk of smoking in the development of cancer is - *(AIIMS 01)*
a) 20 b) 10
c) 5 d) 15

223. A study began in 1970 with a group of5000 adults in Delhi who were asked about their alcohol consumption. The occurrence of cancer was studied in this group between 1990-1995. This is an example of- ***(AI04)***
a) Cross-sectional study
b) Retrosective cohort study
c) Concurrent cohort study
d) Case-control study

224. Advantage of case control over cohort study -
a) Attributable risk can be calculated *(PGIDec 07)*
b) Odd's ratio can be calculated
c) For rare disease
d) Bias minimum
e) Large sample required

225. Cohort study is better than case control study in all ways except - *(NEET/DNB Pattern)*
a) Greater comparability b) Lesser time spent
c) Prospective analysis d) Less Bias

226. Relative risk is calculated in? (NEET/DNB Pattern)
a) Cross sectional study b) Cohort study
c) Case control study d) None

227. Case-control studies are used for - *(AI95)*
a) Study of common diseases
b) Finding multiple risk factors
c) Finding incidence rates
d) Finding relative risk

228. All of following are advantages of case control study except- *(AI 96)*
a) Cheaper
b) Less time consuming
c) Possible to study many diseases
d) Less chances of bias

210)a,b,d 21 l)b 212)b 213)c 214)b 215)b 216)c 217)c 218)c 219)d 220)a 221)a 222)b 223)c 224) b,c 225) b 226) b 227) b 228) c,d

229. All of the following statements regarding case control and cohort studies are true, Except - *(AI12)*
a) Cohorts are chosen based on history of 'Exposure'
b) Cohort studies require longer time frame than case control studies
c) Cohort studies are suitable to investigate 'rare' disease
d) Cohort studies yield information about more than one disease

230. In a case-control study of a suspected association between breast cancer and the contraceptive pill, all of the following are true statements except - *(AIMS 02)*
a) The control should come from a population that has the same potential for breast cancer as the cases
b) The control should exclude women known to be taking the pill at the time of the survery
c) All the controls need to be healthy
d) The attributable risk of breast cancer resulting from the pill may be directly measured

231. As compared to a routine case control study, nested case control study avoids problems (in study design) related to - *(AIMS Nov 04)*
a) Temporal association b) Confounding bias
c) Need for long follow up d) Randomization

232. Nested case control study is a type of- *(AUMSMay 09)*
a) Retrospective study b) Prospective study
c) Descriptive study d) Cross sectional study

233. A total of 5000 pts of glaucoma are identified and surveyed by pts. inteviews regarding family history of glaucoma. Such a study design is called -
a) Case series report *(AIMS Nov 04)*
b) Case control study
c) Clinical trial
d) Cohort study

234. Incidence is calculated by - *(AIMSMay 11, May 10,*
a) Retrospective study *AI09, AIMS 95, Nov 08)*
b) Prospective study
c) Cross sectional study
d) Random study

235. Incidence of diarrhoea in a community can be calculated by - *(ARMS 99)*
a) Case control study
b) Cohort study
c) Cross sectional study
d) Double blind placebo control study

236. Not true about experimental study - *(PGI Nov 09)*
a) Always prospective
b) Unethical to use in animal
c) Can not be double blinded in animal trials
d) Interim analysis is permitted
e) Blinding is always needed

237. In a randomized controlled trial, the essential purpose of randomization is - *(AIPGME 06)*
a) To produce double blinding
b) To decrease the follow- up period
c) To eliminate the selection bias
d) To decrease the sample size

238. All of the following are features of Cross-Over studies except - *(AI 94)*
a) All patients receive the new therapy
b) Not suitable if drug on interest cures the disease
c) Not suitable if drug is effective only during a cer tain stage of disease
d) Not suitable if disease does not changes radically during the study

239. The major purpose of randomization in a clinical trails is to - *(AI 06)*
a) Facilitate double blinding
b) Help ensure the study subjects are representative of general population
c) Ensure the groups are comparable on base line characteristics
d) Reduce selection bias in allocation to treatment

240. Which of the following is not an accepted method of randomization - *(ARMS May 0 7)*
a) Computer drawn randomization
b) Odd/even day hospital admission
c) Lottery
d) Random number table

241. Randomization means - *(PGI Dec 98)*
a) Mixing of cases and controls
b) Selecting cases
c) Selecting controls
d) Vaccine and Erythromycin
e) Selecting cohorts

242. While analysing a data, allocation into similar groups is done to ensure - *(AI 96)*
a) Comparability b) Accuracy
c) Validity d) Sensitivity

243. For the purpose of Intervention Trials, the preferred randomization unit is an individual for all of the following except - *(AI 12)*
a) Vaccine b)Drug
c) Surgery d) Health Education

244. Which of the following is not true about non randomized trial? *(Kerala 04)*
a) Approach of comparability high
b) Degree of comparability high
c) The experiment can serve as its own control or can utilize a natural control
d) Several trials may be needed before evaluation is considered conclusive

245. Which one of the following statements regarding prepost clinical trial is most appropriate -
a) They cannot be randomized *(AUMSMay 05)*
b) They are useful in studies involving mortality
c) They use the patient as his or her own control
d) They are usually easier to interpret than the comparable parallel clinical trial

229)c 230)d 231)a 232)b 233)a 234)b 235)b 236)b,e 237)c 238)d 239)d>c240)b 241)a 242)a 243) d 244) b 245) c

246. Berkesonian bias is a type of *1 (NEET/DNB Pattern)*
a) Selection bias b) Interviever bias
c) Information bias d) Recell bias

247. When launching a study, many respondents are invited, some of whom fail to come, this is called - *(AI96)*
a) Response bias b) Volunteer bias
c) Selection bias d) Berkesonian bias

24$. It is probable that physician have a higher index of suspicion for tuberculosis in children without BCG scar that those with BCG scar. If this is so and an association is found between Tuberculosis and not having BCG scar, the association may be due to - *(A1IMS Nov 05)*
a) Selection bias b) Interviewer bias
c) Surveillance bias d) Non-response bias

249. Basic types of biases in epidemiological study -
a) Investigation bias *(PGIDec 07)*
b) Subject bias
c) Random error
d) Analyzer bias

250. Which of the following types of bias can be reduced by allowing equal interview time - *(AI08)*
a) Berkesonian bias b) Recall bias
c) Selection bias d) Interviewer bias

251. Recall bias is more common with - *(AlIMSNov 09)*
a) Cohort study
b) Randomized control trial
c) Cross sectional study
d) Case control study

252. Hawthorne effect is seen in - *(NEET/DNB Pattern)*
a) Case-control study
b) Cohort study
c) Cross-sectional study
d) Retrospective cohort study

253. Berkesonian bias refers to - *(AI 96)*
a) Bias arising from different rates of admission to the hospital
b) Bias arising from presence of confounding factors
c) Bias arising from the case not being representative of general population
d) Bias arising from improper selection of cases

254. Factor which is associated both with exposure and disease is called - *(COMEDK 05)*
a) Confounding factor b) Risk factor
c) Proximal risk factor d) Case

255. True about confounding factor - *(AIIMSMay 09)*
a) It is found equally between study and control groups
b) It is itself a risk factor for the disease
c) Confounding can be eliminated by selecting a small group
d) It is associated with either the exposure or the disease

256. An investigator found an association between beta carotene consumption and reduced risk of colon cancer. But it was found that it may be also due to increased fiber in such diets. Such a kind of occurrence is termed-
a) Multifactorial causation *(AIIMS Nov-10, May 12)*
b) Confounding factor
c) Misclassification
d) None of these

257. The systematic distortion of retrospective studies that can be eliminated by a prospective design is -
a) Confounding *(AIIMS May 04)*
b) Effect modification
c) Recall bias
d) Measurement bias

258. Problem of bias is maximum with -
a) Cohort study *(NEET/DNB Pattern)*
b) Case study
c) Case control study
d) Experimental study

259. In a double blind clinical drug trial - *(AlIMSNov 03,*
a) Each patient receives a placebo *AIPGME 06)*
b) Each patient receives both (double) treatments
c) The patients do not know which treatment they are receiving
d) The patients do not know that they are in a drug trial

260. The purpose of double blinding in clinical trials is to-
a) Achieve comparability between study and control groups *(AI 06)*
b) Avoid observer bias
c) Avoid subject bias
d) Avoid observer and subject bias

261. The major purpose of Randomization in clinical trials is to- *(AI07)*
a) Facilitate double blinding
b) Help ensure that the study subjects are representative of general population
c) Ensure that the groups are comparable on baseline characteristics
d) Reduce selection bias in allocation of treatment

262. Matching is done for removal of -
a) Bias
b) Known confounding
c) Unknown confounding
d) Known confounding + Unknown confounding

263. Randomisation is useful to eliminate - *(NEET/DNB Pattern)*
a) Observer bias b) Confounding factors
c) Patient bias d) Sampling bias

264. Confounding factors can be eliminated by all except- *(PGI 93)*
a) Matching b) Randomization
c) Ethical consideration d) Stratification

265. Bias can be eliminated by all *except-(AIIMSNov 10*
a) Matching b) Blinding *(May 12)*
c) Randomization d) Multivariate analysis

246) a 247) a 248) b 249)a,b,d 250) d 251)d 252) b 253) a 254) a 255) b 256) b 257) c 258) c 259) c
260) d 261) d 262)b 263)b 264)c 265) d

266. In a controlled trail to compare two treatments, the main purpose of randomization is to ensure that -
a) The two groups will be similar in prognostic factors *(AIIMS Nov 02)*
b) The clinician does not know which treatment the subjects will receive
c) The sample may be referred to a known population
d) The clinician can predict in advance which treatment the subjects will receive

267. 100 people of viral fever are treated with a medicine. 94 percent were cured in 5-7 days. True statement about efficacy of medicine - *(PGI98)*
a) Medicine is effective
b) Cannot be commented
c) Medicine is ineffective
d) None of the above

268. In a study in UK, an association was found between sale of antiarrythmic drug and an increase in deaths due to asthma. This is an example of-
a) Ecological study *(AIIMS Nov 11, May 08)*
b) Cohort study
c) Case reference study
d) Experimental study

269. A person wants to study a disease 'x' and fat consumption. He obtained data for number of people affected with 'x' from the government and the details of fat consumption from food industry. Type of study is- *(AIIMS Nov 10)*
a) Ecological study b) Cross sectional study
c) Pesiological study d) Experimental study

270. A person found some correlation between dietary factors and a disease; he did this by collecting data from the food manufacturers and hospitals respectively, such a study is? *(AIIMSNov 10, May 12)*
a) Ecological b) Cross sectional
c) Psephological study d) Experimental study

271. Which epidemiological study gives the most accurate result - *(AIIMS Nov 11, Nov 06)*
a) Meta analysis
b) Cross-sectional study
c) Randomized control trial with double blinding
d) Cohort study

272. Of the different epidemiological study designs available to test the association between risk factor and disease, the best design is of - *(AIIMS 05)*
a) Case control study b) Ecological study
c) Cohort study d) Cross sectional study

273. To test the association between risk factor and disease, which of the following is the wakest study design- *(AIIMS 04)*
a) Case-control study b) Ecological study
c) Cohort study d) Cross-sectional study

274. Causal association factors can be revealed by -
a) Case control study *(AIIMS Nov 99)*
b) Cohort study
c) Cross sectional study
d) Experimental study

275. Kaplan meier methods is used for -*(AIIMSNov 08)*
a) Survival b) Prevalance
c) Incidence d) Frequency

276. "Goitre is prevalent at higher altitude", is an example of- *(PGMCET07)*
a) Direct association b) Indirect association
c) Causal association d)Temporal association

277. Which of the following is not a criteria suggesting casuality in non communicable diseases ? *(Al 08)*
a) Strength of association
b) Dose response relationship
c) Specificity of association
d) Lack of temporal association

278. Suspected cause preceding the observed effect is an example for - *(NEET/DNB Pattern)*
a) Temporal association
b) Consistency of association
c) Strength of association
d) Coherence of association

279. Most difficult criterion to establish Causal Association in aetiology of a disease is -
a) Temporality *(AIPGME 2008)*
b) Strength of association
c) Specificity of association
d) Biological plausibility

280. In a cohort study nonsmokers were found to have carcinoma lung. This indicates - *(AI98)*
a) Smoking does not cause lung cancer
b) Etiology for lung Ca is multifactorial
c) Smoking is the only cause of lung cancer
d) Passive smoking also increases lung cancer

281. Presence of infectious agent on clothes or dressings is termed - *(NEET/DNB Pattern)*
a) Infection b) Infestation
c) Contamination d) Contagion

282. 'Endemic Disease' means that a disease - *(AI 05)*
a) Occurs clearly in excess of normal expectancy
b) Is constantly present in a given population group
c) Exhibits seasonal pattern
d) Is prevalent among animals

283. Occurence of disease in excess of expected frequency is known as - *(PGI 99)*
a) Endemic disease b) Epidemic disease
c) Ecdemic disease d) Sporadic

284. Pandemic are caused by - *(PGI Dec 2K)*
a) Hepatitis B b) Influenza-A
c) Influenza-B d) Influenza-C
e) Cholera

285. Diseases which are imported into a country in which they do not otherwise occur is-*(JIPMER 81, PGI 84)*
a) Exotic b) Epizootic *PGMCET 07)*
c) Endemic d) None of the above

266) a 267) b 268) a 269) a 270) a 271) a 272) c 273) b 274) a 275) a 276) b 277) d 278) a 279) c
280) b 281)c 282) b 283) b 284) b,e 285) a

286. Virulence of a biological agent is defined as -
a) Ability of the agent to invade and multiply in host *(UPSC-II09)*
b) Proportion of clinical cases resulting in severe clinical manifestation
c) Ability of the agent to induce a clinically apparent illness
d) Proportion of clinical cases in a virgin population

287. Soil acts as a source as well reservoir for - *(PGI99)*
a) Rabies b) Tetanus
c) Typhoid d) Measles

288. Animal reservoir is seen in all except - *(AJ99)*
a) Rabies b) Yellow fever
c) Influenza d) Measles

289. Subclinical cases are seen in all except - *(AI99)*
a) Measles b) Rubella
c) Polio d) Influenza

290. Which of the following does not have non-human reservoir - *(PGINov-09)*
a) Salmonella typhi b) N. Gonorrhoea
c) Ecoli d) Clostridium tetani
e) Treponema pallidum

291. All have incubatory carriers, except- *(ARMS 99,*
a) Tetanus b) Measles *PGI June 05)*
c) Whooping cough d) Polio

292. Healthy carries are present in all except -
a) Typhoid b) Cholera *(AIIMS 96)*
c) Diphtheria d) Pertussis

293. Chronic carrier state is not seen in all except -
a) Poliomyelitis b) Measles *(NEET/DNB*
c) Malaria d) Tetanus *Pattern)*

294. Carrier stage seen in - *(PGI June 06)*
a) Polio b) Cholera
c) Pertusis d) Plague
e) Tetanus

295. Chronic carrier state is seen in all except-*(AI 11, 07)*
a) Measles b)Diptheria
c) Typhoid d) Gonorrhea

296. Incubatory carrier seen in - *(PGI June 08)*
a) Cholera b) Bubonic plague
c) Mumps d) Measles
e) Influenza

297. Carries are important in all the following except -
a) Polio b) Typhoid *(AI 11, 02)*
c) Measles d) Diphtheria

298. Soil may acts as reservoir for all except - *(AI 08)*
a) Brucellosis b) Anthrax
c) Tetanus d) Coccidiomycosis

299. Following are examples of human "dead end" disease except - *(NEET/DNB Pattern)*
a) Bubonic plague b) Japanies ecephalitis
c) Hydatid disease d) Leishmaniasis

300. In an epidemiological study, the first case which comes to the attention of the investigator is-*(AIIMSNov 07)*
a) Reference case b) Index case
c) Primary case d) Secondary case

301. Time interval between invasion of the infection agent and appearance of first sign or symptom -
a) Serial interval *(NEET/DNB Pattern)*
b) Incubation period
c) Quarantine
d) Period of infectivety

302. All of the following are used as proxy measure for incubation period except - *(AI 04)*
a) Latent period b) Period of communicability
c) Serial interval d) Generation time

303. Incubation period helps in determining all except -
a) Period of isolation *(ARMS 99)*
b) Period of quarantine
c) Identification of source of infection
d) Immunization

304. Application of Incubation period is all except -
a) To differentiate co-primary cases from secondary cases *(ARMS May 12)*
b) To find out time for isolation
c) To find out time for Quarantine
d) To prevent infection to the contacts of the infected person

305. Disease highly transmitted during incubation period is - *(PGI June 08)*
a) Pertussis b) Cholera
c) Measles d) Brucellosis
e) Chickenpox

306. Time interval betwen inoculation of infection to maximum infectivity is - *(ARMS 96)*
a) Lead time b) Median incubation period
c) Generation time d) Serial inverval

307. Serial interval is - *(NEET/DNBPattern, ARMS 02, 2K, 99, AI 02, 00)*
a) Interval between primary and secondary case
b) Interval between first case and last case
c) Interval between primary case and all subsequent cases multiplied by secondary attack rate
d) Interval between incubation period and gestational period

308. Denominator while calculating the secondary attack rate includes - *(AI 03, ARMS 95)*
a) All the people living in next fifty houses
b) All the close contacts
c) All susceptible amongst close contact
d) All susceptible in the whole village

309. A certain commuity has 100 children out of whom 28 are immunuzed against measles; 2 of them acquire measles simultaneously; Subsequently 14 get measles. Assuming the efficacy of vaccine to be 100%. What is the sec. Attack rate - *(AI 01)*
a) 5% b) 10%
c) 20% d)21.5%

286) b 287) b 288) d 289) a 290)a,b,e 291) a 292) a,d 293) c 294)a,b,c 295) a 296)c,d,e 297) c 298) a
299) d 300) b 301) b 302) b 303) a 304) b 305)a,c,e 306) c 307) a 308) c 309) c

310. In a school within an unimmunized cohort of 100 children, 1 child developed measles on January 1st. Following this, 35 children developed measles of which 3 cases occured on January 3rd and the remaining 2-3 weeks later. What is the SAR -
a) 35% b) 33.3% *(AIIMS 02)*
c) 32% d)36.5%

311. In a village of 100 children, 60% are immunized against measles. One child travelled and returned with measles and infected other 26 children. What is the secondary attack rate - *(AIIMS 2K)*
a) 67% b) 27%
c) 50% d) 80%

312. In a 6 membered family, there are two parents and four children all aged between 2-6 years. On eof the children is completely immunized for his age, whereas other 3 siblings are totally unimmunized. One of the unimmunized child developed measles. 6 days later 2 other children developed measles. SAR is-
a) zero b)33%
c) 66% d) 100%

313. Secondary attack rate is a measure of - *(AI99)*
a) Communicability b) Lethality
c) Strength of association d) None

314. Second attack rate is minimum in - *(NEET/DNB*
a) TB b) Diphtheria*Pattern)*
c) Measles d) Whooping cough

315. Vertical transmission is by - *(AMC 88, Delhi 87)*
a) Mosquitoes b) Direct contact
c) Droplet d) Placenta

316. In culex mosquito the type of biological transmission for filarial parasite is- *(AI 2K, AIIMS May 08, nov 08)*
a) Cyclo-developmental b) Cyclo-propagative
c) Propagative d) Cyclical

317. Cyclodevelopmental stage is seen in -
a) Malaria b) Filaria *(NEET/DNB Pattern)*
c) Plague d) Cholera

318. Transovarian transmission is a feature of- *(PGI80)*
a) Scrub fever b) Epidemic typhus
c) Endemic typhus d) Trench fever

319. Transovarian transmission is seen in -
a) Ticks b) Louse *(NEET/DNB Pattern)*
c) Flea d) None

320. Transovarian transmission is seen in- *(NEET/DNB*
a) Rickettesial diseases b) Malaria *Pattern)*
c) Filaria d) None

321. Cyclopropagative? *(NEET/DNB Pattern)*
a) Malaria b) Plague
c) Filaria d) None

322. Propagative? *(NEET/DNB Pattern)*
a) Plague b) Filaria
c) Malaria d) All

323. Transmission of agent by vectors is facilitated by the following ways except one - *(AI 11)*
a) Contamination with body fluids of vectors
b) Scratching-in of infected feces
c) Ingestion of infected material
d) Regurgitation

324. Active and passive immunity should be given together in all except - *(AIIMSNov 97, AIPGME 02, 06)*
a) Tetanus b) Rabies
c) Measles d) Hepatitis B

325. Post exposure active immunization can be done for
a) Rabies b) Measles *(AI 99)*
c) Chloera d) Yellow fever

326. Post-exposure prophylaxis is indicated in -
a) HBV b) Rabies *(PGIDec07)*
c) Diphtheria c) Measles
d) Tetanus

327. Post exposure immunization is given in -
a) Rabies b) Pertussis *(DPGEE 08)*
c) Measles d) Yellow fever

328. Congenital passive immunity is NOT found in -
a) Polio b) Mumps *(UP08)*
c) Rubella d) Measles

329. Live attenuated vaccines are A/E- *(PGIMay 11)*
a) Measles b) Rabies
c) Oral polio d) Yellow fever
e) Influenza

330. Which of the following statements regarding live vaccines is false - *(AI 08)*
a) Two live vaccines cannot be administered simultaneously
b) Booster doses are not required when live vaccines are administered
c) Single dose gives life long immunity
d) Live vaccine contains both major and minor antigens

331. Which of the following is/are subunit vaccines:
a) Typhoid Vi *(PGI Nov 10)*
b) H. influenza vaccine (Hib)
c) Hepatitis B vaccine
d) Diphtheria
e) Pneumococcal

332. Toxoid is prepared from- *(AI2K)*
a) Exotoxin b) Endotoxin
c) Both d)None

333. Live vaccines are - *(PGI June 06, 02, 98 Dec 01)*
a) TT b)BCG
c) DPT d)OPV
e) MMR

334. All are live vaccines except - *(AI 98, 96)*
a) 17-D b) Rubella
c) Salk d) Measles

335. Killed vaccine is - *(NEET/DNB Pattern)*
a) Hepatitis A b) Measles
c) OPV d)BCG

336. Which of the following is a Live vaccine - *(AI94)*
a) Salk polio vaccine b) HDCV
c) Hepatitis B vaccine d) 17-D Vaccine

337. Vaccines - incorrect combination is - ***(PGI 04)***
a) Measles - Jeryll Lyn strain b) Mumps - schwartz
c) Chichenpox - oka d) OPV - sabin
e) Rubella - Copenhagen

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310)b 311) a 312) d 313)a 314)a 315)d 316)a 317)b 318)a 319)a 320)a 321)a 322)a 323)c
324) c 325) a,b 326) a,b,c,d,e 327) a,c 328) None 329) b 330) a 331)a,b,c,e 332) a 333)b,d,e 334) c 335) a
336) d 337) a,b,e

338. Name of mumps vaccine is -*(NEET/DNB Pattern)*
a) Jeryl Lynn b) Edmonshon zagreb
c) Schwatz d) Moraten

339. Strain used for BCG vaccine - *(AIPGME 07)*
a) Edmonston Zagreb strain
b) Oka strain
c) 'Danish' 1331
d) RA 27/3strain

340. Which vaccine is given by subcutaneous route -
a) BOG b) Measles *(HPU05,*
c) Rabies d)DPT *AIIMS95)*

341. Vaccine with highest efficacy - ***(AI****09)*
a) Measles b)DPT
c) Oral typhoid d) Tetanus

342. Vaccine with maximum efficacy is - *(AIIMSMay 10)*
a) OPV b) Measles
c) BOG d) TT

343. All vaccines are given in disaster,except -
a) Cholera b)Influenza *(NEET/DNB Pattern)*
c) Measles d) Tetanus

344. Which vaccine is contra indicated pregnancy-*/^/92)*
a) Cholera vaccine b) Typhoid vaccine
c) Meningococcal vaccine d) Polio vaccine

345. Vaccine, contrainidicated in pregnancy is -
a) Tuberculin b) Typhoid *(AIIMS97)*
c) Influenza d) HBV

346. The vaccine not to be given during pregnancy is -
a) MMR b) Rabies *(AIIMS Nov 09)*
c) Hepatitis B d) Diphtheria

347. A person is on intensive chemotherapy, which vaccine is contraindicated in this circumstance -
a) MMR b) Hepatitis B *(PGIDec 08)*
c) Pneumococcus d)DPT
e) BOG

348. Herd immunity provides protection to - *(AI96)*
a) Immunized persons
b) Non immunized persons
c) Both
d) None

349. About herd immunity, all are true except - *(AI07)*
a) depends on clinical and subclinical cases
b) Influenced by immunization
c) depends on the presence of alternative host
d) Herd immunity is constant

350. A herd immunity of over - % is considered necessary to prevent epidemic spread of diphtheria -
a) 50% b) 55% *(PGI 80, AIIMS 77)*
c) 60% d) 70%

351. Herd immunity is not useful in - *(AIIMS2K, AI95)*
a) Diphtheriab) Polio
c) Measles d) Tetanus

352. All of the following are true about the Herd immunity for infectious diseases except - ***(AI*** *05)*
a) It refers to group protection beyond what is aforded by the protection of immunized individuals
b) It is likely to be more for infections that do not have a sub-clinical phase
c) It is affected by the presence and distribution of alternative animal hosts
d) In the case of tetanus it does not protect the individual

353. Disease elimination is helped *by-(NEET/DNB Pattern)*
a) Herd immunity b) Isolation
c) Quarantine d) None

354. Which vaccine gives herd immunity - *(NEET/DNB*
a) OPV b) Typhoid *Pattern)*
c) Cholera d) None

355. Which of the following vaccine is not included in EPI, schedule- *(AI07)*
a) BOG b) DPT
c) MMR d)OPV

356. In national immunization shedule of India, measles vaccine is given at - *(PGI 99)*
a) Birth b) 6 weeks
c) 9 months d) 5-6 years

357. 9th month immunization given is -
a) Measles b) DPT *(NEET/DNB Pattern)*
c) BOG d) All

358. In one single visit, a 9 month-old, un-immunized child can be given the following vaccination -
a) Only BCG
b) BCQ DPT-1, OPV-1
c) DPT-1, OPV-1, Measles
d) BCQ DPT-1, OPV-1, Measles

359. A 3 yr old completely unimmunised child comes to an immunization clinic at PHC for the first time. He should receive - *(AI 2004)*
a) BCQ Measles, Vitamin-A
b) DT-1, OPV-1, Measles, Vitamin-A
c) BCQ DPT-1, OPV-1, Measles, Vitamin-A
d) DPT-1, OPV-1, Measles, Vitamin-A

360. If a 11-month old child has received two doses of DPT and polio, comes for further immunization after 5 months of the last dose, what should be done ?
a) Repeat the whole course
b) Repeat the 2nd dose and continue rest of the course
c) Give 3rd dose and continue the course
d) Give only booster dose

361. A 37 weeks pregnant woman attends an antenatal clinic at a Primary Health Centre. She has not had any antenatal visit till now. The best approach regarding tetanus immunization in this case would be to - *(AI 04)*
a) Give a dose of Tetanus Toxoid (TT) and explain to her that it will not protect the new bom and she should take the second dose after four weeks even if she delivers in the meantime
b) Don not waste the TT vaccine as it would anyhow be of no use in this pregnancy
c) Give one dose of TT and explain that it will not be useful for this pregnancy
d) Give her anti-tetanus Immunoglobulin along with the TT vaccine

338) a 339) c 340) b 341) a 342) b 343) a 344) None or d 345) a 346) a 347) a,e 348) b 349) d 350) d
351) d 352) b 353)a 354)a 355)c 356)c 357)a 358)d 359)b 360)a 361)a

362. Vaccine in the UPI which aims at preventing blindness is - *(AIIMS 98)*
a) Measles b) Rubella
c) DPT d) Polio

363. In the WHO recommended EPI Cluster sampling for assessing primary immunization coverage, the age group of children to be surveyed is -*(AIIMS Nov 05)*
a) 0-12 months b) 6-12 months
c) 9-12 months d) 12-23 months

364. False about vaccines is - *(AIIMSMay 11, Nov 08)*
a) Thiomersal is preservative in DPT vaccine
b) Kanamycin is preservative in measles
c) Magnesium chloride stabilizer used in OPV
d) Neomycin is a preservative in BCG vaccine

365. Mass immunization is indicated in the following, except- *(AI10)*
a) Leprosy b) Cholera
c) Influenza d) Tuberculosis

366. Mass vaccination is ineffective in -
a) Measles b) Polio *(NEET/DNB Pattern)*
c) Tetanus d) None

367. All of the following vaccines are recommended for elderly travelers, Except - *(AI 12)*
a) Influenza b) Pneumococcal
c) Tetanus d) Measles

368. The peripheral workers in a primary health centre return one day late; after an immunisation session. The primary health centre is locked. The vaccine carrier still contains a few unopened vials of DPT vaccine and sufficient ice. The workers are to -
a) Return the vaccine vials to the refrigerator in the morning of the next day *(UPSC 2K)*
b) Get the health centre opned the same evening and keep the vaccine vials in the refrigerator
c) Discard the vaccine vials
d) Retain the vaccine in the ice box

369. Vaccines at PHC are stored in - *(NEET/DNB Pattern)*
a) Ice box b) ILR
c) Deep freezer d) None

370. Vaccine which requires most stringent condition for storage- *(Kerala 91)*
a) DPT b)OPV
c) BOG d) TT

371. Vaccine which must be stored in the freezer comp artment of a fridge is/are - *(PGI85)*
a) BOG b)OPV
c) Measles d) Small pox
e) All of the above

372. Vaccine (s) not to be frozen is/are - *(PGI June 01)*
a) BOG b)OPV
c) DPT d) Measles
e) TT

373. Reverse Cold Chain is used for - *(AI2K)*
a) Carrying stool samples of polio patiens from a PHC to the lab
b) Transporting outdated vaccines from PHC to district hospital
c) Transporting vaccines to lab. to check its potency
d) Transporting vaccine form camps to sub - centre

374. Isolation period should be - *(NEET/DNB Pattern)*
a) Minimum incubation period
b) Maximum incubation period
c) Period of communicability
d) None

375. Quarantine is related to - *(AIIMS 97)*
a) Minimum incubation period
b) Maximum incubation period
c) Serial interval
d) Generation time

376. All of the statements about quarantine are true except - *(AIIMS Nov 04)*
a) It is synonymous with isolation
b) Absolute quarantine is restriction during the incubation period
c) Exclusion of children from schools is an example of modified quarantine
d) Quarantine should not be longer than the longest incubation period

377. Isolation is strictly recommended for - *(AI 08)*
a) Mumps b) Measles
c) Hepatitis A d) Pneumonic plague

378. Isolation is done in following case/s - *(PGIDec 06,*
a) T.B. b) Cholera *04,02)*
c) Measles d) Typhoid
e) Tetanus

379. True about maximum isolation period of enteric fever is - *(AIIMS Nov 08)*
a) Upto 3 days after starting the treatment
b) Till 3 consequent negative stool cultures are obtained from the patient
c) Till the fever subsides
d) Till widal becomes negative

380. 'Ring vaccination' *is-(AIIMS 80, Delhi 93, MAHE 05)*
a) Given by a ring shaped machine
b) Given to produce a ring lesion
c) Given around 100 yards of a case detected
d) Given around a mile of a case

381. Surveillance is necessary for all recommended by WHO except - *(AI 91)*
a) Relapsing fever b) Malaria
c) Plague d) Tuberculosis

382. Internationally quarantinable disease are -*(BHU88)*
a) Plague b) Cholera
c) Yellow fever d) All of theabove

383. The following disease require isolation to break transmission except - *(AI 94)*
a) Measles b) Mumps
c) Chicken pox d) Tetanus

384. The drug of choice for chemoprophylaxis in contacts of a patient of penumonic plague is - *(AIIMS 02, 95)*
a) Penicillin b) Rifampicin
c) Erythromycin d) Tetracycline

362)a 363)d 364)d 365)a 366)None 367)d 368)d 369)b 370)b 371)b,c 372)c,e 373)a 374)c 375)b
376) a 377) d 378)a,b,c,d 379) b 380) c 381) d 382) d 383) d 384) d

385. No chemoprophylaxis for - *(NEET/DNB Pattern)*
a) Typhoid b) Chicken pox
c) Influenza d) Cholera

386. Chemoprophylaxis is not indicated in which of the following- *(AIIMS2K)*
a) Measles b) Cholera
c) Meningococcemia d) Plague

387. Chemoprophy laxis with tetracycline is useful in which of the following ? *(Af 11)*
a) Cholera b) Brucellosis
c) Meningitis d) Leptospirosis

3 88. Chemoprophylaxis is not required in - *(NEET/DNB Pattern, AIIMS 97)*
a) Typhoid
b) Meningococcal meningitis
c) Bacterial conjunctivitis
d) Malaria

389. Chemoprophylaxis is done for all except - *(AI2002)*
a) Cholera b) Taeniasis
c) Malaria d) Leprosy

390. Chemoprophylaxis can be done for the following except - *(AI 09)*
a) Meningitis b) Typhoid
c) Cholera d) Diphtheria

391. Mass chemoprophylaxis in endemic area is recommended for all of the following, except -
a) Yaws b) Leprosy *(AI10)*
c) Trachoma d) Filaria

392. Mass prophylaxis is given for a/e - *(AIIMSNov 10)*
a) Lymphatic filariasis b) Vitamin A deficiency
c) Scabies d) Worm infestation

393. Which of the following is not a complete sterilization agent- *(AI01)*
a) Glutaraldehyde
b) Absolute alcohol
c) Hydrogen peroxide
d) Sodium hypochlorite

394. Phenol Coefficient indicates - *(JIPMER 91)*
a) Efficacy of a disifectant
b) Dilution of a disinfectant
c) Quantity of a disinfectant
d) Purity of a disinfectant

395. Sharp instruments may be sterilized with -
a) Radiation b) Lysol *(Jipmer 80, Orissa 90)*
c) Hot air d) Any of the above

396. Disinfectants used for blood spills -*(AIIMSNov 07)*
a) Phenol b) Glutaraldehyde
c) Ethanol d) Sodium hypochlorite

397. Best disinfectant of cholera stool is - *(AIIMS 97)*
a) Bleaching powder b) Cresol
c) Phenol d) Lime

398. The amount of bleaching powder necessary to disinfect choleric stools, is - *(NEET/DNB Pattern)*
a) 50 gm/lit b)75gm/lit
c) 90 gm/lit d) 100 gm/lit

399. All of following are false about bleaching powder except- *(AI 96)*
a) Contains 20 % available chlorine
b) 20 % solution used for disinfection of faeces
c) Unstable compound on storage
d) Not used for disinfection of feces & urine

400. Disinfection of sputum is done by - *(PGI Dec 08)*
a) Boiling b) Autoclaving
c) Sunlight d) Burning
e) Airing

401. Sputum can be disinfected by all except-
a) Autoclaving b) Boiling *(AIIMSNov 10)*
c) Cresol d) Chlorhexidine

402. Savlon contains - *(ARMSMay 10)*
a) Cetrimide + Chlorhexidine
b) Cetrimide + Chlorhexidine + butyl alcohol
c) Cetrimide + butyl alcohol
d) Cetrimide + Cetavlon

MISCELLANEOUS

403. Time between infection and maximum infectivity is known as? *(DNB Dec 2011)*
a) Incubation period
b) Serial interval
c) Generation time
d) Communicable period

404. Communicability of disease is assessed by?
a) Secondary attack rate *(DNB Dec 2011)*
b) Generation time
c) Serial interval
d) Incubation period

405. Isolation period of Hepatitis A- *(DNB Dec 2011)*
a) 1 week b) 2 weeks
c) 3 weeks d) 4 weeks

406. Cause to effect progression is seen in all EXCEPT:
a) Case control study *(DNB Dec 2011)*
b) Ecological study
c) Cohort study
d) Randomized control trial

407. Incidence of a disease in a population of30,000 and 300 new cases is? *(DNB Dec 2011)*
a) 0.1 per 1000 b) 10 per 1000
c) 100 per 1000 d) 1 per 1000

408. Selection bias can be eliminated *by!(DNB Dec 2011)*
a) Randomization b) Single blinding
c) Double blinding d) Matching

409. Syringes and glassware are sterilized by?
a) Irradiation *(DNB June 2011)*
b) Autoclave
c) Hot air oven
d) Glutaraldehyde

410. Which is not an analytical study? *(DNB June 2011)*
a) Case control b) Cohort study
c) RCT d) Cross sectional

385) b 3 86) a 387)a 388)a 389)b 390)b 391)b 392)c 393)b 394)a 395)c 396)d 397)b 398)a
399) d 400) a,b,d 401) d 402) a 403) c 404) a 405) c 406) a 407) b 408) a 409) c 410)c

411. Hypothesis is not tested by? *(DNB June 2011)*
a) Descriptive studies b) Analytical studies
c) Case control studies d) Cohort studies

412. True about point source epidemic *is?(DNB June 11)*
a) Occurs in more than 1 incubation period
b) Occurs in one incubation period
c) The exposure is continuous
d) Epidemic curve falls very slowly

413. Interval between primary and secondary case is called as? *(DNB June 2011)*
a) Generation time b) Serial interval
c) Incubation period d) Lead time

414. First case that comes to notice of physician is ? *(DNB June 2011)*
a) Primary case b) Secondary case
c) Index case d) Refer case

415. Confounding can be removed by? *(DNB June 2011)*
a) Assign confounders to both cases and controls
b) Stratification
c) Matching
d) All of the above

416. Cyclopropagative type of life cycle is seen in?
a) Cholera b) Filaria *(DNB June 2011)*
c) Plague d) Malaria

417. Berkesonian bias is due to? *(DNB Dec 2010)*
a) Presence of confounding factors in both cases & controls
b) Questioning the cases more thoroughly as compared to controls
c) Different rates of admission to hospital due to different diseases
d) Better recall by the cases as compared to controls

418. In a study done to establish Smoking as a risk factor for a disease, 30 out of 50 smokers developed the disease while 10 out of 50 non-smokers developed the disease. Odd's ratio is? *(DNB Dec 2010)*
a) 3 b) 6
c) 5 d) 10

419. Sterilization & disinfection of blood spills is done by- *(DNB Dec 2010)*
a) Formaldehyde b) Sodium hypochlorite
c) Tincture iodine d) Phenols

420. Which type of vaccine is MMR? *(DNB Dec 2010)*
a) Live attenuated b) Killed
c) Toxoid d) Subunit

421. Cause to effect progression is seen in all EXCEPT-
a) Case control study *(DNB June 2010)*
b) Ecological study
c) Cohort study
d) Randomized control trial

422. Case-control study is a type of - *(DNB June 2010)*
a) Descriptive epidemiological study
b) Analytical study
c) Longitudinal study
d) Experimental epidemiological study

423. Study time, place, and person of a disease is_____ study - *(DNB June 2010)*
a) Descriptive b) Analytic
c) Association d) Comparison

424. Recall bias is most commonly associated with which study design - *(DNB June 2010)*
a) Case control study
b) Cohort study
c) Cohort case control study
d) Cross-sectional study

425. The gas responsible for Bhopal gas tragedy was?
a) Methyl isocyanate *(DNB June 2010)*
b) Potassium isothiocyanate
c) Sodium isothiocyanate
d) Ethyl isothiocyanate

426. Serial interval is? *(DNB Dec 09)*
a) Time interval between invasion of infection and appearance of first sign or symptom
b) Time between onset of primary case and secondary case
c) Interval of time between receipt of infection by a host and maximum infectivity
d) Time in which infectious agent is transferred from one host to another

427. Point source epidemic tends to - *(DNB Dec 09)*
a) Continue over one incubation period
b) Produce multiple peaks in the epidemic curve
c) Be explosive
d) Tail gradually

428. Calculate the prevalence if incidence is 2 cases per 1000 population per year and mean duration is 4 years - *(DNB Dec 09)*
a) 8 Cases per 1000 population
b) 2 Cases per 1000 population
c) 0.5 Cases per 1000 population
d) 32 Cases per 1000 population

429. In a village with population of5000,50 people have a disease and 10 of them died. What is case fatality rate? *(DNB Dec 09)*
a) 1% b) 2%
c) 0.5% d)20%

430. When an association between two variables is explained by a third variable due to indirect association, it is called as? *(DNB Dec 09)*
a) Cognitive bias b) Confounding bias
c) Berkesonian bias d) Indirect bias

431. Cyclodevelopmental life cycle is seen in -
a) Malaria b) Plague *(DNB Dec 09)*
c) Yellow fever d) Filaria

432. The most heat sensitive vaccine is - *(DNB Dec 09)*
a) Measles b) Hepatitits B
c) DPT d)OPV

433. Secular trends are? *(DNB June 09)*
a) Progressive changes occuring over long period of time
b) Explosion of changes in a limited span of time
c) Periodic changes occuring over a long period
d) Sudden epidemic of a new occurring

411)a 412) b 413)b 414) c 415)d 416)d 417) c 418) b 419) b 420)a 421) a 422)b 423)a 424)a
425) a 426) b 427) c 428) a 429) d 430) b 431)d 432) d 433) a

434. Odds ratio is related-to? *(DNB June 09)*
a) Relative risk b) Incidence
c) Prevalance d) Attributable risk

435. Incidence can be calculated by - *(DNB June 09)*
a) Prospective study b) Retrospective study
c) Case control study d) Cross-sectional study

436. Which of the following vaccine should not be given during pregnancy ? *(DNB June 09)*
a) HBV b) Measles, mumps, rubella
c) Typhoid d) Cholera

437. At PHC level vaccine storage is by? *(DNB June 09)*
a) IRL b) Walk in cold rooms
c) Cold boxes d) Vaccine carriers

438. Standardized mortality rate is - *(DNB Dec 08)*
a) Standardized for age
b) Standardized for disease
c) Standardized for regions
d) Standardized for a particular time period

439. Case fatality rate is a method of measuring -
a) Infectivity b) PathogenecityfZWZ? *Dec 08)*
c) Virulence d) Average duration of disease

440. In a stable situation - *(DNB Dec 08)*
a) Incidence = prevalence * Duration
b) Prevalence = Incidence x Duration
c) Incidence = Prevalence + Duration
d) Prevalence = Incidence + Duration

441. Bhopal gas tragedy is an example of -*(DNB Dec 08)*
a) Point source epidemic
b) Continuous epidemic
c) Propagated epidemic
d) Slow epidemic

442. Storage temperature for vaccine is-*(DNB June 08)*
a) -4°C toO°C b) 0°C to 4°C
c) + 2°C to 8°C d) + 4°C to 12°C

443. The following are live attenuated vaccines, except - *(DNB June 08)*
a) Oral polio b) Yellow fever
c) Measles d) Influenza

444. In epidemic, 1st step is- *(DNB June 08)*
a) Verification of diagnosis
b) Isolation
c) Immunization
d) Notification

445. Randomized controlled trials are -*(DNB June 08)*
a) Clinical trials
b) Preventive trials
c) Before and after comparison studies
d) Evaluation of Health Services

446. Prevalence is a - *(DNB June 08)*
a) Rate b) Ratio
c) Proportion d) Mean

447. Chronic carrier state is not seen in all except - *(DNB June 08)*
a) Poliomyelitis b) Measles
c) Malaria d)Tetanus

448. In a given population, prevalence of a disease can be rapidly determined by - *(DNB Dec 07)*
a) Case control study b) Cross over study
c) Cross sectional study d) Double blind study

449. The analytical study where population is the unit of study is - *(DNB Dec 0 7)*
a) Cross-sectional b) Ecological
c) Case-control d) Cohort

450. Use of one of the following vaccination is absolutely contraindicated in preganacy - *(DNB Dec 07)*
a) Hepatitis-B b) Cholera
c) Rabies d) Yellow fever

451. Zero dose of Polio vaccine in which is give -
a) Before giving DPT *(DNB Dec 07)*
b) At birth
c) When child is having diarrhoea
d) When child is having Polio

452. Prevalence of a disease depends upon the following-
a) Incidence *(DNB June 07)*
b) Duration
c) Both of the above
d) None of the above

453. If a new effective treatment is initiated and all other factors remain the same; when of the following is most likely to happen - *(DNB June 07)*
a) Incidence will not change
b) Prevalence will not change
c) Neither incidence not prevalence will change
d) Incidence and prevalence will change

454. True about confounding factor - *(DNB June 07)*
a) It is found equally between study and the control groups
b) It is itself a risk factor for the disease
c) Confounding can be eliminated by selecting a small group
d) It is associated with etiher the exposure or the disease

455. Cyclodevelopmental stage is seen in -*(DNB June 07)*
a) Malaria b)Filaria
c) Plague d) Cholera

456. Pasteurization is_____disinfection-^*Orissa 05)*
a) Precurrent b) Concurrent
c) Preconcurrent d) Terminal

457. In an epidemic first to be done is- *(TGI81, AMC 92)*
a) Identity the cases
b) Confirm the diagnosis
c) Identify the prone people
d) Identify the causative factors

458. While investigating an epidemic, search for more cases is continued till what period ? *(UPSC-II08)*
a) Twice the incubation period of the disease since occurrence of the last case
b) Thrice the incubation period of the disease since occurrence of the case
c) The longest incubation period for the disease
d) Incubation period for the disease plus two standard deviations

434)a 435)b 436)b 437)a 438)a 439)c 440)b 441)a 442)c,d 443)None 444)a 445)a 446)c 447)c 448) c 449) b 450)bord 451)b 452) c 453) a 454) a,b 455) b 456) a 457) b 458) a

459. Epidemiological studies is carried for a period of -
a) Incubation period *(Jipmer 03)*
b) Twice the incubation period
c) Four times the incubation period
d) Half the incubation period

460. Case fatality rate is a method of measuring -
a) Infectivity *(Karnat 05)*
b) Pathogenecity
c) Virulence
d) Average duration of disease

461. A useful index to measure the lethality of an acute infectious diseases *is-(PGI81, AIIMS88, AIIMS 04,*
a) Attack rate b) Incidence rate *AI05)*
c) Case fatality rate d) None of these

462. Death rates of two countries are best compared by -
a) Crude death rate *(MAHE 05)*
b) Proportional crude death rate
c) Standardized mortality rate
d) Age specific death rate

463. Which of the following is used to compare the death rates of two different populations - *(PGMCET 07)*
a) Crude death rate
b) Age specific death rate
c) Age standardized death rate
d) Proportional mortality rate

464. In a outbreak of cholera in village of 2,000 population, 20 cases have occurred and 5 died. Case fatality rate is - *(Delhi PG Feb. 09)*
a) 1% b) 0.25%
c) 5% d)25%

465. Standardised mortality rate is stadardised for
a) Age b) Disease *(DPG11)*
c) Region d) A particular time period

466. Point prevalence over estimates the disease with- *(Jipmer 11)*
a) High incidence b) Low incidence
c) Low mortality d) High mortality

467. "Incidence" is defined as - *(MAHE 05, AI89)*
a) Number of new cases occurring in a defined population
b) Total cases (new+old) occurring in a defined population
c) Number of exposed developing the disease in a defined population
d) None of the above

468. The number of new cases occurring in a defined population during a specified period of time is called- *(Corned 07)*
a) Period prevalence b) Point prevalence
c) Prevalence d) Incidence

469. Calculate the prevalence if incidence is 2 cases per 1000 population per year and mean duration is 4 years - *(Corned 09)*
a) 8 Cases per 1000 population
b) 2 Cases per 1000 population
c) 0.5 Cases per 1000 population
d) 32 Cases per 1000 population

470. Which of the following estimating the burden of a disease in the community *\s-(UP 07, Karnataka 05)*
a) Disease specific mortality
b) Proportional mortality rate
c) Maternal mortality rate
d) Child mortality rate

471. Case-control study is a type of- *(Corned 08)*
a) Descriptive epidemiological study
b) Analytical study
c) Longidutinal study
d) Experimental epidemiological study

472. What is not true about point source epidemic ?
a) Plateau phase *(APPG 08)*
b) No secondary waves
c) Explosive epidemic
d) Only one peak

473. A disease whose etiology is not known, the first step in the formation of hypothesis will be -
a) Cross sectional study *(PGMCET07)*
b) Descriptive epidemiology
c) Case control study
d) Cohort study

474. Descriptive Epidemiology is study in relation to -
a) Time b) Place *(DPG 03)*
c) Person d)All

475. Which of the following is a characteristic of a point source epidemic ? *(UPSC-II08)*
a) Herd immunity regulates spread of cases
b) Person to person transmission is seen
c) Secondary wave of cases is always seen
d) All cases develop within one incubation period

476. Point source epidemic tends to - *(Corned 09)*
a) Continue over one incubation period
b) Produce multiple peaks in the epidemic curve
c) Be explosive
d) Tail gradually

477. True regarding secular trends - *(MAHE 05)*
a) Changes in disease pattern in terms of months
b) Changes in disease pattern seasonally
c) Changes in disease pattern over a short period of timer
d) Changes in disease patttem over a long period of time

478. Seasonal trends is shown by - *(JIPMER 99)*
a) Varicella b) Polimyelitis
c) Malaria d) Measles

479. Cyclic trends are seen in which of the following -
a) Rabies b) Measles *(MAHE07)*
c) Cholera d) Hepatitis

480. The changes occuring in the disease frequency over many years is called - *(Karnataka 03)*
a) Cyclic trend b) Seasonal trend
c) Secular trend d) None of the above

459) b 460) c 461)c 462)c 463)c 464)a 465)a 466)c 467)a 468)d 469)a 470)b 471) b 472)a
473) b 474) d 475) d 476) a,c 477) d 478)a,b,c,d 479) b 480) c

481. False about longitudinal studies is - *(UP 96)*
a) Identifies risk factor
b) Used to study natural history of disease
c) Incidence can't be measured
d) All

482. John Snow's discovery of cholera is an example of- *(Manipal 08)*
a) Natural experiments b) Spot map study
c) Randomized trial d) Short study

483. In which one of the following does the host factor show bimodal incidence curve ? - *(UPSC2006)*
a) Kaposi's sarcoma b) Osteosarcoma
c) Hodgkin's lymphoma d) Lung cancer

484. True of case control studies - . *(JIPMER 98)*
a) It proceeds from cause to effect
b) Odds ratio can be calculated
c) Incidence can be calculated
d) Needs many patients

485. Case control study is used for study of - *(DPG11)*
a) Common diseases b) Uncommon diseases
c) Rare diseases d) Unkown diseases

486. Case control study is - *(AIIHPH 98)*
a) Prospective b) Retrospective
c) Cross sectional d) None of the above

487. A case control study is not characterized by -
a) Cases with the disease are compared to controls without the disease - *(UPSC04)*
b) Assessment of past exposure may be biased
c) Definition of cases may be difficult
d) Incidence rates may be computed directly

488. Case control study-estimate- *(UP 08)*
a) Only odd's ratio
b) Odds ratio and attributable risk
c) Relative risk, attributable risk, population attributable risk
d) Incidence, Relative risk, and attributable risk

489. The association between disease & risk factor in a case control study is studied by - *(AIIMS96, MP 2K)*
a) Relative role
b) Attributable role
c) Population attributable role
d) Odds ratio

490. Relative Risk can be obtained from -*(AI90,DPG 09)*
a) Case study b) Cohort study
c) Case control study d) Experimental study

491. Which is false about cohort study - *(JIPMER 92)*
a) Incidence can be measured
b) Used to study chronic diseases
c) Expensive
d) Always prospective

492. All are true about cohort studies except - *(AP 96)*
a) Prospective
b) Useful for rare diseases
c) Necessary for incidence
d) Costly

493. The influence of maternal smoking and LBW incidence is studied. Detailed smoking history is taken at first antenatal visit and smoking history and birth weight were studied later. The type of study is - *(Jipmer 11)*
a) Retrospective cohart study
b) Cross sectional study
c) Clinical trial
d) Prospective cohort study

494. Bias is unlikely to invalidate cohort studies used to assess risk of exposure because - *(UPSC 2K)*
a) Data collection is prospective
b) Large number of subjects is usually included
c) Exposure is usually determined prior to disease occurrence
d) Actual relative risk can be determined

495. Relative risk of a disease measures which of the following - *(Karnat 05)*
a) Strength of association between suspected cause and effect
b) Biological plausibility between suspected cause and effect
c) Temporal relationship between suspected cause and effect
d) Specificity of association between suspected cause and effect

496. A total of 3500 patient with thyroid cancer are identified and surveyed by patient interviews with reference to past exposure to radiation. The study design most appropriately illustrates - *(UPSC2K)*
a) Case series report b) Case control study
c) Case report d) Clinical trial

497. Non - Bias study is - *(Jipmer 03)*
a) Case control study
b) Cohort study
c) Randomized controlled trials
d) Unrandomized trials

498. All are example for randomised control trials except - *(Manipal 08)*
a) Natural experiments b) Clinical trials
c) Risk factor trials d) Preventive trials

499. Which one of the following is the correct statement- In a study of relationship between obesity and cardiovascular diseases, increased cholesterol and hyperglycemia are ? - *(UPSC 2006)*
a) Confounders b) Intervening variable
c) Direct causes d) Independent variables

500. Berkesonian bias is a selection bias which occurs in-
a) Community-based studies *(UPSC-II09)*
b) Hospital-based studies
c) Laboratory-based studies
d) Natural exposure studies

501. An epidemiological hypothesis should specify the following except - *(UPSC 07)*
a) Population
b) Time response relationship
c) Geographical trends
d) Expected outcome

481)c 482)b 483)c 484)b 485)c 486)b 487)d 488)a 489) d 490)b 491) d 492)b 493)d 494) c
495) a 496) a 497) c 498) a 499) a 500) b 501) c

502. Bacteria is not shed in - *(MP 98)*
a) Carrier state b) Latent infection
c) Incubation period d) Subclinical infection

503. Reservoir of hookworm - *(AP 97)*
a) Human being b) Soil
c) Faeces d) Monkeys

504. The person, animal, object or substance from which an infectious substance passes or is disseminated by host is called - *(COMEDK 05)*
a) Reservoir b) Source
c) Carrier d) Homologousreservoir

505. No sub - clinical infection exists in - *(Jipmer 03)*
a) Polio b) Mumps
c) Chicken pox d) Hepatitis A

506. First case in an epidemic is called - *(AIIHPH98)*
a) Index case b) Primary case
c) First case d) None of the above

507. Latent infection occurs in the following except- *(UPSC07)*
a) Mumps b) Herpes simplex
c) Brill-zinsser disease d) Ancylostomiasis

508. The following set of words can be used synonymously in epidemiology - *(APPGE 05)*
a) Source and Reservoir
b) Index and primary case
c) Latent infection and subclinical infection
d) Serial interval and incubation period

509. Which of the following carriers recieved source of infection from other carriers is called - *(UP 07)*
a) Incubatory carrier b) Convulescent carrier
c) Healthy carrier d) Chronic carrier

510. The type of trasmission involved in the case of plague in rat flea - *(C. U.P G.E.E. 96, Karnataka 94)*
a) Propagative b) Cyclo propagative
c) Cyclo-Developmental d)None

511. Vertical transmission is seen in - *(UP 07)*
a) Herpes simplex b) Leprosy
c) Tetanus d) Whooping cough

512. The time interval between reception of infection and maximum infectivity of the host is know as -*(MH11)*
a) Generation time b) Serial interval
c) Latent period d) Median incubation period

513. Serial interval measures - *(Kerala 97)*
a) Incubation period of disease
b) Sensitivity
c) Specificity
d) Positive predictive value

514. Generation time in epidemiology is defined as -
a) The interval between marriage and the birth of first child *(Karnataka 04)*
b) The interval of time between the receipt of infection by host and maximal infectivity of the host
c) The interval of time between primary case and secondary cases
d) Interval of time between invasion by infectious agent and appearance of first sign or symptom of the disease in question

515. The gap in time between the onset of the primary case and the secondary case is called *as-(UPSC-II 09)*
a) Latent period b) Generation time
c) Serial interval d) Communicable period

516. Prognosis of a disease can be given by- *(Manipal 08)*
a) Secondary attack rate b) Incubation period
c) Latency d) Serial interval

517. An important measure of the communicability of a disease is - *(UPSC 2K, Corned 09)*
a) Case fatality rate
b) Disease specific mortality rate
c) Infection rate
d) Secondary attack rate

518. A village has a total of 100 under-five children. The coverage with measles vaccine in this age group is 60%. Following the occurrence of a measles case in a child after a visit outside, twenty six children developed measles. The secondary attack rate ofmeasles is -
a) 25% b) 40% *(UPSC2K)*
c) 50% d)65%

519. Isolation is not carried out in one of the folio wing-
a) Plague b) Cholera *(Jipmer 03)*
c) AIDS d) Chicken pox

520. Isolation as a method of a control is infection in which of the following disease ? *(Delhi PG Mar 09)*
a) Diphtheria b) Plague
c) Mumps d) Cholera

521. In control of communicable diseases, the period of quarantine in respect of a disease is determined by- *(Karnat 96)*
a) Incubation period b) Infectivity period
c) Duration of illness d) Carrier state

522. International notification is a must in the following except- *(TN 03)*
a) Plague b) Cholera
c) Yellow d) Paralytic polio

523. The most effective vaccine is - *(JIPMER 91)*
a) TT b)OPV
c) B.C.G d) MEASLES

524. Which vaccine is most effective - *(AI89)*
a) Cholera b) Typhoid
c) Yellow fever d) Chicken pox

525. The following are live attenuated vacciness, except -
a) BCG b) Oral typhoid *(SGPGI05)*
c) Measles d) Pertussis

526. Which of the following is given as live oral vaccine -
a) B.CG b) Measles *(ROHTAK97)*
c) Typhoid d) Rabies
e) Hepatitis

527. During pregnancy, vaccination can be given against all these diseases except - *(UPSC2006)*
a) Hepatitis b) Typhoid
c) Mumps d) Hepatitis B

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502)b 503)a 504)b 505)c 506)b 507)a 508)c 509)None 510)a 511)a 512)a 513)a 514)b 515)c
516)b 517) d 518)d 519)c 520)a,b,c,d 521)a 522)d 523)d 524)c 525)d 526)c 527)c

528. Which of the following vaccine should not be given during pregnancy ?- *(APPG 2006)*
a) HBV b) Measles, mumps, rubella
c) Typhoid d) Cholera

529. Which of the following vaccine should not be given during pregnancy? *(DPG 11)*
a) HBV b) Measles, mumps, rubella
c) Typhoid d) Cholera

530. Vaccines that can be safely given during pregnancy are the following except - *(UPSC-1109)*
a) Tetanus b) Influenza
c) Rubella d) Pneumococcus

531. The dose of OPV, given at birth, in case of institutional deliveries is - *(AIIHPH2001)*
a) Zero dose OPV b) Initial dose
c) Primary dose d) First dose

532. Vaccine which can be stored at -10°C temperature-
a) Polio b) Measles *(AIIHPH2001)*
c) BCG d)DPT

533. Vaccine which requires most stringent condition for storage - *(Kerala 91, DPG 09)*
a) DPT b)OPV
c) BCG d)TT

534. The most heat sensitive vaccine is - *(Corned 09)*
a) Measles b) Hepatitits B
c) DPT d)OPV

535. Frozen DPT vaccine should be - *(UPSC 04)*
a) Shaken thoroughly before use
b) Allowed to melt before use
c) Discarded
d) Brought to room temperature before use

536. Freeze dried vaccines are all except - *(Jipmer 05)*
a) BCG b) DPT
c) Measles d) Yellow fever

537. Strain used in mumps vaccine? *(MH11)*
a) Edmonsten Zagreb b) Oka
c) Jeryl Lynn d) Danish 1331

538. After administrating live vaccine, immunoglobulins are given after - *(UPSC 2002)*
a) lweek b) 2 weeks
c) 10 weeks d) 12 weeks

539. Herd immunity is not useful in - *(AIIHPH98)*
a) Diphtheria b) Tetanus
c) Smallpox d)Mumps

540. At Primary Health Centre (PHC) level, vaccines are stored in the - *(Karn 11)*
a) Cold box b) Deep freezer
c) Ice lined refrigerator d) Walk in cold room

541. How many fully frozen ice packs should a vaccine carrier contain? *(Karn 11)*
a) 2 b)4
c) 6 d) 8

542. Disinfection by autoclaving is NOT recommended for- *(Delhi pg Mar 09)*
a) Sputum b) Linen
c) Sharp instruments d) Glass syringes

543. Which one of the following disinfectant is not effective in killing spores? *(Jipmer 11)*
a) Alcohol b) Aldehyde
c) Halogen d) Phenol

SCREENING FOR DISEASE

544. Active search for disease in an apparently healthy individual is k/a - *(A1IMS Nov 0 7)*
a) Monitoringb) Case finding
c) Screening d) Sentinel surveillance

545. Time difference between screening test and standard test is known as - *(PGI June 99, Dec 98)*
a) Lead timeb) Generation time
c) CIP d) Lag time
e) Latent period

546. A test has been introduced that will detect a certain disease 1 year earlier than it is usually detected. Which of the following is most likely to happen to the disease within 10 years after the test introduced? (Assumed that 1 year early detection has no effect on the natural history of disease) -
a) It will be a good screening test
b) The period prevelance will decrease
c) The apparent 5 year survival rate will increase
d) The incidence rate will decrease

547. Which is most economical and best screening-
a) Mass screening *(NEET/DNB Pattern)*
b) High risk screening
c) Multiphasic screening
d) Any of the above

548. The screening strategy for prevention of blindness from diabetic retinopathy according to the NPCB involves- *(AI10)*
a) Opportunistic screening
b) High risk screening
c) Mass screening
d) Screening by Primary Care Physician

549. Screening for condition recommended when -
a) Low case fatality rate *(NEET/DNB Pattern)*
b) Diagnostic tools not available
c) No effective treatment available
d) Early diagnosis can change disease course because of effective treatment

550. The criteria for validity of a screening test are -
a) Accuracy *(AIMS 96)*
b) Predictability
c) Sensitivity & Specificity
d) Cost effectiveness

551. Which of the following characteristics is not of much importance in a screening test - *(AIIMSMay 07)*
a) Low cost b) High safety margin
c) High sensitivity d) High specificity

528)b 529)b 530)c 531)a 532)a,b 533)b 534)d 535)c 536)b 537)c 538)b 539)b 540)c 541)b
542) c,d 543) a 544) c 545) a 546) c 547) b 548) b 549) d 550) b 551) d

552. Reliability means - *(AIIMSNov 09)*
a) Number of times the same results on repeated trials
b) Number of times variation is seen
c) Extent of accuracy
d) Level of simplicity

553. Validity of a test is based upon all except -
a) Sensitivity b) Specificity *(AIIMS Nov 95)*
c) Precision d) Accuracy

554. Which one of the following will be affected by inter-observer variation in epidemiological studies -
a) Sensitivity *(UPSC07)*
b) Predictive value of the positive test
c) Specificity
d) Reliability

555. Validity of an indicator means - *(Corned 07)*
a) It should actually measure what it is supposed to measure
b) The answer should be same if measured by different persons in similar circumstances
c) Indicators should reflect changes in the situation concerned
d) Indicators should have ability to obtain data needed

556. If a biochemical test gives the same reading for a sample on repeated testing, it is inferred that the measurement is - *(ARMS Nov 02)*
a) Precise b) Accurate
c) Specific d) Sensitive

557. Using a new technique, Hb was estimated in a blood sample. The test was repeated for 10 times. The reports were : 9.5,9.2,9.4,9.6,9.7,9.9,10.2,10.3, 10.5.12.1. Accurate value of Hb was estimated by standard tests to be 10.2. The new technique has -
a) High validity and high reliability *(ARMS Nov 06*
b) Low validity and low reliability *Nov 11)*
c) High validity and low reliability
d) Low validity and high reliability

558. Using a new technique, Hemoglobin was estimated in a blood sample. The test was repeated for 10 times. The reports were 9.5, 9.2, 9.4, 9.6, 9.7, 9.9,10.5, 12.1. Accurate value of Hb was estimated by standard test to be 10.2. The new technique has -
a) High validity and high reliability *(ARMS Nov 11)*
b) Low validity and low reliability
c) High validity and low reliability
d) Low validity and high reliability

559. L-J chart is used for monitoring - *(ARMSMay 07)*
a) Accuracy b) Precision
c) Sensitivity d) Specificity

560. Specificity of a test refers to its ability to detect -*(NEET/DNB Pattern, ARMS Nov 06, May 09)*
a) True positive b) True negatives
c) False negatives d) False positive

561. Sensitivity means the ability to detect - *(AI97)*
a) True negative b) True positive
c) False negative d) False positive

562. Specificity of a test means, all except - *(AI2K)*
a) Identifies those without disease
b) True positive
c) True negative
d) An ideal screening test should have 100% specificity

563. Diagnostic power of the test is reflected by -*(Al 05)*
a) Sensitivity b) Specificity
c) Predictive value d) Population attributable risk

564. The diagnostic power of a test to correctly exclude the disease is reflected by - *(Al 06)*
a) Sensitivity b) Specificity
c) Positive predictivity d) Negative predictivity

565. For the calculation of positive predictive value of a screening test, the denominator is comprised of -
a) True positives + False negatives *(Al 99, 03)*
b) False positives + True negatives
c) True positives + False positives
d) True positives + True negatives

566. Study this formula carefully - *(Al03)*

$$\frac{\text{Total positives}}{\text{True positive + False positives}} \times 100$$

This denotes
a) Sensitivity b) Specificity
c) Positive Predictive value

567. Positive predictive value is most affected by -
a) Prevalence b) Sensitivity
c) Specificity d) Relative risk

568. If prevalence of a disease increases, what is true-
a) PPV increases *(NEET/DNB Pattern)*
b) PPV decreases
c) No effect on PPV
d) PPV may increase or decrease

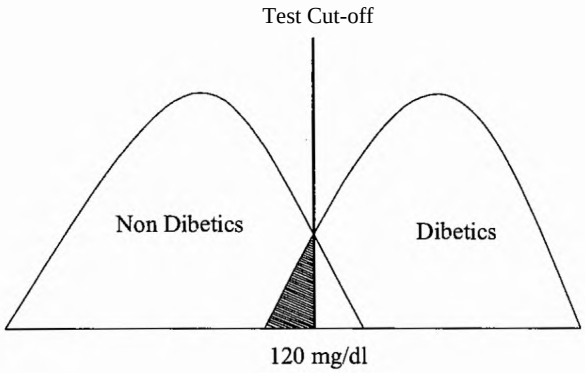
569. A test is done in community A and B, more false positives were found in community A. The inference is that- *(ARMS99)*
a) Invalid test b) Prevalence less in A
c) Prevalence less B d) Prevalence is more in A

570. A screening test is used in the same way in two similar populations; but the proportion of false positive results among those who test positive in population A is lower than those who test positive in population B. What is the likely explanation -
a) The specificity of the test is lower in population A
b) The prevalence of the disease is lower in population A *(ARMS May 03)*
c) The prevalence of the disease is higher in population A.
d) The specificity of the test is higher in population A

571. Due to an effective prevention program, the prevalence of an infectious disease in a community has been reduced by 90%. A physician continues to use the same diagnostic test for the disease that she has always used. How have the test's characteristics changed ?
a) Its sensitivity has increased
b) Its positive predictive value has increased
c) Its negative predictive value has increased
d) The test's characteristics have not changed

552) a 553) c 554) d 555) a 556) a 557) b 558) b 559) a>b 560) b 561)b 562) b 563) c 564) d 565) c
566) a 567) a 568) a 569) b 570) c 571)c

572. A new test for Diabetes mellitus is performed in a group containing diabetics and non-diabetics. If 120 mg/dl of blood sugar is taken as the cut-off, the area shaded in the graph below represents - *(AI11)*



a) True Positives b) False Positives
c) True Negatives d) False Negatives

573. Too much false positives in a test is due to which of the following - *(AIIMS Nov 2K, 08)*
a) High prevalence
b) Tests with high specificity
c) Tests with high sensitivity
d) High incidence

574. More false positive cases in a community signify that the disease *has-(AIIMSMay 10, Nov 08,AI 01)*
a) High prevalence b) High sensitivity
c) Low prevalence d) Low sensitivity

575. The same screening test is applied to two comunities X and Y;Yshows more false + ve cases as compared to X. The possibility is - *(AI 01)*
a) High sensitivity
b) High specificity
c) Y community has high prevalence
d) Y community has low prevalence

576. Which one of the following relationships shown between different parameters of a performance of a test, is correct - *(AIIMSMay 04)*
a) Sensitivity = 1 - specificity
b) Positive predictive value = 1 - Negative predictive value
c) Sensitivity is inversely proportional to specificity
d) Sensitivity = 1 - Positive predictive value

577. High sensitive - *(NEET/DNB Pattern)*
a) Low false positive b) Low false negative
c) Low true negative d) Low true positive

578. Calculated positive predictive value of ELISA test for HIV with sensitivity 99%, specificity 99% , prevalence of HIV in population 5/1000 -
a) 10 b)70 *(AIIMS 2001)*
c) 33 d)99

579. A diagnostic test for a particular disease has a sensitivity of a 0.90 and a specificity of 0.80. A single test is applied to each subject in the population in which the diseased population is 30%. What is the probability that a person, negative to this test, has no disease - *(AIIMS May 06)*
a) Less than 50% b) 70%
c). 95% d) 72%

580. A diagnostic test for a particular disease has a sensitivity of 0.90 and a specificity of 0.90. A single test is applied to each subject in the population in which the diseased population is 10%. What is the probability that a person positive to this test, has the disease - *(AIIMS Nov 05)*
a) 90% b) 81%
c) 50% d) 91%

581. ELISA test has sensitivity of 95% and specificity of 95%. Prevalence of HIV carriers is 5%. The predictive value of positive test is-
a) 95% b) 50% *(NEET/DNB Pattern)*
c) 100% d) 75%

582. Population is 10,000, of these 20% having disease. The screening test has 95% sensitivity and 80% specificity. PPV is - *(AIIMS Nov 09)*
a) 54.3% b) 98.5%
c) 47.5% d) 20%

583. In a village having population of 1000, we found patients with certain disease and the results of a new diagnostic test on that disease are given below -

	Disease	
Test result	Present	Absent
+	180	400
-	20	400

Which of the following is the positive predictive value of diagnostic test in that population - *(AI 06)*
a) 45 b) 31
c) 95 d) 50

MISCELLANEOUS (SCREENING)

584. Study the following table carefully and answer the questions - *(AIIMS 05)*

	Disease	
Test result	Present	Absent
+ ve	40	225
-ve	10	225

The sensitivity of this study is -
a) 40 b)20
c) 80 d) 50

585. A test was considered for diagnosing a disease. Out of 80 positive cases with this test, 40 actually had no disease. Out of 9920 tested negative cases 9840 actually had no disease. Calculate the sensitivity of the test- *(AI 10)*
a) 13% b) 33%
c) 50% d) 99%

572) d 573) c 574)c 575)d 576)c 577)b 578)c 579)c 580)c 581)b 582)a 583)b 584)c 585)b

586. In a group of patients presenting to a hospital emergency with abdominal pain, 30% of patients have acute appendicitis, 70% of patients with appendicitis have a temperature greater than 37.5°C and 40% of patients without appendicitis have a temperature greater than 37.5°C and 40% of patients without appendicitis have a temperature greater than 37.5°C. Consdidering these findings, which of the following statements is correct - *(AIIMS Nov 04)*

a) The sensitivity of temperature greater than 37.5°C. as a marker for appendicitis is 21/4
b) The specificity of temperature greater than 37.5°C as a marker for appendicitis is 42/70
c) The positive predictive value of temperature greater than *31 SC* as marker for appendicitis is 21/30
d) The specificity of the test will depend upon the prevalence of appendicitis in the population to which it is applied.

587. The usefulness of a 'screening test' in a community depends on its - *(AI04)*

a) Sensitivity b) Specificity
c) Reliability d) Predictive value

588. In a village having population of 1000, we found patients with certain disease. The results of a new diagnostic test on that disease are also follows -

	Disease	
Test result	Present	Absent
+	180	400
-	20	400

What is the percent prevalence of disease - *(AI 05)*

a) 020 b) 2
c) 18 d) 20

589. The table below shows the screening test results of disease Z in relation to the true disease status of the population being tested - *(AI 04)*

Screening Test results	Disease Z		Total
Positive	400	200	600
Negative	100	600	700
Total	500	800	1300

The specificity of the screening test is -

a) 70% b) 75%
c) 79% d) 86%

590. A drug company is developing a new pregnancy-test kit for use on an outpatient basis. The company used the pregnancy test on 100 women who are known to be pregnant. Out of 100 women, 99 showed positive test. Upon using the same test on 100 non-pregnant women, 90 showed negative result. What is the sensitivity of the test - *(AIIMS May 03)*

a) 90%
b) 99%
c) Average of 90 & 99.
d) Cannot be calculated from the given data

591. Mammography has 90% sensitivity and 98% specificity for breast carcinona. What is the probability that a woman with breast carcinoma remains undiagnosed for 2 consecutive years?

a) 1/10 b) 2/10 *(NEET/DNB Pattern)*
c) 1/100 d) 2/100

592. When a diagnostic test is used in series mode then- *(AIIMSNov 02)*

a) Sensitivity increases but the specificity decreases
b) Specificity increases but the sensitivity decreases
c) Both sensitivity and specificity increase
d) Both sensitivity and specificity decrease

593. ELISA is performed on a population with low prevalence. What would be the result of performing double screening ELISA tests - *(AI 01)*

a) Increased sensitivity and positive predictiv value
b) Increased sensitivity and negative predictive value
c) Increased specificity and positive predictive value
d) Increased specificity and negative predictive value

594. In a surveillance centre for Hepatitis B, in a low prevalance area, the method for testing for Hepatitis B was single ELISA. This policy was changed to double testing in series. This would result in the following 2 parameters of the test being affected - *(AI 02)*

a) Specificity and positive predictive value
b) Sensitivity and positive predictive value
c) Sensitivity and negative predictive value
d) Specificity and negative predictive value

595. All comprise inherent properties of a screening test except- *(NEET/DNB Pattern)*

a) Sensitivity b) Specificity
c) Yield d) Predictive accuracy

596. Predictive value of a positive test is defined as -

a) True + ve/true + ve + false - ve x 100 *(AI 99)*
b) True + ve/true + ve + false + ve x 100
c) False + ve/true + ve + false + ve x100
d) False + ve/true + ve + false - ve x 100

597. You have diagnosed a patient clinically as having SLE and ordered 6 tests. Out of which 4 tests have come positive and 2 are negative. To determine the probability of SLE at this point, you need to know - *(AI 12, AIIMS Nov 11, Nov 06)*

a) Prior probability of SLE; sensitivity and specificity of each test
b) Incidence of SLE and predictive value of each test
c) Incidence and prevalence of SLE
d) Relative risk of SLE in this patient

598. Receiver operator characteristic (ROC) curve is usually drawn between - *(AI 06)*

a) Sensitivity and specificity
b) (1-sensitivity) and specificity
c) Sensitivity and (1-specificity)
d) (1-sensitivity) and (1-specificity)

586)b 587) a 588) d 589) b 590)b 591)c 592) b 593) c 594) a>b 595) c 596) b 597) a 598) c

599. In which of the following disease, the overall survival is increased by screening procedure- *(AIIMSMay 07)*
a) Prostate Ca b) Lung Cancer
c) Colon Ca d) Ovarian Ca

600. Which of the following can be prevented by screening - *(PGI June 08)*
a) Ca cervix b) C a breast
c) Ca prostate d) Ca Lung
e) Ca colon

601. Screening procedure is best for Ca of -
a) Prostate b) Colon *(NEET/DNB Pattern)*
c) Gastric d) None

602. Screening for which carcinoma is beneficial -
a) Carcinoma cervix *(NEET/DNB Pattern)*
b) Lung carcinoma
c) Stomach carcinoma
d) None

603. Most number of false positives by a screening test is because of? *(DNB Dec 2011)*
a) High specificity b) High sensitivity
c) High prevalence d) Low prevalence

604. Most important factor for a test to be a good screening test is? *(DNB Dec 2011)*
a) Specificity b) Sensitivity
c) Reliability d) Predictive value

605. Screening of cervical cancer at PHC level is done by?
a) History and clinical examination
b) Colposcopy *(DNB June 2011)*
c) CT scan
d) PAP smear

606. Sensitivity is - *(DNB June 2010)*
a) True positive/true positive + false negative
b) True positive/false positive + true negative
c) True negative/true negative + false positive
d) True negative/false negative + true positive

607. The ability of a test to correctly diagnose the percentage of sick people who are having the condition is called as? *(DNB Dec 09)*
a) Sensitivity
b) Specificity
c) Positive predictive value
d) Negative predictive value

608. Denominator of positive predictive value is -
a) True positve + False positive *(DNB Dec 09)*
b) True positive + False negative
c) False positive + True negative
d) False positive + False negative

609. Specificity measures - *(DNB June 09)*
a) True negative b) False positives
c) True positives d) None of the above

610. True positivity is indicated by - *(DNB Dec 08)*
a) Sensitivity b) Specificity
c) Predictive value d) Validity

611. Positive predictive value is most affected by -
a) Prevalence b) Sensitivity *(DNB Dec 08)*
c) Specificity d) Relative risk

612. Sensitivity is - *(DNB June 08)*
a) True positive/True positive + false negative
b) True positive/False positive + true negvative
c) True negative/True negative + false positive
d) True negative/False negative + true positive

613. The active search for unrecognized disease or defect in apparently health people using rapidly applied tests or procedures is - *(DNB Dec 07)*
a) Case finding b) Monitoring
c) Screening d) Active surveillance

614. The time interval between diagnosis by early detection of screening and diagnosis by other means is - *(DNB Dec 0 7)*
a) Serial interval b) Lead time
c) Time lag d) Latent period

615. All of the following are true for a screeing test except-
a) Less accurate *(DNB June 07)*
b) Forms the basis for treatment
c) Test results are arbitrary
d) Less expensive

616. Multiphasic screening means - *(DNB June 07)*
a) Application of the two or more scrrening tests in combination at one time
b) Application of two or more screening tests in combination at different time
c) Application of two or more screening tests in combination at different geographical areas.
d) Application of separate screening tests for different diseases

617. Criteria for a disease fit for screening including -
a) It should be an important public health problem
b) Facilities should be available for confirmation
c) There should be sufficiently long time available
d) All of the above *(DNB June 07)*

618. 'Lead time'refers to the time between - *(Kamil)*
a) Disease onset & final critical diagnosis
b) Disease onset & first possible point of detection
c) First possible point of detection & final critical diagnosis
d) First possible point of detection & usual time of diagnosis

619. A patient with cervix cancer is missed by a screening test and later diagnosed with advanced disease. This time interval is called ? *(Jipmer 11)*
a) Lead time b) Screening time
c) Serial interval d) Generation time

620. The time interval between diagnosis by early detection and diagnosis by other means is- *(Kerala 04)*
a) Incubation period b) Lead time
c) Serial interval d) Latent period

621. In selecting a screening test for a disease which of the following should not be considered? *(Jipmer 11)*
a) Cost of the test
b) Efficacy of the treatment
c) Knowledge of the physician about the disease
d) Sufferings from disease to the people

599)c 600)a,e 601)b 602)a 603)b,d 604)b 605)d 606)a 607)c 608)b 609)a 610)a 611)a 612)a
613)c 614)b 615)b 616)a 617)d 618)d 619)a 620)b 621) c

622. If biochemical test gives the same reading of r given sample on repeated testing, it is inferred that the measurement is - *(HP 2006)*
a) Precise b) Accurate
c) Specific d) Sensitive

623. Validity of an indicator means - *(Corned 07)*
a) It should actually measure what it is supposed to measure
b) The answer should be same if measured by different persons in similar circumstances
c) Indicators should reflect changes in the situation concerned -
d) Indicators should have ability to obtain data needed

624. True positivity is indicated by - *(MAHA 05)*
a) Sensitivity b) Specificity
c) Predictive value d) Validity

625. True negative means - *(JIPMER 2002)*
a) Sensitivity
b) Specificity
c) Positive predictive value
d) Negative predictive value

626. Specificity measures - *(KERALA 97, MAHE 05)*
a) True negative b) False positives
c) True positives d) None of the above

627. True regarding specificity: *(DPG 11)*
a) Identifies false+ve b) Identifies false -ve
c) Identifies true + ve d) Identifies true -ve

628. For a screening test, 90% specificity means that 90% of non-diseased persons will give a -
a) True negative result *(UPSC-II09)*
b) True positive result
c) False negative result
d) False positive result

629. The ability of a screening test to detect "true positives" is known as - *(UPSC-II 09)*
a) Sensitivity
b) Specificity
c) Positive predictive value
d) Negative predictive value

630. Diagnostic accuracy of a test is determined by -
a) Sensitivity *(MAHE 98, DPG 09)*
b) Specificity
c) Predictive value
d) None

631. Denominator of positive predictive value is -
a) True positve +False positive *(PGMCET07)*
b) True positive + False negative
c) False positive + True negative
d) False positive + False negative

632. If the prevalence of a disease in a population increases, the predictive value of a positive test -
a) Increases *(Karn 11)*
b) Decreases
c) Remains constant
d) Becomes compromised

633. Evaluation of screening test is by - *(MAHE 05)*
a) Sensitivity b) Specificity
c) Predictive value d) All the above

634. High false positive cases in a community signify that disease has - *(UP 08)*
a) High prevalence & Low incidence
b) High incidence & Low prevalence
c) Low prevalence & Low incidence
d) High incidence & High prevalence

635. Which one of the following will be affected by inter-observer variation in epidemiological studies -
a) Sensitivity *(UPSC 07)*
b) Predictive value of the positive test
c) Specificity
d) Reliability

BIOSTATISTICS

636. Central tendency is given by - *(PGIDec 01, 00, June 99)*
a) Mean b) Median
c) Mode d) Variance
e) Range

637. Most commonly used statistical average - *(PGI 99)*
a) Mean b) Median
c) Mode d)None

638. Determination of which statistical parameter requires quantities to be arranged in an ascending or descending order's - *(ARMS 95, 94)*
a) Mean b) Median
c) Mode d)S.D.

639. 10 babies were born in a hospital 5 were less than 2.5 kg. And 5 were greater than 2.5 kg the average is- *(ARMS 97)*
a) Arithmetic average b) Geometric average
c) Median disposal d) Mode average

640. Out of 11 births in a hospital, 5 babies weighed over 2.5 kg and 5 weighed less than 2.5 kg. What value dose 2.5 represent - *(A101)*
a) Geometric average b) Arithmetic average
c) Median average d) Mode

641. The median of values 2,5,7,10,10,13,25 -
a) 10 b) 13 *(ARMS01)*
b) 25 d)5

642. Calculate the median from the following values 1.9, 1.9,1.9,2.1,2.4,2.5,2.5, 2.9 - *(ARMS 00)*
a) *12* b) 1.9
c) 2.25 d)2.5

643. Median value for the given data 5,5,50,150,10,20-
a) 15 b) 10 *(PGI Dec 99)*
c) 20 d)40
e) 50

644. Mode is defined as - *(NEET/DNB Pattern)*
a) Most frequent value b) Middle value
b) Minimum value d) None

622) a 623)a 624)a 625)b 626)a 627)d 628)a 629)a 630)c 631)a 632)a 633)d 634)b 635) a
636) a,b,c 637) a 638) b 639) a,c 640) c 641) a 642) c 643) a 644) a

645. The frequently occurring value in a data is - *(IN 91, NEET/DNB Pattern)*
a) Median b) Mode
c) Standard deviation d) Mean

646. In a bimodal series, if mean is 2 and median is 3, what is the mode -
a) 5 b)2.5
c) 4 d) 3

647. The number of malaria cases reported during the last 10 years in a town is given below, 250,320,190, 300, 5000, 100, 260, 350, 320, and 160. The epidemiologist wants to find out the average number of malaria cases reported in that town during the last 10 years. The most appropriate measure of average for this data will be- *(AIIMSMay 01, Nov 04)*
a) Arithmetic mean b) Mode
c) Median d) Geometricmean

648. Number of cases of malaria detected in lOyrs are 100, 160, 190, 250, 300, 300, 320, 320, 550, 380. How to calculate the average number of cases per year - *(AIMS June 2000)*
a) Arithmetic mean b) Geometricmean
c) Mode d) Median

649. Mean value of weight of a group of 10 boys was found to be 18.2 kg. Later it was found that weight of one of the boys was wrongly recorded as 2.0 kg that should have been 20 kg. The true mean weight of the group is -
a) 18.2 kg b) 20.2 kg
c) 16.4 kg d)20kg

650. All are measures of dispersion around central value except- *(AIMSNov 07)*
a) Mode b) Variance
c) Standard deviation d) Standard error of mean

651. Dispersion of data is measured by - *(PGI May 10*
a) Coefficient of correlation *Nov.11)*
b) Range
c) Standard deviation
d) Coefficient of variation
e) Normal distribution curve

652. Find the value of range for the following data 7,9,6, 8,11,10, 4 - *(Kerala99)*
a) 5 b) 6
c) 7 d) 8

653. Calculate the range from the following distribution-

i) Size ^60-63	63-99	66-69	72-75
ii) Number —>5	18	142	27

a) 10 b) 15
c) 20 d)25

654. Mean deviation is - *(PGI 99)*
a) Measure of dispersion
b) Measure of dispersion
c) A range
d) An average

655. Standard deviation is a measure of - *(AI 08)*
a) Chance
b) Deviation from mean value
c) Central tendency
d) None of the above

656. Square root of deviation is also called as -
a) Standard deviation *(NEET/DNB Pattern)*
b) Standard error
c) Mean deviation
d) Range

657. If each value of a given group of observation is multiplied by 10, the standard deviation of the resulting observation is - *(AI 04)*
a) Original std. Deviation x 10
b) Original std. Deviation/10
c) Original std. Deviation -10
d) Original std. Deviation itself

658. In the birth weight of each of the 10 babies born in a hospital in a day is found to be 2.8 kgs, then the standard deviation of this sample will be -
a) 2.8 b) 0*(AIMS May 06, AI 01)*
c) 1 d) .28

659. Birth weight of all 10 babies born in a nursing home on a day was 2.7 kg. Standard deviation is -
a) 0.00 b) 1.00 *(NEET/DNBPattern)*
c) 0. 27 d) 2.7

660. Best method of variability is - *(AIMS 96)*
a) Mean b) Mode
c) Median d) Standard deviation

661. Most common deviation used in social medicine is- *(NEET/DNB Pattern)*
a) Mean b) Range
c) Variance d) Standarddeviation

662. Correct relation between S = Standard deviation & V = Variance- *(MH 03)*
a) V = square root of S b) S = Square root of V
c) V=2S d) S = 2V

663. Study done on a group of patients showed coefficient of variance for BP and serum creatinine to be 20%& 15% respectively. Inference is that -*(AIMS May 08)*
a) Variation in BP is more than in serum creatinine
b) Variation in serum creatinine is more than in BP
c) Standard deviation of BP is more than of creatinine
d) Standard deviation of creatinine is more than of BP

664. Median weight of 100 children was 12 kgs. The Standard Deviation was 3.Calculate the percentage coefficient of variance - *(AIMS Nov 2000)*
a) 25% b)35%
c) 45% d)55%

665. A non-symmetrical frequency distribution is known as- *(PGI June 06, 2000)*
a) Skewed distribution
b) Normal distribution
c) Cumulative frequency distribution
d) Bimodal distribution
e) J-shaped distribution

645)b 646)a 647)c 648)a 649)d 650)a 651)b,c,d 652)c 653)b 654)b 655)b 656)a 657)a 658)b
659) a 660) d 661)d 662)b 663)a 664)a 665)a,b,e

666. The standard normal distribution - *(AI05, 02)*
a) It skewed to the left
b) Has mean =1.0
c) Has standard deviation = 0.0
d) Has variance = 1.0

667. When do variables follow standard distribution -
a) Mean = median *(AI09)*
b) Median = Variance
c) Mean = 2 Median
d) Standard deviation = 2 variance normal curve

668. A normal distribution curve depends on - *(AI00)*
a) Mean and Sample size
b) Range and Sample Size
c) Mean and Standard deviation
d) Mean and median

669. S.D. is 1.96 the confidence limit is - *(AI 98, 96)*
a) 63.6% b) 66.6%
c) 95% d) 99%

670. Regarding the normal curve, true is/are-fPG*/Dec. 01)*
a) Both limbs of the curve touch the baseline
b) Curve is bilaterally symmetrical
c) There is a skew to the right
d) There is a skew to the left
e) Mean, Median, Mode coincide

671. Normal curve- *(NEET/DNB Pattern)*
a) Distribution of data is symmetrical
b) Mean > Mode
c) Mode > Mean
d) Median > Mean

672. Confidence limit includes - *(AI 99)*
a) Range & standard deviation
b) Median and standard error
c) Mean and standard error
d) Mode and standard deviation

673. A population study showed a mean glucose of 86mg/dl. In a sample of 100 showing normal curve distribution, what percentage of people have glucose above 86% ? *(AI 02)*
a) 65 b)50
c) 75 d)60

674. Systolic BP of a group of persons follows normal distribution curve. The mean BP is 120. The values above 120 are - *(AIIMS 01)*
a) 25% b)75%
c) 50% d) 100%

675. For a 60 kg Indian male, the minimum daily protein requirement has been calculated to be 40 g (mean) and standard deviation is 10. The recommended daily allowance of protein would be - *(AI 02)*
a) 60g/day b) 70g/day
c) 40g/day d) 50g/day

676. If a value is choosen from a community what is the probability that it will be above the median - *(AI97)*
a) 0.25 b) 0.5
c) 0.6 d) 1

677. The PEFR of a group of 11 year old girls follow a normal distrubution with mean 300 1/min and standard deviation 201/min - *(AI 05)*
a) About 95% of the girls have PEFR between 260 and 340 1/min.
b) The girls have healthy lungs
c) About 5% of girls have PEFR below 260 1/min.
d) All the PEFR must be less than 340 1/min.

678. The fasting blood levels of glucose for a group of diabetics is found to be normally distributed with a mean of 105 mg per 100ml of blood and a standard deviation of lOmg per 100ml of blood. From this data is can be inferred that approximately 95% of diabetics will have their fasting blood glucose levels within the limits of - *(AIIMS 03)*
a) 75 and 135 mgs b) 85 and 125 mgs
c) 95 and 115 mgs d) 65 and 145 mgs

679. Systolic BP of a group of200 people follows normal distribution, mean BP is 120 mm Hg and standard deviation 10. Which of the following is true- *(PGI May 10)*
a) 68% of people have BP between 110-130 mm Hg
b) 95% of people have BP between 110-130 mm Hg
c) 95% of people have BP between 100-140 mm Hg
d) 99% of pepole have BP between 100-140 mm Hg

680. If a 95% confidence Interval for prevalence of cancer smokers aged > 65 years is 56% to 76%, the chance that the prevalance could be less than 56% is -
a) Nil b) 44%
c) 2.5% d) 5%

681. What is the probability that confounding factor fall to the right of 95% -
a) 1 in 5 b) 1 in 10
c) 1 in20 d) 1 in 40

682. If the distribution of intra ocular pressure (IOP) seen in 100 glaucoma patients has an average 30 mm with a SD of 10, what is the lower limit of the average that can be expected 95% of times -
a) 28 b) 26 *(AIIMS05)*
c) 32 d)25

683. In a group of 100 children, the weight of a child is 15 kg. The standard error is 1.5 kg. Which one of the following is TRUE - *(AIIMS 01)*
a) 95% of all children weigh between 12 and 18 kg
b) 95% of all children weigh between 13.5 and 16.5 kg
c) 99% of all children weigh between 12 and 18 kg
d) 99% of all children weigh between 13.5 and 16.5kg

684. Fasting Blood Sugar (FBS) of a population is known to be normally distributed, with a mean of 105 mg% and standard deviation of 10 mg%. Thus 95% of the population will have FBS within - *(AI 12)*
a) 104 and 106 b) 95 and 115
c) 85 and 125 d) 75 and 135

666) d 667) a 668) c 669) c 670) b,e 671) a 672) c 673) b 674) c 675) a 676) b 677) a 678) b 679) a,c
680) c 681)d 682) a 683) a 684) c

685. Normal standard deviation true'\s-*(NEET/DNB Pattern)*
a) Mean = Median b) Mean > Medion
c) Median > Mean d) Mode > Mean

686. Standard error of mean indicates - *(AIIMS 99)*
a) Dispersion b) Distribution
c) Variation d) Deviation

687. Standard error of mean is calculated by-
a) SD/n b) SD/mean *(AIIMS May 0 7)*
c) SD *Jn* d) Mean/SD

688. In a population of pregnant female, Hb is estimated on 100 women with standard deviation of lgm%. The standard error is - *(AIIMS 01, May 04, 07)*
a) 1 b)0.1
c) 0.01 d) 10

689. Standard errors of mean, all are true except -
a) Increases with increased number of samples
b) Based on normal distribution curve
c) Measure the confidence limit *(AIIMSNov 09)*
d) Standard deviation

690. While calculating the incubation period for measles in a group of 25 children, deviation is 2 and the mean incubation period is 8 days. Calculate the standard error - *(AIIMS 00)*
a) 0.4 b) 1
c) 0.5 d)2

691. If sample size is bigger in random sampling, which of the following is TRUE - *(AIIMS June 99)*
a) It approaches maximum samples
b) Reduces non sampling errors
c) Increases the precision of the result
d) Decreases standard error

692. Estimated mean Hemoglobin (Hb) of 100 women is 10g%. Standard deviation (a) is lgm%. Standard error of estimate will be - *(AI12)*
a) 0.001 b)1.0
c) 10.0 d)0.1

693. Standard deviation of means measures -
a) Non-samplinr errors b) Sampling error
c) Random errors d) Conceptual errors

694. Z score is for which type of distribution - *(AI95)*
a) Normal b) Binomial
c) t d)Chi-square

695. The Hb level is healthy women has mean 13.5 g/dl and standard deviation 1.5 g/dl, what is the Z score for a woman with Hb level 15.0 g/dl - *(AI 05)*
a) 9.0 b) 10.0
c) 2.0 d) 1.0

696. Z score is used in - *(AI 10)*
a) Nominal data b) Normal distribution curve
c) t test d) Chi square test

697. About test of significance between two large population, one of the following statements is true -
a) Null hypothesis states that 2 means are equal
b) Standard error of difference is the sum of the standard error of 2 means *(AIIMS 98)*
c) Standard error of means are equal
d) Standard error of difference between populations calculated

698. Confidence limits can be calculated using - *(AI 99)*
a) Mean and range
b) Mean and standard error
c) Median and range
d) Median and standard error

699. Confidence limit is calculated *by-(NEET/DNB Pattern)*
a) Mean and standard error
b) Mean and standard deviation
c) Median and standard deviation
d) Median

700. 95% of confidence limit exist between - *(AI 99,*
a) ± 1. S.D. b) ± 2 S.D. *AIIMS 99)*
c) ±3 S.D. d)±4S.D.

701. Area falling under 2 S.D. curve would be around -
a) 66% b) 95% *(NEET/DNB Pattern)*
c) 57% d) 99%

702. Area between one standard deviation on either side of mean in normal distribution curve is -*(AIIMS 95)*
a) 62% b) 68%
c) 90% d) 99%

703. If the systolic blood pressure in a population has a mean of 130mmHg and a median of 140 mmHg, the distribution is said to be - *(AI 04)*
a) Symmetrical
b) Positively skewed
c) Negatively skewed
d) Either positively or negatively skewed depending on the Standard deviation

704. For a negatively skewed data mean will be -
a) Less than median *(AIIMS 05, 02)*
b) More than median
c) Equal to median
d) One

705. In a distribution, if the mean is less median, then the distribution is said to be - *(AIIMSMay 08)*
a) Negative skewed b) Positively skewed
c) Normal distribution d) No correlation

706. The distribution of random blood glucose measurements from 50 first year medical students was found to have a mean of 3.0 mmol/litre with a standard deviation of 3.0 mmol/litre. Which of the following is a correct statement about the shape of the distribution of random blood glucose in these first year medical students - *(AIIMS Nov 05)*
a) Since both mean and standard deviation are equal, it should be a symmetric distribution
b) The distribution is likely to be positively skewed
c) The distribution is likely to be negatively skewed
d) Nothing can be said conclusively

707. Pearsonian measure of skewness - *(AI 11)*
a) Mode - Mean/ SD b) Mean - Mode/ SD
c) SD/Mode - mean d) Mean - Mode/ SD

685) a 686) a,c,d 687) c 688) b 689) a 690) a 691) d 692) d 693) b 694) a 695) d 696) b 697) d 698) d 699)b>a 700)b 701)b 702)b 703)c 704)a 705)b 706)d 707) b

708. A chest physician observed that the distribution of forced expiratory volume (FEV) in 300 smokers had a median value of 2.5 litres with the first and third quartiles being 1.5 and 4.5 litres respectively. Based on this data now many persons in the sample are expected to have a FEV between 1.5 and 4.5 litres-
a) 75 b) 150 *(AIIMSNov 05)*
c) 225 d)300

709. A measure of location which divides the distribution in the ratio of 3:1 is - *(AI03)*
a) Median b) First quartile
c) Third quartile d) Mode

710. First quartile of the following data is - 1,3,4,2
a) 1 b)3
c) 1.5 d)4

711. The value between 1st pentile and 4th pentile includes -
a) 20% b) 40%
c) 60% d) 80%

712. For a group of n = 250 subjects, 40th percentile would be the following value -
a) 7th b)40th
c) 100th d) 140th

713. Meaning of baby has 15th percentile of head circumference is - *(AIIMS Nov 99)*
a) 15% of children will have HC more than that
b) 15% of HC, the child is having
c) 15% of children will have HC less than that

714. Central value of a set of 180 values can be obtained by-
a) 2nd tertile b) 90th percentile
c) 9th decile d) 2nd quartile

715. Chi - square test is used to measure the degree of -
a) Causal relationships between exposure and effect
b) Association between two variables *(AI 03)*
c) Correlation between two variables
d) Agreement between two observations

716. Not true about chi-square test is -
a) Tests the significance of difference between two proportions
b) Tells about presence or absence of an association between two variables
c) Directly measures the strength of association
d) Can be used when more than two groups are two be compared

717. TRUE regarding chi square test is - *(ARMS99)*
a) Null hypothesis is equal
b) Dosen't test the significance
c) Measures the significance of difference between two proportion
d) Tests correlation and regression

718. While applying chi-square test to a contingency table of 4 rows and 4 columns, the degrees of freedom would be - *(ARMSMay 06, AI 95)*
a) 1 b)4
c) 9 d) 8

719. In a 3 x 4 contingency table, the number of degrees of freedom equals to - *(ARMS 04, PGI June 01)*
a) 1 b) 5
c) 6 d) 12

720. In the given data, degree of freedom will be -

Duration of developing AIDS	Blood group			
	A	B	C	D
0-10 years	20	30	48	7
10-20 years	100	15	38	10
20-30 years	12	9	8	3

a) 12 b)6
c) 9 d)20

721. Chi square test 5 rows/4 columns, degree of freedom - *(NEET/DNB Pattern)*
a) 9 b) 12
c) 16 d) 20

722. Yates correction is used in - *(Jipmer 08)*
a) Student't' test b)ANOVA
c) Chi square test d) Wilcoxan test

723. Height to weight is a/an - *(NEET/DNB Pattern)*
a) Association b) Correlation
c) Proportion d) Index

724. NOT true about co-relation is - *(ARMSFeb 97)*
a) Doesn't tell about causation
b) Tells about risk of the disease
c) -1.0 correlation shows linear relationship
d) Tells association between two variables

725. If correlation between weight and heights are very strong what will be the correlation coefficient -
a) +1 b) >1 *(ARMS Nov 2000)*
c) 0 d)-l

726. The correlation between IMR and Socio Economic status is best depicted by - *(ARMSNov 01)*
a) Correlation (+1) b) Correlation (+0.5)
c) Correlation (-1) d) Correlation (-0.8)

727. Mosquitoes decrease as height increases -
a) Positive correlation *(NEET/DNB Pattern)*
b) Negative correlation
c) Bidirectional
d) Zero

728. A cardiologist found a highly significant correlation coefficient (r = 0.090, p = 0.01) between the systolic blood pressure values and serum cholestrol values of the patients attending his clinic. Which of the following statements is a wrong interpretation of the correlation coefficiency observed ? *(AI05)*
a) Since there is a high correlation, the magnitude of both the measurements are likely to be close to each other
b) A patient with a high level of systolic BP is also likely to have a high level of serum cholesterol.
c) A patient with a low level of systolic BP is also likely to have a low level of serum cholesterol.
d) About 80% of the variation in systolic blood pressure among his patients can be explained by their serum cholesterol values and vice aversa

708) b 709) c 710) c 71 l)c 712) c 713)c 714) a 715) b 716)c 717)c 718)c 719)c 720)b 721)b
722) c 723)a 724)b 725)a 726)d 727)b 728) a

729. If coefficient of correlation between height and weight is 2.6, TRUE is - *(AIIMS June 2000)*
a) Positive correlation
b) No association
c) Negative correlation
d) Calculation of coeffecient is wrong

730. Correlation coefficient tends to lie between -
a) Zero to -1.0 b) -1.0 to +1*(AIIMS 97)*
c) +1.0 to zero d) +2.0 to -2.0

731. The correlation between variables A and B in a study was found to be 1.1 this indicates - *(AI02)*
a) Very strong correlation
b) Moderately strong correlation
c) Weak correlation
d) Computational mistake in calculating correlation

732. Association can be measured by all of the following except - *(ARMS May 09)*
a) Coorelation cofficient
b) Cronbach's alpha
c) P value
d) Odds ratio

733. Correlation in height & weight are measured by-
a) Coefficient of variation *(NEET/DNB Pattern)*
b) Range of variation
c) Correlation coefficient
d) None

734. The regression between height and age follows y=a+bx. The curve is - *(ARMS Nov 01)*
a) Hyperbolab) Sigmoid
c) Straight line d) Parabola

735. Total cholesterol level = a+ b (calorie intake) + c (physical activity) + d (body mass index); is an example of - *(AI 05)*
a) Simple linear regression
b) Simple curvilinear regression
c) Multiple linear regression
d) Multiple logistic regression

736. An investigator concluded that presence or absence of five factors determine the disease condition. Which of the following would be most appropriate next study to determine if any of these five factors are independent precursors of the disease? *(AI 11)*
a) Multiple linear regression analysis
b) Multiple logistic regression analysis
c) Analysis of variance (ANOVA)
d) Kruskall-Wallis Analysis of ranks

737. When the height and weight is perfectly correlated, coefficient of correlation is - *(ARMS 2K)*
a) + 1 b) -1
c) 0 d) More than 1

738. Test of association between two variables is done by-
a) X^2 b) Correlation
c) Regression d)None

739. Ifwe know the value of one variable in an individual and wish to know the value of another variable, we calculate - *(NEET/DNB Pattern)*
a) Coefficient of correlation
b) Coefficient of regression
c) SE of mean
d) Geometric mean

740. A cardiologist found a highly significant correlation coefficient (r = 0.90) between systolic BP and serum cholesterol values of the patients attending his clinic. Which of the following statements is a wrong interpretation of the correlation coefficient observed-
a) Since there is a high correlation, the magnitude of both the measurements are likely to be close to each other
b) A patient with a high level of systolic BP is also likely to have a high level of serum cholesterol.
c) A patient with a low level of systolic BP is also likely to have a low level of serum cholesterol
d) About 80% of the variation in systolic BP among his patients can be explained by their serum cholesterol values

741. Study find a correlation coefficient of +0.7 between self reported work satisfaction and expectancy of life in a random sample of5000 corporate workers, (p = 0.01). This means -
a) Work satisfaction improves life expectancy
b) Strong statistically significant (+) association between work satisfaction and life expectancy.
c) 70% people who enjoy work shall live longer
d) 70% association between work satisfaction and life expectancy

742. Weight in Kg is - *(AI 96)*
a) Normal variable
b) Discrete variable
c) Confounding variable
d) Continuous variable

743. Number of family member is a - *(AI 92)*
a) Qualitative variable b) Discrete variable
c) Continuous variable d) Categorial variable

744. Discrete variability are all except - *(AI 91)*
a) Color of skin b) Boys in the class room
c) Obesity weight d) Leukocyte count

745. If the grading of diabetes is classified as "mild", "moderate" and "severe" the scale of measurement used is - *(AI 04)*
a) Interval b) Nominal
c) Ordinal d) Ratio

746. Results of a test were given as very satisfied, satisfied, dissatisfied, it represents - *(ARMSMay 10, AI 07)*
a) Nominal scale b) Ordinal scale
c) Interval scale d) Ratio scale

747. Which of the following variables is measure on ordinal scale - *(NEET/DNB Pattern)*
a) Type of anemia b) Severity of anemia
c) Hemoglobin d) Serum ferritin

729) d 730) b 731)d 732) b 733) c 734) c 735) c 736) b 737) a 738) a 739) b 740) a 741) a 742) d
743) b 744) a,c 745) c 746) b 747) b

748. An investigator into the life expectancy of IV drug abusers divides a sample of patients into HIV positive and HIV negative groups. What type of data does this division constitute -
a) Nominal b) Ordinal
c) Interval d) Portion

749. In statistical literature data is broadly classified as interval scale data, ordinal scale data & categorical data. Blood groups will be an example of -
a) Interval scale data b) Ordinal scale data
c) Categorical data d) None

750. Mean and standard deviation can be worked out only if data is on - *(AIIMS Nov 05)*
a) Interval/Ratio scale b) Dichotomous scale
c) Nominal scale d) Ordinal scale

751. All the following are examples of nominal scale except - *(AI96)*
a) Race b)Sex
c) Iris color d) Blood pressure

752. All of the following are example of nominal scale except - *(NEET/DNB Pattern)*
a) Age b)Sex
c) Body weight d) Socio-economic status

753. Which is the best distribution to study the daily admission of head injury patients in a trauma care centre - *(AIIMSMay OS)*
a) Normal distribution
b) Binomial distribution
c) Uniform distribution
d) Poisson distribution

754. A study was conducted to test if use of herbal tea played any role in prevention of common cold. Data was collected on the number of people who developed cold and those who did not develop cold and data was tabulated in relation to whether they consumed Herbal tea not - *(AI 07)*

	Herbal tea	
	Consumed	Not consumed
Had cold	12	23
Did not have a cold	34	38

The analytical test of choice to test this study is -
a) Student -1 test (unpaired) *(AI 07)*
b) Student -1 test (paired)
c) Chi square test
d) 'Z' test

755. Appropirate statistical method to compare two means is - *(NEET/DNB Pattern)*
a) Chi-square test b) Student t-test
c) Odds ratio d) Correlation coefficient

756. Appropriate statistical test to compare two proportions is-
a) Chi-square test b) Student's t-test
c) Odds ratio d) Correlation coefficient

757. A chi-sqaure test would be most appropriate for testing which one of the following hypotheses?
a) That the mean AIPGE score of Delhi students is greater than that of mumbai students
b) That a smaller proportion of poeple who were immunized against chicken pox subsequently develop zoster than those who were not immunized
c) That the mean blood pressure of black and white male-hypertensive patients taking ACE inhibitors is the same as that of black and white female-hypertensive patients taking ACE inhibitors and that of black and white males and females taking diuretics and placebos
d) That the mean cost of treating a patient with coronary artery disease with angioplasty is greater than the mean cost of providing medical treatment

758. A group tested for a drug shows 60% improvement as against a standard group showing 40% improvement. The best test to test the significance of result is - *(AIIMS Nov 01)*
a) Student T test b) Chi square test
c) Paired T test d) Test for variance

759. In a particular trial, the association of lung cancer with smokin is found to be 40% in one sample and 60% in another. What is the best test to compare the results - *(NEET/DNB Pattern)*
a) Chi square test b) Fischer test
c) Paired t test d) ANOVA

760. Height of group of 20 boys aged 10 years was 140 ± 13 cm and 20 girls of same age was 135 cm ± 7 cm. To test the statistical significance of difference in height, test applicable is -
a) X^2 b)Z
c) t d)F

761. A study was undertaken to assess the effect of a drug in lowering serum cholesterol levels. 15 obese women and 10 non-obese women formed two limbs of study. Which test would be useful to correlate the results obtained -
a) ANOVA b) Student t-test
c) Chi-square test d) Fischer test

762. For testing the statistical significance of the difference in heights of school children -
a) Student's t test b) chi-square test
c) Paired 't' test d) ANOVA

763. Not required for chi-square test - *(NEET/DNBPattern)*
a) Mean & SD of the groups
b) Each expected cell frequency ≥ 5
c) large sample
d) Contingency table

764. All are true regarding students t-test, except -
a) Standard Error of Mean is not estimated *(AI2K)*
b) Standard population is selected
c) Two samples are compared
d) Student's t-test map is required for calculation

748) a 749) c 750)a 751)d 752)c 753)d 754)c 755)b 756)a 757)b 758)b 759)a>b760)c 761)b 762) d 763) a 764) a

765. While testing a hypolipidemic drug, serum lipid levels were tested both before and after its use. Which test is best suited for the statistical analysis of the result - *(AI01)*
a) Paired T test b) Student's test
c) Chi squre test d) None of the above

766. Amount of Alcohol consumption amongst a group of Alcoholics, before and after intervention was recorded. The most appropriate statistical test to assess 'significant change[9] from the intervention programme would be - *(AI 12)*
a) Paired t test b) Unpaired t test
c) Chisquare Test d) McNemar Test

767. Mean bone density amongst two groups of 50 people each is compared with each other. The test of significance used would be - *(AIIMS May 08)*
a) Paired-t-test b) Student t-test
c) Analysis of variance d) Chi-Square test

768. For testing the statistical significance of the difference in heights of school children among three socio-economic groups, the most appropriate statistical test is - *(AIIMS May 03)*
a) Student's 't' test
b) Chi-square test
c) Paired't' test
d) One way analysis of variance (one way ANOVA)

769. An investigator wants to study the association between maternal intake of iron supplements (Yes/ No) and birth weights (in gms) of newborn babies. He collects relevant data from 100 pregnant women and their newborns. What statistical test of hypothesis would you advise for the investigator in this situation - *(ARMSMay 03)*
a) Chi-Square test
b) Unpaired or independent t-test
c) Analysis of Variance
d) Paired t-test

770. An investigator wants to study the association between maternal intake of iron supplements (Yes or No) and incidence of low birth weight (< 2500 or ≥ 2500 gms). He collects relevant data form 100 pregnant women as to the status of usage of iron supplements and the status of low birth weight in their newborns. The appropriate statistical test of hypothesis advised in this situation is -
a) Paired-t-test *(ARMS Nov 03)*
b) Unpaired or independent t-test
c) Analysis of variance
d) Chi-Square test

771. A cardiologist wants to study the effect of an antihypertensive drug. He notes down the initial systolic blood pressure (mmHg) of 50 patients and then administers the drug on them. After a week's tretment, he measures the systolic blood pressure again. Which of the following is the most aproprate statistical test of significance to test the statistical significance of the change in blood pressure -
a) Paired t-test *(ARMS 04, 00; PGIDec 01; AI 97)*
b) Unpaired or independent t-test
c) Analysis of variance
d) Chi-square test

772. In a study, variation in cholesterol was seen before and after giving a drug. The test which would give its singificance is - *(AI 02)*
a) Unpaired test b) Paired t test
c) Chi square test d) Fisher test

773. Ten readings of BP taken before and after treatment is studied by - *(ARMS 97)*
a) Paired't' test b) 'Z' test
c) Students 't' test d) Correlation test

774. ANOVA is - *(NEET/DNB Pattern)*
a) Parametric test b) Non-parametric test
c) Qualitative test d) None

775. After applying a statistical test, an investigator gets the 'p value[9] as 0.01. It means that -
a) The probability of finding a significant difference is 1 % *(ARMS May 08, 05)*
b) The probability of declaring a significant difference, when there is truly no difference, is 1%
c) The difference is not significant 1% times and significant 99% times
d) The power of the test used is 99%

776. In assessing the association between maternal nutritional status and the birth weight of the newborns, two investigators A and B studied separately and found significant results with p values 0.02 and 0.04 respectively. From this information, what can you infer about the magnitudes of association found by the two investigators - *(ARMS Nov 04)*
a) The magnitude of association found by Investigator A is more than found by B
b) The magnitude of association found by Investigator B is more than found by A
c) The estimates of association obtained by A and B will be equal, since both are significant
d) Nothing can be concluded as the information given is inadequate

777. The 'P[9] value of a randomized controlled trial comparing operation A (new procedure) & operation B (Gold standard) is 0.04. From this, we conclude that - *(AI 03)*
a) Type II error is small & we can accept the findings of the study
b) The probability of false negative conclusion that operation A is better than operation B, when in truth it is not, is 4%.
c) The power of study to detect a difference between operation A & B is 96%
d) The probability of a false positive conclusion that operation A is better than operation B, when in truth it is not, is 4%

765)a 766)a 767)b 768)d 769)b 770)d 771)a 772)b 773)a 774)a 775)c,d 776)d 777)c

778. P value indicates - *(NEET/DNB Pattern)*
a) Probability of the significance is < 0.05
b) Probability null hypothesis is correct
c) Probability null hypothesis is false
d) To find out meaning of regression

779.tp? $_{va}i_{ue}$ stands for - *(AI12)*
a) Probability to achieve a correct result
b) Probability to achieve an incorrect result
c) Probability of concluding that a difference exist while in reality such a difference dose not exist
d) Probability of concluding that a difference dose not exist while in reality such a difference dose exist

780. In a test of significance, p value is 0.023 the observed difference in study can be considered as - *(MH 05)*
a) Null hypothesis accepted and the study is rejected
b) Null hypothesis rejected and the study accepted
c) Null hypothesis accepted and the study is accepted
d) Null hypothesis rejected and the sutdy is also rejected.

781. The events A and B are mutually exclusive, so -
a) Prob (A or B) = Prob A) + Prob B) *(AI 05)*
b) Prob (A or B) = Prob A). Prob B)
c) Prob A) = Prob B)
d) Prob A) + Prob B) = 1

782. If prevalence of diabetes is 10%, the probability that three people selected at random from the population will have diabetes is - *(AI 04)*
a) 0.01 b) 0.03
c) 0.001 d) 0.003

783. Chance of passing a genetic disease 'y ' trait by the affected parents to children is 0.16. They plan to have two children. Probability of both the children having 'y'trait is-
a) zero b)0.16
c) 0.32 d) 0.0256

784. If a life time probability to develop a lung cancer is 25% than what are odds of deeveloping lung cancer in life time is - *(NEET/DNB Pattern)*
a) 3 :1 b) 1: 3
c) 2:2 d)4 : 1

785. On a given day, a hospital had 50 admissions with about 20 girls and 30 boys, out of which 10 girls and 20 boys needed surgery. What is the possibility of picking up a person requiring surgery - *(AI 09)*
a) 2/6 b) 3/5
c) 1/2 d) 6/25

786. If we reject null hypothesis, when actually it is true it is known as - *(AIIMS 04)*
a) Type I error b) Type IIerror
c) Power d) Specificity

787. P-value is the probability of -
a) Not rejecting a null hypothesis when true
b) Rejecting a null hypothesis when true
c) Not rejecting a null hypothesis when false
d) Rejecting a null hypothesis when false

788. All are true about P-value except -
a) It is the probability of commiting type I error
b) Is equal to 1-p
c) Is the chance that the presence of difference is concluded when actually there is none
d) when p-value is less than a, the result is statistically significant.

789. A radomized trial comparing the efficiancy of two drugs showed a difference between the two with a p value of < 0.005. In reality, however drugs do not differ. This is an example of -
a) Type I error (alpha error)
b) Type III error (Beta error)
c) 1-a
d) 1-P

790. A randomized trial comparing efficacy of two regimens showed that difference is satisfically significant with p < 0.001 but in reality the two drugs do not differ in their efficacy. This is an example of -
a) Type -1 error (a error) *(AIIMS May 06, AIIMS 02)*
b) Type-II error (II error)
c) I-a
d) I-P

791. Power of a study can be increased by -
a) Increasing a error b) Decreasing p-error
c) Decreasing a error d) Increasing p-error

792. Random error - *(PGI98)*
a) Systemic error b) Bias
c) Confounding factor d) Reduces precision

793. Bias is - *(AI99)*
a) Systemic error
b) Random error
c) Both
d) Can be statistically correctable

794. Low birth weight statistics of a hospital is best shown by- *(AIIMS 95)*
a) Bar charts b) Histogram
c) Pictogram d) Frequencypolygon

795. The best method to show the association between height and weight of children in a class is *by-(AI 02)*
a) Barchart b) Line diagram
c) Scatter diagram d) Histogram

796. The best method to show the association between height and weight of children in a class is by -
a) Barchart b) Line diagram *(AI02)*
c) Scatter diagram d) Histogram

797. Trends can be represented by - *(NEET/DNB Pattern)*
a) Line diagram b) Bar diagram
c) Scatter diagram d) None

778)a>b 779)c 780)b 781)a 782)c 783)d 784)b 785)b 786)a 787)b 788)b 789)a 790)a 791)b 792) d 793) a 794)a,b,d 795) c 796) c 797) a

798. Best way to plot the change of incidence of disease overtime- *(NEET/DNB Pattern)*
a) Line diagram b) Bar chart
c) Histogram d) Pie chart

799. Two variables can be plotted together in -
a) Pie chart *(NEET/DNB Pattern)*
b) Histogram
c) Frequency polygon
d) Scatter diagram

800. Histogram is used to describe - *(AIIMSMay 06)*
a) Quantitative data of a group of patients
b) Qualitative data of a group of patients
c) Data collected on nominal scale
d) Data collected on ordinal scale

801. The best graphic representation of frequency distribution of data gathered of a continuous variable is- *(AIIMSMay 10)*
a) Simple bar graph b) Multiple bar
c) Line diagram d) Histogram

802. Frequency distribution is studied by - *(A109)*
a) Histogram b) Line diagram
c) Pie diagram d) Ski diagram

803. Ogive is - *(UPSC 09)*
a) Barchart
b) Histogram
c) Cumulative frequency curve
d) Frequency polygon

804. All of the following are random sampling methods except - *(AIIMS Nov 2000)*
a) Simple random b) Cluster sampling
c) Stratified random d) Quota sampling

805. In random sampling chance of being picked up is -
a) Same and known *(AIIMS Nov 99)*
b) Not same and not known
c) Same and not known
d) Not same but known

806. Which of the following statements about "Simple Random Sampling" is true - *(AI09)*
a) Every element in the population has an equal probability of being included
b) Sampling is based on similar characteristics
c) Suitable for large heterogenous population
d) Complete list of items within the sampling frame is not required

807. For a survey a village is divided into 5 lanes then each lane is sampled randomly is an example is -
a) Simple random sampling *(AIIMS 96)*
b) Stratified random sampling
c) Systemic random sampling
d) All of the above

808. All of the following are true about cluster sampling except- *(AI07)*
a) Samples are similar to those in simple Random sampling
b) Is a Rapid and simple method
c) The sample size may vary according to study design
d) It is a type of probability sample

809. A population is divided into relevant subgroups and random sample selection is done from each of the subgroups. This is which type of sampling method?
a) Systematic random sampling *(AI 11)*
b) Stratified random sampling
c) Simple random sampling
d) Cluster sampling

810. A region is divided into 50 villages for the purpose of a survey. 10 villages are then selected randomly for the purpose of a study. This type of sampling is termed as- *(AI 11)*
a) Simple Random sampling
b) Stratified sampling
c) Cluster Sampling
d) Systematic Sampling

811. All are true about cluster sampling except ?
a) Sample size is same as that of simple random sampling *(AIIMSMay 11, Nov 08)*
b) It is a two stage sampling
c) It is cheapter than other methods of sampling
d) It has a disadvantage of higher sampling error

812. Sampling method used in assessing immunization status of children under immunization programme is -
a) Systemic sampleing b) Stratified sampling
c) Group sampling d) Cluster sampling

813. Which of the following is/are non-random sampling methods- *(PGIMaylO)*
a) Quota sampling
b) Stratified random sampling
c) Convenience Sampling
d) Cluster Sampling

814. True statements with regard to sampling-
a) Snowball sampling is used for hidden population
b) More sample in systemic random sampling
c) In stratified random sampling population is divided into strata *(PGIMay 11)*
d) Cluster sampling is less cost-effective

815. For calculation of sample size for a prevalence study all of the following are necessary except - *(AI 03)*
a) Prevalence of the disease in pupulation
b) Power of the study
c) Significance level
d) Desired precision

816. The number of patients required in a clinical trial to treat a specific disease increases as - *(AIIMS 02)*
a) The incidence of the decreases
b) The significance level increases
c) The size of the expected treatment effect increased
d) The drop out rate increases

798) a 799) d 800)a 801) d 802)a 803)c 804)d 805)a 806)a 807)c 808)a 809)b 810) c 811)a 812)d 813)a,c 814)a,c 815)b 816)b

817. All the following are true in a randomized control trial (RCT) except - *(AI06, AIIMS May 11, Nov 08)*
a) Baseline characteristics of intervention and control groups should be similar
b) Investigator's bias is minimized by double blinding
c) The sample size required depends on the hypothesis
d) The drop-outs from the trial should be excluded from the analysis

818. Sampling error is classified as - *(AI01)*
a) Alpha error b) Beta error
c) Gamma error d) Delta error

819. IVue about simple randomization is- *(AIIMS 01, AI08)*
a) Every person has an equal chance of selection
b) Less number of samples are obtained
c) Also known as systemic randomization
d) Groups are not distributed

820. 'Design Effect' is associated with which of the following sampling techniques - *(AI 12)*
a) Stratified sampling
b) Systemic sampling
c) Cluster sampling
d) Simple Random Sampling

MISCELLANEOUS

821. The parameters of sensitivity and specificity are used for assessing - *(AI 03)*
a) Criterion validity b) Construct validity
c) Discriminant validity d) Content validity

822. The response which is graded by an observer on an agree or disagree continuum is based on - *(AI03)*
a) Visual analog scale b) Guttman scale
c) Likert scale d) Adjective scale

823. Limits of confidence of a hypothesis determined by-
a) Power factor *(AIIMS 98)*
b) Level of significance
c) 1-power factor
d) 1-level of significance

824. When the confidence level of a test is increased which of the following will happen - *(AIIMSMay 0 7)*
a) No effect on significance
b) Previously insignificant value becomessignificant
c) Previously significant value becomesinsigniflcant
d) No change in hypothesis

825. Which of the following statements about confidence limits / interval is true - *(AI 10)*
a) Smaller the confidence level larger will be the confidence interval
b) Less variable the data, wider will be the confidence interval
c) Sample size does not affect the confidence interval
d) 95% confidence interval will cover 2 standard errors around the mean

826. The risk factor association of pancreatic cancer was studied in a case control study. The values of the odds ratio and the confidence interval for various risk factors are as below - *(AIIMS Nov 09)*

Risk factors	Odds ratio	95% Confidence limit
A	2.5	1-3
B	1.4	1.1-1.7
C	1.6	0.9-1.7

Which is true:
a) Risk A has strongest association with pancreatic cancer
b) Risk B has the strongest association
c) Risk C has the strongest association
d) All three are equally associated

827. When an intervention is applied to community to evaluate its usefulness, it is termed as a trial for -
a) Efficacy *(AIIMS Nov 04)*
b) Effectiveness
c) Efficiency
d) Effect modification

828. When a drug is evaluated for its usefulness in controlled conditions, it is termed as a trial signifying - *(AI 06, AIIMS Nov 05)*
a) Efficacy b) Effectiveness
c) Efficiency d) Effect modification

829. Drugs A & B are both used for treating a particular skin infection. After one standard application. Drug A eradicates the infection in 95% of both adults and children. Drug B eradicates the infection in 47% of adults & 90% of children. There are otherwise no significant pharmacological differences between the two drugs and there are no significant side effects. However, the cost of Drug A is twice that of Drug B.Dr. Ram, a general practitioner, always uses drug B for the first treatment, and resorts to Drug A if the infection persists. Dr. yogesh, another general practitioner, always uses Drug A for adults and drug B for children.Ignoring indirect costs, which of the following statement is incorrect - *(AI 02)*
a) Drug A is more effective than B for treating children
b) Drug A is more cost - effective than drug B for treating children
c) Drug A is more cost - effective than Drug B for treating children
d) Dr. Yogesh's regime achieves a higher level of cost-effectiveness than Dr. Ram's

830. Best method to compare new test and gold standard test - *(AIIMSNov 11, May 07)*
a) Correlation study
b) Regressive study
c) Bland and altman analysis
d) Kolmogorov smimov test

817)d 818)a 819)a 820)c 821)a 822)c 823)d 824)b 825)d 826)b 827)a 828)a 829)b 830)c

831. Which of the following is the national level system that provides annual national as well as state level reliable estimation of fertility and mortality -
a) Civil registration system *(AIIMS May 05, 03, 96)*
b) Census
c) Adhoc survey
d) Sample registration system

832. Registration of birth & death with a 6 monthly survey is done in - *(AIIMS 96)*
a) National sample survey
b) Vital statistical system
c) Census
d) Sample registration system

833. Under the registration act of 1969 Death is to be registered with in - *(AI99)*
a) 7 days b) 14 days
c) 21 days d) 28 days

834. Under the registration Act of 1969, Birth should be registered within - *(AI94)*
a) 7 days after birth b) 20 days after birth
c) 14 days after birth d) 21 days after birth

835. Sample registration system is done once in -
a) 6 months b) 1 year *(PGI95)*
c) 2 years d) 5 years

836. Best method for collecting vital Statistics in India- *(AIIMS97)*
a) Active surveillance b) Passive surveillance
c) Sentinel surveillance d) Contact tracing

837. Evidence based medicine, which of the following is not useful - *(PGIDec 08)*
a) Personal exposure b) RCT
c) Case report d) Meta-analysis
e) Systemic review

838. Strong correlation is signified by a correlation coefficient of? *(DNB June 2011)*
a) Zero b) 1
c) Less than 1 d) More than 1

839. In a Left skewed curve, true statement is?
a) Mean = Median *(DNB June 2011)*
b) Mean < Mode
c) Mean>Mode
d) Mean = Mode

840. Likert scale is? *(DNB June 2011)*
a) Ordinal scale b) Nominal scale
c) Variance scale d) Categorical scale

841. Degree of freedom for 2/2 contingency table is?
a) 1 b) Zero *(DNB June 2011)*
c) 2 d)4

842. Children surveyed in cluster sampling for coverage of national immunization programme in?
a) 30 cluster of 5 children *(DNB June 2011)*
b) 20 cluster of 5 children
c) 30 cluster of 10 children
d) 30 cluster of 7 children

843. Best method to show trend of events with passage of time is? *(DNB Dec 2010)*
a) Line diagram b) Bar diagram
c) Histogram d) Pie chart

844. Secular trend is best demonstrated by? *(DNB Dec 2010)*
a) Line diagram b) Bar graph
c) Stem-leaf plot d) Box and whisker plots

845. Chi-square test is for? *(DNBDec 2010)*
a) Standard error of Mean
b) Standard error of Proportion
c) Standard error of difference between 2 Means
d) Standard error of difference between Proportions

846. Simple random sampling is ideal for?
a) Vaccinated people *(DNB Dec 2010)*
b) Heterogenous population
c) Homogenous population
d) All of the above

847. Rejecting a null hypothesis when it is true is called as? *(DNB Dec 2010)*
a) Type 1 error b) Type 2 error
b) Type 3 error d) Type 4 error

848. Degree of freedom of a chi square test in contingency table of 2 by 2 is? *(DNB Dec 09)*
a) 1.0 b)Zero
c) 2 d)4

849. Graph to compare two quantitative data is?
a) Histogram *(DNB June 09)*
b) Scatter.diagram
c) Line Diagram
d) Frequency curve

850. Results of a test were given as very satisfied, satisfied, dissatisfied, it represents - *(DNB June 09)*
a) Nominal scale b) Ordinal scale
c) Interval scale d) Ratio scale

851. When the variables follow standard distribution -
a) Mean = median *(DNB Dec 08)*
b) Median = variance
c) Mean = 2 median
d) Standard deviation = 2 variance

852. On a given day, a hospital had 50 admissions with about 20 girls and 30 boys, out of which 10 girls and 20 boys needed surgery. What is the possibility of picking up a person requiring surgery- (DNB Dec 08)
a) 2/6 b) 3/5
c) 1/2 d) 6/25

853. Which one of the following is not a measure of dispersion - *(DNB June 08)*
a) Mean b) Range
c) Mean deviation d) Standard deviation

854. Birth is to be registered within - *(DNB Dec 07)*
a) 7 days b) 14 days
c) 21 days d) 30 days

855. In a normal curve, the area of one standard deviation around the mean includes which of the following percent of values in a distribution- *(DNB Dec 07)*
a) 48.6% b) 68.3%
c) 95.4% d) 99.7%

831)d 832)d 833)a 834)c 835)a 836)a 837)a,c 838)b 839)b 840)a 841)a 842)d 843)a 844)a
845) d 846)c 847)a 848)a 849)b 850)b 851)a 852)b 853)a 854)c 855) b

856. **All are non-parametric tests except -** *(DNB June 07)*
a) Chi-square test b) Sign test
c) Fisher exact test d) Student t-test

857. **9 families surveyed have 1,2,2,2,3,4,4,6,7 children respectively. The mean, median, mode respectively are-** *(Jipmer 11)*
a) 3.4., 2,3 b) 3,2,3
c) 3,3,3 d) 3.4,3,2

858. **In a normal curve, the area of one standard deviation around the mean includes which of the following per cent of values in a distribution -** *(UPSC-II09)*
a) 48.6% b) 68.3%
c) 95.4% d) 99.7%

859. **A non-sysmmetrical frequency distribution is known as-** *(Orissa 99)*
a) Normal distribution
b) Skewed distribution
c) Cumulative frequency distribution
d) None of the above

860. **In the estimation of statistical probability, Z score is applicable to -** *(UPSC 2001)*
a) Normal distribution b) Skewed distribution
c) Binomial distribution d) Poisson distribution

861. **Standard error of mean is called as -** *(RJ-01)*
a) Standard deviation b) Mode
c) Median d) Variable

862. **Standard deviation does not depend on -** *(RJ-01)*
a) Mean b) Median
c) Range d) Sample size

863. **Test used to study the ordinal data of two independent groups which are not normally distributed?** *(Jipmer 11)*
a) Student t test
b) z test
c) Single line analysis of variance
d) Wilcoxan signed rank test

864. **Best for studying the decline in percentage of syphilis in men and women in last 10 years -** *(Jipmer 11)*
a) Pie chart b) Histogram
c) Frequency polygon d) Line diagram

865. **If one wants to compare in two characteristics with variable difference, which measurement should be used?** *(MH11)*
a) Standard deviation
b) Percentile
c) Variance
d) Co-efficient of variation

866. **The following statistic is used to measure the linear association between two characteristics in the same individuals-** *(Karnat 96)*
a) Coefficient of variation
b) Coefficient of correlation
c) Chi square
d) Standard error

867. **Which of the following is a pre-requisite for the Chi square test to compare -** *(UPSC 2K)*
a) Both sample should be mutually exclusive
b) Both sample need not be mutually exclusive
c) Normal distribution
d) All of the above

868. **Birth is to be registered within -** *(PGMCET07)*
a) 7 days b) 14 days
c) 21 days d) 30 days

869. **In a community of 3000 people, 80 % are Hindus** 10 % **Muslims, 5 % Sikh, 4 % Christians and** 1 **% Jains To select a sample of300 people to analyses food habits, ideal sample would be -** *(MAHE 98)*
a) Simple random b) Stratified random
c) Systematic random d) Inverse sampling

870. **Simple random sampling-** *(AP-06)*
a) Provides least number of possible samples
b) Haphazard collection of certain number for a sample
c) Picking every 5th or 10th at regular intervals
d) Sample represent, a corresponding strata of universe

871. **What is the method of sampling in which the units are picked up at regular intervals from the universe-**
a) Simple random sampling *(UPSC 07)*
b) Systematic random sampling
c) Stratified random sampling
d) Snow-ball sampling

872. **The relationship of mean height of two groups of children is best studied by -** *(ICS 05)*
a) Student's t-test b) Linear regression
c) Chi-square test d) Test of proportions

873. **Census is conducted in every----------years in India-** *(Karnataka - PGE MEE 2006, Jipmer 81, UPSC 85)*
a) 25 b) 15
c) 10 d)20

874. **In which system, continuous enumeration of births and deaths by enumerator and an independent survey by investigator supervisor is done ?** *(UPSC-II 09)*
a) Decadal Census Enumeration
b) Sample Registration System
c) Model Registration System
d) National Family Health Survey

COMMUNICABLE DISEASES

GENERAL

875. **Incubation period of influenza -** *(AI98)*
a) 18 - 72 hrs b) 1 - 6 hrs
c) 5-10 days d) < 1 hrs

876. **Which of the following diseases have incubation period < 10 days -** *(PGIDec 06)*
a) Cholera b)Influenza
c) Plague d) Measles
e) Rubella

856) d 857) d 858)b 859)b 860)a 861)a 862)b 863)d 864)d 865)d 866)b 867)a 868)c 869)b
870) b 871) b 872) a 873) c 874) b 875) a 876)a,b,c

877. Incubation period of measles - *(NEET/DNB Pattern)*
a) 14 days b) 1 Month
c) 3 Month d) 5 Month

878. Measles is infectious during - *(PGIDec 98)*
a) After 4 days of rash
b) 4 days before and 5 days after rash
c) Throughout disease
d) Only in incubation period

879. Shortest incubation period is seen in-
a) Influenza b) Hepatitis B *(AIIMS Nov 08)*
c) Hepatitis A d) Rubella

CHICKEN POX

880. The infectivity of chicken pox lasts for - *(AJ 02)*
a) Till the last scab falls off
b) 6 days after onset of rash
c) 3 days after onset of rash
d) Till the fever subsides

881. Secondary attack rate of chicken pox is -
a) 60 b) 50 *(NEET/DNB Pattern)*
c) 90 d) 40

882. Which is not a complication of chicken pox - *(AIIMS 86, UPSC 85)*
a) Pancreatitis b) Pneumonia
c) Encephalitis d) Thrombocytopenia

883. Not true about varicella infection - *(AIIMSNov 10)*
a) Secondary attack rate is 90%
b) Lesions occur on flexor surfaces
c) Only single stage of lesion is present at a time
d) Reactivation occur in 10-30% cases

884. Which of the following is true of chicken pox -
a) Virus not found in scab *(AI89)*
b) Vims can be grown on the chick embryo
c) Caused by RNA vims
d) Does not cross the placental barrier

885. Chicken pox vaccine is - *(NEET/DNB Pattern)*
a) Live vaccine b) Killed vaccine
c) Conjugated vaccine d) None

MEASLES

886. All of the following statement regarding measles are true except - *(PGIDec 05)*
a) Rash appears first on leg
b) Koplik spot are seen on retina
c) Long term complication may be seen in form of SSPE
d) Caused by RNA virus
e) I-P is 2-3 days

887. Which of the following statements is true about the epidemological determinants of measles -
a) Measles vims survives outside the human body for 5 days *(AIIMS 05, 98)*
b) Carriers are important sources of infection
c) Secondary attack is less than that of rubella
d) Incidence of measles is more in males than females

888. Which of the following is not true about measles?
a) High secondary attack rate *(AI 08)*
b) Only one strain causes infection
c) Not infectious in prodromal phase
d) Infection confers lifelong immunity

889. Which of the following is the "Least common" complication of measles - *(AI 0 7)*
a) Diarrhoea b) Pneumonia
c) Otitis media d)SSPE

890. In the UIP blindness can be prevented by the administration of - *(AIIMS 98)*
a) Measles vaccines b) Rubella vaccines
c) BCG vaccines d) Diphtheria vaccines

891. Keratomalacia is seen in which of the following infections - *(PGI Dec 03, 02, 00)*
a) Chicken pox b) Mumps
c) Diarrhoea d) Measles
e) Rubella

892. Reconstituted measles vaccine should be used with in - *(AI99)*
a) 1 hour b) 3 hour
c) 6 hour d) 12 hour

893. The following vaccine, if contaminated can cause Toxic Shock Syndrome (TSS) - *(AI09)*
a) Measles vaccine b) DPT
c) Hepatitis B d) Typhoral

894. Measles vaccine given to contact of measles case exerts protective effect within - *(Delhi 96)*
a) 1 day b) 3 days
c) 7 days d) 10 days

895. All are true about measles except - *(AI 98, 96)*
a) Incubation period is 10-14 days
b) Secondary attack rate is 30-40%
c) Sub cutaneous vaccine is available
d) Vaccine is live attenuated

896. Definition of measles elimination - *(NEET/DNB Pattern)*
a) < 1/1000 b)< 1/10000
c) <1/100000 d)< 1/100

897. True about measles - *(PGI June 04)*
a) Koplik spot appears in prodromal stage
b) Fever stops after onset of rash
c) Vaccine given at 9 months
d) It is not diagnosed when coryza and rhinitis is absent
e) In India cyclical peaks occurs every 5 yrs

898. Subacute sclerosing pan-encephalitis is associated with - *(PGI June 02)*
a) Mumps b) Measles
c) Rubella d) Typhoid
e) Diphtheria

899. All of following are true about measles except -
a) Maximum incidence in 6m-3 year age group
b) Best age for immunization is 9-12 months *(AI96)*
c) Secondary attack rate is 30%
d) I.P. = 7-14 days

877) a 878) b 879) a 880) b 881) c 882) a 883) c 884) a 885) a 886)a,b,e 887) c 888) c 889) d 890) a
891)c,d 892)a 893)a 894)c 895)b 896)c 897)a,b,c 898)b 899)c

900. **Measles vaccination is given** *at-(NEET/DNB Pattern)*
a) 9 months b) At birth
c) 4 weeks d) 8 weeks

901. **In measeles vaccine can be given within-** *(NEET/*
a) 3 months b) 5 months *DNB Pattern)*
c) 7 months d) 6 months

RUBELLA

902. **Incubation period of rubella is -** *(AI- 93)*
a) 18-72 hours b) 2-3 weeks
c) 1-3 months d)>lyear

903. **All of the following statements are true about congenital rubella except -** *(AI 05)*
a) It is diagnosed when the infant has IgM antibodies at birth
b) It is diagnosed when Ig G antibodies persist for more than 6 months
c) M.C. congenital defects are deafness, cardiac malformation and cataract
d) Infection after 16 weeks of gestation results in major congenital defects

904. **Under eradication of congenital rubella syndrome programme the first priority group for rubella vaccination is -** *(AI 07)*
a) All non pregnant women of age 15 to 34
b) All adolescent non pregnant girls 15 to 24 years of age
c) All female children at one year
d) All non pregnant women

905. **Rubella vaccine is given in which age -**
a) 1-14 yrsb) <5 yrs *(NEET/DNB Pattern)*
c) > 50 yrs d) None

906. **Risk of the damage of fetus by maternal rubella is maximum if mother gets infected m-***(AIIMSNov 05)*
a) 6-12 weeks of pregnancy
b) 20-24 weeks of pregnancy
c) 21 -25 weeks of pregnancy
d) 32-36 weeks of pregnancy

INFLUENZA

907. **Influenza pandemic is mainly caused by -** *(AI 99,*
a) Type A b) TypeB *PGI June 05)*
c) TypeC d) All

908. **False about antigenic drift -** *(AIIMS 94)*
a) Occur under pressure for immunity
b) Responsible for epidemics of influenza
c) Occurs only in influenza-A
d) Occur every 10-12 years

909. **Antigenic variation seen in which of the following-** *(PGIDec 04)*
a) Influenza virus b) Hepatitis virus
c) Yellow fever virus d) Leptospira

910. **Not true regarding influenza virus is -** *(AIIMS 99)*
a) All types exhibit antigenic shift
b) Only type A shows antigenic drift
c) Drift is accumulation of point mutations
d) None of the above

911. **Newer Influenza vaccine -** *(PGI June 08)*
a) Split-virus vaccine
b) Neuraminidase
c) Live attennuated vaccine
d) Killed vaccine

912. **True about epidemology of influenza-** *(PGI June 05)*
a) Asymptomatic seen rarely
b) Incubation period 10-12 hrs
c) Pandemic rare
d) Extra human reserviour not seen
e) All ages sex are equally affected

913. **Incubation period of swine flu -***(NEET/DNB Pattern)*
a) 1-3 days b) 2-3 weeks
c) 10-15 days d) 5 weeks

DIPHTHERIA

914. **Commonest age group for diptheria is -** *(PGI86)*
a) 1 -2 Years b) 2-5 Years
c) 2-7 Years d) 2-9 Years

915. **The infectivity of a patient with diphtheria is -**
a) Till cough subsides *(AIIMS 91)*
b) Till patient is febrile
c) Lifelong
d) For 15 days after infection

916. **A herd immunity of over - % is considered necessary to prevent epidemic spread of diphtheria -** *(NEET/DNB*
a) 50% b)55% *Pattern)*
c) 60% d)70%

917. **The type of Diphtheria with highest mortality is-**
a) Pharyngeal b) Nasal *(JIPMER 2K)*
c) Laryngeal d) Conjuntival

918. **Positive schick's test indicates that the person is -**
a) Immune to diphtheria *(AIIMS Nov 07)*
b) Hypersensitive to diphtheria
c) Susceptible to diphtheria
d) Susceptible and hypersensitive to diphtheria

919. **Regarding schick's test which of the following is false-** *(AUMS00)*
a) Erythematous reaction in both arms indicates
b) Positive test means that person is immune to hypersensitivity diphtheria
c) Diphtheria antitoxin is given intradermal

920. **Regarding Diphtheria -Assertion A)- carriers to be given diphtheria toxoid. Reason (R)- immunization does not prevent carrier stage -**
a) A and R both are true *(AIIMS June 99)*
b) R is correct explanation
c) A and R both are true but R is not a correctexplanation
d) R is true and A is false

900)a 901)d 902)b 903)d 904)a 905)a 906)a 907)a 908)c,d 909)a 910)a,b 911)a,b 912)e 913)a
914)b 915)d 916) d 917)c 918) c 919)b 920) c

921. Which of the following is not a part of control measures for diphtheria ? *(UPSC-II08)*
a) Treatment of cases with erythromycin
b) Treatment of carriers with antitoxin
c) Isolation of cases
d) Regular immunization of under-fives

922. Management of non Immunised diphtheria contacts include all except - *(AIIMS 92)*
a) Prophylactic pencillin
b) Single dose of Toxoid
c) Daily throat examinations
d) Throat swab culture

923. The following statements are true about DPT vaccine except - *(AI04)*
a) Aluminium salt has an adjuvant effect
b) Whole killed bacteria of Bordetella pertusis has an adjuvant effect
c) Presence of acellular pertusis component
d) Presence of H. influenzae type B component increases its immunogenecity increase its immunolgenecity

924. Ideal temperature for DPT storage - *(Jipmer 91)*
a) Room temperature b) 4 to 8°C
c) 0to-20°C d)None

925. Which vaccine should not be given to a child suffering from convulsions ? *(AIIMSNov 07)*
a) Measles b)BCG
c) DPT d)OPV

926. All of the followng statements are true about DPT vaccine except- *(AIIMS02)*
a) It should be stored in deep freezer
b) Exposure to direct sunlight, when in use should be avoided
c) Store stocks are needed for three months at PHC level
d) Half - used vials should not be put back into the cold chain after the session

927. Preservative added in DPT vaccine is - *(AIIMS 98)*
a) Zinc phosphate b) Aluminium phosphate
c)$MgS0_4$ d)$ZnS0_4$

928. The adjuvant used in DPT vaccine is -
a) Al b) Mg *(AIIMS May 08)*
c) Zn d) Formaldehyde

WHOOPING COUGH (PERTUSSIS)

929. Which of the following is false about whooping cough - *(AI 95)*
a) Affects children 1 years of age
b) Contagious in the catarrhal stage
c) Carriers are the most important source ofinfection
d) Secondary attack rate is high

930. What is false about pertussis - *(AIIMS 95)*
a) Maternal antibody provides protection in infants
b) Fomites play a small role in spread of disease
c) Commonly seen in infants
d) Males and females both are equally affected

931. The usual incubation period of pertusis is -
a) 7-14 days b) 3-5 days *(AIIMS 05)*
c) 21-25 days d) Less than 3 days

932. True regarding pertusis is all, except - *(AIIMS 97)*
a) Infectivity is highest in paroxysmal state
b) Cross immunity is not seen with B. parapertusis
c) Chronic carrier state is not seen
d) Secondary attack rate is 90%

933. In control of pertussis, the drug of choice for cases-
a) Erythromycin b) Ciprofloxacin *(AI94)*
c) Tetracycline d) Penicillin

934. Which of the following statements is true regarding pertussis ? *(AI02)*
a) Neurological complication rate of DPT is I in 50000
b) Vaccine efficacy is more than 95%
c) Erythromycin prevents spread of disease between children
d) The degree of polymorphonuclear Leukocytosis correlates with the severity of cough

MENINGOCOCCAL MENINGITIS

935. The following statements about meningococcal meningitis are true except - *(AI 03, AIIMS 98)*
a) The source of infection is mainly clinical cases
b) The disease is more common in dry and cold months of the year
c) Chemoprophylaxis of close contacts of cases is recommended
d) The vaccines is not affective in children below 2 year of age

936. Which of the following is true about meningococcal Meningitis - *(AI 91)*
a) Case fatality less than 10% in untreated cases
b) Cases are the main source of infection
c) Rifampicin is the drug of choice
d) Treatment in the first 2 days can save the life of 95% cases

937. Drug of choice for chemoprophylaxis in meningococcal meningitis is - *(UP 10)*
a) Tetracycline b) Rifampicin
c) Streptomycin d) Erythromycin

938. Xavier and yogender stay in the same hostel of same university. Xavier develops infection due to group B meningococcus. After few days yogender develops infection due to Group C meningococcus. All of the following are true statements except - *(AI 02)*
a) Educate students about meningococcal transmission and take preventive measures
b) Chemoprophylaxis to all against both group B and group C
c) Vaccine prophylaxis of contacts of xavier
d) Vaccine prophylaxis of contacts of yogendra

939. Meningococcal vaccine - *(NEET/DNB Pattern)*
a) ACW135Y b) ABCW135
c) CYW135B d)ABCY

921)b 922) b,c,d 923) d 924) b 925) c 926) a 927) None 928) a 929) c 930) a,d 931) a 932) a 933) a 934) c 935) a 936)d 937)b 938)c 939) a

PNEUMONIA

940. Fast breathing in a 2 year old child is - *(PGI89)*
a) ≥ 60 breath per minute
b) ≥ 50 breaths per minute
c) ≥ 40 breaths per minute
d) ≥ 30 breath per minute

941. According to IMNCI, fast breathing in 5 mth child is defined as - *(NEET/DNB Pattern)*
a) >30/min b) 40
c) 50 d) 60

942. A 2 year old female child was brought to a PHC with a history of cough and fever for 4 days with inability to drink for last 12 hours. On examination, the child was having weight of 5 kg and respiratory rate of 45/minute with fever. The child will be classified as suffering from - *(AI05, AIIMS 02)*
a) Very severe disease b) Severe pneumonia
c) Pneumonia d) No pneumonia

943. A child aged 24 months was brought to the Primary Health Centre with complaints of cough and fever for the past 2 days. On examination, the child weighed 11kg, respiratory rate was 38 per minute, chest indrawing was present. The most appropriate line of management for this patient is ? *(AI 03)*
a) Classify as pneumonia and refer urgently to secondary level hospital
b) Classify as pneumonia, start antibiotics and advise to report after 2 days
c) Classify as severe pneumonia, start antibiotics and refer urgently
d) Classify as severe pneumonia and refer urgently

944. Ramu a 2 year old boy, presented with cough, fever and difficulty in breathing. His RR 50/min. There was no chest indrawing. Auscultation of chest reveals bilateral crepitations. The most probable diagnosis is - *(AI 02)*
a) V. severe pneumonia b) Severe Pneumonia
c) Pneumonia d) No pneumonia

945. A child aged 4 months was brought to a health worker in the sub center with complaints of cough and fever. On examination, there was chest indrawing and respiratory rate was 45 per minute. Which of the following is best way to manage the child ? *(AI 04)*
a) The child should be classified as a case of pneumonia
b) Give an antibiotic and advise mother to give home care
c) Reasess the child within 2 days or earlier if the condition worsens
d) Refer urgently to hospital after giving the first dose of an antibiotic

946. A10-day old neonate is brought by her mother to the OPD with complaints of sneezing. On examination, the respiratory rate is 40/minute and conducted sounds are heard on auscultation. There are no intercoastal retraction. The neonate should be treated with - *(UPSC 98)*
a) Normal saline nose drops
b) Oral antihistamines
c) Oral antibiotics
d) Parenteral antibiotics

947. Not a indication for admission in pneumonia -
a) Fever of 39° c b) Cyanosis *(AI 97)*
c) Chest retracion d) Not feeding well

948. Most important feature to diagnose severe pneumonia- *(NEET/DNBPattern)*
a) Cyanosis b) Chest indrawing
c) Nasal flaring d) Fast breathing

949. In IMNCI, pneumonia is classified by- *(NEET/DNB*
a) Fast breathing b) Wheezing*Pattern)*
c) Fever d) Chest indrawing

TUBERCULOSIS

950. Mycobacterium tuberculosis infection in humans is most commonly because of - *(NEET/DNB Pattern)*
a) Contact b) Inhalation
c) Infiltration d) Inoculation

951. One TB infected person can infect how many people in lyr - *(NEET/DNBPattern)*
a) 20 b) 30
c) 10 d) 5

952. The most appropriate test to assess the prevalence of tuberculosis infection in a community is - *(AI04)*
a) Mass miniature radiotherapy
b) Sputum examination
c) Tuberculin test
d) Clinical examination

953. Which of the following is not true about Annual Infection rate of tuberculosis? *(AI 10)*
a) 1% increase in AIR is equivalent to 70 new cases ofTB
b) It is one of the best indicator for evaluating tuberculosis problem and its trend
c) It expresses attacking force of Tuberculosis in community
d) It is 1.7 % in India

954. If the objective of the investigator is to assess the incidence of tuberculosis infection in a community, the most appropriate methodology would be to- *(AIIMSNov 05)*
a) Identify all individuals with positive tuberculin test
b) Perform sputum examination of chest symtomatics
c) Identify new converters to Tuberculin test
d) Screen all under-five children with Tuberculin test

955. Prevalance of tuberculosis infection is determined by- *(AIIMS 91)*
a) Sputum examination b) Mantoux
c) Clinical examination d)MMR

940) c 941) c 942) a 943)c 944)c 945)d 946)a 947)a 948)b 949)a 950)b 951)c 952)c 953)a 954)c 955)b

956. Best method to find out cases of TB in a community is- *(AIMS 95)*
a) Chest X-ray
b) Mantoux test
c) Sputum smear examination
d) Sputum culture sensitivity

957. Case finding in RNTCP is based on - *(AJ07)*
a) Sputum culture b) Sputum microscopy
c) X -ray chest d) Mantoux test / PCR

958. Tuberculin test denotes *(AI00)*
a) Previous or present sensitivity to tubercle proteins
b) Patient is resistant to tuberculosis
c) Person is susceptible to tuberculosis
d) Protective immune status of individual against tuberculosis

959. True statement regarding 'tuberculine test' is -
a) Used for diagnosis of TB *(A198)*
b) Measures incidence of disease
c) More than 10mm induration in 72 hrs. indicates positive test
d) Measure immunity status

960. For Montoux test, the standard dose of tuberculin used in India is - *(UPSC 96)*
a) 0.5 TU b) 1.0 TU
c) 5.0 TU d) 10.0 TU

961. False negative mantoux test is seen in A/E - *(AI92)*
a) Immunocompromised b) Chicken pox
c) Malnourished d) Measles

962. True about Mantoux test- *(PGIJune03)*
a) < 5 cm always +ve
b) Usually -ve after treatment
c) Positive reaction in children < 2 yrs is not important than adult
d) Usually read after 48-72 hours
e) False +ve in post measles state

963. Which of the following is not true about the Tuberculin Test - *(AI 95)*
a) It is the only tool available for estimating the prevalence of TB in a community
b) Induration of 10 mm indicates a positive test
c) It is a specific test
d) New cases occur more commonly in patients who are tuberculin reactors

964. The following statement stands true for Mantoux test - *(AI 96)*
a) Test is read before 48 hrs
b) 6-9 mm induration shows maximum chances of developing TB
c) A positive test does not indicate that the person is suffering from disease
d) New cases are more likely to occur in tuberculin negative person than those who already are tuberculin reactors

965. A patient of tuberculosis was put on ATT for 5 months. Sputum examination is positive for AFB. The likely cause is - *(AIMS 99)*
a) Drug resistant b) Drug resistant
c) Relapse of disease d) Treatment failure

966. A 'case' in TB is defined as - *(DPG Feb 09, AP 96)*
a) X-ray positive b) Culture positive
c) Sputum AFB positive d)Tuberculosis positive

967. A patient with sputum positive pulmonary tuberculosis is on ATT for the last 5 months but the patient is still positive for AFB in the sputum. This case refers to - *(AIMS 01)*
a) New case b) Failure case
c) Relapse case d) Drug defaulter

968. The diluent used for BCG is - *(AI 99)*
a) Distilled water b) Normal saline
c) Dextrose solution d) Ringer - lactate

969. BCG is - *(NEET/DNB Pattern)*
a) Live vaccine b) Killedvaccine
c) Toxoid d) None

970. Which of the following statements is true about BCG vaccination - *(AIMS May 11, May 05, Nov 08; AI07)*
a) Distilled water is used as diluent for BCG vaccine
b) The site for injection should be cleaned thoroughly with spirit
c) Mantoux test becomes positive after 48 hours of vaccination
d) WHO recommends Danish 1331 strain for vaccine production

971. All the following are correct regarding BCG vaccination reactions except - *(AIIMS 92)*
a) Ulceration with crust
b) Heals within 6-12 weeks
c) Maximum size of papule is reached at 5 weeks
d) Suppurative lymphadenitis

972. BCG is not given to p atient with - *(AIMS 85)*
a) Generalised Eczema
b) Infective dermatosis
c) Hypogammaglobulinaemia
d) All of the above

973. DOTS chemotherapy is given for - *(Kerela 02)*
a) TB b) Leprosy
c) AIDS d) Tetanus

974. Why a TB patient is recommend a regimen of 4 drugs on 1st visit - *(NEET/DNB Pattern)*
a) To avoid emergence of persistors
b) To avoid side effects
c) To cure early
d) None

975. TB multidrug regimen is given *to-(NEET/DNB Pattern)*
a) Prevent resistance b) Broad spectrum
c) Prevent side effects d) None

976. 4 drugs in AKT used because - *(NEET/DNB Pattern)*
a) Decrease in resistance by mutation
b) Decrease in resistance by conjugation
c) To cure disease early
d) None

956) c 957) b 958) a 959) c 960) b 961)b 962) d 963) c 964) c 965) d 966) c 967) b 968) b 969) a
970) d 971)d 972)d 973)a 974)a 975)a 976) a

977. A 25-year-old female has been diagnosed to be suffering from tuberculosis categorized as Category II (Sputum+ve relapse). The treatment regimen recommended under DOTS is - *(AIIMSMay 04)*
a) 2 $(HRZE)_3$ + 5 $(HR)_3$
b) 2 $(HRSZE)_3$ + $(HRZE)_3$ + 5 $(HR)_3$
c) 3 $(HRZE)_3$+2 $(HRE)_3$ + 4 $(HR)_3$
d) 3 $(HRSZE)_3$ +1 $(HRZE)_3$ + 6 $(HRE)_3$

978. In RNTCP what is the schedule for sputum examination after beginning the chemotherapy, in category I p atients - *(AIIMS 02)*
a) 2,4 and 6 months b) 1,2 and 3 months
c) 3, 5 and 6 months d) 1, 3 and 5 months

979. According to RNTCP, a case of tubercular pericarditis should be treated under which category of anti-tubercular regimen? *(MH11)*
a) Category I b) Category II
c) Category III d) Category IV

980. An adult male patient presented in the OPD with complaints of cough and fever for 3 months and haemoptysis off and on, His sputum was positive for AFB. On probing it was found that he had already received treatment with RHZE for 3 weeks from a nearby hospital and discontinued. How will you categorize and manage the patient - *(AIIMS 03)*
a) Category III, start 2 $(RHZ)_3$
b) Category II, start 2 $(RHZ)_3$
c) Category I, start 2 $(RHZ)_3$
d) Category II, start 2 $(RHZ)_3$

981. Cat 1 TB treatment - *(NEET/DNB Pattern)*
a) HRZE b) HRE
c) ZRE d) HRZES

982. Category n treatment - *(NEET/DNB Pattern)*
a) 2HRZES b) 1 HRZE
c) 5 HRZ d) None

983. As per RNTCP Cat-1, should recei\e-*(PGI June 04)*
a) 4 drugs for 2 months and two drugs for 4 months
b) 3 drugs for two months and 2 drugs for four months
c) Includes Retreatment cases
d) Rx is given daily
e) Directly observed

984. Which is the right number of doses of ATT for a category H patient under DOTS -
a) IP-24, CP-54 b) IP-36, CP-66
c) IP-24, CP-48 d) IP-36, CP-54

985. Dose of rifampicin in RNTCP *is-(NEET/DNB Pattern)*
a) 600 mg b) 450 mg
c) 300 mg d) 100 mg

986. Most common drug resistance in TB in India -
a) INH b) Rifampin *(PGIJuneOO)*
c) Streptomycin d)Ethamutol
e) Pyrazinamide

987. Treatment of choice for sputum positive pulmonary tuberculosis detected in 1st trimester of pregnancy-
a) Defer till second trimester *(AIIMS May 09)*
b) Start cat. I immediately *j*
c) Start cat. II immediately
d) Start cat. Ill immediately

988. Which of the following is / are 1st line antitubercular drugs in children - *(PGI June 05)*
a) Isoniazid b) Rifampicin
c) Pyrazinamide d)Ethambutol
e) Streptomycin

989. Treatment of choice for sputum positive pulmonary tuberculosis detected in 1st trimester of pregnancy -
a) Defer till second trimester *(AIIMS May 10)*
b) Start cat. I immediately
c) Start cat. II immediately
d) Start cat. in immediately

990. A 30 yrs old female has sputum positive TB. Her child is 3 yrs old. What is the recommended chemoprophylaxis - *(AIIMS May 11)*
a) INH 3mg/kg for 3 months
b) INH 5mg/kg for 3 months
c) INH 3mg/kg for 6 months
d) INH 5 mg/kg for 6 months

991. Basanti a 29 years female from Bihar present with active tuberculosis; she delivers baby all of the following are indicated except - *(AI01)*
a) Administer INH to the baby
b) Withhold breast feeding
c) Give ATT to mother for 2 year
d) Ask mother to ensure proper disposal of sputum

992. Most crucial part of tuberculosis control programme is - *(AIIMS Feb 97)*
a) Contact tracing
b) BCG vaccination
c) Treatment of sputum positive cases
d) Treatment of X-ray positive cases

993. The sputum examination under DTP is done when the patient present with- *(PGI June 02)*
a) Cough of 1 -2 weeks duration
b) Persistent cough of 1 -2 weeks duration
c) Hemoptysis
d) Chest pain
e) Intermittent fever

994. Prevalence of open cases of TB in India - *(AIIMS 98)*
a) 0.4% b)0.01 %
c) 0.5% d) 1 %

995. The direct BCG vaccination in India is given upto age of- *(AIIMS 81, DNB 92)*
a) 10 year b) 15 year
c) 20 year d) 25 year

996. Me Keon, in nineteenth century studied the decline in the incidence of the infectious diseases like tuberculosis and he explained the co-relation between the decline in the incidence of infectious disease and told that the relation is better understood in terms of- *(AI 11)*
a) Increased awareness and knowledge
b) Social and economic factors
c) Behavioral interventions
d) Medical interventions

977) b 978) a 979) a 980) c 981) a 982) a 983) a,e 984) b 985) b 986) a 987) b 988)AH 989) b 990) d 991)b 992)c 993)c,d 994)None 995)None 996)b

997. Persistent diarrhea in infants - *(NEET/DNB Pattern)*
a) 7 days b) 14 days
c) 21 days d) l month

POLIOMYELITIS

998. The most predominant type of polio virus during epidemics is- *(Orissa 98)*
a) Type I b) Type II
c) Type III d) Combined infection ofII& III

999. For every clinical case of poliomyelitis subclinical cases are - *(NEET/DNB PATTERN)*
a) 500 in children and 75 in adults
b) 500 in children and 25 in adults
c) 250 in children and 25 in adults
d) 1000 in children and 75 in adults

1000. Polio virus is shed in stool *upto-(NEET/DNB Pattern)*
a) 6 weeks b) 8 weeks
c) 10 weeks d) 12 weeks

1001. Death in poliomyelitis is usually due to - *(A192)*
a) Hypertension b) Repiratory Paralysis
c) Aspiration d) Arrythmias

1002. True about polioviruses is - *(ARMS Nov 07)*
a) Most cases are symptomatic
b) Spastic paralysis
c) Injectables and severe exercise increases chance of paralysis
d) Inactivated polio vaccine are given to child less than 3 years of age

1003. Salk vaccine is a - *(PGI88)*
a) Live vaccine b) Live attenuated vaccine
c) Killed vaccine d) Toxoid

1004. NOT true about IPV is - *(AIIMSFeb 97)*
a) Given in 4 doses
b) Can't be given in AIDS patient
c) Is a killed vaccine
d) Also known as salk vaccine

1005. All are true regarding killed polio vaccine except -
a) Produces circulatory antibody *(AI90)*
b) Does not require stringent refrigeration
c) Immunity against paralytic and wild strains
d) Not effective in an epidemic

1006. All are true about SALK vaccine except- *(AT 91)*
a) It prevents paralysis
b) Oral polio can be given as booster
c) It is contraindicated in immunocompromised patients
d) Easily transported

1007. All are true about SALK vaccine *except-(Manipal 08)*
a) OPV cannot be given as booster dose
b) Injections during epidemic can cause paralysis
c) Induces circulating antibody but no local immunity
d) Does not prevent multiplication of wild virus in gut

1008. Trivalent oral polio vaccine contains, type 3 virus - *(NEET/DNB Pattern)*
a) 100,000 TCID 50 b) 200,000 TCID 50
c) 300,000 TCID 50 d) 400,000 TCID 50

1009. OPV bivalent vaccine contains - *(NEET/DNB Pattern)*
a) Polio virus 1 & 3 b) Polio virus 1 & 2
c) Polio virus 2 & 3 d) None

1010. True about oral polio vaccine - *(PGI June 03)*
a) Poliomyelitis in recipients
b) Poliomyelitis in contact of recipient
c) Guillein Bare syndrome
d) Vomiting and fever
e) Heat stable

1011. The characteristics of polio vaccine are all except-
a) Maintenance of cold chain *(PGI 86)*
b) 100% immunisation
c) Killed vaccine is effective in India
d) 5 doses of OPV given

1012. All are true about OPV except - *(AIIMSNov 09)*
a) It is a killed vaccine
b) Stored at Sub-zero temprature
c) Intestinal & humoral immunity
d) Main problem is residual neuro-virulence

1013. True about OPV strain - *(Jipmer 11)*
a) Grows well at 40° C
b) Grows well at decreaase concentration of bicarbonate
c) Nucleotide sequencing does not distinguish between wild strain and vaccine strain
d) Poor growth in stable cell line of monkey kidney

1014. Pulse Polio immunization was introduced in -
a) 1995 b) 2000 *(MAHE07)*
c) 1999 d)2001

1015. False about Pulse polio immunization is -
a) Mop up immunization is done in restricted geographical areas *(AIIMS Nov 07)*
b) It is carried out in all children less than 5 yrs of age
c) Mopping up is done in areas where wild polio virus is found
d) AFP surveillance is done in all children < 5 years of age

1016. Acute flaccid paralysis is reported in a child aged -
a) 0-3 years b)0-5 years *(AI 02)*
c) 0-15 d)0-25 years

1017. Prevalence of all clinical cases of polio can be estimated by multiplying the no. of residual paralytic cases by - *(AI2000)*
a) 1.33 b) 1.25
c) 3.00 d)1.99

1018. The efficiency of cold chain system for oral polio vaccine as monitored by Vaccine Vial Monitor (WM) depends on - *(AIPGME 04)*
a) Change in the colour of vaccine
b) Temperature indicator of the system
c) Viral potency test
d) Change in colour of monitor

997) b 998) a 999)d 1000)d 1001)b 1002)c 1003)c 1004)b 1005)c 1006)c 1007)a 1008)c 1009)a 1010)a,b 1011)b 1012)a 1013) d 1014)a 1015)d 1016)c 1017)a 1018)d

1019. Vaccine Vial Monitors (WM) have been extensively used in the Pulse Polio Programme to assess the effectiveness of cold chain. According to the guidelines, the following changes in the WM is an indication for discarding the vaccines - *(Kam 03)*
a) Inner square is higher than outer circle
b) Outer square is higher than inner circle
c) Inner square is same colour as that of outer circle
d) Inner square is darker than outer circle

1020. Under the National Polio Eradication Programme, a case of Acute Flaccid Paralysis is confirmed as Polio, under the following circumstances except -
a) If a case is lost to follow up *(AIIMS Nov 2000)*
b) If a case could not be confirmed because the patient died before that
c) If a wild strain of polio virus is isolated from stool
d) If a patient develops paralysis 30 days after diagnosis of AFP

1021. A case of acute flaccid paralysis must be observed for how many days for residual weakness - *(A110, AIIMS May 12)*
a) 30 days b) 42 days
c) 60 days d) 90 days

1022. Definite case of Polio is considered if -*(AIIMS June 99)*
a) Paralysis is for more than 6 weeks
b) Antibody titre is more than 4 times of normal value
c) Demonstration of Polio virus in stool
d) Acute encephalitis with paralysis

1023. All of the following are true regarding acute attack of Polio, except - *(AIIMS June 99)*
a) Fecal sample is carried in cold box
b) Three consecutive stool samples are positive
c) Investigation done in 48 hours
d) Throat swab is taken for diagnosis

1024. Criteria for defining polio epidemic are all except -
a) 2 or more cases *(Kerala 04)*
b) Cases should occur in same locality
c) Caused by same virus type
d) Cases occurring during 6 month period

1025. In a epidemic of poliomyelitis, the best way to stop spread is by - *(AI94)*
a) Injection of killed vaccine
b) OPV drops to all children
c) Isolation of cases
d) Chlorination of all wells

CHOLERA

1026. Commonest strain of cholera in India is -
a) Ogawa b) Inaba *(AIIHPH01)*
c) Hikojima d) NAG

1027. ElTor vibrio may be differentiated from classical vibrio by fact that ElTor vibrio - *(CMC 86)*
a) Agglutinate chicken and sheep erythrocytess
b) Resistant to classical phage IV
c) Resistant to polymyxin B-5 unit disc
d) VP reaction and hemolytic test positive
e) All of the above

1028. Cholera transmission by - *(PGIDec06)*
a) Food transmits
b) Vaccination gives 90% efficiency
c) Healthy carrier
d) Chlorination is not effective

1029. The mechanisms by which cholera might be maintained during the intervals between peak cholera seasons is - *(AIIMSMay 06)*
a) Carrier status in animals
b) Carrier status in man
c) An environmental reservoir
d) Continuous transmission in man

1030. For controlling an outbreak of cholera, all of the following measures are recommended except -
a) Mass chemoprophylaxis *(AI 03)*
b) Proper disposal of excreta
c) Chlorination of water
d) Early detection and management of cases

1031. Which is cholera vaccine - *(NEET/DNB Pattern)*
a) Ty21 A b)HGD-103
c) WC-rBS d) None

1032. Antibiotic treatment of choice for treating cholera in an adult is a single dose of - *(AI 05)*
a) Tetracyclineb) Cotrimoxazole
c) Doxycycline d) Furazolidone

1033. The drug of choice for treating cholera in pregnant women is - *(AIIMS05)*
a) Tetracyclineb) Doxycycline
c) Furazolidone d) Cotrimoxazole

1034. Which of the following is the drug of choice for chemoprophylaxis of cholera - *(AIIMS05)*
a) Tetracyclineb) Doxycycline
c) Furazolidone d) Cotrimoxazole

1035. Chemoprophylaxis in cholera - *(NEET/DNB Pattern)*
a) Tetracyclineb) Ciprofloxacin
c) Erytromycin d) None

1036. Best emergency sanitary measure to control cholera is - *(AIIMS96)*
a) Desinfection of stool
b) Mass vaccination
c) Provision of chlorinated water
d) Chemoprophylaxis

1037. ORS contains 75 m mol/litre-(7V££T/DA® *Pattern)*
a) Sodium b) Potassium
c) Glucose d) Chloride

1038. ORS new osmolarity is - *(NEET/DNB Pattern)*
a) 270 b) 245
c) 290 d) 310

1039. The function of glucose in ORS - *(PGI96)*
a) Increase Na^+ absorption by Co-transport
b) Gives sweet taste to ORS
c) Increase osmolality of ORS
d) Increase Na^+- K^+ pump activity

1019) c 1020)d 1021) c 1022)c 1023)b 1024)d 1025)b 1026)a 1027)e 1028)a,c 1029)d 1030)a 103 l)c 1032)c 1033)c 1034)a 1035)a 1036)c 1037)a 1038)b 1039)a

1040. WHO ORS has - *(PGIDec 06)*
a) K+ —> 20 mmol/L
b) Na+ —> 90 mmol/L
c) HC03- —> 10 mmol/L
d) Osmolality—> 150mmol/L

1041. WHO ORS contain - *(PGIJune 02)*
a) Sodium chloride 2-5 gm
b) Potassium chloride 1.5 gm
c) Sucrose 10 gm
d) Glucose 20 gm
e) Potassium bicarbonate 2.5 gm

1042. Cholera prophylaxis is by - *(PGIDec 98)*
a) Doxycycline 300 mg OD b) Cephalosporin
c) Streptomycin d) Cotrimexazole
e) Erythromycin

1043. Dehydration in a child with diarrhea thirst present -
a) Mild b) Moderate *(NEET/DNB Pattern)*
c) Sever d) None

1044. What amount of WHO ORS is required for a 1 year old child in first 4 hours of diarrhea? *(NEET/DNB*
a) 200400 ml b) 400-600 ml *Pattern)*
c) 600-800ml d)800-1200ml

1045. A 12 kg child with diarrhoea, fluid to be replaced in first 4 hours - *(NEET/DNB Pattern)*
a) 0400ml b)400-800ml
c) 800-1200ml d) 12004600ml

TYPHOID FEVER

1046. All are true about Typhoid except - *(Jipmer04)*
a) Incubation period 10-14 years
b) Most common among males
c) Carrier are treated by ampicillin
d) Highest incidence occur in 30 - 40 years age group

1047. Incubation period of typhoid - *(PGI June 05)*
a) 3-20 days b) 14-45 days
c) 5-10 days d) 15-60 days
e) 10-14 days

1048. In typhoid a permanent carrier is one who excretes bacilli for more than - *(Delhi 96)*
a) 3 months b) 6 months
c) 1 year d) 3 years

1049. Typhoid oral vaccine is given - *(UP 08)*
a) 1, 3, 5 days b) 1,2, 3 days
c) 1,2, 4 days d) 1,7,14 days

1050. True statement about Vi polysaccharide vaccine is-
a) Has many serious systemic adverse reactions
b) Has many serious local side effects
c) Has many contraindications *(AIIMSNov 10)*
d) Can be administered with yellow fever and hepatitis A vaccine

1051. For a typhoid endemic country like India, the immunization of choice is - *(AIIMS 01)*
a) TAB vaccine
b) Typhoral 21A oral vaccine
c) Monovalent vaccine
d) Any of these

FOOD POISONING

1052. The following are characteristic features of staphylococcus food poisoning except - *(AIIMS 04)*
a) Optimum temperature for toxin production is 37° C
b) Intradietic toxin is responsible for intestinal symptoms
c) Toxin can be destroyed by boiling for 30 minutes
d) Incubation period is 1 -6 hours

1053. Kalhij a 22 year old male had an outing with his friends and developed fever of 38.5 degree C, diarrhoea and vomiting following eating chicken salad. 24 hours back. Two of his friends developed the same symptoms. The diagnosis is - *(AIIMS 01)*
a) Salmonella enteritis poisoning
b) Bacillus cereus
c) Staphylococcus aureus
d) Vibrio cholera

1054. True regarding Staphylococcal food poisoning is -
a) Caused by eating of dairy products
b) Caused by endotoxins *(AIIMS Feb 97)*
c) Caused by fishes
d) Associated with abnormal movements

1055. True about Dracunculiasis except - *(PGI June 05)*
a) No animal Reservoir
b) Man is intermediate host
c) India has eradicate the disease
d) Limited to tropical and subrtopical region
e) Niridazole does not prevent transmission of disease effectivity

1056. How many guinea worm cases were identified in the year 1999 - *(AIIMS 2K)*
a) 0 b)9
c) 2000 d)4000

1057. Dracunculosis is most common *in-(AIIMS95,AI96)*
a) Gujarat b) Rajasthan
c) Madhya Pradesh d) Orissa

1058. All of the following statements regarding Dracunculiasis are true except - *(AIIMS 04)*
a) India has eradicated this disease
b) Niridazole prevents transmission of the disease
c) The disease is limited to tropical and subtropical regions
d) No animal reservoir has been proved

1059. In Guinea worm prophylaxis, all are true, except -
a) Acute search of new cases *(AIIMS May 94)*
b) Identification of carriers
c) Mass treatment with Mebendazole
d) Health education to people to use a sieve for straining drinking water

1040) a 1041)a,b 1042)a 1043)a 1044)c 1045)c 1046)d 1047)a,e 1048)c 1049)a 1050)d 1051)b 1052)c 1053)a 1054) a 1055) b 1056)a 1057)None>b 1058)b 1059)c

MALARIA

1060. True about epidemiology of malaria - *(PGIDEC 04)*
a) Extrinsic incubation period 0-14 days
b) In India common during January to June
c) Man act as definitive host
d) Rare in urban
e) Mosquito acts as definitive host

1061. Types of malaria not seen in India - *(PGI88)*
a) Ovale b) Falciparum
c) Vivax d)Malariae

1062. Case of plasmodium ovale in India is/are reported in-
a) Orissa b)Gujrat *(PGIMay 11)*
c) Maharastra d) Delhi
e) Karnataka

1063. Incubation period of plasmodium vivax is- *(Delhi 85,*
a) 5-7 days b) 7-10 days *UPSC 86)*
c) 10-14 days d) 15-30 days

1064. In urban which Anopheles species is seen-(NEET/
a) Stephnsi b) Culicifacies **DNB Pattern)**
c) Fluvitalis d) None

1065. Malaria is transmitted by- *(PGI Dec 04)*
a) Anopheles stephensi
b) Anopheles culicifacies
c) Culex
d) Phlebotomus

1066. All are true about communicability of Malaria, except - *(AIIMS Nov 06)*
a) The number of gametocytes in blood increases with time
b) Gametocytes appear in blood 4-5 days after the appearance of the asexual parasite, in vivax infection.
c) Gametocytes appear in blood 10-12 days after the appearance of asexual parasite, in falciparum infection
d) In the early stage of infection, their density may exceed 1000 per cmm of blood.

1067. In Sickle cell trait patients, there is reduced risk of which of the following disease? *(AI10)*
a) Typhoid b) Malaria
c) G-6PD deficiency d)Filaria

1068. The most sensitive index of recent transmission of malaria in a community is - *(AIIMSNov 03, 97)*
a) Spleen rate
b) Infant parasite rate
c) Annual parasite incidence
d) Slide positivity rate

1069. A malarial survey is conducted in 50 villages having a population of one lakh. Out of 20000 slides examined, 500 turned out to be malaria positive. The annual parasite incidence is - *(ARMSMay 01)*
a) 20% b) 5%
c) 0.5% d) 0.4%

1070. Burden of malaria is best estimated by -
a) Mosquito rate b) API *(NEET/DNB Pattern)*
c) Parasite rate d) SPR

1071. All are true regarding malaria except - *(ARMS 99)*
a) Infant parasite rate is a poor indicator of malaria occurrence in a community
b) ABER is used for operational approach
c) Spleen rate is an important indicator of endemicity of malaria
d) Usually caused by Plasmodium vivax

1072. All is true about malaria, except - *(ARMS 97)*
a) Infant parasite index is a poor index for assessment for transmission of malaria in thecommunity
b) Vector for transmission is Anapheles mosquito
c) Newborns are resistant to P. falciparum infection
d) A. culicifacies is common in rural area

1073. Treatment of P.vivax malaria - *(PGIDec 2K)*
a) Chlorquine
b) Primaquine
c) Chloraquine + Primaquine
d) None

1074. Dose of chloroquine at 4-8 year - *(AI 89)*
a) 150 mg. b) 300 mg.
c) 450 mg. d) 600 mg.

1075. Treatment of choice for chloroquine resistant malaria is - *(ARMS 2K, 99)*
a) Mefloquine
b) Sulfadoxine + Pyrimethamine
c) Primaquine + Chloroquine
d) Chloroquine + Pyrimethamine

1076. A person wants to visit a malaria endemic area of low level chloroquine resistant falciparum malaria. The best chemoprophylaxis is - *(ARMS 01)*
a) Chloroquine
b) Proguanil + Pyrimethamine
c) Sulfadoxine + Pyrimethamine
d) Mefloquine

1077. Prophaylaxis for malaria not *used-(NEET/DNBPattern)*
a) Doxycycline b) Artesunate
c) Chloroquine d) Mefloquine

1078. Chemoprohylaxis of chloroquine includes -
a) 300mgBD/week *(NEET/DNB Pattern)*
b) 600 mg OD/week
c) 600 mg/week
d) 300 mg OD/week

1079. Patient was given chloroquine & doxycycline for 7 days. Patient's fever decreases in 4 days but, peripheral smear showed occasional gametocytes of plasmodium falciparum. This type of drug resistance is - *(DPG 11)*
a) R1 type b) R_2 type
c) R3 type d) R_4 type

1080. The current Global strategy for malaria control is called - *(KARNATAKA 2001)*
a) Modified plan of operation
b) Malaria Eradication Programme
c) Malaria Control Programme
d) Roll back Malaria

1060)e 1061)a 1062)a,b,d 1063)c 1064)a 1065)a,b 1066)a 1067)b 1068)b 1069)c 1070)b 1071)a 1072)a 1073)c 1074)b 1075)b 1076)d 1077)b 1078)d 1079)b 1080)d

1081. Roll back Malaria program is- *(Jipmer04)*
a) Encourage the development of more effective and new anti malarial drugs and vaccines
b) Encourage the proper and expanded use of insecticide treated mosquito nets
c) Training of village health workers and mother on early and appropriate treatment of malaria
d) All of the above

1082. Which one of the following is not a strategy under Roll Back Malaria - *(UPSC 07)*
a) Strengthening of health system
b) Use of insecticide treated bed nets
c) Anti-larval measures
d) Development of new antimalaria drugs

1083. A patient develops red eye, 2 two days after an episode of malaria Probable cause is - *(AIIMS 99)*
a) Conjunctivitis b) Anterior uvelitis
c) Viral keratitis d) Endophthalmitis

1084. All of the following factors contribute to Resurgence of malaria, Except- *(AI11, 10)*
a) Drug resistance in host
b) Drug resistance in parasite
c) Insecticide resistance in vectors
d) Antigenic variations in parasite

1085. All of the following factors are responsible for resurgence of malaria, Except - *(AI 11)*
a) Drug Resistance in Parasite
b) Insecticide Resistance in vectors
c) Antigenic mutations in parasite
d) Use of bed nets

FILARIASIS

1086. Human filariasis is caused by - *(PGIDec08)*
a) Loa-loa b) Onchocerca Volvulus
c) W. bancrafti d) B. Malayi

1087. All are TRUE regarding filariasis except-
a) Man is an intermediate host. *(AIIMSFeb 97)*
b) Caused by wuchereria bancrofti
c) Involves lymphatic system
d) DEC is used in treatment

1088. The organism most commonly causing genital filariasis in most part of Bihar and easteran U.P. is- *(AI 03)*
a) Wuchereria bancroftib) Brugia malayi
c) Onchocerca volvulus d) Dirofilaria

1089. Maximum density of microfilariasis in blood is reported to be between - *(UPSC 85, AI 88)*
a) 9 pm to 11pm b) 11 pm to 2 am
c) 8 pm to 10 pm d) 2 am to 5 am

1090. Trepatent period[1] in lymphatic filariasis is defined as the time interval between inoculation of infective larvae and - *(UPSC-II08)*
a) Blockage of lymphatics
b) First appearance of detectable microfilaria
c) Development of lymphoedema
d) Development of adult worm

1091. All are true statement about filaria except -
a) Extrinsic incubation period of 10-14 days
b) Man is the intermediate host *(AIIMS 97)*
c) Adults live in the lymphatics of host
d) No multiplication in the mosquito

1092. Microfilaria endemicity index is - *(AI 91)*
a) % of persons showing MF in blood and diseased individual
b) % of persons showing MF in blood only
c) Number of MF in the blood
d) Average no. persons with positive slides

1093. All of the following are commonly used Filarial indices except - *(AI 94)*
a) Microfilaria rate
b) Filarial disease rate
c) Filarial epidemicity rate
d) Mosquito infection rate

1094. All of the following are helpful for elimination of Filariasis, except - *(AIIMS May 12)*
a) Microfilarias do not multiply in vectors
b) They do not multiply in humans
c) Larvae are deposited on skin surface where they can't survive
d) None

1095. Antropo-Zoonoses are all except - *(AI 95)*
a) Guinea worm infestation b) Rabies
c) Plague d) Hydatid cyst

1096. Direct zoonose is - *(PGIDec 04)*
a) Rabies b) Brucellosis
c) Taeniasis d) Flydatid disease

1097. Which of the following is a zoonotic disease - *(NEET/ DNB Pattern)*
a) Hydatid cyst b) Malaria
c) Filariasis d) dengue fever

1098. All of the following are zoonosis Except - *(AI 08)*
a) Plague b) Japanese Encephalitis (JE)
c) HIV d) Tuberculosis (TB)

1099. Zoonosis is/are - *(PGI June 08)*
a) Anthrax b) Brucella
c) Leptospirosis d) Chaga's disease
e) Tularemia

1100. Animal to man transmission (zoonosis) is seen in - *(PGI Dec 05, June 99)*
a) Rabies b) Japanese encephalitis
c) HIV d) Plague
e) Measles

RABIES

1101. In India, "Rabies free" zone is - *(AIIMS 79, DELHI93)*
a) Goa b) Lakshadeep
c) Sikkim d) Nagaland

1081) d 1082)c 1083)c 1084)a 1085)d 1086)A11 1087)a 1088)a 1089)b 1090)b 1091)b 1092)a 1093)b 1094) c 1095) a 1096)a,b 1097)a 1098)c 1099)all 1100)a,b,d 1101)b

1102. Regarding Rabies, true is - *(AI00)*
a) Incubation period depends on the site of bite
b) Diagnosis is by eosinophilic intranuclear inclusion
c) It is a RNA virus
d) Caused only by dogs

1103. Rabies can be transmitted by all the following routes except - *(A194)*
a) Aerosol b) Bites
c) Ingestion d) Licks

1104. Neurological complications following Rabies vaccine is common with - *(JIPMER 91)*
a) HDCS Vaccine b) Chick embryo Vaccine
c) Semple Vaccine d) Duck Egg Vaccine

1105. All of the following rabies vaccines are commercially available except - *(A199)*
a) Killed sheep brain vaccine
b) Human diploid cell vaccine
c) Vero continous cell vaccine
d) Recombinant glycoprotein

1106. Which virus is used to produe rabies vaccine -
a) Wild b) Street *(NEET/DNB Pattern)*
c) Fixed d) Live Attenuated

1107. For the treatment of case of class HI dog bite, all of the following are correct except - *(A105)*
a) Give Ig for passive immunity
b) GiveARV
c) Immediately stitch wound under antibiotic coverage
d) Immediately wash wound with soap and water

1108. Class II exposure in animal bites includes the following - *(AI03)*
a) Scratches without oozing of blood
b) Licks on a fresh wound
c) Scratch with oozing of blood on palm
d) Bites from wild animals

1109. Active immunisation following exposure is given most commonly for - *(AI99)*
a) Rabies b) Polio
c) Plague d) Measles

1110. The schedule of HDCV in rabies is- *(AI96)*
a) 0,3,7,10,14,28 b) 0,3,10,30
c) 3,7,14,16,18 d)0,7,14,16,18

1111. In rabies, human diploid cell culture vaccine for post-exposure vaccination is given on the following days-
a) 0, 7,28 then booster dose 90 days *(AI 98)*
b) 0, 7, 28 then booster dos in 2 years
c) 0, 3,7, 14,30 then booster dose 90 days
d) 0, 3, 7 and booster dose 90 days

1112. Number of doses of HDCV vaccine required for preexposure prophylaxis - *(NEET/DNB PATTERN)*
a) 7 b) 5
c) 3 d) 1

1113. What is the correct recommended schedule (on days) for post - exposure treatment of person who have been vaccinated for rabies previously with HDC -
a) 0, 3 and 7 b) 0,3,7 and 14
c) 0,3,7,14 and 28 d) 0 and 3

1114. Post exposure prophylaxis of rabies in immunized person - *(NEET/DNB Pattern)*
a) 0 b) 3
c) 7 days d) None

ARBOVRAL DISEASES

1115. Disease caused by arboviruses included - *(PGI June 02, Dec 2K)*
a) Yellow fever b) Japanese encephalitis
c) Trench fever d) Epidemic typhus
e) Dengue

1116. Which one of the following arbovirus diseases has not been reported in India - *(AIIMS 04)*
a) Japanese Encephalitis
b) Yellow fever
c) Chikungunya fever
d) Kyasanur forest disease

1117. True about Arboviruses is - *(AIIMS May 10)*
a) Yellow fever is endemic in India
b) Dengue has only one serotype
c) KFD was first identified in West Bengal
d) Chikungunya is transmitted by Aedes aegypti

1118. Following is absent in India - *(NEET/DNB Pattern)*
a) JE b) Yellow fever
c) Malaria d) Dengue

1119. All of the following arobiviral infections are prevalent in India except - *(AI 9 7)*
a) Dengue fever b) Western fever
c) Yellow fever d) Chikungunya

1120. Arboviral diseases common in India are the following except- *(AI 11)*
a) Dengue fever b) Sandfly fever
c) West Nile fever d) Yellow fever

1121. Which of the following is exotic disease in India-
a) Yellow fever b) KFD *(NEET/DNB Pattern)*
c) JE d) Dengue

YELLOW FEVER

1122. Yellow fever is caused by - *(UPSC 88)*
a) Flavivirus b) Alpha virus
c) Sindbis d) Chikungunaya virus

1123. The incubation period of yellow fever is - *(AIIMS 04)*
a) 3 to 5 days b) 3-4 weeks
c) 1 to 2 weeks d) 8-10 weeks

1124. True about yellow fever - *(PGI June 04)*
a) I.P. is 10-14 days
b) Transmittd by Aedes
c) It is found in Asia
d) Incidence is increased by humidity
e) It is a flavivirus

1125. According to international Health Regulation, there is no risk of spread of yellow fever if the Aedes aegypti index remains below - *(AI 04)*
a) 1% b)5%
c) 8% d) 10%

1102)a 1103)c 1104)c 1105)d 1106)c 1107)c 1108)b 1109)a 1110)a llll)c 1112)c 1113)d 1114)a>b
1115) a,b,e 1116)b 1117)d 1118)b 1119)c 1120)d 1121)a 1122)a 1123)a 1124)b,d,e 1125)a

1126. Yellow fever aedes agypti index should be -
a) <1% b) < 5% *(NEET/DNB Pattern)*
c) <10% d) < 20%

1127. Yellow fever is absent in India because - *(Corned 08)*
a) Climatic conditions are not favourable
b) Virus is not present
c) Vector mosquito is absent
d) Population is immune

1128. International certificate for travelling is required for- *(AIIMS99)*
a) Pertussis b) Yellow fever
c) Cholera d) Plague

1129. Vector control for yellow fever around an airport is done upto a distance of - *(AI2K)*
a) 400m b)200m
c) 500m d)100m

1130. The distance from airport or seaport which has to be free from mosquitoes is -*(NEET/DNB Pattern)*
a) 400m b) 500m
c) 1 km d) 100m

1131. The international quarantine period for yellow fever as approved by the Government of India is -
a) 6 days b) 9 days *(UPSC 97)*
c) 10 days d) 12 days

JAPANESE ENCEPHALITIS

1132. Japanese encephalitis is caused by - *(NEET/DNB*
a) Culex b) Flavivirus *Pattern)*
c) Pigs d) None

1133. Amplifier for Japanese encephalitis -
a) Horse b) Pigs *(NEET/DNB Pattern)*
c) Dogs d) Monkey

1134. Japanese B encephalitis virus is transmitted by- *(Jipmer 86, Nimhans 87)*
a) Aedes aegypti
b) Culex fatigans
c) Culex tritaeniorhynchus
d) Hard tick
e) Soft tick

1135. Epidemiological features are for japanese encephalitis include all of the following except -
a) The virus infects extra-human hosts *(AI97;*
b) Man is an incidental host *AIIMS95;*
c) Infected pigs manifestation *PGI Dec 99)*
d) Epidemics have been reported in Karnataka

1136. All the following are true about japanese Encephalitis except - *(AI 96)*
a) Man to man transmission is not reported
b) Culex mosquito is the vector
c) 90%-100% mortality rate
d) There is no rash or local lesion

1137. True regarding japanese encephalitis is except -
a) Man to man transmission is not reported
b) Culicine mosquito s zoophilic *(AIIMS 97)*
c) Mortality is 80-90%
d) Cases show up of iceberg

1138. Which of the following is not true about Japanese encephalitis? *(AI II)*
a) About 80% of the patients are children below 5 years of age.
b) In epidemics, cases scatter with no more than 1-2 per village
c) Overt disease to unapparent cases ratio is 1:100.
d) Bite from infected mosquito always leads to the disease

1139. After vaccination against Japanese encephalitis immunity developes in - *(AIIMS 9 7; PGI June 98)*
a) 30 days b) 7 days
c) 10 days d) 21 days

1140. SA-14-14-2 - *(NEET/DNB Pattern)*
a) Diploid cell inactivated
b) Killed vaccine
c) Life long immunity
d) Primary immunization 2 doses

1141. False about Japanese encephalitis *\s-(AIIMSNov 09)*
a) Transmitted by Culex mosquitoes
b) Overhead tanks serve as breeding site
c) Pigs are amplifiers
d) Primary dose of vaccine consists of two doses

1142. The vector of Japanese Encephalitis in India is -
a) Culex tritaeniorhychus *(AIIMS 96)*
b) Culex vishnui
c) Aedes aegypti
d) Anopheles

1143. In India, the vector of Japanese encephalitis is -*(AI94)*
a) Aedes, aegypti b) Aedes culcifaciens
c) Culex vishnui d) Mansonoides

KFD

1144. Following are true of kyasanur forest disease except-
a) Transmitted by Soft tick *(AI 94)*
b) Caused by retrovirus
c) Incubation Period is 3-8 days
d) Killed vaccine available

1145. Kyanasur forest disease is transmitted by - *(IN 02)*
a) Haema physalis spinigera b) Culex vishnui
c) Aedes d) Anopheles

1146. To prevent KFD which of the following is not used -
a) Self protection against ticks *(AIIMS 01)*
b) Vaccination
c) Deforestation
d) Control of cattle roaming in the forest

PLAGUE

1147. The following rodent is the natural reservoir of plague - *(KARN 94)*
a) Mus musculus b) Tatera indica
c) Rattus Rattus d) Rattus norvegicus

1148. Plague is transmitted by - *(NEET/DNB Pattern)*
a) Mite b) Flea
c) Sand fly d) None

1126) a 1127) b 1128)b 1129)a 1130)a 1131)a 1132)b 1133)b 1134)c 1135)c 1136)c 1137)c 1138)d 1139)a
1140) c 1141) b 1142) a 1143)c 1144)b 1145)a 1146)c 1147)b 1148)b

1149. Which is most dangerous for transmitting plague - *(Orissa R)*
a) Blocked flea b) Partial blocked flea
c) Both d) Unblocked flea

1150. What is the best indicator for a potential explosiveness of plague outbreak ? - *(UPSC 2006)*
a) Total flea index
b) Cheopis index
c) Specific percentage of fleas
d) Burrrow index

1151. Index for estimating explosion of plague?
a) Cheopis index *(NEET/DNB Pattern)*
b) Total flea index
c) Burrow index
d) None

1152. All of the following statement about plague are wrong except- *(A1IMS04)*
a) Domestic rat is main reservoir
b) Bubonic is the most common variety
c) The causative bacillus can survive upto 10 years in the soil of rodent burrows
d) Incubation period for pneumonic plague is one to two weeks

1153. In a plague epidemic all of the following are done to control it, except - *(AIIMS May 02)*
a) Isolation of contacts
b) Vaccination of the susceptibles
c) Surveillance
d) Chemoprophylaxis with tetracycline

1154. True statement about plague is - *(AI97)*
a) Vaccine is not used to control epidemic of pneumonic plague
b) Most important measure to control epidemic rodent control
c) Septicemic plague is highly infectious
d) Live attenuated vaccines are used

1155. After two doses of vaccination against plague, the immunity will last for - *(UPSC 96)*
a) Six months b) One year
c) Eighteen months d) Twenty-four months

1156. Prophylaxis for health personnel working in a plague ward is - *(PGIDec 98)*
a) Vaccine
b) Tetracycline throughout the duty
c) A cource of tetracycline
d) Vaccine and Erythromycin
e) Observation

LEPTOSPIROSIS

1157. Which of the following statements about Leptospirosis is true - *(AI 11)*
a) Rats are prime reservoirs
b) Fluoroquinolones are the drug of choice
c) Person to person Transmission is common
d) Hepatorenal syndrome may occur in upto 50% of patients

1158. The following statements are true regarding leptospirosis, except - *(AIIMS May 06)*
a) It is zoonosis
b) Man is the dead end host
c) Man is an accidental host
d) Lice act as reservoirs of infection

1159. A sewage worker presents to the Emergency department with fever and jaundice. Laboratory findings reveal an elevated BUN and serum creatinine suggestive of renal failure. Which of the following antiboitics is recommended? *(AI 11)*
a) Cotrimaxozole b) Erythromycin
c) Ciprofloxacin d) Penicillin G

KALAAZAR

1160. Mucocutaneous leishmaniasis is caused by -
a) L-braziliensis b) L. tropica *(PGI97)*
c) L. donovani d) L-orientalis

1161. Reservoir of Indian Kalaazar is- *(AIIMS 03)*
a) Man b) Rodent
c) Canine d) Equine

1162. True about kala-azar- *(PGI June 09)*
a) More common in female than male
b) Eliminated from India
c) Non-human reservoirs are present
d) Incubation period is 1 -3 month
e) Rarely found in hilly areas

1163. Kala-azar in India is caused by - *(AP 96)*
a) P. papatasi b) P. serpenti
c) P. argentipes d) Oncocercus

1164. Drug(s) included in the treatment of visceral leismaniasis is/are all except - *(PGI June 09)*
a) Sodium stibogluconate
b) Pentamidine
c) Miltefosine
d) Liposomal amphtericine B
e) Ketoconazole

RICKETTSIAL DISEASES

1165. Epidemic typhus cause & *\edor-(NEET/DNB Pattern)*
a) Rickettessiae prowazki & Louse
b) R. typhi & mite
c) R. conorii & tick
d) R. akari & mite

1166. A patient complained of chills and fever following a louse bite 2 weks before. He had rashes all over the body and was delirious at the time of presentation to the hospital and subsequently went into coma. A provisional diagnosis of vasculitis due to Rickettsial infection was made. Which one of the following can be causative agent. - *(AI 06, AI 96)*
a) Rickettsia typhi b) Rickettsia rickettsiae
c) Rickettsia prowazekii d) Rickettsia akari

1149) b 1150) b 1151) a 1152)b 1153)b 1154)b 1155)a 1156)a,b 1157) a 1158) d 1159)d 1160)a 1161)a 1162) c,d,e 1163) c 1164) None 1165) a 1166)c

1167. Which of the following statements is true about endemic typhus - *(AI03)*
a) Is caused by R.rickettsii
b) Is transmitted by the bite of fleas
c) Has no mammalian reservoir
d) Can be cultured in chemically defined culture medium

1168. It is true regarding Endemic typhus that -
a) Man is the only reservoir of infection
b) Flea is a vector of the disease *(AIIMS May 06)*
c) The rash developing into eschar is a characteristic presentation
d) Culture of the etiological agent in tissue culture is a diagnostic modality.

1169. Which of the following is incorrect about Scrub typhus? *(AI 10)*
a) Causative agent is R. tsutsugamushi
b) Important reservoir is trombiculoid mite
c) The adult mite feeds on vertebrate host
d) Tertacycline is drug of choice

1170. Vector of scrub typhus in man - *(NEET/DNB Pattern)*
a) O.tsutsugamushi
b) Leptotrombidium deliense
c) Lice
d) Pediculous humanus

1171. Scrub typus - *(NEET/DNB Pattern)*
a) R. tsutsugamushi b) R.typhi
c) R. akari d) R.conorii

1172. Mode of transmission of Q fever is - *(AIIMS 04)*
a) Bite of infected louse b) Bite of infected tick
c) Inhalation of aerosol d) Bite of infected mile

1173. Which of the following statements about Q fever is false- *(AI96)*
a) Highly infectious zoonotic disease
b) The mode of transmission is by inhalation
c) Arthropods are involved in its transmission to man
d) There is no rash or local lesion

1174. Q fever is transmitted by - *(AI 09)*
a) Ticks b) Mites
c) Louse d)Flea

1175. All of the following statement are true regarding Q fever except - *(AI 03)*
a) It is zoonotic disease
b) Human disease is characterized by an interstitial pneumonia
c) No rash is seen
d) Weil-felix reaction is very useful for diagnosis

1176. True about Q fever- *(AI 09)*
a) Rash on palms and soles, headache and fever are common symptoms
b) Transmitted by human body louse
c) Inhaled aerosols spread the infection
d) Mosquito bite prevention is important in prevention

1177. A man presents with fever and childs 2 weeks after a louse bite. There was maculo-papular rash on the trunk which spread peripherally, the cause of this infection can be - *(AIIMS 03)*
a) Scrub typhus b) Endemic typhus
c) Rickettsialpox d) Epidemic typhus

1178. Transovarian transmission is a feature *oi-(PGI 80)*
a) Scrub fever b) Epidemic typhus
c) Endemic typhus d) Trench fever

TETANUS

1179. All are true regarding tetanus except-(AHMS Nov 10)
a) Transmission through contaminated wounds and injuries
b) More common in winters and dry weather
c) Reservoir in soil and intestines of humans and animals
d) No herd immunity or life long immunity

1180. To achieve neonatal tetanus elimination, incidence of neonatal tetanus per 1000 live births should be reduced to less than - *(UPSC 96)*
a) 0.1 b) 0.2
c) 0.5 d) 1.0

1181. Strategies for prevention of Neonatal Tetanus include all of the following except - *(AI 0 7)*
a) 5 clean practices
b) Giving penicillin to all the new boms
c) 2 doses of TT to all pregnant women
d) Immunizing all married women

1182. "Five clean practices" under strategies for elimination of neonatal tetanus include all except -
a) Clean surface for delivery *(AI 04)*
b) Clean hand of the attendant
c) New blade for cutting the cord
d) Clean airway

1183. In child survival and safe motherhood programme which is not advised as a provision in conduct of delivery - *(AIIMS 94)*
a) Clean room b) Clean tie
c) Clean perineum d) Clean cord

1184. True regarding tetanus toxoid is/are -*(PGI June 09)*
a) Plain toxoid have long duration
b) Adsorbed toxoid are more beneficial
c) Should never freeze
d) Stored at 0°C
e) Both active & passive immunization can be given together

1185. A full course of immunization against, Tetanus with 3 doses of Tetanus toxoid, confers immunity for how many years - *(Corned 08)*
a) 5 b) 10
c) 15 d)20

1167) b 1168) b 1169)c 1170)b 1171)a 1172)c 1173)c 1174)a 1175)d 1176)c 1177)d 1178)a 1179)b 1180)a 1181)b 1182) d 1183) c 1184)b,c,e 1185)a

1186. A person has received complete immunization against tetanus 10 years ago. Now he presents with a clean wound without any lacerations from an injury sustained 2.5 hours ago. He should now be given -
a) Full course of tetanus toxoid *(AI01)*
b) Single dose of tetanus toxoid
c) Human tet globulin
d) Human tet globulin and single dose of toxoid

1187. A10 year old boy following a road traffic accident presents to the casuality with contaminated wound over the left leg. He has received his complete primary immunization before preschool age and received a booster of DT at school entry age. All of the following can be done except - *(AIMS 01)*
a) Injection of TT
b) Injection of human antiserum
c) Broad spectrum antibiotics
d) Wound debridement and cleaning

1188. The most effective way of preventing tetanus is -
a) Surgical debridement and toilet *(AIMS 01)*
b) Hyperbaric oxygen
c) Antibiotics
d) Tetanus toxoid

1189. The active immunity offered by tetanus toxoid is effective in nearly - *(AIMS Nov 02)*
a) 25% of the patients b) 50% of the patients
c) 75% of the patients d) 100% of the patients

1190. The true statement regarding tetanus is - *(AI 01)*
a) Five dose immunisation provides life long immunity
b) TT affords no protection in the present injury
c) TT serves no use once 12 hours have elapsed following injury.
d) TT and Ig may both be given in suspected tetanus

LEPROSY

1191. All of the following organs may be involved in Leprosy except - *(AIMS May 10, AI0 7)*
a) Uterus b) Ovary
c) Testes d) Eye

1192. True about leprosy in India - " *(PGIJune07)*
a) Prevalence decreasing in past decade
b) Incidence highest in 1-5 yrs age group
c) Highly pathogenic
d) Highly communicable

1193. True about epidemiology of leprosy - *(PGI June 09)*
a) If high prevalence of cases seen in childhood, it means disease is under control
b) Lepra bacilli cannot survive outside hman body
c) Bacterial load is high in tuberculoid variety
d) Insect can transmit the disease
e) Relapse rate is indicator of efficacy of the drug regimen

1194. All of the following are the mode of transmission of leprosy except - *(AI 04)*
a) Breast milk b) Insect bite
c) Transplacental spread d) Droplet infection

1195. "Multibacillary" is a spectrum of disease, seen in-
a) Leprosy b) TB *(NEET/DNB Pattern)*
c) Tetanus d) Trachoma

1196. Exacerbation of lesions in patients of borderline leprosy is seen in - *(PGI June 01)*
a) ENL (erythema nodosum leprosum)
b) Lepra reaction type 1
c) Jarisch-Herxheimer reaction
d) Resolving leprosy

1197. The characteristic finding in a case of leprosy is- *(AIMS Dec 98)*
a) Culture test is positive in 2-3 months in LJ media
b) Long contact with tuberculoid leprosy can transmit the disease.
c) CMI is seen in Lepromatous leprosy
d) Macule lesion heals spontaneously

1198. Slit smear negative leprosy is - *(AI97)*
a) Neuritic type b) Tuberculoid type
c) Indeterminate type d) Leprometous type

1199. Not true about lepromine test is - *(AI 07, AIMS 06)*
a) Helps in classification of leprosy
b) Negative in most of the child in 1st 6 month of life
c) It is a diagnostic test
d) BCG vaccination converts lepra reaction from negative to positive

1200. In the management of leprosy, Lepromin test is most useful for - *(AI 03, AIMS Nov 08)*
a) Herd immunity
b) Prognosis
c) Treatment
d) Epidemiological investigations

1201. Which of the following statements about lepromin test is not true -
a) It is negative in most children in first 6 months of life *(AIMSMay 10, June 08, May 07, Nov 06)*
b) It is a diagnostic test
c) It is an important aid to classify type of leprosy disease
d) BCG vaccination may convert lepra reaction from negative to positive

1202. The following test is not used for diagnosis of leprosy - *(AIMS 06)*
a) Lepromin test
b) Slit skin smear
c) Fine needle aspiration cytology
d) Skin biopsy

1203. Duration of treatment in multibacillary leprosy according to WHO is - *(PGI June 02)*
a) 6 months b) 1 year
c) 2 years d) 5 years
e) Lifelong

1186) b 1187)b 1188)d 1189) d 1190)d 1191)a 1192)a,d 1193)d,e 1194)c 1195)a 1196)b 1197)b 1198)a,b,c 1199)c 1200)b 1201)b 1202)a 1203)b

1204. Under leprosy eradication programme the managment of single lesion is - *(AIIMS 02; PGI June 00)*
a) Single dose of Rifampicin and Dapsone
b) Rifampicin and Dapsone for 6 months
c) Rifampicin, ofloxacin and minocycline single dose
d) Rifampicin and minocycline for 6 months

1205. A patient with leprosy had slightly erythematous, anesthetic plaques on the trunk and upper limbs. He was treated with paucibacillary multidrug therapy (PB-MDT) for 6 months. At the end of 6 months, he had persistent erythema and induration in the plaque. The next step of action recommended by the World Health Organization (WHO) in such a patient is - *(AIIMS Nov 04)*
a) Stop antileprosy treatment
b) Continue PB-MDT till erythema subsides
c) Biopsy the lesion to document acitivity
d) Continue dapsoen alone for another 6 months

1206. Treatment of severe ulnar neuritis in borderline tuberculoid leprosy is - *(AI0 7)*
a) MDT only b) MDT + steroid
c) Wait and watch d) MDT + thalidomide

1207. The most rapidly bactericidal drug for M-Leprae is-
a) Dapsone b) Clofazimine *(PGI 78)*
c) Ethionamide d) Rifampicin

1208. For treatment of paucibacillary leprosy drugs used are - *(NEET/DNB Pattern)*
a) Rifampicin & dapsone
b) Rifampicin, dapsone, steroids
c) Rifampicin, clofazimine, dapsone
d) None

1209. According to WHO latest treatment of leprosy is-
a) 2 yrs. or negative slit smear negative which ever is longer for multibacillary *(PGI 96)*
b) Life long treatment
c) Six months treatment for paucibacillary
d) Not specified

1210. In multibacillary leprosy the follow up examination after adequate treatment should be done yearly for -
a) 3 years b) 3 years *(Delhi 96)*
c) 5 years d) 10 years

1211. 2 yrs duration in terms of leprosy is with regard to - *(NEET/DNB Pattern)*
a) Rx of paucibacillary leprosy
b) Rx of multibacillary leprosy
c) Post Rx surveillance of paucibacillary leprosy
d) Post Rx surveillance of multibacillary leprosy

1212. Multibacillary leprosy follow up for - *(NEET/DNB Pattern)*
a) 12-18 months b) 2 years
c) 5 years d) 10 years

1213. A boy from Bihar comes with an erythematous anaesthetized patch on dorsum of left hand and a tender enlarged ulnar nerve. Next line of management-
a) Split sking smear Biopsy from the lesion
b) Start MDT-for 6 month *(PGI Nov 09)*
c) Give thalidomide
d) Swab for AFB
e) Lepromin test

1214. Immunoprophylaxis of leprosy includes-fPG*/Nov 10)*
a) BOG b) MMR
c) ICRC bacillus d) Anthrax vaccine
e) Mw

1215. All of the following statements about leprosy are true except - *(AI 04)*
a) Multibacillary leprosy is diagnosed when there are more than 5 skin patches
b) New case detection rate is an indicator for incidence of leprosy
c) A defaulter is defined as a patient who has not taken treatment for 6 months or more
d) The target for elimination of leprosy is to reduce the prevalence to less than 1 per 10,000 population

1216. The screening method of choice in an area where the prevalence of leprosy is 1/1000 is - *(AI 95)*
a) Contact survey b) Group survey
c) Mass survey d) Any of the above

1217. Best mode to control leprosy eradication programme is- *(AIIMS 96)*
a) Mass chemotherapy
b) Early diagnosis and treatment
c) High risk chemotherapy
d) Health education

1218. Most sensitive index of transmission in leprosy is -
a) Incidence b) Detection rate *(AIIMS 92)*
c) Disability rate d) Prevalence

1219. All are true about leprosy except - *(PGIDec 98)*
a) +2 mean 2 bacilli in 2 smear
b) At least 7 smear examined
c) Paucibacillary bacterial index < 2
d) Multi bacillary bacterial index > **2**
e) Negative smear denote - no bacilli in 100 fields

1220. Which is true regarding leprosy in India? *(PGI04)*
a) Estimated 10 million cases
b) Prevalence = 3.7/1000
c) MDT - 99% coverage
d) Eradicated in Orissa
e) Vaccine being developed in Bihar

1221. Elimination of leprosy is defined as prevalance -
a) < 1 per 1000 *(NEET/DNB Pattern)*
b) < 1 per 10000
c) < 1 per 1 lakh
d) < 1 per 100

1222. Dharmendra's index and Jopling's classification deals with - *(AI 08)*
a) TB b) Leprosy
c) Syphilis d) Polio

1223. If a claw hand develops in a patient with Leprosy, the deformity is - *(Karn 11)*
a) Grade 0 b) Grade I
c) Grade II d) Grade III

1224. Leprosy is not yet eradicated because -
a) No effective vaccine *(AIIMS May 12)*
b) Highly Infectious but low pathogenicity
c) Only humans are reservoir
d) Long incubation period

1204)c 1205) a 1206)b 1207)d 1208)a 1209)c 1210)c 1211)c 1212)c 1213)b 1214) a,c 1215) c 1216)b 1217)b 1218)a 1219) a 1220) None 1221)b 1222)b 1223)c 1224)a

STDs

1225. Which of the following is not a STD - *(AP 85, UPSC 86)*
a) Hepatitis B b) Amoebiasis
c) Scabies d) Herpes simplex type 1

1226. Second most common STD after gonococcus -
a) Chylamydia b) HSV *(NEET/DNB Pattern)*
c) HIV d) Syphilis

1227. All of the following statements about 'yaws' are true, except - *(AI11)*
a) Caused by Treponema pertenue
b) Transmitted non venerally
c) Secondary yaws can involve bone
d) Late stages of yaws involve heart and nerves

1228. Regarding yaws, all are true except - *(AI 08)*
a) Caused by T. pertenue
b) Sexually transmitted
c) Cross reactive antibodies with syphilis
d) Drug of choice is penicillin.

1229. The following are the signs and symptoms included in the syndromic approach of sexually transmitted diseases except - *(Karnataka - PG MEE 06)*
a) Genital ulcers
b) Urethral discharge in males
c) Dysuria in women
d) Vaginal discharge

1230. Syndromic management for genital ulcer disease in India, includes following - *(AIIMS Nov 11)*
a) Chancroid chancre
b) primary chanere, herpes genitalis
c) Chancroid, primary chancre, herpes genitalis
d) Herpes genitalis only

1231. A sexually active, long distance truck driver's wife comes with vaginal discharge. Under Syndromic Approach, which drug should be given?
a) Metronidazole, Azithromycin, Fluconazole
b) Metronidazole *(AIIMS May 12)*
c) Azithromycin
d) Metronidazole and Fluconazole

AIDS

1232. MC type of HIV in india - *(NEET/DNB Pattern)*
a) HIV-A b) HIV-B
c) HIV-C d) None

1233. True about HTV epidemiology - *(PGIDec 08)*
a) Children rarely affected
b) < 10% of HIV infected person progress to AIDS
c) Southern affica have 72% of total global burden
d) Seminal secretion is more infectious than vaginal secretion
e) HIV cases can infect in the window period

1234. Which of the following exposure carries the maximum risk of transmission of HIV - *(AI 09)*
a) Sexual intercourse b) Blood transfusion
c) Trans-placental d) Needle prick

1235. In which of the Indian states the maximum number of AIDS cases have been reported till now -
a) Delhi b) Kerala *(AIIMS 04)*
c) Tamil Nadu d) Bihar

1236. In HIV window period indicates - *(AIIMSNov 07)*
a) Time period between infection and onset of first symptoms
b) Time period between infection and detection of antibodies against HIV
c) Time period between infection and minimum multiplication of the organism
d) Time period between infection and maximum multiplication of the organism

1237. In diagnosis of AIDS, criteria include the following except- *(PGIDec 01)*
a) CD4<200
b) CD8 < 500
c) CD 4 : CD 8 = 1
d) Presence of any of the opportunistic infections tuberculosis, pneumosystic carinii, cytomegalovirus
e) Western blot is positive

1238. Which of the following is an AIDS defining criteria according WHO - *(PGI Dec 01)*
a) Generalised lymphadenopathy
b) fever, weight loss and fatigue
c) Pneumosystic carinii Pneumonia
d) Mycobacterium avium infection
e) Persistent diarrhoea

1239. WHO AIDS defining illnesses are all except -
a) Persistant generilized lymphadenopathy
b) Oropharyngeal candidiasis *(PGI Nov 09)*
c) CMV retinitis
d) P Carinii pneumonia
e) Primary brain lymphoma

1240. Persistent diarrhoea in AIDS is caused by A/E -
a) Microspora b) Cryptococcus *(PGI 01)*
c) Cryptosporidia d) Isospora belli
e) Giardia lamblia

1241. Major signs for AIDS case definition according to WHO are- *(PGIIune03)*
a) Generalized lymphadenopathy
b) Prolong fever more than 1 month
c) Prolong cough for > 1 month
d) Chronic diarrhoea > 1 month
e) Weight loss > 10%

1242. WHO stage IV HTV includes all, except -
a) Toxoplasmosis *(AIIMS May 09)*
b) Pneumocystis carinii
c) HIV wasting syndrome
d) Oral thrush

1243. HIV post exposure prophylaxis should be started within - *(NEET/DNB Pattern)*
a) 1 -2 hrs b) 14 hrs
c) 18 hrs d) 72 hrs

1225) None 1226)a 1227)d 1228)b 1229)None 1230)c 1231)a 1232)c 1233)a,c,d,e 1234)b 1235)c 1236)b 1237)b,c,e 1238)a,b,c,e 1239)c,e 1240)c,e 1241)b,d,e 1242)d 1243)a

MISCELLANEOUS

1244. A mother is HBsAg positive at 32 weeks of pregnancy. What should be given to the newborn to prevent neonatal infection - *(NEET/DNB Pattern)*
a) Hepatitis B vaccine + immunoglobulins
b) Immunoglobulins
c) Hepatitis B vaccine only
d) Immunoglobulin followed by vaccine 1 month later

1245. True about HPV vaccination *(PGI Nov 10, Nov 09)*
a) Given in woman age group 20-40 years
b) Primary dose consists of 2 dose
c) Efficacy > 70% for cervical cancer
d) Two typese are available in the market
e) Protect against HPV 16 & 18

1246. 1955 Hepatitis outbreak in Delhi -
a) A b) B *(NEET/DNB Pattern)*
c) C d) E

1247. There is an outbreak of MRS A infection in a ward. What is the best way to control the infection -
a) Vancomycin given empirically to all patients
b) Fumigation of ward frequently *(AIIMS Nov 10)*
c) Washing hand before and after attending patients
d) Wearing masks before any invasive procedure in ICU

1248. True regarding Dengue fever is all, EXCEPT -
a) Haemorrhagic tendency *(AIIMS Nov 93)*
b) Spontaneous remission
c) Transmitted by Anopheles mosquito
d) Fever is saddle back type

1249. All of the following are true about Classical dengue fever except - *(AI94)*
a) Case fatality is low
b) Break bone fever
c) Positive tourniquet test
d) It is a self limiting disease

1250. Which of the following statement (s) is/are true about dengue fever - *(PGI June 09)*
a) T Hematocrit
b) *i* Platelet
c) Positive tourniquet test
d) Vector (Aedes aegypticus) usually bites in day time

1251. Which is the main vector of Dengue -*(NEET/DNB Pattern)*
a) A.aegypti b) A schleri
c) Culex d) Anopheles

1252. True statements regarding dengue fever-
a) It is both endemic & epidemic *(PGIMay 11)*
b) MC arboviral disease
c) Unaffected by ambient temperature
d) Decreased incidence in last 30 yr in India
e) Selflimiting

1253. Chandler's index is- *(AIIMS 98)*
a) No. of eggs / gm of stool
b) No. of larvae / lOOg of stool
c) No. of larvae / gm of stool
d) No. of eggs / 100 g of stool

1254. Chandlers index for Hookworm, when it is health problem - *(NEET/DNB Pattern)*
a) > 300 b) > 200
c) > 100 d) > 50

1255. Chandlers index is used for - *(NEET/DNB Pattern)*
a) Hookworm infestation b) Roundworm
c) Malaria d) Filaria

1256. Chandler index is used for- *(AI94)*
a) Anchylostoma duodenale b) Ascariasis
c) Guinea worm infestations d)Filariasis

1257. Brucellosis can be transmitted by all of the following modes, except - *(AIIMS May 06)*
a) Contact with infected placenta
b) Ingestion of raw vegetables from infected farms
c) Person to person tranmission
d) Inhalation of infected dust or aerosol

1258. Epidemiologic study of Hepatitis B is -*(AIIMS May 95)*
a) HBeAg b)HBcAg
c) HBs Ag is used d) Anti HBc

1259. Emergency or reemergence seen in which of the following organisms - *(PGI Dec 04)*
a) Polio virus b) Measles virus
c) Nipah virus d) West Nile virus
e) Hepatitis B virus

1260. In the grading of trachoma, trachomatous inflammation - follicular is defined as the presence of- *(AIIMS Nov 02)*
a) 5 or more follicles in the lower tarsal conjunctiva
b) 3 or more follicles in the lower tarsal conjunctiva
c) 5 or more follicles in the upper tarsalconjunctiva
d) 3 or more follicles in the upper tarsal conjunctiva

1261. For the field diagnosis of trachoma, the WHO recommends that follicular and intense trachoma inflammation should be assessed in -*(AIIMS May 03)*
a) Women aged 15-45 yrs
b) Population of 10 to 28 years range
c) Children aged 0-10 years
d) Population above 25 years of age irrespective of sex

1262. In a trachoma survey of a community, the incidence of inflammatory trachoma was 2% and incidence of cicatricial trachoma was 3% which of the following statement is true - *(AIIMS June 99)*
a) Problem is still there in the community
b) Problem was prevalent in part but now under control
c) Problem was not prevalent but now prevalent problem was prevalent
d) Problem was prevalent in pat & still prevalent

1263. Azithromyan prophylaxis in trachoma is given when prevalence is above? *(AIIMSNov 11)*
a) 8% b) 6%
c) 4% d) 10%

1264. Disease to be eradicated by the year 2000 A.D. is- *(AIIMS May 94)*
a) Typhoid b) Tetanus neonatorum
c) Filaria d) Malaria

1244) a 1245)c,d,e 1246)d 1247)c 1248)c 1249)c 1250)A11 1251)a 1252)a,b,e 1253)a 1254)a 1255)a 1256) a 1257) c 1258)d 1259)c,d,e 1260)c 1261)c 1262)b 1263)d 1264)b

1265. Reservoir of Bartonella angiomatosis-(PG7 *June 08)*
a) Cats b) Dogs
c) Cattle d) Pigs

1266. What is/are true about rat bite - *(PGIDec 08)*
a) Vaccinate with antirabies vaccine
b) Give tetanus toxoid
c) Rarely need rabies immunoglobulin
d) Wash with soap
e) Use antiseptic cream

1267. The last case of small pox was reported in the world
a) 1977 b) 1978 *(PGI84)*
c) 1979 d) 1982

1268. Small pox eradication was successful because of all except - *(AIIMS Nov 10)*
a) Subclinical cases don't transmit disease
b) Highly effective vaccine
c) Lifelong immunity
d) Cross resistance with animal pox

1269. Which amongst the following biological agents has the least potential for use as a biological weapon for microbial bioterrorism? *(AJ11)*
a) Plague (YersininaPestis)
b) Small Pox (Variola Major)
c) Botulism (Cl. Botulinum)
d) Brucellosis (Brucella sp)

1270. Which amongst the following biological agents carries the highest potential for use as a biological weapon for microbial bioterrorism? *(AJ 11)*
a) Plague (Yersinia Pestis)
b) Small Pox (Variola Major)
c) Botulism(Cl.Botulinum)
d) Brucellosis (Brucella sp)

1271. Zoonotic disease is/are transmitted by-*(PGIMay 10)*
a) Ticks b) Rat flea
c) Sandfly d) Mosquito
e) Mite

1272. Black death - *(NEET/DNB Pattern)*
a) Plague b) Dengue
c) TB d) Cholera

1273. Concentration of sodium in mMol/L in low osmolar ORSis? *(DNB Dec 2011)*
a) 45 b) 75
c) 90 d) 60

1274. ORS should be discarded after? *(DNB Dec 2011)*
a) 54 hours b) 6 hours
c) 12 hours d) 24 hours

1275. Generation time for leprosy bacillus is? *(DNB Dec 2011)*
a) 8-10 days b) 10-12 days
c) 12-15 days d) 15-20 days

1276. Japanese encephalitis is caused by?*(DNB June 2011)*
a) Culex b) Aedes
c) Mansonia d) Anopheles

1277. Prevalence of leprosy in India per 10,000 is?
a) >1 b) 0.88 *(DNB June 2011)*
c) 0.71 d) 0.69

1278. Who is regarded as father of public health?
a) Louis pasture b) Cholera *(DNB June 2011)*
c) John snow d) Robert Koch

1279. Eight site rabies vaccine schedule is? *(DNB June 2011)*
a) 0,3,7,14,28 b) 8-0-0-4-1-1
c) 8-0-4-0-1-1 d)8-0-4-0-l-l

1280. Tuberculin positive means? *(DNB June 2011)*
a) Immunodeficient patient
b) Resistance to tuberculin protein
c) Patient is infected with mycobacterium
d) Patient is suffering from disease

1281. To prevent Yellow Fever Aedes aegypti index should be less than? *(DNB Dec 2010)*
a) 0.5% b) 1%
c) 2% d) 5 %

1282. Yellow Fever certificate of vaccination is valid for? *(DNB Dec 2010)*
a) 6 years, starting from 6 days after vaccination
b) 10 years, starting from 10 days after vaccination
c) 10 years, starting from 6 days after vaccination
d) 6 years, starting from 10 days after vaccination

1283. In a town with population of100,000, the number of slides examined is 5000. Out of these, 100 slides were positive for malaria. The API *is?(DNB Dec 2010)*
a) 2 b)5
c) 1 d)0.5

1284. Japanese encephalitis is transmitted by?
a) Culex b) Aedes *(DNB Dec 2010)*
c) Anopheles d) Hard tick

1285. Pig in H1N1 influenza acts as? *(DNB Dec 2010)*
a) Carrier b) Amplifying host
c) Reservoir d) Vector

1286. Which of the folloiwng statements is false regarding Japanese Encephalitis - *(DNB June 2010)*
a) Transmitted by culex mosquitoes
b) Water tanks serve as breeding sites
c) Pigs are amplifers
d) Two dose of vaccine

1287. Rat is associated with? *(DNB June 2010)*
a) Leptospirosis b) Measels
c) Tetanus d) Influenza

1288. Incubation period of Mumps - *(DNB June 2010)*
a) 4-5 days b) 7-15 days
c) 12-24 days d) 50 days

1289. All are zoonotic disease except- *(DNB June 2010)*
a) Brucellosis b) Leptospirosis
c) Scabies d) Rabies

1290. Which one of the following ricketsial diseases is transmmited by mite - *(DNB June 2010)*
a) Murine typhus
b) Rockey mountain spotted fever
c) Q-fever
d) Endemic typhus

1265) a 1266)c,d,e 1267)a 1268)d 1269)d 1270)a 1271)A11 1272)a 1273)b 1274)d 1275)c 1276)a 1277)c
1278)b 1279)c 1280)c 1281)b 1282)b 1283)c 1284)a 1285)c 1286)d 1287)a 1288)c 1289)c 1290)b

1291. Regarding poliovirus responsible for poliomyelitis all are true EXCEPT - *(DNB June 2010)*
a) Type 3 is most common in India
b) Type 1 is most common in India
c) Type 1 is responsible for most epidemics
d) Type 2 is eradicated worldwide

1292. Tonsillectomy and EM injections should be avoided during polio epidemic because - *(DNB June 2010)*
a) It is painful
b) It may lead to high grade fever
c) Risk of paralytic poliomyelitis increases
d) Risk of septicaemia

1293. True about polio vaccination is all EXCEPT -
a) Follow up of AFP for 3 0 days *(DNB June 2010)*
b) Salk contains three types of polio virus
c) Pulse polio doses are extra and supplemental
d) Oral polio vaccine provides intestinal immunity also

1294. Rabies vaccine for pre exposure prophylaxis is given at? *(DNB June 2010)*
a) 0, 3, 7 days b) 0,3,7,14 days
c) 0,3,7,14,30 days d)0,7,28 days

1295. Chandler's index is used for- *(DNB June 2010)*
a) Ankylostoma duodenale
b) Ascaris lumbricoides
c) Strongyloides
d) Trichuris trichiura

1296. Rickettsial pox is caused by? *(DNB Dec 09)*
a) Rickettsia ricketsiae b) Rickettsia akari
c) R. typhi d) Rickettsia coonri

1297. Endemic typhus is transmitted by? *(DNB Dec 09)*
a) Flea b)Tick
c) Mite d) Mosquito

1298. With reference to lepromin test, which one of the following statements is correct ? *(DNB Dec 09)*
a) Lepromin test is strongly positive in tuberculoid leprosy
b) It is not affected by BCG vaccine
c) It can be used as a diagnostic test
d) Its interpretation is done within 24 hours

1299. Which of the following factors helped in smallpox eradication ? *(DNB Dec 09)*
a) Short incubation period of disease
b) Slow evolution of rashes over body
c) Long-term carrier stages in patients
d) Life-long immunity after disease

1300. Infective diarrhea is caused by all except -
a) Rotavirus b)Calcivirus *(DNB Dec 09)*
c) Flavivirus d) Eterovirus

1301. In the case of dogbite the biting animal should be observed for at least - *(DNB Dec 09)*
a) 5 days b) 10 days
c) 15 days d) 3 weeks

1302. Prophylaxis of meningococcal meningitis is?
a) Ciprofloxacin b) Rifampicin *(DNB Dec 09)*
c) Penicillin d)Gentamycin

1303. All are zoonoses except - *(DNBDec 09)*
a) Typhoid b) Brucellosis
c) Q fever d) Plague

1304. A case of acute flaccid paralysis must be observed for how many days for residual weakness -
a) 30 days b) 42 days *(DNB Dec 09)*
c) 60 days d) 90 days

1305. Sputum positive TB is? *(DNB June 09)*
a) 1 out of 2 sputum sample +ve
b) 2 out of 3 sputum sample +ve
c) BECTEC+ve
d) None

1306. Under the revised National Tuberculosis Control Programme, schedule of treatment for category I patients is - *(DNB June 09)*
a) 2 $(HRZE)_3$ + 4 $(HR)_3$
b) 2 $(HRZE)_3$ + 4 $(HRE)_3$
c) 2 $(HRZES)_3$ + 1 $(HRZE)_3$ + 5 $(HRE)_3$
d) 2$(HRZ)_3$ + 4$(HR)_3$

1307. Which of the following about the composition of new ORS is wrong? *(DNB June 09)*
a) NaCl-2.6 grams/litre
b) KC1 -1.5 grams/litre
c) Glucose -13.5 grams/litre
d) Total osmolarity - 300 mmol/1

1308. Pulse Polio immunization was introduced in -
a) 1995 b) 2000 *(DNB June09)*
c) 1999 d)2001

1309. In multibacillary leprosy, the follow-up examination after adquate Rx should be done early for -
a) 3 years b) 5 years *(DNB Dec 08)*
c) 10 years d) 2 years

1310. Afull course of immunization against, Tetanus with 3 doses of Tetanus toxoid, confers immunity for how many years - *(DNB Dec 08)*
a) 5 b) 10
c) 15 d)20

1311. To achieve neonatal tetanus elimination, incidence of neonatal tetanus per 1000 live births should be reduced to less than - *(DNB Dec 08)*
a) 0.1 b)0.2
c) 0.5 d) 1.0

1312. Which is true of typhoid - *(DNB Dec 08)*
a) Female carriers axe less common
b) Male carriers though less are more dangerous
c) Gall bladder usually not involved in carrier state
d) Tetracycline is the DOC for carriers

1313. Chandler's index is used for - *(DNBDec 08)*
a) Ankylostoma duodenale
b) Ascaris lumbricoides
c) Strongyloides
d) Trichuris trichiura

1291)a 1292) c 1293)a 1294)d 1295)a 1296)b 1297)a 1298)a 1299)d 1300)c 1301)b 1302)b 1303)a 1304)c
1305) a 1306) a 1307)d 1308)a 1309)b 1310)a 1311)a 1312)b 1313)a

1314. As per WHO, leprosy is a public health problem if prevalence is - *(DNB Dec 08)*
a) 0.1% b)0.01%
c) 0.5% d) 1%

1315. Incubation period of plasmodium vivax is-
a) 5-7 days b) 7-10 days *(DNB June 08)*
c) 10-14 days d) 15-30 days

1316. Leprosy commonly spreads by - *(DNB June 08)*
a) Milk b) Droplet
c) Water d) Mosquitoes

1317. Rabies free country is - *(DNB June 08)*
a) USA b) Russia
c) Australia d) France

1318. Yellow fever is absent in India because -
a) Climatic conditions are not favourable
b) Virus is not present *(DNB June 08)*
c) Vector mosquito is absent
d) Population is immune

1319. To eradicate measles the percentage of population to be caccinated is at least_____ %-
a) 70 b) 80 *(DNB June08)*
c) 85 d) 95

1320. Scrub typhus is transmitted by- *(DNB June 08)*
a) Flea b) Mite
c) Tick d) Mosquito

1321. Targeted intervention for HIV is done for all except- *(DNB June 08)*
a) Commercial sex worker
b) Migrant laborers
c) Street children
d) Industrial worker

1322. All of the following are characteristics of the chicken pox rash except - *(DNB Dec 07)*
a) Rash occurs in crops
b) Pleomorphism is present
c) Is centripetal in distribution
d) Scab are infectious

1323. Measles epidemic can be anticipated when proportion of suceptible children in a community reaches - *(DNB Dec 07)*
a) 20% b) 40%
c) 60% d) 80%

1324. Which is not a zoonotic disease - *(DNB Dec 07)*
a) Giardia b) Leptospirosis
c) Brucellosis d) Rabies

1325. Example for "AMPLIFIER HOST" - *(DNB Dec 07)*
a) PiginJE
b) Dog in hydatid disease
c) Cattle in mad cow disease
d) Rat in plague

1326. Yellow fever vaccination starts protection after how many days of injection - *(DNB Dec 07)*
a) 5 days b) 10 days
c) 15 days d) 20 days

1327. Which one of the following diseases has the shortest incubation period - *(DNB Dec 07)*
a) Salmonella food poisoning
b) Staphylococcus food poisoning
c) Cholera
d) Diphtheria

1328. The most appropriate test to assess the prevalence of tuberculosis infection in a community is -
a) Mass miniature radiotherapy *(DNB June 07)*
b) Sputum examination
c) Tuberculin test
d) Clinical examination

1329. The most predominant type of polio virus during epidemics is - *(DNB June 0 7)*
a) Type I b) Type II
c) Type III d) Combined infection of II & III

1330. Last case of small pox came from - *(AIIHPH2001)*
a) Somalia b) Ethiopia
c) India d) Bangladesh

1331. Which of the following factors helped in smallpox eradication ? *(Delhi PG Mar. 09)*
a) Short incubation period of disease
b) Slow evolution of rashes over body
c) Long-term carrier stages in patients
d) Life-long immunity after disease

1332. If a mother has had measles, her newborn baby is immune to this disease for - *(Delhi PG Feb. 09)*
a) 4 to 6 months b) 6 to 12 months
c) 1 to 3 years d) 3 to 6 years

1333. Infective diarrhoea is caused by- *(TN 97)*
a) Rotavirus b)Calcivirus
c) Flavivirus d) Enterovirus

1334. The drug used by health workers in the management of acute respiratory infection - *(KARN 99)*
a) Cotrimoxazole b) Chloramphenicol
c) Benzyl penicillin d)Gentamycin

1335. Isolation is not needed for measles due to -
a) There are healthy carriers *(Jipmer 95)*
b) Carriers are convalascents
c) The infectivity in diseased is low
d) There are incubatory carriers

1336. Incubation period of measles is - *(MAHE 07)*
a) 1 -2 months b) 10-14 days
c) 20-22 days d) 1-2 days

1337. What is the period of infectivity in measles ? *(UPSC-I08)*
a) From 7 days before to 7 days after the rash
b) From 3 days before to 5 days after the rash
c) From 9 days before to 12 days after the rash
d) From 5 days before to 9 days after the rash

1338. Koplik spots is a feature of - *(Corned 07)*
a) Rubella b) Meseals
c) Tetanus d) Mumps

1314) b 1315) c 1316) b 1317)c 1318)b 1319)d 1320)b 1321)d 1322)d 1323)b 1324)a 1325)a 1326)b 1327)b
1328) c 1329) a 1330)a 1331)d 1332)a 1333)a,b,d 1334)a 1335)d 1336)b 1337)b 1338)b

1339. In an area not covered by measles immunization, the attack rate of measles is - *(UPSC 04)*
a) 70% b) 80%
c) 90% d) 100%

1340. A child was immunized at 6 months of age because of epidemic of measles. Now next step would be -
a) Administer vaccine as soon as he completes 9 months *(PGMCET07)*
b) Administer vaccine after 4 weeks
c) Administer along with DPT
d) Nothing to be done

1341. Measles vaccine at a primary health centre should be stored at which temperature ? *(UPSC-108,2K)*
a) -20°C
b) 0°C
c) +2°C to 8°C
d) Any temperature not exceeding room temperature

1342. Effficiency of measles vaccine - *(Jipmer 02)*
a) 55% b) 75%
c) 85% d) 100%

1343. True about measles vaccine is that it is - *(Amu 95)*
a) Thermolabile b) Thermostable
c) Both d)None

1344. If rubella occurs in 9-10 weeks of pregnancy what is the chance of transmission to the fetus-
a) 10% b) 20% *(JIPMER 99)*
c) 30% d)40%

1345. Rubella vaccination is contraindicated in all except-
a) Patient on immunosuppressant *(JIPMER 02)*
b) Girl with Leukemia
c) Girls between 11-14 years
d) Pregnancy

1346. The most infectious variety of diptheria is -
a) Anterior nasal diptheria *(UPSC2K)*
b) Posterior nasal diptheria
c) Faucial diptheria
d) Laryngeal dipiheria

1347. Which of the following statements is true regarding pertussis - *(MAHE05)*
a) Neurological complication rate of DPT is 1 in 50000
b) Vaccine efficacy is more than 95%
c) Erythromycin prevents spread of disease between children
d) The degree of polymorphonuclear leukocytosis correlates with the severity of cough

1348. Maternal antibodies do not occur for? *(DPG 11)*
a) Polio b) Diphtheria
c) Whooping cough d) Tetanus

1349. 3 year old sister of a neonate is suffering from pertussis, which has been documented by isolation and culture of the organism. Most appropriate statement regarding this clinical situation is -
a) If mother received pertussis vaccine, the neonate is protected *(MAHE 98)*
b) Hyperimmune globulin is indicated for the neonate
c) Erythromycin prophylaxis is indicated in the neonate
d) DPT vaccine is recommended for the elder child

1350. With reference to meningococcal meningitis, which one of the following statement is not correct- *(UPSC 07)*
a) Fatality in untreated cases is 60 percent
b) Disease spreads mainly by droplet infection
c) Treatment of cases has no significant effect on epidemiological pattern of disease
d) Mass chemoprophylaxis causes immediate drop in the incidence rate of cases

1351. Most indicative sign of pneumonia in one year old child with cough and fever is - *(JIPMER 95)*
a) Intercostal retracion and fever
b) Grunting and resp. rate more than 60
c) Temperature 39.5° and 60 resp. rate
d) None of the above

1352. A 2-years old female was brought to PHC with a history of cough & fever for 4 days with inability to drink for last 12 hours. On examination, the child was having weight of 5 kg and respiratory rate of 45/ minutes with fever. The child will be classified as suffering from - *(MH11)*
a) Very severe disease b) Severe Pneunonia
c) Pneumonia d) No Pneumonia

1353. A 'Case' in TB is defined as - *(DelhiPGFeb. 09)*
a) X-ray positive
b) Culture positive
c) SputumAFB positive
d) Tuberculosis positive

1354. Under the revised National Tuberculosis Control Programme, schedule of treatment for category I patients is - *(UPSC 04)*
a) 2 $(HRZE)_3$+4 $(HR)_3$
b) 2 $(HRZE)_3$ + 4 $(HRE)_3$
c) 2 $(HRZES)_3$ + 1 $(HRZE)_3$ + 5 $(HRE)_3$
d) 2 $(HRZ)_3$ + 4 $(HR)_3$

1355. Minimum TB Resistance is seen with which drug- *(Jharkand 03)*
a) Isoniazid b)Rifampicin
c) Streptomycin d)None

1356. In India, maximum cases ofTuberculosis in AIDS patient are due to- *(Bihar 03)*
a) M. tuberculosis b) M. avium Intracellular
c) M. Serofulaceum d) M. akari

1357. If after 2 months of conventional antituberculous therapy, sputum smear examination is negative but culture is positive, it indicates - *(APPGE 05)*
a) Treatment failure
b) Transitional resistance
c) Resistant tuberculosis
d) Category-II failure

1339) c 1340) a 1341)c 1342)None 1343)c 1344)None 1345)c 1346)a 1347)c 1348)c 1349)c 1350)a 1351)c 1352) a 1353) c 1354)a 1355)c 1356)a 1357)b

1358. Sputum positivity in T.B. is - *(Jipmer 05)*
a) More sensitive than specific
b) More specific than sensitive
c) More sensitive as well as specific
d) Non sensitive or specific

1359. "DOTS indicates - *(Karnataka - PG MEE 2006)*
a) Short term treatment under supervision
b) Short term treatment without
c) Long term treatment with supervision
d) Long term treatment without supervision

1360. TB pericarditis would be included in which category ofRNTCP- *(PGMCET07)*
a) Category I b) Category II
c) Category III d) Category IV

1361. A patient with tubercular pleural effusion falls under category of WHO grading of TB -
a) I b) II *(Corned07)*
c) m d)IV

1362. If a new sputum smear positive patient of tuberculosis continues to he smear positive at the end of intensive phase of category I treatment under DOTS, further management of this patient would be to- *(UPSC 07)*
a) Start category I treatment again
b) Treathim as failure and start category II treatment under DOTS
c) Continue the intensive phase or treatment for one more month
d) Start continuation phase under category I

1363. A person with tuberculosis on domiciliary treatment is expected to do all, except? *(DPG11)*
a) Dispose sputum safely
b) Use separate vessels
c) Collect drugs regularly
d) Report to PHC if new symptoms arise

1364. Under DOTS chemotherapy, which one of the following is not a correct dose for an adult weighing up to 60 kg - *(UPSC 07)*
a) Rifampicin 600 mg b) Isoniazid 600 mg
c) Pyrazinamide 1500 mg d) Ethambutol 1200 mg

1365. What is the standard dose of PPD for Mantoux test- *(Corned 07)*
a) 5TU b) 10TU
c) 15TU d)20TU

1366. Tonsillectomy and IM injections should be avoided during polio epidemic because - *(UPSC 2002)*
a) It is painful
b) It may lead to high grade fever
c) Risk of paralytic poliomyelitis increases
d) Risk of septicaemia

1367. Pulse polio in India is given - *(CUPGEE99)*
a) Below5yrs. b)Below4yrs.
c) Below 1 yrs. d) None

1368. Pulse polio immunisation is done in India in Dec-Jan because of - *(AMC 99)*
a) Administrative convenience
b) Easiness of maintaining cold chain
c) As a tradition
d) All of the above
e) None of the above

1369. The Pulse Polio Immunization (PPI) was first launched in India in the year - *(Corned 09)*
a) 1995 b) 1996
c) 1999 d) 2000

1370. The most predominant type of polio virus during epidemics is- *(Orissa 98)*
a) Type I b) TypeII
c) Type III d) Combined infection of II & III

1371. Which of the following is a characteristic of poliomyelitis- *(ICS 05)*
a) Initial febrile illness followed by development of asymmetrical paralysis
b) Symmetrical muscle weakness with frequent paraesthesia but normal reflexes
c) Ascending motor paralysis with preservation of reflexes and sensation
d) Pain in the affected limb with sensorimotor deficit

1372. A country is certified for Polio eradication, if there is no virologically confirmed diagnosed case of polio for the last-------years - *(MAHE 05)*
a) 1 b)2
c) 3 d)5

1373. Which one of the following statements is incorrect with regards to pulse polio immunization programme?
a) PPI aims at eradication of poliomyemilitis in India
b) Wild virus is replaced by vaccine virus
c) PPI aims at single dose administration of OIPV on a single day *(Karnataka - PG MEE 06)*
d) It can be extended to even previously fully immunized children of 0-5 years of age group

1374. Which of the following is not true about sabin vaccine? *(MH11)*
a) Three doses are given in primary immunization
b) The doses are given at 4-6 weeks interval
c) Given intramuscularly
d) Contains all the 3 strains

1375. All are true regarding Acute flaccid paralysis in National polio Eradication programme except- *(UP 08)*
a) Acute flaccid paralysis in a child < 15 years ofage
b) All cases of AFP should be reported irrespective of diagnosis within 6 months of onset stool
c) T Two specimens collected within 14 days of paralysis onset and at least 24 hours apart
d) 30 days follow up examination

1376. Most common cause of epidemic of infective hepatitis is- *(Orissa R)*
a) HAV b)HBV
c) HCV d)HEV

1358) b 1359) a 1360)a 1361)a,c 1362)c 1363)b 1364)a 1365)a 1366)c 1367)a 1368)a 1369)a 1370)a 1371)a 1372)d 1373) c 1374)c 1375)d 1376)d

1377. A contact carrier in cholera has the following characteristic - *(Karnataka 02)*
a) Gall bladder is infected
b) Stools are not positive for cholera vibrio
c) Does not play any role in spread of infection
d) Duration of carrier state is less than 10 days

1378. ORS contains how much potassium - *(SGPGI05, A192)*
a) 20 b)30
c) 40 d) 10

1379. A freshly prepared oral rehydration solution should not be used after - *(COMEDK 05)*
a) 4hrs b)6hrs
c) 12hrs d)24hrs

1380. Amount of ORS to be given in the first 4 hours to a child with some dehydration is - *(Corned 09)*
a) 50 ml/kg body wt b) 75 ml/kg body wt
c) 100 ml/kg body wt d) 200 ml/kg body wt

1381. Which of the following carriers recieved source of infection from other carriers is called - *(UP 07)*
a) Incubatory carrier b) Convulescent carrier
c) Healthy carrier d) Chronic carrier

1382. Duration of immunity after typhoid vaccination is for - *(St. Johns 02)*
a) 3 years b) 5 years
c) 7 years d) 6 months

1383. Typhoid vaccine efficacy is- *(CMC-Vellore)*
a) 85% b) 50%
c) 95% d) 100%

1384. Case fatality rate of typhoid is - *(AIIHPH 2K)*
a) 10% b)20%
c) 30% d) 40%

1385. The most practical way of treating typoid carrier is - *(St **Johns** 02)*
a) Cholecystectomy b) Chemotherapy
c) Vaccination d) Isolation

1386. Time required for development of parasite from the gametocyte to sporozite stage in mosquito is called as- *(Corned08, UPSC09)*
a) Extrinsic incubation period
b) Intrinsic incubation period
c) Generation time
d) Median incubation period

1387. Urban malaria is spread by - *(AIIMS 97, KARN 94)*
a) Anopheles stephensi
b) Anopheles culcifacies
c) Culex fatigans
d) Mansonides

1388. Annual blood smear examination rate is an indicator of- *(JIPMER 98)*
a) Disease rate (Prevalence)
b) Operational efficiency
c) % of transmission of malaria
d) Infectivity rate

1389. Which one of the following is an indicator of operational efficiency for Malaria Control Programme in India - *(UPSC-II08; UPSC 07)*
a) API (Annual Parasite Incidence)
b) ABER (Annual Blood Examination Rate)
c) AFI (Annual Falciparum Incidence)
d) SPR (Slide Positively Rate)

1390. Most sensitive indicator of recent transmission of malaria of- *(MH11)*
a) Infant parasite rate b) ABER
c) Spleen rate d) Annual parasite index

1391. Which of the following is not monitored in malaria surveillence now - *(JIPMER 2K)*
a) ABER
b) Infant parasite rate
c) Annual parasite incidence
d) Slide positivity rate

1392. In a community with one lakh population, 20,000 slides were examined in a particular year. Out of these, 100 were positive for malarial parasite. What is the Annual Parasite Incidence (API) in this community ? *(UPSC-II 09)*
a) 5 b)2
c) 1 d)0.5

1393. For radical treatment of malaria, primaquine is given in dosage of - *(DPGEE 08)*
a) 15 mg per day for 3 days
b) 10 mg per day for 7 days
c) 15 mg per day for 5 days
d) 5 mg per day for 10 days

1394. Incubation period for filariasis is - *(TN03)*
a) 1 - 8 months b) 8 -16 months
c) 16-24 months d)> 24 months

1395. Which is not a zoonotic diseage - *(U.P 96)*
a) Giardia b)Leptospirosis
c) Brucellosis d) Rabies

1396. In human dioploid cells rabies vaccine the schedule of immunisation is - *(AI98, 96, UPSC 07)*
a) 0,3,4,14,30,0b) 0,5,14,30,900
c) 0,3,7,14,30,90 d) 0,37,14,30,70

1397. In the Rabies vaccine schedule of 0,3,7,14,30,90, 0 means- *(ALLHPH 2001)*
a) Day of dog bite
b) Day of first injection
c) Day of symptom onset
d) Day of dog death

1398. Which ARV has been recommended by WHO as the most effective - *(TN 95)*
a) Duck cell vaccine
b) Chick fibroblast vaccine
c) HDCV
d) Sheep brain vaccine

1399. In the case of dogbite the biting animal should be observed for at least - *(KARN. 96)*
a) 5 days b) 10 days
c) 15 days d) 3 weeks

1377) d 1378) a 1379)d 1380)b 1381)None 1382)a 1383)a 1384)None 1385)b 1386)a 1387)b 1388)b 1389)b 1390) a 1391) b 1392)c 1393)c 1394)b 1395)a 1396)c 1397)b 1398)b 1399)b

1400. Usual time for symptoms to appear in Rabid animal-
a) 2 days b) 7 days *(Manipal 04)*
c) 10 days d) 1 month

1401. Anti rabies vaccine is prepared from - *(COMED 06, UPSC 01)*
a) Wild vims b) Live attenuated vims
c) Street vims d) Fixed vims

1402. A patients present with dogs bite in the palm, fingers and oozing of blood on the neck regions, belongs to which class of the exposures - *(UP 08)*
a) Class I b) Class II
c) Class III d)None

1403. 17 D vaccine is used for the prevention and control of- *(Corned 09)*
a) Yellow fever
b) Japanese encephalitis
c) Haemorrhagic fever
d) Dengue

1404. The breeding ground for the vectors of Japanese B virus is - *(UPSC 04)*
a) Paddy field b) Mixed garbage
c) Cooler water d) Stale food

1405. All are true about J.E. except - *(MP 97)*
a) Transmitted by culex mosquito
b) Death occur in 9 days
c) Mortality 80 to 90%
d) Prodromal symptoms at 9th day

1406. Agent in KFD - *(MAHE 05; Kerala 94)*
a) Soft tick b) Hard tick
c) Louse d) Bug

1407. Dengue haemorrhagic fever is diagnosed by- *(Delhi PG Feb. 09)*
a) Acute onset of high fever, presence of petechiae, epistaxis and platelet count > 2 lakh
b) Acute onset of high fever, positive toumiquest test, epistaxis or malena and malena and platelet count >1.5 lakh
c) Acute onset of high fever 2 to 7 days, associated with hemorrhagic manifestation e.g. hemoptysis and platelet count less than 1.5 lakh
d) Acute onset of high fever, positive tourniquet test, bleeding gum and platelet count less than 1.0 lakh

1408. In an epidemic of plague, within 48 hours of application of insecticides by spraying the 'X' cheopis index should fall to - *(Delhi 96)*
a) 1 b)0
c) 2 d)5

1409. In total flea index true is - *(MP 98)*
a) Average all Xenopsella cheopis per rat
b) Average number of all fleas of all species per rat
c) Average number of all fleas in a burrow
d) Average number of all fleas in all species of rats to per burrow

1410. What is the average number of fleas of each species per rodent called - *(UPSC 0 7)*
a) General Flea index
b) Specific Flea index
c) Incidence of Flea Species
d) Flea infestation Rate

1411. Most contagious plague is - *(TN 03)*
a) Bubonic plague b) Septicemic plague
c) Pneumonic plague d) Wild plague

1412. Which one of the following ricketsial diseases is transmmited by louse - *(KERALA 95)*
a) Murine typhus
b) Rockey mountain spotted fever
c) Q- fever
d) Endemic typhus

1413. Which of the following is not transmitted by Arthropod- *(PGMCET07)*
a) Q fever
b) Rickettsial pox
c) Rocky mountain spotted fever
d) Relapsing fever

1414. Best preventive measure against tetanus neonatorum - *(Jipmer 95)*
a) Active immunization of mother
b) Passive immunization of child
c) Active immunization of child
d) Passive immunization of mother

1415. The active immunity offered by Tetanus toxoid is effective in nearly - *(HP 2006)*
a) 25% b) 50%
c) 75% d) 100% of the patients

1416. Booster dose of Tetanus toxoid should be given every?
a) 1 year b) 5 year *(MH11)*
c) 10 year d) 15 year

1417. Which one of the following is/are used as operational indicators in antileprosy activity -
a) Incidence *(UPSC 02)*
b) Incidence and prevalence
c) Relapse rate and case detection ratio
d) Incidence case detection ratio

1418. The multidrug regimen under the National Leprosy Eradication Programme for the treatment of all multibacillary leprosy would include - *(UPSC97)*
a) Clofazimine, thiacetazone and dapsone
b) Clofazimine, rifampicin and dapsone
c) Ethionamide, rifampicin and dapsone
d) Propionamide, rifampicin and dapsone

1419. True about "ROM therapy" is - *(MAHE 05)*
a) For single lesion b) Minocycline is used
c) Single dose is given d) All the above

1420. Adequate treatment for multibacillary leprosy is for-
a) 2 years b) 5 years *(MAHE 05)*
c) 10 years d) 7 years

1400) c 1401) d1402) c 1403)a 1404)a 1405)c 1406)b>a 1407)d 1408)b 1409)b 1410)b 1411)c 1412)None
1413) a 1414) a 1415)d 1416) b 1417)c 1418)b 1419) d 1420)None

1421. WHO recommended modern single drug therapy in paucibacillary leprosy is - *(UP 07)*
a) Rifampicin, clofazimine, Dapsone
b) Rifampicin, Dapsone
c) Rifampicin, clofazimine
d) Clofazimine, Dapsone

1422. In lepromatous leprosy the single drug dapsone is continue for - *(UP 08)*
a) 9 days b) 90 days
c) 1 years d) 10 years

1423. Which one of the following statements about leprosy is true? *(UPSC 04)*
a) Group surveys for case detection are carried out when prevalence of leprosy is less than 1 per 1000
b) For determining the bacteriological index, ++ in a smear indicates 2 bacilli in every field
c) Minimum duration of treatment for paucibacillary cases is for 9 months
d) Minimum duration of treatment for multibacillary case is for 12 months

1424. Earliest sensation to be lost in Hansens disease is -
a) Pain b) Touch *(DPG03)*
c) Vibration d) Temperature

1425. Which is a noveneral form of treponemal infection-
a) Yaws b)Pinta *(IN95)*
c) Syphilis d)GV

1426. Which of the following is an example of a non venereal disease - *(CUPGEE 96)*
a) Endemic syphilis b) Gonorrhoea
c) Chancroid d)LGV

1427. Commonest trophozoite infection by sexual intercourse - *(Orissa 99)*
a) Entamoeba histolytica
b) Trichomonas vaginalis
c) Trepanomapalidium
d) Giardia intestinales

1428. The highest number of AIDS cases in India have occurred in the age group of - *(Karnat 05)*
a) 0.14 years b) 15-29 years
c) 30-44 years d) Above 45 years

1429. In the heterosexual transmission (from infective to non infective partner) of Human Immuno-deficiency Virus infection (HIV) - *(Karnataka 03, NIMS 96)*
a) There is a greater risk of transmission from man to a woman
b) There is greater risk of transmission from woman to man
c) Risk is equal either ways
d) HIV infection is not transmission by heterosexual act

1430. All are major criteria for AIDS except - *(AP 96)*
a) 10% weight loss b) Diarrhoea for 1 month
c) Cough for 1 month d) Fever for 1 month

1431. Mortality for AIDS - *(Orissa R)*
a) 50% b) 90%
c) 90% d) 100%

1432. In STD cases, a patient is asked to name other persons is his socio sexual group, then they are investigated. This is a example of - *(PGMCET 0 7)*
a) Screening b) Contact tracing
c) Mass screening d) High risk screening

1433. Chandlers index is 225. What is the interpretation-
a) Potential danger to community *(UPSC 02)*
b) No danger
c) Minor public health problem
d) Major public health problem

1434. The most important reservoir of Leishmaniasis in India is - *(JIPMER 2002)*
a) Dogs
b) Rodents
c) Case of acute visceral leishmaniasis
d) Case of postkalazar dermal leishmaniasis

1435. Not true about Kala-Azar is-*(UPSC 91, Delhi 89, 86)*
a) Sandfly is the vector
b) Man is the only reservoir in India
c) Aldehyde test is diagnostic
d) Man has flagellar stage of organism

1436. Which one of the following is a characeristic of epidemiology of leishmaniasis in India - *(DPG 03)*
a) It does no occur at high altitudes
b) Incubation period is 3-8 days
c) Females are more affected
d) It is not a fatal disease

1437. Which viral infection always causes clinical disease in human beingss - *(Kerala 96)*
a) Rubella b) Poliomyelitis
c) Measles d) Chicken pox
e) Rabies

1438. The main vector of Dengue fever is - *(Karn 11)*
a) Aedes aegypti b) Aedes albopictus
c) Aedes polynesiensis d) Aedes scutellaris

1439. Dengue virus appears to have a direct man-mosquito-man cycle in India. The mechanism of dengue virus survival in the inter-epidemic period is - *(DPG 11)*
a) Non-human reservoir
b) Dormant or latent phase in man
c) Transovarian transmission of the virus
d) Poor housekeeping by the public

1440. The mass treatment of trachoma is undertaken if the prevalence in community is - *(DELHI96)*
a) 3% b) 10%
c) 5% d) 6%

1441. Maternal antibodies do not occur for -*(ALLHBH 01)*
a) Polio b)Diptheria
c) Whooping cough d) Tetanus

1442. Mass treatment strategy is for treating-*(Jipmer 03)*
a) Plague b)Filariasis
c) Cholera d) Diphtheria

1443. White disease is synonymous with - *(PGI88)*
a) T.B. b)AIDS
c) Syphilis d) Herpes

1421)b 1422) c 1423)d 1424)b 1425)a,b 1426) a 1427) b 1428)c 1429)a 1430)c 1431)d 1432)b 1433)a 1434)c 1435) c,d 1436) a 1437) c 1438)a 1439)c 1440)c 1441)c 1442)b 1443)b

1444. AIDS was first detected in India in the year -
a) 1975 b) 1981 *(Kamat99)*
c) 1986 d) 1991

1445. The earliest case of severe acute respiratory syndrome (SARS) was reported in - *(Corned 07)*
a) China b) Singapore
c) Vietnam d) Toronto

1446. With statement to the epidemiology of severe Acute Respiratory syndrome (SARS), which one of the following statements is not correct -
a) Patient is most infectious during the first five days of illness *(UPSC 07)*
b) No evidence of mother to child transmission is observed
c) Children are rarely affected
d) No evidence of child to child transmission is observed

1447. Which of the following actions can help in the prevention of HIV transmission ? *(Delhi PG Mar. 09)*
a) Use of copper T by sex workers
b) Using safe injection techniques
c) Avoidance of smoking by drivers
d) Prohibiting voluntary blood donation

NON-COMMUNICABLE DISEASES

1448. The preferred public health approach to control non-communicable diseases is - *(AIIMS Nov 02)*
a) Shift the population curve of risk factors by a population based approach.
b) Focus on high risk individuals for reduction of risk
c) Early diagnosis and treatment of identified cases.
d) Individual disease based vertical programmes

1449. Recommended interventions to reduce the incidence of Coronary artery disease include the following except- *(AI11)*
a) Dietary cholesterol < 100/mg/1000 kcal/day
b) Salt intake < 5 gm
c) No alcohol
d) Fat intake < 10% of total energy

1450. The commonest cause of death in the sophisticated world- *(IN 98)*
a) Ischemic heart disease b) Accidents
c) Infectious disease d) None of the above

1451. Following facts true stand for coronary heart disease in India, except - *(AI 99)*
a) CHD presents a decade later than in western countries
b) Diabetes mellitus is the commonest cause
c) More common in males than females
d) Heavy smoking is an etiological factor

1452. All of the following are the well established modifiable risk factors of coronary heart disease except- *(UPSC)*
a) Cigarette smoking
b) Drinking beverages
c) High blood pressure
d) Elevated serum cholesterol

1453. Which one of the following statements about influence of smoking on risk of coronary heart disease (CHD) is not true ? *(AI 05)*
a) Influence of smoking is independent of the risk factors for CHD
b) Influence of smoking is only additive to other risk factors for CHD
c) Influence of smoking is synergistic to other risk factors for CHD
d) Influence of smoking is directly related to number of cigarettes smoked per day.

1454. Which one of the following sets of components of cigarette smoke is a casual agent of coronary artery disease - *(UPSC 99)*
a) Tar and nicotine
b) Nicotine and carbon monoxide and tar
c) Corbon monooxide and Tar
d) Carbon dioxide

1455. Which of the following is most strongly associated with coronary heart disease ? *(AI 06)*
a) Apolipoproteins b)VLDL
c) HDL d) Totallipoproteins

1456. Which of the following is maximally associated with heart disease - *(AIIMS Nov -10)*
a) HDL b)VLDL
c) LDL d) Chylomicrons

1457. Dietary changes advocated by WHO for prevention of heart diseases include all of the following except-
a) A decrease in complex carbohydrateconsumption
b) Reduction in fat intake to 20-30 precent of caloric intake *(AI 04)*
c) Consumption of saturated fats be limited to less than 10% of total energ y intake
d) Reduction of cholesterol to below lOOmg per 1000 kcl per day

1458. Primary prevention in coronary heart diseases -
a) Exercise in high risk area *(PGIDec 07)*
b) BP monitoring
c) Salt restriction
d) Statins
e) TMT

1459. Primordial prevention in myocardial infarction are all except- *(All India 97)*
a) Maintenance of normal body weight
b) Change in life style
c) Change in Nutritional habits
d) Screening for hypertension

1460. TVue about Cardiovascular diseases (CVD) -
a) Urban and rural areas have equal incidence
b) RHD is an important cause of CVD *(PGI May 10)*
c) Primordial prevention is best strategy
d) Coronary heart disease cause 25% of total death

1444)c 1445) a 1446)a 1447)b 1448)a 1449)d 1450)a 1451)a,b,c 1452)b 1453)b 1454)b 1455)a 1456)c 1457) a 1458) a,b,c,d 1459) d 1460) c_5d

1461. CAD primodial prevention is *by-(NEET/DNB Pattern)*
a) Lifestyle change b) Coronary bypass
c) Treatment of CAD d) None

1462. Which one of the following intervention studies on coronary artery disease did not observe significient changes in mortality or risk factors sine the control group was not properly chosen - *(UPSC 07)*
a) Stanford - Three Community Study
b) The North Kerelia Project
c) Multiple Risk Factor intervention Trial
d) Lipid Research Clinic Study

1463. Which of the following study was conducted to determine that community health education contributes to reduced risk of cardiovascular disease? *(MH11)*
a) Stanford study
b) North Kerelia study
c) Framingham heart study
d) All of the above

1464. Which of the following studies have given coronary risk factor - *(NEET/DNB Pattern)*
a) Framingham b) Stanford study
c) North Kerala d) MONICA

1465. The non-modifiable risk factor for hypertension is -
a) Obesity b) Age *(Corned 07)*
c) Salt intake d) Environment stress

1466. Measure of primary prevention of hypertension include all of the following except - *(AI97)*
a) Weight reduction
b) Exercise promotion
c) Reduction of salt intake
d) Early diagnosis of hypertension

1467. All are measures of primordial prevention of hypertension, except - *(AIIMS May 94)*
a) Dietary changes
b) Restrain smoking
c) Identification of hypertensive
d) Regular physical exercise

1468. Desired parameter for control of HT -*(PGIJune 00)*
a) Cholesterol/HDL<3.5
b) HDL / cholesterol ration <3.5
c) LDL / cholesterol > 10mg%
d) HDL < 30 mg%
e) Cholesterol level < 200 mg/dl

1469. The term "Tracking'' of blood pressure refers to -
a) 24 hr BP monitoring *(Kerala 04)*
b) Identifying children at risk of developing hypertension at future date
c) Pictorial representation of BP
d) BP control with nifedipine

1470. A person is obese if he is overweight by...% above the accepted standards - *(UPSC 85,86 JIPMER 80,86)*
a) 5% b) 10%
c) 15% d) 20%

1471. Which one of the following is the correct statement. The body mass index is used as an indicator of obesity and is calculated as a ratio of the body weight to ? - *(UPSC 06)*
a) Height b) Square root of height
c) Square of height d) Cube of height

1472. What will be the BMI of a male whose weight is 89 kg and height is 172 cm - *(AI 05)*
a) 27 b)30
c) 33 d)36

1473. For obesity BMI should be - *(AI 07)*
a) > = 20 b) > = 50
c) >=40 d) > = 30

1474. BMI for normal weight - *(NEET/DNB Pattern)*
a) 18.5-22.99 b) 23.0-24.99
c) ≥25 d) ≥ 30

1475. Overweight BMI?? *(NEET/DNB Pattern)*
a) 25 to 29.99 b) 15-18
c) 18-20 d) None

1476. BMI cut off for obesity is -*(NEET/DNB Pattern)*
a) 28 b) 30
c) 32 d) 40

1477. The chosen method for measurement of obesity is -
a) Skinfold thickness *(PGI 80, AIIMS 83)*
b) Body electrolyte count
c) Height - weight- sex charts
d) Basal oxygen consumption

1478. Obesity indices are - *(PGI Dec 04, 98)*
a) Broca's index b) Ponderal index
c) Quetelet index d) Corpulence index
e) Lorentz's formula

1479. Morbid obesity causes death due to - *(PGI 88)*
a) CVS complication
b) Pickwickian syndrome
c) Hypothyroid crisis
d) Cushing syndrome

1480. Primary prevention of obesity - *(PGI Dec 07)*
a) Low fiber diet
b) High fiber diet
c) High cholesterol diet
d) High intake of protein

1481. Which of the following is height independent index - *(NEET/DNB Pattern)*
a) Ponderal b)Brocas
c) Corpulence d)Lorenfz

1482. A women with Body Mass index of 20 is -*(UPSC 07)*
a) Undernourished b)Normal
c) Overweight d)Obese

1483. One of the following is not true of Ponderal index -
a) It is measure of obesity *(Kerala 2K)*
b) Is height & weight independent
c) Is height & weight dependent
d) Age independent
e) Used for measumment of body weight in adults

1484. Body mass index is also known as - *(UP 07)*
a) Borca's index b) Corpulence inded
c) Quetelet's index d) Lorentz's formula

1461) a 1462) c 1463) a 1464) a 1465)b 1466) d 1467) c 1468) a 1469)b 1470) None 1471) c 1472) b 1473) d
1474) a 1475) a 1476)b 1477)a 1478)A11 1479) a 1480) b 1481)c 1482)b 1483)b 1484)c

1485. What is the health indicator obtained by dividing body height (in centimetres) by cube root of body weight (in kilograms) - *(UPSC-II08)*
a) Quetelet's Index b) Broca Index
c) Ponderal Index d) Corpulence Index

1486. Commonest carcinoma in men in tropical countries-
a) Ca rectum b) Ca oral cavity *(AI97)*
c) Ca testis d) Ca bladder

1487. The most common cancer, affecting both male and females of the world, is - *(AIIMS May 05,*
a) Cancer of the pancreas *Delhi 89, UPSC 87)*
b) Buccal mucosa cancer
c) Lung cancer
d) Colo-rectal cancer

1488. Most common cancer world *wid&-(NEET/DNB Pattern)*
a) Lung b) Prostate
c) Liver d) Kidney

1489. The most common cancer affecting Indian urban women in Delhi, Mumbai and Chennai is - *(A1PGME*
a) Cervical cancer b) Ovarian cancer *05)*
c) Breast cancer d) Uterine cancer

1490. Most common cancer reported in India is- *(AIIMS Dec 94)*
a) Cancer cervix b) Cancer breast
c) Cancer oral cavity d) Cancer lung

1491. Incidence of cancer of breast in males in India -
a) 3% b) 5% *(NEET/DNB Pattern)*
c) 0 d) None

1492. Beer consumption is associated with - *(AUHPH2K)*
a) Carcinoma cervix b) Carcinoma liver
c) Carcinoma rectum d) Carcinoma colon

1493. Occupational cancer involve following organs except-
a) Lung b) Breast *(AIIMS May 08)*
c) Bladder d) Liver

1494. Most common occupational cancer in India-(147*08)*
a) Skin cancer b) Lung cancer
c) Bladder cancer d) Brain cancer

1495. Nicotine responsible for oral cancer is - *(NEET7*
a) 10% b) 40% *DNBPattern)*
c) 90% d) 60%

1496. In which of the following disease, the overall survival is increased by screening procedure - *(AIIMSMay*
a) ProstateCa b) Lung Cancer *08)*
c) Colon Ca d) Ovarian Ca

1497. All of the following statements relating to lung carcinoma and occupation are true except - *(AI98)*
a) Risk is increased
b) Takes long time to develop
c) It takes less time to develop as compare to general population.
d) It takes more time develop as compare to general population

1498. Screening in general population done in cancers of-
a) Breast b) Colon *(PGIDec04)*
c) Cervix d) Ovarian
e) Pancreatic

1499. Which one of the following is the most sensitive and specific screening test to detect breast cancer-
a) Regular X-ray *(UPSC 2K*
b) Self breast examination *Kerala 01, 91)*
c) Mammography
d) Regular biopsy

1500. The commonest cancer of adult man in India is -
a) Ca lung b) Ca colon *(AI 91)*
c) Ca stomach d)Aerodigestive Ca

1501. According to WHO, blindness is defined as a visual acuity of the better eye, less than-*(NEET/DNB Pattern*
a) 6/60 b) 5/60 *AIIMS Nov 05, AI 91)*
c) 4/60 d) 3/60

1502. According to the world Health Organization, the definition of blindness is- *(AI 06)*
a) Visual acuity < 6/60 in the better eye with available correction
b) Visual acuity < 3/60 in the better eye with available correction
c) Visual acuity < 6/60 in the better eye with best correction
d) Visual acuity < 3/60 in the better eye with best correction

1503. 46 years old female in Eye OPD presents with right eye vision 6/60 and left eye vision as 3/60- *(HP 2006)*
a) Socially blind b) Low vision
c) Economically blind d) Normal vision

1504. The most common cause of blindness in India is - *(AIIMSNOV05)*
a) Cataract b) Trachoma
c) Refractive errors d) Vitamin A deficiency

1505. Taking the definition of blindness as visual activity less than 3/60 in the better eye, the number of blind persons per 100, 000 population in India is estimated to be - *(AIIMS 03)*
a) 500 b) 700
c) 1000 d) 1500

1506. The most common cause of ocular morbidity in India is- *(AI06)*
a) Cataract b) Conjunctivitis
c) Refractive error d) Trachoma

1507. All are common cause of blindness in children in India except - *(AI 07)*
a) Malnutritionb) Ophthalmia neonatorum
c) Glaucoma d)Congenital dacryocystitis

1508. For every 1,00,000 population, the highest prevalence of blindness in the world is seen in- *(AIIMS May 04)*
a) Sub-Saharan Africa b) South Asia
c) Eastern Europe d) Latin America

1509. The visual acuity needed as cut-off for differentiating normal from abnormal children in the school vision screening programme in India is - *(HP 2006)*
a) 6/6 b)6/9
c) 6/12 d) 6/90

1485) c 1486) b 1487)c 1488)a 1489)c 1490)c 1491)c 1492)c 1493)b 1494)a 1495)c 1496)c 1497)d
1498) a,b,c,d 1499)c 1500)d 1501)d 1502)d 1503)b 1504)a 1505)b 1506)c 1507)d 1508)a 1509)b

1510. Under NPCB, screening of school children is first done by - *(AIIMS Nov 0 7)*
a) School teachers
b) Village health guide
c) Ophthalmologic assistant
d) Medical officer

1511. Under the National Programme for Control of Blindness, the goal is to reduce the prevalence of blindness to a level of-*(Corned 08,MAHE 98, TN 98)*
a) 0.1% b) 0.3%
c) 0.5% d) 1%

1512. All of the following is true regarding blindness except- *(Manipal 2006)*
a) There is estimated 45 million people blind world-wide
b) 20% of cases blindness in India is due to cataract
c) Most common cause of blindness in India is cataract
d) Visual acuity less than 3/60 is blindness

1513. Percentage of blindness due to cataract in India -
a) 55 b)60 *(PGIDEC96)*
c) 75 d)80

1514. The WHO definition for blindness is the inability of counting fingers in daylight at a minimum distance of- *(UPSC07)*
a) 3 feet b) 6 feet
c) 3 metres d) 6 metres

1515. Other than cataract, which one among the following is the highest prevalent cause of blindness in the world- *(UPSC-II09)*
a) Corneal opacity b) Diabetic retinopathy
c) Glaucoma d) Trachoma

1516. All of the following statements about rheumatic fever/heart disease epidemiology in India are true except- *(AIIMSNov 02)*
a) Its prevalence varies between 2 to 11 per 1000 children aged 5-16 years
b) Mitral regurgitation is the commonest cardiac lesion seen
c) It occurs equally in females and males.
d) Rheumatic fever occurs in about 2% of streptococcal sore throats

1517. NOT a feature of Rheumatic heart disease in India is - *(AIIMS Dec 94)*
a) CHF and cardiomegaly in most of the cases
b) Affects younger age group
c) Aortic valve is most commonly affected
d) School going population is most affected

1518. Which is the least common cause of heart disease in India - *(PGI79, AMC 87)*
a) Rheumatic b) Hypertensive
c) Ischaemic d) Congenital

1519. The commonest heart disease In India is - *(UPSC 84, 86, AMC 84,87, Kerala 94)*
a) Congenital b) Rheumatic
c) Hypertensive d) None of the above

1520. Prevalence of RHD in children in India-
a) 3/1000 b) 6/1000*(BURDWAN2K)*
c) 8/1000 d) 10/100

MISCELLANEOUS

1521. India causing maximum death -*(NEET/DNB Pattern)*
a) Drowning b) Road traffic accident
c) Bums d) Poisoning

1522. Commonest cause of stroke in our country-
a) Thrombosis b) Embolism
c) Haemorrhage d) Infarction

1523. The prevelance of diabetes mellitus in India is-
a) 2-5% b) 5 % *(TN95)*
c) 5-10% d) 10-15%

1524. Giving Benzathine penicillin in RHD is a type of -
a) Primary prevention *(AIIMS Dec 95)*
b) Secondary prevention
c) Tertiary prevention
d) Primordial prevention

1525. WHO criteria for diagnosis of diabetes is -*(MP 98)*
a) Venous blood fasting sugar 140 to 200 mg/ 100ml
b) Venous blood fasting sugar 120 to 180 mg/100ml
c) Venous blood fasting sugar 120 to 200 mg/100ml
d) Venous blood fasting sugar 140 to 180 mg/100 **ni**

1526. STEPS is the WHO recommended tool for -
a) Surveillance of non-communicable diseases and their risk factors *(AI09, AIIMS May 10, 09)*
b) Surveillance of communicable diseases and their risk factors
c) Surveillance of socio-economic status of the community
d) Changes of trends of mortality in non-communicable diseases

1527. Rural and Urban difference in prevalence is seen in all of the following, Except - *(AI 10)*
a) Lung cancer b) Tuberculosis
c) Mental illness d) Chronic bronchitis

1528. Height in centimeters by cube root of body weight is also known as? *(DNB Dec 2011)*
a) Quetlet index b) Broca index
c) Ponderal's index d) Corpulence index

1529. Least common asociation with Morbid Obesity is?
a) Rheumatoid Arthritis *(DNB Dec 2010)*
b) Diabetes Mellitius type II
c) Essential Hypertension
d) Large bowel cancers

1530. Type of surveillance included in integrated disease control program for non-communicable disease is?
a) Sentinel surveillance *(DNB Dec 2010)*
b) Regular Surveillance
c) Periodic regular survey
d) Additional state priority

1531. Normal range of BMI Asian Individual is? *(DNB Dec 2010)*
a) 18.5 to 24.99 b) 22.5 to 24.99
c) 18.5 to 22.5 d) 18.5 to 22.99

1510)a 1511) b 1512)b 1513)b 1514)c 1515)c 1516)b 1517)c 1518)d 1519)b 1520)b 1521)b 1522)a 1523)c 1524)b 1525)b 1526)a 1527)b 1528)c 1529)a 1530)c 1531)a

1532. Which index of obesity does not include height? *(DNB June 2010)*
a) BMI b) Ponderal's index
c) Broca's index d) Corpulence index

1533. Calculate BMI if weight in kilograms is 98 and hight in centimeters is 175 - *(DNB Dec 09)*
a) 28 b)32
c) 36 d)40

1534. Corpulence index means - *(DNBDec 08)*
a) Measurement of obesity
b) Measurement of copper level in serum
c) Measurement of iron losses in faeces
d) Pressure difference b/w chambers of heart

1535. The most common cancer, affecting Indian urban women in Delhi, Mumbai and Chennai is -
a) Cervical cancer *(DNB Dec 07)*
b) Ovarian cancer
c) Breast cancer
d) Uterine cancer

1536. What will be the BMI of a male whose weight is 89 kg and height is 182 cm - *(DNB Dec 07)*
a) 26 b) 30
c) 33 d) 36

DEMOGRAPHY AND FAMILY PLANNING

1537. Population count is taken on - *(PGI89)*
a) 1st January b) 1st March
c) 1st July d) 1st August

1538. India belongs to which stage of the demographic cycle - *(NEET/DNB Pattern)*
a) Slow stationary b) High stationary
c) Early stationary d) Late expanding

1539. Which countries have a higher growth rate than India - *(PGI June 0 7)*
a) Myanmar b) Nepal
c) Sri lanka d) Bangladesh

1540. A community survey shows crude birth rate 23, and crude death rate 6. The demographic stage of population is - *(AIIMSNov 99, AI01)*
a) High stationary b) Early expanding
c) Late expanding d) Low stationary

1541. India is having crude birth rate from 93 to 80 and death rate from 21 to 10, the country is in which stage of demographic cycle - *(AIIMS Dec 9 7)*
a) Late expandingb) Early expanding
c) High stationary d) Low stationary

1542. Demographic transition is - *(PGIDec 98)*
a) No gap between birth rate and death rate
b) High difference between CBR and CDR
c) Gap in sex percentage
d) Gap is extreme ages

1543. The growth rate of India is - *(PGI 85)*
a) 55% b) 3%
c) 2.4% d) 2.2%
e) 2%

1544. In a demographic cycle, Late expanding stage indicates - *(NEET/DNB Pattern)*
a) High birth and death rates
b) Decreasing DR and stationary BR
c) Decreasing BR and decreasing DR
d) Low DR and BR

1545. Which of the following statements about 'Late expanding phase' of Demographic cycle is true -
a) Birth rate is lower than death rate
b) Death rate begins to decline while birth rate remains unchanged *(AI 09, AIIMS May 11)*
c) Death rate declines more than birth rate
d) High death rate and high birth rate

1546. 3rd stage of demography indicates - *(PGIDec 04)*
a) High birth rate and high death rate
b) Death rate begins to decline
c) While the birth rate remains unchange
d) Birth rate tends to fall and death rate declines still further
e) Low death rate and low birth rate
(f) Birth rate lower than death rate

1547. The growth pattern of a population with an annual growth rate of 1.5% to 2.0% is - *(AI 95)*
a) Stow growth b) Moderate growth
c) Rapid growth d) Very rapid growth

1548. If annual growth rate of a population is 1.5-2%, what number of years will be required to double the population? *(MH11)*
a) 70-47 years b) 47-35 years
c) 35-28 years d) 28-23

1549. Annual growth rate is - *(AI97)*
a) Crude birth rate-crude death rates
b) Crude death-crude birth rates
c) Cmde birth rate-crude death rate x 100/crude birth rate
d) Crude birth rate-crude death rate x 100/Mid year population

1550. States, where crude birth rate is higher than the national level: *(PGIMay 10)*
a) West Bengal b) Maharashtra
c) Rajasthan d) Madhya pradesh
e) Himanchal pradesh

1551. Big divide in India - *(NEET/DNB Pattern)*
a) 1915 b) 1921
c) 1947 d) 1983

1552. People living in developing countries-(Mzm/?a/ *04)*
a) 90% b) 80%
c) 70% d) 60%

1553. The proportion of school age children in India's population is approximately - *(Karnat 96)*
a) 15% b) 25%
c) 40% d) 50%

1554. The percentage of women in the reproductive age group is - *(AI 89)*
a) 15% b) 22%
c) 30% d) 40%

1532) d 1533) b 1534)a 1535)c 1536)b 1537)c 1538)d 1539)b,d 1540)c 1541)a 1542)a 1543)None 1544)c
1545) c 1546) d 1547)d 1548)b 1549)a 1550)c,d 1551)bl552)b 1553)b 1554)b

1555. What is the percentage of population is below 5 yrs of age in India - *(NEET/DNB Pattern)*
a) 5% b) 10%
c) 15% d) 20%

1556. The age and sex structure of a population may be best described by a - *(AIIMSNov 03, May 05)*
a) Life table b) Correlation coefficient
c) Population pyramid d) Bar chart

1557. India population pyramid - *(NEET/DNB Pattern)*
a) Narrow apex b) Broad apex
c) Narrow base d) None

1558. Sex ratio is- *(PGIDec02)*
a) 1 male per 1000 female
b) 1000 female for 1000 male
c) No. of female for 1000 male
d) 1000 female per 100000 male
e) One lakh female per one lakh

1559. Sex ratio of children population in the age group of 0-6 years according to the 2011 census is -*(AI12)*
a) 940 b)914
c) 944 d)933

1560. In calculating Dependency Ratio, the numerator is expressed as - *(AIIMS May 03)*
a) Population under 10 years and 60 and above
b) Population under 15 years and 60 and above
c) Population under 10 years and 65 and above
d) Population under 15 years and 65 and above

1561. Dependency ratio includes - *(PGIJune05)*
a) 0 - 5 yrs age b) 6 - 14 yrs age
c) 15 - 45 yrs age d) > 65 yrs

1562. Dependency ratio is includes - *(NEET/DNB Pattern)*
a) Less than 15 years b) Less than 85 years
c) 30-50 years d) None

1563. Demographic divided is due to - *(Kerala 08)*
a) Increase fertility b) Decrease fertility
c) Decrease in death rate d) None

1564. In latest Indian census, population density is —per sq.km- *(Delhi 93)*
a) 152 b) 204
c) 267 d)31

1565. Family size is - *(AIIMS Sep 96)*
a) Total number of family members in the family
b) Total number of female children bom in the family
c) Total number of children in the family
d) Total number of female children in the family considering the mortality

1566. According to 1991 census family size is - *(AI 98)*
a) 2.4 b)3.9
c) 4.4 d)5.6

1567. The literacy rate of Indian Population as per Census 2001 is- *(AIIMS Nov 04)*
a) 54.5% b) 65.4%
c) 85.8% d) 75.5%

1568. Life expectancy at per 91 census is -*(AIIMSDec 98)*
a) 60.1 year b) 62.3 year
c) 58.1 year d) 55 year

1569. Birth rate is - *(PGIDec 02)*
a) Live birth/1000 mid yr. population
b) Birth/1000 mid yr population
c) Live birth/10000 mid yr. population
d) Live birth/10,000 population of reproductive age group (15-45)
e) Live birth/1000 population

1570. General fertility rate is a better measure of fertility than the crude birth rate because the denominator includes - *(AIIMS May 01)*
a) 15-45 years of age female
b) Midyear population
c) Total woman population
d) Married woman population

1571. Regarding crude birth rate all are true except -
a) Unaffected by age distribution *(AI 09,*
b) Indicator of fertility *AIIMS May 10)*
c) Excludes the still births
d) Better measure of fertility than general fertility rate

1572. True about crude birth rate is all except - *(AI 09)*
a) Ratio
b) Fertility indicator
c) Stillborn excluded
d) Not affected by age distribution of the population

1573. Denominator in general fertility rate *is-(NEET/DNB*
a) All women between 15-45 year age *Pattern)*
b) All married women between 15-45 year age
c) Total number of live births
d) Total number of all births

1574. General fertility rate - *(NEET/DNB Pattern)*
a) Indicator of complete family size
b) Measure of fertility
c) Not bether than cmde birth rate
d) All

1575. Most significant indicator of fertility is -
a) Net reproductive rate *(AIIMS Sep 96)*
b) Family size
c) Gross reproduction rate
d) General fertility rate

1576. Population growth is said to be less than adequate requirement when NRR is - *(PGI June 03)*
a) < 1 b)= 1
c) > 1 d) = 0

1577. Mortality statics are taken into account while calculating - *(PGI Dec 98, 99; AIIMS Dec 94)*
a) GER b)NRR
c) TFR d) GMFR

1578. In family welfare programme, score of 1 is given to-
a) Birth rate *(AIIMS May 95)*
b) Net reproduction rate
c) Achievement of goal
d) Total implementation of programme

1555)b 1556) c 1557)a 1558)c 1559)b 1560)d 1561)a,b,d 1562)a 1563)b 1564)None 1565)c 1566)b 1567)b
1568) a 1569) a 1570)a 1571)d 1572)a 1573)a 1574)b 1575)a 1576)a 1577)b 1578)b

1579. True statement about 'total fertility rate' is - *(AT98)*
a) Indicates approximate magnitude of completed family size
b) Numerator is 'woman of child bearing age'
c) Numerator is 'all live births'
d) Numerator is 'married woman of child bearing age'

1580. The completed family size may be estimated by -
a) Birth rate b) Death rate *(A108)*
c) Total fertility rate d) Age specific fertility rate

1581. Children borne by female at the end of reproductive period is - *(NEET/DNB Pattern)*
a) TFR b) NRR
c) BR d) None

1582. True about total fertility rate - *(PGINov 09)*
a) Average number of children bom to a women during reproductive period
b) Average number of daughters bom to a mother
c) Magnitude of completed family size.
d) Average number of live birth in year per 100 women
e) Sum of age specific fertility rates

1583. Total fertility rate - *(PGIDec07)*
a) Total no. of children bom to a woman in a given year
b) Measure of completed family size
c) Sum of fertility of all age
d) No. of female child bom to mother
e) Total no. of child bom to mother

1584. Which of the following is true about the child-women ratio - *(A196)*
a) 0-4 years of children and 15-45 years of unmarried women
b) 0-5 years of children and 15-49 years of age of married women
c) 0-4 year of children and 15-44 years of all women
d) 0-4 years of children and 20-30 years of married women

1585. Which of the following indicators involve reproductive woman - *(PGI June 04)*
a) Birth Rate b) GF.R
c) T.F.R d) Maternal mortality rate

1586. The number of abortions performed divided by the number of live births in the same period is known as- *(ICS 05)*
a) Abortion rate b) Abortion incidence
c) Abortion prevalence d) abortion ratio

1587. In defining General Fertility Rate, the denominator is- *(AIIMS Nov 03)*
a) Population between 15 and 49 years of age
b) Women between 15 and 49 years of age
c) Mid year population
d) Live births

1588. Denominator for GFR is - *(NEET/DNB Pattern)*
a) Mid year population b) Females 15-44 years
c) Married female d) None

1589. Correct denominators of fertility indicators-
a) General fertility rate is calculated per 1000 women in the reproductive age group (15-44 or 49 year) in a given year *(PGINov 11)*
b) Age specific fertility rate is per 1000 population in any specified age-group
c) Child-Woman ratio is per 1000 women of child-bearing age
d) Cmde Marriage rate is per 1000 population
e) General Marriage rate is per 1000 person age 1549

1590. In calculating crude birth rate which of the following is used as denominator - *(AIIMS Nov 2000)*
a) Women in 15-49 yrs age group
b) All persons in 15-49 yrs age group
c) Mid year population
d) All live births

1591. The demographic data of India as per 2001 census is/are - *(PGI Nov 09)*
a) Deathrate8.9
b) Birth rate 25.9
c) Female / male sex ratio 933 per 1000
d) Life expectancy at birth 58 years
e) Literacy rate-51%

1592. Present "General fertility rates" - *(MAHE05)*
a) 108 b) 118
c) 128 d) 138

1593. Scope of family planning services include all of the following except - *(AI03)*
a) Screening for cervical cancer
b) Providing services for unmarried mothers
c) Screening for HIV infection
d) Providing adoption services

1594. All of the following statements are true, except - *(AIIMS Nov 93)*
a) Population of women between 15-45 years is 22%
b) Eligible couples are 150/1000 population
c) 20% eligible couples are in 15-24 year age group
d) Every year 1 million eligible couples are added to the population

1595. The couple protection rate at present in India is -
a) 38.1 b) 43.5 *(Kerala97)*
c) 45.1 d)55.1

1596. Most widely practised method of family planning by eligible couples in India is - *(MAHE98)*
a) IUCD b) OC Pill
c) Sterilization d) Nirodh

1597. Most common method of sterilisation practised in India - *(NEET/DNB Pattern)*
a) Female sterilization b) Male sterilization
c) Both d) None

1598. The Incorrect Statement regarding couple protection rate is - *(AllIndia 93)*
a) 50-60% of births per year are birth order 3 ormore
b) To achieve NRR of 1, CPR should be 60%
c) CPR was 37% in 1987
d) CPR of 60% is equivalent to 3 children per couple

1579) a 1580)c 1581)a 1582)a,c,e 1583)b,c 1584)c 1585)b,c 1586)d 1587)b 1588)b 1589)a,c,d 1590)c 1591) a,c 1592) None 1593) c 1594) d 1595) c 1596) d 1597) a 1598) d

1599. Spacing methods used by family welfare programmes are: *(PGI Nov 10)*
a) IUCD b) OCP
c) Vasectomy d) Condom
e) Tubectomy

1600. Conventional contraceptives are - *(MAHE07)*
a) IUCD's b) Coitus iterruptus
c) Condom

1601. Safe period is calculated by - *(UPSC-II09)*
a) Length of menstrual cycle
b) DurationDate of ovulation
c) Length of ovulation
d) Length of luteal phase

1602. In calendar method of contraception, first day of fertile period is? *(MH11)*
a) 10th day of shortest menstural cycle
b) 18th day of shortest menstural cycle
c) 10th day of longest menstural cycle
d) 18th day of longest menstural cycle

1603. Barrier method - *(PGI99)*
a) Hormonal contraceptive b)IUD
c) Condom d) Diaphragm

1604. On an average failure rate in the couples using condom is about - *(PGI80, AIIMS 86)*
a) 0-5 percent b) 10-20 percent
c) 30-40 percent d) 50 percent or more

1605. Dutch cap is- *(PGI89)*
a) Diaphragm b) Condom
c) Vaginal sponge d) None

1606. Chemical use in vaginal sponge is - *(AIIMSDec 95)*
a) Ethynil estradiol b) Progesterone
c) Mifepristone d) Nonoxynol-9

1607. Spermicide acts by- *(AIIMS 98)*
a) Release of acrosomal enzymes
b) Lysis of cell membrane
c) Glucose uptake inhibition
d) Vaginal enzyme alteration

1608. Which IUCD acts for 10 yrs - *(AIIMSMay 07)*
a) Cu-T200B b)Nova-T
c) Cu-T380A d) Multi load-250

1609. Life span of cut380a - *(NEET/DNB Pattern)*
a) 10 yrs b) 20 yrs
c) 1 yrs d) None

1610. The following statements are true about Intrauterine devices (IUD) except - *(AI04)*
a) Multiload Cu-375 is a third generation IUD
b) The pregnancy rate of lippes loop and Cu-T 200 are similar
c) IUD can be used for Emergency Contraception within 5 days
d) Levonorgestrel releasing IUD has an effective life of 5 years

1611. Following statements are correct about levonorgestrel containing intrauterine contraceptive device (Mirena) except - *(UPSC-II09)*
a) It releases 20 pg/day of levonorgestrel
b) It increases the risk of ectopic pregnancy
c) It increases the risk of ovarian cyst formation
d) It reduces the risk of pelvic inflammatory disease

1612. Cu T 200 is so called - *(PGIDec 97)*
a) 200 sqmm of Cu2+ over loop
b) 200 mm of Cu over loop
c) For 200 days, Cu concentration does not changes
d) 200 sqcm of Cu over loop

1613. In Cu T-200, the number denotes-(PG7 *Dec 08, Nov 11)*
a) Surface area b) Weight in microgram
c) Weight in miligram d) Effective half life in week
e) Volume of device

1614. Mechanism of action of IUCD is A/E - *(PGI Dec 97)*
a) Chronic endometrial inflammation
b) Anovulation
c) Tubal motility alteration
d) Endometrial atrophy

1615. Copper T is ideally inserted at - *(AIIMS 86)*
a) Just before menstruation b) Menstruation
c) Just after menstruation d) On the 14^{th} day

1616. Absolute contra indication for IUD are all except -
a) Pregnancy *(AI97)*
b) Undiagnosed vaginal bleeding
c) Pelvic infalmmatory disease
d) Uterine malformation

1617. Most common complication of IUCD is - *(AI 95;*
a) Bleeding b) Pain *(AIIMS Sep96)*
c) PID d) Abortion

1618. The most common side effect of IUD insertion, which requires its removal is - *(AIIMS Nov 1996)*
a) Bleeding b)Pain
c) Pelvic infection d) Ectopic pregnancy

1619. IUD, associatiate most commonly with explusion -
a) Lippes loop b) T Cu - 200 *(PGI June 07)*
c) TCu-380 d)LNG-IUD

1620. Copper-T with threads is visible in a case of early pregnancy. Treatment of choice is - *(DPG11)*
a) Remove CuT only
b) Suction evacuation with Copper-T removal
c) Reassurance and continue pregnancy
d) Laparotomy

1621. Mala - N contains - *(AIIMS 92)*
a) Ethinyl estradiol 30 meg
b) Norgesterol 50 meg
c) Ethinyl estradiol 50 meg
d) Progesterone 10 mg

1622. In Emergency contraception which progesteron is used- *(AIIMS Nov 09)*
a) Norethisterone
b) Modroxy-progesterone
c) Desogestrel
d) Levonorgestrol

1599)a,b,d 1600) c 1601) a 1602) a 1603) c,d 1604)b 1605) a 1606) d 1607) None 1608) c 1609) a 1610) a 1611) c,d 1612)a 1613) a 1614)b 1615)b,c 1616)d 1617)a 1618)b 1619)a 1620)a 1621)a 1622)d

1623. Which one of the following is not a third generation progestrogen used in combined oral contraceptive pills ? *(UPSC-II09)*
a) Levonorgestrel b) Desogestrel
c) Gestodene d) Norgestimate

1624. Mechanism of action of an oral contraceptive containing a combination of oestrogen-progestin is the following except- *(PGI2K)*
a) Inhibition of ovulation
b) A change in the cervical mucus
c) Inhibition of motility of the uterine tubes
d) Inhibition of motility of sperms
e) Changes in the uterine endometrium

1625. S/E of OC pills is - *(PGIDec 98)*
a) Dysmenorrhoea b) Prolactin level
c) Carbohydrate intolerance d) Endometriosis

1626. Contraindication of O.C.P - *(PGI June 04)*
a) Liver disease b)PED
c) Renal disease d) Epilepsy

1627. Combined oral pills protect the woman against all EXCEPT- *(UPSC-II 09)*
a) Menorrhagia
b) Benign breast disease
c) Pelvic inflammatory disease
d) Venous thromboembolism

1628. On prescription of oral pills to the user, the health worker will ask about the following except -
a) Number of live children *(AIIMS May 01)*
b) Calf tenderness
c) Headache
d) Swelling of the feet

1629. With the use of DMPA contraceptive, the side effects are all of the following except - *(AIIMS May 02)*
a) Change in quantity and quality of breast milk
b) Weight gain
c) Irregular bleeding
d) Increased reproductive tract inflection

1630. Hormonal contraceptive of choice in a lactating woman is - *(UPSC-II 09)*
a) Combined pill b) Multiphastic pill
c) Mini-pill d) Centchroman

1631. Best contraceptive for newly married healthy couple-
a) Barrier method *(AIIMS May 09)*
b) IUCD
b) Oral contraceptive pill
d) Natural methods

1632. Best contraceptive for newly married couples-
a) IUCD *(NEET/DNB Pattern)*
b) Hormonal pills
c) Rythem method
d) Condom

1633. Contraception of choice in diabetic patient-
a) OCP *(PGIDec 97)*
b) Barrier method
c) Permanent sterilization
d) Cu - T

1634. In a heart patient, contraceptive of choice is -
a) Sterilization b)IUCD *(PGI June 97)*
c) OCP d) Norplant

1635. "Persna" is a method of - *(Orissa 05)*
a) Natural contraceptive b) Hormonal contraceptive
c) Barrier contraceptive d)IUCD

1636. "Implanon" contains - *(Orissa 05)*
a) Desonorgestrol b) Ethinyl estradiol
c) L-norgestrol d)None

1637. The goal of NRR=1 can be best achieved by use of following contraceptive methods - *(AI9 7)*
a) Condom 72/year b) IUCD
b) Vasectomy d) Oralpills

1638. Failure rate of contraceptive method is determined by- *(AIIMSDec 95)*
a) Pearl index
b) Half life
c) Number of accidental pregnancies
d) Period of contraceptive practice continued

1639. Which of the foil owing is important in calculaton of pearl index - *(PGI Dec 05)*
a) Number of abortions
b) Total accidental pregnancy
c) Socioeconomic status
d) Total gestational period

1640. Pearls index? *(NEET/DNB Pattern)*
a) Per 100 woman years b) Per 10 woman years
c) Per 1000 woman years d) Per 50 woman years

1641. Best index of contraceptive efficacy *is-(AUMS Nov 08)*
a) Pearl index b) Chandelers index
c) Quetlet index d) Broca index

1642. The MTP act defines the following - *(Jipmer 90)*
a) Who should do termination of pregnancy
b) Where it should be done
c) When it should be done
d) All of the above

1643. Consent from guardian/husband for MTP is required if - *(JIPMER 79, UPSC 93)*
a) Female is below 28 years of age
b) Female is below 23 years of age
c) Female is below 17 years of age

1644. MTP Act of 1971 provides for termination of pregnancy till how many weeks of pregnancy -
a) 12 weeks b) 16 weeks *(NEET/DNB*
c) 20 weeks d) 24 weeks *Pattern)*

1645. MTP can be done upto - *(AIIMSDec 97)*
a) 12 weeks b) 16 weeks
c) 20 weeks d) 10 weeks

1646. Medical termination of pregnancy can be done by a registered medical practitioner if the gestation period is less than - *(Corned 09)*
a) 8 weeks b) 12 weeks
c) 20 weeks d) 24 weeks

1623) a 1624) c,d 1625)c 1626)a 1627)d 1628)a 1629)a 1630)c 1631)c 1632)b 1633)b 1634)a 1635)a 1636)a
1637) c 1638) a 1639)b 1640)a 1641)a 1642)d 1643)c 1644)c 1645)c 1646)b

1647. The National Population Policy 2001 aims to achieve net reproduction rate of 1 by the year -
a) 2005 b) 2010 *(ARMS Nov 02)*
c) 2015 d)2050

1648. The National Population Policy of India has set the following goals except - *(AI04, A1IMSNov 08)*
a) To bring down Total Fertility Rate (TFR) to replacement levels by 2015
b) To reduce the infant Mortality Rate to 30 per 1000 live births
c) To reduce the maternal Mortality Rate to 100 per 100000 live births
d) 100 percent registration of births deaths marriages and pregnancies

MISCELLANEOUS

1649. National Family Health Survey has successfully completed - *(AIIMSMay 05)*
a) One round b) Two rounds
c) Three rounds d) Four rounds

1650 . NFHS-3 - *(NEET/DNB Pattern)*
a) 1995 b) 2000
c) 2005 d) 2010

1651. In India, family planning is managed by -
a) 100% sponsored by Central government only
b) 100% by state government only *(AIIMSDec 97)*
c) 50% state and 50% central government
d) Fully sponsored by central government with planning of state government

1652. The carrying capacity of any given population is determined by its - *(AIIMS May 05)*
a) Population growth rate b) Birth rate
c) Death rate d) Limiting resource

1653. KAP studies in India were first used to study-(^4/*08*,
a) HIV b) Malaria *(AIIMS Nov 08)*
c) Family planning d) Cancer cervix

1654. For NRR to be 1, Couple protection rate should be?
a) 20% b) 40% *(DNB Dec 2011)*
c) 60% d) 80 %

1655. Pearl index is? *(DNB Dec 2011)*
a) Failures per 1000 women-years of exposure
b) Failures per 100 women-years of exposure
c) Failures per 10 women-years of exposure
d) Failures per women-years of exposure

1656. According to 2006 Government of India guidelines for sterilization all are true EXCEPT -
a) Should be married *(DNB Dec 2011)*
b) Female clients should be below the age of 45 years and above the age of 20 years
c) The couple should have at least one child whose age is above one year unless the sterilizationis medically indicated.
d) Clients or their spouses/partners must not have undergone sterilization in the past

1657. In a community of5000 people, the crude birth rate is 30 per 1000 people. The number of pregnant females is? *(DNB Dec 2010)*
a) 150 b)65
c) 175 d)200

1658. National Family Health Survey is done every?
a) 6 months b) 1 year *(DNB Dec 2010)*
c) 5 years d) 10 years

1659. The most common side effect of HID insertion is -
a) Bleeding b) Pain *(DNB June 2010)*
c) Pelvic d) Ectopic pregnancy

1660. Cu T with 10 years life is? *(DNB June 2010)*
a) Cu380A b)Progestasert
c) CuT200 d) Nova T

1661. According to NFHS 3, percentage of wasting in India is ? *(DNB June 2010)*
a) 23% b) 35%
c) 40% d) 50 %

1662. Denominator in General fertility rate is?
a) Married women in reproductive age group in a given year *(DNB Dec 09)*
b) Women in reproductive age group in a given year
c) Married women in any specified age group
d) Women in any specified age group

1663. Indicators of health in india are all EXCEPT -
a) Crude birth rate - 22.5 *(DNB June 09)*
b) IMR 60/1000 live births
c) Crude death rate 7.5
d) Total fertility rate - 2.6

1664. Which of the following is not a goal for 2010 as per national health policy 2002? *(DNB June 09)*
a) Reduce mortality by TB by 50%
b) Eliminate kala azar
c) Reduce IMR
d) Eradicate polio

1665. Second National Family Health Survey was done in the year? *(DNB June 09)*
a) 992-93 b) 1998-99
c) 2005-2006 d) 2008-2009

1666. CuT 380AIUCD should be replaced once in -
a) 4 yrs b) 6 yrs *(DNB Dec 08)*
c) 8 yrs d) 10 yrs

1667. Best index for measuring contraceptive efficacy is - *(DNB June 08)*
a) Pearl index b) Life-table analysis
c) Chandler's index d) Quetlet index

1668. The most common side effect of IUD insertion is-
a) Bleeding b) Pain *(DNB Dec 07)*
c) Pelvic infection d) Ectopic pregnancy

1669. In what stage of demographic cycle is India today -
a) Low stationary *(DNB June 07)*
b) High stationary
c) Early expanding
d) Late expanding

1647)b 1648) a 1649)c 1650) c 1651)a 1652)d 1653)c 1654)c 1655)b 1656)c 1657)a 1658)b 1659)a 1660)a
1661) a 1662)b 1663)b 1664)d 1665)b 1666)d 1667)b 1668)a 1669)d

1670. In the demographic study of population, a country with low birth rate & a low death rate is in following phase - *(Delhi 96)*
a) 1st phase b) 2nd phase
c) 3rd phase d) 4th phase

1671. Pepulation growth is said to be explosive when growth rate is - *(PGMCET07, MAHE 01)*
a) <0.5 b) 0.5-1
c) 1-1.5 d)>2

1672. The proportion of children in the age group of 0 - 6 years, (who are the beneficiaries of integrated Child Development Services Scheme), in the population is about - *(Karnat 99)*
a) 6% b) 13%
c) 20% d) 27%

1673. Male to Female ratio is - *(AP 96)*
a) Males for 1000 population
b) Females for 1000 males
c) Males for 1000 females
d) None

1674. In census literacy rate is assessed by - *(Jipmer2K)*
a) Attended literacy classes for one year
b) Ability to write signature
c) Ability to read and write
d) Ability to read newspapers

1675. In 2001 census, which one of the following denominators was used for calculating the literacy rate- *(UPSC2006, AI93)*
a) Population 5 years of age and above
b) Population 7 years of age and above
c) Population 10 years of age and above
d) People who can read and write irrespective of age

1676. With a birthrate of 30 per thousand, in a subcentre of 5000 population, what would be the number of pregnant women- *(UPSC 07)*
a) 150 b) 155
c) 160 d) 165

1677. Crude death rate is an indicator that shows relationship between - *(Jipmer 05)*
a) Population & total mortality
b) Population & proportional mortality
c) Population & age-specific mortality
d) None of the above

1678. Crude birth rate denominator is - *(SGPGI05)*
a) Total no of live births in that year
b) 1000 live births
c) Total numbers of births
d) Mid year population

1679. Declining death rate in India is attributed to -
a) Absence of natural checks *(Manipal 2006)*
b) Mass control of disease e.g. small pox, plague, cholera
c) Extensive use of chemotherapeutic, antibiotics and insecticides
d) All the above

1680. As per the National Population Policy 2000, the medium-term objective is to bring the total Fertility rate to replacement level by which year ?
a) 2008 b) 2010 *(UPSC-108;*
c) 2012 d)2014 *COMED 08)*

1681. Demographers are of the view that the demographic goal of NRR=1 can be achieved only if the couple protection rate exceeds - *(Karri 11)*
a) 40% b) 50%
c) 60% d)70%

1682. What is thelUCD of choice in women with menorrhagia? *(UPSC-II09)*
a) Lippe'sloop b) Copper-T 200
c) Copper-T 380A d) Progesterone containing IUCD

1683. What is the content of ethinyl estradiol in very low dose oral contraceptives ? *(UPSC-II 09)*
a) 30 pg b) 25 pg
c) 20 pg d) 15 pg

1684. Best method of contraception in a commercial sex worker- *(JIPMER 98)*
a) IUCD
b) OCP
c) Permanent sterilization
d) Barrier methods

1685. Minipill containing 75 pg of desogestrel is used for contraception. Which of the following is its schedule of administration ? *(UPSC-II 09)*
a) Taken once a day pill for 3 months 7 days pill free interval
b) Taken once a day pill for 2 months 7 days pill free interval
c) Taken for 21 days with 7 days pill free interval
d) Taken for 28 days with no pill free interval

1686. Calender method was described by - *(AIIHPH98)*
a) Bitings b)Ogino
c) Wallace d) Ogive

1687. The Pearl index indicates the number of accidental pregnancies per - *(UPSC 99)*
a) 1000 population
b) 100 live births
c) 100 women in the age group of 15 to 44 years
d) 100 women years

1688. Contraceptive efficacy expressed as - *(Jipmer 04)*
a) 100 women months b) 1000 women years
c) 100 women years d) 10 women years

1689. 100 women, followed up for 20 months, with OCPs, 5 became pregnant, Calculate the Pearl Index -
a) 100 b) 200 *(Bihar 03)*
c) 300 d)400

1690. Which one of the following is a rare complication of the use of hormonal contraceptives - *(Kerala 2K)*
a) Contraceptive failure b) Cardiovascular effects
c) Carcinogenesis d) Metabolic effects
e) Liver disorders

1670)d 1671) d 1672)b 1673)b 1674)c 1675)b 1676)a 1677)a 1678)d 1679)d 1680)b 1681)c 1682)d 1683)c
1684)d 1685)d 1686)b 1687)d 1688)c 1689)c 1690) a

1691. DMPA is an injectible contraceptive given every -
a) Three weeks b) Two months *(UPSC 2K)*
c) Three months d) Two years

1692. Among the following, which one is the absolute contraindication for combined oral contraceptive pills- *(UPSC 07)*
a) Diabetes meilitus
b) Migraine
c) Previous history of thrombo-embolism
d) Heart dsease

1693. Use of combined pill is contraindicated in women with any of the following conditions except - *(UPSC-*
a) Lactation b) Diabetes *II08)*
c) Thromboembolism d) Tuberculosis

1694. Which of the following is not a barrier method ?
a) Centchroman b) Today *(APPG08)*
c) Barrier d)None

1695. A case of vasectomy is said to have failed as the vasectomised person's wife gives birth to a child ten months after the operation. Which one of the following is the most probable cause? *(DPG II)*
a) Failure of the husband to use condom after vasectomy
b) Surgical failure
c) Recannalisation
d) Wife had extramarital contact

1696. First 5 year plan in India started at - *(Burdwan 2K)*
a) 1950 b) 1951
c) 1952 d) 1953

1697. As per our National Population Policy 2000, the long-term objective is to achieve the population stability by which one of the following years?
a) 2025 b)2035 *(UPSC-109)*
c) 2045 d) 2055

OBSTETRICS, PAEDIATRICS AND GERIATRICS

1698. The most effective step in MCH is - *(AMC 99)*
a) Maternal health promotion
b) Child health promotion
c) School health promotion
d) Non formal education of the mother

1699. Minimum antenatal visit as per MCH is -
a) 1 b)2 *(PGI Dec 03)*
c) 3 d)4
e) 5

1700. High risk pregnancy - *(PGI Dec 08)*
a) Elderly primi b) Short stature primi
c) Vertex presentation d) Diabetes

1701. Comprehensive emergency obstetric care does not include - *(AIMSMay 07)*
a) Manual removal of placenta
b) Hysterectomy
c) Blood transfusion
d) Ceasarean section

1702. All of the following features contribute to high risk babies except - *(AI97)*
a) Babies with working mothers
b) Spacing of less than 1 year
c) Artifical fed babies
d) Weight between 70-80% of reference wt.

1703. As per WHO low birth weight is defined as -
a) Birth weight less than 2.5 kg *(PGIDec 03)*
b) Birth weight < 10th percentile
c) Gestational age < 34 weeks
d) Gestational age <28 weeks

1704. LBW is birth wt below - *(NEET/DNB Pattern)*
a) 1.5 kg b) 2.5 kg
c) 3.0 kg d) 3.5 kg

1705. According to Indian Scientists, the cut off for low birth weight in India is - *(PGMCET 07)*
a) 2.2 kg b) 2.5 kg
c) 2.7 kg d)2kg

1706. Small for date baby is - *(PGI June 2000)*
a) < 10 percentile for that gestational age
b) < 50 percentile for that gestational age
c) <2000gm
d) <2500gm

1707. Preterm infant is defined as - *(AI 01)*
a) Bom between 37-42 weeks
b) Bom > 42 weeks
c) Bom <37 weeks
d) Bom < 25 weeks

1708. Extremely low birth weight baby is less than -
a) 1 kg b) 1.5kg *(NEET/DNB Pattern)*
c) 2 kg d) 2.5kg

1709. L.BW. Baby - *(NEET/DNB Pattern)*
a) 2.9- 2.6 kg b) 2.7-2.9 kg
c) 3.2-3.5kg d) 1.5-2.5 kg

1710. Most common cause of IUGRis- *(AIIMSDec98)*
a) Idiopathic b) Intra uterine infection
c) PIH d) Smoking

1711. Road-to health chart was given by- *(NEET/DNB*
a) John Snow b) David Morley *Pattern)*
c) Koch d) Henrey Ducant

1712. 'Road to health card' top line is - *(DNB 2001)*
a) 3rd percentile b) 50th percentile
c) 80th percentile d) 97th percentile

1713. Road to health card has 2 reference points, which are- *(AIMS May 12)*
a) 30th percentile for boys and 3rd percentile for girls
b) 50th percentile for boys and 3rd percentile for girls
c) 50th percentile for boys and 5th percentile for girls
d) 80th percentile for boys and 10th percentile for girls

1714. A mother comes with her 3 year old female child with complain of that child is not eating anything. Her weight is 11 kg (50th percentile) and height is 88 cm. (75th percentile). What should be done next-
a) Vitamin rich tonic to be given *(AIMS Nov 99)*
b) Forceful eating
c) Nothing should be done actively and assure the parent
d) Complete investigation for UTI

1691) c 1692)c 1693) d 1694)a 1695)b 1696)b 1697)c 1698)a,b,c 1699)d 1700)a,b,d 1701)b 1702)d 1703)a 1704)b 1705) d 1706)a 1707)c 1708)a 1709)d 1710)None 1711)b 1712)b 1713)b 1714) c

1715. Deficit in weight for height in a 3 year old child indicates - *(AIIMS Nov 05)*
a) Acute malnutrition
b) Chronic malnutrition
c) Concomittant acute and chronic
d) Under weight

1716. Best indicator for growth measurement is-*(NEET/*
a) Height b) Weight *DNB Pattern)*
c) Arm circumference d) None

1717. Best indicator for nutritional status for a child is -
a) Mid arm circumference *(AIIMS Nov 06)*
b) Head circumference
c) Rate of increase of height and weight
d) Chest circumference

1718. Acute malnutrition is manifested by -*(PGIJune 05)*
a) Weight for age b) Weight for height
c) Age for height d) Brocas index
c) Ponderal index

1719. Deficit in weight for height in a 3 years old child indicates - *(AIIMSMay 05)*
a) Acute malnutrition
b) Chronic malnutrition
c) Concomittant acute and chronic
d) Under weight

1720. Which of the following is the best indicator of long term nutritional status - *(AI07)*
a) Mid arm circumference b) Height for age -
c) Weight for age d) Weight for height

1721. Common to both acute and chronic malnutrition is - *(AIIMSMay 07, May 12)*
a) Weight for age b) Weight for height
c) Height for age d) BMI

1722. MCH care is assessed by - *(NEET/DNB Pattern)*
a) Death rate b) Birth rate
c) Maternal mortality rate d) Anemia in mother

1723. Denominator of maternal mortality rate is - *(AI 98, 96, AIIMS June 97, Feb 97; PGIDec 06, Dec 99)*
a) 1000 total births b) Mid year population
c) 1000 live births d) Total live births

1724. About Maternal mortality rate which of the following is true? *(AI 10)*
a) It is rate, not ratio.
b) Numerator includes complications related deaths up to 42 days after pregnancy
c) Denominator includes still birth and abortions
d) Expressed as rate per 1000 live births

1725. A community has apopulation of10,000 and abirth rate of 36 per 1000.5 maternal deaths were reported in the current year the MMR is - *(AI01)*
a) 14.5 b) 13.8
c) 20 d)5

1726. Maternal mortality is reduced to -
a) 100 b) 200 *(NEET/DNB Pattern)*
c) 300 d) 400

1727. In India all are direct causes of maternal mortality except - *(AIIMS May 01)*
a) Cardiac disease b) Eclampsia
c) Hemorrhage d) Abortion

1728. The most common cause of maternal mortality in India is-*(AIIMSMay 11, May 08, May 05,May 04, AI*
a) Toxaemias b) Puerperal sepsis *08, 98)*
c) Hemorrhage d) Abortion

1729. Maternal mortality is maximum in which period -
a) Antepartum b) Peripartum
c) Postpartum d) None *(NEET/DNB Pattern)*

1730. Maternal mortality rate is - *(AIIMSNov 07)*
a) Maternal death/100 births
b) Maternal death/100 live births
c) Maternal death/1000 births
d) Maternal death/1000 live births

1731. Denominator in maternal mortality ratio? *(AI11)*
a) Mid Year Population
b) Live births
c) Total births
d) Total number of pregnancies

1732. Most rare cause of maternal mortality is -
a) Abortion b) Anaemia *(AIIMS 98)*
c) Toxaemia d) Hemorrhage

1733. Neonatal period is- *(AI 99)*
a) Upto 1 year of life
b) Upto 28 days of life
c) 28 days to 1 year of life
d) First 7-days of life

1734. Infant mortality does not include - *(AT 05)*
a) Early neonatal mortality
b) Perinatal mortality
c) Post neonatal mortality
d) Late neonatal mortality

1735. In IMR, age of infants is considered - *(AIIMS Dec 97,*
a) Below 1 month b) Below 1 year *Nov 00)*
c) Upto 1 year d) 28 days

1736. Calculate IMR if in a population of 100000 there are 3000 live births in a year and 150 infant deaths in the same year - *(AIIMSNov 01)*
a) 75 b) 18
c) 5 d)50

1737. According to ICMR the most common cause of infant mortalilty is - *(AI 97, 99)*
a) Prematurity
b) Diarrhoeal diseases
c) Congenital anomalies
d) Acute repiratory infection

1738. Which is the least common cause among these of infant mortality in India - *(NEET/DNB Pattern)*
a) Infections b) Prematurity
c) Birth injuries d) Congenital malformations

1715)a 1716) b 1717)c 1718)b 1719)a 1720)b 1721)c 1722)c 1723)None 1724)b 1725)b 1726)b 1727)a 1728) c 1729)b 1730)None 1731)b 1732)c 1733)b 1734)b 1735)b 1736)d 1737)a 1738)c

1739> The socioeconomic status of community is best indicated by - *(AIIMS Nov 01, Dec 94)*
a) IMR
b) Under 5 mortality rate
c) Maternal mortality rate
d) Perinatal mortality rate

1740. Best indicator of availability,utilisation & effectiveness of health *services-(NEET/DNB Pattern)*
a) IMR b) MMR
c) Hospital bed OCR d) DALY

1741. Commonest cause of neonatal mortality in India is -
a) Diarrheal diseases *(AIIMS May 03)*
b) Birth injuries
c) Low birth weight
d) Congenital anomalies

1742. Most common cause of infant mortality?
a) LBW b) Injury *(NEET/DNB Pattern)*
c) ART d) Tetanus

1743. Which of the following is the least likely cause of neonatal death in India - *(AIIMS Nov 10)*
a) Prematurity b) Infection
c) Birth Asphixia d) Congenital anomalies

1744. The least common cause of neonatal mortality in india is - *(NEET/DNB Pattern)*
a) Prematurity b) Congenital malformations
c) Birth asphyxia d) LBW

1745. All of the following are common cause of post neonatal infant mortality in India, Except - *(AI02)*
a) Tetanus
b) Malnutrition
c) Diarrhoeal diseases
d) Acute respiratory infection

1746. In a certain population, there were 4050 births in last one year. There were 50 still births. 50 infants died within 7 da^s where as 150 died within 28 days. What is the neonatal mortality *Y2itt-(AIIMSNov 10, May 12)*
a) 50 b)6.5
c) 12.5 d) 49.4

1747. The perinatal rate in India is - *(AI 96)*
a) Late fetal death (still-birth) + early neonatal death (under 1 week)
b) Late fetal death (stillbirth) + early neonatal deaths (under 4 weeks)
c) Late fetal and early death of neonates weighing over 1 OOOg at birth
d) Late fetal and early death of neonates weighing over 1500g at birth

1748. All of the following statements hold true for perinatal mortality rate except - *(AI 98)*
a) Deaths of neonate within one weak are included
b) Late still births and deaths beyond 28 weeks are included
c) Deaths of children weighing more than 1000 gm is are included
d) 'Total number of birth' forms the denominator

1749. Most common cause of perinatal mortality in India is-
a) Birth defect b) Prematurity *(AIIMSMay 95)*
c) GI Infection d) Asphyxia

1750. Still birth rate includes babies dead after - *(AI 94)*
a) 20 weeks b) 24 weeks
c) 28weeks d) 32 weeks

1751. Perinatal mortality rate include which of the following? *(AI 10)*
a). Abortions + Still birth + early neonatal deaths
b) Still birth + early neonatal deaths
c) Abortions + early neonatal deaths
d) Deaths up to 42 dys after birth

1752. In child death rate, which of the following is included - *(PGI June 07)*
a) Children < 5 years b) Children < 10 years
c) Children 1 -4 years age d) Children 10.-15 years

1753. In a population of 1 lakh, with 4000 live birth per annum and under 5 population is 15000 with infant death per annum is 280, so the under 5 mortality rate is - *(AIIMS June 2000)*
a) 40% b) 100%
c) 26.5% ,- d)69% ,u/:.

1754. The health status of children between 0 and 4 years in a community will be adversely affected by all except- *(AI94)*
a) Malnutrition
b) Birth weight of less than 2.5 Kg
c) Maternal hemoglobin 12 gm/dL ,
d) Infections

1755. Health status of a child under 5 years of age will be adversely affected by all of the following except-^4/*10)*
a) Malnutrition b) Low birth weight
c) Maternal Hb of 11gm% d) Infections

1756. Most common cause of death in children <5 yrs age-
a) Respiratory infection b) Diarrhoea *(PGI2K)*
c) Prematurity d) Accidents

1757. Mainly included in child survival index -
a) MMR *(PGIJune 01)*
b) IMR
c) Mortality between 1 to 4 yr. age
d) Under 5 mortality

1758. Current indicators of MCH - *(PGIDec 04)*
a) MMR3-4/1,00,000
b) IMR 39/10,000
c) Delivery by trained personal 42%

1759. The current neonatal mortality is -
a) 28 b) 30 *(NEET/DNB Pattern)*
c) 33 d) None

1760. All of the following statements are true about the childhood mortality rates in India except -
a) Almost 375th of infant mortality rate (IMR) occurs in neonatal period *(AIIMS Nov 05)*
b) Almost 374th of the under-five mortality occurs in the first year
c) About one in ten children die before they reach the age of five years.
d) Neonatal mortality is higher among female children as compared to males

1739) a 1740) a 1741)c 1742)a 1743)d 1744)b 1745)a 1746)a 1747)a 1748)d 1749)b 1750)c 1751)b 1752)c
1753) c 1754)c 1755)c 1756)a 1757)d 1758)c 1759)c 1760)c

1761. Benifits of breast milk are- *(PGIJune08)*
a) Better nutrition b) Less infection
c) More diarrhea d) Less allergy
e) High sodium contents

1762. Fatty acid characterstically present in breast milk and essential for baby growth - *(AIIMSNov 11)*
a) Linoliecacid b) Palmitic acid
b) Arachidonic acid d) Docosahexaenoic acid

1763. The following statements about breast milk are true except - *(AIIMS May 11, AI04)*
a) The maximum milk output is seen at 12 months
b) The coefficient of uptake of iron in breast milk is 70%
c) Calcium absorption of human milk is better that that of cow's milk
d) It provides about 65 k cals per 100 ml

1764. Not true about breast milk is ? *(AIIMSNov 08)*
a) Maximum output is seen at 12 month
b) Breast milk protein is a reference protein
c) Calcium utilization from breast milk is more than cow's milk
d) Coefficient of absorption of iron is 70%

1765. Calcium in human milk in mg/dl - *(PGIDec 97)*
a) 28 b) 45
c) 35 d)55

1766. Compared with cow's milk, mother's milk has more-
a) Lactose b) Vitamin D *(AI07)*
c) Proteins d) Fat

1767. Human milk with respect to cow milk has-*(PGIMay 11)*
a) Less fat b) Less protein
c) Less carbohydrate d) Less Calcium
e) Less Sodium

1768. What is deficient in exclusively breast fed baby-
a) Vitamin B b) Vitamin A *(AIIMS Feb 97)*
c) Vitamin C d) Proteins

1769. Exclusive milk ingestion can manifest as -
a) Scurvy b)Beri-Beri *(AIIMS97)*
c) Phryenoderma d) Night blindness

1770. What is absent in breast *mUk? (NEET/DNB Pattern)*
a) VitK b) Vit C
c) Lactose d) Vit A

1771. Colostrum is rich in the following constituents as compared to breast milk - *(AI 99)*
a) Minerals b) Proteins
c) Fats d)Carbohydrates

1772. Colostrums has in compared to normal milk -
a) Decreased K *(NEET/DNB Pattern)*
b) Decreased Na
c) Increased proteins
d) Increased calories

1773. The guidelines according to Baby Friendly Hospital Initiative includes all except-*(AI09, AIIMS May 01)*
a) Mothers and infant to be together for 24 hours a day
b) Mother to initiate breast feeding within 4 hours of normal delivery
c) Giving newborn infants no food or drink other than breast milk
d) Encouraging breast feeding on demand

1774. According to WHO, exclusive breast milk is gjven upto- *(NEET/DNB Pattern)*
a) 6 months b) 4 months
c) 8 months d) 10 months

1775. In normal delivery, breast feeding should be started-
a) *Vi* hour after delivary *(NEET/DNB Pattern)*
b) 2 hour after delivary
c) 4 hour after delivary
d) 6 hour after delivary

1776. The current recommendation for breast feeding is that- *(AI 04)*
a) Exclusive breast feeding should be continued till 6 month of age followed by supplementation with additional foods
b) Exclusive breast feeding should be continued till 4 month of age followed by supplementation with additional foods
c) Colostorum is the most suitable food for a new bom baby but it is best avoided in first two days
d) The baby should be allowed to breast feed till one year of age

1777. Who are NOT benificiaries of ICDS scheme -
a) Adolescent females *(AIIMS Feb 97)*
b) School going children
c) Pregnant females
d) Lactating females

1778. Nutritional supplement for two year old child under ICDS scheme is - *(AIIMS June 2000)*
a) 200 Calorie b) 300 Calorie
c) 400 Calorie d) 500 Calorie

1779. In ICDS the requirement in pregnant females is -
a) 300 cal, 15 gm protein *(AIIMS Nov 01)*
b) 300 cal, 25 gm protein
c) 500 cal, 15 gm protein
d) 500 cal, 25 gm protein

1780. Wrong about Mother and Child Health programme is- *(AIIMS May 94)*
a) Useful for children upto 12 years of age
b) It's objective is to prevent against chronic diseases
c) 100% immunization to be done by 200 A.D. against six vaccine preventable diseases
d) To decrease acute respiratory infections

1781. All of the following are included in "Five cleans" of CSSM programme, except - *(AIIMSDec 94)*
a) Clean cord b) Clean tie
c) Clean perineum d) Clean room

1782. The child survival and safe mother hood (CSSM) programme includes all except- *(AI 99)*
a) Essential newborn care
b) Acute respiratory disease control
c) Nutrition supplementation
d) Universal immunization

1761)a,b,d 1762)d 1763)a 1764)a 1765)c 1766)a 1767)a,b,d,e 1768)a 1769)None 1770)a 1771)b 1772)c
1773) b 1774) a 1775)a 1776)a 1777)b 1778)d 1779)None 1780)a,b 1781)c 1782)c

1783. In "safe motherhood schemes", (CSSM) major thrust area is - *(Karn 95)*
a) Promotion of reproductive health
b) Elimination of maternal morbidity
c) Fertility regulation
d) To provide essential prenatal, Natal and postnatal services

MISCELLANEOUS

1784. Direct cash transfer scheme to adolescent girls is covered under - *(NEET/DNB Pattern)*
a) Indira Gandhi scheme b) Rajiv Gandhi scheme
c) CSSM d) RCH

1785. Child rights are guaranteed in which article of the constitution - *(PGI Dec 01)*
a) Article 24 b) Article 28
c) Article 35 d) Article 42
e) Article 45

1786. The Children Act, 1960 (Amended 1977) provides for care, maintenance, welfare, training, education and rehabilitation of - *(UPSC 06)*
a) Physically handicapped children
b) Delinquent children
c) Children below 6 years of age
d) Malnourished children needing nutrition and preschool services

1787. WHO defines adolescent age between - *(A105)*
a) 10-19 years of age b) 10-14 years of age
c) 10-25 years of age d) 9*14 years of age

1788. Homes where children are placed under the care of doctors and psychiatrists are called - *(UPSC 04)*
a) Foster homes b) Borstals
c) Remand homes d) Child guidance clinics

1789. Boys over 16 years who are too difficult to be handled in a certified school or have misbehaved there are sent to a: - *(AIIMS 81, UPSC 83)*
a) Remand home b) Borstal
c) Foster home d) Any of the above

1790. Ujjwala is for - *(NEET/DNB Pattern)*
a) Child abuse b) Child trafficking
c) Child labour d) None

1791. In school health services the most important functionary should be - *(PGI 79, AIIMS 86)*
a) School teacher b) Health worker
c) Medical officer d) Health assistant

1792. According to school health services recommendations, a school should have - *(J&K01)*
a) 1 urinal/60 children and 1 privy for 100 children
b) 1 urinal/80 children and 1 privy for 150 children
c) 1 urinal/100 children and 1 privy for 100 children
d) 1 urinal/100 children and 1 privy for 200 children

1793. Ideal desk recommended for a shool child is - *(UP 07, 01, PGI 80, UPSC 93)*
a) 'Plus'desk b) 'Minus' desk
c) Zero desk d) None of the above

1794. Per capita space for students is a class room should not be less than-------- sq. feet - *(PGI 80, AMU 92)*
a) 5 b) 10
c) 20 d) 50

1795. The school health programme came into vogue in -
a) 1946 b) 1948 *(PGI83)*
c) 1950 d) 1960

1796. Which country had introduced school health services for the first time - *(Karn 94)*
a) France b) Russia
c) United States of America d) India

1797. With reference to healthful school environment, which one of the following statements is not correct- *(UPSC 2006)*
a) In the class room, desks should be of minus type
b) Per capita space per student should be 6 sq feet
c) Combined window and door area should be 25% of the floor space
d) One urinal should be provided for 60 students

1798. Perinatal mortality includes deaths-(DM? *June 2010)*
a) After 28 weeks of gestation
b) First 7 days after birth
c) Both
d) From period of viability

1799. Extended definition of perinatal mortality includes crown heel length of? *(DNB June 2010)*
a) > 15 cm at birth b) > 25 cm at birth
c) >35 cm at birth d) > 45 cm at birth

1800. Perinatal mortality is expressed in terms of-
a) Deaths/1000 total births *(DNB Dec 09)*
b) Deaths/1000 live births
c) Deaths/10000 total births
d) Deaths/10000 live births

1801. Desk for student is? *(DNB June 09)*
a) Minus desk b) Plus desk
c) Zero desk d) All the desks

1802. Maternal mortility rate is - *(DNB Dec 08)*
a) Maternal death/100 births
b) Maternal death/100 live births
c) Maternal death/1000 births
d) Maternal death/1000 live births

1803. Perinatal mortality is expressed in terms of -
a) Deaths/1000 total births *(DNB June 08)*
b) Deaths/1000 live births
c) Deaths/10000 total births
d) Deaths/10000 live births

1804. The best parameter for assessment of chronic malnutrition is - *(DNB Dec 07)*
a) Weight for age b) Weight for height
c) Height for age d) Any of the above

1805. Infant mortality does not include - *(DNB Dec 07)*
a) Early neonatal mortality
b) Perinatal mortality
c) Post neonatal mortality
d) Late neonatal mortality

1783)d 1784) b 1785)a,e 1786)b 1787) a 1788) c 1789)b 1790)b 1791)a 1792)a 1793)b 1794)b 1795)d 1796)d 1797)b 1798)c 1799)c 1800)b 1801)a 1802)None 1803)b 1804)c 1805)b

1806. Major cause of infant mortality rate in India is -
a) Immaturity *(DNB June 07)*
b) Respiratory infections
c) GIT infection
d) Kwashiorkor

1807. Homes where children are placed under the care of doctors and psychiatrist are called - *(DNB June 07)*
a) Foster homes b) Borstals
c) Remand homes d) Child guidance clinics

1808. The maximum number of death in children occur in following age group - *(Delhi 96)*
a) 2-5 years b) 1 -2 years
c) first 7 days d) 6 months - 12 months

1809. Infants constitute what % of population?
a) 2 b)3 *(Orissa04)*
c) 4 d) 5

1810. A14 year old boy having lost his father a year ago, is caught shoplifting. The boy will be sent to -
a) An orphanage b) An anganwari *(UPSC 02)*
c) A prison d) A remand home

1811. The ICDS scheme includes children upto..... years of age - *(AMC 99)*
a) 6 b) 10
c) 4 d) 8

1812. ICDS package does not include - *(AMC 99)*
a) Nutrition b) Immunisation
c) Health check up d) Formal education

1813. The growth monitoring of a child at Anganwadi is meant for- *(Karn 95)*
a) Detection of healthy babies
b) Diagnosis of growth retardation
c) Providing appropriate nutritional supplement
d) Estimation of malnutriton problem

1814. Under the National Maternity Benefit scheme, what is the financial assistance given per birth for the first two births to all pregnant women who attain 19 years of age and belong to BPL households ?
a) Rs. 500 b) Rs. 1,000 *(UPSC-108)*
c) Rs. 1,500 d)Rs. 2,000

1815. Low birth - weight babies are at a higher risk of dying in the first week because - *(UPSC 99)*
a) Congenital anomaly, birth injury and infections
b) Birth injury, convulsions and asphyxia
c) Convulsions, congenital anomaly and hypothermia
d) Hypothermia, asphyxia and infections

1816. Which one of the following is categorised as a high risk pregnancy ? *(UPSC-II08)*
a) Birth order 3
b) Maternal height 150 cm
c) Twins pregnancy
d) Blood group AB +ve

1817. The criteria for 'at risk' infant include the following except- *(UPSC 07)*
a) Artificial feeding b) Grade II malnutrition
c) Working mother d) Birth order 4 and more

1818. Maternal mortality refers to maternal deaths from causes related to or aggravated by pregnancy and its management during - *(UPSC)*
a) Pregnancy, child birth or first seven days after delivery
b) Child birth or first fourteen days after delivery
c) First 28 days after delivery
d) Pregnancy, child birth or first 42 days after delivery

1819. All of the following are included as causes of maternal death except - *(MAHE 07)*
a) Following abortion
b) During lactation 1 st month (Puerperal)
c) During lactation 8th month
d) During the last trimester due to APH

1820. 15-50% of maternal deaths in India can be averted by- *(JIPMER 95)*
a) Appropriate Saging of delivery
b) Correction of anemia
c) Anti malarial and tetanus prophylaxis
d) Preventing puerperal haemorrhage

1821. Among the cause of maternal mortality, which one of the following is the correct descending order due to which the maternal deaths occur in India? *(UPSC-II08)*
a) Haemorrhage, obstructed labour, abortion, sepsis
b) Obstructed labour, haemorrhage, abortion, sepsis
c) Sepsis, obstructed labour, abortion, haemorrhage
d) Haemorrhage, sepsis, abortion, obstructed labour

1822. A village with a population of 10,000 has a birth-rate of 36/1000 population. In one year there has been 5 maternal deaths. The MMR in this village is-
a) 0.5 b)5 *(J&K05)*
c) 7.2 d) 13.8

1823. Perinatal mortality is expressed in terms of -
a) Deaths/1000 total births *(Corned 09)*
b) Deaths/1000 live births
c) Deaths/10000 total births
d) Deaths/10000 live births

1824. You were posted at a PHC catering to a population of 1,20,000. In the year 2006, a total number of 2500 liver born babies were delivered. Number of children dying under one year of age during 2006 was 150. What is the infant mortality rate of this population ?
a) 60 b) 70 *(UPSC-108)*
c) 80 d)90

1825. Most common causes of perinatal mortality ?
a) Birth injury *(APPG08)*
b) Intra uterine infection
c) Birth asphyxia
d) LBW

1826. According to international standards, still birth is defined as weight of fetus over? *(MH11)*
a) 500 gm b)850gm
c) 1000 gm d)2000gm

1806) a 1807)c 1808)c 1809)b 1810) d 1811)a 1812)d 1813)c 1814)a 1815)a 1816)c 1817)b 1818)d 1819)c 1820) b,d 1821) d 1822)None 1823)b 1824)a 1825)c 1826)c

1827. The following does not suggest deficiency in under five care in the community - *(APPGE 05)*
a) Infant mortality rate
b) 1-4 year mortality
c) Neonatal tetanus
d) Deaths due to diarrheal disease between 1-5 years

1828. The milk of which of the following contains the least amount of calcium ? *(UPSC-II09)*
a) Human b) Cow
c) Buffalo d)Goat

1829. Which one is wrong about human milk-
a) Gives energy of 67 K cal/1 *(JIPMER98)*
b) Carbohydrate forms 40% of total energy
c) Fats forms > 50% of total energy
d) Proteins form 3 3 % of total energy

1830. Cow's milk contains what % proteins - *(Orissa 05)*
a) 1.1 **b)3.2**
c) 3.5 d) 4.1

1831. Which one of the following nutrient is more in the human milk as compared to cow's milk - *(UPSC 06, Corned 09)*
a) Protein b) Calcium
c) Cabohydrate d)Fat

1832. Among the following milk sources, which one is the correct sequence with decreasing fat content -
a) Buffalo, Cow, Goat, Human *(UPSC-II08)*
b) Buffalo, Goat, Cow, Human
c) Buffalo, Human, Cow, Goat
d) Buffalo, Goat, Human, Cow

1833. Milk is a poor source of which of the following ?
a) Essential fatty acids *(UPSC-II08)*
b) Iron
c) Vitamin C
d) Vitamin A

1834.In which one of the following is the calcium content of milk lowest - *,(UPSC 06)*
a) Human milk b) Goat milk
c) Cow milk d) Buffalo milk

1835. ICDS scheme does not include - *(UPSC-II 09)*
a) Children in the age group of 0-6 years
b) Primary school children
c) Pregnant women
d) Lactating women

1836. In MCH programme the sampling is done by which method - *(MH-00)*
a) Systemic b) Stratified
c) Group d) Cluster-30

NUTRITION AND HEALTH

GENERAL

1837. Weight of an Indian reference woman is *
a) 45 kg b) 50 kg *(AIIMSNov 04)*
c) 55 kg d) 60 kg

1838. All are criteria for normal Indian Reference male except- *(AIIMSMay08)*
a) 60 kg b) 2200 Kcal/day
c) 8 hrs in bed d) 20-39 age

1839. False about Indian reference female is -
a) Weighs 55 kg *(AIIMS Nov 08)*
b) Age 20-39 yrs
c) 8 hours of moderate work
d) Walking or recreational work for 2 hours daily

1840. For Indian reference male is *true-(NEET/DNB Pattern)*
a) Weight 60 kg b) Works for 15 hours
c) Age 20-3 5yrs d) Daily exercise

1841. True about Indian Reference Male *is-(AIIMSMay 12)*
a) Age 18-29 yrs b) Weight 65 kg
c) Work is mainly sedentary d) Works for 10 hrs

1842. Indian reference man is - *(AI09, AIIMSMay 10)*
a) 55 kg b) 60 kg
c) 65 kg d) 70 kg

1843. Energy requirement in late *pregmncy-(NEET/DNB Pattern)*
a) 2500 cal b) 1400 cal
c) 1000 cal d) 500 cal

1844. Extra calories in lactating mothers in first six months- *(NEET/DNB Pattern)*
a) 300 b) 500
c) 600 d) 1000

1845. The recommended daily energy intake of an adult woman with heavy work is - *(AI 05)*
a) 1800 b)2100
c) 2300 d) 2900

1846. Calorie requirement at 1 year of age is - *(ai 96)*
a) 800 b)1000
c) 1200 d) 1500

1847. A 24 years old primigravida wt = 57 kg, Hb 11.0 gm% visits an antenatal clinic during 2nd trimester of pregnancy seeking advice on dietary intake. She should be advised - *(AIIMSNov 05, Feb 97; AI 06)*
a) Additional intake of 300 K.cal
b) Additional intake of 500 K.cal
c) Additional intake of650 K.cal
d) No extra K.cal

1848. Additional daily energy requirement during the first six months for a lactating woman is -
a) 350 K calories *(AIIMSNov 03, Dec 97, Nov 93;*
b) 450 K calories *AI 99, 97)*
c) 550 K calories
d) 650 K calories

1849. Recommended Dietary allowance in pregnancy are -
a) +100-300 cal b) 30 mg Iron *(PGI Nov 10)*
c) 4 mg folic acid d) 2500 mg Mg
e) 220 pg Iodine

1850. Which is NOT a micro nutrient - *(AIIMSSep 96)*
a) Iodine b) Vitamin A
c) Iron d) Vitamin C

1851. Which of the following trace element cannot be completely supplemented by diet in pregnancy -
a) Fe **b) Ga**** *(AI 99)*
c) Zn d) Manganese

1827)c 1828) a , 1829)a,d 1830)b 1831)c 1832)b 18=33) c 1834) a 1835)b 1836) d 1837) c 1838)b 1839)b 1840) a 1841) a 1842)b 1843) a 1844)c 1845)d 1846)b 1847) None 1848) None 1849)b,e 1850)None 1851) a

PROTEINS

1852. Protein is assessed by - *(PGI June 02)*
a) Protein energy ratio b) BUN
c) Per gm calories given d) Amino acid score

1853. Protein quality assessment is best done by -
a) NPU *(PGMCET 07, Kerala 94)*
b) Biological value
c) Digestibility coefficient
d) Amino acid score

1854. Amino acid score of animal foods - *(PGI92)*
a) 40-50 b) 50-60
c) 70-80 d) 90-100

1855. Biological value is used for assessment of - *(AI93)*
a) Fat quality b) Protein quality
c) Carbohydrate quality d) None

1856. All are TRUE regarding Net Protein Utilisation, except-
a) It is the increase in weight per unit weight of protein consumed *(AI2000)*
b) NPU of cow - milk is 81%
c) NPU of average Indian foods is 50 - 80%
d) If NPU is low, more protein is required

1857. Which of the following statements is true about net protein utilization - *(AIIMS May 11, Nov 08)*
a) It is the ratio of total nitrogen retained by total N2 intake multiplied by 100
b) If net protein utilization is high, the amount of protein required in diet is high
c) It is the ration of energy from protein to total energy in diet.
d) It is the amount of one amino acid per gram of a protein divided by the amount of same amino acid per gram of egg protein.

1858. Protein efficiency ratio is - *(AI 94, 03)*
a) Gain in weight per unit of protein consumed
b) Product of digestibility coefficient and biological value divided by 100
c) Percentage of nitrogen retained out of the nitrogen absorbed
d) Percentage of protein absorbed after digestion

1859. How is the protein Energy Ratio (PER) in diet expressed as- *(UPSC07)*
a) $\frac{\text{Energy in diet}}{\text{Protein in diet}} \times 100$
b) $\frac{\text{Protein energy in diet}}{\text{Total energy in diet}} \times 100$
c) $\frac{\text{Total protein in diet}}{\text{Total energy in diet}} \times 100$
d) $\frac{\text{Total energy consumed}}{\text{Total protein consumed}} \times 100$

1860. Essential amino acids are A/E - *(AI 99)*
a) Leucine b) Proline
c) Lysine d) Methionine

1861. Semi essential amino acids *are-(NEET/DNBPattern)*
a) Arginine b) Lysine
c) Leucine d) Histidine

1862. Highest amount of protein is seen in - *(AP85,PGI 86, Kerala 87, UPSC 88)*
a) Soyabeans b) Groundnut
c) Bengal gram d) Mysore dhal

1863. The reference protein is - *(AIIMSSep 96)*
a) Fish b) Egg
c) Rice d) Lemon

1864. Highest biological value of protein is seen in -
a) Eggs b)Fish *(AI 94)*
c) Soyabean d) Gram

1865. Egg is ideal protein because it has - *(PGIDec 99)*
a) High cholesterol
b) High protein per 100 gm
c) High biological efficiency and NPU
d) No limiting amino acid

1866. Cereals and pulses are considered complementary since - *(A102; PGI Dec 05)*
a) Cereals are deficient in methionine
b) Cereals are deficient in methionine and pulse are deficient in lysine
c) Cereals are deficient in lysine and pulses are deficient in methionine
d) Cereal proteins contain non - essential amino-acids, while pulse proteins contain

1867. Pulse proteins are deficient in-*(NEET/DNB Pattern)*
a) Methionine b) Lysine
c) Threonine d)All

1868. Cereal protein is deficient in which amino acid -
a) Leucine b) Lysine *(PGI June 97)*
c) Phenylalanine d) Tryptophan

1869. What is the percent of total energy ratio supplied by fish protein (PE % Kcal) - *(UPSC 07)*
a) 20 b) 40
c) 60 d)80

1870. Best quality proteins are found in highest quantities in - *(UPSC 85)*
a) Rice b) Wheat
c) Ragi d)Bajra

1871. What is the average protein requirement of a reference Indian man - *(AIIMS Nov 2000)*
a) 50gms b)60gms
c) 80gms d)40gms

1872. In 13-15 year female child, Recommended Daily Protein Intake is - *(AIIMS May 12)*
a) 0.68 b) 0.95
c) 1 d) 1.33

1873. For a 60 Kg Indian male, the minimum daily protein requirement has been calculated to be 40g (mean) & allowance of protein would be - **(AI 02)**
a) 60g/dayb) 70g/day
c) 40g/dayd) 50g/day

1852) a,d 1853) a 1854)c 1855)b 1856)a 1857)a 1858)a 1859)b 1860)b 1861) a,d 1862) a 1863)b 1864)a 1865)c 1866)c 1867) a 1868)b 1869)d 1870)a 1871)b 1872)c 1873)a

1874. Daily additional requirement of protein in lactation is- *(AIIMS Dec 95)*
a) 25 gm b) 15 gm
c) 35 gm d)50gm

1875. Highest amount of saturated fatty acid is seen in -
a) Soyabean oil b) Groundnut oil *(AI08)*
c) Palm oil d) Sunflower oil

1876. n-3PUFA is present in all except- *(AIIMS Nov 07)*
a) Mustard oil b) Com oil
c) Fish oil d) Groundnut oil

1877. Which of the following is an essential fatty acid -
a) Oleic acid b) Stearic acid *(AI 02)*
c) Linoleicacid d) Palmitic acid

1878. PUFA consumption is associated with- *(AIIMSNov 06)*
a) Lowering of serum cholesterol, rise in LDL cholesterol
b) Lowering of semm cholesterol, lowering of LDL cholesterol
c) Rise in serum cholesterol, rise in LDL cholesterol
d) Rise in serum cholesterol, lowering of LDL cholesterol

1879. Vegetable fat differs from animal oil in being -
a) More saturated *(AIIMS June 2000)*
b) More stable
c) More atherosclerotic
d) Contains less fat soluble vitamin

1880. The highest percentages of polyunsaturated fatty acids are present in - *(AIIMSMay 06, AI 07, 08)*
a) Groundnut oil b) Soyabean oil
c) Margarine d) Palm oil

1881. Eichosapentaenoic acid is present in- *(AIIMSNov*
a) Soyabean oil b) Com oil *06)*
c) Safflower oil d) Fish oil

1882. >50% PUFA is/are seen in - *(PGI Nov 10)*
a) Mustard oil b) Soyabean oil
c) Safflower oil d) Com oil
e) Palm oil

1883. Food with maximum Cholesterol *oontmt-(AIIMS May 12)*
a) Egg b) Coconut Oil
c) Hydrogenated Fats d) Ghee (Hydrogenated)

VITAMINS

1884. Carotene is not found in high amounts in -
a) Tomato b) Cabbage *(AIIMS 94)*
c) Potato d) Spinach

1885. The highest concentrations of Vitamin A is seen in - *(PGI 88)*
a) Polar bear liver b) Cod liver oil
c) Shark liver oil d) Papaya

1886. Vitamin A requirement in infant is -
a) 350 g b) 600 g *(NEET/DNB Pattern)*
c) 800 g d) 1000 g

1887. Vit. A deficiency is characterized by - (PGI Dec 04)
a) Bitot's spot b) Xerophthalmia
c) Night blindness d) Tranta's spot

1888. Vitamin A deficiency is considered a public health problem if prevalence rate of night blindness in children between 6 months to 6 years is more than -
a) 0.01% b) 0.05% *(AIIMS May 06)*
c) 0.1% d) 1.0%

1889. Bitot's spot prevalence as public health problem -
a) > **1%** b) > 2% *(NEET/DNB Pattern)*
c) > 0.5% d) None

1890. RDA in infant of Vit A is - *(NEET/DNB Pattern)*
a) 350 g b) 450 g
c) 600 g d) 1000 g

1891. Under National Programme for Prevention of Nutritional Blindness, a child in the age group of 6-11 months is given a mega dose of vitamin A equal to-
a) 50,000 IU b) 1 Lakh IU *(AIIMS Nov 05)*
c) 1.5 Lakh IU d)2LakhIU

1892. The vitamin A supplement administered in "Prevention of nutritional blindness in children programme" contain - *(AI 03)*
a) 25,000 i.u./ml b) 1 lakh i.u./ml
c) 3 lakh i.u./ml d) 5 lakh i.u./ml

1893. Medium term intervention for Vitamin A prophylaxis is- *(AIIMS June 2000)*
a) Measles immunization
b) Vit A supplementation
c) Fortification of food
d) Green leafy vegetables

1894. A10 month old child weighing 8kg has Bitot spots in both eyes. Which of the following is the most appropriate schedule to prescribe vitamin A to this child - *(AI 04)*
a) 2 lakh units intramuscular (IM) on day 0,14
b) 1 lakh units IM on day 0,14
c) 2 lakh units IM on day 0, 1 and 14
d) 1 lakh units IM on day 0, 1 and 14

1895. Dose of Vitamin A (I.U) and Vitamin D (I.U) in Daldais- *(MAHE98)*
a) 1000 & 100 b) 1500 & 125
c) 2000 & 150 d) 2500 & 175

1896. The recommended daily requirement of vitamin A for pregnant woman is - *(AMC 99)*
a) 750 meg b) 900 mg
c) 1200 meg d) 1500 mg

1897. Vitamin D is absent in - *(AIIMS June 98)*
a) Egg b) Milk
c) Fish fat d) Cod liver oil

1898. Vitamin D is maximum in - *(NEET/DNB Pattern)*
a) Milk b) Fish fat
c) Eggs d) Cod liver oil

1899. Richest source of vitamin D is - *(AIIMSMay 07)*
a) Milk b)Egg
c) Green leafy vegetables d) Fish oil

1900. Dose of Vit D in children with malnutrition -
a) 100 IU b) 200 IU *(NEET/DNB Pattern)*
c) 60,000 IU d) 10,000 IU

1874) a 1875)c 1876)d 1877)c 1878)b 1879)d 1880)b 1881)d 1882)b,c,d 1883)a 1884)c 1885)b 1886)a
1887) a,b,c 1888)d 1889)c 1890)a 1891)b 1892)b 1893)c 1894)d 1895)d 1896)None 1897)None 1898)d
1899)d 1900)c

190U Niacin is synthesised from- *(Kerala 94)*
.... a) Tryptophan b) Tyrosine •
c)Methionine d) Phenylalanine

1902. One mg. of Niacin is produced by .....w..«. mg. of Tryptophan- *(PGI85, 84)*
a) 22 b) 37
c) 55 d) 60

1903. In Niacin deficiency, all of the following are seen except- *(4196)*
a) Deafness b) Diarrhea
c) Dementia d) Dermatitis

1904. Niacin deficiency cause - *(NEET/DNB Pattern)*
a) Pellagra b) Scurvy
c) Rickets d) Lathyrism

1905. Niacin deficiency in a maize-eating population is due to- *(AI 95)*
a) High Tryptophan b) High Isoleucine
c) High leucine d) High Phenylalanine

1906. Jowar is Pellogerogenic due to excess of-
a) Leucine b) Lysine *(NEET/DNB Pattern)*
c) Tryptophan d) Methionine

1907. Beri-Beri is caused by - *(AI99)*
a) Thiarpine b) Folic acid
c) Riboflavin d) Niacin

1908. Thiamine deficiency is seen in all except -
a) Chronic diarrhoea *(AIIMS May 0 7)*
b) Chronic alcoholism
c) Homocystinemia
d) Food faddist

1909. For every 100 kilocalories, vitamin B_x required is - *(AIIMS 81, AMC 87)*
a) 0.05 mg b) 0.5 mg
c) 5.0mg d) l.Ogm

1910. TRUE about folic acid and vitamin B12 is all, except - *(AIIMS June 99)*
a) Both are required for DNA synthesis
b) Recommended daily allowances for Folic acid is 1000 micro grams
c) Vegetarians have vitamin B12 deficit
d) Deficiency of both causes megaloblastic anaemia

1911. Vitamin B_{12} is not found in - *(AI 97)*
a) Soyabean b)Milk
c) Meat d) Fish

1912. Which of the following drugs is supposed to prevent congenital neural tube defects - *(AI 95)*
a) Thiamine b) Riboflavin
c) Folic acid d)Pyridoxine

1913. On exposure to sunlight which Vitamin is lost -
a) Vitamin A b) VitaminB_1 *(AMC 2K)*
c) VitaminB_6 d)VitaminC

1914. The highest quantities of vitamin C is found in- *(AP 85, PGI 86, Kerala 87, UP SC 88)*
a) Orange b) Lemon
c) Indian gooseberry d) Grapes

1915. The daily requirement of Vitamin C is - *(AP 85)*
a) 40 mg. b) 100 mg.
c) 200mg. d) 500 mg.

1916. Zinc supplement given in 12 month baby *A(NEET/*
a) lgm/day b) 10 mg/day *DNB Pattern)*
c) 5 mg/day d) 15 mg/day

1917. Among the following, which one is not a good dietary source of iron - : *(UPSC 07)*
a) Liver b) Jaggery
c) Fish d)Milk

1918. Highest amount of iron is seen in r *(PGI 86)*
a) Milk b) Meat
c) Spinach d) Jaggery

1919. Iron is maximum in r *(NEET/DNB? Pattern)*
a) Pista b) Cashewnut
c) Meat d) Milk

1920. Nutrient rich in iron - *(NEET/DNB Pattern)*
a) Almond b) Pistachio
c) Ground nut d) Cashew nut .

1921. Iron absorption from intestine is regulated by -
a) Acid secretion in stomach *(KERALA 94)*
b) Reducing substances in food
c) Mucosal block in the intestinal cells in according to iron requirement
d) Alkaline medium in small intestine

1922. Iron requirement in pregnancy-(7VE£77DJVZ? *Pattern)*
a) 1000 mg b) 35 mg
c) 500 mg d) 800 mg

1923. Extra iron requirement for pregnant women in India- *(NEET/mB Pattern)*
a) 15 mg b) 25 mg
c) 30 mg d) 35 mg

1924. Daily iron requirement in healthy Indian male is-
a) 35 mg b) 17 mg *(NEET/DNB*
c) 10 mg d) 5 mg *Pattern)*

1925. According to the WHO criteria, anaemia in infants of 6 months age is defined as Hb less than -
a) 100 gm/litre b) 105 gm/litre *(AIIMS Nov 01)*
c) 110 gm/litre d) 115 gm/litre

1926. Best test to detect iron deficiency in community is -
a) Transferrin b) Serum ferritin *(AJ 01)*
c) Serum iron d) Hemoglobin

1927. First indices to change in iron deficiency anemia is- **(AI 97,94)**
a) S. iron b) Total iron binding capacity
c) S. ferritin d) S. haemoglobin concentration

1928. Tablets supplied by Govt, of India contain the following amdunt of iron and folic acid - *(AIIMS May 04, AI 03, PGI June 2K)*
a) 60 mg elemental iron+ 500 gFA
b) 100 mg elemental iron+500 g FA
c) 200 mg elemental iron + 1 gFA
d) 100 mg elemental iron + 5 g FA

1929. Elemental iron and folic acid contents of pediatric iron folic acid tablets supplied under Rural Child Health (RCH) programme are- *(AI03)*
a) 20 mg iron & 100 microgram folic acid
b) 40 mg iron & 100 microgram folic acid
c) 40 mg iron & 50 microgram folic acid
d) 60 mg iron & 100 microgram folic acid

1901) a 1902) d 1903) a 19G4)a 1905) c 1906) a 1907) a 1908) c 1909)a 191G)b 1911) a 1912)c 1913)d 1914)c 1915)a 1916)c 1917)d 1918)b 1919)c 1920)d 1921)c 1922)b 1923)a ;1924)b 1925)c 1926)b 1927)c 1928)b 1929)a

1930. Total body iodine is about - *(PGI85, PGI83)*
a) 20 mg b)30mg
c) 40 mg d)50mg

1931. Richest source of iodine - *(PGJ 99)*
a) Sea food b) Milk
c) Meat d) Butter

1932. Iodine RDA is - *(NEET/DNB Pattern)*
a) 300 microgram b) 500 microgram
c) 150 microgram d). 50 microgram

1933. The recommended content of Iodine in salt at the consumer level is - *(Corned 08)*
a) 10 ppm b) 15 ppm
c) 20 ppm d) 30 ppm

1934. Iodine deficiency control programme -
a) Health education *(NEET/DNB Pattern)*
b) Water testing
c) Fortification of salt
d) None

1935. Spectrum of IDD does NOT include - *(APPGE 05)*
a) Stillbirths b)Hyperactivity
c) Deafness d) Delayed development

1936. Efficiency of the goiter control program can be assessed by - *(AIIMS Nov 06)*
a) Neonatal thyroxine levels
b) Goitre in pregnancy
c) Goitre in the age group of 12 to 18 yr
d) Soil iodine levels

1937. Best method to measure goitre prevalence rate in community is - *(AIIMS Sep 96, AI05)*
a) Neonatal hypothyroidism
b) Iodine level in salt
c) Adult hypothyroidism
d) Thyroid function test screening

1938. As per the World Health Organisation guidelines, iodine deficiency disorders are endemic in a community if the prevalence of goiter in school age children in more than - *(AIIMSNov 02)*
a) 1% b)5%
c) 10% d) 15%

1939. Iodine comes in iodine salt Requirement in humans -
a) 5 PPM b) 15 PPM *(NEET/DNB Pattern)*
c) 25 PPM d) 35 PPM

1940. Rice contains - *(AP 96)*
a) 20% protein b) 12% of protein
c) 14% of protein d) 0.6% ofpotein
e) 6.8% of protein

1941. Par boiling of paddy helps in retaining - *(Karn94)*
a) Vitamin C b) Vitamin A
c) Niacin d) 'Thiamine

1942. Lysine is not present in - *(AI 88)*
a) Wheat b) Rice
c) Bengal gram d) red gram
e) Red gram dhall

1943. Maize are deficient in- *(AI 97)*
a) Typtophan b) Threonine
c) Methionine d) Leucine

1944. Ragi is richest source of - **(AI 95)**
a) Carbohydrates b)Iron
c) Calcium d) Proteins

1945. What is known as doorman's meat'- *(NEET/DNB Pattern)*
a) Milk b) Pulses
c) Fish d) egg

1946. About Soyabean true - *(AIIMSMay 93)*
a) Protein 40%
b) Minerals 8%
c) Digestibility coefficient 75%
d) Highest quality protein amongst vegetarian food

1947. Which one of the following pulses has the highest content of iron - *(AIIMS May 05)*
a) Bengal gram b) Black gram
c) Red gram d) Soyabean

EGG

1948. Egg has all vitamins except - *(NEET/DNB Pattern)*
a) B1 b)B6
c) C d)E

1949. Egg lacks the following - *(APPGE 05)*
a) Protein b) Cholesterol
c) Carbohydrate d) Vitamins

1950. Egg yields about..... K cal of energy -
a) 50 b) 60 *(UPSC97)*
c) 70 d)80

1951. Fat content is highest in..... - *(AI 98)*
a) Beef b) Mutton
c) Chicken d)Fish

1952. Fish is deficient in which of the following nutrients?
a) Iron b) Iodine*(AIIMS May 11, Nov 08)*
c) Vitamin A d) Phosphorous

1953. Keshan cardiomegaly - *(NEET/DNB Pattern)*
a) Se b)Cu
c) Zn d)Fe

1954. Malnutrition in India is mainly attributed to -
a) Protein deficiency *(JIPMER8I, KERALA 90)*
b) Vitamin A deficiency
c) Iron deficiency
d) All of these

1955. Commonest malnutrition in India - *(PGI96)*
a) Protein deficiency b) Calorie deficiency
c) Vitamin A deficiency d) Iron deficiency

1956. Classification of grades of protein energy malnutrition given by Indian academy of peadiatrics as adopted- *(UPSC2K)*
a) ICMR standards
b) Standards developed by national institute of nutrition, Hyderabad
c) Local standards
d) NCHS standards

1957. Index of duration of malnutrition is - *(PGI83)*
a) Weight for height b) Height for age
c) Weight for age d) None

1930)d 1931) a 1932)c 1933)b 1934)c 1935)b 1936)a 1937)a 1938)b 1939)b 1940)e 1941) c,d 1942)a 1943)a
1944)c 1945) b 1946)a 1947)d 1948)c 1949)c 1950)c 1951)a 1952)a 1953)a 1954)d 1955)d 1956)a 1957)b

1958. Index of severity of malnutrition is - *(PGI83)*
a) Weight for height b) Height for age
c) Weight for age d) None

1959. Grade HI malnurtition according to IAP is -
a) 50% b) 51-60% *(PGIJune 99)*
c) 61-80% d) 81-100%

1960. A 2 year old child has a weight of 6.4 kg. and has vitamin A deficiency.What is the grade of malnutrition in this child - *(AIIMS 87)*
a) First degree b) Second degree
c) Third degree d) Fourth degree

1961. The following statement about Gomez classification is false - *(AI08)*
a) Based on height retardation
b) Based on 50th centile Boston standards
c) Between 75 and 89% implies mild malnutrition
d) This classification has prognostic value for hospitalization of children

1962. Village Health Guide measures the state of malnutrition in an under 5 child by using - (AI 2000)
a) Mid arm circumference b) Weight for age
c) Skin fold thickness d) Height for age

1963. Assessment of Malnutrition is/are done by all except:
a) Creatinine-height index *(PGIMay 10)*
b) Transferrin
c) Total lymphocyte count
d) Albumin concentration
e) Folate concentration

1964. Double edged sword is - *(AMC 84,85,89, PGI82)*
a) Chlorine b) Fluorine
c) Lead d) Selenium

1965. True regarding fluorosis are all except -
a) Fluorosis is the most common cause of dental caries in children *(AIIMS Nov 0 7)*
b) Fluorosis can cause fluoride deposition in bones
c) Defluoridation is done by Nalgonda technique
d) Fluorosis can cause genu valgum

1966. 'NALGONDA technique'is used in - *(AI 99)*
a) Endemic-fluorosis b) Epidemic-dropsy
c) Endemic-ascites d)Neurolathyrism

1967. Process of deflouridation of water is -
a) Nalgonda technique *(NEET/DNB Pattern)*
b) NINH
c) Sand filter
d) Parboiling

1968. Lathryism is due to - *(NEET/DNB Pattern)*
a) Khesari dal b) Aflatoxins
c) Aspergillus d) Fluoride

1969. BOAA is - *(AI 96)*
a) Beta-oxalyl amino alanine
b) Beta-oxalo acetoacetate
c) Beta-oxalyl aminoacetate
d) Beta-oxalyl acetylacetate

1970. Which of the following statements is/are true about lathyrism - *(PGI Dec 08)*
a) Vitamin C prophylaxis
b) Banning of crop
c) Flaccid paralysis
d) Parboiling detoxicates pulses
e) BOAA is causative toxin.

1971. Active principal of Lathyrus sativa is - *(ARMS*
a) Pyrrolizidine b) Sanguinarine *June 97)*
c) BOAA d) Jhunjhunia

1972. Milk borne diseases are- *(PGIMay 11)*
a) Salmonellosis b) E. coli
c) Streptococcus d) Tuberculosis
e) Q fever

1973. True about Pasteurization of milk is all except -
a) Does not kill thermoduric bacteria *(AI 2000)*
b) Does not kill spores
c) Cause >95% decrease in bacterial count
d) Kills tubercle bacillus

1974. The following tests are used to check the efficiency of pasteurization of mild except - *(AI 05)*
a) Phosphatase test
b) Standard plate count
c) Coli form count
d) Methylene blue reduction test

1975. Which is not used in pasteurization -
a) Phosphatase test *(NEET/DNB Pattern)*
b) Methylene blue test
c) Coliform count
d) Standard plate count

1976. Efficiency of pasteurization can be best assessed by? *(NEET/DNB Pattern, AI 11, ARMS Nov 08)*
a) Oxidase test b) Phosphatase test
c) Catalase test d) Indole test

1977. Post pasteurized milk's qualiy is tested by- *(ARMS Nov 08)*
a) Phosphatase test b) Methylene blue test
c) Catalase test d) Oxidase test

1978. Pasteurization of milk is achieved by boiling at - *(NEET/DNB Pattern, PGI June 97)*
a) 65° C for 3 0 min b) 72° for 10 sec
c) 100° for 20 sec d) 136° for 3 0 sec

1979. Hepatotoxic carcinogen is produced by -
a) Aspergillus flavus *(PGI June 98)*
b) Claviceps fusiformis
c) Aspergillus fumigatus
d) Argemone mexianna

1980. Aflatoxin is produced by - *(PGI June 99)*
a) Aspergillus flavus
b) Aspergillus famigatus
c) Calviceps purpura
d) Argemone mexicana

1981. Aflatoxin is produced by? *(AI 11)*
a) Aspergillus niger b) Aspergilus flavus
c) Candida albicans d) Actinomycetes

1958) a 1959)b 1960)c 1961)a 1962)a 1963)None 1964)b 1965)a 1966)a 1967)a 1968)a 1969)a
1970)a,b,d,e 1971)c 1972)A11 1973)c 1974)d 1975)b 1976)b 1977)a 1978)a 1979)a 1980)b 1981)b

1981. Sanguinarine is derived from - (AI97)
a) Fusorium incamatum b) Argemone oil
c) Jhumjhujia seeds d) Khesari-dhal

1982. Epidemic dropsy is due to- *(NEET/DNB Pattern)*
a) BOAA b) Aflatoxin
c) Mustard oil d) None

1983. All are features of epidemic dropsy, except -
a) Glaucoma b) Diarrhoea *(AIIMS Sep 96)*
c) Convulsion d) Heart failure

1984. Manifestations of epidemic Dropsy are all except -
a) Gastrointestinal bleed *(PGI May 11)*
b) Cutaneous hemangiomas
c) Breathlessness
d) CHF
e) Glaucoma

1985. Responsible for epidemic dropsy is- *(NEET/DNB*
a) Sanguinarine *Pattern,PGI Dec 99, AIIMS Nov 07)*
b) Ergot alkaloids
c) Pyrazolidine alkaloids
d) Aflatoxin

1986. Most sensitive & specific test for sanguinane -
a) Fe C13 b) NO *(NEET/DNB Pattern)*
c) HQ d) Nitric Acid

1987. Endemic ascitis is associated with the following -
a) Pyrrolizidine *(AIIMS May 08, Nov 06)*
b) Aflatoxin
c) Sanguinarine
d) Beta oxalylamino alanine (BOAA)

MISCELLANEOUS

1988. One of the following is not reported to be a clinical manifestation of Zinc deficiency in children -
a) Dwarfism and hypogonadism *(DPG11)*
b) Liver and spleen enlargement
c) Impaired cell-mediated immunity
d) Macrocytic anaemia

1989. True about dietary fibres *(PGI Nov 10)*
a) Increase stool transit time
b) Decrease post prandial glucose
c) Decrease bile salt reabsorption
d) Decrease LDL cholestrol
e) t Bulk of stool

1990. Which of the following statements about Nutritional surveillance is not true - *(AI08)*
a) It is a diagnostic approach
b) Assessment involves precise measurements of weight and height
c) Assessment is done by trained persons
d) Done in all children <5 years

1991. What is/are components of Nutrition surveillance ?
a) Policy maker *(PGI Dec 05)*
b) Nutritional survey

1992. All are indicators for the assessment of the nutritional programm except - (AIIMS May 01)
a) Weight and height of the preschool child
b) Prevalence of low Birth weight (less than 2.5 kg) in community
c) Nutritional assessment of the preschool child
d) Prevalence of pregnant mothers having Hb < 11.5 g % in the 3rd trimester

1993. Regarding nutritional status assessment, not true is- *(AI09)*
a) 1 - 4 years mortality b) Babies < 2.5 kg
c) Mother's Hb < 11.5 d) None of the above

1994. Mid-day meals provided in schools provide - *(AI97)*
a) 1/2 of total calories & 1/2 of protein
b) 1/3 of total calories & 1/2 of protein
c) 1/2 of total calories & 1/3 of protein
d) 1/3 of total calories & 1/4 of protein

1995. Students receive how much cereal /day in mid day meal prog - *(NEET/DNB Pattern)*
a) 50 gm b) 100 gm
c) 150 gm d) 75 gm

1996. Suggestions to improve nutritious value of Mid-day meal - *(PGI Nov 11)*
a) Sprouted pulse should be added as it has more nutrient
b) Cereals-pulse ratio of 1:3
c) Rice water left after cooking should be mixed with dal
d) Fermentation 1 nutritive value
e) Food grain should be stored away from moist area

1997. Which of the following is the nodal ministry for Integrated Child Development Services (ICDS) Programme Centre - *(AIIMS May 04)*
a) Ministry for Human Resource Development
b) Ministry for Rural Development
c) Ministry for Health and Family Welfare
d) Social Justice

1998. Mid day meal programme comes under -
a) Ministry of Social Welfare *(NEET/DNB Pattern)*
b) Ministry of education
c) Ministry of Human Resources Developments
d) None

1999. The daily requirement of fat is..... % of total energy - *(PGI 2K)*
a) 10 b) 15
c) 20 d)25
e) 30

2000. A man weighing 68 kg, consumes 325 gm carbohydrate, 65 gm protein and 35 gms fat in his diet: the most applicable statement here *\s-(AI 01)*
a) His total calorie intake is 3000 kcal
b) The proportion of proteins, fats and carbohydrates is correct and in accordance with a balanced diet
c) He has a negative nitrogen balance
d) 30 % of his total energy intake is derived from fat

1982)c 1983) c 1984)a 1985)a 1986)d 1987)a 1988)d 1989)b,c,d,e 1990)d 1991)a,b 1992)d 1993)c 1994)b 1995)d 1996) a,c,e 1997)a 1998)b 1999)b,c,d,e 2000)b

2001. Calcium requirement above the normal during the first six month of lactation is - *(AI92)*
a) 400mg/day b) 550mg/day
c) 600mg/day d)750mg/day

2002. Adult non-pregnant female requires, calcium per day- *(NEET/DNB Pattern)*
a) 400 mg b) 600 mg
c) 800 mg d) 1000 mg

2003. RDA cover of nutrient requirement of - *(Kerala 08)*
a) 50% of individuals
b) 75% of individuals
c) 98% of individuals
d) Same as adequate intake

2004. Dietary Reference Intake recommendations include all except - *(AIIMSNov 07)*
a) Recommended Dietary Allowances
b) Adequate Intake
c) Upper tolerable level
d) Food based dietary advice

2005. Which of the following statements about recommended daily allowance is false - *(AI 08)*
a) The RDA is decided by a panel of experts and is based on scientific research
b) The RDA caters to the dietry requirement of all people
c) The RDA is often higher than the recommended minimum requirement
d) The RDA is based on the estimated average requirement (EAR)

2006. All are food fortification except - *(KERALA 94)*
a) Addition of colour to saccharin
b) Addition of Vit A to food stuff
c) Addition of extra nutrients to food stuff
d) Iodisation of salt

2007. High potassium diets are - *(PGIDec 08)*
a) Green leafy vegetables b)Milk
c) Banana d) Iodised salt
e) Fish

2008. Cereals are deficient in? *(DNB Dec 2011)*
a) Alanine b) Lysine
c) Methionine d) Cysteine

2009. Endemic cretinism is seen when Iodine uptake is less than? *(DNB Dec 2011)*
a) 5 micro gram/day b) 20 micro gram/day
c) 50 micro gram/day d) 75 micro gram/day

2010. The toxic agent in epidemic dropsy includes - *(DNB Dec 2011)*
a) BOAA b) Ergot alkaloids
c) Sanguinarine d) None of the above

2011. Milk pasteurization can be tested by -
a) Orthotolidine test *(DNB Dec 2011)*
b) Phosphatase test
c) Nitric acid test
d) Acid chromatin test

2012. Cause of epidemic dropsy is? *(DNB June 2011)*
a) Pyrolizidine b) Sanguinarine
c) Fusarium toxin d)BQAA

2013. RDA of calcium in normal adult male is?
a) 800 mg b) 400 mg *(DNB June 2011)*
c) 1200mg d)100mg

2014. All of the following are sources of vitamin A except:
a) Egg b) Milk *(DNB June 2011)*
c) Sunflower seeds d) Tomato

2015. Minimal level of iodine at consumer level should be .....ppm: *(DNB June 2011)*
a) 5 b) 10
• c) 15 d)30

2016. Reference weight of Indian men and women is?
a) 60 and 50 kg *(DNB Dec 09)*
b) 55 and 50 kg
c) 65 and 55 kg
d) 45 and 50 kg

2017. Which of the following is the richest source of Vitamin C ? *(DNB Dec 09)*
a) Orange b) Guava
c) Cabbage d) Amla

2018. Which of the following fats has the highest concentration of saturated fatty acids -
a) Butter b) Palm oil *(DNB Dec 09)*
c) Coconut oil d) Margarine

2019. Pulse proteins are poor in? *(DNB June 09)*
a) Methionine b) Lysine
c) Threonine d) Alanine

2020. Poor man's iron source is? *(DNB June 09)*
a) Almond b) Grapes
c) Soya d) Jaggery

2021. Age independent anthropometric measure of malnutrition is? *(DNB June 09)*
a) Weight/height
b) Mid arm circumference
c) Head circumference
d) Mid arm circumference/height

2022. Among the pulses, the highest quantity of protein is present in - *(DNB June 09)*
a) Green gram b) Red gram
c) Soyabean d) Black gram

2023. Indian reference man - *(DNB Dec 08)*
a) 55 kg b)60kg
c) 65 kg d)70kg

2024. Among the pulses, the highest quantity of protein is present in - *(DNB Dec 08)*
a) Green gram b) Red gram
c) Soyabean d) Black gram

2025. "Maldon Teeth" is due to - *(DNB Dec 08)*
a) Lead b) Fluoride
c) Calcicum d) Phosphorus

2026. Lathyrism results due to - *(DNB June 08)*
a) Aflatoxin b) BOAA
c) Pyruvic acid d) Sanguinarine

2027. n-3 PUFA is present in all except - *(DNB June 08)*
a) Mustard oil b) Corn oil
c) Fish oil d) Groundnut oil

2001)c 2002)b 2003)c 2004)d 2005)b 2006)a 2007)a,b,c,e 2008)b 2009)b 2010)c 201 l)c 2012)b 2013)None 2014)c 2015)c 2016)None>a 2017)d 2018)c 2019)a 2020)d 2021)a,b 2022)c 2023)b 2024)c 2025)b 2026)b 2027)d

2028. Fish is deficient in which of the following nutrients? *(DNB June 08)*
a) Iron b) Iodine
c) Vitamin A d) Phosphorous

2029. True about mide-day meal given in school is -
Calories Proteins *(DNB June 08)*
a) 1/3 1/2
b) 1/3 1/3
c) 1/2 1/2
d) 1/2 1/3

2030. Reference protein is - *(DNB Dec 07)*
a) Egg b) Fish
c) Milk d) Meat

2031. Lysine is deficient in - *(DNB Dec 07)*
a) Pulse b) Wheat
c) Both of the above d) None of the above

2032. The best indicator for monitoring the impact of the Iodine Deficiency Disorders Control Programme is - *(DNB Dec 07)*
a) Prevalence of goiter among school children
b) Urinary iodine levels among pregnant woemn.
c) Neonatal hypothyroidism
d) Iodine level in soil

2033. Phosphatase test in milk is done to know -
a) Quality of pasteurizatrion *(DNB Dec 07)*
b) Contamination of milk
c) Nutritive value
d) Coliform count

2034. The daily extra calorie requirement in first trimester of pregnancy is - *(DNB June 07)*
a) 50 b) 150
c) 350 d)450

2035. Daily requirment of iron in pregnancy is -
a) 1 mg b) 2 mg *(DNB June07)*
c) 3 mg d) 3.5 mg

2036. Net Protein utilization of fish is - *(DNB June 07)*
a) 57% b)67%
c) 77% d) 87%

2037. The value of proteins in Soyabean is about -
a) 43% b) 50% *(DNB June07)*
c) 58% d)64%

2038. Which of the following method of assessment of quality of proteins gives complete assessment of protein quality? *(MH11)*
a) Biological value
b) Net protein utilization
c) Digestibility coefficient
d) Amino acid score

2039. Wrong statement is - *(SGPGI 05)*
a) Pulses are diffident in methionine
b) Cerels are deficient in lysine
c) Wheat deficient in threonine
d) Maize is deficient in tryptophan & leucine

2040. The reference protein is - *(UPSC 85, 86,*
a) Cow's milk b) Hens Egg *Jipmer 88, 86,*
c) Meat d) Fish *ALLHPH 01)*

2041. Which of the following has the highest protein content per 100 gm ? *(Delhi PG Mar. 09)*
a) Egg b) Groundnut
c) Soyabean d) Meat

2042. Protein requirement of 4 kg new born (daily) -
a) 3 gm b) 7 gm *(AIIHPH 98)*
c) 9 gm d) 11 gm

2043. Limiting amino acid in soyabean is - *(PGI78, AIIMS*
a) Threonine b) Lysine *85, ALLHPH 01)*
c) Methionine d) Tryptophan

2044. Among the pulses, the highest quantity of protein is present in - *(Corned 08)*
a) Green gram b) Red gram
c) Soyabean d) Black gram

2045. Which of the following is least in protein quality ?
a) Gelatin b) Lactalbumin *(APPG08)*
c) Albumin d) Cashewnut protein

2046. Saturated fatty acid is present in high quantity -
a) Coconut oil b) Sunflower oil *(Assam 95)*
c) Safflower oil d) Soyabeen

2047. The highest percentage of essential fatty acid is found in - *(Orissa 99)*
a) Butter fat (ghee) b) Sunflower seed oil
c) Comoil d) Ground nut oil

2048. Maximum amount of PUFAis in- *(UPSC2002)*
a) Palmitic acid b) Stearic acid
c) Oleic acid d) Linoleic acid

2049. Which one of the following cooking oils contains highest percentage of linoleic acid ?- *(UPSC 2006)*
a) Safflower oil b) Sunflower oil *MP 98)*
c) Comoil d) Groundnut oil

2050. Which one of the following edible oil yields highest quantity of Polyunsaturated Fatty Acids ?
a) Coconul oil b) Com oil *(UPSC 04)*
c) Groundnut oil d) Sunflower oil

2051. Among the following which has the highest quantity of retinol per 100 g of fruit ? *(UPSC-II09)*
a) Papaya b) Orange
c) Ripe mango d) Tomato

2052. The earliest clinical sign of Vitamin A deficiency is - *(Corned 08)*
a) Conjunctival xerosis b) Comeal xerosis
c) Bitots spots d) Keratomalacia

2053. Dose of vitamin A prophytaxis given in age group 1-6 years - *(PGMCET 07)*
a) 2000 iu b) 20000 iu
c) 200000 iu d)l 00000 iu

2054. Daily regularment of Vit Ain children is -
a) 40 b)400 *(SGPGI05)*
c) 1500 d) 5000

2028)a 2029)a 2030)a 2031)b 2032)a 2033)a 2034)c 2035)d 2036)c 2037)a 2038)b 2039)d 2040)b 2041)c 2042)None 2043)c 2044)c 2045)a 2046)a 2047)c 2048)d 2049)a 2050)b 2051)c 2052)a 2053)c 2054)b

2055. Absorption of vitamin A can be enhanced by giving the child a diet rich in - *(UPSC 07)*
a) Fat b) Protein
c) Minerals d) Carbohydrates

2056. In South India pellagra is reported in population eating- *(KARNAT98)*
a) Ragi b)Jowar
c) Bajra d) Minor millets

2057. As per nutritional surveys, the diet of an average Indian of lower socioeconomic strata is highly deficient in - *(UPSC 99)*
a) Thiamine b) Riboflavin
c) Nicotinic acid d) Vitamin C

205$. Folic acid supplementation during lactation period is- *(UP 07)*
a) 100 g/d b) 150 g/d
c) 400 g/d d)450 g/d

2059. For which one of the following has the cytotoxic effect of vitamin on human lymphocytes in vitro at high concentration been reported - *(UPSC 2006)*
a) Vitamin A b) Vitamin D
c) Vitamin E d) Vitamin K

2060. Which of the following is the richest source of Vitamin C ? *(Delhi PG Mar 09)*
a) Orange b) Guava
c) Cabbage d)Amla

2061. The haemoglobin cut-off level for determining prevalence of anemia among pregnant women is - *(KARN.99, Aiims 97, MAHE 05)*
a) Less than 15g/dL b) Less than 13 g/dL
c) Less than 11 g/dL d) Less than 19 g/dL

2062. Elemental iron supplementation in Iron deficiency anemia is - *(UP 08)*
a) 300 - 400 mg b) 150 - 200 mg
c) 100-150mg d)<100mg

2063. In Iron deficiency anemia, after haemoglobin level has returned to normal so that iron stores are replenished. The Iron tablets should be recommended for - *(UP 08)*
a) 0 - 3 months b) 3 - 6 months
c) 6 - 12 months d) 12 - 24 months

2064. Under the Prevention of Food Adulteration (PFA) Act, the expected level of iodine in iodized salt at production level is NOT less than - *(Karn 11)*
a) 30 ppm b) 25 ppm
c) 20 ppm d) 15 ppm

2065. Iodised salt was first started in which country?
a) India b)UK *(Jharkand 03)*
c) Switzerland d) Germany

2066. As per WHO guidelines, iodine deficiency disorders are endemic in the community when prevalence of goitre in school age children is more than -
a) 1% b) 5% *(HP2006)*
c) 10% d) 15%

2067. The net protein utilization of rice is - *(MP 98)*
a) 20% b) 40%
c) 63% d) 81%

2068. The genetically engineered 'golden rice' is rich in -
a) P-carotene and magnesium *(UPSC-I 08)*
b) Folic acid and iron
c) p-carotene and iron
d) Folic acid and magnesium

2069. The distinct golden colour in transgenic Golden rice is due to the presence of - *(UPSC-I 09)*
a) Riboflavin b) p-carotene
c) Vitamin B_{12} d) Xanthophyll

2070. Soya bean is rich in - *(J&K 2001)*
a) Lysine b) Aspartic acid
c) Glycine d) Alanine

2071. Dates are rich source of - *(APPGE 04)*
a) Calcium b)Iron
c) VitC d) Carotene

2072. All of the following are used to assess the nutritional status of an individual, except - *(UP 97)*
a) Urinary nitrogen excretion
b) Mid arm circumference
c) Serum immunoglobulin
d) Serum transferrin

2073. Second degree of under nutrition means- *(Orissa 99)*
a) Weight below 50% of the harvard standard
b) Weight below 60% of the harvard standard
c) Weight between 60% & 81% of the harvard standard
d) Weight between 60 % & 71 % of the harvard standard

2074. Severe wasting is - *(ORISSA R)*
a) **<60%** b) **< 70%**
c) <80% d) < 90%

2075. The defluoridations process of drinking water developed by the NEERI is popularly known as-
a) Activated sludge process *(KARN 95)*
b) Recarbonation process
c) Nalgonda process
d) Double pot method

2076. Nalgonda technique is related to ? *(MH11)*
a) Fluorine b)Chlorine
c) Nitrate d) Nitrites

2077. Methylene blue reduction test is done for estimating-
a) Fat content of milk *(KARN 94, UPSC 88)*
b) Sugar content of milk
c) Protein content of milk
d) Bacterial activity in milk

2078. Pasteruisation of milk does not kills -
a) Anthrax *(Rajasthan 97, TN90)*
b) Brucella
c) Mycobacterium tuberculosis
d) Streptococcus

2079. Test for detecting argemone oil Contamination does not include - *(AMC 99)*
a) Nitric acid test b) Paper chromatography test
c) Aldehyde test d)None

2055)a 2056)b 2057)a 2058) None 2059)c 2060)d 2061)c 2062)c 2063)a 2064)a 2065)a 2066)b 2067) c 2068)c 2069)b 2070)a 2071)a 2072)c 2073)d 2074)b 2075)c 2076)a 2077)d 2078)a 2079)c

2080. Which is first and commonest clinical manifestation of Epidemic dropsy - *(Orissa 99)*
a) Bilateral swelling of legs
b) Gastrointestinal upsets
c) Cardiac decomposition
d) Sarcoid

2081. The ICDS scheme is sponsored by - *(ALLHPH01)*
a) Ministry of health & family welfare
b) Ministry of Social welfare
c) Ministry of education
d) None

2082. Which one of the following Union Ministers administers the "Nutritional Programme for Adolescent Girls" ? *(UPSC-109)*
a) Ministry of Health and Family Welfare
b) Ministry of Social Justice and Empowerment
c) Ministry of Women and Child Development
d) Ministry of Housing and Urban Poverty Alleviation

2083. Which one of the following describes the flavouring substance asafoetida (Hing) ? *(UPSC-108)*
a) Dried leaf extract
b) Exudate from chopped roots
c) Pith of stem boiled and dried
d) Dried and hardened paste of fruit

ENVIRONMENT AND HEALTH

WATER

2084. Daily per capita water consumption is - *(AIIHPH2K Delhi 92, UPSC 87)*
a) 50-100 litres
b) 100-150 litres
c) 150-200 litres
d) 200-250 litres

2085. Safe yield of water source - *(PGI91)*
a) Adequate supply for 50% of the year
b) Adequate supply for 60% of the year
c) Adequate supply for 80% of the year
d) None

2086. Ground water has the following advantages except -
a) Likely to be free from pathogenic organisms
b) Usually requires no treatment *(Kerala 04)*
c) Supply is likely to be certain even during dry season
d) Likely to be hard

2087. All are water borne disease, except- *(AIIMSDec97)*
a) Leptospirosis b) Schistosomiasis
b) Fish tape worm d) Brucellosis

2088. Which of the following is water related disease -
a) Yellow fever b) Scabies *(AI89)*
c) Cholera d) Dysentery

2089. Which of the following is purification of water at large scale - *(PGI June 08)*
a) Disinfection of well b) Rapid sand filter
c) Slow sand filter d) Household purification

2090. Vital layer in slow sand filter is seen in- *(APPGE 04)*
a) Top of water b) On the sand bed
c) Near filter d)None

2091. Most important layer of a slow sand filter is -
a) Vital layer b) Sand bed *(Kerala 08)*
c) Filter system d) Raw water

2092. Slow sand filter is differentiated from rapid sand filter by - *(PGI June 08)*
a) Bacteria are removed more effectively
b) Skilled person is needed
c) Cost construction is cheaper
d) Sand particles are of smaller size
e) Longer duration is needed

2093. Feature of slow filter (w.r.t. fast filter) is/are:
a) Occupies less space *(PGIMay 10)*
b) Highly skilled operation
c) Poor bacterial quality
d) Takes more time for purification
e) Size of sand is smaller

2094. TVue about slow sand filter is - *(NEET/DNB Pattern)*
a) Occupies less space
b) More expensive
c) Requires longer duration
d) Sand size 0.4 - 0.7 mm

2095. What is the size of particle is rapid sand filter ?
a) 0.1mm b)0.2 *(APPG 08)*
c) 0.5 d) 0.4 to 0.7 mm

2096. Which part of chlorine disinfection is most effective?- *(NEET/DNB Pattern)*
a) Hypochlorous acid b) Hypochlorous ion
c) Hypochlorite ion d) None

2097. All of the following are true about break point chlorination, except - *(AIIMS May 04)*
a) Free chlorine is released in water after break point chlorination
b) Chlorine demand is the amount needed to kill bacteria, oxidize organic matter and neutralize ammonia
c) 1 ppm free chlorine should be present in water after break point has reached
d) Contact period of 1 hour is necessary

2098. Which one of the following is the level of residual free chlorine recommended for swimming pool water disinfection ? *(UPSC-II08)*
a) 0.5 mg/litre b) 0.8 mg/litre
c) 1 mg/litre d) 5 mg/litre

2099. Following are true regarding chlorination except -
a) Residual chlorine is 0.5 mg/lit. *(AI 93)*
b) Contact period - 30 minute
c) Water should not be turbid
d) Chlorine demand should be estimated

2100. Orthotolidine test is used to determine -
a) Nitrates in water *(AIIMS Nov 04, PGI June 06,*
b) Nitrites chlorine in water *AT 11)*
c) Free and combined chlorine in water
d) Ammonia content in water

2080) a 208l)b 2082) c 2083)b 2084) c 2085)None 2086) d 2087) d 2088) a 2089)b,c 2090)b 2091) a
2092) a,c,d,e 2093) d,e, 2094) c 2095) d 2096) a 2097) c 2098) c 2099) b 2100) c

2101. Orthotoluidine Arsenite test determines - *(PGI06)*
a) Free residual chlorine
b) Combined chlorine
c) Free and combined chlorine separately
d) Free and combined chlorine together

2102. Residual chlorine is detected by - *(AIIMSDec 95)*
a) Horrock's test b) Ortho-toluidine test
c) Chromatography d) Polarimeter

2103. Which one of the following method is used for the estimation of the chlorine demand of water -
a) Chlorometer *(ARMSMay 10, 07, 06)*
b) Horrock's apparatus
c) Berkfeld filter
d) Double pot method

2104. The amount of good quality bleaching powder required for chlorinating a round well measuring 4 mtrs diameter and depth of water column 6 mts, to get PPM of residual chlorine when the Horrok'stest gives definite blue colour in the 3rd cup onwards, is -
a) 993.8 grams b) 99.38 grams *(UPSC96)*
c) 9.938 grams d) 0.9938 grams

2105. All are true regarding bleaching powder, except -
a) Contains about 33% of available chlorine
b) It is a stable compound *(ARMS Dec 94, AI98)*
c) White amorphous compound
d) Strong bleaching agent

2106. All of the following statements are true about bleaching powder except - *(AI 96)*
a) It is a stable compound
b) Available chlorine is 33%
c) Has a Rapid and brief action
d) Recommended concentration of free chlorine is 0.5 mg at the end of 1 hour

2107. During water analysis in a hostel, amoebic cysts were seen. The best step to manage it is -
a) Iodine b) Boiling *(ARMS Nov 99)*
c) U.VRays d) Chlorination

2108. Horrok's apparatus determines Chloride which has to have a holding level of - *(NEET/DNB Pattern)*
a) 0.1 mg/L b) 1 mg/L
c) O.Olmg/L d) 0.5 mg/L

2109. All of the following are acceptable criteria for water quality except - *(AI 9 7)*
a) Dissloved 0_2 of 5mg/L
b) Nitrates of 1 mg/L
c) Nitrites of 1-2 mg/L
d) Free & saline NH_3 of 0.05 mg/L

2110. Past contamination of water is indicated by -
a) Free and saline ammonia
b) Dissolved H_2S
c) Nitrites
d) Nitrates

2111. The safe limit of Fluorine in drinking water is -
a) 0.2-0.5 mg/L b) 0.5-0.8 mg/L *(AI94)*
c) 0.8-1.2mg/L d) 1.2-2.0mg/L

2112. Fluoride to be present in water (mg/L) to prevent caries - *(PGIDec 97)*
a) 0.2 b)0.4
c) 0.3 d)0.5

2113. Indication of Fecal contamination of water is due to presence of - *(PGI Dec 03)*
a) E.coli b)Coliform
c) Enterococci d) Clostridium difficile
e) Streptococcus pyogene

2114. Not seen in faecal pollution - *(ARMSMay 10)*
a) Staphylococcus b) Streptococcus
c) E.coli d)Clostridiumperfringens

2115. According to the WHO, what is the minimum bacteriological standard for drinking water -
a) All the samples should not contain coliform organisms *(ARMS Nov 2000)*
b) 3 consecutive samples of water should not contain any coliforms
c) 3 coliforms in a 100 ml water
d) 1 coliform in a 100 ml water

2116. Which of the following is not true about water quality estimation - *(ARMS May 10, AI 09)*
a) Clostridium spores indicate recent contamination
b) Not more than 5% samples should have coliforms
c) Sodium thiosulfate added to neutralize chlorine
d) Coliforms must not be detectable in 100 ml sample

2117. Presumptive count includes -*(PGI 81, UPSC 91,92)*
a) No E. Coli
b) Coliform but not only E. Coli
c) Gram negative bacilli
d) Any bacteria

2118. All of the following statements about purification of water are true except - *(ARMS May 11)*
a) Presence of Clostridial spores indicate recent contamination of water
b) Coliforms must not be detectable in any 100 ml sample of drinking water
c) Sodium thiosulphate is used to neutralize chlorine
d) Coliforms may be detected by multiple tube method & indole production

2119. Test for coliform count ? *(NEET/DNB Pattern)*
a) Eijkman test b) Casoni's test
c) Nitrate test d) Urease test

2120. Coliform test is for - *(NEET/DNB Pattern)*
a) Air pollution b) Water contamination
c) Sound pollution d) None

2121. Hardness of water is expressed as milli-equivalent per litre (m Eq/L), one unit of which is equivalent to which one of the following - *(UPSC 2006)*
a) 20 mg $CaC0_3$ (20 ppm)
b) 30 mg $CaC0_3$ (30 ppm)
c) 40 mg $CaC0_3$ (40 ppm)
d) 50 mg $CaC0_3$ (50 ppm)

2101)c 2102)b 2103)b 2104)a 2105)b 2106)a 2107)a 2108)d 2109)None 2110)d 2111)b 2112)d 2113)a,b,c 2114)a 2115)a 2116)a 2117)b 2118)a 2119)a 2120)b 2121)d

2122. Soft water has hardness levels of - *(PGMCET 07)*
a) 50 b) 100
c) 150 d)200

2123. Temporary and permanent hardness of water is removed by- *(AIIHPH2K)*
a) Boiling b) Addition of lime
c) Permutit method d)All

2124. Hardness of water has a beneficial effect against which one of the following - *(UPSC 2006)*
a) Renal diseases
b) Metabolic diseases
c) Cerebrovascular diseases
d) Cardiovascular diseases

AIR

2125. Not a constituent of air- *(AIIPHP 98)*
a) H, b)N_2
c) 0_2 d)$C0_2$

2126. The acceptable level for physical comfort is-
a) Ambient temperature of 36°F *(Karn 95)*
b) Corrected effective temperature upto 80°F
c) Effective temperature upto 120°F
d) Ambient temperature of 40°F

2127. An hour sweat rate should be MCARDLE's maximum allowable sweat rate - *(Jipmer 04)*
a) 3.5 ltr b)211trs
c) 2.5 ltrs d)4.51trs

2128. In severe heat strain the heat stress index (HIS) is -
a) 10-30 b) 40-60 *(Corned09)*
c) 70-90 d) 100

2129. Above which level of heat stress index it is not possible to work comfortably -*(NEET/DNB Pattern)*
a) 20 - 40 b) 40 - 60
c) 60 - 80 d) 80 - 100

2130. A person working in hot environment who consumes more water without salt is likely to develop a condition called - *(UPSC 02)*
a) Heat stroke b) Heat exhaustion
c) Heat cramps d) Heat hyperpyrexia

2131. The number of times the air in a living room should be recycled is - *(NEET/DNB Pattern)*
a) 2-3 times b) More than 6 times
c) 4 times d) None

2132. Not a primary air pollutant -*(Chandigarh Dec 96)*
a) Smoke and dust b) $S0_2$
c) NO_z d) Ozone

2133. The maximum ozone concentration in polluted atmosphere is dependent on the concentration and ratio of nitrogen oxides and which one of the following - *(UPSC 2006)*
a) Carbon monoxide
b) Lead
c) Volate organic compounds
d) Sulphur dioxide

2134. In Indoor air pollution, carbon monoxide is produced by- *(UP 07)*
a) Combustion equipment
b) Stove
c) Gas heaters
d) All of the above

2135. Which of the following is not a indoor air pollutant?
a) Carbon monoxide b) Nitrous oxide *(AI11)*
c) Radon d) Mercury

2136. Air pollution may cause - *(Kerala 90)*
a) Dermatitis b) Carcinoma bronchus
c) Bronchiectasis d) Pneumonia

2137. Soiling index is measure for - *(PGI June 98, 99)*
a) Air pollution
b) Water pollution
c) Faecal contamination
d) Milk contamination

2138. Smoke index is used for - *(NEET/DNB Pattern)*
a) Air pollution b) Sound pollution
c) Excreta d) None

2139. All are indicators for air pollution, except -
a) $C0_2$ b) $S0_2$ *(AIMS Dec95)*
c) Soiling Index d) Smoke index

2140. Which agency monitors air quality in India -
a) Central pollution control board
b) Central air quality board *(NEET/DNB Pattern)*
c) Central public works dept
d) None

2141. The electrostatic precipitator are used in the prevention of - *(Karn 95)*
a) Radiation risks
b) Air pollution emissions
c) Mosquito nuisance
d) Diffuse vibrations

2142. Which gas is NOT responsible for green house affect - *(AIMS Dec 94)*
a) Carbon monoxide b) Ozone
c) Nitrous oxide d) Nitrogen

2143. Among the following, which of the following is/are the greatest contributor/contributors to global warming as a consequence of human activities and lifestyle? *(UPSC-108)*
a) Carbon dioxide b) Chlorofluorocarbons
c) Methane d) Ozone

2144. True about global warming is - *(AIIMSMay 10)*
a) $C0_2$ is the major greenhouse gas
b) Stratosphere ozone layer is harmful
c) CFC increases stratosphere ozone layer
d) Kyoto protocol called for 20% reduction in green house effect

LIGHT

2145. What is the basic minimum illumination required for satisfactory vision ?- *(UPSC 2006)*
a) 10-15 foot candles b) 15-20 foot candies
c) 20-25 foot candles d) 25-30 foot candles

2122)a 2123)c 2124)d 2125)a 2126)b 2127)d 2128)b 2129)b 2130)c 2131)a 2132)d 2133)c 2134)d 2135)d 2136)b 2137)a 2138)a 2139)a 2140)a 2141)b 2142)a,d 2143)a2144)a 2145)b

2146. Recommended reflection factors include each of the following, except - *(AIIMS 81, AMC83)*
a) Ceilings 80% b) Roofs 40%
c) Walls 50 to 60% d) Furnitures 30 to 40%

2147. Light index in living room is - *(NEET/DNB Pattern)*
a) 8 b) 15
c) 20 d) 25

2148. Light requirement in watch manufacturing company is- *(PGI80, AMC 85, 86)*
a) 2000-3000 Lux b) 5000-10000 Lux
c) 10000-20000 Lux d) 50000 Lux

SOUND

2149. Normal voice heard from 1 meter, intensity of sound reaching ear is *(Jipmer 11)*
a) 20 dB b) 40 dB
c) 60 dB d) 80 dB

2150. The acceptable noise level is - *(DPGEE 08)*
a) 95 dB b) 100 dB
c) 90 dB d) 85 dB

2151. Sound that can be tolerated - *(NEET/DNB Pattern)*
a) < 200 db b) 200-250 db
c) 250-300 db d) 80 db

2152. Auditory fatigue occurs at------- Hz - *(AIIMS 80, DNB91)*
a) 2000 b) 3000
c) 4000 d)8000

2153. Prolonged exposure to noise levels greater than the following can impair hearing permanently -
a) 40 decibels b) 85 decibels *(Karnat 96)*
c) 100 decibels d) 140 decibels

2154. Exposure to noise above- causes permanent hearing loss - *(Jipmer 93)*
a) 90 dB b) 100 dB
c) 125 dB d) 160 dB

RADIATION

2155. The source of endogenous radiation is -*(APPGE 05)*
a) Radon b) Potassium
c) Thorium d) Uranium

2156. Terrestrial radiation is maximum in -*(ARMS Feb 97)*
a) Karnataka b) Orissa
c) West Bengal d) Kerala

2157. What is the approximate penetrating ability of alpha particle radiation at tissue level - *(UPSC 07)*
a) 0.05mm b) 0.10mm
c) 1.50 mm d) 2.00 mm

2158. Curie is the unit for - *(ARMS 78, 80 Delhi 93)*
a) Radiation emitted b) Radiation absorbed
c) Radiaoactivity d) All of the above

2159. Unit of one of radiation absorbed \s-*(NEET/DNB Pattern)*
a) Grey b) Roengten
c) Curie d)Bequerrel

2160. The maximum permissible level of occupational exposure to radiation is...per year - *(ARMS 85)*
a) 5 rad. b)2rad.
c) 10 rad. d) 50 rad.

2161. Radiation protection shields are made up of -
a) Copper b) Silver
c) Lead d)Tin

2162. Thickness of lead apron to prevent radiation -
a) 1mm b)3mm *(NEET/DNB Pattern)*
c) 0.5mm d) 7mm

2163. Psychrometer is used to measure - *(AI08)*
a) Humidity b) Air velocity
c) Room temperature d) Radiant temperature

2164. Kata Thermometer is used to measure -
a) Maximum temperature *(NEET/DNB Pattern)*
b) Minimum temperature
c) Radiant heat
d) Cooling power of air

2165. Wind velocity is normally recorded at a height of -
a) 1 mt. b) lOmts. *(A11HPH98)*
c) 15mts. d)20mts.

2166. Which one of the following is the standard prescribed for setback (open space around the house) in rural areas ? *(UPSC-1108)*
a) Built up area 1/3 and open space 2/3
b) Built up area 2/5 and open space 3/5
c) Built up area !4 and open space *Vi*
d) Built up area *lA* and open space %

2167. Floor space of 2 persons- *(ARHPH2K)*
a) 70-90 sq.ft b) 90-100 sq.ft
c) 50-70 sq.ft d) 110-120 sq.ft

2168. Controlled tipping is method of disposal of -
a) Sullage *(ARMS May 93, 97, AI 94)*
b) Sewage
c) Human excreta
d) Refuse

2169. Not safe disposal but good for soil building -
a) Incineration *(NEET/DNB Pattern)*
b) Controlled tipping
c) Composting
d) None

2170. If land is available the best method of sewage disposal is - *(AMC 2K)*
a) Dumping b) Composting
c) Trickling filter d) Activated sludge process

2171. The disposal of night soil and refuse is by-
a) Chemical sterilization *(UPSCI87,AMC 198Y, 88)*
b) Burning
c) Composting
d) Any of the above

2172. Sullage is - *(NEET/DNB Pattern)*
a) Liquid excreta
b) By product of chemical industry
c) Waste water from kitchen
d) Waste water from an industry

2146)b 2147)a 2148)a 2149)c 2150)d 2151)d 2152)c 2153)c 2154)d 2155)b 2156)d 2157)a 2158)c 2159)a
2160)a 2161)c 2162)c 2163)a 2164)d 2165)b 2166)a 2167)d 2168)d 2169)c 2170)b 2171)c 2172)c

2173. 'Sanitation barrier'implies - *(AI 99)*
a) Segregation of faeces
b) Personal hygiene
c) Elemination of flies
d) Water pollution

2174. Trickling filter is used in - *(AIIMSDec 97)*
a) Primary treatment of sewage
b) Scondary treatment of sewage
c) Oxygen ponds
d) Sewage farming

2175. A type of tertiary waste water treatment process is - *(Jipmer 81, UP SC 83)*
a) Reverse osmosis b) Sedimentation
c) Both d) Neither

2176. Aerobic digestion of sludge takes place *in-(UPSC 2K)*
a) Trickling filter b) Broad irrigation
c) Activated sludge d) Septic tank

2177. The heart to the activated sludge process is -
a) Primary sedimentation tank *(NEET/DNB Pattern)*
b) Sludge digestor
c) Aeration tank
d) Final settling tank

2178. Biochemical oxygen demand is determined by -
a) Oranic matter and bacteria *(AIIMS June 2000)*
b) Oxygen content
c) Alage content in water
d) Agriculture fertiliser content in water.

2179. The biological oxygen demand indicates - *(AI 02)*
a) Organic matter b) Bacterial content
c) Anaerobic bacteria d) Chemicals

ENTOMOLOGY

2180. Definitive host is one in which the following lives -
a) Larvae b) Asexual form *(PGI June 98)*
c) Adult form d) A or D

2181. Transovarian transmission of infection occurs in -
a) Fleas b) Ticks *(UPSC 96)*
c) Mosquitoes d) Sandfly

2182. Transovarian transmission is seen in which infection - *(NEET/DNB Pattern)*
a) Plague b) Filarial
c) Guinea d) Yellow fever

2183. Man is intermediate host of - *(PGI June 97)*
a) Kalaazar b)Filariasis
c) Hydatid cyst d) All of the above

2184. Lice are not the vectors of - *(AIIMSMay 06, 07, 09,*
a) Relapsing fever b) Q fever *Nov 06, AI 07)*
c) Trench fever d) Epidemic typhus

2185. Mosquito borne infection is - *(PGI June 97)*
a) HIV b) Leprosy
c) Japanese encephalitis d) Plague

2186. Given three genera of mosquitoes (Culex, Anopheles and Aedes) act as vectors for which of the following diseases world wide - *(AI 12)*
a) Malaria b) Dengue
c) Filariasis d) Yellow Fever

2187. Spread by mosquitoes: *(PGI Nov 10)*
a) Dengue b) Kala azar
c) Trypanosomiasis d) Listeriosis
e) Trench fever

2188. Aedes aegypti transmits following diseases -
a) Yellow fever *(PGI Dec 05, June 04)*
b) Dengue
c) Japanese encephalitis
d) Filariasis

2189. Chikungunya is transmitted by - *(AIIMSMay 10)*
a) Aedes b) Culex
c) Mansonoides d) Anopheles

2190. Culex tritaenorrhyncus transmits - *(AIIMSMay 01)*
a) Dengue fever b) Yellow fever
c) KFD d) Japanese encephalitis

2191. Which of the following is NOT transmitted by Aedesaegypti- *(AIIMS Dec 94)*
a) Filariasis
b) Yellow fever
c) Dengue fever
d) Chikungunya Hemorrhagic fever

2192. Which of the following is not spread by Aedes mosquito - *(AIIMS Nov 2000)*
a) Dengue fever b) Chickungunya
c) Japanese encephalitis d) Yellow fever

2193. All of the following statements about mosquito are true except - *(AIIMS Nov 04)*
a) It is a definitive host in malaria
b) It is a difmitive host in filaria
c) Its life cycle is completed in 3 weeks
d) The female can travel upto 3 kilometers

2194. Soft tick transmits - *(AI08)*
a) Relapsing fever b) KFD
c) Tularemia d) Indian tick typhus

2195. Hard Tick causes a/e- *(AIIMS Nov 10)*
a) Relapsing fever b) KFD
c) Indian tick typhus d) Tularemia

2196. Lyme disease is transmitted by -*(NEET/DNB Pattern)*
a) Rat flea b) Tick
c) Mite d) None

2197. Mites are the vectors of the following diseases except - *(AIIMS Nov 03)*
a) Scabies b) Scrub typhus
c) Rickettsial pox d) Ky asanur forest disease

2198. Disease caused by mite is - *(AI 95, AI96)*
a) Scrub typhus b) Fever
c) Trench fever d) Endemic typhus

2199. Diseases transmitted by louse - *(PGI June 06)*
a) Epidemic typhus b) Scrub Typhus
c) Trench fever d) Q fever
e) Rocky mountain spotted fever

2200. Vagabond disease - *(NEET/DNB Pattern)*
a) Louse b) Mite
c) Tick d) Black Fly

2173)a 2174)b 2175)d 2176)a,c2177)c 2178)a 2179)a 2180)c 2181)b,c 2182)d 2183)c2184)b 2185)c 2186)c 2187)a 2188)a,b,d 2189)a 2190)d 2191)a 2192)c 2193)b 2194)a 2195)a 2196)b 2197)d 2198)a 2199)a,c 2200)a

2201. Disease not transmitted by Lice is - *(AIIMSMay 10)*
a) Relapsing fever b) Trench fever
c) Q-fever d) Epidemic typhus

2202. Kala-azar is transmitted by - *(AIIMSNov07)*
a) Reduvid bug b) Sandfly
c) Tsetse fly d) Mosquito

2203. Sandfly transmits - *(PGIDec08)*
a) Kala-azar b) Oriental sore
c) Relapsing fever d) Oraya fever
e) Sleeping sickness

2204. Rat flea transmits all the following except - *(AI95)*
a) Plague b) Salmonellosis
c) Hymenolopsis d) Endemic typhus

2205. Mites are known to transmit- *(AI97)*
a) Scabies b) Relapsing fever
c) KFD d) Human babesiosis

2206. Vector borne diseases are - *(PGI June 04)*
a) Syphilis b) Typhus
c) Dengue d) J.E.

2207. Which of the following viral infections is transmitted by tick ? *(AI 05)*
a) Japanese encephalitis
b) Dengue fever
c) kyasanur forest disease (KFD)
d) Yellow fever

2208. All are caused by common vectors, except -
a) Dengue fever *(AIIMS Dec 95)*
b) Yellow fever
c) KFD
d) Japanese encephalitis

2209. Vector born diseases are - *(PGIDec 05)*
a) Epidemic typhus b) Japanese encephalitis
c) Tetanus d) Hangra virus disease
e) KFD

2210. All of the following are true about anopheles type of mosquito Except - *(Jipmer 80, UPSC 86)*
a) Eggs are boat shaped and provided with lateral floats
b) Larvae rest parallel to water surface
c) Larvae have siphon tube
d) Pupae have broad and short siphon
e) Wings of adults are spotted

2211. Anopheles mosquito lays eggs in - *(AIIMS87)*
a) Clearwater b) Chlorinated water
c) Running water d) Water logged dirty pools

2212. Which is true of pathogenic mosquitoes - *(AI 93)*
a) Anopheles has spotted abdomen
b) Mansoni lays egges singly
c) Culex cause yellow fever
d) Aedes has stripped yellow scales

2213. "Nuisance mosquito" is - *(AIIMS 80, AMC 84)*
a) Anopheles b) Culex
c) Ades d) Tsetse fly

2214. Which mosquito can fly the greatest distance -
a) Mansoni a b) Aedes *(Karn PGmee 06)*
c) Anopheles d) Culex

2215. Aedes agypti can fly - *(NEET/DNB Pattern)*
a) 100 m b) 200m
c) 1000 m d) 3-5 km

2216. The anopheles species most commonly found in coastal regions is - *(Corned 08)*
a) Anopheles philippinensis
b) Anopheles stephensi
c) Anopheles fluviatilis
d) Anopheles minimus

2217. Not true about aedes mosquito-^/ZMSMzy *10, AI09)*
a) Are recurrent day time biters
b) Eggs cannot survive more than 1 week without water
c) Transmits dengue fever
d) Prefer breeding in stagnant water

2218. Mosquito net hole diameter is - *(NEET/DNB Pattern)*
a) 0.02 inch b) 0.0475 inch
c) 0.5 inch d) 0.1 inch

2219. Sandfly can fly upto - *(NEET/DNB Pattern)*
a) 50 yards b) 100 yards
c) 200 yards d) 300 yards

2220. "Porters of Infection" are- *(Orissa 05)*
a) Anopheles b) Housefly
c) Aedes d) Cockroaches

2221. Best way to control houseflies - *(NEET/DNB Pattern)*
a) Eliminate breeding places
b) Insectiside spray
c) Net use
d) None

2222. The average life of a cyclops is about - *(PGI 79, 89)*
a) 1 month b) 2 months Bihar
c) 3 months d) 4 months

2223. Drinking water is best made free of cyclops by -
a) Filtration b) Boiling *(UPSC 88)*
c) Chlorination d) None of the above

2224. Drinking water is best made free of cyclops by -
a) Filtration b) Boiling *(UPSC 88)*
c) Chlorination d) None of the above

2225. The concentration of abate recommended for killing cyclops is- *(AIIMS94)*
a) 2 mg/L b) 1 mg/L
c) 5 mg/L d) 0 mg/L

2226. True about sand flea - *(MP2K)*
a) Not found in India b) Causes ulcer in foot
c) Caused bubo d) Causes plague

INSECTICIDES

2227. All are organophosphorus poison, except -
a) Abate b) Dibenanone
c) Propoxur d) Malathione

2228. Not a pyrethram derivative? *(AI10)*
a) Cypermethrin b)Permethrin
c) DDT d)Resmethrin

2201)c 2202)b 2203)a,b,d 2204)b 2205)a 2206)b,c,d 2207)c 2208)c 2209)a,b,e 2210)c 2211)a 2212)d
2213)b 2214)d 2215)a 2216)b 2217)b 2218)b 2219)a 2220)b 2221)a 2222)c 2223)c 2224)d 2225)b 2226)a,b
2227)c 2228)c

2229. The essential ingredient in the space sprays for vector control is - *(Karn 95)*
a) Malathion b)Fenithion
c) Pyrethrum d) BHC

2230. Which one of the following insecticides is commonly used for ultra low volume fogging - *(UPSC)*
a) Abate b)DDT
c) Paris green d) Malathion

2231. Fenthion is - *(NEET/DNB Pattern)*
a) Space spray b) Residual spray
c) Stomach poison d) Fumgant

2232. Malathion is used once every - *(A197)*
a) 3 months b) 6 months
c) 9 months d) 12 months

2233. All of the following methods are antilarval measures except - *(AI05)*
a) Intermittent irrigation b) Paris green
c) Gambusia affinis d) Malathion

2234. Recommended Larvicides for control of Malaria includes all of the following except - *(AI 12)*
a) Abate b) Pyrethrum
c) Fenthian d) Copper Acetoarsenite

2235. Which of the following represents a non deliberate cultural practice leading to anti-mosquito effect -
a) Use of alkaline detergent *(AI 11)*
b) Use of larvicidal agents
c) Use of bed nets
d) Use of repellents

2236. Mineral oils are used in mosquito control measure as - *(NEET/DNB Pattern)*
a) A personal protection method
b) Larvicide
c) Adulticide
d) Space spray

2237. All of the following are larva control measures except- *(AIIMSMayll, Nov08)*
a) Gambusia b) Intermittent irrigation
c) DDT d) paris green

2238. Which of the following statement about DDT is false-
a) It is contact poison *(AIIMSMay 11, Nov 08)*
b) Residual effect lasts for 18 months
c) Immediately kills the prey
d) Permethrin has synergistic action

2239. DDT is a - *(AIIMSFeb 97)*
a) CNS poison b) Stomach poison
c) Contact poison d) None of the above

2240. Organophosphate insecticides are all except -
a) Dieldrin b) Fenthion *(PGI June 03)*
c) Diazinon d)Propoxur
e) Lindane

2241. The following are DDT resistant except - *(AI 11)*
a) Phlebotomus b) Culex fatigans
c) Anopheles stephenci d) Musca domestica

2242. Insecticide of choice for sandfly ?
a) DDT b) HCH *(NEET/DNB Pattern)*
c) Malathione d) Paris green

2243. Phlebotomous argentipes is killed by -
a) Malathion b) DDT *(NEET/DNB Pattern)*
c) BHC d) Pyrethium

MISCELLANEOUS

2244. Hardness of drinking water should be?
a) >3 b) <1 *(DNB Dec 2011)*
c) 1-3 d) >6

2245. Which of the following is used as an indicator for recent fecal contamination of water?
a) E coli *(DNB Dec 2011)*
b) Comybacterium diptheriae
c) Pseudomonas
d) Streptococci

2246. Disinfecting action of chlorine is due to?
a) Hypochlorous acid *(DNB Dec 2011)*
b) Hypochlorite ion
c) Hydrochloric acid
d) Both Hypochlorous acid and Hypochlorite ion

2247. Minimum chlorine content of water after chlorination should be? *(DNB Dec 2011)*
a) 0.5mg/L b) 5 mg/L
c) 0.05 mg/L d) 50 mg/L

2248. Which is not caused by Aedes aegypti?
a) Yellow fever *(DNB June2011)*
b) Dengue
c) Japanese encephalitis
d) Filaria

2249. The vital layer in a slow sand filter is?
a) Sand bed *(DNB June2011)*
b) Under drainage
c) Zoological layer
d) Supernatant

2250. Which of the following disease is transmitted by rat flea? *(DNB Dec2010)*
a) Trench fever b) Chages disease
c) Oriental sore d) Endemic typhus

2251. Regarding Anopheles mosquito true is all except -
a) Eggs are laid singly on water *(DNB June 2010)*
b) Larva don't have siphon
c) Wings are spotted
d) Pupa don't have siphon

2252. Which is not caused by Aedes aegypti -
a) yellow fever *(DNB June 2010)*
b) Dengue
c) Japanese encephalitis
d) Filaria

2253. Marker of fecal contaminatin is - *(DNB June 2010)*
a) Ascaris b)E. coli
c) guinea worm presence d) Balantidium coli

2254. The best parameter to measure air pollution is -
a) $S0_2$ b)$C0_2$ *(DNB June 2010)*
c) GO d)N_20

2255. Number of holes in mosquito net (per sq. inch) -
a) 50 b) 150 *(DNB Dec 09)*
c) 100 d)200

2229)c 2230)d 2231)a 2232)a 2233)d 2234)b 2235)a 2236)b 2237)c 2238)a 2239)c 2240)a,d,e 2241)a 2242)a 2243)b 2244)c 2245)d 2246)d 2247)a 2248)c 2249)c 2250)d 2251)d 2252)c 2253)b 2254)a 2255)b

2256. Kala azar is spread by - *(DNBDec09)*
a) House-fly b) Black-fly
c) Sand-fly d) Tse tse-fly

2257. Which of the following chemicals is used for purification of water in India ? *(DNB Dec 09)*
a) Zinc sulphate
b) Iodine in oil form
c) Potassium permanganate
d) Bleaching powder

2258. Day light factor in living room should be?
a) 8 % b) 6% *(DNB June 09)*
c) 10% d) 15%

2259. Which one of the following is not a greenhouse gas?
a) Carbon monoxide *(DNB June 09)*
b) Methane
c) Nitrous oxide
d) Water vapour

2260. Acceptable level for physical compfort-/DM?*Dec 08)*
a) Corrected effective temperature 79°F
b) Corrected effective temperature 70-76°F
c) Corrected effective temperature 80-81°F
d) Corrected effective temperature > 82°F

2261. A person working in hot environment who consumes more water without salt is likely to develop a condition called - *(DNB Dec 08)*
a) Heat stroke b) Heat exhaustion
c) Heat cramps d) Heat hyperpyrexia

2262. Residual chlorine in chlorination of water should be- *(DNBDec 08)*
a) 1 mg/1 after 1 hr b) 0.5 mg/1 after 1 hr
c) 1 mg/1 after 3 0 mins d) 0.5 mg/1 after 30 mins

2263. Percentage of para-para isomer in DDT is -
a) 20-30% b) 40-50% *(DNB Dec 08)*
c) 60-70% d) 70-80%

2264. Which of the following is considered an adequate water supply/head/day - *(DNB June 08)*
a) 50-150 L b) 150-200L
c) 200-250L d) 100-150L

2265. Hardness of water is contributed by following salts except - *(DNB June 08)*
a) Calcium gluconate
b) Magnesium chloride
c) Calcium sulfate
d) Magnisum bicarbonate

2266. Which of the following viral infections is transmitted by tick - *(DNB Dec 07)*
a) Japanese encephalitis
b) Dengue fever
c) Kyasanur forest disease (KFD)
d) Yellow fever

2267. The biological oxygen demand indicates -
a) Organic matter *(DNB Dec 07)*
b) Bacterial content
c) Anaerobic bacteria
d) Chemicals

2268. Chlorine demand of water determined by -
a) Horrocks apparatus *(DNB June 07)*
b) Chloronometre
c) Berkefield filter
d) Doble Pot

2269. Not seen in faecal pollution - *(DNB June 07)*
a) Staphylococcus b) Streptococcus
c) E. coli d) Clostridium perffingens

2270. Which of the following is not transmitted by lice -
a) Trench fever *(DNB June 07)*
b) Relapsing fever
c) Q-fever
d) Epidemic typus

2271. Following is a contact poison - *(DNB June 07)*
a) BHC b)$BaS0_4$
c) A + B of above d) Paris green

2272. Among the following, which one is not a major contributor to acid rains - *(UPSC-I 09)*
a) Carbon dioxide b) Carbon monoxide
c) Nitric oxide d) Sulphur dioxide

2273. A mixture of rain and snow is called - *(UPSC-I 08)*
a) Glaze b) Frost
c) Shower d) Sleet

2274. Disinfection of water is not required if the source is from- *(COMEDK05)*
a) Tube well b) Step well
c) Draw well d) River

2275. In a slow sand filter, the element responsible for yielding bacteria-free water is the - *(Karn 11)*
a) Valve
b) Vital layer
c) Supernatant water
d) Under-drainage system

2276. Venturi meter is used for - *(UPSC 2002)*
a) Measuring amount required for chlorination
b) Measuring air velocity
c) Measuring bed strength in slow sand filter
d) Measuring dissolving capacity of gas

2277. Effect of environment on genes is *cstUed-(Orissa 05)*
a) Positive Eugenics b) Negative Eugenics
c) Euthenics d) Enthenics

2278. Contact period of chlorination *?(APPG 08, PGI86)*
a) 1 hour b) 30 minutes
c) 1 1/2 hour d) 2 hours

2279. The minimum recommended concentration of free chlorine in drinking water at the end of one hour (mg/L)is - *(Corned 09)*
a) 0.1 b)0.5
c) 1.0 d) 1.5

2280. During the process of chlorination of water, the disinfecting action of chlorine is due to the formation of- *(UPSC-I109)*
a) Hydrochloric acid only
b) Hypochlorous acid only
c) Hydrochloric acid and hypochlorite ions
d) Hypochlorous acid and hypochlorite ions

2256)c 2257)d 2258)a 2259)a 2260)b 226l)c 2262)b 2263)d 2264)b 2265)a 2266)c 2267)a 2268)a 2269)a
2270)c 2271)a 2272)b 2273)d 2274)a 2275)b 2276)c 2277)c 2278)a 2279)b 2280)d

2281. When orthotoludine reagent is added to water and if free cholrine is present, what colour will be produced?
a) Pink b) Yellow *(MH11)*
c) Green d)Red

2282. To find out whether the water has been properly chlorinated, the test used is - *(Corned 07)*
a) Horrock's test
b) Ortho-toludine test
c) Presumptive coliform test
d) Total bacterial count

2283. What is the reagent used in Horrock's apparatus for determining chlorine demand of water -
a) Orthotoluidine *(UPSC-II08)*
b) Methylene blue
c) Starch iodide indicator
d) Sodium bicarbonate

2284. Which of the following is not true regarding bleaching powder - *(SGPGI05)*
a) Contact period is one hour
b) Volume of water is estimated
c) Immediatly dissolved in water
d) Chlorine demand is estimated

2285. The following statements are true for bleaching powder, except- *(SGPGI 05)*
a) Its action is slow and long acting
b) A fresh sample contains 33% of available chlorine
c) A strenghth of 1.3% will kill most organisms
d) It is used for disinfection of faeces

2286. Maximum permissible chloride level is - *(UP 08)*
a) 200 mg/litre b) 300 mg/litre
c) 500 mg/litre d) 600 mg/litre

2287. Which one of the following pairs for water quality standards is correctly matched ? *(UPSC-II 08)*

Parameter	Maximum tolerable limit
a) Chlorides	50 mg/litre
b) Nitrates	50 mg/litre
c) Hardness	50 mg/litre
d) Total dissolved solids	50 mg/litre

2288. In doubtful cases, the presence of which organism confirms the fecal contamination of water -
a) Protozoa b) *Yeast(Cosmed06)*
c) Clostridium perfringesd) Fungi

2289. The following organism because of its easy culture methods is widely used as bacteriology indicator of water polution - *(Karnat. 96, Jharkhand 03)*
a) Foecal streptococci
b) Escherichia coli
c) Clostridium perfringens
d) Salmonella Typhi

2290. Old contamination of water is indicated by -
a) Nitrites b) Nitrates *(MAHE 98,*
c) Ammonia d) Chlorides *KARN 94)*

2291. Water sample which is likely to contain chlorine, will affect the results of bacteriological analysis of water. Which one of the following, if added in small amount in the test tube will help overcome it -
a) Potassium nitrate
b) Copper sulphate
c) Calcium hydrochloride
d) Sodium thiosulphate

2292. Other than nitrogen and oxygen, which one of the following is the next most abundant gas in the dry air of lower atmosphere ? *(UPSC-108)*
a) Argon b) Carbon dioxide
c) Helium d) Hydrogen

2293. Kata thermometer is used for recording -
a) Maximum and minimum temperature *(UPSC-II 09)*
b) Low air velocities
c) Relative humidity of the air
d) Mean radiant temperature

2294. To feel comfortable and cool in a factory the corrected effective temperature (in degree Farenheit) should be - *(UPSC 99)*
a) Less than 69 b) Between 69 and 76
c) Between 77 and 80 d) Between 81 and 82

2295. Corrected effective temperature is labelled as comfortable if it is (in degree F) - *(UPSC96)*
a) Between 70 and 76 b) Between 77 and 80
c) Between 81 and 82 d) Above 83

2296. The air- quality standards proposed by the Indian Central Pollution Control Board are based on limits of concentration of - *(UPSC 2002)*
a) Suspended particulate matter and sulphur dioxide
b) Suspended particulate matter, sulphur dioxide and oxides of nitrogen
c) Suspended particulate matter, sulphur dioxide and oxides of nitrogen and oxidants
d) Suspended particulate matter, sulphur dioxide and oxides of nitrogen and carbon monoxide

2297. In the composition of normal dry air of the atmosphere at ground level in an unpolluted area, which one among the following is found in highest concentration ? *(UPSC-I 09)*
a) Carbon dioxide b) Hydrogen
c) Methane d) Nitrous oxide

2298. What is the main constituent gas in CNG ?
a) Acetylene b) Butane *(UPSC-I08)*
c) Ethane d) Methane

2299. Centre of air pollution control by WHO -
a) Hyderabad b) Bombay*(AIIPHP 98)*
c) Nagpur d) Kanpur

2300. Which one of the following is not a greenhouse gas? *(UPSC-I 09)*
a) Carbon monoxide b) Methane
c) Nitrous oxide d) Water vapour

2301. For satisfactory vision the minimum illumination accepted is - *(AIIMS 80, AMC 84, UPSC 06)*
a) 15 to 20 foot candlesb) 30 to 40 candles
c) 40 to 50 candles e) 70 to 90 candles

2281)b 2282)b 2283)c 2284)c 2285)a 2286)d 2287)b 2288)c 2289)b 2290)b 2291)d 2292)b 2293)d 2294)b 2295)b 2296)b 2297)a 2298)d 2299)c 2300)a 2301)a

2302. The limit of loudness expressed as decibels that people can tolerate without substantial damage to their hearing is - *(Corned 08, Jipmer 92)*
a) 55 b) 65
c) 75 d)85

2303. Exposure to 90 db AND 4000 Hz noise results in -
a) Auditory fatigue *(UPSC 07)*
b) Temporary hearing loss
c) Permanent hearing loss
d) Rupture of tympanic membrane

2304. Which of the following is a naturally occurring radioactive substance in the body in small quantities?
a) Radium 226 b) Bismuth 60 *(JIPMER 02)*
c) Iodine 131 d) Potassium 40

2305. One gray of radiation is equal to - *(Orissa 99)*
a) 1 rad b) 10 rad
c) 100 rad d) 1000 rad

2306. Which of the following kinds of radiations is/are emitted by Uranium - 238 ? *(UPSC-108)*
a) Alpha rays only
b) Alpha and Beta rays only
c) Gamma rays only
d) Alpha, Beta and Gamma rays

2307. Sling psychrometer is used for measuring -
a) Air velocity *(Corned 08)*
b) Rain fall
c) Median radiant temperature
d) Relative humidity

2308. Biological oxygen demand is calculated to know- wastes - *(AMC 2K)*
a) Organic b) Inorganic
c) Total solid d) None

2309. Pit latrine has depth of———— feet - *(UPSC 87,*
a) 24 b)4-6 *AMC 92)*
c) 6-10 d) 10-12

2310. Oxidation pond is used in----------treatment -
a) Sewage b) Effluent *(DPG03)*
c) Night soil d) Sullage

2311. An inexpensive and efficient method of sewage disposal for a small community is - *(UPSC 96)*
a) River outfall b) Oxidation pond
c) Trickling filter d) Activated sludge

2312. All are transmitted by Soft Tick, except-f*PGMCET07)*
a) KFD b) Tularemia
c) Q fever d) Relapsing fever

2313. Soft tick transmits *(MH11)*
a) KFD b)Q fever
c) Relapsing fever d) All

2314. Which of the fllowing mosquitoes is involved in the spread of Japanese encephalitis ? *(Delhi PG Mar. 09)*
a) Aedes b) Anopheles
c) Culex d) Mansonoides

2315. Which of the following disease is transmitted by phlebotomus argentipes - *(DPGEE 08)*
a) Epidemic typhus b) Kala-Azar
c) Relapsing fever d) Trench fever

2316. What is the size of ideal mosquito net ? -
a) 0.575 mm in one dimension *(PUNJAB 2006)*
b) 0.0475 mm in any dimension
c) 0.475 mm in one dimension and 0.575 in other dimension
d) 0.575 in both dimensions

2317. Dose of DDT for effective control of mosquitoes is -
a) 1 -2g/m2 b) 1 -2g/m2 *(AP 85,*
c) 2 - 4 g/m2 d) 2 - 4 g/m2 *Orris a 04)*

2318. Which one of the following insecticides is not used as a larvicides ? *(UPSC 2006)*
a) Abate b) Paris green
c) Fenthion d)Dichloros

2319. Effect of Pyrethrum on mosquitoes is described as -
a) Residual b) Repellent *(UPSC02)*
c) Knock down d) Contact

2320. Paris green is a - *(KERALA 97, Jipmer 90, 04)*
a) Stomach poison b) Contact poison
c) Repellent d) Rodenticide

2321. Which of the following insecticides is a natural product ? *(Delhi PG Mar. 09)*
a) Dieldrin b) Pyrethrum
c) Parathion d)Carbaryl

2322. The following are all residual insecticides EXCEPT-
a) Pyrethrum b) DDT *(UPSC-II09)*
c) Gamma BHC d) Malathion

2323. Least toxic organiophosphorus compound is:
a) DDT b) Paris green *(DPG11)*
c) Malathion d) Parathion

2324. Ovicidal drug for scabies is - *(Orissa 05)*
a) BHC b) DDT
c) HHC d)Permethrin

2325. In the bioaccumulation of DDT in the aquatic food chain of Plakton —> Clams —» Fish-eating birds, which group of organisms exhibits highest concentration of DDT (in their bodies) ?
a) Plankton b) Clams *(UPSC-109)*
c) Fish d) Fish-eating birds

2326. Commonly used Rodenticide is - *(HPU05)*
a) Zinc sulphate b) Copper sulphate
c) Zinc oxide d) Ferrous sulphate

2327. Zinc phosphide is - *(AMC2K)*
a) Rodenticide b) Insecticide
c) Larvicide d)All

SOCIAL SCIENCE, MENTAL HEALTH & GENETICS

SOCIAL SCIENCE

2328. Society is defined as - *(AIIMS June 97)*
a) A conglomeration people
b) A group people bound with social norms
c) An association with regulated membership
d) An association patterned the norms of interaction

2302)d 2303)a 2304)d 2305)c 2306)a 2307)d 2308)a 2309)d 2310)a 2311)b 2312)b 2313)d 2314)c 2315)b 2316)b 2317)a 2318)d 2319)d 2320)a 2321)b 2322)a 2323)c 2324)d 2325)d 2326)None 2327)a 2328)b

2329. What is the definition of society ^ *(AI89)*
a) System of social relationship between individuals
b) Social relationship between families
c) Interaction of individuals and people
d) Relationship of individual family and the country

2330. Study of physical, social and cultural history of man is known as? *(NEET/DNB Pattern)*
a) Social science b) Anthropology
c) Acculturation d) Sociology

2331. The Behavioural Science used extensively in PSM is-
a) Anthropology b) Economics. *(AI2000)*
c) Politics d)Law

2332. Social psychology is - *(NEET/DNB Pattern)*
a) Human relationships & behaviour r- , r'• ••" ''.
b) Psychology of individuals in society
c) Cultural history of man
d) None

2333. Sociology- :' =■ *(NEET/DNB Pattern)*
a) Study of human relationship
b) Study of behavior - •;
c) Both
d) None

2334. All are components of Behaviour sciences except- ¹ *(AIIMS Dec 98)*
a) Political Science b) Anthropology
c) Sociology d) Psychology

2335. Acculturation is defined as - *(PGIJune98)*
a) Loss of culture sense
b) Isolation of two cultures
c) Fading away of culture
d) Mixing of two cultures when coming in contact

2336. What is Acculturation - *(NEET/DNB Pattern)*
a) Uncultured
b) Culture contact
c) Change from one culture to another
d) None

2337. In a social group a social act which is considered natural and right is referred to as - *(UPSC 96)*
a) Taboo b) Ritual
c) Custom d) Tradition

2338. Process by which an individual gradually aquires cultureand becomes a member of a social group is called? *(APPG08)*
a) Socialization b) Accultration
c) Socialism d) Custom

2339. Social Mobility is - *(NEET/DNB Pattern)*
a) From rural to urban areas for work
b) Industrialization
c) Interaction between cultures
d) Movement in socio-economic stratas

2340. Movement across socioeconomic levels is termed as- *(AI10)*
a) Social equality b) Social upliftment
c) Social mobility d) Social insurance

2341. Which of the following is best suited for the role of social worker - *(AIIMSMay 12)*
a) Health professional involved in physiotherapy
b) Health professional involved in coping strategies, interpersonal skills, adjustment with family
c) A person involved in finding jobs and economic support for disabled
d) Health professional

2342. KuppuswamPs classification is based on all except-
a) Income b) Occupation ***(AI 94, AIIMS***
c) Education d) Type of house ***Nov 99)***

2343. Inner subjective thought of a person towards an individual or situation is best termed as -
a) Attitude b) Value *(AIIMS May 09)*
c) Belief d) Opinion

2344. A temporary, provisional view held by the people on a point of view is - *(AIIMS May 09)*
a) Opinion b) Practice
c) Attitude d) Belief

2345. Which of the following is associated with emotional valence and is most likely to be influenced by motivation - *(AI 10)*
a) Attitude b) Belief
c) Practice d) Knowledge

2346. A learned behaviour which is permanent and consis tent hut liable to change - . *(AIIMS Nov 09)*
a) Attitude b) Knowledge
c) Practice d) Cultural belief

2347. An unstable and emotional temporary social group with a leader is known as - *{Kam il)*
a) A band b) A crowd
c): A herd d) Arnob

2348. Nuclear family consists of - *(NEET/DNB Pattern)*
a) Husband, wife and son
b) Husband, wife and dependent children
c) Husband and wife only
d) Father mother husband and wife

2349. The following is true about the term 'New Families'-
a) It is a variant 6f the 3-generation family
b) It is applied to all nuclear families of less then 10 years duration *(AIIMS May 03)*
c) It i s a variant of the j oint family.
d) It is applied to all nuclear families of less then 2 years duration.

2350. The poverty line limit for rural areas is the purchasing capacity for a daily intake of 2400 calories per person. Which one of the following calorie limits is for urban areas? *(UPSC02)*
a) 1900 b)2100
c) 2400 d) 2800

2351. In "poverty lines" the expenditure required for a daily calorie intake of----------in rura areas - *(UP 08)*
a) 2200 b) 2400
c) 2100 d) 2300

2329)b 2330)b 2331)a 2332)b 2333)c 2334)a 2335)d 2336)b 2337)c. 2338)a 2339)d. 2340)c. 2341)b 2342)d 2343) a 2344) a 2345) c: 2346) c 2347) d 2348) b 2349)b . 2350) b 2351) b

2352. According to the World Health Report 2000, India's health expenditure is - *(AI06)*
a) 4.8% ofGD.P. b) 5.2% ofGD.P.
c) 6.8% of GD.P. d) 7% of GD.P.

2353. Indian (economic) real GDP growth for the year 2003 is - *(AI 06)*
a) 6.0 b)6.5
c) 7.8 d) 10.5

2354. Most important epidemiological tool used for assessing disability in children is - *(AI 03)*
a) Activities of Daily Living (ADL) scale.
b) Wing's Handicaps, Behaviour and Skills (HBS) Schedule
c) Binet and Simon IQ tests
d) Physical Quality of Life Index (PQL 1)

2355. Inventory of material means which one of the following- *(UPSC-II08)*
a) List of items procured
b) Stock distributed during a period
c) The quantum of material ordered for
d) Stock on hand at any given time

2356. Thanatology is the science which deals with -
a) Death in its aspects *(HP 2006)*
b) Identification of the living
c) Solving paternity of the child
d) Detection of life

2357. Putting profit ahead of health as a cause of disease is provided by which theory of Sociology -
a) Feminist b) Parsonian *(AIIMS May 09)*
c) Marxist d) Foucauldian

MENTAL HEALTH

2358. A male child of 15 years with a mental age of 9 years has an IQ of- *(AI 03)*
a) 50 b) 60
c) 70 d)80

2359, An IQ between 50 & 70 would be classified as what kind mental retardation - *(AI 95)*
a) Mild b) Moderate
c) Severe d) Borderline

2360. IQ= 51 - *(NEET/DNB Pattern)*
a) Mild MR b) Moderate MR
c) Severe MR d) Profound MR

2361. Which of the following is not true regarding imbecility - *(DPGEE 08)*
a) Better than idiot
b) Has feeble memory
c) Has moral standards
d) Can be roused to passion

2362. Chronological age lOyrs, mental age 4yrs. What that person called as? *(NEET/DNB Pattern)*
a) Idiot b) Imbecile
c) Normal d) Genius

2363. IQ =20-34 - *(NEET/DNB Pattern)*
a) Severe MR b) Profound MR
c) Moderate MR d) Mild MR

2364. The most commonly abused drug causing addiction among Indian is - *(UPSC 97)*
a) Amphetamine b) Cocaine
c) Cannaine d) Cannabis
e) LSD

2365. Which one of the following is an environmental factor associated with mental illness? *(UPSC 02)*
a) Emotional stress b)Frustration
c) Broken home d) Anxiety

2366. The incidence of mental illness is the maximum if the causal factors affect a particular period -*(UPSC)*
a) Perinatal period b) First five years of life
c) School age d) Adolescence

2367. Major psychosis is - *(Kerala 95)*
a) Neurosis
b) Dementia
c) Reactive depression
d) Endogenous depression

2368. Components of IDEAS include all of the following except- *(AI09)*
a) Self care
b) Communication and understanding
c) Economic condition
d) Performing in work

2369. Mental health programme was started in-
a) 1982 b) 1987 *(NEET/DNB Pattern)*
c) 1990 d) 1995

GENETICS

2370. Effect of environment on genes is called-
a) Positive Eugenics *(NEET/DNB Pattern)*
b) Negative Eugenics
c) Euthenics
d) Enthenics

2371. Which of the following does not affect the Hardy Weinberg principle? *(AIIMSNov 11)*
a) Small population b) Random mating
c) Mutations d) Gene outflow migration

2372. Hardy Weingberg law is violated in - *(AIIMSNov 11)*
a) Random mating b) Mutation
c) Small population d) Gene flow

2373. Hardly-weinberg law is related *to-(NEET/DNBPattern)*
a) Population genetics b) Health economics
c) Social medicine d) None of the above

2374. The law stating that ''the relative frequency of each gene allele tend to remain constant from generation to generation" is known as - *(UPSC-II09)*
a) Mendel's law b) Hardy- Weinberg law
c) David-Morgan's law d) Lamarck's law

2375. Commonest among diseases with Mendelian inheritance is - *(AI99)*
a) Autosomal dominant b) Autosomal recessive
c) X-linked recessive d)X-dominant

2352)b 2353)c 2354)b 2355)d 2356)a 2357)c 2358)b 2359)a 2360)a 2361)c 2362)b 2363)a 2364)d
2365) a,b,c,d 2366) b 2367) d 2368) c 2369) a 2370) c 2371)b 2372) c>b 2373) a 2374) b 2375) a

2376. Polygenic inheritance seen in - *(PGIDec04)*
a) Hypertension
b) HOCM
c) Manic depressive psychosis
d) Familial hyperlipidemia

2377. Punett square is used to- *(AT11)*
a) Predict genotype of offspring
b) Statistical analysis
c) Test a hypothesis
d) Track family history and inheritance

2378. What is the incidence of chromosomal abnormality per 1000 live births - *(UPSC 0 7)*
a) 1.6 b)3.6
c) 5.6 d)7.6

2379. Which one of the following is a correct combination regarding Indian population ? *(UPSC-II09)*
a) Blood group AB 20% Rh negative 15%
b) Blood group A 40% Rh negative 80%
c) Blood group O 40% Rh negative 7%
d) Blood group B 33% Rh negative 99%

MISCELLANEOUS

2380. All of the following are taken into consideration in Kuppuswamy scale EXCEPT - *(DNB Dec 2011)*
a) Education status
b) Occupational status
c) Living/Housing conditions
d) Per capita Income

2381. The Socio-Economic/Housing Scale developed for rural setup is? *(DNB Dec 09)*
a) Pareek b)Kuppuswami
c) Bhore d) Adson's scale

2382. Acculturation is? *(DNB June 09)*
a) Traige
b) Cultural changes due to socialisation
c) Attitude
d) Belief

2383. Extension phase of a nuclear family begins with-
a) Marriage *(DNB June 08)*
b) Birth of the first child
c) Birth of second child
d) Spouse death

2384. Mental retardation is defined if IQ is below -
a) 90 b) 80 *(DNB Dec 07)*
c) 70 d) 60

2385. Scales used for assessing socio-economic status of populations are the following except -
a) Modified udai Pareek scale *(DNB June 07)*
b) Modiefied Kuppuswamy scale
c) Likert scale
d) BG Prasad scale

HOSPITAL WASTE & DISASTER MANAGEMENT, OCCUPATIONAL HEALTH

HOSPITAL WASTE MANAGEMENT

2386. Hospital waste product accounts - *(PGI June 04)*
a) Paper 40% b) Plastic 10%
c) Infectious waste 30% d) Rage 30%
e) Glass 4%

2387. Amount of waste infectious produced in hospitals-
a) 45% b) 65% *(NEET/DNB Pattern)*
c) 80% d) 100%

2388. True about composition of hospital waste - *(PGI June 09)*
a) Metal 1% b) Paper 15%
c) Glass 5% d) Infectious waste3%
e) Plastica3%

2389. What is the color-coding of bag in hospitals to dispose off human anatomical wastes such as body parts -
a) Yellow b) Black *(AI05)*
c) Red d)Blue

2390. Discarded medicine - *(NEET/DNB Pattern)*
a) Blue bag b) Black
c) Yellow d) Red

2391. Disposal of expired & cytotoxic drugs is by -
a) Separate land fill disposal *(AIIMSNov09)*
b) Municipal waste
c) Autoclave
d) Preserve for 10 years & land fill

2392. A known HIV positive patient is admitted in an isolation ward after an abdominal surgery following an accident. The resident docter who changed his dressing the next day found it to be soaked in blood. Which of the following would be the right method of choice of descarding the dressing - (AIIMS Nov 05)
a) Pour 1% hypochloric on the dressing material and send it for incineration in a appropriate bag
b) Pour 5% hypochlorite on the dressing material and send it for incineration in a appropriate bag
c) Put the dressing material directly in an appropriate bag and send for incineration
d) Pour 2% Lysol on the dressing material and send it for incineration in a appropriate bag

2393. In PHC how to dispose *p\acenta-(NEET/DNB Pattern)*
a) Incineration b) Microwaving
c) Autoclaving d) Chemical treatment

2394. Animal waste is disposed off by- *(NEET/DNB Pattern)*
a) Incineration b) Autoclave
c) Microwave d) None

2395. For the disposal of hospital refuse, the bag made with cadmium is not used because incineration of the bag causes poisonous toxic fumes evolution. The colour of the bag is - *(AIIMSMay 01)*
a) Black b)Red
c) Blue d) Yellow

2376)a,c2377)a 2378)c 2379)c 2380)c 2381)a 2382)b 2383)b 2384)c 2385)c 2386)b,e2387)a 2388) a,b 2389) a 2390)b 2391) a 2392)c 2393)a 2394)a 2395)b

2396; All of the following statements regarding disposal ofbiomedical waste are true, except -?>' :.f • *(AI11)*
a) Human Anatomical Waste is disposed in a Yellow bag
b) Contents from a Red bag may be a source of contamination
c) Black bags are used for disposal of ash from incineration
d) Blue bags contents are disposed in secured landfill

2397. Plastic wrapper of surgical syringe should be discarded in ? *(AIIMSNov08)*
a) Blue bag b) Black bag
c) Yellow bag d) Red bag

2398. All can be incinerated except-^4/*07; AIIMSNov 08, AIIMSMay11)*
a) Cytotoxic waste
b) Sharps
c) Anatomical waste ... .
d) Infectious waste

2399. All of the following are incinerated except:
a) Mercury *(PGIMay10)*
b) Radiological waste
c) Halogen containing plastics
d) Human anatomical waste
e) Animal waste

2400. Incineration is done for - *(NEET/DNB Pattern)*
a) Waste sharps
b) Human anatomic waste
c) Radiographic waste
d) Used batteries

2401. Safe disposal of mercury is- *(AIIMSMay 10,09)*
a) Collect carefully and recycle
b) Controlled combustion
c) Treatment with chemicals
d) Deep burial

2402. Natural disaster causing maximum deaths:
a) Hydrological *(AIIMSMay 12)*
b) Meterological
c) Geological
d) Fires

2403. Which is the calamity with most amount of damage r *(NEET/DNB Pattern)*
a) Flood b) Earthquake
c) Landslides d) Volcanoes

2404. Which of the following is the nodal centre for disaster management - *(NEET/DNB Pattern)*
a) PHC b) CHC ^ .
c) Control room d) None

2405. Which of the following is not a fundamental aspect of Disaster management ? *(MH11)*
a) Disaster response
b) Disaster mitigation
c) Disaster awakening
d) Disaster preparedness

2406. Triageis- . ***(AI99)***
a) Treating the most serious cases
b) Categorisation of the patients and treating them according to the available resource
c) Cautery bums
d) Treating mentally ill patients

2407. Black colour code is used in four colour code system of triage management in disaster for - *(DPGEE 08)*
a) Ambulatory patients b) Low priority patients
c) Dead patients d) High priority patients

2408. True about triage - *(NEET/DNB Pattern)*
a) Yellow-least priority b) Red -morbidity
c) Green-ambulatory d) Blue-ambulatory

2409. Black color in triage - *(NEET/DNB Pattern)*
a) Death b) Transfer r *
c) High priority d) Low priority ? i

2410. High priority in triage is for - *(NEET/DNB Pattern)*
a) Red color b) Yellow color
c) Green color d) Black color

OCCUPATIONAL HEALTH

2411. Ergonomics- *(NEET/DNB Pattern)*
a) Adjusting the Worker to his job
b) Study of human behavior
c) Study of social mobility
d) None

2412. The size of Respirable dust is - *(All India 93, AI 2K)*
a) 1-5 microns b) 5-10 microns
c) 15 microns d) 20 microns

2413. Bagassosis is most likely caused due to the inhalation of the dust of - *(AIIMS Nov 03)*
a) Free silica b) Coal
c) Sugar cane d) Cotton fibre

2414. Cause of Farmer's lung - *(NEET/DNB Pattern)*
a) Cotton dust b) Grain dust
c) Sugarcane dust d) Iron

2415. Minimum duration of developing coal minor pneumoconiasis is - *(AI 98)*
a) 2-4 years b) 4-6 years
c) 8-10 years d) Morethan 10 years

2416. Mesothelioma is caused by - *(AI 99)*
a) Asbestosis b) Silicosis
b) Baggasois d) Anthracosis

2417. All of the following features are suggestive of asbestosis except - *(AIIMS May 03)*
a) Occurs within five years of exposure
b) The disease progresses even after removal ofcontact
c) Can lead to pleural mesothelioma.
d) Sputum contains asbestos bodies, .

2418. Acute silicosis clinical manifestation is - *(NEET/*
a) Pulmonary alveolar proteinosis *DNB Pattern)*
b) Hypersensitivity penumonitis
c) Hypersensitivity pneumonia
d) Forms nodules and causes pneumoconiosis

2396) d 2397) b 2398) b 2399)a,b,c 2400) b 2401) a 2402) a 2403) a 2404) c 2405) c 2406) b 2407) c 2408) c 2409)a 2410)a 2411)a 2412)a 2413)c 2414)b 2415)d 2416)a 2417)a 2418)a

2419. Thermophilus sachari causes ? *(NEET/DNB Pattern)*
a) Bagassosis b) Siderosis>-
c) Byssinosis . d) Anthracosis

2420. Which fungicide is used as a spray for the control of bagassosis - *(Jipmer 92)*
a) 2% acetic acid . ; .
b) ***2%*** formic acid
c) 2% propionic acid
d) 25% phenyl mercury.

2421. M/C Heavy Metal poisoning in The World- *(NEET/DNB Pattern)*
a) Lead b) Arsenic
c) Mercury d) Cadmium

2422. All of the following are true for occupational lead poisoning except - *(AIIMS Nov 02)*
a) Inhalation is the most common mode of absorption.
b) Lead in blood and urine provide quantitative indicators of exposure.
c) Average blood is more important than number of subjects with blood levels above threshold.
d) Basophilic stippling is a sensitive parameter of hematological response

2423. Most common mode of lead poisoning -
a) Ingestion b) Dermally *(AIIMS May 09)*
c) Inhalation c) Through conjuctiva

2424. All the following form part of occupational health history except - *(AI90)*
a) History of previous occupation
b) Exposure to dust
c) Childhood immunisations
d) Safety

2425. Preplacement examination in dye industry includes all of the following except- *(A198)*
a) Anemia b) Asthma
c) Precancerous lession d) Dermatitis

2426. Which of the following diseases needs not to be screened for, in workers to be employed in a dye industry in gujarat ? *(AI01)*
a) Anemia b) Bronchial asthma
c) Bladder cancer d) Precancerous lesion

2427. The industry, with the highest accidental death rate and long held to be the most dangerous occupation is- *(AIIMS80, PGI81)*
a) Agriculture b) Construction
c) Mining and quarrying d) Trade
e) Service

2428. All of the following statements relating to lung carcinoma and occupation are true except - ***(AI98)***
a) Risk is increased
b) Takes long time to develop
c) It takes less time to develop as compare to general population.
d) It takes more time develop as compare to general population

2429. Diffuse mesothelioma is seen with - *(PGINov 09)*
a) Asbestos b) Arsenic
c) Tobacoo use d)TB
e) Histoplasmosis

2430. Which occupational exposure may cause sterility in females - *(NEET/DNB Pattern)*
a) Lead b) Carbon monoxide
c) Mercury d) Agricultural insecticides

2431. Socio-security measures that are provided to the workers by which of the following Act/Acts -
a) Factory Act *(PGIDec 03)*
b) Central Maternity Benefit Act
c) Workman compensation Acts
d) Disablement benefit Act
e) Personal Benefit Act

2432. All the following are Standards laid down by the Factories Act except- *(AI 94)*
a) Minimum 500 cubic feet space per worker
b) Maximum working hours including overtime per week: 60 hours
c) Defmes any factory that employs 10 or more work ers where power is not used -
d) Prohibition of employment of children below 14 years of age

2433. ESI act was made in - *(Kerala 98, PGI 84)*
a) 1946 b) 1948
c) 1952 d) 1954

2434. ESI act is not applicable for - *(AI 2000)*
a) Educational institutions
b) Power working factory employing 10 people or more
c) Non power working factory employing 20 people or more
d) Newspaper establishments

2435. In ESI progamme central, state, Govt, employee contribute to the fund. Employer's contribution is-
a) 5.75% b) 4.75 % *(OrissaR)*
c) 3.75% d)2.75 ***%***

2436. Benefits under the Employees State Insurance scheme include all the following except- *(UPSC 02)*
a) Dependent's benefit
b) Funeral benefit
c) Dearness allowance
d) Rehabilitation Allowance

2437. Which of the following disease is NOT liable for extended sickness benefit for 309 days -
a) Leprosy *(AIIMS Dec 94)*
b) Aplastic anemia
c) Immature cataract with vision 6/60 or less
d) Mental disease

2438. Duration of maternal benefit under ESI acts is -
a) 4wks b)8wks *(Jipmer91)*
c) 12wks d)24wks

2439. Sickness benefit under ESI is available for a period of- *(AI 99)*
a) 30 days b) 46 days
c) 56 days d) 86 days

2419) a 2420) c 2421) a 2422) c. 2423) c 2424) c 2425) a 2426) a 2427) c 2428) d 2429) a 2430) d 2431)a,b,c,d
2432) c 2433) b 2434) None >a 2435) b 2436) c 2437) None 2438) c 2439) d

MISCELLANEOUS

2440. Plastic cover of syringes is disposed in?
a) Red bag b) Yellow bag *(DNB Dec 2011)*
c) Black bag d) Blue bag

2441. Baggasosis is caused by dust of? *(DNB June 2011)*
a) Jute b) Cotton
c) Sugarcane d) Textiles

2442. Discarded cytotoxic medicines should be disposed in? *(DNB Dec 2010)*
a) Blue bag b) Black bag
c) Red bag d) Yellow bag

2443. Waste Sharps should be disposed *ini (DNB Dec 2010)*
a) Black bag b) Yellow bag
c) Blue bag d) None of these

2444. Which bag among the following shouldn't be incinerated as it contains cadmium?
a) Blue b)Red *(DNB Dec 2010)*
c) Black d) Yellow

2445. Best way to dispose e-waste is? *(DNB Dec 2010)*
a) Burning b) Incineration
c) In a landfill d) Recycling

2446. The maximum hours of work per week prescribed under the Factories Act is - *(DNB June 2010)*
a) 42 b)48
c) 54 d)60

2447. Plastic cover of syringes are disposed in -
a) Red bag b) Yellow bag *(DNB Dec 09)*
c) Black bag d) Blue bag

2448. Study of designing equipment and devices that fit the human body, its movements, and its cognitive abilities is? *(DNB Dec 09)*
a) Economics b) Ergonomics
c) Bionomics d) Socionomics

2449. In ESI progamme central, state, Govt, employee contribute to the fund. Employer's contribution is -
a) 5.75% b) 4.75 *%* *(DNB Dec 08)*
c) 3.75% d)2.75 %

2450. Which one of the following is the category 1 of biomedical waste in India - *(DNB Dec 08)*
a) Human anatomical waste
b) Microbiological and biotechnological waste
c) Discarded medicines and cytotoxic drugs
d) Animal waste

2451. The majority of the waste produced by health-care providers is- *(Kamil)*
a) Chemical waste b) Infectious waste
c) General waste d) Sharps waste

2452. Sharp instruments like needles, syringes, scalpels hospital waste products are thrown in - *(SGPGI05, Jipmer 05, DPG09)*
a) Yellow bag b) Red bag
c) Blue bag d) Black bag

2453. Biodegradable waste products, disposing in which of the colour code of the bags - *(UP 08)*
a) Blue b) Black
c) Green d) Yellow

2454. Cytotoxic drugs and medicines which are discarded are disposed in - *(PGMCET 07)*
a) Black bag b) Red bag
c) Yellow bag d) Blue container

2455. Which one of the following is the category 1 of biomedical waste in India - *(UPSC 07)*
a) Human anatomical waste
b) Microbiological and biotechnological waste
c) Discarded medicines and cytotoxic drugs
d) Animal waste

2456. According to the Bio-medical waste (Management and Handling) Rules, 1998 of India, the yellow colour code is for- *(MH11)*
a) Human anatomical waste
b) Chemical waste
c) Waste sharps
d) Incineration ash

2457. "3-D" means in hospital waste management is -
a) Disinfection, Disposal, Drainage *(UP 08)*
b) Discard, Disinfection, Drainage
c) Destruction, Deep burial, Drainage
d) Destruction, Deep burial, Disposal

2458. Commonest occupational disease in developing countries is - *(Kerala 96)*
a) Pneumoconiosis b) Asbemstosis
c) Lung cancer d) Byssinosis
e) Occupational poisoning

2459. "Farmer's Lung" is due to inhalation of-*(MAHE 05)*
a) Cotton fiber b) Sugarcane fiber
c) Hay dust d) Coal dust

2460. What is the proportion of daily rate wages payable as periodic cash payment under sickness Benefit of ESI Act- *(UPSC 07)*
a) 5-12 of the average monthly wages
b) 7/12 of the basic monthly wages
c) 8/12 of the averate daily wages
d) 10/12 of the average daily wages

2461. The factories Act (1976) prohibits employment of a person below - *(DPGEE 08)*
a) 10 years b) 14 years
c) 18 years d) 21 years

2462. Extended ESI benefit are all except ? *(APPG 08)*
a) News paper establishments
b) Non power 18 employees
c) Non power < 18 employees
d) Small power 10 to 18 employees

2463. In the statement"..... benefit under the ESI act to an insured person in the case of sickness is payable for a continuous maximum period of X days the daily rate being Y of the average daily wages", X and Y stand respectively for - *(UPSC 96)*
a) 9land5/12 b)91 and7/12
c) 181 and 7/12 d)181and5/12

2464. Lung cancer is an industrial hazard in/ for- *(UPSC 06)*
a) Chimneysweepers b) Aniline industry
c) Gas industry d) Benzol industry

2440)c 2441)c 2442)b 2443)c 2444)b 2445)d 2446)b 2447)c 2448)b 2449)b 2450)a 245l)c 2452)c 2453)d 2454)a 2455)a 2456)a 2457)a 2458)e 2459)c 2460)b 2461)b 2462)d 2463)b 2464)c

2465. The cancerogenic chemical that has a very long latent period is - *(Karn, 95)*
a) Benzopyrine b) Vinyl chloride
c) Asbestos d) Estrogens

2466. True combination is all except - *(SGPGI05)*
a) Cold-Trench foot
b) Light-Miner's nystagmus
c) Pressure-Caisson disease
d) Cane fibre-Farmer's lung

HEALTH EDUCATION & HEALTH PLANNING

2467. Health education - *(AI97)*
a) Is health promotion
b) Is health distortion
c) Is delivered through public health agencies only
d) Does not help in prevention of cancer

2468. All of the following are approaches to health education - *(AIIMS May 09)*
a) Service approach
b) Regulatory approach
c) Health education approach
d) Mass media

2469. The most important step in health education of a community is - *(AI 96)*
a) Contact with doctors
b) Community discussion
c) Announcements to the community by loud speakers
d) Knowledge of local needs

2470. Following are used in planning of Health education except- *(AI 93)*
a) Cover felt needs b) Using simple words
c) Catchy slogans d) Ensuring participation

2471. While launching a community programme best method of action is - *(AI 96)*
a) Publicity drive
b) Talk to community leaders
c) Involvement of voluntary agencies
d) Organize lecture

2472. Which of thefollowing is not a 2 way communication - *(AI 88)*
a) Lectures b) Group discussion
c) Panel discussion d) Symposium

2473. Mass media communication - *(PGIJuneO7)*
a) Television b) Lectures
c) Symposium d) Radio
e) Internet

2474. 4-8 qualified persons, discuss a topic in front of a large audience, is an example of - *(AIIMS Dec 95)*
a) Symposiumb) Panel discussion
c) Workshop d) Group Discussion

2475. All are true about panel discussion except -
a) Two way discussion *(NEET/DNB Pattern)*
b) 6 to 20 members participates
c) Chief members initiates
d) Each one prepares the topic of discussion

2476. All of the following statements are true about mass media education except - *(AI 98)*
a) Rapid and speedy
b) High reach
c) Distorted information
d) Meets local community needs

2477. Which of the following in not a feature of Mass - Media education - *(AI 96)*
a) Deals with local problems of the community
b) Easily understandable
c) Wide approach
d) More effective than individual or group method

2478. The best method of teaching an urban slum about ORS is- *(NEET/DNB Pattern)*
a) Lecture b) Role play
c) Demonstration d) Flash cards

2479. To increase awareness of rural population towards small family norm, the best method is - *(AIIMS 85, ESI 88, 89, 90)*
a) Film show
b) Charts Exhibitions etc
c) Role playing
d) Setting and example

2480. The information technology has revolutionized the world of medical sciences. In which of the following year the Information Technology Act was passed by the Government of India - *(AI 05)*
a) 1998 b) 2000
c) 2001 d)2003

2481. Which of the following statements about Delphi method is true - *(AI 08)*
a) Method involves formation of a team to undertake and monitor a Delphi on a given subject
b) Selection of one or more panels to participate in the exercise. Customarily, the panelists are experts in the area to be investigated.
c) The first round in the Delphi method involves development of a questionnaire
d) All are true

2482. All are TRUE regarding health planning, except -
a) Resource planning and implementation
b) Eliminating wasteful expenditure *(AIIMSNov 99)*
c) Creating demands for needs
d) To develop best course of action for best results

2483. Planning cycle includes - *(NEET/DNB Pattern)*
a) Analysis of situation b) Evaluation
c) Resource assessment d)All

2484. In implementation of health programme, best thing to do is - *(AIIMS Nov 99)*
a) Discussion and decision taken by the health ministry regarding implementation
b) Discussion with people in community and decide according to it
c) Discussion with leaders in community and implement accordingly
d) Discussion with doctors in PHC and implement accordingly

2465) c 2466) d 2467) a 2468) d 2469) d 2470) c 2471) b 2472) a 2473) a,d,e 2474) b 2475) b 2476) c 2477) d 2478)c 2479)d 2480)b 2481)d 2482)c 2483)d 2484)b

2485. Which of the following is a set point for term plans but is yet something cannot be quantified of measured-
a) Target b)Goal !•* •, ... / *(AI09)*
c) Objective d) Mission.

2486. When an outcome is compared with intended objectives, it is called as - *(AIIMSNov 0 7, AI09)*
a) Monitoring b) Evaluation
c) Input-Output analysis d) Network analysis

2487. Regular reporting of health information is used for all of the following, Except - *(AI 12)*
a) For planning, administration and effective management of health services
b) For epidemiological research
c) For assessing attitudes and satisfactions of people reporting information
d) For quantifying health problems and assessing health care needs

2488. Network analysis is - *(AI 99)*
a) Quantitative method b) Qualitative method
c) Health education d) None

2489. P.E.R.T. is a type of- *(ALLHPH2001, UP SC 96)*
a) Input output analysis b) System analysis
c) Network analysis d) Work sampling

2490. Time takan for any project is estimated by -
a) Work sampling *(JIPMER 91)*
b) Input/output analysis
c) Network analysis
d) System analysis

2491. Path of longest duration in network analysis is -
a) Limiting path method *(MAHE07)*
b) Critical path method
c) A&B
d) Neither A nor B

2492. In the critical path method, illness is the maximum if the causal factors affect a particular period of life. The vulnerable period is - *(UPSC 97)*
a) Shortest b) Longest
c) Cheapest d) Costliest

2493. Finding the most cost effective way doing a project- *(DNB 2001)*
a) Network analysis b) System analysis
c) Cost analysis d) Field analysis

2494. The assessment of Health Programme where the benefit is expressed in terms of results achieved is called- *(J&K05)*
a) Cost benefit analysis
b) Cost effective analysis
c) Cost accounting
d) Cost containment

2495. A systematic observation and recording of activities of one or more individuals at random interval is done in - *(UPSC 07, Corned 06)*
a) Systems analysis b) Network analysis
c) Work sampling d) Input-output analysis

2496. Retrospective evaluation of medical performance is known as- *(AI 99)*
a) Medical audit
b) Medical evaluation
c) Performance evaluation
d) Professional screening

2497. **The national health policy is based on *** *(AI 95)*
a) Comprehensive health care
b) Subsidized health care
c) Socialized medicine
d) Equitable distribution bf health resources

2498. National Health Policy of India-2002 includes all of the following as goals, except - *(AIIMS May 04)*
a) Eradicated Polio and Yaws by the year 2005
b) Achieve zero level transmission of HIV/AIDS by year2010
c) Eliminate Kala-azar by year 2005
d) Eliminate Lymphatic Filariasis by year 2015

2499. According to National Health Policy 2002, which of the following is to be eliminated in 2015 - *(AI 10)*
a) Malaria b) Yaws
c) Leprosy d) Filariasis

2500. National Health Policy for 2010 includes -
a) EMR< 30/100 *(PGIJune 06)*
b) Control of communicable diseases
c) MMR<200/100000
d) Registration of birth & deaths - 80%
e) 80% couple protection rate

2501. Multi-purpose worker scheme in India was introduced following the recommendation of-
a) Srivastava Committee *(NEET/DNB Pattern)*
b) Bhore Committee
c) Kartar Singh Committee
d) Mudahar Committee

2502. ROME scheme was introduced consequent to the recommendation of - *(KERALA 2K)*
a) Srivastava Committee b) Chadah committee
c) Mukherjee committee d) Kartar Singh committee
e) 20 point programme

2503. Recommendation of shrivasthava committee was -
a) Abolition of private practice , *(PGI95)*
b) Creation of multipurpose health workers
c) Creation of PHC
d) All of above

2504. Which of the following was the first to promote and bring forward the primary health care concept in true sense? *(AI 10)*
a) Bhore committee
b) Alma ata declaration
c) Gobal forum for public health
d) Mudaliar committee

2505. Bajaj committee, true is - *(NEET/DNB Pattern)*
a) Constituted in 1946
b) Recommends formation of PHC
c) Recommends health manpower policy
d) None

2485)b 2486)b 2487)c 2488)b 2489)c 2490)c 2491)b 2492)b 2493)c 2494)b 2495)c 2496)a 2497)a 2498)c 2499)d 2500)a 2501)c 2502)a 2503)b 2504)b 2505)c

2506. All are included in health sector policy in India except- *(AI98)*
a) Nutritional supplements
b) Medical education
c) Family welfare programme
d) Control of communicable disease

2507. All of the following are included in Health Sector Planning except - *(AIIMS Dec 98)*
a) Medical education
b) Family planning
c) Control of communicable diseases
d) Water and sanitation facilities

2508. Which of the following (s) is are state responsibility for health - *(PGIJune 09)*
a) Vital statics
b) Promotion of research through research centres & other bodies
c) Prevention of adulteration
d) Prevention of communicable disease

2509. Which of the following act(s) passed before 1980 -
a) ESI act b) PNDT *(PGI, Nov 09)*
c) Factories act d) MTP act
e) Air pollution act

2510. Which one of the follwing is the correct chronological order in which the given Acts were passed in India - *(UPSC-II08)*
a) Quarantine Act, Vaccination Act, Sarda Act, Factory Act.
b) Quarantine Act, Sarda Act, Factory Act, Vaccination Act.
c) Sarda Act, Vaccination Act, Quarantine Act, factory Act,
d) Vaccination Act, Quarantine Act, Factory Act, Sarda Act,

2511. Concurrent list does not encompass - *(AI08)*
a) Prevention ^f extension of communicable disease from one unit to another
b) Prevention of adulteration of food stuffs
c) Regulation and developement of medical profession
d) Vital statistics

2512. Panchayati Raj includes all, except - *(PGMCET07)*
a) GramSabhab) Gram Panchayat
c) Nyaya Sabha d) Nyaya Panchayat

2513. Which one of the following is not source of manager's power - *(AI 05)*
a) Reward b) Coercive
c) Legitimate d) Efferent

MISCELLANEOUS

2514. A group of 8 experts discussing and interacting about a topic in front of large audience is? *(DNB Dec 11)*
a) Workshopb) Symposium
c) Seminar d) Panel discussion

2515. Rural health scheme introduced by?
a) Bhore committee *(DNB June 11)*
b) Mukheijee committee
c) Shrivastava committee
d) Mudaliar committee

2516. Socratic of education consists of all except - *(DNB Dec 10)*
a) Lecture b) Group discussion
c) Seminar d) Panel discussion

2517. Bajaj committee in 1986 proposed? *(DNBDec 10)*
a) Multipurpose health worker
b) Manpower and planning
c) Rural Health Service
d) Integrated health services

2518. A set of statements for monitoring progress towards goal completion is referred to as? *(DNB Dec 10)*
a) Targets b) Objective
c) Programme d) Procedure

2519. True about "Zero base budgeting" ***is**!*** *(DNB June 10)*
a) Relies on data of previous budget
b) Proceeds from resources to target
c) Proceeds from target to resource
d) Not a priority based budgeting

2520. Integration of health services was first proposed by? *(DNB June 09)*
a) Bhore committee
b) Jungalwalla commitee
c) Mudaliar commitee
d) Srivastava commitee

2521. Which of the following is the socratic method of teaching - *(DNB Dec 08)*
a) Lecture b) Films
c) Exhibition d) Panel discussion

2522. Concept of multipurpose workers was given by -
a) Mudaliar committee *(DNB Dec 08)*
b) Srivastava committee
c) Kartar Singh committee
d) Mukheijee committee

2523. 'BARS' system is a method of - *(DNB June 08)*
a) System analysis
b) Performance appraisal
c) Network analysis
d) None of the above

2524. The most effective method for motivating a couple for adopting family planning practices is -
a) Printed material *(UPSC 02)*
b) Films and television
c) Group discussion
d) Inter - personal communication

2525. Panel discussion can be defined as - *(COMEDK05)*
a) Series of speeches
b) Discusion by 4-8 qualified persons
c) Groups describing individual experiences
d) Stage wise formatted teaching

2506)a 2507)None 2508)a,c,d 2509)a,c,d 2510)a 251 l)c 2512)c 2513)d 2514)d 2515)c 2516)a 2517)b 2518)c 2519)c 2520)b 2521)d 2522)c 2523)b 2524)d 2525)b

2526. Which of the following statements refers to propaganda? *(Karn 11)*
a) Appeals to emotion
b) Develops individuality
c) The process is behaviour centred
d) Makes people think for themselves

2527. Not used in Health planning ? *(APPG08)*
a) Increasing demands for resources
b) Analysis of health situation
c) Assessment of Resources
d) Fixing priorities

2528. The critical path (CPM) method in health planning and management is - *(UPSC 2001)*
a) The shortest time taken to complete the project
b) The midpoint for review of the project
c) The longest path taken to complete the project
d) Concerned with queuing theory

2529. Predominantly, for management of which one of the following resources is the critical path method (CPM) used as one of the health administration techniques- *(UPSC 2006)*
a) Money b) Manpower
c) Time d) Material

2530. In a programme, results analyzed in comparison to cost is known is - *(UPSC-1109)*
a) Cost benefit analysis
b) Management by objectives
c) Cost-effective analysis
d) Cost utility study

2531. The degree to which a specific health care intervention achieves its objectives, when applied in a given population, is termed as its - *(UPSC-I109)*
a) Sensitivityb) Effectiveness
c) Efficiency d) Impact

2532. Bhore committee advised - *(KERALA 97)*
a) Integration of health services
b) 100% immunisation
c) Eradication of poverty
d) minimum needs programme

2533. Medical education which includes 3 months[9] training in preventive and social medicine was introduced by - *(AMU 05)*
a) Bhore committee
b) Kartar Singh committee
c) Shrivastav committee
d) Chadah committee

2534. Social physian concept was mooted by -
a) Bhore Committee *(UPSC-1108)*
b) Chadha Committee
c) Shrivastav Committee
d) Kartar Singh Committee

2535. "The concurrent list" of the constitution of India lists the following functions except - *(Karn. 2001)*
a) Prevention of extension of communicable disease
b) Administration of hospital and health services
c) Collection and compilation of vital statistics
d) Labour welfare

2536. One-third of the Rajya Sabha member's retire every-
a) Three years b) Four years *(UPSC-1 08)*
c) Two years d) One year

2537. Which of the following allocates business to different Ministries/Departments in the Government of India ? *(UPSC-108)*
a) Prime Minister's office
b) Cabinet Secretariat
c) Ministry of Parliamentary affairs
d) Lok sabha secretariat

2538. Which one of the following has the primary function of distributing the revenue between the Centre and States? *(UPSC-108)*
a) Department of Expenditure in the Union Government
b) Finance Commission
c) Inter-State Council
d) Planning Commission

2539. If a Panchayat is dissolved, elections are to be held within- *(UPSC-108)*
a) 1 month b) 3 months
c) 6 months d) 1 year

2540. With reference to the Parliament of India, the question as to whether the Bill is a money bill or not is decided by who among the following ?
a) President of India *(UPSC-108)*
b) Prime Minister
c) Speaker of Lok Sabha
d) Union Finance Minister

2541. How many Articles of the Constitution of India have provisions for the ''Right to Freedom of Religion"?
a) Two b) Three *(UPSC-108)*
c) Four d)Five

2542. Under the Rajiv Gandhi Shramik Kalyan Yojana, in case of closure of a factory/establishment, one gets ''Unemployment Allowance" for - *(UPSC-109)*
a) 6 months b) 9 months
c) 12 months d) 18 months

2543. Which among the following has the primary function of distributing the revenue between the Centre and States in India ? *(UPSC-109)*
a) Planning Commission
b) Finance Commission
c) Inter-state Council
d) Department of Expenditure in the Central Government

HEALTH CARE OF THE COMMUNITY & INTERNATIONAL HEALTH

2544. Primary Health Care includes all, except -
a) Treatment is done by a doctor *(AI00)*
b) Equitable distribution
c) Intersectoral coordination
d) appropriate technology

2526)a 2527)a 2528)c 2529)c 2530)c 253l)b 2532)a 2533)a 2534)a 2535)b 2536)c 2537)b 2538)b 2539)c 2540)c 2541)c 2542)a 2543)b 2544)a

2545. Primary health care, true are all except -
a) Essential health care for all *(AIIMSNov07)*
b) Health services are taken to the doors of people
c) Placing people's health in people's hands
d) Sectors like agriculture, animal husbandary, food, industry & communication are involved

2546. Elements of primary health care include all of the following except- *(AI03)*
a) Adequate supply of safe water and basic sanitation
b) Providing essential drugs
c) Sound referral system
d) Health Education

2547. Increasing number of services in rural areas is a part of - *(NEET/DNB Pattern)*
a) Intersectoral coordination
b) Equitible distribution
c) Appropriate technology
d) None

2548. Emphasis shifted from urban to rural services -
a) Equitable distribution *(NEET/DNB Pattern)*
b) Community participation
c) Intersectoral coordination
d) None

2549. Which of the following is NOT a component of primary health care - *(AIIMS Dec 94)*
a) Adequate nutrition
b) Adequate housing
c) Safe water supply
d) Provision of essential drugs

2550. Elements of primary heath care are the following except- *(AI10)*
a) Health education
b) Intersectoral coordination
c) Cost effectiveness
d) Provision of essential drugs

2551. False regarding Health For All by 2000 A.D. is -
a) All people will be healthy by 2000 A.D. *(AI 00)*
b) All people are accessible to health care services
c) All will have socially and economically productive life
d) Equal health status for people and countries

2552. The Millennium Development Goals (MDG) is to be achieved by the year - *(Corned 0 7)*
a) 2010 b)2015
c) 2020 d) 2030

2553. Which of the following is not targeted in Millennium Development Goals (MDGs) ?
a) Eradicating extreme poverty
b) Fostering global partnership for development
c) Reducing child mortality
d) Improving health care delivery

2554. According to MDG child mortality has to be reduced by how, much by 2015 - *(NEET/DNB Pattern)*
a) Onethird b) Half
c) Two third d) One fourth

2555. MDG is to reduce MMR by - *(NEET/DNB Pattern)*
a) 1/2 b) 2/3
c) 3/4 d) 4/5

2556. Millennium developmental goal for HTV/ AIDS -
a) 6 b) 3 *(NEET/DNB Pattern)*
c) 8 d) 1

2557. Health man power indicated by which of the following- *(PGI June 05, AIIMS June 05)*
a) Doctor 1 per 35000 population
b) ANM 1 per > 1000 population
c) Lab technician 1 per 10000 population
d) Pharmacist 1 per 100000 population

2558. All are grass root worker's except - *(AI 98)*
a) Anganwadi workers
b) Traditional birth attendants
c) Village health guide
d) Health assitants

2559. Village-health guide scheme is not present in -
a) Karnataka b) J&K *(AIIMS 98)*
c) Tamilnadu d) All of the above

2560. A Health Guide works at - *(AI 2K)*
a) Each village level b) Sub-centre level
c) PHC level d) Community level

2561. The period of training for a village health guide is -
a) 1 month b) 3 months *(Corned 07)*
c) 6 months d) 12 months

2562. A trained dai caters for a population of -
a) 1000 b) 2000 *(NEET/DNB Pattern)*
c) 3000 d)4000

2563. Which is false regarding an Anganwadi worker -
a) Part time worker *(AIIMS 92)*
b) Undergoes 4 month training
c) 1 for 1000 children
d) Selected from the community itself

2564. According to national health policy, a subcentre caters to population in hilly and tribal areas -
a) 3000 b) 5000 *(AIIMSDec 97)*
c) 1000 d) 2500

2565. A subcentre in a hilly area caters to a population of-
a) 1000 b) 20 00 ***(AI01)***
c) 3000 d) 5000

2566. Female health worker - *(NEET/DNB Pattern)*
a) Covers 5000 population
b) Covers 1000 population
c) Covers 100 population
d) None

2567. Kit B is given at - *(NEET/DNB Pattern)*
a) PHC b) Subcenter
c) CHC d) FRU level

2568. Kit B given at subcentre - *(NEET/DNB Pattern)*
a) VitA b) ORS
c) Paracetamol d) Iron

2569. Population covered by a PHC in hilly region is -
a) 20,000 b) 30,000 *(AI 99)*
c) 40,000 d) 25,000

2545) b 2546) c 2547) b 2548) a 2549) b 2550) c 2551) a 2552) b 2553) d 2554) a 2555) c 2556) a 2557) a,c 2558) d 2559)d 2560)a 2561)b 2562)a 2563)c 2564)a 2565)c 2566)a 2567)b 2568)c 2569)a

2570. No of inpatient beds in PHC *1(NEET/DNB Pattern)*
a) 6 b) 10
c) 20 d) 25

2571. Function of PHC are- *(PGIJune03)*
a) Referral services
b) Family planning & referral services
c) Basic laboratory services
d) Specialist service
e) Collection and reporting of vital statistics

2572. Difference between Dispensary and PHC is that a PHC- *(AI99)*
a) Gives integrated services
b) Is confined to particular area
c) Is managed by medical officer
d) Is located in rural areas

2573. Under the Primary health care, which of the following staff is present at the subcentre level -
a) Block extension educator *(AIIMS Nov 07)*
b) Health guides
c) Multipurpose health worker
d) Medical officer

2574. Which is true about community health center -
a) It covers a population of one lakh *(AI91)*
b) It has an 60 beds with specialities in surgery medicine and gynecology
c) Community health officer is selected with a minimum of 5 years exposure
d) New medical post of community health officer is created

2575. Population of 1000 is covered by - *(PGIDec 2000)*
a) Anganwadi worker b) Health assistant
c) Trained Dai d) Village health guide

2576. Function of Health worker female- *(PGI Dec 05)*
a) Perform 50% of deliveries
b) Trains dais
c) Enlist dais of the subcentre
d) Chlorination of water
e) Collectors of urine samples

2577. A female multipurpose worker does not do - *(AI 89)*
a) Distribute condoms
b) Malaria suruveillance
c) Birth death statistics
d) Immunisation of mothers

2578. A female multipurpose worker should be able to detect all of the following except - *(AIIMS 92)*
a) Anemia b) Renal disease
c) Hydramnios d) Malpresentation

2579. Functions of female health worker includes -
a) Visit 4 subcentres/month Health Assistment
b) Enlist dais of the sub-centre *(PGI June 06)*
c) Conduct 50% delivery
d) Chlorinalion of water Health worth male
e) Collection of urine sample

2580. Job functions of Health Assitant males are -
a) ORS distribution *(PGIMay 10)*
b) Collect Smear from any fever case
c) Collection of sputum smear from having person prolonged cough
d) Immunization
e) Check minimum of 10% house in a village

2581. Age limit in universal health insurance scheme is -
a) 10-20 years b) 40-60 years
c) 50-70 years d) 1 - 65 years

2582. The premium of the "Community-based Universal Health Insurance Scheme" launched during 2003-04 ranges from - *(AI 06)*
a) Rs. I per day poor and individual to Rs. 2 per day for a family of seven
b) Rs. 1 per day poor and individual to Rs. 3 per day for a family of seven
c) Rs. 2 per day poor and individual to Rs. 12 per day for a family of seven
d) Rs. 1 per day poor and individual to Rs. 7 per day for a family of seven

MISCELLANEOUS

2583. Which of the following best reflects the highest level of community participation - *(AI 10)*
a) Planning of intervention by community
b) Intervention based on assessment of community needs
c) Provision of resources by community
d) Community supports and cooperates with workers

2584. According to a joint study "Healthcare in India: The Road Ahead" done by CII and MekinSey and Company in 2002, India's executing bed population rate is - *(AIIMS Nov 05)*
a) 2:1000 b) 1.5:1000
c) 9:1000 d) 2.5:1000

2585. One of the following is not a Voluntary Health agency - *(Kerala 2K)*
a) Family planning Association of India
b) Indian Council for child Welfare
c) Ford Foundation
d) Rockfeller Foundation
e) National Institute of Nutrition

2586. Members of southeast Asia of WHO are -
a) Japan b)Afganistan *(PGI June 01)*
c) India d) Pakistan
e) Srilanka

2587. The world health organisation day is - *(PGI88)*
a) 7th April b) 21st May
c) 2nd August d) 31st December

2588. The WHO was set up in - *(PGI 84)*
a) 1929 b) 1946
c) 1948 d)1952

2570)a 2571)a,b,c,e 2572)a 2573)c 2574)a 2575)a,c,d 2576)b,c 2577)b 2578)b 2579)b 2580)b,d,e 2581)d 2582) a 2583) a 2584) b 2585) e 2586) c,e 2587) a 2588) c

2589. WHO constitution was made in - *(PGI79, ESI89.90)*
a) 1947 b) 1950
c) 1952 d)1956

2590. WHO formation day is - *(NEET/DNB Pattern)*
a) 5 May b) 7 April
c) 10 June d) 10 July

2591. The slogan for WHO 2005 - *(Manipal 2006)*
a) Road safety b) Maternal and child health
c) Aging d) Physical activity

2592. Intermediate health agencies excluding WHO are -
a) UNICEF b) FAO *(AMC 84, AIIMS82,*
c) UNESCO d) ILO *UPSC 83, 86)*

2593. All of the following 'Reforms' have been proposed by the World Health Report (2008), except - *(AI11)*
a) Service Reforms b) Leadership Reforms
c) Policy Reforms d) Economic Reforms

2594. UNICEF provides all service except- *(UP2K)*
a) Immunization b) Child
c) Nutrition d) Family planning
e) Child education

2595. Head quarters of FAO is at - *(A1IHPH2K)*
a) New york b) Geneva
c) Rome d) San ffancisco

2596. Latest WHO classification and measurement of disability is - *(AI 09)*
a) IDEAS b) ICF
c)ICIDH-n d) WHO DAS I

2597. Which of the following is False about Red Cross emblem- *(AI 10)*
a) It came into existence in 1863 in Geneva meet
b) The vertical and horizontal lines are of equal lengths
c) It is used by members of UNO
d) Use of red cross symbol without permission of government of India is a punishable offence in India

2598. World health day - *(NEET/DNB Pattern)*
a) 7th april b) 7th July
c) 7th Dec. d) 7th Feb.

2599. World " No tobacco" day is - *(Kerala 97)*
a) May 31st b) April 5th
c) December 11th d) November 14th

2600. One village health guide is for population of -
a) 1000 b) 5000 *(DNB Dec 11)*
c) 10000 d) 50000

2601. Not under millennium development goals? *(DNB June 11)*
a) Reduction of cardiovascular health hazards
b) Eradication of extreme poverty
c) Global partnership for development
d) Sustainability of the environment

2602. Millennium development goals aim to reduce MMR by? *(DNB June 11)*
a) 3/4 b) 2/3
c) 1/4 d) 1/2

2603. World health day is celebrated on? *(DNB June 11)*
a) 1st December b) 31st may
c) 7th April d) 8th may

2604. Which of the following is true about female health worker? *(DNB June 11)*
a) Acts at PHC level
b) Covers a population of 5000 population
c) Chlorinates well at regular intervals
d) Makes at least 3 post natal visits for each delivery

2605. All are principles of primary health care EXCEPT-
a) Intersectoral coordination *(DNB June 09)*
b) Community participation
c) Appropriate technology
d) Decentralised approach

2606. A suggested norm for health manpower in India is?
a) 1 health worker for 3500 population
b) 1 doctor per 5000 population *(DNB June 09)*
c) 1 nurse per 5000 population
d) 1 pharmacist for 5000 population

2607. Population covered by anganwadi in tribal area is?
a) 1000 b)700 *(DNB June09)*
c) 400 d)100

2608. Highest level of integration in health service is?
a) PHC b) Sub centre *(DNB June 09)*
c) CHC d) District hospital

2609. Suggested doctor-population ratio as per Government of India- *(DNB June 08)*
a) 1 per 3000 b) 1 per 3500
c) 1 per 5000 d) 1 per 30,000

2610. Population covered by a community health centre-
a) 5000 b) 30,000 *(DNB June 08)*
c) 1000 d) 100,000

2611. Health care made universally accessible to individuals and acceptable to them is called -
a) Primary health care *(DNB Dec 07)*
b) Essential health care
c) Community health care
d) Social Medicine

2612. An ideal subcenter for a rural population should cater a population of - *(DNB June 07)*
a) 1000 b) 2000
c) 5000 d)10000

2613. One Village health guide is for population of -
a) 1000 b) 5000 *(DNB June07)*
c) 10000 d) 50000

2614. Health care made universally accessible to individuals and acceptable to them is called -
a) Primary health care *(AIIHPH 98)*
b) Essential health care
c) Community health care
d) Social Medicine

2615. All of the following are the principles of primary health care except - *(UPSC 9 7)*
a) Social equity
b) Intersectoral coordination
c) Specialty services
d) Community participation

2589)a 2590)b 2591)b 2592)A11 2593)d 2594)None 2595)c 2596)b>c 2597)c 2598)a 2599)a 2600)a 2601)a 2602)a 2603)c 2604)b 2605)d 2606)c 2607)b 2608)a 2609)b 2610)d 261 l)a 2612)c 2613)a 2614)a 2615)c

2616. Among the principles of Primary Health Care, the one which is NOT included is - *(Corned 09)*
a) Intersectoral coordination
b) Appropriate technology
c) Equitable distribution
d) Information, Education and Communication

2617. Principles of primary health care include all of the following except - *(Karn 03)*
a) Political commiment to health for all
b) Rosources allocation
c) Disability prevalence
d) Community involvement

2618. In Millennium Development Goals (MDGs), how many goals are health related? *(MH11)*
a) 1 out of 8 b) 2 out of 8
c) 3 out of 8 d) 4 out of 8

2619. Village health guide scheme was started in -
a) 1974 b) 1977 *(MAHE05)*
c) 1986 d) 1989

2620. An anganwadi worker is trained for- *(A1IHPH2001)*
a) 3 months b) 4 months
c) 5 months d) 6 months

2621. Peripheral level health workers are all except -
a) Anganwadi workers b)DAIS ***(TN03)***
c) GramSevak d)VHNS

2622. Antenatal support is NOT delivered by -
a) Anganwadi worker *(APPGE 05)*
b) Female Health worker
c) Health supervisor female
d) Traditional birth Attendant

2623. Community health centres covering a population of-
a) 40-60,000 b) 60-80,000 *(UP07)*
c) 80-1.20,000 d) More than 1.20,000

2624. A sub-centre caters the needs of—population -
a) 30000 b) 15000 *(MAHE 05)*
c) 5000 d)10000

2625. Which of the following is a voluntary organization-
a) TB Association of India *(JIPMER95)*
b) Directrate of Health Service
c) Indian Medical Council
d) Council of Medical Research

2626. Disbursement of old age pension by the Government is - *(Corned 0 7)*
a) Social assistance b) Social welfare
c) Social insurance d) Social defense

2627. In India, what is the approximate percentage of total land area which is categorised as nationally protected?
a) 3% b) 5% *(UPSC-108)*
c) 7% d)9%

2628. Health for all by the World Health Organization was announced at- *(Manipal 04)*
a) USA b) USSR
c) Canada d)Geneva

2629. Alma ata Confrernce was held in - *(JIPMER95)*
a) 1978 b) 1956
c) 1977 d) 1948

2630. The headquarters of UNESCO is in- *(UPSC99)*
a) Geneva b) Paris
c) Newdelhi d)Newyork

2631. The WHO announced, immunisation is a primary responsibility of - *(KERALA 96)*
a) States
b) International community
c) Voluntary agencies
d) An individual

2632. UNDP is an international agency which works for-
a) Development of children *(UPSC96)*
b) Development of human & natural resources in a country
c) Economic development of the country
d) Research and technological deveplopment of the country

2633. World Bank gives loan for - ***(AMU 05)***
a) Economic growth
b) Microbiological culture TB control
c) Accident problems
d) All

2634. The organization concerned with improving the working and living conditions of the working population all over the world is - *(MAHE 0 7)*
a) ILO b)FAO
c) WHO d)UNDP

2635. CARE is associated with - *(Manipal 08)*
a) ICDS b)CRY
c) Ford Foundation d) RCH sheme

2636. For inventing which one of the following is Marc Koska best known ? *(UPSC-108)*
a) Artificial blood
b) Disposable K1-syringe
c) Vaccine against Polio
d) ELISA test

2637. In which year did the Kyoto Protocol come into force?
a) 2001 b) 2003 *(UPSC-108)*
c) 2005 d)2007

2638. Which one of the following was the major outcome of the famous Earth summit in Rio de Janeiro in 1992 - *(UPSC-108)*
a) Setting up of bio-safety standards
b) Global strategy for control of pandemics
c) Framework convention on climate change
d) Framework on strategies for sustainable development

2639. All of the following activities of Junior Red cross except- *(UP 07)*
a) Military hospital worker
b) Village uplift
c) Prevent epidemic work
d) Any of the above

2616)d 2617)c 2618)c 2619)b 2620)b 2621)c 2622)c 2623)c 2624)c 2625)a 2626)a 2627)b 2628)d 2629)a
2630)b 2631)a 2632)b 2633)a 2634)a 2635)a 2636)b 2637)c 2638)c 2639)a

HEALTH PROGRAMMES IN INDIA

2640. NVBDCP includes all except? *(NEET/DNB Pattern)*
a) Malaria b) Filarial
c) Kala azar d) Chikungunya

2641. According to the World Health Report 2000, India's health expenditure is - *(AI06)*
a) 4.8% ofGD.P. b) 5.2% ofG.D.P.
c) 6.8% of GD.P d) 7% of G.D.P.

2642. In which of the following year the Transplantation of Human Organs Act was passed by Government of India? *(AI06,05)*
a) 1994 b) 1996
c) 2000 d) 2002

2643. License to blood bank is given by - *(AIIMS May 09)*
a) Drugs controller general of India
b) Director general of health services
c) Director general, Indian council of medical research
d) Director general of blood bank services

2644. Which is not true of malaria Eradication programme
a) Started in 1953 *(All India 93)*
b) Modified plan started in 1970
c) Incidence was 2 million cases in 1958
d) Incidence decreased to 50,000 in 1961

2645. In NMEP, the recommendation for an area with API2 are all except- *(AI 95)*
a) Presumptive treatment
b) DDT spraying regularly throughout the year
c) Epidemiological investigation of all cases
d) Follow-up of every case for one year and monthly blood smears

2646. WHO Malaria Mass Drug Administration -
a) API >5 b) > 2 *(NEET/DNB Pattern)*
c) 15 d) 25

2647. Under NMEP, the function of fever depot treatment is- *(AI94)*
a) Diagnosis of cases + spraying
b) Collection of slides + treatment of fever
c) Treatment of fever cases only
d) Treatment + slide collection + spraying

2648. Under the NMEP, the minimum annual blood examination rate should be - *(AI 94)*
a) 10% b) 12%
c) 14% d) 18%

2649. In an area having annual parasite index of less than 2, the following is to be done - *(PGI89)*
a) Passive surveillance only
b) 2 rounds of DDT yearly
c) Entomological surveillance
d) All positive cases blood smear to be done monthly

2650. Antimalarial month is - *(AMU05)*
a) April b) May
c) September d) June

2651. Strategies in National Leprosy Control programme-
a) Early detection of cases *(AIIMS 79, PGI 90)*
b) Short course multi drug therapy
c) Rehabilitation
d) Chemoprophylaxis with dapsone
e) All of the above

2652. FALSE about Leprosy eradication programme is-
a) Early detection of cases *(AIIMS June 98)*
b) Disability limitation
c) Long term multi drug therapy
d) Health education

2653. Effective leprosy control programme may be indicated by all of the following except -
a) Increasing number of children affected
b) Decreased grade 2 disability *(AIIMS Nov 09)*
c) Low MDR resistant, multibacillary cases
d) High new case detection rate

2654. Elimination of leprosy is defined as prevalance -
a) < 1 per 1000 *(NEET/DNB Pattern)*
b) < 1 per 10000
c) < 1 per 1 lakh
d) < 1 per 100

2655. As per WHO, leprosy is a public health problem if prevalence is - *(AIIMS 98)*
a) 0.1% b) 0.01 %
c) 0.5% d)l%

2656. SET centres are established if prevalence % leprosy is - *(MAHE 98, UPSC 88, PGI 81)*
a) 0.5-1/1000 b) 1 -5
c) 5-10 d)10

2657. Best mode to control leprosy eradication-programme is - *(AIIMS Sep 96)*
a) Mass chemotherapy
b) Early diagnosis and treatment
c) High risk chemotherapy
d) Health education

2658. National Leprosy Eradication Programme was started in - *(NEET/DNB Pattern)*
a) 1949 b) 1955
c) 1973 d) 1983

2659. Which one of the following statements is not correct regarding National Leprosy Eradication Programme (NLEP) - *(UPSC 07)*
a) Multibacillary leprosy treatment is recommended for one year
b) Skin smear examination is done for classification into paucibacillary and multibacillary
c) Special Action Project for Elimination of leprosy is for rural areas
d) Surveillance for two years for a treated case of paucibacillary leprosy to be carried out

2660. Under National Leprosy Elimination Programme, Maharashtra state comes under which category?
a) Category I b) Category II *(MH11)*
c) Category III c) Category IV

2640) d 2641) b 2642) a 2643) a 2644) a,b 2645) d 2646) b 2647) b 2648) a 2649) d 2650) d 2651)a,b,c 2652) c 2653)a 2654)b 2655)b 2656)b 2657)b 2658)d 2659)b 2660)b

2661. Goal of National turberculosis control programme is- *(Kerala 96)*
a) To eradicate TB
b) To decrease the transmission of TB
c) To treat all sputum +ve patients
d) To decrease the incidence of TB to such a low level that is no longer a major public health problem
e) BCG vaccination of all infants

2662. Which of the following is a novel feature of RNTCP (Revised National Tuberculosis Control Programme) - *(UPSC-II08)*
a) Achieving 80% BCG coverage
b) Achieving 85% detection rate
c) Achieving 70% cure rate
d) Involvement of NGOs

2663. In Revised National Tuberculosis Control programme the silent features are to achieve -
a) Cure rate 85% & diagnosis 85% *(Jipmer 05)*
b) Cure rate 85% & diagnosis rate 80%
c) Cure rate 80% & diagnosis 85%
d) Cure rate 80% & diagnosis rate 80%

2664. Features of RNTCP A/E - *(PGl June 06)*
a) Active case findings
b) Involvement of NGO
c) Sputum - 3 times

2665. District TB Control programme is mainly concerned with - *(UPSC 86, 88 AMC 87)*
a) Finding out new cases
b) Finding out resistant cases
c) Detecting cases and treatment
d) All of the above

2666. Under the national TB programme, for a PHC to be called a PHC-R, requisite is - *(AI01)*
a) Microscopy b) Microscopy plus radiology
c) Radiology d) None of the above

2667. Which is not included in RNTCP - *(PGl June 04)*
a) Active case finding b) Directly observed
c) X-ray is diagnostic d) Drugs given daily

2668. Diagnosis of TB acc to DOTS ? *(NEET/DNB Pattern)*
a) 1 out of 2 samples positive
b) 2 out of 3 samples positive
c) 3 out of 3 samples positive
d) None

2669. True about revised National Tuberculosis programme (NTP) - *(PGl June 03)*
a) Active case finding
b) DOTS applied
c) Treatment is given only in smear positive cases
d) General practitioners are restricted to give the treatment
e) It has replaced NTP

2670. RNTCP case finding is - *(NEET/DNB Pattern)*
a) Active b) Passive
c) Both d) None

2671. Features of RNTCP A/E: *(PGlMay 10)*
a) Active case findings is not done
b) Included in NRHM in 2005
c) Teachers act as DOTS agent
d) Microscopy centre is established/1 Lac
e) Achievement of atleast 85% cure rate

2672. Most crucial part of tuberculosis control programme is - *(AIIMSFeb 97)*
a) Contact tracing
b) BCG vaccination
c) Treatment of sputum positive cases
d) Treatment of X-ray positive cases

2673. Case finding in RNTCP is based on-*(AlIMSNov 06)*
a) Sputum culture b) Sputum microscopy
c) X-ray chest d) PCR antibody detection

2674. The sputum examination under DTP is done when the patient present with - *(PGl June 02)*
a) Cough of 1 -2 wks duration
b) Persistent cough of 1-2 wks duration
c) Hemoptysis
d) Chest pain
e) Intermittent fever

2675. Important step in national TB control programme are all except - *(A1IMS 97)*
a) Treatment of sputum positive cases
b) Treatment of contacts
c) BCG vaccination
d) Isolation of sputum positive cases

2676. True about DOTS - *(PGl Dec 02, Dec 06)*
a) Drugs are given on supervision
b) Streptomycin always given in first two months
c) Intermittent regimen are used
d) Same regimen is given in all patient
e) In catagory - 1. new sputum positive cases sputum examined in 2.5 and 6 months

2677. A peripheral Health institution under the distric TB centre is termed as PH 1-T if it has - *(AI 89)*
a) Radiology facility
b) Microscopyfacility
c) Radiology and microscopy facility
d) Referral facility

2678. Under the National Programme for Control of Blindness in India, medical colleges are classified as eye care centers of - *(AIIMS Nov 03)*
a) Primary level b) Secondary level
c) Tertiary level d) Intermediate level

2679. About NPCB, all are true except - *(AIIMSMay 09)*
a) Increase cataract surgery rate to 450 operations per lakh population
b) Intra-ocular lens implantation in more than 80% cataract surgery cases
c) 100% coverage of vitamin A prophylaxis doses from 9 months to 3 years of age
d) Development of 50 pediatric ophthalmic units

2661)d 2662)d 2663)None 2664)c 2665)a,c 2666)b 2667)a,d 2668)a 2669)b,e 2670)b2671)b 2672)c 2673)b 2674) c,d 2675) b,d 2676) a,c,e 2677) c 2678) c 2679) c

2680. Revised strategy for NPCB includes all except -
a) Fixed facility surgery *(AIIMSNov06)*
b) IOL implantation for cataract
c) Mobile surgical camps
d) Uniform distribution

2681. The eye condition for which the World Bank assistance was provided to the National Programme for Control of Blindness (1994-2001) is -
a) Cataract *(AIIMS May 03)*
b) Refractive errors
c) Trachoma
d) Vitamin A deficiency

2682. Vision 2020 "The right to sight" includes all except - *(AIIMS May 10, 07)*
a) Trachoma b) Epidemic conjunctivitis
c) Cataract d) Onchocerciasis

2683. All of the following are given global prominence in the VISION 2020 goals, except - *(ARMSMay 03)*
a) Refractive errors b) Cataract
c) Trachoma d) Glaucoma

2684. Vision 2020 include all of the following, Except -
a) Cataract *(AI12)*
b) Refractory Errors
c) Vitamin A Deficiency
d) Diabetic Retinopathy

2685. In Vision 2020, the target for Secondary Sevice centre is for how much population - *(ARMS May 12)*
a) 10000 b)50000
c) 1 lac d) 5 lac

2686. In Vision 2020, Ophthalmic personnel per population ratio is - *(ARMSMay 12)*
a) 5000 b)10000
c) 50000 d) 1 lac

2687. Under the WHO 'Vision 2020' programme, the 'SAFE' strategy ȷ adopted for which of the following diseases - *(AI 05, ARMS 0 7)*
a) Trachoma b) Glaucoma
c) Diabetic retinopathy d) Onchocerciasis

2688. All of the following are founding members of vision 2020 except *(ARMS Nov 11)*
a) WHO
b) UNICEF
c) ORBIS
d) International Agency For Prevention Blindness

2689. On SAFE strategy false is -
a) Screening *(AI 07, ARMS Nov 06,Nov 08)*
b) Antibiotics
c) Facial hygiene
d) Environmental modification

2690. Which one of the following is not a target disease under 'Vision 2020: The Right to *Sight'-(UPSC 07)*
a) Refractive error b) Trachoma
c) Corneal blindness d) Diabetic retinopathy

2691. The vitamin A supplement administered in "Prevention of nutritional blindness in children programme" contain - *(AI 03)*
a) 25,000 i.u./ml b) 1 lakh i.u./ml
c) 3 lakh i.u./ml d) 5 lakh i.u./ml

2692. Assessment and aiding for development of funds for the National Blindness control Programme is done by? *(MH11)*
a) **UNICEF** b) World Bank
c) DANIDA d) WHO

2693. 4 components of RCH elaborated -
a) Prevention of STD *(NEET/DNB Pattern)*
b) Family planning
c) Child survival
d) All

2694. Essential component of RCH Programme in India include all of the following except - *(AI 04)*
a) Prevention and management of unwanted pregnancies
b) Maternal care including antenatal delivery & post-natal services
c) Reduces the under five mortality to half
d) Management of reproductive tract infections & sexually transmitted infections

2695. In Community Needs Assessment approach as part of the Reproductive & Child Health programme, the targets for various health activities are set at the level of - *(ARMS Nov 02)*
a) Community b) Sub-centre
c) Primary health-centre d) District

2696. Under RCH programme, intervention done in selected districts - *(NEET/DNBPattern)*
a) Immunization b) Treatment of STD
c) ORS therapy d) Vitamin A supplementation

2697. In reproductive and child health programme, districts are divided on the basis of - *(AI 99)*
a) Crude birth rate & infant mortality rate
b) Crude birth rate & female literacy rate
c) Crude death rate & crude birth rate
d) Couple protection rate & infant mortality rate

2698. Quality indicators of RCH programme-/PG/*Dec 08)*
a) Number of high risk women referred
b) Number of children immunized
c) Number of women died.
d) Number of new bom with birth weight recorded.
e) Number of neonatal deaths

2699. As per RCH, the community health centre is a -
a) First referral unit *(AI 08)*
b) Secondary referral unit
c) Teritary referral unit
d) Not a referral unit

2700. Elemental iron and folic acid contents of pediatric ironfolic acid tablets supplied under Rural Child Health (RCH) programme are - (AI 03)
a) 20 mg iron & 100 microgram folic acid
b) 40 mg iron & 100 microgram folic acid
c) 40 mg iron & 50 microgram folic acid
d) 60 mg iron & 100 microgram folic acid

2680) c 2681) a 2682) b 2683) d 2684) None ore 2685) d 2686) c 2687) a 2688) b 2689) a 2690) d 269 l)b 2692) b
2693) d 2694) c 2695) d 2696) b 2697) b 2698) a,b,d 2699) a 2700) a

2701. A total number of.....tablets of iron with folic acid is given to a pregnant women by the Health worker-
a) 70 b) 90 *(Jipmer 88)*
c) 100 d) 150
e) 200

2702. JSY stands for - *(AI 10)*
a) Janani social yojana
b) Jan suchil yojana
c) Janani suraksha yojana
d) Jun sulab - sauchalay yojana

2703. RCH programme includes - *(NEET/DNB Pattern)*
a) CSSM plus school health
b) CSSM plus family planning
c) CSSM plus ORS
d) None

2704. Integrated management of childhood illness (IMCI) intiati ve was taken to prevent morbidity and mortality from all of the following except - *(AI08)*
a) Malaria b) Malnutrition
c) Otitis Media d) Neonatal tetanus

2705. IMNCI differs from IMCI in all of the following, Except- *(AI10)*
a) Malaria and anmeia are included
b) 0-7 days neonates are included
c) Emphasis on management of sick neonates over sick older children
d) Treatment is aimed at more than one disease at a time

2706. Integrated Management of Neonatal and Childhood Illness (IMNCI) includes all except - *(AIPGME 09)*
a) Malaria b) Respiratory infections
c) Diarrhoea d) Tuberculosis

2707. Differences between IMNCI and IMCI include the following *(MH11)*
a) Identification and classification of common illnesses like malaria, diarrhoea, malnutrition
b) Incorporated guidelines on immunization
c) Training time devoted to sick young infant is more than for a child
d) IMNCI includes 0-7 days age programme

2708. IMNCI target group - *(NEET/DNB Pattern)*
a) Up to 5yrs b) Upto 10yrs
c) Upto 15yrs d) Upto 20yrs

2709. National AIDS control Programme was started on -
a) 1977 b) 1980 *(PG193)*
c) 1987 d) 1990

2710. Which of the following is not true about National AIDS Control Programme - *(Kerala 04)*
a) Sentinel surveillance methodology has been adopted
b) Community based screening for prevalence of HIV taken up
c) Early diagnosis and treatment of STD is one of major strategy to control spread of HIV
d) Formulating guidelines for blood banks, blood donors & dialysis units

2711. Target strategies in preventing the HIV transmission include the following except - *(AI 09)*
a) Education
b) Treatment of STD
c) Anti-retroviral treatment
d) Condoms

2712. Targeted intervention for HIV is done for all except- *(AIIMSMay09)*
a) Commercial sex worker
b) Migrant laborers
c) Street children
d) Industrial worker

2713. According to CDC recommendations, HIV screening of pregnant women is - *(AIIMSMay 09)*
a) Opt in testing b) Opt out testing
c) Compulsory d) Symptomatic

2714. Which one of the following strategies is aimed at AIDS control in India - *(UPSC 99)*
a) Detection and treatment of AIDS cases in the community
b) Detection and isolation of HIV infected persons in the community
c) Immunoprophylaxis of the risk groups
d) Community education behavioral change

2715. "3 by 5" initiative in AIDS control programme is -
a) Providing 3 million people treatment by end of 2005 *(PGMCET07)*
b) Providing treatment to 3 out of 5 patients
c) Reducing incidence of AIDS by *3%* by 2005
d) All of the above

2716. Which of the following drugs are supplied free of cost to the government Hospital by NACO -
a) Nevaripine *(PGI Dec 08)*
b) Zidovudine
c) Nevaripine + Zidovudine
d) Zidovudine + Lamivudine
e) Zidovudine + Lamivudine + Nevaripine

2717. In National Water Supply & Sanitation programme a problem village is defined as all except - *(AIIMS Nov 06; May 08)*
a) Distance of safe water is greater than 1.6 km
b) Water is exposed to the risk of cholera
c) Water source has excess iron & heavy metals
d) Water infested with Guniea worm

2718. Problem village is all except - *(Jipmer98)*
a) Where no water source in a distance of 1.6 km from community
b) Water is more than depth of 15m
c) There is excess of Na^+, K^+, F^+ salts
d) Risk of Guinea worm infection

2719. NRHM was started in - *(NEET/DNB Pattern)*
a) 2005 b) 2006
c) 2007 d) 2009

2701)c 2702)c 2703)b 2704)d 2705)d 2706)d 2707)d 2708)a 2709)c 2710)b 271 l)c 2712)d 2713)b 2714)d 2715)a 2716)e 2717)d 2718)d 2719)a

2720. True about National Rural Health Mission-
a) Provision of adequate Nurse & paramedical staff
b) Inclusion of Indian system of medicine
c) Posting of anesthetist in first referral unit/CHC
d) Posting of specialist of various field at CHC
e) Supply of generic drugs *(PGINov 11)*

2721. All are true regarding National Rural Health Mission (NRHM) except - *(AIIMSNov 09)*
a) Increasing the number of institutional deliveries
b) Vertical Family welfare and health service
c) Increase in number of ASHA
d) Constitutes state & district health mission

2722. NRHM goal for IMR is to reduce it by -
a) 10 b) 30 *(NEET/DNB Pattern)*
c) 40 d) None

2723. True about ASHA are all except- *(AIIMSMay07)*
a) One per 1000 rural population
b) Mobiliser of antenatal care
c) Female voluntary worker
d) Skilled birth attendant

2724. Resource person for Training of ASHA are -*(AI12)*
a) AWW and MPW b) AWW and ANM
c) MPW and ANM d) ANM and MO

2725. ASHA (Accredited social health activist) work at -
a) Community level b) Village level *(AI 10)*
c) PHC level d) District level

2726. TVue about ASHA (accredited social health activist) is- *(AIIMSNov 06)*
a) Mental health worker
b) Involved in minimum need program
c) Deployed 1/1000 population
d) To replace Anganwadi worker in ICDS program.

2727. Which is the best indicator to assess the impact of ASHA- *(AIIMS Nov 09)*
a) Number of ASHA trained
b) Infant mortality rate
c) % of institutional deliveries
d) Number of ASHA's attending meeting after one year

2728. Full form of ASHA - *(NEET/DNB Pattern)*
a) Associate social health activist
b) Accredited social health activist
c) Advanced social health activist
d) Assistant social health activist

2729. Asha scheme is associated with - *(Manipal 08)*
a) ICDS
b) Rural health mission
c) 20 points programme
d) Minimum needs programme

2730. Basic need programme includes all, except -
a) Education of adult & child *(AIIMS May 93)*
b) Doctor & nurse ratio
c) Water supply
d) Sanitation

2731. The objectives of minimum needs programme does not include - *(AI 93)*
a) Integration of health, water and sanitation
b) Urban area given priority
c) 1 PHC for 30,000 population
d) Link mid-day meal programme to Sanitation

MISCELLANEOUS

2732. Rashtriya Swasthya Bima Yojna is:
a) Government run insurance scheme for its employees *(AIIMS May 12)*
b) Government run insurance scheme for all citizens
c) Government run insurance scheme for all poor
d) Private insurance company run scheme for all poor

2733. The National Diabetes Control Programme in India includes all the following activities except -
a) Primary prevention of diabetes through genetic testing and genetic counselling *(UPSC 2K)*
b) Identification of high risk subject at an early stage, and imparting appropriate health education
c) Early diagnosis and management of cases
d) Prevention arrest or slowing of metabolic and cardiovascular complications of the disease

2734. True statement regarding objectives of Sterilisation beds programme is - *(All India 93, PGI 79)*
a) To have 2000 beds by 1987
b) To provide Rs. 1000/-per bed
c) To provide Sterillisation facilities to hospitals where they are not available
d) Voluntary agencies not included in the provision of facilities

2735. Which of the following conditions does not have a National Screening/Control Programme? *(AI 11)*
a) Diabetes Mellitus b) Dental caries
c) Refractive errors d) Carcinoma cervix

2736. Cancer control programme was launched in -
a) 1976 b) 1986 *(OrissaR)*
c) 1970 d) 1992

2737. Under National Cancer control Programme, oncology wings were sanctioned to - *(UPSC 07)*
a) Regional Cancer institutes
b) District Hospitals
c) Medical college Hospitals
d) Voluntary Agenecies treating cancer patients

2738. National Guinea worm Eradication Programme was launched in - *(Kerala 04)*
a) 1972-73 b) 1975-76
c) 1980-81 d) 1983-84

2739. Which one of the following is the correct chronological sequence in which the national programs were launched in India for the given diseases ?
a) Anemia, filaria, TB, malaria *(UPSC-I109)*
b) Anemia, TB, malaria, filaria
c) Malaria, filaria, TB, anemia
d) Malaria, anemia, filaria, TB

2720)All 2721)b 2722)b 2723)d 2724)b 2725)b 2726)c 2727)b 2728)b 2729)b 2730)b 2731)b 2732)c 2733)a 2734)c 2735)b 2736)a 2737)c 2738)d 2739)c

2740. National health policy which started before 1960 is/are - *(PGI Nov 11)*
a) National Filaria Control Programme
b) National Malaria Control Programme
c) National Leprosy Control Programme
d) National Tuberculosis Programme
e) Goitre Control Programme

2741. Janani suraksha yojana includes? *(DNB Dec 11)*
a) Tetanus immunization
b) Institutional deliveries
c) Iron supplementation
d) Abortions

2742. Disease not under integrated disease surveillance project is? *(DNB Dec 11)*
a) TB b) Meningoencephalitis
c) Cholera d) Herpes Zoster

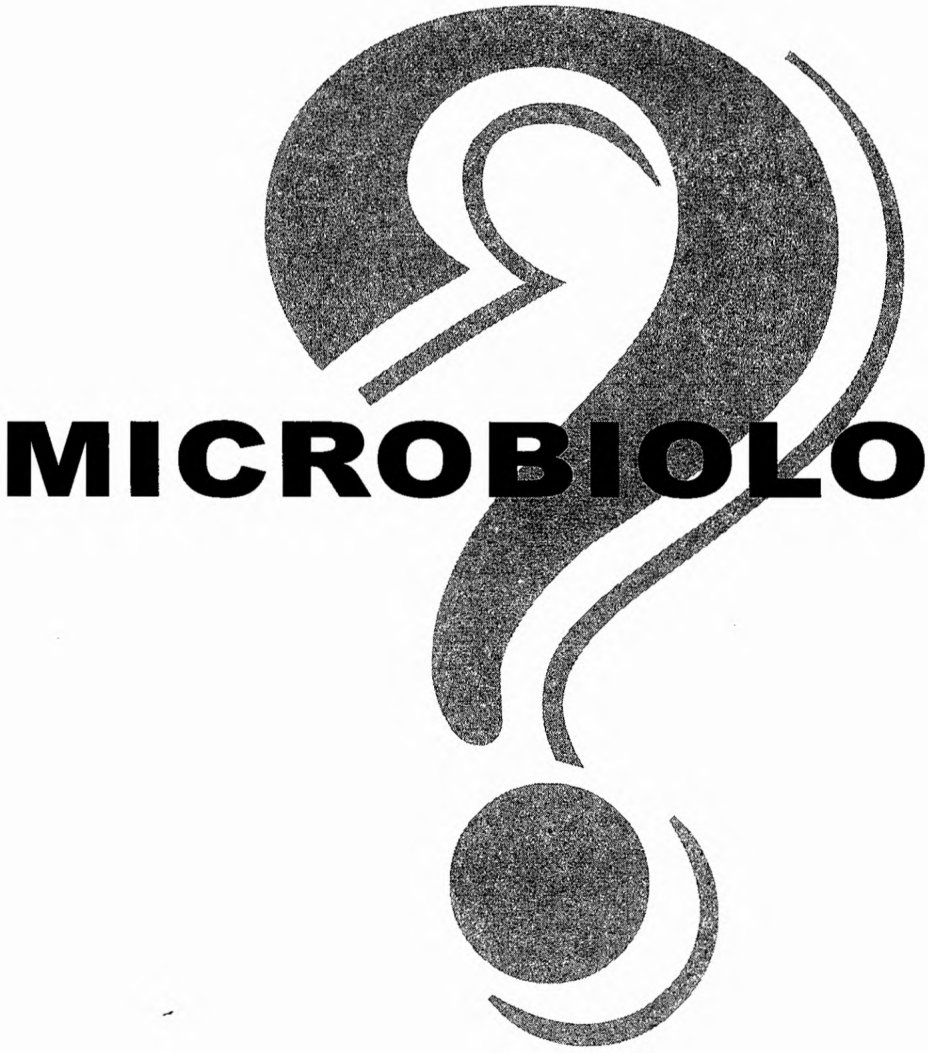
2743. First disability census was done in the year?
a) 1881 b) 1951 *(DNB June 11)*
c) 1981 d)2001

2744. Patient treated at home is allotted what color code according to IMNCI color coding - *(DNB Dec 10)*
a) Pink b)Red
c) Green d) Yellow

2745. If in a locality API is more than 2, the folloiwng is done - *(DNB June 0 7)*
a) 2 round of DDT per year with active surveillance
b) 2 rounds of DDT per year with active and passive surveillance
c) Only active and passive surveillance
d) 2 rounds of DDT per year only

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2740) a,b,c 2741)b 2742)d 2743)c 2744)c 2745)b



MICROBIOLOGY

MICROBIOLOGY

GENERAL

MORPHOLOGY AND PHYSIOLOGY OF BACTERIA

1. Eukaryotes are different in causing infection because - *(NEET/DNB Pattern)*
a) Divide by biniary fission
b) Highly structured cell with organized cell organelles
c) Dont have all organelles
d) Evolutionally ancient

2. Prokaryote is - *(PGIMaylO)*
a) Bacteria b) Mycoplasma
c) Fungi d) Blue green algae
e) Protozoa

3. Which is a eukaryote - *(PGI Dec 08, PGIMay 10)*
i) Mycoplasma b) Bacteria
c) Fungus d) Chlymydia

4. Prokaryotes are characterised by- *(AI 99)*
a) Absence of nuclear membrane
b) Presence of microvilli on its surface
c) Presence of smooth endoplasmic reticulum
d) All of the above

5. True about bacteria - *(PGI Dec 2000)*
a) Mitochondria always absent
b) Sterols always present in cell wall
c) Divide by binary fission
d) Can be seen only under electron microscope

6. Which of the following is a bacteria taxonomically -
a) Chlamydia b) Rickettsia *(PGIDec*
c) Mycoplasma d) Prion *09)*
e) Bacteriophage

7. All the following pathogenic bacteria fulfill Koch's postulates, except - *(J & K 05)*
a) Treponema pallidum
b) Yersinia pestis
c) Bacillus anthracis
d) Helicobacter pylori

8. To see the bacteria methods used are - *(PGI97)*
a) Microscopy b) Stained preparations
c) Both d)None

9. Microscope used in microbiology - *(PGI 98)*
a) Light microscope
b) Phase contrast microscope
c) Fluoroscent microscope
d) All

10. Light microscopy resolution - *(PGI Dec 05)*
a) 200 nm b)20nm
c) 0.2 nm d)300nm

11. Dark ground microscopy is used to see - *(AI 95,*
a) Retractile organisms b) Flagella*AI 01)*
c) Capsule d) Fimbriae

12. Dark ground microscopy is used for detection of -
a) Spirochetes b) Chlamydia *(AI99)*
c) Fungi d) Virus

13. Dark ground microscopy is used for - *(PGI98)*
a) TPI b) FTA-ABS
c) Kahn's test d)VDRL

14. Dye used in fluorescent microscopy - *(PGIDec 04)*
a) Thioflavin T b) Congo red
c) Brilliant blue d)Eosin
e) Auramine

15. One of the following staining method is an example of negative staining - *(PGI 99)*
a) Gram's staining
b) Fontana's staining
c) India ink preparation
d) Ziehl-Neelsen staining

16. In negative staining - *(AI 95)*
a) The structure to be demonstrated is stained
- b) The structure to be demonstrated is not stained
c) The background is not stained
d) The background and structure are stained

17. Wet india ink preparation is used for demonstration of- *(PGI May 10)*
a) Flagella b) Capsule
c) Slender organism d) Spirochetes
e) Fimbriae

18. Safety pin appearance is shown by- *(AI 89)*
a) Hemophilus ducreyi b) Chlamydia
c) Donovani granulomatis d) Mycoplasma

19. Correct order of gram staining *\s-(NEET/DNB Pattern)*
a) Gention violet —> Iodine —» Carbol fuchsin
b) Iodine -> Gention violet -> Carbol fuchsin
c) Carbol fuchsin —> Iodine —> Gention violet
d) Carbol fuchsin —> Gention violet —»Iodine

20. Not a component of Gram stain -*('NEET/DNB Pattern)*
a) Methylene blue b) Ethanol
c) Iodine d) Gentian violet

21. The difference between gram + ve and gram -ve organism is that Gram +ve org. contains - *(PGI 98)*
a) Teichoicacid
b) Muramic acid
c) N-acetyl neuraminic acid
d) Aromatic amino acids

22. Which of the following are AFB positive with 5% sulphuric acid - *(PGI June 01)*
a) M. avium b) M. leprae
c) M. tuberculosis d)Nocardia
e) Rhodopus

23. Acid fast organisms are - *(PGI June 08)*
a) Spores b)Nocardia
c) Legionella d) Rodococcus
e) Staphylococcus

24. Louis pasteur is not associated with - *(JIPMER 91)*
a) Introduction of Complex media
b) Discovery of Rabies vaccine
c) Discovery of M.tuberculosis
d) Disproved spontaneous generation theory

25. Wet India ink preparation is used to demonstrate -
a) Flagella b) Capsule *(Maharashtra 10)*
c) Spore d) Fibriae

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l)b 2)a,b,d 3)c 4)a 5)a,c 6)a,b,c 7)a 8)c 9)d 10)d ll)b 12)a 13)a 14)e
15)c 16) b 17)b,c,d 18)a,c 19) a 20)a 21)a 22)b 23)a,b,c,d 24)c 25)b

26. Electron microscopy is used for foOowing except -
a) To differentiate T and B lymphocytes
b) IgG deposits in kidney *(UP 09)*
c) TPI
d) Flagella

27. Peptidoglycans are present in - *(AI96)*
a) Gram negative bacteria
b) Gram positive bacteria
c) Fungi
d) Protozoa

28. Bacterial cell wall is composed of all except-
a) Muramicacid b) Teichoic acid
c) Glucosamine d) Mucopeptide

29. Mesosomes in bacteria are functional unit for -
a) Lipid storage b) Protein synthesis
c) Respiratory enzymes d) None

30. Capsulated organism - *(PGI June 03)*
a) Candida b) Klebsiella
c) Proteus d) Cryptococcus
e) Histoplasma

31. Stain is not taken by capsule in gram negative organisms because the capsule consist of -*(PGI 98)*
a) Polysaccharides b)Lipopolysaccharides
c) Lipids d) Protein

32. Metachromatic granules are found in - *(PGI2000)*
a) Diphtheria b) Mycoplasma
c) Gardenella vaginalis d) Staphylococcus

33. Metachromatic granules are stained by-
a) Ponder's stain b) Negative stain
c) Gram's stain d) Leishman stain

34. Bacteria with tuft of flagellae at one end are called - *(PGI 95)*
a) Monotrichate b) Peritrichate
c) Bipolar d) Lophotrichate

35. Non motile organism - *(NEET/DNB Pattern)*
a) E. coli b) Vibrio cholera
c) Proteus mirabilis d) Shigella dysentery

36. Microorganism adhere to host cell by -*(PGIDec 08)*
a) Lipoicacid b) Lectin
c) Fimbriae d) Capsule
e) Viral capsid

37. Organ of adhesion of bacteria is - *(AI 98)*
a) Capsule b) Slime
c) Flagella d) Fimbriae

38. Adhesin is useful in- *(PGI 98)*
a) Motility b) Bacterial attachment
c) Toxigenicity d) Bacterial division

39. Flagella not true - *(NEET/DNB Pattern)*
a) Locomotion b) Attachment
c) Protein in nature d) Antigenic

40. Peptidoglycans are present in - *(UP 07, 06)*
a) Gram'-ve'bacteria b) Gram'+ve'bacteria
c) Fungi d) Protozoa

41. The cytoplasmic membrane of bacteria is responsible for- *(Kama 09)*
a) Selective permeability b) Motility
c) Cell division d) Conjugation

42. True about bacterial capsule is following except -
a) Prevents phagocytosis *(MH11)*
b) Stains by Gram stain
c) Protects bacteria from lytic enzymes
d) Lost by repeated subcultures

43. All are capsulated bacteria except - *(UP 07)*
a) Neisseria
b) Corynebacterium diphtheriae
c) Haemophillus
d) Streptococcus saliverius

44. All are capsulated Bacteria except - *(AP 09)*
a) Strep Pneumoniaeb) Kleb Pneumoniae
c) Vibrio cholerae d) H.Influenzae

45. The endotoxin which leads toendotoxic shock is actually- *(AIIMS2K)*
a) Lipoprotein b)Lipopolysacchar
c) Polysaccharide d) Polyamide

46. Endotoxin from gram negative organism is-
a) Polysaccharide *(AIIMS June 2000)*
b) Glycoprotein
c) Lipoprotein
d) Lipopolysaccharide

47. Exotoxins are - *(AIIMS Dec 95)*
a) Lipopolysaccharide in nature
b) Produced by gram -ve bacilli
c) Highly antigenic
d) Very stable and resistant to chemical agents

48. True about exotoxins - *(NEET/DNB Pattern)*
a) Lipopolysaccharide b) Not antigenic
c) Can be toxoided d) Heat stable

49. Streptolysin O functionally & structurally related to- *(PGI June 10)*
a) Tetanolysin
b) Pneumolysin
c) Streptolysin S
d) Clostridium perffinges 0 toxin
e) Listeriolysin

50. Lipopolysaccharide structure is characteristic of -
a) Exotoxin b) Endotoxin *(CUPGEE95)*
c) Both d) None

51. Exaltation is - *(Orissa 02)*
a) Decreased virulence b) Increased virulence
c) No change d)None

52. Obligatory anaerobes cannot withstand oxygen because of absence - *(APPGE 05)*
a) Superoxide dismutase b) Catalase
c) Peroxidase d) Cytochrome oxidase

53. Hot cold phenomenon is seen due to which toxin -
a) Alpha lysin b) Beta lysin *(MP 09)*
c) Gamma lysin d) Theta lysin

54. Following grows in the cell free medium except -
a) Rickettsia b) M leprae *(PGI 99)*
c) Bartonella d) Syphilis

26) c 27)a,b 28) b 29) c 30) b,d 31)a,d 32) a,c 33) a 34) d 35) d 36) AH 37) d 38) b 39) b
40) a,b 41) a 42) b 43) b 44) c 45) b 46) d 47) c 48) c 49) a,b,d,e 50) b 51) b 52) a,b,c
53) b 54) a,b,d

55. The term viable not cultivable is used for - *(PGI May 10, Dec 07,00)*
a) M. leprae b) M.tuberclosis
c) Treponema pallidum d) Salmonella
e) Staphylococcus

56. All of the following organisms are known to survive intracellularly except - *(AI05)*
a) Neisseria meningitides
b) Salmonella typhi.
c) Streptococcus pyogenes
d) Legionella pneumophila

57. Which of the following are intracellular - *(PG12K)*
a) Virus b) Chlamydia
c) Mycoplasma d) Rickettsia

58. Obligatory intracellular organism is - *(NEET/DNB Pattern)*
a) Mycoplasmab)Chlamydae
c) Cryptococcus d)H.pylori

59. Which one of the following bacteria is classified as facultative anaerobe ? *(UPSC 07)*
a) Pseudomonasb) Bacteroides
c) Escherichia d)Clostridium

60. The following pathogen does not satisfy "Koch's postulates" - *(AI97, 94)*
a) Bacillus anthrax
b) Mycobacterium tuberculosis
c) Clostridium tetani
d) Lepra bacilli

61. Correct sequence of bacterial growth curve -
a) Log phase - Lag Phase - Stationary phase - Decline phase *(PGIDec07)*
b) Lag Phase - Log phase - Stationary phase - Decline phase
c) Stationary phase - Lag Phase - Log phase - Decline phase
d) Lag Phase - Exponential phase - Log phase - Death phase
e) Exponential phase - Lag phase - Death phase - Stationary

62. Sporulation occurs in - *(AI98)*
a) Lag phase b) Log phase
c) Stationary phase d) Decline phase

63. Mesophilic organisms are those that grow best at temperature of - *(PG198)*
a) -20°C to - 7°C b) -7°C to + 20°C
c) 25°C to 40°C d) 55°C to 80°C
e) 90°C to 20°C

64. Which one of the following bacteria is classified as facultative anaerobe ? *(AI 97)*
a) Pseudomonas b) Bacteroides
c) Escherichia d) Clostridia

65. Which of the following is microaerophilic -
a) Campylobacter b) Vibrio *(AIIMSMay09)*
c) Bacteroides d) Pseudomonas

66. Cell wall deficient organisms are - *(PGI99)*
a) Chlamydia b) Mycoplasma
c) Streptococcus d) Anaerobes

67. Cell wall structure is found in all except -
a) Staph aureus *(UP 07, 06)*
b) Pseudomonas aeruginosa
c) Mycoplasma pneumoniae
d) Corynebacterium diphtherae

STERILIZATION AND DISINFECTION

68. 'Disinfectant' kills the following - *(ARMS 95)*
a) All microorganisms
b) Pathogenic microorganisms
c) Viruses and fungi
d) Non - pathogenic microorganisms

69. Sterilising agents include - *(PGIMay 10, June 02)*
a) Dry heat b) Ethylene oxide
c) Ether d) Alcohol
e) Chlorhexidine

70. Agent used for sterilization - *(PGI Nov 10)*
a) Ethylene oxide
b) Ionizing radiation
c) 2% gluteraldehyde
d) Formaldehyde with low pressure steam
e) Percholic acid

71. An 'Antiseptic' means - *(AI 96)*
a) An agent applied on skin to eradicate pathogenic microbes
b) Used to sterilise inanimate objects
c) An agent which kills only bacteria but not spores
d) Kills all microorganism

72. The best skin disinfectant is - *(ARMS 78)*
a) Alcohol b) Savlon
c) Betadine d) Phenol

7 3. Which of the following can be reliably used for hand washing - *(PGI Dec 2000, June 01)*
a) Chlorhexidine b) Isopropyl alcohol
c) Lysol d) Cresol
e) Glutaraldehyde

74. Steriliation of culture media containing serum is by- *(NEET/DNB Pattern)*
a) Autoclaving b) Micropore filter
c) Gamma radiation d) Centrifugation

75. Best method of skin disinfectant is - *(IN 08)*
a) Spirit b) 100% alcohol
c) Tincture iodine d)Cetrimide

76. Phenol Coefficient indicates - *(J1PMER09)*
a) Efficacy of a disifectant
b) Dilution of a disinfectant
c) Quantity of a disinfectant
d) Purity of a disinfectant

77. Rideal-Walker coefficient is related with -
a) Disinfecting power *(Orissa 98)*
b) Parasitic clearance
c) Dietary requirement
d) Statistical correlation

55) a,c 56) c 57)a,b,d 58) b 59) c 60) d 61)b,d 62) c 63) c 64) c 65) a 66) b 67) c 68) b
69) a,b 70) a,b,c,d 71) a 72) c 73) a,b 74) b 75) c 76) a 77) a

78. Heating and subsequent plating is a method used for isolating - *(PGI83)*
a) Corynebacterium b) Vibrio
c) Salmonella d) Clostridia

79. All are methods of sterilization by dry heat except-
a) Flaming b) IncinerationfPG/*90)*
c) Hot air oven d) Autoclaving

80. Which of the following is true about pasteurization
a) It kills all bacteria and spores *(AI2K)*
b) It kills all bacteria except thermoduric bacteria
c) It kills 95% of microorganisms
d) All bacteria are destroyed

81. Moist heat kills of the following except- *(PGI 78,83)*
a) Brucella b) Mycobacteria
c) Salmonella d)Coxiellabumetti

82. Tyndallisation is a type of - *(NEET/DNB Pattern)*
a) Intermittent sterilization b) Pasteurisation
c) Boiling d) Autoclaving

83. The best method of sterilizaion of dusting powder is-
a) Autoclaving b) Hot air oven *(PGI 95)*
c) Inspissation d) Tyndallisation

84. Bacterial spores are best destroyed by- *(PGI98)*
a) UVrays
b) Autoclaving at 121°C for 20 mints.
c) Hot air Oven
d) Infrared rays

85. Autoclaving is done in- *(Koltata 08)*
a) Dry air at 121°C and 151 B pressure
b) Steam at 100°C for 30 minutes
c) Steam at 121 °C for 15 minutes
d) Dry air at 160°C for 30 minutes

86. Out of the following the true statement regarding sterilization is - *(AI 97)*
a) Dry heat is the best method of sterilization of liquid paraffin
b) All glass wares are best sterilized by boiling at 100°C
c) Bacterial vaccines are best sterilized by ethylene oxide
d) Pasteurization of milk by flash method is done by heating at 63°C for 30 minutes

87. Glass vessels and syringes are best sterilised by -
a) Hot air Oven b) Autoclaving *(AIIMS86)*
c) Irradiation d) Ethylene dioxide
e) Simple boiling

88. Hot air oven is used for sterilization of all except- *(MP 98)*
a) Glasswares b) Dusting powder
c) Sharpinstruments d) Liquid paraffin

89. In 'Hotair oven' for holding period of one hour, temperature required is - *(MH11)*
a) 100°C b) 120°C
c) 140°C d) 160°C

90. Vaccines are sterilised by - *(AI 89)*
a) Seitz filtration b) Hot air oven
c) Autoclaving d) Heat inactivation

91. Hospital dressing is best disposed off by - *(TN 08)*
a) Incineration b) Dumping
c) Autoclaving d) Burying

92. Tyndallisation is a method of - *(Kam 94)*
a) Growing bacteria in pure culture
b) Sterilization
c) Inoculation of media
d) Preserving cultures

93. 40 % formalin is used to sterilize - *(AI 94)*
a) Plastic syringes b) All microbes + spores
c) Clothes d) Stitches

94. A chest physician performs bronchoscopy in the procedure room of the out patient department. To make the instrument safe for use in the next patient waiting outside, the most appropriate method to disinfect the endoscope is by - *{AI 03)*
a) 70% alcohol for 5 min
b) 2% glutaraldehyde for 20 min
c) 2% formaldehyde for 10 min
d) 1% sodium hypochlorite for 15 min

95. Endoscope tube is sterilized by- *(NEET/DNB*
a) Glutaraldehyde b) Formalin *Pattern)*
c) Autoclaving d) Boiling

96. The operating temperature in an ethylene oxide sterilization during a warm cycle is- *{AIIMSNov 04)*
a) 20-35°C b)49-63°C
c) 68-88°C d)92-110°C

97. False about alcohol in disinfection is-*(PGIDec 07)*
a) Ethanol is used
b) Isopropyl alcohol is used
c) Has sporicidal activity
d) Has bactericidal activity

98. Which of the following is an important disinfectant on account of effectively destroying gram positive and gram negative bacteria, viruses and even spores at low pH levels - *(AIIMS 96)*
a) Phenol b) Alcohol
c) Chlorine d) Hexachlorophene

99. Heat labile instruments for use in surgical procedures can be best sterilized by - *{AI 03)*
a) Absolute alcohol
b) Ultraviolet rays
c) Chlorine releasing compounds
d) Ethylene oxide gas

100. The sterilization method for the instruments which are damaged by dry heat is - *(AIIMSMay 95)*
a) Steam b) Radiation
c) Boiling d) Burning

101. Which is a form of cold sterilization - *(Jipmer 03)*
a) Gamma rays b) Beta rays
c) Infrared rays d) Autoclave

102. Irradiation can be used to sterilize A/E -
a) Bone graft b) Suture *(AIIMS May 10)*
c) Artificial tissue graft d) Bronchoscope

78) d 79) d 80)b 81) d 82) a 83)b 84)b 85) c 86) a 87) a 88)None 89) d 90) d 91) a
92) b 93) b 94) b 95)a 96)b 97)c 98)c 99)d 100) b 101) a,b 102) d

103. Best method of sterilising disposable syringes is - *(USPSC 89, AIMS 86)*
a) Hot air oven b)UVrays
c) Boiling d) Gamma rays

104. The disposable plastic syringes are best sterilized by- *(Delhi 08)*
a) Formaldehyde b) Ethylene oxide
c) Hexachloride d) UV radiation

105. Operation theatres are sterilized by - *(DPG 10)*
a) Carbolic acid spraying
b) Washing with soap and water
c) Formaldehyde
d) ETOgas

106. Gamma radiations are used for sterilizing -*(UP 09)*
a) Syringes b) Cystoscopes
c) Dressing aprons d) Metal instruments

107. Sporicidal agents are - *(PGI June 09,06)*
a) Gluteraldehyde b) Ethylene oxide
c) Formaldehyde d) Benzaalkonium chloride
e) Chlorine

108. All are sporicidal except - **(***PGI 99)*
a) Lysol b) Glutaraldehyde
c) Ethylene oxide d) Formaldehyde

109. Sporicidal disinfectant is following except -*(PGI 98)*
a) Glutaraldehydeb) Formaldehyde
c) Ethylene oxide d) Benzalkonium chloride

110. According Spaulding classification system of sterilization, following is true except -
a) "Non-critical devices" come into contact with intact skin *(AIMS Nov 10)*
b) Semicritical equipment need low-level sterilization
c) "Semi-critical devices" come into contact with non-sterile mucous membranes or non-intact skin
d) Cardiac catheter is critical equipment

111. Indicator used in autoclave is - *(AIMSNov 11)*
a) Clostridium tetani
b) Bacillus stereothermophilus
c) Bacillus pumilis
d) Bacillus subtilis Var Niger

112. Browne's tube is used for - *(NEET/DNB Pattern)*
a) Steam sterilization
b) Radiation
c) Chemical sterilization
d) Filtration

113. Plasma sterilization acuracy is assessed by using -
a) Bacillus subtilis *(AIMS Nov 10)*
b) Bacillus stereothermophilus
c) Staphylococcus aureus
d) Clostrtidium tetani

114. Phenolic disinfectant are - *(PGI 05)*
a) Dettol b)Cresol
c) Lysol d) Carbolic acid
e) Savlon

115. Disinfection of sputum is done by - *(PGI Dec 08)*
a) Boiling b) Autoclaving
c) Sunlight d) Burning
e) Airing

116. Sputum can be disinfected by all except -
a) Autoclaving b) Boiling *(AIMS May 12,*
c) Cresol d) Chlorhexidine *Nov 10)*

117. Choose the correct ones for the decreasing order of resistance to sterilization - *(PGI Dec 07)*
a) Prions, Bacterial spores, Bacteria
b) Bacterial spore, Bacteria, Prions
c) Bacteria,Prions, Bacterial spores
d) Prions, Bacteria, Bacterial spores
e) Bacterial spores, Prions, Bacteria,

118. Which of the following is most resistant to sterilization? *(AI12, 08)*
a) Cysts b) Prions
c) Spores d) Viruses

119. Which of the following statements regarding disinfectants is not true - *(AI 09)*
a) Hypochlorites are bactericidal and inactivated by organic matter
b) Gluteraldehyde is sporicidal and not inactivated by organic matter
c) Formaldehyde is bactericidal, sporicidal and virucidal
d) Phenol is bactericidal and readily inactivated by organic matter

120. All are true regarding disinfectants except -
a) Gluteraldehyde is sporicidal *(AIMS May 11)*
b) Hypochlorites are virucidal
c) Ethylene oxide is intermediate disinfectant
d) Phenol usually requires oganic matter to act

121. Agent which on addition to a colony inhibits its growth and on removal the colony regrows is -
a) Bacteriostatic b) Bactericidal *(AI93,*
c) Antibiotic d) Antiseptic *96)*

CULTURE MEDIA AND CULTURE METHODS

122. Which is enrichment media - *(NEET/DNB Pattern)*
a) Selenite F broth b) Chocolate media
c) Meat extract media d) Egg media

123. Selenite F broth is an enrichment media for -
a) Salmonella b) Shigella *(AIMS 93)*
c) E.coil d) Campylobactor

124. Which one of the following is true - *(AIMSNov 06,*
a) Agar has nutrient properties *AI 07)*
b) Chocolate medium is selective medHHium
c) Addition of selective substances in a solid medium is called enrichment media
d) Nutrient broth is basal medium

125. In nutrient agar cone, of agar is -*(NEET/DNB Pattern)*
a) 1% b) 2%
c) 3% d) 4%

126. Blood agar is an example of -*(NEET/DNB Pattern)*
a) Enriched media b) Indicator media
c) Enrichment media d) Selective media

\103) d 104)b 105) c 106)a 107)a,b,c,e 108)a 109)d 110)b lll) b 112)a 113)b 114)b,c,d 115)a,b,d
116) d 117) a 118)b 119)d 120)c,d 121)a 122)a 123)a,b 124)d 125)b 126)a

127. Robert Koch assistant advised him to use agar instead of gelatine for solidifying culture media for cultivation of bacteria as - *(NEET/DNB Pattern)*
a) Agar has more nutrition
b) Gelatin melts at 37°C
c) Gelatin is not easily available
d) Agar is cheaper

128. Medium for growth of anaerobic bacteria -
a) SN medium *(NEET/DNB Pattern)*
b) LJ medium
c) Blood agar

129. Organisms that has not been cultured successfully so far is - *(J & K 2001)*
a) Leptospira b) Treponema pallidum
c) Bordetella d) Staphylococcus

130. Growth on a cell-free artificial solid medium is possible for following except - *(TN 09)*
a) Ureaplasma urealyticum
b) Mycoplasma Pneumoniae
c) C and L form of proteus vulgaris
d) Chlamydia

131. MacConkey'sAgaris- *(UP 07, 05)*
a) Enriched medium b) Enrichment medium
c) Differential medium d) Synthetic medium

132. Loffler's medium is - *(MH 11)*
a) Indicator medium b) Selective medium
c) Enrichment medium d) Enriched medium

133. Smith Noguchi's media is used for - *(AIMS 79, 85)*
a) Salmonella b) Klebsiella
c) Spirochetes d) Bacillus

134. Noguchi's medium is used for - *(JIPMER 81,*
a) Bordetella b) Brucella *AMU 86)*
c) Borrellia d) Corynebacterium

135. In blood culture the ratio of blood to reagent is -
a) 1:5 b) 1:20 *(Jipmer03)*
c) 1:10 d) 1:100

136. pH of sabourauds dextrose agar is adjusted to-
a) 4-6 b) 1-2 *(MP09)*
c) 6-8 d)8-10

137. In a patient with UTI, CLED (Cystine, Lactose Electrolyte Deficient) Media is preferred over Mac Conkeys media because - *(AIIMSNov 01, AI01)*
a) It is a differential medium
b) In inhibits swarming of Proteus
c) Promotes growth of Pseudomonas
d) Promotes growth of staph aureus and Candida

138. Swarming growth on culture is characteristic of which Gram-negative organism- *(NEET/DNB Pattern, AI95)*
a) Clostridium welchii b) Clostridium tetani
c) Bacillus cereus d) Proteus mirabiiis

BACTERIAL GENETICS

139. Jumping gene is - *(PGI98)*
a) Transposon b) Episome
c) Cosmid d) Plasmid

140. The segment of DNA between chromosomal and extrachromosomal DNA molecules within the cells are- *(UP 06, 07, 09)*
a) Transposons b) Cosmid
c) Plasmid d) Episomes

141. Bacteria may acquire characteristics by all of the following except - **(***Kerla 09)*
a) Taking up soluble DNA fragments across their cell wall from other species
b) Incorporating part of host DNA
c) Through bacteriophages
d) Through conjugation

142. Natural method of horizontal gene transfer among bacteria includes - *(PGI Nov 09)*
a) Electroporation b) Transduction
c) Transformation d) Conjugation
e) Mutation

143. Virus mediated transfer of host DNA from one cell to another is known as - *(AI 05,AIIMS 93)*
a) Transduction b) Transformation
c) Transcription d) Integration

144. Mechanism of direct transfer of free DNA-
a) Transformation *(NEET/DNB Pattern)*
b) Conjugation
c) Transduction
d) None

145. Plasmid- *(PGI 98)*
a) Involved in multidrug resistace transfer
b) Involved in conjugation
c) Imparts capsule formation
d) Imparts pili formation

146. F factor integrates with bacterial chromosome to form- *(PGI93)*
a) HFr b) RTF+r
c) F- d)RTF

147. Drug resistance is not transmitted by- *(PGI98)*
a) HFr b) Transposons
c) Plasmids d) Chromosomes

148. Transfer of some chromosomal material from one bacteria uses - *(NEET/DNB Pattern)*
a) F factor b) R factor
c) Transfer factor

149. Multiple drug resistance is spread by - *(TN 08)*
a) Transformation b) Transduction
c) Mutation d) Conjugation

150. Property of acquiring antibiotic resistance from viral colony is by - *(PGI 96)*
a) Transferance b) Conjugation
c) Transduction d) Mutation

151. Conjugation does not involve - *(PGI 98)*
a) Bacteriophages b) HFr
c) Fr d) Plasmids

152. Griffith demonstrated transformation with -
a) H. influenzae b) E. coli *(UP 03, 09)*
c) Proteus d) Pneumococcus

127)b 128) a 129) b 130) d 131)c 132) d 133)c 134) c 135)c,d 136) a 137) d 138)d 139) a 140) a
141)b 142)b,c,d 143) a 144) a 145)a,b,d 146) a 147) a 148)a>c>b 149) d 150) c 151)a 152)d

153. The mechanism of genetic transfer where a phage serves as a vehicle is - *(Delhi 08)*
a) Transformationb) Translation
c) Conjugation d) Lysogeny

154. Drug resistance transfer by bacteriophage involves-
a) Transduction b) Conjugation *(MAHE07)*
c) Transformation d) Convocation

155. Multidrug resistance is transfered among bacteria through plasmids by - *(Jipmer 11)*
a) Transductionb) Transversion
c) Conjugation d) Transformation

156. Transfer of a portion of DNA from one bacterium to another by the bacteriophage is known as - *(MH11)*
a) Transformationb) Transduction
c) Transcription d) Lysogenic conversion

157. The mechanism by which specific information encoded in a nucleic acid chain in a virus transferred to mRNA in known as - *(Karnat 09)*
a) Transcriptionb) Translation
c) Transformation d) Transduction

158. Horizontal transmission of 'R' factor is by -
a) Transduction b) Transformation *(Jipmer*
c) Conjugation d) Fusion*09)*

159. F plasmid of high frequency recombination is a -
a) Extrachromosomal b) Chromosomal *(APPG 09)*
c) Mesosomes d) Ribosomes

160. False regarding bacterial plasmids is ?
a) Extrachromosomal *(Manipal 06, 09)*
b) Eliminated by treating with radiation
c) Transmission of different species
d) Can cause lysogenic conversion

MISCELLANEOUS

161. The following phenomenon is responsible for antibiotic resistance in bacteria due to slime production - *(AIIMS Nov 03)*
a) Co-aggregation
b) Biofilm formation
c) Mutation evolving in altered target site for antibiotics
d) Mutation evolving a target bypass mechanism

162. Intraspecies competition is the competition among -
a) Species *(AIIMS May 05)*
b) Individuals of a population
c) Individuals of a community
d) Populations and their regulatory factors

163. The role of plasmids in conjugation was first described by Lederberg and Tatum(46) in - *(AIIMS*
a) H. influenzae b) Corynebacterium *02)*
c) Pseudomonas d)Esch.Coli

164. The discovery of "gene transformation" came from the study of one of the following bacteria -
a) Bacillus subtilis *(PGI95)*
b) Streptococcus pyogenes
c) Streptococcus pneumoniae
d) Escherichia coli

IMMUNOLOGY

STRUCTURE AND FUNCTION OF IMMUNE SYSTEM

165. Lymphoreticular system includes - *(PGI June 08)*
a) T-cells b)B-cells
c) Platelets d) Macropahges
e) Neutrophils

166. All are peripheral lymphoid organs except -
a) Lymph nodes *(PGI May 10)*
b) Spleen
c) Mucosa associated lymphoid tissue
d) Thymus

167. Common between B and T cells - *(PGI June 0 7)*
a) Origin from same cell lineage
b) Site differentiation
c) Antigenic marker
d) Both humoral and cellular immunity
e) Further differentiation seen

168. Neonatal thymectomy leads to - *(AI 02)*
a) Decreased size of germinal center
b) Decreased size of paracortical areas
c) Increased antibody production by B cells
d) Increased bone marrow production of lymphocytes

169. B cell maturation takes place in - *(PGI98)*
a) Thymus b) Lymph node
c) Bone marrow d) Spleen

170. T cell dependent region is - *(NEET/DNB Pattern)*
a) Cortical follicles of lymph node
b) Medullary cords
c) Mantle layer
d) paracortical area

171. T-cell mature in - *(Kerala 91)*
a) Peyers patch b) lymph node
c) Thymus d) Bursa of fabricius

172. The following are true for T lymphocytes except -
a) Constitute 70 to 80% of circulating pool of lymphocytes. *(Karnat 96)*
b) Release macrophage inhibition factor
c) Secrete specific antibodies
d) Release lymphotoxin

173. Normal % of CD4 cells in a newborn - *(Jipmer 11)*
a) 35% ofT cells b) 45% ofT cells
c) 55% ofT cells d) 65% ofT cells

174. Function of T-lymphocyte is/are - *(TN 90)*
a) Production of interferon
b) Lymphokine production
c) Rosette formation
d) All of the above

175. Rosette formation with sheep RBC's indicate functioning of - *(Delhi 93)*
a) T-cells b)B-cells
c) Neutrophils d) Monocytes

153) None 154)a 155)c 156)b 157)a 158)c 159)a 160)d 161)b 162)b 163)d 164)c 165)a,b,e
166) d 167) a,e 168)b 169)c 170)d 171)c 172)b,c 173)None 174)d 175)a

176. T-cell are identified by - *(Kerala 94)*
a) Rosette formation with sheep RBC
b) Immunoglobulins on their surface
c) EAC Rosette with sheep erythrocytes
d) Have filamentous projections on their surface

177. Humoral immunity arises from - *(Jharkand 08)*
a) T cells b) B cells
c) Null cell d) K cell

178. T4/T8 ratio reversal is seen in - *(JIPMER 91, DPG 09)*
a) T-cell lymphoma
b) Hairy cell leukemia
c) AIDS
d) Infectious mononucleosis

179. T cell functions are assessed by - *(Delhi 09)*
a) Phagocyte index
b) T cell count
c) Migration inhibition test
d) Immunoglobin index

180. Apart from T & B lymphocytes, the other class of lymphocytes is - *(PGI 2002)*
a) Macrophages b) Astrocytes
c) NK cells d) Langerhans cells

181. Helper cells belong to - *(AI96, 93)*
a) T cells b) Macrophages
c) B cells d) Monocytes

182. All of the following are functions of CD 4 helper cells, except - *(AI 09)*
a) Immunogenic memory
b) Produce immnoglobulins
c) Activate macrophages
d) Activate cytotoxic cells

183. Plasma cells are derived from - *(AI 99)*
a) T cells b) B cells
c) Macrophages d) Neutrophils

184. Which one of the following immunoglobulins constitutes the antigen binding component of B-cell receptor - *(ICS 05)*
a) IgA b) IgD
c) IgM d)IgG

185. Regarding NK cells, false statement is - *(AI 01)*
a) It is activated by IL -2
b) Expresses CD 3 receptor
c) It is a variant of large lymphocyte
d) There is antibody induced proliferation of NK cells

186. All are true regarding NK cells - *(PGI Novi 0)*
a) CD 16 positive
b) CD 56 positive
c) Secrete complement like substance
d) Important role in viral infected cell

187. Innate immunity active against viral cells - *(AI07)*
a) NK cells b) Cytotoxic T cells
c) Bcell d) Memory B cell

188. Killer cells & helper cells are part of - *(PGI 97)*
a) B cells b) T cells
c) Monocytes d) Macrophage

189. In an inflammatory response, macrophages are usually derived from - *(AI 94)*
a) Monocytes b) Reticuloendothelialcells
c) Neutrophils d) Lymphocytes

190. Which is not a macrophage - *(AIIMS Feb 97)*
a) Monocyte b) Microglia
c) Kupffer cells d) Lymphocytes

191. All of these are antigen presenting cells (APC's) except- *(PGI 02)*
a) T cells b) B cells
c) Fibroblasts d) Dendritic cells
e) Langerhans cells

192. Most potent stimulator of naive Tcells-
a) Mature dendritic cells *(AI 11, AIIMS Nov 08,05)*
b) Follicular dendritic cells
c) Macrophages
d) Bcell

193. Langerhans cells in skin are - *(AI 96)*
a) Antigen presenting cells
b) Pigment producing cells
c) Keratin synthesising cells
d) Sensory neurons

194. The function common to neutrophils, monocyte & macrophages is - *(UP 97)*
a) Immune response
b) Phagocytosis
c) Liberation of histamine
d) Destruction of old erythrocytes

195. IgE is secreted by - *(PGI 02)*
a) Mast cell b) Basophils
c) Eosinophils d) Plasma cells
e) Neutrophils

196. Possible source of "second signal" to a B-cell bound by specific antigen include - *(PGI 81, Delhi 91)*
a) EB virus b) Endotoxin
c) Antigen-specific T-cells d) Plasma cells

197. Which cells cause rosette formation with sheep RBCs- *(NEET/DNB Pattern)*
a) T cells b) NK cells
c) Monocytes d) B cells

198. What enhances multiplication of T cells in culture - *(AI 96, 93)*
a) Phytohemagglutinin b) Chemotactic factor
c) Leukotrienes d) Prostaglandins

199. Cellular immunity is induced by- *(NEET/DNB Pattern)*
a) NK-cells b) Dendritic-cells
c) TH1 -cells d) TH2-cells

200. Mononuclear phagocytes are produced by -
a) Thymus b) Spleen *(IN 89)*
c) Bone marrow d) Liver

201. NK cells are - *(DNB 91)*
a) Activated macrophages
b) Antibody-activated T cells
c) Null cells activated by complement
d) Derived form plasma cells
e) Independent of antibody

176) a 177)b 178)c 179)c 180)c 181)a 182)b 183)b 184)b,c 185)d 186)None 187)a 188)b
189) a 190) d 191)a,c 192)a 193)a 194)b 195)d 196)c 197)a>d 198)a 199)c 200)c 201)e

202. N.K. cell and cytotoxic cells are differentiated by -
a) Interferons reduce N.K. cell activity
b) Antibody specificity *(JIPMER 92)*
c) Receptor for IgG
d) Presence in spleen

203. Difference between natural killer and cytotoxic cells is - *(Kar 08)*
a) Interferon decreases natural killer activity
b) NK cell has CD4
c) Cytotoxic cell lyse IgG coated target cells
d) NK cell contain azurophilic granules

204. N.K. Cell provides immunity against-*(JIPMER 93)*
a) Virus b) Bacteria
c) Fungus d) Chlamydia

205. Which of the following cells is known as large granular lymphocyte (LGL) - *(Karanataka 2001)*
a) Plasma cells b)NK cells
c) T cells d)K cells

206. Most efficient antigen presenting cell in the skin -
a) Dendritic cell b) Macrophages*(Jipmer 11)*
c) Langerhans cell d) Kupffer cells

207. Virus infected cells are killed by - *(MP 02)*
a) Macrophages
b) Complement system
c) MHC II related cells
d) NK cells

208. Virus infected cell is killed by - *(Kerala 96)*
a) Interferons b) Macrophages
c) Neutrophils d) Autolysis
e) None of the above

209. The type of receptors present on T cells are -
a) IgG b) IgD *(AI96, 93)*
c) CD_4 d) Prostaglandins

210. Which one of the following is a pan T lymphocyte marker- *(AI 03)*
a) CD2 b)CD3
c) CD 19 d) CD 25

211. Memory T cells can be identified by using the following marker - *(AI 03)*
a) CD45RA b) CD45 RB
c) CD45RC d) CD45 RO

212. Immunoglobulin found in B lymphocyte - *(UP 08)*
a) IgA b)IgE
c) IgG d)IgD

213. B lymphocytes are associated with - *(UP 2K)*
a) CD 19 b) CD 27
c) CD4 d) CD 35

214. CD 4 are associated with - *(Delhi 08)*
a) Helper T cell b) Supressor T cell
c) NK cells d) T cell antigen receptor complex

215. MHC class HI genes encode - *(AI 03)*
a) Complement component C_3
b) Tumor necrosis factor
c) Interleukin 2
d) Beta 2 microglobulin

216. Gene components of HLA class I includes -
a) A, B, C b) DR *(NEET/DNB*
c) DQ d)DP *Pattern)*

217. Cell type which lacks HLA antigen is -*(AIIMSMay 05)*
a) Monocyte b) Thrombocytes
c) Neutrophil d) Red blood cell

218. MHC H are presented by - *(PGI Nov 10)*
a) Macrophage b) Dendritic cells
c) Lymphocytes d) Eosinophils
e) Platelets

219. Peptide binding site on class I MHC molecules for presenting processed antigens to CD8 T cells is formed by- *(AI 10)*
a) Proximal domain of a subunits
b) Distal domain of *a* subunit
c) Proximal domains of a and p subunit
d) Distal domains of a and p subunit

220. T helper cells recognises - *(PGI 2002)*
a) MHC class I b) MHC class II
c) Processed peptides d) Surface Ig

221. HLA complex is on chromosome -
a) 6 b) 7 *(NEET/DNB Pattern)*
c) 8 d)9

222. HLA HI gene codes for - *(Jipmer 03)*
a) Immunological reaction in graft rejection
b) Complement
c) Graft versus host reaction
d) Immunoglobulins

223. True about cytokines is - *(AIIMS 97)*
a) It is always a polypeptide
b) It acts on protein targets
c) It takes part in intrinsic enzymatic reactions
d) Chemotactic

224. Which of the following chemical mediators of inflammation is an example of a C-X-C or alpha chemokine - *(AIIMS 03)*
a) LipoxinLXA-4
b) Interleukin EL-8
c) Interleukin EL-6
d) Monocyte chemoattractant protein MCP-1

225. IL-1 produces- *(AI 02)*
a) T lymphocyte activation
b) Delayed wound healing
c) Increased pain perception
d) Decreased PMN release from bone marrow

226. Interleukin I primarily acts on - *(AIIMS 95)*
a) T-lymphocytes b) B-lymphocytes
c) Neutrophils d) Macrophages

227. IL-1 is produced by - *(PGI 2000)*
a) Macrophage b) Helper T lymphocytes
c) B cells d) Cytotoxic T-cells

228. IL-2 is secreted by - *(AIIMSFeb 9 7, AI 2000, 97)*
a) CD4 lymphocytes b) CD8 cells
c) Macrophages d) Neutrophils

229. Cachectin is produced by- *(NEET/DNB Pattern)*
a) Neutrophils b) Eosinophils
c) Macrophages d) Basophils

202)b 203)c 204)a 205)b,c 206)c 207)d>a 208)b 209)c 210)b 211)d 212)d 213)a 214)a 215)b
216)a 217)d 218)a,b,c 219)b 220)b 221)a 222)b 223)a 224)b 225)a 226)a 227)a,e 228)a 229)c

230. Perforins are produced by - *(PGI01)*
a) Cytotoxic T cells b) Suppressor T cells
c) Memory helper T cells d) Plasma cells
e) NK cells

231. Leukotrienes are secreted by all except -
a) Macrophagesb) T4 cells
c) T8 cells d) Platelets

232. Interleukin - 7 is produced by which one of the following- *(Kerala 2K)*
a) Macrophage b) B cells
c) T cells d) Dentritic cells
e) Stromal cells

233. Pro inflammatory cytokines include all of the following except- *(Delhi 08)*
a) Interleukin 1 b) Interleukin 2
c) Interleukin 6 d) TNF-Alpha

234. Most important inflammatory mediator-(Xo/Aata *08)*
a) TNF b)IL-2
c) Interferon d) PAF

235. Which is not pyrogenic - *(Kolkata 05)*
a) EL-1 b)TNF-a
c) IL-4 d)IL-6

236. True about interferon - *(PGI June 05)*
a) It is virus specific
b) It is Bacteria specific
c) Produced from Bacteria
d) Effective against viral infection
e) It is species specific

237. Fibroblasts in tissue culture form interferon of type-
a) Alpha b) Beta *(AIIMS 98)*
c) Gamma d) All of the above

238. About interferon true is - *(PGI 98)*
a) It is a synthetic antiviral agent
b) Inhibits viral replication in cells
c) Is specific for a particular virus
d) None

239. Interferon is...in nature - *(Delhi 84)*
a) Protein b) Lipid
c) Polysaccharides d) All of the above

240. True about interferon is - *(NEET/DNB Pattern)*
a) Host protein b) Viral protein
c) Inactivated by nucleases d) Virus specific

ANTIBODY

241. A single immunoglobulin molecule contains -
a) 1 light chain, 1 heavy chain *(AI 95)*
b) 2 heavy chains, 1 light
c) 2 light chains, 2 heavy chains
d) 2 light chains, 1 heavy chain

242. Which of the following statements is true about isotypic variation ? *(AIIMS Nov 08)*
a) These result due to subtle amino acid changes resulting from allelic differences
b) These result due to changes in amino acid in heavy and light chain at variable region
c) Changes in heavy and light chain in constant region is responsible for class and subclass of immunoglobulins
d) These are areas in antigen that bind specifically to antibody

243. Which of the following class specific antigenic determinants of an immunoglobulin is associated with? *(AIIMSMay 04)*
a) L-chain b) H-chain
c) J-chain d) Variable region

244. Variable portion of antibody molecule is - *(NEET/*
a) C-Terminal b)N-Terminal *DNB Pattern)*
c) CHO moiety d)None

245. Antigen binding site on antibody is - *(PGI June 02)*
a) Hinge region b) Constant region
c) Variable region d) Hypervariable region
e) Idiotype region

246. Antigen idiotype is related to - *(NEET/DNB Pattern)*
a) Fc fragment b) Hinge region
c) C-terminal d)N-terminal

247. Idiotypic class of antibody is determined by - *(NEET/*
a) Fc region b) Hinge region *DNB Pattern)*
c) Carboxy end d) Amino end

248. Antibody diversity is due to - *(PGI Dec 08)*
a) Gene rearrangement b) Gene translocation
c) Antigenic variation d) CD40 molecules
e) Mutation

249. Which of the following statements is true regarding kappa, lambda and heavy chain immunogloblins -
a) Coded in the same site of a chromosome *(PGI 01)*
b) Coded in different sites of same chromosome
c) The chains are formed by genetic rearrangement after maturation
d) Different chains of same immunoglobulins are coded by different chromosomes
e) Different chains of same immunoglobulins are coded by same chromosomes

250. Immunoglobulin isotype class switching is determined by - *(NEET/DNB Pattern)*
a) Constant region of light chain
b) Constant region of heavy chain
c) Variable region of light chain
d) Variable region of heavy chain

251. Immunoglobulin changes in variable region -
a) Idiotype b) Isotype *(NEET/DNB Pattern)*
c) Allotype d) Epitope

252. Portion of immunoglobulin molecule with molecular weight of 50,000 - *(JIPMER 01)*
a) Secretory piece b) H Chain
c) L Chain d) J piece

253. Structure of antibodies is composed of - *(UP 08)*
a) Single peptide chain
b) Two peptide chain
c) Non sulphur amino acid
d) 2 long and 2 short peptide chains

230) a,e 231)d 232) e 233) b 234) a 235) c 236) d,e 237) b 238) b 239) a 240) a 241) c 242) c 243) b
244) b 245) d,e 246) d 247) d 248)a,c,e 249) c,d 250) b 251) a 252) b 253) d

254. Variable portion of antibody molecule is - *(MP 09)*
a) C- terminal b) N- terminal
c) Intermediate region d) Carbohydrate moiety

255. Antigen binding site in immunoglobulin is -*(DPG10)*
a) Variable region b) Hypervariable region
c) Constant region d) Idiotope

256. Which immunoglobulin is scarce in human serum -
a) Ig A b) IgG *(PGI June 05)*
c) IgM d)IgD
e) IgE

257. True about immunoglobulins - *(NEET/DNB Pattern)*
a) IgE has maximum concentration
b) IgG has maximum concentration
c) IgA has minimum concentration
d) IgM has minimum concentration

258. True of the following is/are - *(PGI June 01)*
a) IgA crosses placenta
b) Half life of IgG is 23 days
c) IgD is heat stable
d) IgE has highest carbohydrate content
e) IgG induces leukotrienes release during inflammation

259. Pentavalent immunoglobin is - *(NEET/DNB Pattern)*
a) IgA b) IgG
c) IgM d) IgE

260. Which of the following immunoglobulins can cross placenta - *(NEET/DNB Pattern, PGI June 01, AI99)*
a) IgA b) IgM
c) IgG d)IgD

261. The serum concentration of which of the following human IgG subclass is maximum ? *(AI05)*
a) IgGl b) IgG 2
c)IgG3 d) IgG 4

262. The commonest Ig G with maximum individual variation is - *(PGI 96)*
a) IgGl b) IgG 2
c) IgG 3 d) IgG 4

263. Maximum half life - *(NEET/DNB Pattern)*
a) IgG b) IgA
c) Ig M d) Ig E

264. The following constitutes approximately 75% of total immunoglobin in humans - *(Karnataka 02)*
a) IgG b) IgM
c) IgE d) IgA

265. Antibody transfer mother to fetus - *(Bihar 08)*
a) IgG b) IgM
c) IgD d) IgA

266. The earliest immunoglobulin to be synthesized by the fetus is - *(AI 03)*
a) IgA b)IgG
c) IgE d) IgM

267. The most avidly complement fixing antibody is -
a) IgA b) IgG *(AIIMS May 02)*
c) IgM d)IgE

268. Which of the following immunoglobulin is responsible for opsonisation - *(NEET/DNB Pattern)*
a) IgA b) Ig G
c) Ig M d) Ig E

269. Activation of classical complement pathway -
a) IgA b) IgG *(NEET/DNB Pattern)*
c) IgM d)IgD

270. TRUE about immunoglobulins is - *(AIIMSFeb 97)*
a) IgE fixes complement
b) IgM fixes complement
c) IgG is found in minimum concentration.
d) IgG is elevated in primary immune response

271. The Fc piece of which immunoglobulin fixes Cl-
a) IgA b)IgG *(MH11)*
c) IgM d)IgE

272. First immunoglobulin to appear following infection-
a) IgG b) IgM *(SGPGI09)*
c) IgA d) IgE

273. Complement binding immunoglobulin via the classical pathway is - *(PGI89)*
a) IgG & IgM b) IgG & IgA
c) IgG & IgD d) IgD & IgE

274. Hemagglutinin (Anti A and Anti B) are which type of antibodies - *(MH 11)*
a) IgG b) Ig M
c) IgA d) IgE

275. When an antigen is administered for the first time to an animal or a human being who has never been exposed to it, the first antibody to develop-*(Kerala 08)*
a) IgG type b) IgM type
c) IgA type d) IgE type

276. Predominant class of immunoglobulin during primary immune response is- *(Korn11)*
a) IgA b)IgE
c) IgM d)IgG

277. First antibody response is mediated by -
a) IgE b) IgM *(Jharkand 08)*
c) IgA d) IgD

278. In respiratory and GIT infections, which is the most affected immunoglobulin - *(AI 94)*
a) IgA b) IgG
c) IgM d) IgD

279. The secretory component of immunoglobulin molecule is - *(PGI 01)*
a) Formed by epithelial cells of lining mucosa
b) Formed by plasma cell
c) Formed by epithelial cell and plasma cell
d) Secreted by bone marrow

280. Function of IgA is- *(Kerala 01)*
a) Acts as a mucosal barrier for infection
b) Circulating antibody
c) Kills virus infected cells
d) Activates macrophages
e) Causes delayed hypersensitivity reaction

281. Bronchial secretion secretes - *(UP 07, 05)*
a) IgA b)IgE
c) IgM d) IgG

282. IgA secretion is seen in - *(MP 08)*
a) Tears and saliva b) CSF
c) Hairs d) Vaginal fluid

254) b 255) b,d 256) e 257) b 258)b,c,d 259) c 260) c 261) a 262) a 263) a 264) a 265) a 266) d 267) c 268)c>b 269)c 270)b 271)c>b 272)b 273)a 274)b 275)b 276)c 277)b 278)a 279)a 280)a 281)a 282) a

283. PK reaction detects - *(NEET/DNB Pattern)*
a) IgG b) IgA
c) IgE d) IgM

284. Which of the following statements concerning immunoglobulins is wrong - *(AI9 7)*
a) IgM does not cross placenta
b) IgE is T ed in parasitic infection
c) IgM increased in primary response
d) Fetal infection is characterised by increase in IgG

285. Antibody elevated in parasitic infection -
a) IgA b)IgE *(NEET/DNB*
c) IgG d)IgM *Pattern)*

286. Which of Immunoglobulins is associated with allergic disorders ? **(***Corned 08)*
a) IgG b) IgM
c) IgA d)IgE

287. Which of the following immunoglobulins shows homocytotropism - *(Maharashtra 10)*
a) IgG b) IgA
c) IgE d)Igd

288. Atopy is mediated by-
a) IgE b) IgD
c) IgM d) IgA

289. Pentameric structure - *(NEET/DNB Pattern,PGI99)*
a) IgM b) IgG
c) IgA d)IgD

290. Which precipitates at 50°C-60°C but disappears on heating - *(AI 96)*
a) Heavy chain b) Light chain
c) Both d) None of the above

291. Bence jones proteins are best described as - *(AI96)*
a) chains b) y chains
c) Kappa & Lambda chains d) Fibrin split products

292. Synthesis of an immunoglobulin in membrane bound or secretory form is determined by - *(A1IMS*
a) One turn to two turn joining rule *May 12)*
b) Class switching
c) Differential RNA processing
d) Allelic exclusion

ANTIGEN

293. Hapten is- *(AI 98)*
a) Same as epitope
b) Small molecular weight protein
c) Requires carrier for specific antibody production
d) Simple haptens are precipitate

294. Which of the following statements is true about hapten - *(NEET/DNB Pattern, AI 04)*
a) It induces brisk immune response
b) It needs carrier to induce immune response
c) It is a T-independent Antigen
d) It has no association with MHC

295. The exact part of the antigen that reacts with the immune system is called as -
a) Clone b) Epitope
c) Idiotope d) Effector

296. Which of the following is very difficult to induce antibody - *(PGI 9 7)*
a) Polysaccharide b) Protein
c) Antigen d) Repeated infections

297. All of the following statements about carbohydrate antigen are true except - *(AI 11; AIIMS Nov 08)*
a) It has lower immunogenicity
b) Memory response is seen
c) Cause polyclonal B cell stimulation
d) Does not require stimulation by T cells

298. Which of the following T cell independent Antigen acts through - *(NEET/DNB Pattern)*
a) T-cell b) B-cell
c) Macrophages d) CD8+ T cells

299. Which part of bacteria is most antigenic -
a) Protein coat *(NEET/DNB Pattern)*
b) Lipopolysaccharide
c) Nucleic acid
d) Lipids

300. Antigen combining site of the antibody - *(TN 08)*
a) Idiotype b) Paratope
c) Epitope d) Hapten

301. Which one of the following chemical nature makes a better antigen? *(Karn 11)*
a) Lipids b) Nucleic acids
c) Polysachharides d) Proteins

302. A superantigen is a bacterial product that - *(AI 08)*
a) Binds to B7 and CD28 costimulatory molecules
b) Binds to the beta chain of TCR and MHC class II molecules of APC stimulating T cell activation
c) Binds to the CD4 + molecule causing T cell activation
d) Is presented by mactrophages to a larger-than-normal number of T helper CD4 + lymphocytes.

303. Superantigens true is - *(AIIMSMay 10)*
a) They bind to the cleft of the MHC
b) Needs to proccessed before presentation
c) They are presented by APC'S to T cells
d) Directly attached to lateral aspect of TCR p chain

304. Superantigen causes - *(NEET/DNB Pattern)*
a) Polyclonal activation of T-cells
b) Stimulation of B cells
c) Enhancement of phagocytosis
d) Activation of complement

305. Superantigens are - *(PGI June 05)*
a) Erythrotoxin of staph. Aureus
b) Cl. Difficile toxin
c) Staphyloccocal toxic shock syndrome toxin
d) Cholera toxin

306. Autoantigen is -
a) Blood group antigen b) Forssman antigen
c) Both d)None

307. The main aim of an adjuvant is to increase -
a) Distribution b) Absorption
c) Antigenicity d) Metabolism

283) c 284) d 285)b 286)d 287)c 288)a 289)a 290)b 291)c 292)c 293)c 294)b 295)b 296)a
297) b 298) b 299) d 300) a,b 301) d 302) b 303) d 304) a 305) a,c 306) d 307) c

ANTIGEN ANTIBODY REACTION

308. All of the following forces are involved in Antigen antibody reaction except - *(AI98, AIIMS Sept 96)*
a) Vander Waal's forces b) Electrostatic bond
c) Hydrogen bond d) Covalent bond

309. Which of the following statement is true - *(AIIMS Dec 94)*
a) Paul Bunnell test is used to diagnose measles
b) Rose Waaler test is a complement fixation test
c) Indirect hemagglutination test is less sensitive than gel diffusion test
d) Antigen antibody reaction cannot occur in the absence of electrolytes

310. The reaction between antibody and soluble antigen is demonstrated by - *(AI 94)*
a) Agglutination
b) Precipitation
c) Complement fixation test
d) Hemagglutination test

311. Skin test based on neutralization reaction is/are - *(PGI June 04)*
a) Casoni test b) Lepromin test
c) Tuberculin test d) Schick test

312. Nagler reaction is type of- *(NEET/DNB Pattern)*
a) Neutralization reaction b) CFT
c) Precipitation d) Agglutination

313. Coombs test is - *(NEET/DNB Pattern)*
a) Precipitation test b) Agglutination test
c) CFT d)Neutrilizationtest

314. Prozone phenomenon is seen with-
a) Same concentration of antibody and antigen
b) In antigen excess to antibody *(NEET/DNB*
c) Antibody excess to antigen *Pattern)*
d) Hyperimmune reaction

315. Prozone phenomenon is due to-*(AI 96, PGI June 03)*
a) Excess antigen
b) Excess antibody
c) Hyperimmune reaction
d) Disproportionate antigen-antibody levels

316. Prozone phenomenon is a feature is- *(PGI 01)*
a) Tularemia b)Legionnaire's disease
c) Plague d) Brucellosis

317. Antigen antibody precipitation is maximally seen in which of the following? *(AIIMS May 10)*
a) Excess of antibody
b) Excess of antigen
c) Equivalence of antibody and antigen
d) Antigen Hapten interaction

318. The following methods of diagnosis utilize labelled antibodies except - *(AIIMS May 05)*
a) ELISA (Enzyme Linked Immunosorbent Assay)
b) Hemagglutination inhibition test
c) Radioimmunoassay
d) Immunofluorescence

319. Which is not a heterophile agglutination test -
a) Weil Felix test b) Widal test *(PGI 99)*
c) Paul Bunnell test d) Streptococcus MG

320. Heterophile antibody is found in - *(NEET/DNB*
a) Weil Felix test b) Widal test *Pattern)*
c) VDRL d)All

321. Which of the following is agglutination test -
a) Widal test *(NEET/DNB Pattern)*
b) VDRL
c) Ascoli's test
d) Kahn test

322. Paul bunnel reaction is a type of- *(NEET/DNB*
a) Agglutination b) CF *Pattern)*
c) Precipitation d) Flocculation test

323. Which of the following is a flocculation test -
a) Widal test b) Weil- felix test *(Kar 08)*
c) VDRL d) Paul- Bunnel test

324. Reaction of soluble antigen with antibody is known as- *(TN 09)*
a) Agglutination b) Precipitation
c) Flocculation d) Complement fixation

325. Agglutination test is -
a) ABO incompatibility b)VDRL
c) Weil- felix test d) FTA-ABS

326. Rapid serological diagnostic tests include all except-
a) Latex agglutination *(Delhi 09)*
b) Spectrophotometry
c) Gel electrophoresis
d) Radioimmunoassay

327. VDRL is a- *(TN95)*
a) Slide flocculation test
b) Tube flocculation test
c) Gel precipitation test
d) Indirect haemagglutination test

328. Isoantigens are - *(Delhi 08)*
a) Found in some but all members of species
b) Found in some but not all members of species
c) Occurs in different biological species, class and kingdoms
d) All individuals in a particular species

329. Antibodies are most responsive to - *(SGPGI05)*
a) Recipientstissue b) Donor tissue
c) Isografts d) Autograft

330. Phagocytosis enhanced by coating the surface of antigen is called - *(Kerala 96)*
a) Opsonisation b) Chemotaxis
c) Decoding d) CFT

331. All statements are correct about immunologic techniques, except - *(PGI 97)*
a) ELISA can detect both antigens and antibodies
b) Immunofluorescence test uses fluorescein and rhodamine
c) Radioimmunoassay is used to quantitate antigens and haptens
d) Immunoblotting is also called northern blotting

332. DNA is detected by - *(NEET/DNB Pattern)*
a) Southern blot b) Northern blot
c) Western blot d) Eastern blot

308)d 309)d 310)b 311)d 312)a 313)b 314)c 315)b,d 316)d 317)c 318)b 319)b 320)a 321)a
322) a 323) c 324) b 325) c 326) b 327) a 328) b 329) b 330) a 331)d 332) a

333. Most sensitive test for antigen detection is -
a) RIA *(PGI97)*
b) ELISA
c) Immunofluorescence
d) Passive hemagglutination

334. Hormones are best assessed by - *(PGI98)*
a) Flowcytometry b) Electrophoresis
c) ELISA d)RIA

IMMUNITY

335. All of the following are a part of the innate immunity except- *(AIIMSMay 05)*
a) Complement b)NK cells
c) Macrophages d) T cells

336. All are ture about innate immunity except -
a) Non-specific *(NEET/DNB Pattern)*
b) First line of defence
c) Not affected by genetic affected
d) Includes complement

337. Components of innate immunity are - *(PGI Nov 10)*
a) T lymphocytes b) Complement proteins
c) B lymphocytes d) NK cells
e) Integrins

338. Which is conerned with cell mediated immunity -
a) B-Lymphocytes b) T-Lymphocytes *(AI98)*
c) Eosinophils d) Monocytes

339. Active immunity is not acquired by -
a) Infection
b) Vaccination
c) Immunoglobulin transfer
d) Sub-clinical infection

340. True about active immunity - *(AI 93)*
a) Less effective
b) Can be given in immunodeficient state
c) Immunological memory present
d) No lag period

341. Adoptive immunity is by - *(PGI May 10)*
a) Infection
b) Injection of antibodies
c) Injection of lymphocytes
d) Immunization

342. When transfer factor is given as treatment results in - *(NEET/DNB Pattern)*
a) Natural active immunity
b) Artificial active immunity
c) Artificial passive immunity
d) Adoptive immunity

343. Lysozyme is present in the following secretions of the body except - *(PGI 94)*
a) Lacrimal secretions
b) CSF
c) Saliva
d) Respiratory tract secretions

344. Type of immunity conferred on an individual by vaccination is - *(Kam 11)*
a) Artificial active b) Artificial passive
c) Natural active d) Natural passive

345. Immunity acquired due to the injection of immunologically competent lymphocytes is termed as - *(Corned 07)*
a) Innate immunity b) Adoptive immunity
c) Active immunity d) Local immunity

346. The following is NOT a component of innate immunity- *(COMED06)*
a) Epithelial surfaces b) Antibody
c) Lysozyme d) Sebum

347. Primary immune response is mediated by - *(PGI 94)*
a) IgE b) IgM
c) IgA d) IgD

348. Binary (secondary) exposure to an antigen results in sudden increase in -
a) IgA b) IgD
c) IgG d) IgM

349. True about secondary immune response is -
a) Long latent period *(PGI98)*
b) Usually of low titre
c) Antibodies appear in short time
d) Persist for long

HYPERSENSITIVITY

350. Type I hypersensitivity is mediated by which of the following immunoglobulins ? *(NEET/DNB Pattern,*
a) IgA b)IgG *AI05)*
c) IgM d)IgE

351. The most important cells in type I hypersensitivity -
a) Macrophages b) Mast cells *(AI92)*
c) Neutrophils d) Lymphocytes

352. Mast cell synthesize and/or secrete - *(PGI June 03)*
a) Adrenaline b)Ach
c) Histamine d) Heparin
e) Neutrophilic chemotactic factor

353. Type 1 hypersensitivity includes all of the following except- *(PGI 2000)*
a) Autoimmune hemolytic anemia
b) Anaphylaxis
c) Extrinsic asthma
d) Hay fever

354. Graves disease is an example of which type..... immunologic response- *(PGI 91)*
a) Type I b) Type II
c) Type III d) Type IV
e) TypeV

355. Killer cells are associated with type ..... immunologic response - *(AI 89)*
a) Type I b) Type II
c) Type III d) Type IV
e) Type VI

333) a 334) d 335) d 336) c 337) b,d 338) b 339) c 340) c 341) c 342) d 343) b 344) a 345) b 346) b
347) b 348) d 349) c,d 350) d 351)b 352)c,d,e 353) a 354) b,e 355) None

356. IVpe in reaction is - *(Al 93)*
a) Antibody mediated
b) Immune complex mediated
c) Cell mediated
d) None

357. Delayed hypersensitivity involves - *(AIIMS 92)*
a) Neutrophils b) Monocytes
c) Eosinophils d) Lymphocytes

358. Which of the following is an example of Type IV hypersensitivity - *(NEET/DNB Pattern)*
a) Arthrus reaction b) Serum sickness
c) Shwartzman reaction d) Granulomatous reaction

359. Type I hypersensitivity, the mediator is -*(UP 07, 05)*
a) IgE b)IgD
c) IgM d)IgC

360. Which of the following responses is found in atopic individuals- **(***Corned 07)*
a) IgM production
b) IgE production
c) IgA production
d) Hypogammaglobulinemia

361. Which one of the following is False- *(A I 95)*
a) Theobald - smith phenomenon is a type 1 hypersensitivity reaction
b) Serum sickness is a type II hypersensitivity reaction
c) Allograft rejection is a type IV hypersensitivity reaction
d) Transfusion reaction is a type II hypersensitivity reaction

362. Examples of type 1 hypersensitivity is - *(Al 98)*
a) Lepromin test b) Tuberculin
c) Casoni's test d) Arthus reaction

363. The hypersensitivity reaction involved in the hyper acute rejection of renal transplant is - *(AIIMS*
a) Type I b) Type II *May 05)*
c)Type III d) Type IV

364. Contact dermatitis is - *(Al 94)*
a) Type-I hypersensitivity
b) Type-II hypersensitivity
c) Type-Ill hypersensitivity
d) Type-IV hypersensitivity

365. In contact dermatitis which cells play major role -
a) T- cells b) B-cells *(PGI June 08)*
c) Langhans cells d) Macrophage

366. Note a delayed type of hypersensitive reactions- *(PGIJune 05)*
a) Arthus reaction b) Bronchialasthma
c) Hemolytic anemia d) Multiple sclerosis

367. Wheal & flare reaction is what type of hypersensitivity reaction? *(NEET/DNB Pattern)*
a) Type I b) Type II
c) Type III d) Type IV

368. Spring catarrh is which type of hypersensitivity reaction - *(PGI June 05)*
a) type I b) type II
c) type II & III d) type IV
e) type V

369. Skin tests are used for which hypersensitivity reactions? *(PGIJune 07)*
a) I b)fl
c) m d)IV
e) V

370. The prototype of type-II hypersensitivity reaction is-
a) Arthus reaction *(Kerala 91)*
b) SLE
c) Autoimmune hemolytic anemia
d) Contact dermatitis

371. Which is an example of type-III hypersensitivity
a) Contact dermatitis *(JIPMER91)*
b) Hemolytic anemia
c) Serum sickness
d) Good pasture syndrome

372. Arthus phenomenon is an example of which hypersensitivity- *{Corned07)*
a) Type I b) Type II
c) Type III d) Type IV

373. All are type-II hypersensitivity reaction except -
a) Hemorrhagic disease of newborn *(Delhi 08)*
b) Graves disease
c) Autoimmune disease
d) Hemolytic anemia

374. Thberclin test is reaction of - *(UP 08)*
a) Anaphylaxis mediated
b) Cell mediated
c) Antibody mediated
d) Immune complex mediated

375. Blood transfusion mismatch in erythroblastosis fetalis is a type of - *(NIMS 96)*
a) Atopic hypersensitivity
b) Cell mediated cytotoxicity
c) Arthus phenomenon
d) Delayed hypersensitivity

376. All of the following are immune complex disease except- *(CUPGEE 08)*
a) Serum sickness b) Farmer's lung
c) SLE d) Graft rejection

377. Erythroblastosis fetalis is an example of which type of hypersensitivity reaction- *(UP 07, 05)*
a) Type I b) Type II
c) Type m d) Type IV

378. All the following types of hypersensitivity reactions can be demonstrated by skin test except -
a) Type I b) Type II
c) Type III d) Type IV

379. Animal used to demonstrate anaphylaxis in the lab is- *(JIPMER 98)*
a) Rabbit b) Adult mice
c) Monkey d) Guinea Pig

380. Delayed tuberculin test response is due to- *(IN01)*
a) B lymphocytes b) T lymphocytes
c) Monocytes d) Histiocytes

381. Delayed hypersensitivity reaction is mediated by -
a) B lymphocyte b)NKcell *(Kar09)*
c) Mast cell d) T lymphocyte

356)b 357) d 358) d 359) a 360) b 361) b 362) c 363) c 364) d 365) a 366)a,b,c 367) a 368) a,d
369) a,b 370) c 371) c 372) c 373) a 374) b 375) None 376) d 377)b 378) b 379) d 380) b 381) d

382. AB blood group antigen are known as__factor -
a) Duffy b) Landsteiner
c) Rhesus d) Lutheran
e) Kidd

383. 45 Year old homeless man has chronic cough and cavitatory lesion of lungs. His sputum is positive for acid fast bacilli which of the following is the peripheral form of defense by which his body fights this infection - *(HP 2006)*
a) Antibody
b) Cell mediated hypersensitivity
c) Ig A mediated hypersensitivity
d) Ig E mediated hypersensitivity

384. Autoimmunity can be caused due to all of the following except - *(ARMS May 05)*
a) The pressure of forbidden clones
b) Expression of cryptic antigens
c) Negative selection of T-cells in the thymus
d) Inappropriate expression of the MHC proteins

385. All are true about Autoimmune disease except -
a) T cells recognise self antigen *(PGIMay 10)*
b) Hashimoto's thyroiditis is an example
c) Higher incidence among males
d) Polyclonal B cell activation
e) Co-stimulatory molecules involvement

386. Epstein Barr virus causes autoimmunity by -*(AI12)*
a) Molecular Mimicry
b) Release of Sequestrated Antigen
c) Inappropriate Expression of MHC Class II Molecules
d) Polyclonal B cell Activation

IMMUNODEFICIENCY

387. Adenosine deaminase deficiency is seen in the following - *(AI 01, 05)*
a) Common variable immunodeficiency.
b) Severe combined immunodeficiency
c) Chronic granulomatous disease
d) Nezelof syndrome

388. SCID which is true - *(NEET/DNB Pattern)*
a) Adenosine deaminase deficiency
b) Decreased circulating lymphocytes
c) NADPH oxidase deficiency
d) Cl esterase dificiency

389. Which one of the following statements is correct regarding chronic granulomatous disease - *(ARMS*
a) It is an autosomal dominant disease *Nov 04)*
b) It is characterized by abnormal bacterial phagocytosis
c) Recurrent streptococcal infections are usual in this disease
d) Nitroblue tetrazolium test is useful for screening

390. Chronic granulomatous disorder is due to defect in - *(NEET/DNB Pattern)*
a) B-cell b) NADPH oxidase
c) IgA d) T-cell

391. Most common cause of chronic granulomatous disease in children is - *(AI 98)*
a) Myeloperoxidase deficiency
b) Defective phagocytosis
c) Defective H_20_2 production
d) Job's disease

392. The NBT (nitroblue tetrazolium) reduction assay is used to - *(ARMS 81, 85)*
a) Evaluate granulocyte function
b) Evaluate T-cell function
c) Determine whether polymorphonuclear leucocytes can produce superoxide
d) Stain B-lymphocytes

393. The commonest Primary immunodeficiency is -
a) Common variable immunodeficiency *(A194,*
b) Isolated IgA immunodeficiency *PGI June 05)*
c) Wiskott-Aldrich syndrome
d) AIDS

394. A child present with recurrent episodes of sinopulmonary infection by bacteria with polysacharide rich capsule. Deficiency of which of the following immunoglobulin subclasses should be specifically investigated - *(AI 12, ARMS May 12)*
a) IgA b)IgGl
c)IgG2 d) IgA + IgG2

395. Wiskott Aldrich not true is - *(ARMS 97)*
a) Raised IgE b) Raised IgM
c) Reduced IgA d) CD4 and CD8 defect

396. A patient presents with thrombocytopenia, eczema and recurrent infection - *(NEET/DNB Pattern)*
a) Wiskott - Aldrich syndrome
b) Digeorge syndrome
c) Agammaglobulinemia
d) SOD

397. All are true regarding agammaglobulinemia except- *(PGI 01)*
a) Loss of germinal centre in lymph node
b) Normal cortical lymphocytes
c) Normal cortical lymphocytes in paracortex and medulla
d) Decreased red pulp in spleen
e) Immunodeficiency (cell mediated)

398. Which is found in DiGeorge's syndrome - *(PGI 01)*
a) Tetany
b) Eczema
c) Mucocutaneous candidiasis
d) Absent B and T cells
e) Total absence of T cells

399. Chediak higashi syndrome, defect is *'(NEET/DNB*
a) Fusion of lysosome b) T-cells *Pattern)*
c) B-cells d) Complement

400. Chediak-Higashi syndrome, true is- *(NEET/DNB Pattern)*
a) Defect in phagocytosis b) Neutropenia
c) Agammaglobulinemia d) IgA deficiency

382)b 383)b 384)c 385)c 386)d 387)b 388)a 389)d 390)b 391)c 392)c 393)b 394)d 395)b,c 396) a 397) b,c,d 398) a,c 399) a 400) a

401. TVue about Bloom Syndrome- *(Jipmer 11)*
a) Decreased IgGb) Decreased IgM
c) IgA absent d) Increased IgE

402. Which fungal infection is commonest to occur in neutropenia - *(AIIMS June 99)*
a) Candida b) Histoplasma
c) Aspergillus nigerd) Aspergillus fumigatus

403. Nucleotidase deficiency - *(NEET/DNB Pattern)*
a) Humoral immunity deficiency
b) Acquired immunity deficiency
c) SCIDs
d) Cell mediated immunity deficiency

404. Phagocytic function is assessed by - *(MP 09)*
a) Proloiferative response to mitogen
b) Reduction of NBT(Nitroblue tetrazolium test)
c) Serum immunoglobulin assay
d) Skin test with purified protein derivative

405. Candida infections are seen in - *(Jipmer 11)*
a) Chronic granulomatous disease
b) Chediak-Higashi syndrome
c) Myeloperoxidase deficieny
d) Lazy leucocyte syndrome

406. Digeorge syndrome is characterized by all except -
a) Congenital thymic hypoplasia *(SGPGI08)*
b) Abnormal development of third and fourth pouches
c) Hypothyroidism
d) Hypocalcemic tetany

407. Which of the following about severe combined immunodeficiency is not true - *(Jipmer 11)*
a) Due to deficiency of adenylate kinase
b) Toxicity to leucocytes due to accumulation of dAMP
c) Both cellular and humoral immunity affected
d) Bone marrow transplantation is the treatment

408. Which of the following about SCID is false -
a) Failure of descent of thymus *(Jipmer 11)*
b) Peyer's patches are present and normal
c) X-linked type is the most common
d) Gene therapy can be used

IMMUNOLOGY OF TRANSPLANTATION

409. A woman with infertility receives an ovary transplant from her sister who is an identical twin. What type of graft it is ? *(AI05)*
a) Xenograft b) Autograft
c) Allograft d) Isograft

410. Graft versus Host reaction is caused by -*(PGI86)*
a) B-lymphocytes b) T-lymphocytes
c) Macrophages d) Complement

411. Type of T-lymphocyte responsible for histocompatibility reaction is - *(AIIMS89)*
a) Suppressor T-cell b) Activator T-cell
c) Effector T-cell d) Helper T-cell

412. Transplantation of the hosts own tissue is known as- *(DNB91)*
a) Isograft b) Allograft
c) Xenograft d) Autograft

413. Runt disease is - *(TN 2002)*
a) Graft rejection
b) Graft versus host reaction
c) Deficient T cell function
d) Complement deficiency

COMPLEMENT SYSTEM

414. Complement formed in liver - *(NEET/DNB Pattern)*
a) C2,C4 b) C3,C6, C9
c) C5,C8 d)Cl

415. Which of the following best denotes classical complement pathway activation in immunoinflammatory condition - *(AIIMS 04)*
a) C2, C4, C3 decreased
b) C2 and C4 normal, C3 is decreased
c) C3 normal and C2 C4 decreased
d) C2, C4, C3 all are elevated

416. C3 convertase acts on - *(Manipal 06)*
a) C4b2b b)C4b2B3a
c) C4b d)C3

417. Which complement component is involved in both classical and alternative pathways - *(AI 11)*
a) Cl b)C2
c) C3 d)C4

418. Center of complement pathway -*(NEET/DNB Pattern)*
a) C3 b)Cl
c) C5 d)C2

419. C-3 convertase in alternate complement pathway -
a) C4b2a b) C3b *(NEET/DNB*
c) C3bBb d)C3a *Pattern)*

420. Chemoattractant is - *(PGI 89)*
a) C5a b)Cl
c) C3 d)C2

421. Opsoninsare- *(AI 93)*
a)C3a b) C3b
c) C5a d)C5-C9

422. In cell lysis by compliments - *(NEET/DNB Pattern)*
a) They activate cyclise
b) Inhibits elongation factor p
c) Destruction of cell wall
d) Increased permeability of cell membrane

423. Recurrent Neisseria infections are predisposed by -
a) Early complement component deficiency *(PGI 93)*
b) Late complement component deficiency
c) C1 esterase deficiency
d) Properdin deficiency

424. Complement necessary for neisseria infection is/ are - *(PGI Nov 09)*
a) C5 b)C6
c) C7 d)C8
e) C9

425. Hereditary angioneurotic edena is due to -
a) Deficiency of Ci inhibitor *(NEET/DNB*
b) Deficiency of NADPH oxidase *Pattern)*
c) Deficiency of MPO
d) Deficiency of properdin

401)b 402)a 403)a 404)b 405)c 406)c 407)a 408)b 409)d 410)b 411)d 412)d 413)b 414)b
415)a 416) d 417)c 418)a 419)c 420)a 421)b 422)d 423)b,d 424)A11 425)a

MISCELLANEOUS

426. Which of the following features is not shared between ^{6}T cells' and ^{6}B cells' - *(AI12)*
a) Positive Selection During Development
b) Class IMHC Expression
c) Antigen Specific Receptros
d) All of the above

427. Vaccination is based on the principle of - *(AI 12)*
a) Agglutination
b) Phagocytosis
c) Immunologic Memory
d) Clonal Detection

428. Ovalbumin was injected into a rabbit Which of the following classes of antibodies are likely to be produced initially - *(AI 11)*
a) IgG b) IgM
c) IgE d)IgD

429. All of the following statements about hybridoma technology are true except - *(AIIMS Nov 08)*
a) Specific antibody producing cells are integrated with myeloma cells
b) Myeloma cells with mutation salvage pathway grows well in HAT medium.
c) Aminopterin, a folate antagonist, inhibits denovo pathway
d) HGPRT ase and thymidylate synthetase are required for salvage pathway

430. The process increasing the ability for phagocytosis of foreign bodies by body is called -
a) Cross reactivity b) Opsonisation
c) Immune Tolerance d) Immune Surveillance

431. Opsonisation is by - *(PGI94)*
a) IgA b) IgE
c) IgG d) IgM

432. Opsonization occurs due to all except - *(PGI 99)*
a) Endotoxin b) Complement
c) IgM d) IgD

433. Bacteria coated with complement and Ig; phagocytosis is enhanced by- *(AIIMS Nov 11)*
a) Receptor mediated endocytosis
b) Pseudopod formation
c) Myeloperoxidase mediated destruction
d) C3b - Fc mediated destruction

434. Opsonization takes place through - *(NEET/DNB*
a) C3a b)C3b Pattern)
c) C5a d)C5b

435. Firstchemical barrier encountered by microorganism for common exposed sites -
a) Lysozyme b) Acidic pH *(AIIMS Nov11)*
c) Skin d) Lactose

436. Specific immunological unresponsiveness is called tolerance. Which one of the following statements best describes immunological tolerance-
a) Immunologic maturity of the host does not play a major role
b) It occurs only with polysaccharide antigens
c) It is related to the concentration of antibody
d) It is prolonged by administration of immunosuppressive drugs

437. The protection against small pox by previous infection with cowpox represents - *(AIIMS May 04)*
a) Antigenic cross-reactivity
b) Antigenic specificity
c) Passive immunity
d) Innate immunity

438. Acute phase reaction in acute inflammation are -
a) Albumin b) Fibrinogen *(PGIJune 03)*
c) Haptoglobulin d) Gammaglobulin

439. C-reactive protein is - *(AI 94)*
a) An antibody produced as a result of pneumococ cal infection
b) Derived from pneumoconiosis
c) Detected by precipitation reaction
d) Increased in pneumococcal infection

440. C-Reactive Protein is - *(AIIMS 91)*
a) Produced by pneumococcus
b) A marker of Septicemia
c) Raised in acute inflammation
d) Low in Rheumatoid arthritis

441. Following is true about C reactive protein - *(AIIMS*
a) Detected by precipitation with carbohydrate *95)*
b) Raised in acute pneumococcal infection
c) It is an antibody
d) Detected by agglutination test.

442. C-reactive proteins are - *(PGI Dec 2000)*
a) Alpha-1 globulin
b) Beta-1 globulin
c) Alpha-2 globulin
d) Non-specific inflammatory protein

443. ^{6}C' in C reactive protein stands for - *(AI 11)*
a) Capsular polysaccharide in pneumococcus
b) Concanavalin-a
c) Calretinin
d) Cellular

BACTERIA

444. Staphylococcus is - *(AI 96)*
a) Gram - positive cocci b) Gram - negative cocci
c) Gram - positive bacillus d) Gram-negativebacillus

445. Gram negative cocci is/are - *(PGI may 10)*
a) Neisseria gonorrhoeae b) Bacillus
c) Staphylococci d) Streptococci
e) Neisseria meningitidis

STAPHYLOCOCCI

1. STAPH AUREUS

446. Staphyloccocal pathogenicity is indicated by-
a) Coagulase positivity b) Hemolysis*(PGI 98)*
c) Lipoteichoic acid d) Endotoxin

426) a 427) c 428) c 429)b 430)b 431)c,d 432) a 433) d 434)b 435)b 436) d 437) a 438)a,b,c
439)d 440)c 441)b,d 442)b,d 443)a 444)a 445)a,e 446)a

447. Staph aureus virulence is due to - *(PGI98)*
a) Pathogenicity correlated with coagulase
b) Endotoxin
c) Hemolysis
d) Pigmented colonies

448. All are true regarding staphylococcal toxin except -
a) Beta haemolysin shows hot cold phenomenon
b) Mainly endotoxin *(AIIMS Dec 9 7)*
c) Enterotoxin causes food poisoning
d) Exfoliative toxin causes Reiter's syndrome

449. Synergohymenotroic toxins of Staphylococcal consists- *(PGI May 11)*
a) a toxin b) p toxin
c) y toxin d) 6 toxin
e) Panton-Valentine toxin

450. Staphylococcal scalded skin syndrome is caused by- *(NEET/DNB Pattern)*
a) Hemolysin b) Coagulase
c) Enterotoxin d) Epidermolytic toxin

451. Toxin of staphylococcus - *(Bihar 09)*
a) Hemolysin b) Leucocidin
c) Enterotoxin d)All

452. Staphylococcus secrete all except - *(Bihar 08)*
a) Lipase b) Cellulose
c) Coagulase d) Lecithinase

453. Staphylococcus aureus remains in the skin for longer period because of - *(MAHE 01)*
a) Catalase b) Coagulase
c) Hyaluronidase d) None

454. Staphylococcal toxic syndrome is due to- *(Orrisa 2K)*
a) Enterotoxin A b) Enterotoxin B
c) Enterotoxin C d) Enterotoxin D

455. Toxic shock syndrome is Staphylococcus infection is due to- *(Jipmer 11)*
a) Superantigen b) Alpha-hemolysis
c) Coagulase d) Penton Valentine factor

456. Staphylococcal food poisoning includes the following feature - *(AIIMS 01)*
a) Incubation period of 24 hrs.
b) Requires immediate antibiotics
c) Common with dairy products
d) Heat labile enterotoxin

457. The following are characteristic features of staphylococcus food poisoning except - *(AIIMS 04)*
a) Optimum temperature for toxin production is 37° C
b) Intradietic toxin is responsible for intestinal symptoms
c) Toxin can be destroyed by boiling for 30 minutes
d) Incubation period is 1-6 hours

458. A child after consuming food in a party complains of diarrhea within 1-5 hours. The diagnosis is -
a) S. aureus *(AIIMS 01, 96, 95)*
b) Streptococcus
c) Clostridium perfringens
d) Clostridium botulinum

459. Incubation period of staphylococcal food poisoning is- *(PGI 95)*
a) 4-6 hrs b) 6-12 hrs
c) 12-18 hrs d) 18-24 hrs

460. Staph, aureus causes vomiting in 16-18 hours. The mechanism of action is - *(AIIMS May 02)*
a) Stimulation of cy AMP
b) Vagal stimulation
c) Stimulation of CyGMP
d) Acts through ganglioside GM receptor

461. In carriers, staphylococci are found in the following sites except - *(AIIMS 94)*
a) Throat b)Nose
c) Skin d) Anal canal

462. Common source of staph in hospital - *(PGI June 01)*
a) IV fluids
b) Infective wounds
c) Hands of hospital personnel
d) Bed linen
e) Instruments

463. All of the following statements about staphylococcus aureus are true, Except - *(AI10)*
a) Most common source of infection is cross infection from infected people
b) About 30% of general population is healthy nasal carriers
c) Epidermolysin and TSS toxin are superantigens
d) Methicillin resistance is chromosomally mediated

464. Staphylococcus can cause - *(PGI June 01)*
a) Ecthyma b) Erythrasma
c) Furuncle d) Impetigo contagiosa
e) Sycosis barbae

465. Staph aureus causes - *(NEET/DNB Pattern)*
a) Erythrasma b) Chancroid
c) Acne vulgaris d) Bullous impetigo

466. Which of the following organism is implicated in the causation of botryomycosis - *{PGI 01)*
a) Staphylococcus aureus
b) Staphylococcus albus
c) Pseudomonas aeruginosa
d) Streptococcus pneumoniae
e) Streptococcus pyogenes

467. Toxic shock syndrome is caused by - *(PGIMay 10, PGI Dec 07)*
a) Streptococcus pyogenes
b) Staphylococcus aureus
c) Strept albicans
d) E.durans

468. True about TSS - *(PGI Nov 10)*
a) Most commonly due to TSST-1
b) Mensturation is a risk factor
c) Anti- staph antibodies are contraindicated
d) Most common cause is S. aureus
e) TSST-1 acts like superantigen

469. Toxic shock syndrome was first discovered in- *(JIPMER 91)*
a) Tampoon users b) Diabetic septicemia
c) Drug addicts d) None

447) a 448) b 449) c,e 450) d 451)d 452) b 453) c 454) b,c 455) a 456) c 457) c 458) a 459) a 460)b 461) d 462) b,c 463) a 464)a,c,d,e 465) d 466) a 467) a,b 468)a,d,e 469) d>a

470. Toxic shock syndrome is due to - (*Corned 07)*
a) Septic abortion b) Forgotten tampons
c) IUCD d) Pelvic examination

471. Staphylococcus in stool occurs in - *(PGI Dec 01)*
a) Staphylococcal food poisoning
b) Ischiorectal abscess
c) Toxic shock syndrome
d) May be a normal finding
e) pseudomembranous colitis

472. Blood culture is positive in which infection of staph, aureus- *(NEET/DNB Pattern)*
a) TSS b) SSSS
c) Infective endocarditis d) Impetigo

473. True about methicillin-resistance staphylococcus aureus (MRSA) - *(PGI June 09)*
a) Isoxazolyl penicillin is highly effective
b) All MRSA are multidrug resistance
c) Vancomyin is effective
d) MRSA are more virulent then sensitive strains
e) Resistance develop due to altered binding protein

474. All of the following statements are true regarding Staphylococci except - *(AIIMS Nov 04)*
a) A majority of infections caused by coagulase-negative Staphylococci are due to Staphylococcus epidermidis
b) (i-lactamase production in Staphylococci is under plasmid control
c) Expression of methicillin resistance in Staphylococcus aureus increases when it is incubated at 37°C on blood agar.
d) Methicillin resistance in Staphylococcus aureus is independent of p-lactamase production

475. Which of the following is not a mechanism for resistance to MRSA - *(AI10)*
a) Resistance is chromosomally mediated
b) Produced mainly by alteration in PBP's
c) MRSA resistance is absolutely beta lactamase dependent
d) Intrinsic resistance is known

476. All of the following are true about Methicillin resistance in MRSA, except- *(AI 11)*
a) Resistance is produced as a result of altered PBP 's
b) Resistance may be produced by hyperproduction of beta lactamase
c) Resistance is primarily mediated/transmitted via plasmids
d) Resistance may be missed at incubation temperature of 37°C during susceptibility testing

477. Which of the following statements is most correct regarding resistance to methicillin in MRSA -
a) Resistance is produced as a result of alteration in Penicillin Binding Proteins (PBP) *(AI 11)*
b) Resistance is produced by production of beta lactamase
c) Resistance is mediated by plasmids
d) Expression of resistance is enhanced by incubating at 37°C during susceptibility testing

478. Transfer of drug resistance in staphylococcus is by-
a) Transduction b) Transformation*(PGI 97)*
c) Conjugation d) Transfection

479. A diabetic patient developed cellulitis due to S. aureus, which was found to be methicillin resistant on the antibiotic sensitivity testing. All of the following antibiotics will be appropriate except -
a) Vancomycin b) Imipenem *(AI06)*
c) Teicoplanin d)Linezolid

480. The most common mechanism of drug resistance in staphylococci -
a) Conjugation b) Plasmids
c) Transduction d) Translation

481. Coagulase negative staphylococci includes all of the following except- *(UP 08)*
a) Staph epidermidis b) Staph haemolyticus
c) Staph intermedius d) Staph saprophyticus

482. Novobiocin susceptible staph is - *(UP 08)*
a) Staph aureus b) Staph epidermidis
c) Staph hemolyticus d) Staph saprophyticus

483. Which of the following is the most useful to differentiate micrococci from Staphylococci-(M//*11)*
a) Catalase test b) Hugh Leifsontest
c) Oxidase test d) All of the above

2. COAGULASE NEGATIVE STAPHYLOCOCCI

484. Apatientin an ICU ison a CVP line. His blood culture shows growth of gram positive cocci which are catalase positive and coagulase negative. The most likely etiological agent is - *(AIIMSMay 03)*
a) Staplylococcus aureus
b) Staplylococcus epidermidis
c) Streptococcus pyogenes
d) Enterococcus faecalis

485. Staphylococcus differes from streptococcus by -
a) Coagulase test b) Catalase test
c) Phasphatase d) Gram negative

486. Catalase positive, beta-hemolytic staphylococcus -
a) S. aureus *(NEET/DNB Pattern)*
b) S. epidermidis
c) S. saprophyticus
d) None

487. Catalase positive coagulase negative beta hemolytic bacteria - *(NEET/DNB Pattern)*
a) Strep pyogens b) Staph aureus
c) Coagulase negative staph d) Enterococci

488. True statement regarding non-coagulase staphylococci is - *(AI 99)*
a) They are non-pathogenic
b) They commonly infect indwelling prosthesis
c) They may cause scarlet fever
d) They are seperated by gram staining

470) b 471) a 472)c 473)b,c,d,e 474)c 475)c 476)c 477)a 478)a>c 479)b 480)c 481)c 482)b,c
483) b 484) b 485) b 486) a 487) c 488) b

489. Which one of the following gram positive organism is most common cause of UTI among sexually active women- *(PGI99)*
a) Staphylococcus epidermidis
b) Staphylococcus aureus
c) Staphylococcus saprophyticus
d) Enterococcus

490. A 30 year old female is on antibiotics with prolonged IV Cannulation, has spike of fever, the likely cause is-
a) Pseudomonas aeruginosa *(AIIMS Nov 99)*
b) Coagulase negative Staphylococci
c) Streptococcus agalactiae
d) E. Coli

491. Staphylococcus aureus differs from staphylococcus epidermidis by - *(AI02)*
a) Is coagulase positive
b) Forms white colonies
c) A common cause of UTI
d) Causes endocarditis in drug addicts

492. A 25 year old man with 3 weeks fever presented with tricuspid valve vegetation. Patient is intravenous drug abuser. Most common cause of endocarditis in this patient is - *(AIIMS Nov 09)*
a) Staph, aureus b) Candida albicans
c) Pseudomonas d) Strep, viridans

493. A patient has prosthetic valve replacement and he develops endocarditis 8 months later. Organism responsible is - *(AIIMS Nov 10)*
a) Staph, aureus b) Strept. viridans
c) Staph, epidermidis d) HACEK

494. Causes of community acquired native valve endocarditis are- *(PGI Nov 10)*
a) Streptococcus viridians
b) Staphylococcus aureus
c) Diphtheriods
d) Staphyloccous epidermidis
e) Enterococci

STREPTOCOCCI

495. All are medically important streptococci except -
a) Strep, pyogenes b) Strep, agalactiae *(AI 93)*
c) Strep, equisimilus d) Strep, salivarius

496. C-carbohydrate in Streptococcus hemolyticus is important for - *(AIIMS June 98)*
a) Lancefield classification b) Phagocytic inhibition
c) Toxin production d) Haemolysis

497. Lancefield grouping of streptococci is done by using-
a) M Protein *(AIIMS Nov 07)*
b) Group C peptidoglycan cell wall
c) Group C carbohydrate antigen
d) Staining properties

498. A child presents with sepsis. Bacteria isolated showed beta hemolysis on blood agar, resistance to bacitracin, and a positive CAMP test. The most probable organism causing infection is - *(AI 10)*
a) S. Pyogenes b) S. Agalacitae
c) Enterococcus d) S. Pneumoniae

499. Catalase negative beta hemolytic streptacocci is - *(NEET/DNB Pattern)*
a) Str. pneumoniae b) Str. pyogenes
c) Str. aglactiae d) Enterococcus

500. Classification of pathogenic streptococci into group A, B, C, D and G is based on - *(Karnataka 08)*
a) Color of colonies on blood agar
b) Antigenicity of cell wall carbohydrate
c) Presence or absence of capsule
d) Presence or absence of M protein

501. Streptococcus is classified based on - *(Kerala 94)*
a) M protein b) Cultural characteristics
c) Bile solubility d) Cell wall carbohydrate

502. Streptococcus pyogenes is - *(PGI 99)*
a) Gram positive cocci b) Gram negative cocci
c) Gram positive bacilli d) Gram negative bacilli

503. Which of the following factor is mainly responsible for virulence in Streptococcus - *(AIIMSDec 94, 95)*
a) Carbohydrate b) Streptokinase
c) Streptodomase d)M protein

504. All are true about streptococcus except - *(AI 01)*
a) M protein is responsible for production of mucoid colonies.
b) M protein is responsible for virulence
c) Mucoid colonies are virulent
d) No resistance to penicillin has been reported

505. Streptococcal Toxic shock syndrome is due to the following virulence factor - *(AIIMSMay 03, Dec 98)*
a) M protein b) Pyrogenic exotoxin
c) Streptolysin O d) Carbohydrate cell wall.

506. Toxin involved in the streptococcal toxic shock syndrome is - *(AI 01)*
a) Pyrogenic toxin b) Erythrogenic toxin
c) Hemolysin d) Neurotoxin

507. Which of the following streptococcal antigen cross reacts with synovial fluid ? *(AI 08)*
a) Carbohydrate (group A)
b) Cell wall protein
c) Capsular hyaluronic acid
d) Peptidoglycan

508. Which toxin of streptococcus causes hemolysis -
a) Streptolysin O b) Streptolysin S *(PGI 97)*
c) Streptodomanse d) Hyaluronidase

509. Streptolysin O functionally & structurally related to- *(PGINov 09)*
a) Tetanolysinb) Pneumolysin
c) StreptolysinS d) Clostridium perffingesO toxin
e) Listeriolysin

510. Streptococcus all are true *exc&pt-(AIIMSMay 11,10)*
a) Streptodomase cleaves DNA
b) Streptolysis O is active in reduced state
c) Streptokinase is produced from serotype A,C,K
d) Pyrogenic toxin A is plasmid mediated

511. Virulence factor of group. A beta hemolytic streptococci- *(NEET/DNB Pattern)*
a) Prt. M b) Prt. T
c) Prt. R d) Lipotechoic acid

489) c 490) b 491) a 492) a 493) c 494)a,b,d,e 495) d 496) a 497) c 498) b 499) b 500) b 501) d 502) a
503)d 504)a 505)b 506)a,b 507)c 508)a,b 509)a,b,d,e 510)d 511)a

512. The commonest organism causing cellulitis is -
a) Streptococcus pyogenes *(AIIMS Nov 02)*
b) Streptococcus faecalis.
c) Streptococcus viridans.
d) Microaerophilic streptococci

513. A child presents with infective skin lesion of the leg culture was done which showed gram+ve cocci in chains which where hemolytic colonies. The test to confirm the organism is - *(ARMSNov 11, May 07, Nov 06, AI07)*
a) Bile solubility
b) Optochin sensitivity
c) Bacitracin sensitivity
d) Catalase positive

514. A farmer presents with pustules showing gram positive cocci, beta hemolysis, catalase negative. To show it is group A streptococci, which of the following test is done - *(AI 0 7)*
a) Bacitracin b) Optochin
c) Novobiocin d) Bile solubility

515. In a school child had abscess on lower leg. Swab taken revealed gram positive beta-hemolytic streptococci, and these were bacitracin sensitive. School physian observed that similar organism was isolated from throats of many other children. Which of the following is true statement with ragards to this patient - *(ARMS Nov 10)*
a) Difference in surface protein can differentiate the pathogenic bacteria from the pharyngeal culture bacteria.
b) Component C carbohydrate can differentiate the pathogenic bacteria from the throat culture bacteria.
c) MEG 3 positive are throat culture streptococci.
d) Depending on M protein the cutaneous pathogenic bacteria can be differentiated from the pharyngeal culture bacteria

516. A boy with skin ulcer on leg, culture reveals beta hemolysis. Cultures from school children with sore throat some days back also revealed beta hemolysis. What is the similarity between *both-(AIIMS Nov 10)*
a) Mec A gene is related to it
b) M protein is same
c) C carbohydrate antigen is same
d) Strains causing both are same

517. False regarding streptococcus pyogenes -
a) Causes necrotizing fascitis *(NEET/DNB Pattern)*
b) Beta hemolytic
c) M. protein is virulece factor
d) Resistant to bacitracin

518. Impetigo contagiosa is caused by - *(Jharkhand 08)*
a) Group A beta hemolytic streptococci
b) Staphylococcus
c) H.influenzae
d) Pseudomonas

519. Virulence determinant implicated in pathogenesis of scarlet fever is - *(Karn 11)*
a) Hyaluronidase b) M protein
c) Pyrogenic exotoxin d) Streptokinase

520. Streptococcus causing rheumatic heart disease is -
a) Streptococcus milleri *(MP09)*
b) Streptococcus mutans
c) Streptococcus pyogenes
d) Streptococcus equisimilis

521. Group A streptococcus causes all except -*(Bihar 08)*
a) Scarlet fever b) Erysipelas
c) Impetigo d) Epidermolysis bullae

522. True about streptococcus are all except - *(MP 08)*
a) Group C causes no human infection
b) Classification by lancefield based on carbohydrate antigen
c) Group B causes neonatal meningitis
d) Group B lives in female genital tract

523. An outbreak of streptococcal pharyngitis has occured in a remote village. In order to carry out the epidemiological investigations of the outbreak it is necessary to perform the culture of the throat swab of the patients suffering from the disease. The transport media of choice would be - *(AIIMSNov 04)*
a) Salt mannitol media b) Pike's media
c) Stuart's media d) Cary Blair media

524. Regarding ASO titre all are seen except -
a) ASO can be increased in school children
b) May be negative in post streptococcal glomerulonephritis *(ARMS Nov 09)*
c)ASO titre included in major criteria in Jones criteria
d) May not be elevated in 20% cases of carditis

525. True statement about Antistreptolysin^{6}O' titre is -
a) In normal people the titre is < 200 *(AI 97)*
b) In acute glomerulonephritis the titre is low
c) ASO titre > 200 indicate rheumatic fever
d) Streptozyme test is an active haemagglutination test

526. Streptococcal GN is best diagnosed by - *(PGI99)*
a) ASO titre b)AntiDNAse
c) Antihyaluronidase d) Culture

527. 11 Year old child presented with sore throat since 3 days, which medium is used to culture the throat swab - *(NEET/DNB Pattern)*
a) Blood agar b) L. J. medium
c) Stewart medium d) Chocolate agar

528. Treatment for streptococcal necrotizing fascitis -
a) Surgical debridement b) Penicillin *(PGI June 08)*
c) Clindamycin d) Metronidazole
e) Vancomycin

529. Anti streptolysin O test is diagnostic in - *(AI 89)*
a) Acute rheumatic fever
b) SLE
c) SBE
d) Rhematoid arthritis

530. Streptococcal toxic shock syndrome is due to liberation of- *(Kerala 08)*
a) TSS -1 b) Enterotoxin
c) Pyrogenic exotoxin d) Endotoxin

512) a 513)c 514)a 515)d 516)c 517)d 518)a 519)c 520)c 521)d 522)a 523)b 524)c 525)b 526) b,c 527) a 528)a,b,c 529) a 530) c

531. True about streptococcus - *(PGI Dec 03)*
a) Lancefield classification is based on M protein.
b) Group 'G' not found in human
c) Group 'B' causes neonatal meningitis
d) Group 'C' can be isolated from vaginal flora
e) Group 'D' causes urinary tract infection

532. A patient admitted to an ICU is on central venous line for the last one week. He is on ceftazidime and amikacin. After 7 days of antibiotics he develops a spike of fever and his blood culture is positive for gram positive cocci in chains, which are catalase negative. Following this, vancomycin was started but the culture remained positive for the same organism even after 2 weeks of therapy. The most likely organism causing infection is- *(AIIMSNov 11, May 06, Nov 06, AI07)*
a) Staphylococcus aureus
b) Viridans streptococci
c) Enterococcus faecalis
d) Coagulase negative Staphylococcus

533. 45 yrs old Ramlal has intraabdominal sepsis. The causative organism was found to be vancomycin, gentamycin and ampicillin resistant. It grows well in presence of 6.5% NaCl and arginine. Bile esculin hydrolysis is positive. Which of the following is this organism? - *(AIIMSNov 01)*
a) Streptococcus agalactae
b) Enterococcus fecalis
c) Streptococcus bovis
d) Streptococcus pneumoniae

534. A beta hemolytic bacteria is resistant to vancomycin shows growth in 6.5% NaCl, is non bile sensitive. It is likely to be - *(AI 01)*
a) Strep agalactiae b) Strep pneumoniae
c) Enterococcus d) Strep bovis

535. Which group of streptococcus grow at > 60°C -
a) A b) B *(NEET/DNB Pattern)*
c) C d)D

536. Which of the following organisms, when isolated in the blood, requires the synergistic activity of penicillin plus an aminoglycoside for appropriate therapy - *(AIIMS Nov 04)*
a) Enterococcus faecalis
b) Staphylococcus aureus
c) Str. pneumoniae
d) Bacteroides ffagilis

537. A patient of RHD developed infective endocarditis after dental extraction. Most likely organism causing this is - *(AIIMS Nov 01)*
a) Streptococcus viridans
b) Streptococcus pneumoniae
c) Streptococcus pyogenes
d) Staphylococcus aureus

538. Causative organism of late prosthetic valve endocarditis is - *(AIIMS 97)*
a) Str. viridans
b) Proteus mirabilis
c) Beta hemolytic streptococci
d) Staphylococci

539. Bacteria implicated in dental caries -
a) Streptococcus mutans *(AIIMSMay 94)*
b) Pneumococci
c) Streptococcus pyogenes
d) Staphylococcus aureus

540. False about gram positive cocci is - *(AI 08)*
a) Staph, saprophyticus causes UTI in females
b) Most enterococci are sensitive to penicillin
c) Non pathogenic strains are coagulase negative
d) Neonatal meningitis causing streptococci hydrolyses hippurate

541. TVue statement about streptococcus faecalis -
a) Growns in 6.5% Nacl solution *(Kolkata 08)*
b) Are lactose fermenter
c) Easily destroyed at 60°C for 30 minutes
d) Classified on the basis of teichoic acid of cell wall

542. Culture of streptococcus viridans resemble-(77V*89)*
a) Staphylococcusb) Strept. pyogenes
c) Pneumococcus d) Strept. fecalis

PNEUMOCOCCI

543. The following are features of pneumococcus except- *(PGI 97)*
a) Bile insolubility b) Optochin sensitivity
c) Gram positive d) Encapsulated

544. In a patient of orbital cellulitis, micro organism on culture show greenish colonies and optochin sensitivity. The most likely organism is - *(AI2000)*
a) Strep, viridans b) Staphylococcus
c) Pseudomonas d) Pneumococcus

545. A infant had high grade fever and respiratory distress at the time of presentation to the emergency room. The sample collected for blood culture was subsequently positive showing growth of a haemolytic colonies. On Gram staining these were gram positive cocci. In the screening test for identification, the suspected pathogen is likely to be susceptible to the following agent - *(AIIMSMay 06)*
a) Bacitracin b) Novobiocin
c) Optochin d) Oxacillin

546. A 65 years old man presenting with complaints of chest pain, fever, cough with sputum. O/E of sputm pus cells with gram positive cocci present. Blood agar showed positive result. How will you differentiate this from other gram positive cocci? *(AIIMS Nov 09)*
a) Bacitracin b) Optochin sensitivity
c) Bile solubility d) Coagulase positive

531)c,e 532)c 533)b 534)c 535)d 536)a 537)a 538)a 539)a 540)b 541)a 542)c 543)a 544)d 545) c 546) b,c

547. The sputum specimen of a 70 year old male was cultured on a 5% sheep blood agar. The culture showed the presence of a-haemolytic colonies next day. The further processing of this organism is most likely to yield - *(AIIMS Nov 05)*
a) Gram positive cocci in short chains, catalase negative and bile resistant
b) Gram positive cocci in pairs, catalase negative and bile soluble
c) Gram positive cocci in clusters, catalase positive and coagulase positive
d) Gram negative coccobacilli catalase positive and oxidase positive

548. A patient presents with signs of pneumonia. The bacterium obtained from sputum was a Gram positive cocci which showed alpha hemolysis on sheep agar. Which of the following test will help to confirm the diagnosis ? *(AI11)*
a) Bile solubilityb) Coagulase test
c) Bacitracin testd) CAMP test

549. A person presents wth pneumonia. His sputum was sent for culture. The bacterium obtained was gram positive cocci in chains and alpha hemolytic colonies on sheep agar. Which of the following will help in confirming the diagnosis - *(AIIMS May 12)*
a) Novobiocin b) Optochin
c) Bacitracin d) Oxacillin

550. Pnemococcus producing mucoid colonies most often is type - *(PGI82)*
a) I b)n
c) m d)rv

551. Which of the following is not true of Diplococcus pneumoniae- *(Karnataka 2001)*
a) Bile solubility b) Optochin resistance
c) CausesMeningitis d) Possesses capsule

552. TVue statements about Pneumococcus are all except-
a) Pneumolysin a thiolactivated toxin, exerts a variety of effect on ciliary & PMN 's *(AI 98)*
b) Autolysin may contribute to the pathogenesis of pneumococcal disease by lysing the bacteria
c) Anticapsular antibodies are serotype specific
d) The virulence of pneumococci is dependent only on the production of the capsular polysaccharide

553. True statement regarding Pneumococcus is -
a) Virulence is due to polysaccharide capsule^/ *99)*
b) Capsule is protein in nature
c) Antibodies against capsule are not protective
d) Resistance to antibiotics has not yet been reported

554. Risk of pneumococcal meningitis is seen in -
a) Post splenectomy patient *(AIIMS 99)*
b) Patient undergone neurosurgical intervention
c) Patient following cardiac surgery
d) Patient with hypoplasia of lung

555. After splenectomy, most common infection -
a) Pneumococcal b) E. coli *(NEET/DNB Pattern)*
c) Klebsiella d) Streptococcus

556. Post-splenectomy patient is in need of *_____ ' vaccination - *(NEET/DNB Pattern)*
a) Pneumococcal b) Rota virus
c) BOG d) MMR

557. Diplococcus pneumoniae shows the following characters except - *(PGI 94)*
a) Capsulate
b) Bile solubility test positive
c) Causes meningitis
d) Not pathogenic to mice

558. Which of the following statements about pneumococcus is false - *(AI 11)*
a) Capsule aids in virulence
b) Commonest cause of otitis media
c) Causes mild form of meningitis
d) Respiratory tract of carriers is the most important source of infection

559. Most common causative organism for lobar pneumonia is - *(AIIMS 04)*
a) Staphylococcus aureus
b) Streptococcus pyogenes
c) Streptococcus pneumoniae
d) Haemophilus influenzae

560. The 23 valent pneumococci vaccine is recommended in all except - *(DPG 09)*
a) CSFleak
b) Chronic cardiac disease
c) Chidren less than 2 years
d) Nephrotic syndrome

561. Polysaccharide capsule resistance to phagocytosis is seen in - *(NIMHANS 01, JIPMER90)*
a) N. meningitis
b) K. pneumoniae
c) Streptococcus pneumoniae
d) Yeast

562. Virulence or pathogenicity of pneumococcus depends upon - *(Kolkata09)*
a) Capsular polysaccharide
b) Cell wall antigen
c) Flagellar antigen
d) Fimbrial antigen

563. Quellung reaction is associated with - *(Delhi 87, Orissa91)*
a) Capsular degeneration
b) Capsular delineation
c) Capsular absence
d) Lecithinase production

564. Quellung reaction is due to - *(Kerala09)*
a) Capsular swelling b) Mitochondrial swelling
c) RBC swelling d) Ribosomal swelling

565. Pneumococcus can be differentiated from streptococcus by - *(PGI 98)*
a) Type of hemolysis b) Gram staining
c) Growth characteristics d) Bile solubility

566. Streptococcus and pneumococcus are differentiated by- *(PGI 97)*
a) Bile salt solubility b) Growth characteristic
c) Gram staining d) Inulin fermentation

547) b 548) a 549) b 550) c 551)b 552) d 553) a 554) a 555) a 556) a 557) d 558) c 559) c 560) c
561) c 562) a 563) b 564) a 565) d 566) a,d

NEISSERIA

1. GONOCOCCUS

567. Gonococcus is - *(NEET/DNB Pattern)*
a) Extracellular gram positive
b) Intracytoplasmic gram positive
c) Intracytoplasmic gram negative
d) Intranuclear gram positive

568. Differentiation of N. gonorrhea and N. meningitides can be done by - *(AI96)*
a) Glucose fermentation b) V. P. Reaction
c) Maltose fermentation d) Indole test

569. Meningococci differ from gonococci in that they-
a) Are intra-cellular *(NEET/DNB Pattern)*
b) Possess a capsule
c) Cause fermentation of glucose
d) Are oxidase positive

570. The virulence factor of Nisseria gonorrhoeae includes all of the following except -*(AIIMS May 03)*
a) Outer membrane proteins b) IgA protease
c) M proteins d) Pili

571. Virulence of gonococci is due to - *(NEET/DNB*
a) Pili b) Endotoxin *Pattern)*
c) Exotoxin d)None

572. Gonococcus does not involve - *(A1IMS Dec 1994)*
a) Epididymis b) Testis
c) Prostate d) Anterior urethra

573. N. gonorrhea causes - *(PG1 Dec 06)*
a) Urethritis b) Salpingitis
c) Cervicitis d) Vaginitis
e) Conjunctivitis

574. Where does gonococci initially infect -
a) Vagina b) Cervix *(NEET/DNB*
c) Uterus d) Fallopian tubes *Pattern)*

575. Which is not a metastatic complication of gonococci - *(PGI96)*
a) Endocarditis b) Meningitis
c) Nephritis d) Arthritis

576. All are true about Neisseria gonorrhoeae except -
a) Gram positive cocci *(AIIMS 01)*
b) Cause stricture of urethra
c) Involves seminal vesicles and spreads to epididymis
d) Drug of choice is ceftriaxone

577. Which is the true statement regarding gonococcal urethritis - *(PGI Dec 01)*
a) Symptoms are more severe in females than in males
b) Rectum and prostate are resistant to gonococci
c) Most patients present with symptoms of dysuria
d) Single dose of ciprofloxacin is effective in treatment
e) Commonly leads to arthritis

578. Incubation period of gonorrhoea is - *(JIPMER 92)*
a) Less than 24 hrs. b) 1 to 2 days
c) 2 to 15 days d) 12 to 25 days

579. Which of the following is most resistant to gonococcal infection - *(Kerala 08)*
a) Prostate b) Epididymis
c) Testis d) Urethra

580. 'Watercan' perineum is caused by- *(MP 09)*
a) E.coli
b) Enterococcus fecalis
c) Neiserria gonorrhoea
d) Treponemia palladium

581. Gonococcus ferments - *(AP 97)*
a) Glucose b) Maltose
c) Sucrose d) Fructose

582. Neisseria infection are associated with -
a) Deficiency of early complements *(CUPGEE95)*
b) Deficiency of late complements
c) There is no such association
d) Any deficiency can be associated

583. The best site to obtain a swab in asymptomatic gonorrhea is - *(AI 95)*
a) Endocervix b) Urethra
c) Lateral vaginal wall d) Posterior fornix

584. Selective medium for Gonococci - *(PGI 95)*
a) Thayer - martin medium
b) LJ medium
c) DCA medium
d) MacConkey's medium

585. Organism showing marked resistance to multidrug therapy - *(AIIMS May 93)*
a) Haemophilus ducreyi
b) Calymmobacterium granulomatosis
c) Gonococci
d) Treponema pallidum

586. Which of the following is not true about Neisseria gonorrhoea - *{AIIMS Nov 09)*
a) It is an exclusive human pathogen
b) Some strains may cause disseminated disease
c) Acute urethritis is the most common manifestation in males
d) All strains are highly sensitive to penicillin

587. Selective media for N. gonorrhoeae -
a) Thayer martin media *(Maharashtra 10)*
b) Smith noguchi media
c) Proskaur and Bech media
d) Bordet gongue, media

588. A pus culture on chocolate agar shows gram negative cocci most likely organism is - *(UP 04)*
a) H. ducreyi b) Neisseria gonorrhoeae
c) Str. pyogenes d) Str. pneumoniae

589. Gonococci in gram stained smears are seen inside the - *(Kerala 94)*
a) Lymphocytes b) Neutrophils
c) Mast cells d) Macrophages

2. MENINGOCOCCUS

590. CSF in meningococcal meningitis shows -*(PGI 98)*
a) Gm '+ve* Diplococci, in pus cells
b) Gm '-ve' Diplococci in pus cells
c) Gm'-ve'bacilli
d) Gram '+ve' bacilli

567) c 568) c 569) b 570) c 571) a 572) b 573)All 574) b 575) c 576) a 577) c,d 578) c 579) c 580) c
581) a 582) b 583) a 584) a 585) c 586) d 587) a 588) b 589) b 590) b

591. Virulence factors for meningococci - *(PGIDec 07)*
a) Capsule b) Pili
c) Endotoxin d) Coagulase
e) M. Protein

592. Skin lesion in meningococcal meningitidis is due to-
a) Exotoxin b) Endotoxin *(Kerala 94)*
c) Allergic reaction d) Direct vascular Damage

593. Waterhouse-Friderichsen syndrome is seen in -
a) Pneumococcib) N. Meningitidis *(NEET/DNB*
c) Pseudomonas d) Yersinia *Pattern)*

594. Meningitis with rash is seen in - *(NEET/DNB Pattern)*
a) Neisseria meningitidis b) H. influenzae
c) Strepto. agalactae d)Pneumococcus

595. The most important source of infection for meningococci - *(AI96)*
a) Case b) Subclinical case
c) Carriers d) Latent case

596. The following statements about meningococcal meningitis are true except - *(AI 03)*
a) The source of infection is mainly clinical cases
b) The disease is more common in dry and cold months of the year
c) Chemoprophylaxis of close contacts of cases is recommended
d) The vaccines is not effective in children below 2 yrs of age

597. Xavier and yogender stay in the same hostel of same university. Xavier develops infection due to group B meningococcus. After few days yogender develops infection due to Group C meningococcus. All of the folio win g are true statements except - *(AI 02)*
a) Educate students about meningococcal transmission and take preventive measures
b) Chemoprophylaxis to all against both group B and group C
c) Vaccine prophylaxis of contacts of xavier
d) Vaccine prophylaxis of contacts of yogendra

598. The vaccine against N-meningitides contains -
a) Whole bacteria *(ICS2K)*
b) Capsular polysaccharide
c) Somatic 'O' antigen
d) Lipopolysaccharide - protein complex

599. Vaccine is available against which type of meningococcus - *(AIIMS86)*
a) Type A b) Type B
c) Type A and C d) Type B and D

600. Conjugate vaccines are available for the prevention of invasive disease caused by all of the following except- *(AIIMS04)*
a) H influenzae
b) Strep pneumoniae
c) N. meningitidis (group C)
d) N. meningitidis (group B)

601. Selective medium for meningococcal infection is -
a) DCA b) Blood agar *(PG 99)*
c) LJ medium d) Thayer - martin medium

602. Treatment of choice of meningococcal infection is -
a) Tetracycline b) Clindamycin *(AI 99)*
c) Gentamycin d) Cephalosporin

CORYNEBACTERIUM

603. C. diphtheriae is also called as - *(NEET/DNB Pattern)*
a) Koch's bacillus b) Roux bacillus
c) Klebs-loeffler bacillus d) Yersin bacillus

604. Leather term is used for - *(UP 09)*
a) Anthrax b) Proteus
c) Diphtheria d) Neisseria

605. KLB another name is - *(Jharkhand 09)*
a) Corynebacterium diphtheriae
b) Corynebacterium pseudodiphtheriae
c) Clostridium tetani
d) Anthrax

606. Incubation period of Diptheria is- *(Manipal 06)*
a) 2 - 6 days b) 2 - 6 hrs
c) 2 - 6 weeks d) 2 - 6 months

607. The type of Diphtheria with highest mortality is -
a) Pharyngeal b) Nasal *(Jipmer09)*
c) Laryngeal d) Conjuctival

608. Which of the following is known as Preiz Nocard bacillus - *(PGI 79, ARMS 82)*
a) Corynebacterium diphtheriae
b) Corynebacterium pseudotuberculosis
c) Influenza bacillus
d) Salmonella

609. The bacteria frequently used as an immuno modulator is - *(COMEDK 05)*
a) Corynebacterium parvum
b) Mycobacterium marinum
c) Chromobacterium violasium
d) Flavobacterium meningosepticum

610. About diphtheria true is - *(ARMSMay 95)*
a) Capsulated bacteria causes infection
b) Ratio of carriers and clinical cases is one
c) Gram positive and motile
d) Lysogenic phase causes disease

611. One of the following about corynebacterium diphtheriae is wrong - *(PGI 91)*
a) Gram negative
b) Ernest babes granules seen
c) Chinese letter pattern
d) Prevented by immunisation

612. True about diptheria is - *(PGI 98)*
a) Loffer's serum is highly selective medium for C. diptheria
b) Elek's Gel is a precipitation test
c) Metachromatic granules is produced on stain only by one strain of C. diphtheria
d) Gm-ve bacilli, non motile, non capsulated

613. Daisy head colonies are seen with -
a) Staph. Aureus
b) Corynebacterium diphtheriae
c) Staph. Pyogenes
d) Anthrax

591)a,b,c 592)b 593)b 594)a 595)c 596)a 597)c 598)b 599)c 600)d 601)d 602)d 603)c 604)c 605) a 606) a 607)c 608)b 609)a 610)d 61 l)a 612)b 613)b

614. True statement about diptheria toxin is - *(AI 99)*
a) Toxin is phage mediated
b) Toxin is required for local infection
c) Endotoxaemia causes systemic manifestation
d) Toxin acts by inhibiting synthesis of capsule

615. Diphtheria toxin acts by - *(NEET/DNB Pattern)*
a) Inhibiting acetyl choline release
b) Inhibiting glucose transport
c) Increasing levels of cyclic AMP
d) Inhibiting protein systhesis

616. All are true regarding diphtheria toxin except - *(AIMS June 97, AIMS Sept 96, AI98)*
a) Toxin blocks elongation of protein
b) Beta lysogenic strain produces toxin
c) Iron is critical for toxin production
d) Toxin is necessary for local wound production

617. Which of the following statements about C. diphtheria is false - *(AI 11)*
a) Toxin production is mediated by native chromosome
b) Organism may be identified by tests for toxigenicity
c) Toxin acts by inhibiting protein synthesis
d) Toxin may affect the heart and nerves

618. True about comebacterium diphtheriae is all except-
a) Deep invasion is not seen *(AIMSMay 07*
b) Eleks test is done for toxigenicity *Nov 0 7)*
c) Metachromatic granules are seen
d) Toxigenicity is mediated by chromosomal change

619. True about corynebacterium diptheriae -
a) All types produce toxin *(NEET/DNB Pattern)*
b) Toxin production is dependent upon critical concentration of iron
c) Heat stable toxin
d) Inhibit cAMP

620. Which of the following is true about Diphtheria except- **(.***PGIDec05***)**
a) Faucial diphtheria is more dangerous than laryngeal diphtheria
b) Laryngeal diphtheria mandates tracheotomy
c) Child is more toxic with faucial diphtheria
d) Myocarditis may be a complication
e) Palatal paralysis is irreversible

621. Clinical diphtheria is caused by - *(PGI June 09)*
a) Corynebacterium diphtheriae
b) Corynebacterium parvum
c) C. ulcerans
d) Streptococcus pyogenes
e) C. Pseudodiphthericum

622. Lysogenic conversion is seen in - *(NEET/DNB Pattern)*
a) Diphtheria b) Salmonella
c) Staphylococcus b)E. coli

623. One unit of diphtheria antitoxin was defined as the smallest amount of antitoxin required to neutralise -
a) 100 MLD of toxin *(SGPGI09)*
b) 200 MLD of toxin
c) 300 MLD of toxin
d) 400 MLD of toxin

624. Toxigenicity of C. diphtheria is determined by- *(Bihar 09)*
a) Elek's gel ppt test b) Aselole's reaction
c) Nagler's reaction d)All

625. A 12-year-old child presents with fever and cervical lymphadenopathy. Oral examination shows a grey membrane on the right tonsil extending to the anterior pillar. Which of the following medium will be ideal for the culture of the throat swab for a rapid identification of the pathogen - *(AIMS Nov 02)*
a) Nutrient agar
b) Bloodagar
c) Loffier's serum slope
d) Lowenstein Jensen medium

626. In a completely and adequately immunized child against Diphtheria, the throat swab was collected. It showed the presence of Corynaebacterium diphtheriae like organisms on Albert staining. These orgainisms can have one of the following properties on further laboratory processing - *(AIMS Nov 04)*
a) It can grow on Potassium tellurite medium
b) It would show a positive Elek's gel precipitation test
c) It can be pathogenic to experimental guinea pigs
d) It can produce cytotoxicity in tissue cultures

627. A child presents with a white patch over the tonsils, diagnosis is best made by culture in - *(AI 01)*
a) Loeffler medium b) LJ medium
c) Blood agar d) Tellurite medium

628. A child has respiratory infection with membrane over Peritonsillar area. Swab was taken from the local area. The appropriate media for culture is -
a) L. J. media *(AIMS Nov 99)*
b) Blood tellurite media
c) Cary media
d) Loeffler serum slope

629. A child come with fever, cold, cough, membrane over tonsils; nasal swab is taken, culture should be done on which medium for earliest diagnosis -
a) Loffelers serum slop *(NEET/DNB Pattern)*
b) L. J. media
c) MC Conkey's Agar
d) Citrate media

630. Corynebacterium diphtheriae can be grown within 6-8 hour on- *(PGI98)*
a) Potassium tellurite media with iron
b) McConkey's agar
c) Dorset egg medium
d) Loeffler's serum slope

631. Investigation of choice of diphtheria carrier is -
a) Throat Swab Culture *(AIMS June 97)*
b) Gram's stain
c) Albert's stain
d) Zeil Nelson's stain

632. Confirmatory tests for C. diphtheriae -
a) Serological tests *(NEET/DNB Pattern)*
b) Isolation in selective media
c) Tests for toxin

614)a 615)d 616)d 617)a 618)d 619)b 620)a,b,e 621)a 622)a 623)a 624)a 625)c 626)a 627)d 628) a 629)a 630)d 631)a 632) b

633. Tellurite stimulates growth of - *(Kerala 91)*
a) E.coil
b) Cl. tetani
c) Corynebacterium diptheriae
d) Salmonella

634. Culture mediam for corynebacterium diphtheria-
a) Loefflers serum slope *(J1PMER 01)*
b) McConkey
c) Saburauds agar
d) Lowenstein Jensen medium

635. Elek's gel precipitation test is for - *(Kerala 94)*
a) Gonococcus b) Diphtheria
c) H. influenza d) Anthrax

636. *True* about diphtheria is - *(SGPGI08)*
a) Cause cranial nerve palsies in 2nd & 3rd week
b) Treatment with erythromycin
c) It is gram negative organism
d) Passive immunization is harmful and should not be tried

637. Drug of choice for carriers of diphtheria is -
a) Penicillin b)Septran *(PGI91)*
c) Tetracycline d) Erythromycin

638. True statement regarding diptheria is - *(AI97)*
a) It can be diagnosed by demonstration of antibodies by ELISA
b) Immunisation prevents carriers state
c) Treatment of contacts is not indicated
d) Iron has critical value in the production of toxin

639. TYue about Diptheria - *(PGI May 10)*
a) Caused by Gram negative bacilli
b) Incubation period 2-5 days
c) Chemoprophylaxis is done with rifampicin
d) Previously immunized asymptomatic household contact should receive booster dose
e) Child recovered from illness- give active immunization

640. Ehrlich phenomenon is seen in - *(PGI May 11)*
a) Myobacterium T.B.b) Proteus
c) Staphylococcus d) Comebacterium
e) Mycoplasma

641. Positive shick's test indicates that person is -
a) Immune to diptheria *(AI 02, AIIMS Nov 0 7)*
b) Hypersensitive to diptheria
c) Susceptible to diptheria
d) Carrier of diptheria

642. Regarding shick's test which of the following is false-
a) Erythematous reaction in both arm indicate hypersenstivity *(AIIMS 2000)*
b) Positive test means that person is immune to diphtheria
c) Diphtheria antitoxin is given intradermally
d) Test done to find out immune status against diphtheria

643. Schick test is for - *(NEET/DNB Pattern)*
a) Susceptibility to diphteria
b) Susceptibility to tetanus
c) Susceptibility to scarlet fever
d) Susceptibility to RE

644. Toxin is/ are produced by all except-
a) Corynebacterium diptheriae
b) Corynebacterium hofmannii
c) Corynebacterium xerosis
d) Corynebacterium ulcerans
e) Corynebacterium pseudotuberculosis

645. Erythrasma is caused by - *(NEET/DNB Pattern)*
a) Corynebacterium minutissimum
b) Diphtheriae
c) C. ulcerans
d) C. Vaginale

BACILLUS

1. BACILLUS ANTHRACIS

646. A man, after skinning a dead animal, developed a pustule on his hand. A smear prepared from the lesion showed the presence of Gram positive bacilli in long chains which were positive for McFadyean's reaction. The most likely aetiological agent is -
a) Clostridium tetani *(AI 04)*
b) Listeria monocytogenes
c) Bacillus anthracis
d) Actinomyces sp

647. The "String of pearl" colonies on Nutrient agar is produced by - *(PGI 95)*
a) Klebsiella b) Proteus
c) Bacillus d) Salmonella

648. Which of the following is true regarding anthrax -
a) M' Fadyean reaction shows capsule *(PGIDec 01)*
b) Humans are usually resistant to infection
c) Less than 100 spores can cause pulmonary infection
d) Gram stain shows organism with bulging spores
e) Sputum microscopy helps in diagnosis

649. True about anthrax - *(PGI june 09)*
a) Cause by Gram positive bacilli
b) Soil reservoir
c) Spore formation takes place
d) More common in carnivorous than herbivores
e) penicillin is drug of choice

650. Inverted fir tree appearance is characteristic -
a) Bacillus anthrax *(Jipmer 04)*
b) Hemophilus influenzae
c) Yersinia pestis
d) Brucella

651. Medusa head colonies on nutrient agar is seen in -
a) Pneumococcus b) Legionella *(PGI 81)*
c) Brucella d) Anthrax

652. All of the following are true about bacillus anthrax except- *(AI 98)*
a) Plasmid is responsible for toxin production
b) Cutaneous anthrax generally resolve spontaneously
c) Capsular polypeptide aids virulence by inhibiting phagocytosis
d) Toxin is a complex of two fractions

633)c 634)a 635)b 636)b 637)d 638)d 639)b,d 640)d 641)c 642)b 643)a 644)b,c 645)a 646)c 647) c 648) a,b,c,e 649)a,b,e 650) a 651)d 652) d

653. True regarding anthrax is all except -
a) Caused by insect bite *(AIIMSDec 97)*
b) Caused by rubbing of skin
c) Cutaneous type is rare nowadays
d) Pulmonary infection occurs by inhalation

654. A person working in an abattoir presented with pustule on hand which turned into ulcer, which will best help in diagnosis - *(AIIMS Nov 06, AI07,*
a) Trichrome methylene Blue *AIIMS May 12)*
b) Carbol fuschin
c) Acid fast stain
d) Calcoflour white

655. 'Malignant pustule' is -*(PGINov-11, AIIMS Nov 10)*
a) Anthrax ulcer
b) Proliferating rodent ulcer
c) Malignant melanoma
d) Marjolin's ulcer

656. True about Bacillus anthracis - *(PGIDec 04)*
a) Zoonotic disease
b) Man to man transmission possible
c) Agent for bioterrorism
d) Antibiotic has no role
e) Me Fadydean's reaction seen

657. All are true about cutaneous anthrax except -
a) Extremely painful *(UP 09)*
b) The whole area is congested and edematous
c) Central crustation with black eschar
d) Satellite nodule around inguinal region

658. Woolsorter's disease is - *(AIIMS 86)*
a) Pneumonic form of anthrax
b) Pneumonic plague
c) Hydatid disease of the lung
d) Caused by psittacosis

659. Charbon is a term used for - *(PGI 85)*
a) Leptospirosis b) Cutaneous tuberculosis
c) Bubo of plague d) Malignant pustule

660. Malignant pustule is seen in infection with -
a) Versinia pestis *(Maharashtra 10,*
b) Bacillus cereus *Jharkhand 08)*
c) Clostridium welchii
d) Bacillus anthracis

2. BACILLUS CEREUS

661. Anthrax bacilli differs from anthracoid bacilli by being- *(PGMEE06)*
a) Non-capsulated
b) Strict aerobe
c) Non-motile
d) Haemolytic colonies on blood agar

662. Food poisoning has occured due to ingestion of contaminated fried rice, most likely organism - *(PGI 97)*
a) Staph aureus b) Bacillus cereus
c) Vibrio parahemolyticus d) Yersinia

663. Incubation period for B. cereus - *(PGI June 08)*
a) 1-6 hrs b)8-16hrs
c) 24 hrs d)>24hrs
e) weeks

664. Characteristic of Bacillus cereus food poisoning is-
a) Presence of fever *(AIIMS Nov 10)*
b) Presence of pain in abdomen
c) Absence of vomiting
d) Absence of diarrhoea

665. A person after 6 hr. of consuming rice pudding in restaurant develops vomiting. True statements regarding food poisoning- *(PGI Nov 11)*
a) Caused by staphylococcus aureus
b) Preformed toxin
c) Caused by vibrio parahaemolyticus
d) Heat labile toxin
e) Culture of food is more useful than stool

CLOSTRIDIUM

666. Following Clostridia are saccharolytic except -
a) Welchii b) Sporogenes *(AIIMS 84)*
c) Septicum d) Oedematiens

667. Drumstick appearence is seen in -
a) Cl. tetani b) Cl. Tetanomorphum
c) Cl. Sphenoids d)All

668. Subterminal spores are found in - *(PGIDec 08)*
a) Clostridium sordelli
b) Clostridium sporogenes
c) Clostridium difficile
d) Clostridium tertium
e) Clostridium botulinum

669. True about Clostridium tertium - *(PGI June 08)*
a) Gram variable
b) Terminal spore
c) Produces exotoxin
d) Causes septicemic orchitis

670. Oval bulging terminal spores seen in - *(MP08)*
a) Cl. tertium b) Cl. welchii
c) Cl. perfringens d) Cl. histolyticum

671. Non motile Clostridia is - *(Delhi 09)*
a) Cl. perfringens b) Cl. novyi
c) Cl. botulism d) Cl. difficle

1. CLOSTRIDIUM PERFRINGENS (WELCHII)

672. Regarding gas gangrene one of the following is correct - *(AI 04)*
a) It is due to Clostridium botulinum infection
b) Clostridial species are gram-negative spore forming anerobes
c) The clinical features are due to the release of protein endotoxin
d) Gas is invariably present in the muscle compartments

653)c 654)a 655)a 656)a,c,e 657)a 658)a 659)d 660)d 66l)c 662)b 663)a,b 664)b 665)b,e 666)b
667) a 668)a,b,c,e 669)a,b,d 670) a 671) a 672) d

673. The following statements are true regarding Clostridium perfringens except - *(AI 05)*
a) It is the commonest cause of gas gangrene
b) It is normally present in human faeces
c) The principal toxin of C. perfringens is the alpha toxin
d) Gas gangrene producing strains of C. perfringens produce heat resistant spores.

674. Most common organism responsible for gas gangrene is- *(AI 99)*
a) Clostridium perfringens
b) Clostridium difficile
c) Clostridium tetani
d) Clostridium septicum

675. Gas gangrene is due to - *(PGI June 08)*
a) Alpha toxin b) Theta toxin
c) Beta toxin d) Delta toxin
e) Epsilon toxin

676. Opacity around colonies of Clostridium perfringens is due to- *(PGI 94)*
a) Theta toxin b) Lecithinase
c) Desmolase d)Cytokinin

677. Each of the following statements concerning Clostridium perfringes is correct except -
a) It causes gas gangrene
b) It causes food poisoning
c) It produces exotoxin
d) It is a gram negative rod that does not ferment lactose

678. Gasterointestinal enteritis necroticans is caused by- *(PGIDec 07)*
a) Clostridium difficale b) Clostridium perfringens
c) Botulinum d)C. Jejuni
e) Pseudomonas

679. Regarding Clostridium perfringens gas gangrene, false is - *(AIIMS Nov 10, 09)*
a) Common cause of gas gangrene
b) Nagler reaction positive
c) Most common toxin is hyaluronidase
d) Food poisoning strain of Cl. perfringens produces heat resistant spores

680. Incubation period of gas gangrene is - *(PGI 94)*
a) 1-3 days b) 4-6 days
c) 7-10 days d) 10-15 days

681. Gas gangrene is caused by all except-
a) Cl. histolyticum b) Cl. novyi *(AIIMS May 09)*
c) Cl. septicum d) Cl. sporogenes

682. Gas gangrene is/are caused by- *(PGI May 11)*
a) C. novyi b) C. septicum
c) C. histolyticum d) C. perfringens
e) C. tetani

683. "Citron bodies" boat or leaf shaped pleomorphic organism in an exudate is - *(PGI 94)*
a) Cl. welchii b) Cl. edematiens
c) Cl. septicum d) Cl. tetani

684. Nagler reaction detects- *(PGI86)*
a) Coagulase b) Hyaluronidase
c) Lecithinase d) None of the above

685. Naglers reaction is shown by - *(Maharashtra 10, Kerla 2000)*
a) Cl. tetani b) Cl. botulinum
c) Cl. perfringens d) Cl. septicum

2. CLOSTRIDIUM TETANI

686. Clostridium tetani is - *(PGI 94)*
a) Gram positive bacilli b) Gram negative bacilli
c) Gram positive cocci d) Gram negative cocci

687. True about Clostridium tetani - *(PGIDec 03)*
a) Itisgram+ve
b) Drum stick appearance
c) Grows in aerobic environment
d) It is gram -ve

688. Swarming growth on culture is characteristic of which Gram positive organism - *(AI 95)*
a) Clostridium welchii b) Clostridium tetani
c) Bacillus cereus d) Proteus mirabilis

689. All are true regarding tetanus except -
a) Transmission through contaminated wounds and injuries *(AIIMS Nov 10)*
b) More common in winters and dry weather
c) Reservoir in soil and intestines of humans and animals
d) No herd immunity or life long immunity

690. Tetanus affects trimarily - *(NEET/DNB Pattern)*
a) Presynaptic terminal of spinal cord
b) Post synaptic terminal of spinal cord
c) Neuromuscular junction
d) Muscle fibres

691. TVue about tetanus - *(PGI Dec 04)*
a) Gram -ve spore forming organism
b) Produces tetanolysin and tetanospasmin
c) Trismus and neck stiffness are early sign
d) Generalized tonic-clonic seizure occurs on hyperstimulation
e) Wound debridement is necessary

692. Mechanism of action of tetanospasmin -
a) Inhibition of GABA *release (NEET/DNB Pattern)*
b) Inhibition cAMP
c) Inactivation of Ach receptors
d) Inhibition of cGMP

693. Which of the following are true about tetanus -
a) Gram -ve spore forming aerobe *(PGI Nov 09)*
b) Because of tetanospasmin
c) Muscle enzymes are normal
d) Vegetative cell will die with tetracycline
e) Muscle spasms seen

694. A person has received complete immunization against tetanus 10 years ago. Now he presents with a clean wound without any lacerations from an injury sustained 2.5 hours ago. He should now be given -
a) Full course of tetanus toxoid *(AI 01)*
b) Single dose of tetanus toxoid
c) Human tet globulin
d) Human tet globulin and single dose of toxoid

673) d 674) a 675) a,b 676) b 677) d 678) b 679) c 680) a,b 681) d 682)a,b,c,d 683) c 684) c 685) c
686) a 687) a,b 688) b 689) b 690) a 691)b,c,e 692) a 693) b,e 694) b

695. A10 year old boy following a ro ad traffic accident presents to the casuality with contaminated wound over the left leg. He has received his complete primary immunization before preschool age and received a booster of DT at school entry age. All of the following can be done except - *(AIIMS 01)*
a) Injection of TT
b) Injection of human antiserum
c) Broad spectrum antibiotics
d) Wound debridement and cleaning

696. The most effective way of preventing tetanus is -
a) Surgical debridement and toilet *(AIIMS 01)*
b) Hyperbaric oxygen
c) Antibiotics
d) Tetanus toxoid

697. The following statements are true about DPT vaccine except- *(AI04)*
a) Aluminium salt has an adjuvant effect
b) Whole killed bacteria of Bordetella pertussis has an adjuvant effect
c) Presence of acellular pertussis component increases its immunogenecity
d) Presence of H. influenza type B component increases its immunogenicity

698. All of the following statements rearding Clostridium tetani are true, except - *(AI 11)*
a) Spores are resistant to heat
b) Primary immunization consists of three doses
c) Incubation period is 6-10 days
d) Person to person transmission does not occur

3. CLOSTRIDIUM BOTULINUM

699. Among the toxin produced by Clostridium botulinum, the non neurotoxic one is - *(Kerala 2K)*
a) A b)B
c) Cl d)C2
e) D

700. Botulinum toxin acts on - *(AI 92)*
a) Sympathetic system
b) Parasympathetic system
c) Amygdala
d) Motor cortex

701. Botulinum affects all except - *(AI 07)*
a) Neuromuscular junction
b) Preganglionic junction
c) Post ganglionic nerves
d) CNS

702. The following statements are true regarding botulism except - *(AIIMS May 03)*
a) Infant botulism is caused by ingestion of preformed toxin
b) Clostridium botulinum A, B, C and F cause human disease
c) The gene for botulinum toxin is encoded by a bacteriophage.
d) Clostridium baratti may cause botulism

703. Botulism is most commonly due to -*(NEET/DNB*
a) Egg b) Milk *Pattern)*
c) Meat d) Pulses

704. All occurs in botulism except - *(AIIMS Dec 97)*
a) Diplopia b) Diarrhoea
c) Dysphagia d) Dysarthria

705. An 18 year old male presented with acute onset descending paralysis of 3 days duration. There is also history of blurring of vision for the same duration. On examination, the patient has quadriparesis with areflexia. Both the pupils are non-reactive. The most probably diagnosis is -
a) Poliomyelitis b) Botulism *(AIIMS 06)*
c) Diphtheria d) Porphyria

706. All of the following statements about Botulism are true except - *(AI 9 7)*
a) Botulism is caused by endotoxin
b) Honey ingestion causes infant botulism
c) Constipation is seen
d) Detection of antitoxin in the serum can aid in diagnosis

707. Botulisim causes - *(NEET/DNB Pattern)*
a) Descending flaccid paralysis
b) Descending spastic paralysis
c) Ascending paralysis
d) Ascending spastic paralysis

708. Not true about botulinum toxin - *(PGIDec 07)*
a) Short life span
b) Increased acetylcholine release
c) Used for the treatment of Blepherospasm, static and dynamic wrinkles
d) Irreversibly decreases acetylcholine in neuromuscular junction

709. Botulinum toxin acts on - *(NEET/DNB Pattern)*
a) Parasympathetic system b) Sympathetic system
c) Brain d) Sensory nerves

4. CLOSTRIDIUM DIFFICILE

710. Most common organism responsible for pseudo membranous colitis is - *(AI 91, 99)*
a) Clostridium difficile
b) Clostridium botulism
c) Clostridium histolyticum
d) Clostridium butyricum

711. Clostridium difficale infection occurs after -
a) After prolong antibiotic therapy *(PGI June 08)*
b) Pantoprazole increases the risk
c) Associated with use of rectal thermometer
d) Increased with proportion of hospital stay

712. A patient of Acute lymphocytic leukemia with fever and neutropenia develops diarrhoea after administration of amoxicillin therapy, which of the following organism is most likely to be the causative agent - *(AIIMS Nov 05)*
a) Salmonella typhi b) Clostridium difficile
c) Clostridium perfringens d) Shigella flexneri

695) b 696) d 697) d 698) None 699) d 700) b 701) d 702) a 703) c 704) b 705) b 706) a 707) a 708) a,b 709)a 710)a 711)All 712)b

713. Cause of Clostridium difficle associated diarrhea -
a) Trauma *(NEET/DNB Pattern)*
b) Dairy products
c) Fried rice
d) Antibiotic use

714. True regarding pseudomembranous colitis are all except- *(AI2000)*
a) It is caused by Clostridium difficile
b) The organism is a normal commensal of gut
c) It is due to production of phospholipase A
d) It is treated by vancomycin

715. Pseudomembranous colitis, all are true except - *(AIIIMS May 0 7)*
a) Toxin A is responsible for clinical manifestation
b) Toxin B is responsible for clinical manifestation
c) Blood in stools is a common feature
d) Summit lesions is early histopathological finding

NONSPORING ANAEROBES

716. One of the following infections is caused by anaerobic gram-positive cocci - *(AI 95)*
a) Puerperal infection b) Food poisoning
c) Endocarditis d) Septicemia

717. All are used for anaerobic streptococci except -
a) Penicillin ***b)*** *CaibQmci\\m(AUMSDec 97)*
c) Clindamycin d) Vancomycin

718. With reference to Bacteroides fragilis the following statements are true, except -
(AIIMSNov 11, May 06,Nov 06, May 03, AI 07)
a) B. fragilis is the same frequent anaerobe isolated from clinical samples.
b) B. fragilis is not uniformaly sensitive to metronidazole
c) The lipopolysaccharide formed by B. fragilis is structurally and functionally different from the conventional endotoxin
d) Shock and disseminated intravascular coagulation are common in Bacteroides bacteremia

719. A patient present with frontal abscess. Foul smelling pus is aspirated. Pus shows red fluorescence on ultraviolet examination.The most likely organism causing the frontal abscess is - *(AIIMS May 02)*
a) Bacteroides b) Peptostreptococcus
c) Pseudomonas d) Acanthamoeba

720. Which of the following statement is true about Bacteroides- *(Oris a 02, MAH A 05)*
a) It is gram positive bacilli
b) It is strictly aerobic
c) It may cause peritonitis
d) Presence in stool culture indicates need for treatment

721. Which of the following are non-spore forming anaerobic bacteria that assume major significance in disease processes - *(Delhi 93)*
a) Bacteroides fragilis
b) Fusobacterium nucleatum
c) Peptostreptococcus anaerobius
d) Actinomyces israeli
e) All

722. Effective for common gram-negative anaerobes -
a) Aztreonam b) Doxycycline *(Corned 07)*
c) Vancomycin d) Tobramycin

ENTEROBACTERIACEAE

723. EnterobacteriaceaeareA/E- *(PGIDec06)*
a) Pseudomonas b) Klebsiella
c) V. cholera d) Proteus
e) E.coli

724. Which is true of Entero bacteriacae - *(AI96, 93)*
a) All are oxidase negative
b) Nitrate reduction negative
c) Glucose not fermented by all
d) Motility by polar flagellum

725. E. coli gives pink colour with - *(PGI99)*
a) Chocolate agar b) L.J. medium
c) MacConkey's medium d) Saline broth

1. E.COLI

726. A 20 year old male had pain in abdomen and mild fever followed by gastroenteritis. The stool examination showed presence of pus cells and RBCs on microscopy. The etiological agent responsible is most likely to be - *(AIIMS May 03)*
a) Enteroinvasive E. coli.
b) Enterotoxigenic E. coli.
c) EnteropathogenicE. coli.
d) Enteroaggregative E. coli.

727. Watery diarrhea in children is caused by -
a) ETEC b) EPEC *(NEET/DNB Pattern)*
c) EEC d)EAEC

728. Regarding ETEC, true is - *(AIIMS Nov 10)*
a) Invades submucosa
b) Most common in children of developing countries
c) Fomite borne and person to person
d) Not a common cause of traveller's diarrhea

729. MC cause of diarrhea in children of developing country is - *(NEET/DNB Pattern)*
a) EHEC b)ETEC
c) EAEC

730. All are true about enterohemorrhagie E.coli Except-
a) Sereny test positive *(AIIMS June 99)*
b) May cause diarrhoea
c) Can cause hemolytic uremic syndrome
d) Verocytotoxin is produced

731. Which of these are true of E.coli- *(PGI June 02)*
a) The L.T (labile toxin) in ETEC acts via cAMP
b) In types causing UTI the organism attaches via pili
c) The ST (stable-toxin) of ETEC is responsible for causing hemolytic-uremic syndrome (HUS)
d) EIEC invasiveness is under plasmid control
e) In EPEC the toxin helps in invasion by the bacteria

713)d 714)c 715)c 716)a 717)b 718)d 719)a 720)c 721)e 722)a 723)a,c 724)a 725)c 726)a 727) b 728) b 729)b 730)a 731)a,b,d

732. With reference to infections with *Escherichia* coli the following are true except - *(AI05)*
a) Enteroaggregative E. coli is associated with Persistent diarrhoea.
b) Enterohemorrhagic E. coli can cause haemolytic uraemic syndrome
c) Enteroinvasive E. coli produces a disease similar to salmonellosis.
d) Enterotoxigenic E. coli is a common cause of travelers' diarrhoea

733. A 20 year old man presented with hemorrhagic colitis. The stool sample grew Escherichia coli in pure culture. The following serotype of E.coli is likely to be causative agent - *(AI 04)*
a) 0157:H7 b)0159:H7
c)O107:H7 d)0 55:H7

734. All are true aboutEHEC except- *(AI 01)*
a) Sereny test is positive
b) Ferments sorbitol
c) Causes HUS
d) Elaborates shiga like exotoxin

735. Culture media used for diagnosis of EHEC 0157: H7 is- *(AI09)*
a) 0_7 culture b) Sorbitol MacConkey media
c) XLDagar d) Deoxycholate media

736. In E. coli true is - *(NEET/DNB Pattern)*
a) ETEC is invasive
b) EPEC acts via cAMP
c) Pilli present in uropathogenic type
d) ETEC causes HUC

737. Labile toxin of E.coli can be detected by the following methods of incubation except -
a) Into infant rabbit bowel
b) Into adult rabbit skin
c) Intra gastrically into infant Mouse
d) Into Tissue Culture of Chinese Hamster ovary cells
e) Into Y1 Mouse adrenal cells

738. Which toxin is not mediated by *cAMP-(AUMSJme 98)*
a) V. cholera 01
b) Heat stable E.coli toxin
c) Heat labile E.coli toxin
d) V.cholera0137

739. CGMP is activated by - *(AIIMS 98)*
a) E. coli stable toxin b) E. coli labile toxin
c) Cholera toxin d) EL tor toxin

740. E.coli gets attached to a surface with the help of -
a) Fucose b) Concavatin *(AI 2K)*
c) Phytohaemagglutinin d) Lactin

741. Verocytotoxin of E. coli acts by - *(BHU 09)*
a) Increasing cAMP
b) Decreasing cAMP
c) Decreasing protein synthesis
d) Decreasing cGMP

742. In vitro test for enterotoxin - *(Manipal 04)*
a) Mac Conckey's culture
b) Blood agar culture
c) Rabbit ileal loop culture
d) None

743. The mechanism of action of Enteropathogenic E.coli is - *(Kerala 97)*
a) Adherance to enterocytes
b) Stimulates adenyl cyclase
c) Produces secretory diarrohea
d) None of the above

744. Enteropathogenic E.coli- *(AIIMS 90)*
a) Causes acute gastroenteritis in infants
b) Invades intestinal epithilium
c) Produces cholera like toxin
d) It is Non-motile

745. Which of the following is true about Enteropatho genic E coli - *(AI 96)*
a) Causes diarrhea in infants
b) Acts by invasion of Intestinal epithelial cells
c) Adults are mostly affected
d) Affects immunocompromised host

746. Most common strain of E.coli giving rise to traveller's diarrhea is -
a) Entero-invasive E.coli (EICE)
b) Entero-pathogenic E.coli (EPEC)
c) Entero-toxigenic E.coli (ETEC)
d) Entero-aggregative E.coli (EAEC)

747. Traveller's diarrhoea is caused by -
a) Enteropathogenic E. coli *(NEET/DNB Pattern)*
b) Enterohaemorrhagic E. coli
c) Enterotoxigenic E. coli
d) Enteroinvasive E. coli

748. Hemolytic uremic syndrome is due to -*(JIPMER 95)*
a) Enterotoxigenic E. coli
b) Enterohemorhagic E. coli
c) Shigella
d) Salmonella

749. Persistant diarrhea is caused by - *(Delhi 09)*
a) ETEC b)EPEC
c) EEC d)EAEC

750. A 20 year old man presented with hemorrhagic colitis. The stool sample grew Escherichia coli in pure culture. The following serotype of E. coli is likely to be the causative agent - *(DPG 10)*
a) 0 157:H7 b)0159:H7
c) 0 107:H7 d)055

751. Most common organism causing UTI - *(AI 96)*
a) E. coli b) Proteus
c) Klebsiella d) Staphylococci

752. True about E. coli is - *(AIIMS May 94)*
a) Sereny test is done to diagnose Enterotoxigenic E. coli (ETEC)
b) Enteropathogenic E. coli (EPEC) are also enteroinvasive
c) UTI is caused by single serotype at a time usually
d) E. coli is the most common causative organism to infect bum wounds

732) c 733) a 734)a 735)b 736)c 737)c 738)b 739)a 740)a 741) c 742)d 743)a 744)a 745)a
746) c 747) c 748) b,c 749) d 750) a 751) a 752) c

753. A microbiologist wants to develop a vaccine for preventation of attachment of diarrhoeagenic E.coli to the specific receptors in the gastro-intestinal tract. AD of the foDowing fimbrial adhesions would be appropriate vaccine candidates except - *(AI04)*
a) CFA-1 b) Pl-Pili
c) CS-2 d)K88

2. PROTEUS

754. AD of the foDowing are true except - *(AI 01)*
a) E. coli is an aerobe and facultative anaerobe
b) Proteus forms uric acid stones
c) E. coli is motile by peritrichate flagella
d) Proteus causes deamination of phenylalanine to phenylpyruvic acid

755. Dienes'phenomena is seen with - *(PGI 02)*
a) Proteus mirabilis b) Klebsiella
c) Proteus vulgaris d) Providentia
e) Morganella

3. KLEBSIELLA

756. Friedlander's baciDus is - *(PGI 97)*
a) E.coli
b) Pseudomonas aeruginosa
c) Klebsiella pneumoniae
d) Vibrio parahemolyticus

757. Which of the foDowing is associated with extremely foul-smeDing infection - *(Maharashtra 10)*
a) Klebsiella rhinoscleromatis
b) Klebsiella seeberi
c) Klebsiella zygomaticus
d) Klebsiella ozaenae

4- SHIGELLA

758. ShigeDa can be differenciated from E.CoD by aD of the foDowing features except - *(AI 99)*
a) Shigella does not produce gas from glucose
b) Shigella does not ferment lactose
c) Shigella does not ferment mannitol
d) Shigella has no flagella is non motile

759. ShigeDa are be divided into subgroup on the basis of abibty to ferment - *(AI 9 7)*
a) Lactose b) Maltose
c) Fructose d) Mannitol

760. Most virulent variety of shigeDosis is caused by -
a) S. Dysenteriae b) S. Sonnei
c) S. Flexneri d) S. Boydii

761. Lactose nonfermenting are aD except - *(MP 09)*
a) Shigella sonnei b) Shigella dysenteriae
c) Shigella flexneri d) Shigella boydii

762. Which of the foDowing produces enterotoxin-^4/ *95)*
a) Sh. dysenteriae b) Sh. sonnei
c) Sh. flexneri d) Sh. boydii

763. Which of the foDowing toxins acts by inhibiting protein synthesis - *(AI 04)*
a) Cholera toxin b) Shiga toxin
c) Pertussis toxin d) LT of enterotoxigenic E.coli

764. AD are true about ShigeDa except - *(A1IMSNov 99)*
a) Large dose is required for infection
b) Associated with hemolytic uremic Syndrome
c) Causes bloody diarrhea with mucus
d) Gut pathology is due to toxin.

765. Which of the foDowing statement regarding shigeDa dysentriae type I is true - *(AI 99)*
a) It can lead to haemolytic uremic syndrome
b) It produces an invasive enterotoxin
c) It is an facultative aerobe
d) It is MR negative

766. True about shigeDa dysentriae except - *(Delhi 08)*
a) It invades colonic mucosa
b) It can cause HUS
c) Produces verocytotoxin
d) Produces mildest form of dysentry

767. ShigeDosis is best diagnosed by - *(A1IMS 86, 89)*
a) Stool examination b) Stool culture
c) Sigmoidoscopy d) Enzyme

768. A person returns to Delhi from Bangladesh after 2 days and has diarrhoea. Stool examination shows RBCs in Stool. The Hkely organism causing is -
a) Enteropathogenic E. Coli *(A1IMS Nov 99)*
b) Enterotoxigenic E. Coli
c) Salmonella typhi
d) Shigella dysentriae

769. Invasive test for shigeDa is - *(Orissa 2K)*
a) Dick's test b) Sereny's test
c) Schick's test d) Rabbit ileal loop

5. SALMONELLA

770. The following are gas producing salmonella except - *(AI 92)*
a) S. typhi b) S. enteritidis
c) S. cholera d) S. typhimurium

771. Agglutination with 'O' antigen of S. typhi is inhibited by - *(AIIMS 92, AI 95)*
a) Vi antigen b) Pili antigen
c) Flagellar antigen d) All of the above

772. There has been an outbreak of food bom salmoneDa gastroenteritis in the community and the stool samples have been received in the laboratory. Which is the enrichment medium of choic*e-(AIIMSMay 03)*
a) Cary Blair medium
b) VR medium
c) Selenite "F" medium
d) Thioglycholate medium

773. AD of the foDowing SalmoneDae are motfle except-
a) S. typhi *(SGPGI09)*
b) S. enteridis
c) S. gallinarum pullorum
d) S. Chester

753)b 754)b 755)a,c 756)c 757)d 758)c 759)d 760)a 761)a 762)a>b,c,d 763)b 764)a 765)a
766) d 767) b 768) d 769) d 770) a 771) a 772) c 773) c

774. Which of the following organism requires tryptophan for growth - *(JIPMER 78, DNB 98)*
a) H. influenza b) Vibrio
c) Gonococci d) Salmonella typhi

775. Salmonella typhi is the causative agent of typhoid fever. The infective does of S.typhi -*(AI12, A1IMS 06)*
a) One bacillus b) 10^8-10^{10} bacilli
c) 10M0^5 bacilli d) 1-10 bacilli

776. Incubation period of salmonella typhi -*(NEET/DNB*
a) 2-5 days b) 3-21 days *Pattern, PGI June 05)*
c) 14-25 days d) 10-60 days
e) > 60 days

***111*. Pea-soup stool is characteristically seen in -**
a) Cholera b) Typhoid
c) Botolism d) Polio

778. All of the following are true regarding typhoid except-
a) Urinary carriers are more dangerous
b) Vi ab is used for detecting carrier *(AlIMSJune 99)*
c) Vi is seen in normal population
d) Urine carrier is associated with anomalies

779. True about typhoid is - *(UP 08)*
a) Incubation period 3-6 weeks
b) Chronic carrier is 10-15%
c) Widal test is specific
d) Vi polysaccharide of bacterial cell used for vaccination

780. Diagnosis of typhoid in the first week is by - *(NEET/*
a) Widal test b) Stool culture *DNB Pattern)*
c) Urine culture d) Blood culture

781. In a patient with typhoid, diagnosis after 15 days of onset of fever is best done by - *(AI 01, 02)*
a) Blood culture b) Widal
c) Stool culture d) Urine culture

782. A 24 year-old cook in a hostel mess suffered from enteric fever 2 years back. The chronic carrier state in this patient can be diagnosed by - *(AIIMSNov 02)*
a) Vi agglutination test.
b) Blood Culture in Brain Heart infusion broth.
c) Widal test

783. True statement about Widal test in typhoid is-
a) O-antigen titre remains positive for several months & reaction to it is rapid *(AI 99)*
b) H-antigen titre remains positive for several months & reaction to it is rapid
c) Both remain positive for several months & reaction to both is rapid
d) None

784. Which is true about Widal reaction - *(AI93)*
a) Antibody to H Ag appears first and persists
b) Antibody to O Ag appears first and persists
c) Antibodies to H & O Ag appears simultaneously and persists
d) None of the above

785. All are correct regarding widal test, except -
a) Baseline titres differ depending on the endemicity of the disease *(AIIMS Nov 09)*
b) High titre value is a single widal test is not confirmative
c) O antibody last longer and hence is not indicative of recent infection
d) H antibody cannot differentiate between types

786. TVue statement about widal test in typhoid \s-*(AI 99)*
a) Widal test is confirmative in endemic areas
b) Antibiotic treatment does not alter widal test results
c) Previous infection alters widal test
d) Widal test does not alter with prior vaccination

787. Most immunogenic in Typhoid - *(PGI 96)*
a) O antigen b) H antigen
c) Vi antigen d) Somatic antigen

788. Which of the following is true regarding Salmonella infection - *(AI 96)*
a) Urine culture is + ve in 1st week
b) Stool culture is + ve in 1st week
c) Blood culture is + ve in 3-7 days
d) Widal test is +ve in 1st week

789. Microorganisms that enter freshly laid eggs are
a) Salmonella b) Brucella *(Karnataka 03)*
c) Shigella d) Vibrio cholerae

790. Following are true of Widal test except - *(AI 92)*
a) High titre in first sample is diagnostic
b) 'H' antigen is specific for serotyping
c) Highly +ve H titre not diagnostic
d) Maximum titre in third week

791. Correct statement about widal test - *(Kolkata 08)*
a) Only O antigen is used
b) Is a tube agglutination test
c) Any antibody titre is diagnostic
d) Antibody appears after 1-10 days of fever

792. Widal test is an example of - *(DNB 08)*
a) Flocculation b) Agglutination
c) Both d) None

793. Growth factor needed for salmonella - *(Kerala 98)*
a) Tryptophan b) Niacin
c) B-12 d) Citrate

794. Carriers of Salmonella typhi can be detected by -
a) Widal test *(Karnataka pgmee 06)*
b) Blood culture
c) Sputum culture
d) Culture of feces

795. Typhoid carriers are detected by following except -
a) Isolation of bacteria from urine *(Delhi 08)*
b) Isolation of bacteria from bile
c) Vi antigen
d) Widal test

796. Drug commonly used against enteric fever are all except- *(AI 08)*
a) Amikacin b) Ciprofloxacin
c) Ceftriaxone d) Azithromycin

774) d 775) c 776) b 777) b 778) c 779) d 780) d 781) a 782) a 783) b 784) a 785) c,d 786) c 787) b
788) c 789)a 790)a 791)b 792)b 793)a 794)d 795)d 796) a

797. Resistance of Salmonella typhi to the following antibiotics is not reported as yet in India - *(NEET/ DNB Pattern)*
a) Chloramphenicol b)Ampicillin
c) Ciprofloxacin d) Ceftriaxone

798. Vi antigen found in - *(PG1 June 05)*
a) Salmonella paratyphi'A'
b) Salmonella paratyphi ^{4}C'
c) Salmonella dublin
d) Klebsiella pneumoniae
e) Citrobacter ffegalis

799. True about typhoid - *(PGI June 03)*
a) It is caused by food poisoning
b) Water can transmit the disease
c) Ty21 a is an oral vaccine
d) Chronic carrier is called when transmitted up to 6 month
e) Widal test +ve in 1st week

800. All of the following statements about non typhoid salmonella are true, except - *(AI 09)*
a) Humans are the only reservoirs
b) Transmission is most commonly associated with eggs, poultry and undercooked meat
c) Common in immunocompromised individuals
d) Resistance to fluoroqinolones has emerged

801. All are true about non typhoid salmonella except -
a) Poultry is source *(AIIMS May 11)*
b) Can cause invasive disease in neonates
c) Blood culture is more sensitive than stool culture in gastroenteritis in adults
d) Resistance to fluoroquinolone has emerged

802. Salmonella gastroenteritis is - *(PGI 02)*
a) Mainly diagnosed by serology
b) Blood and mucus present in blood
c) Caused by animal products
d) Symptoms appear by 4-48 hr
e) Features are due to exotoxin released

803. Prolonged salmonella septicemia is caused by -
a) S. enteritidis b) S. cholerae-suis
c) S. typhimurium d) S. typhi *(PGI 95)*

804. DT 104 strain is belongs to which of the following bacteria- *(PGI Nov 11)*
a) Salmonella Gallinarum
b) Salmonella Typhi
c) Salmonella Enteritidis
d) Salmonella Paratyphi A
e) Salmonella Typhimurium

VIBRIO

1. V. CHOLERAE

805. Strain of V. cholerae in Bengal -
a) 0:037 b) 0:139
c) 0:17 d) 0:40
e) 0:149

806. Cholera is caused by - *(PGI june 09)*
a) Vibrio cholerae-01 b) Vibrio cholerae-0139
c) Vibrio parahemolyticus d) NAG vibrio

807. The characteristic features of El tor cholera are all except- *(AI 97)*
a) More of subclinical cases
b) Mortality is less
c) Secondary attack rate is high in family
d) El tor vibrio is harder and able to survive longer

808. Not true about Eltor vibrio 01 - *(AI 10)*
a) Animals are the only reservoir
b) Epidemiologically indistinguisible from V. cholera 013G
c) Human acts as vehicle for spread
d) The efficacy of vaccine against E1 tor vibtio is great

809. Vibrio cholera was discovered by - *(Kerala 94)*
a) Koch b) Mekintoff
c) John snow d) Virchow

810. TVue about cholera vibrios is - *(PGI 98)*
a) Can tolerate wide range of alkaline pH
b) Non motile bacilli
c) Can't be grown in media
d) NaCl stimulates growth

811. All the following are true regarding Vibrio cholerae except- *(AI 94)*
a) Transported in acidic medium
b) Gram-negative
c) Aerobic organism
d) Ferments glucose

812. The following are true of vibro cholerae except
a) Produces indole and reduces nitrates *(AI 01)*
b) Synthesises neuraminidase
c) Dies rapidly at low temperature
d) Vaccine confers long immunity

813. V. cholera true is - *(PGI 98)*
a) Very resistant to alkaline pH
b) Nutritionally fastidious
c) Best growth at 24°C
d) Rod shaped bacilli

814. Selective media for vibrio - *(AIIMSMay 08, Nov 07)*
a) TCBS b) Stuart
c) Skirrows d) MYPA

815. All of the following statements about cholera are true except- *(AI 97)*
a) O & H antigens measure carrier state
b) Culture medium is TCBS Agar
c) Produces indole and reduces nitrate
d) Synthesize neuraminidase

816. Which of the following statement is true about vibrio cholerae - *(AI 99)*
a) There is no natural reservoir
b) Transported in alkaline peptone water medium
c) Halophilic
d) Oxidase negative

817. Which organism grows in alkaline pH? *(NEET/ DNB Pattern)*
a) Vibrio b) Klibsiella
c) Pseudomonas d) E.coli

818. Transport medium for cholera - *(NEETDNB Pattern)*
a) LJ medium b) Cary Blair medium
c) MYPA medium d) Stewart medium

797) d 798) a,b,c,e 799)b,c 800)a 801)c 802)c,d 803)b 804)e 805)b 806)a,b 807)c 808)a 809)a
810)a,d 811)a 812)c,d 813)a 814)a 815)a 816)b 817)a 818)b

819. Transport media for cholera - *(Jharkhand 08)*
a) VR medium b) LZ medium
c) Bile salt agar d)TCBS

820. Transport media for cholera - *(Jharkhand 08)*
a) VR medium b)LZ medium
c) Cary - Blair medium d) Stauret medium

821. TRUE regarding cholera is - *(AIIMS Dec 95)*
a) Toxin actsonGMl receptor
b) Toxin action is cAMP mediated
c) Peritrichate flagella
d) Utilises arginine and lysine

822. Cholera toxin is due to - *(NEET/DNB Pattern)*
a) Chromosome b) Plasmid
c) Phage d) Transposons

823. Cholera toxin - *(ARMS May 06)*
a) Increases the levels of intracellular cylic GMP
b) Acts through the receptor the opiates
c) Causes continued activation of adenylate cyclase
d) Inhibits the enzyme phosphodiesterase

824. In the small intestine, cholera toxin acts by- *(AI05)*
a) ADP ribosylation of the G regulatory protein
b) Inhibition of adenyl cyclase
c) Activation of GTP ase
d) Active absorption of NaCl

825. Which of the following bacteria act by increasing c-AMP- *(ARMS Nov 06, AI 07)*
a) Vibrio cholera
b) Staphyloccus aureus
c) E. coli, heat stable toxin
d) Salmonella

826. Cholera toxin effects are mediated by stimulation of which of the following second messengers -*(AI 12)*
a) cAMP b) cGMP
c) Ca^-calmodulim d)IP_3/DAG

827. Cholera toxin acts by - *(Kolkata 08)*
a) Na^+ K^+ ATPase inhibition
b) Adenylate cyclase stimulation
c) Opening of chloride channel
d) Stimulation of Ca^ channel

828. The function of B subunit of cholera toxin is -
a) ADP ribosylation of G protein *(BHU 08)*
b) To bind GM_T ganglioside receptor
c) To stabilize cholera toxin
d) To increase cGMP

829. The endotoxin of the following gram negative bacteria does not play any part in the pathogenesis of the natural disease. *(ARMS 06, AI 12)*
a) E. coli b) Klebsiella
c) Vibrio cholerae d) Pseudomonas

830. V. cholera is able to stay in GIT because of -
a) Acid resistance *(PGI Dec 06)*
b) Bile resistance
c) Motility
d) Binds to specific receptors
e) Anaerobic potential

831. Which of the following is true of cholera-*(PGI 02)*
a) Recent epidemic was due to classical type
b) Causes secretory diarrhoea
c) Caused by endotoxin
d) Vibriocidal antibodies correspond to susceptibility

832. True about V. Cholerae is - *(ARMS May 02)*
a) One attack of V. Cholerae gives live-long immunity
b) Affects adults and children with equal propensity in non epidemic regions.
c) In between epidemics, carrier states maintain the organism
d) Pathogencity of 0-139 vibrio is due to O antigen

833. In a patient presenting with diarrhoea due to vibrio cholera, which of the following will be present -
a) Abdominal pain *(PGI Dec 01)*
b) Presence of leukocytes in stool
c) Fever
d) Neutrophilia
e) Ocurrence of many cases in the same locality

834. True about cholera - *(NEET/DNB Pattern)*
a) Gram negative rod
b) Associated with fever
c) Causes painful watery diarrhea
d) It is an achlorhydria which renders an individual susceptible to disease

835. 7th Pandemic of cholera was caused by - *(Delhi 09)*
a) El Tor
b) 0139 V. cholerae
c) Classical V. cholerae
d) **V.mimicus**

836. True about vibrio cholerae is - *(SGPGI09)*
a) Disease more common in woman
b) Classical vibrio protect against development of 0-139 Tor is milder than classical
c) E1 - Tor is milder than classical
d) Erythromycin is used in treatment

83 7. The cholera vibrio - *(MAHE 05)*
a) Is strongly anaerobic
b) Grows best at 25°C
c) Has marked tolerance of alkaline pH
d) Grows over a wide range but best at a slight acid pH

838. The transport medium for stools samples in cholera is- *(ICS98)*
a) Thioglycolate b)Caiy Blair medium
c) Dubos medium d) Selenite 'F' broth

839. Antibiotic treatment of choice for treating cholera in an adult is a single dose of - *(AI 05)*
a) Tetracyclineb) Cotrimoxazole
c) Doxycycline d) Furazolidone

840. The drug of choice for treating cholera in pregnant women is - *(ARMS05)*
a) Tetracyclineb) Doxycycline
c) Furazolidone d) Cotrimoxazole

841. Which of the following is the drug of choice for chemoprophylaxis of cholera - *(ARMS05)*
a) Tetracyclineb) Doxycycline
c) Furazolidone d) Cotrimoxazole

819) a 820) a 821) b 822)c 823)c 824)a 825)a 826)a 827)b 828)b 829)c 830)c 831)b 832)d
833) d,e 834) a,d 835) a 836) c>d 837)c 838)b 839) c 840) c 841) a

842. Cholera vaccine effectiveness is - *(TN 97)*
a) 20% for 12 months b) 50% for 12 months
c) 20% for 36 months d) 50% for 36 months

843. True about epidemiology of cholera- *(PGI03)*
a) Chemoprophylaxis is not effective
b) Boiling of water cannot destroy the organism
c) food can transmit the disease
d) Vaccination give 90% protection

844. Which is not true about vibrio cholera - **(***A107)*
a) It is non halophilic
b) Grows on simple media
c) Man is the only natural host
d) Cannot survive in extracellular environment

845. True about V cholera 0139 all except - *(AI07, 08)*
a) Clinical manifestations are similar 01 Eltor strain
b) First discovered in Chennai
c) Epidemiologically indistinguishable from 01 Eltor strain
d) Produces 01 Lipopolysaccharide

846. Cholera transmission by - *(PGIDec 06)*
a) Food transmits
b) Vaccination gives 90% efficiency
c) Healthy carrier
d) Chlorination is not effective

847. All of the following statements about El-Tor vibrios are true, Except - *(AI 10)*
a) Humans are the only reservoir
b) Can survive in ice cold water for 2-4 weeks
c) Killed by boiling for 30 seconds
d) Enterotoxin can have direct effects on other tissues besides intestinal epithelial cells

848. Which of the following about cholera is true -
a) Invasive *(AI 90)*
b) Endotoxin is released
c) Recent infections in india are of classical type
d) Vibriocidal antibody titre measures prevalence

849. "Darting motility" is shown by - *(TN 97)*
a) Proteus b)Serratia
c) Vibrio d) E. coli

850. Invasive infection is caused by all except -
a) V. cholerae *(NEET/DNB Pattern)*
b) Neisseria
c) Streptococci
d) H. influenzae

851. In cholera the highest case fatality is observed in case of- *(Orissa 98)*
a) Classical cholera vibrio b) Vibrio E1 to r
c) Vibrio parahemolyticus d) NAG vibrios

2. HALOPHILIC VIBRIOS

852. All of the following Vibrio sp. are halophilic, except- *(AI 05)*
a) V. cholerae b) V. parahaemolyticus
c) V. alginolyticus d) V. fluvialis

853. Halophilic vibrios are - *(PGI Nov 10)*
a) V. chlorae b) V. vulnificus
c) V. parhemolyticus d)V.mimicus
e) V. alginolyticus

854. Which of following 'Vibrios' is most commonly associated with ear infections - *(AI 12)*
a) V. Alginolyticus b) V. Parahemolyticus
c) VVulnifcus d) Vibrio fluvialis

855. A 32 year old male, Kallu, who recently visited a sea coast presented with ulcer over the left leg. The probable cause is - *(AIIMS May 01)*
a) Pasturella multocida
b) Micrococcus halophillus
c) Vibrio vulnificus
d) Neisseria gonorrhea

856. Vibrio parahemolyticus food poisoning is caused by ingestion of - *(AI 96)*
a) Eggs and Poultry products
b) Raw vegetable
c) Catfish, shellfish, seafood
d) Milk products

857. The growth factor required for the growth of vibrio parahemolyticus is -
a) Saline b) Tryptophan
c) Bile d) Citrate

PSEUDOMONAS

858. An organism grown on agar shows green coloured colonies, likely organism is - *(AI 01)*
a) Staphylococcus b) Streptococcus
c) Pseudomonas d)E. coli

859. Which bacteria acts by inhibiting protein synthesis-
a) Pseudomonas b) Staphylococcus *(AI 97)*
c) Streptococcus d) Klebsiella

860. Ecthyma gangrenosum is caused by -
a) Pseudomonas *(NEET/DNB Pattern)*
b) Streptococcus
c) Staphylcoccus
d) H. influenzae

861. Shock with bullous skin lesion is seen in infection with-
a) E.coli b) Pseudomonas
c) Meningococci d) Candida

862. Which one of the following drugs is an antipeudomonal penicillin ? *(AI 06)*
a) Cephalexin b) Cloxacillin
c) Piperacillin d) Dicloxacillin

863. Pseudomonal infection, not cleaned by -
a) Dettol *(NEET/DNB Pattern)*
b) Hypochloritic
c) Chlorine
d) Betadine

842) b 843) c 844) d 845) d 846) a,c 847) d 848) d 849) c 850) a 851) a 852) a 853)b,c,e 854) a 855) c
856) c 857) a 858) c 859) a 860) a 861)b 862) c 863) a

MELIOIDOSIS

864. The following statements are true regarding melioidosis except - *(AI05)*
a) It is caused by Burkholderia mallei
b) The agent is a gram negative aerobic bacteria
c) Bipolar staining of the aetiological agent is seen with methylene blue stain.
d) The most common form of melioidosis is pulmonary infection

865. Glanders disease is caused by -
a) Burkholderia mallei
b) Diphtheria
c) Mumps
d) Burkholderia pseudomallei

866. A 50 year old chronic alcoholic male agricultural worker presented with high grade fever of one week duration with spells of chills and rigor. Examination of the respiratory system revealed bilateral crepitations with scattered rhonchi. Multiple subcutaneous nodules were found on the extensor surface of the left forearm, arm and left leg. Direct microscopy of the pus aspirated from the skin nodule revealed plenty of Gram negative bacilli with bipolar staining. Culture revealed distinct rough corrugated grey-white colonies on Blood agar. The organisms were motile and oxidase positive. The most likely diagnosis is - *(AIIMS Nov 03)*
a) Plague b) Melioidosis
c) Bartonellosis d) Actinomycosis

YERSINIA

867. True about Y. Pestis - *(PGIDec 03, Dec 06)*
a) Gram+ve b)Gram-ve
c) Motile d)Non-motile
e) It is coccobacilli

868. Stalactite growth in ghee broth is due to -
a) H. influenza b) C. diphtheria
c) Y. pestis d) T. pallidium

869. All of the following statement about plague are wrong except- *(AIIMS 04)*
a) Domestic rat is main reservoir
b) Bubonic is the most common variety
c) The causative bacillus can survive upto 10 years in the soil of rodent burrows
d) Incubation period for pneumonic plague is one to two weeks

870. A young boy had a flea bite while working in a wheat grain godown. After 5 days he developed fever and had axillary lymph adenopathy. A smear was sent to the laboratory to perform a specific staining. Which one of the following staining method would help in the identification of the suspected pathogen - *(A106)*
a) Albert staining. b) Ziehl-Neelsen staining
c) McFadyean's staining d) Wayson staining

871. A farmer presents to the emergency department with painful inguinal lymphadenopathy and history of fever and flu like symptom. Clinical examination reveals an ulcer in the leg. Which of the following stains ahould be used to detect suspected bipolar stained organisms - *(AI11, AIIMS Nov 09)*
a) Albert's stain b) Way son's stain
c) Ziehl Nelson stain d) Me Fay den's stain

872. A girl from shimla presented to OPD with fever, hypotension, malaise and axillary and inguinal lymphadenopathy. Culture in glucose broth shows stalactite growth. Most likely causative organism is- *(AIIMS Nov 08)*
a) Yersinia pestis b)Francisellatularensis
c) Brucella abortus d)Coxiellabumetti

873. True statements about Y. Pestis is/are -
a) Gram positive *(PGI June 04)*
b) Non-motile
c) Benzyl penicillin is given in prophylaxis
d) Patients are kept isolated till 48 hours of treatment
e) Repeated blood culture is diagnostic

874. The drug of choice for chemoprophylaxis in contacts of a patient of pneumonic plague is - *(AIIMSNov 02)*
a) Penicillin. b) Rifampicin
c) Erythromycin d) Tetracycline

875. Which of the following drug(s) is/are used in treatment in plague - *(PGI Dec 08)*
a) Streptomycin b) Tetracycline
c) Ciprofloxacin d) Chloramphenicol
e) Cotrimoxazole

876. What is not true about yersiniosis -*(NEET/DNB Pattern)*
a) Zoonosis
b) Caused by Y pestis
c) By yersinia enterocolitica
d) By yersinia pseudotuberculosis

877. Appendicitis like syndrome is caused by all except- *(MAHE 07)*
a) Yersinia enterocolitica
b) Yersinia pseudotuberculosis
c) Pasteurella septica
d) Yersenia pestis

878. Most common mode of transmission of Pasturella multocida is - *(AI09)*
a) Animal bites or scratches b) Aerosols or dust
c) Contaminated tissue d) Human to human

HAEMOPHILUS

879. Which of these need both V and X factors -*(PGI May 11)*
a) Hemophilus influenzae b) H. ducrei
c) H. paraphrophilus d) H. aegyptius
e) H. haemolyticus

880. The major antigenic determinant of H.influenzae is- *(PGI 99)*
a) 'M' protein b) Capsular polysaccharide
c) Catalase d)Coagulase

864)a 865)a 866)b 867)b,d,e 868)c 869)b 870)d 871)b 872)a 873)b,d,e 874)d 875)a,b,d,e 876)b 877) d 878) a 879)a,d,e 880) b

881. About H. Influenza all true except - *(AIIMS Nov 09, Nov 10)*
a) Requires factor X and V for growth
b) Rarely presents as meningitis in children less than 2 months of age
c) Capsular polypeptide protein is responsible for virulence
d) M.C invasive disease of H influenza is meningitis

882. Disease caused by hemophilus - *(PGI June 09)*
a) Chancroid b) Influenza
c) Acute epiglottitis d) Brain abscess
e) Brazilian purpuric fever

883. Satellitism is seen in cultures of - *(NEET/DNB Pattern)*
a) Hemophilus b) Streptococcus
c) Klebsiella d) Proteus

884. A 2 years old child is brought to the emergency with history of fever and vomiting. On examination he has neck rigidity. The CSF examination shows polymorphs more that 2000/ml protein 100 mg/dl and glucose lOmg/dl. The Gram stain shows the presence of Gram negative coccobacilli. The culture shows growth of bacteria only on chocolate agar and not on blood agar. The caustive agent is -
a) Neisseria meningitides *(AIIMSNov 2002)*
b) Haemophilus influenzae
c) Branhamella catarrhalis
d) Legionella pneumophila

885. All of the following are true regarding Haemophilus influenzae except - *(AIIMS Nov 03)*
a) It can be a part of the normal flora in some persons
b) The serotyping is based on the bacterial outer membrane porteins
c) It requires Haemin and NAD for growth in culture medium
d) Type b is responsible for invasive disease

886. True about H influenza - *(NEET/DNB Pattern)*
a) Grown on sheep blood agar & CO2
b) It is not capsulated
c) Invasive strain is most common
d) Gram positive

887. A 20 years old male patient present to the STD clinic with a genital ulcer. The gram stain of the smear from ulcer shows gram negative coccobacilli. The most appropriate media for culture would be -
a) Thayer-Martin Medium *(AI 04)*
b) Blood agar with X & V factors
c) Chocolate agar with isovitate X
d) Tellurite blood agar

888. Chancroid is caused by - *(NEET/DNB Pattern)*
a) H. ducreyi b) T. pallidum
c) Gonococcus d)HSV

BORPETELLA

889. Culture media for pertussis is - *(PGI 94)*
a) L-J medium
b) Chocolate media
c) Wilson blair medium
d) Bordet - Gengou medium

890. Thumb print appearence in culture film smear is seen -
a) Bacillus antracis b) Brucella species
c) Bordetella pertussis d) Clostridum Welchii

891. The usual incubation period of pertusis is -
a) 7-14 days b) 3-5 days *(AIIMS 05)*
c) 21-25 days d) Less than 3 days

892. What is true about Bordetella pertussis - *(PGI 95)*
a) Adheres to normal mucosa
b) Destroys cilia
c) Local tissue destruction
d) All of the above

893. Pertusis toxin acts by all of the following mechanisms except ? *(AIIMS Nov 08)*
a) ADP ribosylation of proteins associated with receptors
b) Increase cyclic AMP
c) Increased calcium release from sarcoplasmic reticulum
d) Acts through G alpha subunit

894. The following are true for Bordetella pertussis except-
a) It is a strict human pathogen *(AI 03)*
b) It can be cultured from the patient during catarrhal stage
c) It leads to invasion of the respiratory mucosa
d) Infection can be prevented by a acellular vaccine

895. True regarding pertussis vaccine is - *(AIIMS June 2000)*
a) 95% of vaccinated are protected
b) Erythromycin should be given to contacts
c) Neuroparalytic Complication is seen in 1 in 15000
d) Leucocytosis is diagnostic

896. Acellular pertusis vaccine contains-*(AIIMSMay 11)*
a) Pertactin, flagillary hemagglutinin, cytotoxin, endotoxin
b) Pertactin, flagillary hemagglutinin, fimbriae, endotoxin
c) Pertactin, cytotoxin, fimbriae, pertusis toxin
d) Flagillary hemagglutinin, pertusis toxin, fimbriae

897. Mouse is used for pathogenicity testing in -
a) M. Tuberculosis *(NEET/DNB Pattern)*
b) C diptheriae
c) Bordetella pertussis
d) Brucella

898. Whooping cough is caused by -*(NEET/DNB Pattern)*
a) B. pertussis b) H. influenzae
c) Pneumococcus d) Meningococcus

BRUCELLA

899. Brucella melitensis is commonly found in (animal)-
a) Pig b) Camel *(PGI May 11)*
c) Sheep d)Goat
e) Reindeer

881)c 882)a,c,d 883)a 884)b 885)b 886)c 887)c 888)a 889)d 890)c 891)a 892)d 893)b 894)d 895) b 896) d 897) c 898) a 899)b,c,d

900. Regarding Brucellosis, all of these are true except-
a) Man to man transmission *(PGI June 02)*
b) A zoonosis
c) Blood cultures used in diagnosis
d) B melitensis is the most common cause
e) Transmitted via animal products

901. Brucellosis can be transmitted by all of the following modes, except - *(ARMSMay 07, Nov 06, AI07)*
a) Contact with infected placenta
b) Ingestion of raw vegetables from infected forms
c) Person to person transmission
d) Inhalation of infected dust or aerosol

902. A farmer rearing sheep, presented with complaints of fever and weakness for the last one month. There is generalised lymphadenopatby. There was also associated hepatomegaly Biopsy of liver showed non caseating granuloma. These are most likely due to infection with - *(AIIMS Nov 2000)*
a) Yersinia pestis b) Brucella Canis
c) Francisella tularensis d) Brucella melitenesis

903. Malta fever is caused by - *(AIIMSMay 08)*
a) Treponema pallidum
b) Borrelia burgdorfri
c) Brucella melitensis
d) Pseudomonas aeroginosa

904. A farmer presenting with fever off-and on for the past 4 years was diagnosed to be suffering from chronic brucellosis. All of the following serological tests would be helpful in the diagnosis at this state except- *(AI04)*
a) Standard Agglutination test
b) 2 Mercapto-ethanol test
c) Complement fixation test
d) Coomb's test

905. All are true about Brucella except - *(AIIMSMay 11)*
a) B. abortus is capnophilic
b) Transmission by aerosol can occur occasionally
c) Paesturisation destroys it
d) 2ME is used to detect IgA

906. Treatment of Brucellosis - *(PGI June 08)*
a) Doxycycline b)Streptomycin
c) Erythromycin d)Penicillin
e) Rifampin

907. Milk ring test is seen in - *(NEET/DNB Pattern)*
a) Brucellosis b) Bacteroides
c) Tuberculosis d)Salmonellosis

908. Undulant fever is caused by - *(JIPMER 91)*
a) Bartonella b) Brucella melitensis
c) Bordetella d) Boreliarecurrentis

MYCOBACTERIA

1. M.TUBERCULOSIS

909. TVue about M. tuberculosis is - *(PGI 94)*
a) Strict aerobes b) Gram negative
c) Thin cell wall d) Curved rod

910. Acid fastness of tubercle bacilli is attributed to -
a) Presence of mycolic acid *(AIIMS 91)*
b) Integrity of cell wall
c) Both of the above
d) None of the above

911. The medium used for Mycobacterium tuberculosis is - *(AI 96)*
a) Sabouraud's medium b)LJ medium
c) Pick's medium d) NTH medium

912. The tuberculous bacilli was discovered by- *(TN04)*
a) Robert Koch b) Edward Jenner
c) Louis pateur d) Jonas Salk

913. Which one of the following bacteria contains mycolic acid in the cell wall? *(Karn 11)*
a) Escherichia b) Mycoplasma
c) Mycobacteria d) Staphylococcus

914. Mycobacterial species differentiated by all except -
a) Catalase test b)Amidase *(Jipmer 04)*
c) Niacin d) Oxidase

915. Niacin is required for growth of- *(Kerela 91)*
a) M. tuberculosis b) M. kansasii
c) M. Scrofuloderma d)M. Avium

916. BCG* TVue about it - *(UP 07)*
a) Killed vaccine
b) Subcutaneously given
c) Given in positive tubercular patients
d) Live vaccine

917. The factor which promotes virulence of M. tuberculosis -
a) WaxD b) Cord factor
c) Muramyl dipeptide d) Mycolic acid

918. Reinfection tuberculosis is almost exclusively a disease of the - *(PGI 94)*
a) Lungs b) Bones
c) Joints d) Brain

919. Reactivation of TB is almost exclusively a disease of-
a) Bone b) Lymph nodes
c) Lung d) Brain

920. The commonest focus of Scrofuloderma \s- *(AI 96)*
a) Lung b) Lymph node
c) Larynx d)Skin

921. In which type of cutaneous tuberculosis caseation is most commonly seen - *(NEET/DNB Pattern)*
a) Papulonecrotic b) Serofuloderma
c) Lupus vulgaris d) Erythema nodusum

922. Collection of urine sample of a patient of TB/kidney is done - *(AIIMS June 2000)*
a) 24 hrs urine b) 12 hrs urine
c) in early morning d) Any time

923. Rapid examination of Thbercle bacilli is possible with-
a) Ziehl-Neelsen stain *(AI 96)*
b) Kin young stain
c) Auramine-Rhodamine stain
d) Giemsa stain

900)a 901)c 902)d 903)c 904)a 905)d 906)a,b,e 907)a 908)b 909)a,d 910)c 911)b 912)a 913)c
914) d 915)a 916)d 917)b 918)a 919)c 920)b 921)c 922)c 923)c

924. Anti-tubercular drug susceptibility can be done by all of the following methods, except -
a) Resistance ratio method *(AIIMSMay04)*
b) Disc diffusion method
c) Molecular method
d) Radiometric broth method

925. Drug resistance in Tuberculosis is due to -
a) Transformation b) Transduction
c) Conjugation d) Mutation

926. Mycobacterium TB can be differentiated from other mycobacterium by - *(Kerala 2001)*
a) Production of niacin
b) arylsulphate test
c) Coagulase test
d) Bile solubility test

927. Rapid diagnosis of tuberculosis is possible with -
a) Auramine-rhodamine stain *(ICS 2K)*
b) Zeil Neelsen stain
c) Geimsa stain
d) Leishman stain

928. The best diagnostic procedure of M.tuberculosis -
a) PCR b) Auramin rhodamin stain
c) Sputum culture d)ESR *(SGPGI08)*

929. Stain for the diagnosis of tuberculosis - *(MP 09)*
a) Auramine-rhadomine b) India-ink
c) Geimsa stain d) Zeihl Neelsen stain

930. Tuberculin test positive is dependent on - *(AI96)*
a) Erythema b) Nodule formation
c) Induration d) Ulcerative change

931. True about montoux is - *(PGI June 01)*
a) False negative in fulminant diseases
b) If once done, next time it is always positive
c) Results are given in terms of positive & negative
d) Indurations given in terms of length & breadth
e) Always indicate active TB infection

932. True about Mantoux test - *(PGI June 03)*
a) < 5 cm always +ve
b) Usually -ve after treatment
c) Positive reaction in children < 2 yrs is not important than adult
d) Usually read after 48 - 72 hours
e) False +ve in post measles state

933. True about tuberculin test are all except -
a) Recent conversion in adult is an indication for ATT *(PGI 98)*
b) . INH prophylaxis is started if the test is positive
c) No risk in negative
d) May be false negative in immunocompromised patients

934. Which of the following statements regarding-Gamma-Release-Assays for diagnosis of Tuberculosis is true - *(AI 12)*
a) First Generation Quanti FERON-TB assay used ESAT-6
b) Second Generation Quanti FERON-TB (Gold) assay used ESAT-6 and CPF-10
c) These tests can distinguish between M. tuberculosis and M. bovis
d) None of the non-tuberculosis mycobacteria give a positive reaction with the test

935. True regarding mycobacterium tuberculosis is -
a) Produces visible colonies in 1 weeks time on Lowenstein-Jensen media *(PGI June 02)*
b) Decolorised by 20% sulfuric acid
c) Facultative aerobe
d) Niacin positive

936. Mycobacterium tuberculosis is diffentiated from other atypical mycobacteria by - *(PGI 95)*
a) Niacin test b) AFB staining
c) PAS staining d) None

937. Commonest mycobacterial infection is patient is tropical contries - *(PGI 02)*
a) M. Leprae b) M. avium intracellulare
c) M. tuberculosis d) M. kansasii

938. All the following are true of Tuberculosis except -
a) For sputum to be positive, bacilli should be > 10^4 / ml *(AI 94)*
b) Niacin test differentiates M. tuberculosis and M. bovis
c) Pathogenicity to rabbits differentiates M. tuberculosis and M. bovis
d) Culture techniques have low sensitivity

939. In TB, immunity is provided by - *(PGI 98)*
a) CD 4+ b) CD 8+
c) IgG d) IgM

2. ATYPICAL MYCOBACTERIA

940. Which one of the following statement is true regarding pathogenicity of Mycobacteria species -
a) M. tuberculosis is more pathogenic than M.bovis to the humans *(AI 06)*
b) M. Kansasii can cause a disease indistinguishable from tuberculosis
c) M.Africanum infection is acquired from the environmental source
d) M.Marinum is responsible for tubercular lymphadenopathy

941. True about mycobacterium other than tuberculosis-
a) Causes disseminated infection
b) Occurs in persons with normal immunity
c) Causes decreased efficacy of BCG due to cross immunity
d) Person to person transmission is seen

942. Which of the following is photochromogenic -
a) M. kansasii *(NEET/DNB Pattern)*
b) M. scrofulorum
c) M. intracellulare
d) M. avium

924)b 925)d 926)a 927)a 928)c 929)a,d 930)c 931)a 932)d 933)c 934)b 935)d 936)a 937)c 938) c,d 939) a 940) b 941) c 942) a

943. Pigment producing atypical mycobacteria -
a) M. fortution and M. chelonae *(NEET/DNB Pattern)*
b) M. xenopi and MAC
c) M. gordonae and M. szulgai
d) M. ulcerans

944. Which of the following are photo-chromogens -
a) M. kansasii b) M. chelonae *(PGINov*
c) M. fortuitum d) M. simiae *09)*
e) M. marinum

945. Battey bacillus or mycobacterium intracellulare is - *(AIMS 84)*
a) Photochromogen b) Scotochromogen
c) Non-photochromogen d) Rapid grower

946. Which of the following is not a pathogenic mycobacteria - *(NEET/DNB Pattern)*
a) M. Kansasii b) M. scrofulaceum
c) M. cheolonei d) M. smegmatis

947. Cutaneous lesions may be produced by the following mycobacteria except- *(DPG-99)*
a) M. intracellulare b) M. Leprae
c) M. marinum d) M. tuberculosis
e) M. ulcerans

948. Fish tank granuloma is seen in - *(NEET/DNB*
a) M fortuitum b) M kansasi *Pattern)*
c) M marinum d) M leprosy

949. Buruli Ulcer is caused by -*(NEET/DNB Pattern)*
a) Streptococcus b) Spirillium minus
c) M. Ulcerans d) Brucella

950. Tuberculosis complex include all except -
a) M. tuberculosis *(NEET/DNB Pattern)*
b) M. bovis
c) M. kansasii
d) M. microti

951. Scotochromogens are - *(PGI Dec 08)*
a) Mycobacterium gordonae
b) Mycobacterium marinum
c) Mycobacterium intracellulare
d) Mycobacterium avium
e) Mycobacterium kansaii

952. Which of the following is scotochromogen- *(JIPMER*
a) M. scrofulaceum b) M. ulcerans *91)*
c) M. Kansasii d) M. fortuitum

953. Mycobacterium scrofulaceum which cause scrofula, belongs to which groups of atypical mycobacteria - *(Kerala 2K)*
a) Photochromogens
b) Scotochromogens
c) Non-photochromogens
d) Rapid growers
e) None of the above

954. All are rapid growers except - *(SG PGI 09)*
a) M. fortuitum
b) M.chelonae
c) M. avium intracellulare
d) M. Smegmatis

955. Mycobacteria non-pathogenic to man - *(Delhi 08)*
a) M. bovis b) M. Kansai
c) M.avium intracellular d)M.phlei

956. Not a pathogenic mycobacterium - *(TN 99)*
a) M. paratuberculosis b) M. kansasii
c) M. ulcerans d) M. intracellulare

957. Mycobacterium tuberculosis can be differentiated from other mycobacteria by - *(Kerala 09)*
a) Production of Niacin b) Aryl sulphatase test
c) Coagulase test d) Bile Solubility test

958. Which does not cause skin involvement - *(PGI 84)*
a) M. tuberculosis b) M. Ulcerans
c) M. Marinum d) M. Kansasii

959. The mycobacteria which grows in culture with in 1-2 weeks are- *(Delhi 96)*
a) M. Kansasii b) M. Leprae
c) M. Chelonei d) M. Avium intracellulare

960. Swimming pool granuloma is caused by- *(AI89)*
a) M. Bovius b) M. Ulcerans
c) M. Kansasii d) M. Balanei

961. Mycobacterium avium is - *(MH11)*
a) Scotochromogen b) Photochromogen
c) Rapid grower d) Nonphotochromogens

3. M. LEPRAE

962. Which of the following is true regarding globi in a patient with lepromatous leprosy - *(AI 02)*
a) Consists of lipid laden macrophages
b) Consists of macrophages filled with AFB
c) Consists of neutrophils filled with bacteria
d) Consists of activated lymphocytes

963. For experimental work, Lepra bacilli are best cultured in - *(AI 96)*
a) Armadillos b) Mouse foot pad
c) Guinea pigs d) Rabbit testes

964. Leprosy spreads by -
a) Skin to skin contact b) Blood transfusion
c) Droplet spread d) Ingestion

965. The animal model frequently used for M. Leprae is - *(Karn 94)*
a) Mice b) Guinea pig
c) Rabbits d) Golden hamsters

966. Culture of lepra bacilli done in- *(Delhi 09)*
a) Nine banded armdillo b) Tail of mouse
c) Foot pads of mice d) Nutrient agar

967. Neurological involvement is pronounced in which type leprosy - *(AI 93)*
a) Tuberculoid b) Lepromatous
c) Borderline d) Lucio leprosy

968. Single skin lesion is seen in which type of leprosy -
a) IL b) TT *(AI93)*
c) BL d)BL

943) c 944) a,d,e 945) c 946) d 947) a 948) c 949) c 950) c 951) a 952) a 953) b 954) c 955) d 956) a 957) a,b 958) d 959) c 960) d 961) d 962) b 963) a 964) a,c 965) a 966) a,c 967) a 968) b

969. The characteristic finding in a case of leprosy is- *(AIIMSDec 98)*
a) Culture test is positive in 2-3 months in LJ media
b) Long contact with tuberculoid leprosy can transmit the disease
c) CMI is seen in Lepromatous leprosy
d) Macule lesion heals spontaneously

970. The following test is not used for diagnosis of leprosy - *(AIIMS 06)*
a) Lepromin test
b) Slit skin smear
c) Fine needle aspiration cytology
d) Skin biopsy

971. Subtype of leprosy with maximum number of TH -1 cells - *(UP 08)*
a) TT b)BB
c) LL d) Borderline leprosy

972. Lepra cells found in lepromatous leprosy are -
a) Neutrophils b)Lymphocytes *(Karn94)*
c) Macrophages d) Plasma cells

973. Lepra cells are - *(JIMPER 79, Delhi 93)*
a) Neutrophils b) Lymphocytes
c) Histiocytes d) Plasma cells

974. Globi is - *(Jharkhand 08)*
a) Histiocyte containing acid fast bacillus
b) Lymphocyte containing acid-fast bacillus
c) Neutrophile containing acid-fast bacillus
d) Large lymphocyte containing acid fast bacillus

975. Generation time of lepra bacilli is- *(Manipal 06)*
a) 12 days b) 5 minutes
c) 10 hours d)24hrs

976. Mitsuda reaction is read after - *(ARMS 93)*
a) 3 days b) 3 hours
c) 3 weeks d) 3 months

977. In the management of leprosy, lepromin test is most useful for - *(AI03)*
a) Herd immunity b) Prognosis
c) Treatment d) Epidemological investigatins

978. Exacerbation of lesions in patients of borderline leprosy is seen in - *(PGI June 01)*
a) ENL (erythema nodosum leprosum)
b) Lepra reaction type 1
c) Jarisch-Herxheimer reaction
d) Resolving leprosy

979. Characteristic of type II lepra reaction -
a) Erythema & edema b) ENL *(PGI Nov 09)*
c) Lymphadenopathy d) Uveitis
e) Trophic ulcer

980. The main cytokine, involved in erythma nodosum leprosum (ENL) reaction is - *(ARMS 06)*
a) Interleukin - 2
b) Interferon - gamma
c) Tumor necrosis factor-alpha
d) Macrophage colony stimulating factor

981. The following drug is used for the treatment of type II lepra reaction, except - *{ARMS 06)*
a) Chloroquineb) Thaliodomide
c) Cyclosporine d) Corticosteroid

982. ENL is seen in - *(NEET/DNB Pattern)*
a) Lepromatous leprosy
b) Tuberculoid leprosy
c) Iderminate leprosy
d) Pure neuritic leprosy

983. Fastest microbiocidal agent against M.leprae -
a) Clofazimine b) Dapsone *(AI04)*
c) Rifampicin d) Minocycline

984. Under leprosy eradication programme the managment of single lesion is - *(ARMS 02)*
a) Single dose of Rifampicin and Dapsone
b) Rifampicin and Dapsone for 6 months
c) Rifampicin, ofloxacin and minocycline single dose
d) Rifampicin and minocycline for 6 months

985. TYue about lepra bacilli is - *(ARMS May 94)*
a) INH inhibits their growth
b) Antileprosy vaccine can give life long protection
c) Mycobacterium leprae can be grown in foot pad of mice
d) Incubation period is 3-4 months

SPIROCHETES

1. TREPONEMA

986. Syphilis was first identified b- *(NEET/DNB Pattern)*
a) Fraenkel b)Nicolaicu
c) Schaudinn & Hoffman d) Ogston

987. Following is true of T. pallidum, except - *(PGI98)*
a) Can be maintained in rabbit testis
b) Motile by peritrichate flagella
c) To visualise, dark ground microscopy is used
d) TPI test is very-useful

988. Stain for treponema - *(NEET/DNB Pattern)*
a) Fontana's b)Acid-facid
c) Methenamine-silver d)PAS

989. True about T. pallidum is - *(ARMS 97)*
a) Sialic acid on surface inhibits activation of alternate complement
b) Hyaluronidase - enhances invasiveness
c) Antibody specific DPG
d) Glycosaminoglycan on outer sheath inhibits antibody mediated killing of organism

990. Incubation period of syphilis -(*NEET/DNB Pattern)*
a) l hour - 5 hour b) 24 hour - 48 hour
c) l days - 10 days d) 10 days - 90 days

991. All are true about secondary syphilis except -
a) Gumma formation *{PGI May 10)*
b) Condyloma lata
c) Palmar erythema
d) Chancre may occur
e) Mucosal patch

969) b 970) a 971) a 972)c 973)c 974)a 975)a 976)c 977)b 978)b 979)a,b,c,d 980)c 981)c
982) a 983) c 984)c 985)c 986)c 987)b 988)a 989)b 990)d 991)a,c

992. In a syphilis patient, site which does not help in isolation of organism - *(NEET/DNB Pattern)*
a) Gumma b) Pr chancre
c) Mucosal patch d) Maculopapular rash

993. TVue about primary chancre - *(PG1 Dec 08)*
a) Painless ulcer
b) Painless lymphadenopathy
c) Covered with exudate
d) Indurated lesion
e) Organism can be cultured from exudative fluid

994. The skin lesions of secondary syphilis include all of the following except - *(AIIMS 9 7)*
a) Macules b) Vesicles & Bullae
c) Nodule d) Papulosquamous

995. A 23year old male had unprotected sexual intercourse with a commercial sex worker. Two weeks later, he developed a painless, indurated ulcer on the glans that exuded clear serum on pressure. Inguinal lymph nodes in both groins were enlarged and not tender. The most appropriate diagnostic test is- *(AIIMSMay 04)*
a) Gram's stain of ulcer discharge
b) Dark field microscopy of ulcer discharge
c) Giemsa stain of lymph node aspirate
d) ELISA for HTV infection

996. TVue about primary chancre - *(PGI Dec 04)*
a) Multiple ulcers
b) Painless solitary ulcer
c) Most infective state
d) Heals automatically in few months without treatment
e) Penicillin is the drug of choice

997. Tabes dorsalis is seen in - *(NEET/DNB Pattern)*
a) Primary syphilis b) Secondary syphilis
c) Tertiary syphilis d) Latent syphilis

998. Which one of the following is the most contagious lesion in syphilis? *(UPSC 97)*
a) Primary sore b) Gumma
c) Condylomata d) Papular skin rash

999. In secondary syphilis, which one of the following features is not found - *(UPSC 04)*
a) Maculopapular rashes
b) Generalised non tender lymphadenopathy
c) Aortitis
d) Follicular syphilides

1000. After giving treatment for Syphilis, the response to treatment can be best assessed by - *(AIIMSNov 99)*
a) FTA-ABS b)VDRL
c) TPHA d) Immobilization test

1001. Diagnostic test of choice for neurosyphilis is -
a) VDRL b) FTA-ABS *(PGI May 10)*
c)TPI d)RPR

1002. Investigation of choice for detection of syphillis in a patient after 2 course of complete therapy -
a) FTAABS b)VDRL *(AI02)*
c) TPI d) Dark ground microscopy

1003. Most sensitive test for Treponema -
a) VDRL b)RPR *(AIIMS May 10)*
c) FTA-ABS d) Kahn

1004. False + ve VDRL, is seen in all except - *(AI2000)*
a) Lepromatous Leprosy
b) Infectious mononucleosis
c) HIV
d) Pregnancy

1005. False +ive VDRL test is/are seen in- *(PGI May 11)*
a) Leprosy b) Malaria
c) Relapsing fever d) I.V. drug user
e) HIV infection

1006. False positive nontreponemal serological test for syphilis are seen in - *(PGI Dec 08)*
a) HIV infection b) Collagen disorders
c) Paediatric age group d) Tuberculosis
e) Chronic liver disease

1007. True about VDRL test - *(AIIMS 2001)*
a) Non - specific
b) Slide flocculation test
c) Best followed for drug therapy
d) All

1008. Regarding syphilis, all are true, except -
a) VDRL titre decreases or even absent after treatment
b) VDRL becomes positive after 10-14 days of infection *(AIIMS Nov 93)*
c) Earliest serological test to become positive in untreated primary syphilis is TPHA
d) Yaws and Pinta cannot be differentiated

1009. All are true about FTA-ABS in Syphilis, except -
a) FTA - ABS becomes negative after treatment
b) Present in secondary syphilis *(AI 2000)*
c) It is a specific test
d) May be positive in Lyme's disease

1010. 25 year old labourer 3 years back presented with penile ulcer not treated. Later he presented with neurological symptoms for which he got treated. Test to monitor response to treatment is -
a) VDRL b) FTA-ABS *(AIIMSNov 09)*
c) TPI d)RPR

1011. Features of congenital syphilis are- *(PGIMay 10)*
a) Snuffles is late manifestation
b) Perforation in cartilaginous part of nose
c) Mulberry molar
d) Saddle nose deformity

1012. Congenital syphilis can be best diagnosed by -
a) IgM FTA- ABS b) IgG FTA-ABS *(AI 01)*
c) VDRL d)TPI

1013. A VDRL reactive mother gave birth to an infant. All of the following would help in determining the risk of transmission to the infanct except - *(AI 06)*
a) TPHA test on the serum sample of the mother
b) TPHA test on the serum sarnie of the infant
c) VDRL on the paired serum sample of the infant and mother
d) Time interval between the treatment of the mother and her delivery

992) a 993) a,b,c,d 994)b 995)b 996)b,d,e 997)c 998)c,d 999)c 1000)b 1001)a 1002)b 1003)c 1004)d 1005) All 1006) a,b 1007)d 1008)b,c 1009)a 1010) a 1011)b,c,d 1012)a 1013)b

1014. Confirmatory test for syphilis - *(NEET/DNB Pattern)*
a) VDRL b) FTA-ABS
c) RPQ d)None

1015. T. pallidum was discovered by - *(Maharashtra 10)*
a) Schaudinn and Hoffmann
b) Ellerman and Bang
c) Twort
d) Robert koch

1016. VDRL is a- *(TN 95)*
a) Slide flocculation test
b) Tube flocculation test
c) Gel precipitation test
d) Indirect hemaglutinatioin test

1017. The following is not true of syphilis- *(AIIMS91)*
a) TPI is most specific
b) VDRL is not specific
c) VDRL is negative in secondary syphilis
d) IgM test is specific for congenital syphilis

1018. Which is false about syphilis - *(AI92)*
a) TPI gives definite diagnosis
b) TPHA is earliest to be+ve
c) VDRL is +ve 1 week after appearance of chancre
d) Serologically not different from yaws

1019. Which of the following is the most specific test to diagnose syphilis - **(***Corned 0 7)*
a) VDRL Test b) WassermannTest
c) RPR Test d) FTA-ABS

1020. The most commonly performed test for serodiagnosis of syphilis is - *(Kar 09)*
a) TPHA b) Waserman
c) TPT d)VDRL

1021. VDRL is most sensitive for diagnosis during which stage of syphilis - *(Jipmer 11)*
a) Primary b) Secondary
c) Tertiary d) Congenital

1022. False positive Fluorescent Treponemal antibody test is seen is - *(Jipmer 11)*
a) HIV b) Lyme disease
c) Infectious mononucleosis d)SLE

1023. Non venereal treponemas *islare-(PGIMayl0June04)*
a) T. Pertenue b) T. Carateum
c) T. Pallidum d) T. Cuniculi

1024. Regarding yaws, all are true except - *(AI 08)*
a) Caused by T. pertenue
b) Sexually transmitted
c) Cross reactive antibodies with syphilis
d) Drug of choice is penicillin.

1025. All of the following statements about 'yaws' are true except- *(AI 11)*
a) Caused by Treponema pertenue
b) Transmitted non venerally
c) Secondary yaws can involve bone
d) Late stages of yaws involve heart and nerves

1026. Bejel is caused by - *(NEET/DNB Pattern)*
a) T. pallidum b) T. endemicum
c) T. pertunae d) T. carateum

1027. Yaws is caused by - *(NEET/DNB Pattern)*
a) Treponema pallidum b) Treponena carateum
c) Treponema refrigens d) Treponema pertenue

2. BORRELIA

1028. Lyme disease caused by - *(PGI June 01)*
a) Leptospira b) Borrelia
c) Treponema d) Bordetella
e) Arbovirus

1029. Spirochetes among following are - *(PGIDec 06)*
a) Syphilis b)Leptospira
c) Mycoplasma d) Brucella
e) Borrelia

1030. Which one of the following microorganisms uses antigenic variation as a major means of evading host-defences - *(AIIMS Nov 04)*
a) Streptococcus pneumoniae
b) Borrelia recurrentis
c) Mycobacterium tuberculosis
d) Listeria monocytogenes

1031. True about B. recurrentis - *(NEET/DNB Pattern)*
a) Causes leptospirosis b)Water borne disease
c) Vector borne disease d) Transmitted by tick

1032. Borrelia recurrentis is transmitted by - *(MH11)*
a) Mite b) Louse
c) Tick d) Mosquito

1033. The following are true regarding Lyme's Disease, except- *(AI 03)*
a) It is transmitted by ixodid tick.
b) Erythema chronicum migraines may be a clinical feature
c) Borrelia recurrentis is the aetiological agent
d) Rodents act as natural hosts

1034. Which of the following is not the manifestation of Borrelia Burgdorferi- *(PGI May 10)*
a) Erythema chronicum migrans
b) Acrodermatitis chronica atrophicans
c) Lymphogranuloma venerum
d) Granuloma fasiale
e) Lichen planus

1035. Kelly's medium is used in the isolation of -
a) Leptospira b) Borrelia *(PGI81)*
c) Bartonella d) Brucella

1036. Lymes disease all are true except -
a) Borellia bourgdorferi replicates locally and invades locally *(AIIMS May 11, 10)*
b) Infection progresses inspite of good humoral immunity
c) Polymorphonuclear lymphocytosis in CSF suggest meningial involvement
d) IgA intrathecally confirms meningitis

1037. All of the following species of borrelia are associated with tick borne relapsing fever, except - *(AI 09)*
a) Borrelia recurrentis b) Borrelia hermsii
c) Borrelia turicatae d) Borrelia duttani

1014) b 1015)a 1016)a 1017)c 1018)b 1019)d 1020)d 1021)b 1022)b 1023)a,b 1024)b 1025)d 1026)b
1027)d 1028) b 1029)a,b,e 1030)b 1031)c 1032)b 1033)c 1034)c,d,e 1035)b 1036)c 1037)a

1038. Tick born relapsing fever is/are caused by -*(PGIDec*
a) Borreliarecurrentis b) Borrelia duttonii *08)*
c) Borrlia burgdorferi d) Borrelia hermsii
e) None of above

1039. Louse borne relapsing fever -*(NEET/DNB Pattern)*
a) B duttoni b) B recurrentis
c) B parkeri d) B burgdorferi

3. LEPTOSPIRA

1040. A bacterial disease that has been associated with the 3 "Rs" i.e. rats, ricefields, and rainfall is-
a) Leptospirosis b) Plague *(AI05)*
c) Melioidosis d) Rodent - bite fever

1041. Reservoir of leptospira - *(NEET/DNB Pattern)*
a) Cat b)Dog
c) Rat d) Monkey

1042. Which of the following is transmitted by rat urine ?
a) Leptospira *(NEET/DNB Pattern, AI02)*
b) Listeria
c) Legionella
d) Mycoplasma

1043. Leptospira icterohemorrhagica infection is transmitted by- *(TN 95)*
a) Bats b) Rats
c) Birds d) Dogs

1044. A 25-year old farmer presented with history of high grade fever for 7 days and altered sensorium for 2 days. On examination, he was comatosed and had conjunctival hemorrhage. Urgent investigations showed a hemoglobin of 11 gm/dl, serum bilirubin 8 mg/dl and urea 78 mg/dl. Peripheral blood smear was negative for malarial parasite. What is the most likely diagnosis - *(ARMS Nov 05)*
a) Brucellosis b) Weil's disease
c) Acute viral hepatitis d) Q fever

1045. Not used in leptospirosis - *(ARMSMay 10)*
a) Microscopic agglutination test
b) Dark field illumination
c) Macroscopic agglutination test
d) Weil felix reaction

1046. A fourteen year old body is admitted with history of fever, icterus, conjunctival suffusion and haematuria for twenty days. Which of the following serological test can be of diagnostic utility - *(ARMSNov 04)*
a) Widal test
b) Microscopic Agglutination Test
c) Paul Bunnell test
d) Weil felix reaction

1047. A labourer involved with repair-work of sewers was admitted with fever, jaundice and renal failure. The most appropriate test to diagnose the infection in this patient is - *(AI 03)*
a) Weil Felix test
b) Paul Bunnell test
c) Microscopic agglutination test
d) Microimmunofluorescence test

1048. Culture media of leptospirosis - *(ARMSMay 09)*
a) Korthof b) Perkin
c) Tinsdale d) Baker's

1049. The following about leptospirosis is true except -
a) High fever with chills *(PGI 02)*
b) Seen in sewage workers
c) Jaundice is present
d) Acute renal failure may occur
e) Tetracycline is the drug of choice

1050. All of the following statements about leptospirosis are true except - *(AI 09)*
a) Infection acquired by direct contact with infected urine
b) Mortality is 5-15% in severe cases
c) Antibodies are usually detectable in the first week
d) Iv penicillin is recommended for treatment of severe cases

1051. Which of the following statements about Leptospirosis is true - *(AI 11)*
a) Rats are prime reservoirs
b) Fluoroquinolones are the drug of choice
c) Person to person transmission is common
d) Hepatorenal syndrome may occur in upto 50% of patients

1052. A sewage worker presents to the emergency department with fever and jaundice. Laboratory findings reveal an elevated BUN and serum creatinine suggestive of renal failure. Which of the following antibiotics is recommended? *(AI 11)*
a) Cotrimaxozole b) Erythromycin
c) Ciprofloxacin d) Penicillin G

1053. Consider the following statements - *(UPSC 07)*
1. In leptospirosis, the incubation period ranges from 2 to 20 days.
2. In leptospirosis, urine may show microscopic haematuria

Which of the statements given above is are correct ?
a) 1 only b) 2 only
c) Both 1 and 2 d) Neither 1 nor 2

1054. Leptospira canicola infection usually present as-
a) Aseptic meningitis *(Karnat 98)*
b) Jaundice
c) Diarrhoea and vomiting
d) Lobar pneumonia

1055. The Leptospira interrogans complex - *(PGI 88)*
a) Causes disease in rodents which is usually fatal
b) Mostly affects the kidney and liver
c) Causes rise in lgM antibodies which disppears after the first week of the disease.
d) Causes primarily vascular changes
e) Can be prevented by an effective vaccine which is used world wide

1038)b,d 1039)b 1040)a 1041)c 1042)a 1043)b 1044)b 1045)d 1046)b 1047)c 1048)a 1049)e 1050)c 1051)a 1052) d 1053)c 1054)a 1055)b,d

MYCOPLASMA

1056. Cell wall deficient organisms are - *(PGI99)*
a) Chlamydia b) Mycoplasma
c) Streptococcus d) Anaerobes

1057. Eaton agent is - *(Jipmer 11)*
a) Chlamydia b) Mycoplasma pneumoniae
c) Klebsiella d) H. influenzae

1058. Eaton agent is - *(Rohtak 86)*
a) Corynebacterium b) Pseudomonas
c) Mycoplasma d) Gonococcus

1059. The following statements are true with reference to Mycoplasma except - *(A1IMS Nov 05)*
a) They are the smallest prokaryotic organisms that can grow in cell free culture media
b) They are obligate intracellular organisms
c) They lack a cell wall
d) They are resistant to Beta-lactam drugs

1060. Diene's method is used for - *(PGI99)*
a) Mycoplasma b) Chlamydiae
c) Plague d) Diphtheria

1061. Fried Egg colony is seen in culture of -
a) Mycoplasma *(NEET/DNB Pattern)*
b) Legionella
c) Trachoma
d) Hemophilus

1062. In reference to the mycoplasmas, the following are true except - *(A1IMS May 05)*
a) They are inhibited by penicillins
b) They can reproduce in cell free media
c) They have an affinity for mammalian cell membranes
d) They can pass through filters of450 nm pore size

1063. True about mycoplasma are all except -
a) They are L forms *(AIIMS May 08)*
b) Sterol enhances growth
c) Can grow in cell free media
d) When grown in liquid medium do not produces turbidity

1064. The following is true for Mycoplasmas except -
a) Multiply by binary fission. *(AIIMS Nov 02)*
b) Are sensitive to beta-lactam group of drugs.
c) Can grow in cell free media.
d) Require sterols for their growth

1065. Ureaplasma is naturally resistant to -
a) Erythromycin *(NEET/DNB Pattern)*
b) Tetracycline
c) Chloramphenicol
d) Cephalosporins

1066. True about mycoplasma - *(NEET/DNB Pattern)*
a) Obligate intracellular organism
b) Penicillin is effective treatment
c) Require cholesterol for growth
d) Have thick cell wall

1067. "L-form" phenomenon is most likely to occur in -
a) Mycobacterium tuberculosis *(DPG 10)*
b) Pseudomonas
c) Proteus
d) Mycoplasma

1068. Which one of the following needs cholesterol and other lipids for growth - *(MH11)*
a) Mycobacterium TB b) Chlamydia
c) Hemophilus d) Mycoplasma

1069. TRUE about mycoplasma is- *(AIIMS Dec 95)*
a) Causes lung infection
b) Penicillin is drug of choice
c) Thick cell wall
d) Thallium acetate inhibits the growth

1070. Mycoplasma pneumonia is characterised by all except-
a) Diagnosed by serum cold antibody
b) Treatment is erythromycin *(AIIMS June 98)*
c) Cannot be cultured from sputum
d) Raised ESR

1071. All are features of Ureaplasma urealyticum except -
a) Non gonococcal urethritis *(AI01)*
b) Salpingitis
c) Epididymitis
d) Bacterial vaginosis

1072. True about mycoplasma - *(NEET/DNB Pattern)*
a) L-form b) Multidrug resistant
c) Cause NGU d) Penicillin effective

1073. *True* about mycoplasma is - *(MP 98)*
a) Not sensitive to antibiotics
b) L. form is commonest
c) Culture in sabouraud's media
d) Most common cause of non gonococcal urethritis

ACTINOMYCETES

1074. True about actinomyces is - *(AIIMSDec 95)*
a) Gram+ve
b) Most common site is brain
c) Tetracycline is drug of choice
d) Portal of entry is inhalation

1075. Which of the following is not true of Actinomycosis-
a) Demonstration of filaments *(AI94)*
b) Caused by actinomyces israelii
c) Organism cannot be cultured
d) Sulphur granules in pus

1076. Which of the following is the most predominant constituent of sulfur granules of Actinomycosis is -
a) Organisms *(AIIMS May 04)*
b) Neutrophils and monocytes
c) Monocytes and lymphocytes
d) Eosinophils

1077. Color of granule of actinomycetes-
a) Black b) Yellow *(NEET/DNB Pattern)*
c) Red d) Brown

1078. Actinomycosis most common site- *(NEET/DNB*
a) Cervicofacial b) Thoracis *Pattern)*
c) Abdomen d) Brain

1056) b 1057)b 1058)c 1059)b 1060)a 1061)a 1062)a 1063)a 1064)b 1065)d 1066)c 1067)d 1068)d 1069)a 1070)c 1071) b 1072)c>a 1073)b 1074)a 1075)c 1076)a 1077)b 1078)a

1079. Actinomycetes is - *(AI88, Bihar 05)*
a) Gram positive bacteria
b) Gram negative bacteria
c) Fungus
d) A yeast like from

1080. A clinical specimen was obtained from the wound of a patient diagnosed as Nocardiosis. For the selective isolation of *Nocardia sp.* which one of the following would be the best method - *(AIIMS May 04)*
a) Paraffin bait technique
b) Castaneda's culture method
c) Craige's tube method
d) Hair bait technique

1081. Nocardia is stained by all except- *(AIIMSMay 08)*
a) Acid fast stain b) Kiram's stain
c) Alcian blue stain d) Mucin stain

1082. Nocardia is differentiated from Actinomyces by -
a) Gram stain *(PGIJune02)*
b) ZN stain
c) Nocardia causes mycetoma, Actinomyces does not
d) Nocardia is faculative anerobe

1083. A patient presents to the emergency department with history of persistent fever & cough. Radiological features are suggestive of pneumonia. Sputum examination cultures reveal aerobic branching Gram positive filaments that are partially acid fast.Which of the following is the most likely etiological agent - *(AI11)*
a) Actinomyces israeli
b) Nocardia asteriodes
c) Aspergillus fumigatus
d) Staphylococcus aureus

1084. A characteristic infection of Nocar diaAsteroides is - *(AI12)*
a) Diarrhea
b) Secondary Dissemination to liver
c) Brain Abscess
d) Colonic Diverticulosis

1085. Nocardia resemble actinomyces morphological but- *(ICS2K)*
a) Are anaerobic b) Are faculative anaerobic
c) Are aerobic d) Require $C0_2$ for growth

LISTERIA MONOCYTOGENES

1086. All of the following are true about Listeria except -
a) Transmitted by contaminated milk *(AI 02)*
b) Gram negative bacteria
c) Cause abortion in pregnancy
d) Causes meningitis in neonates

1087. Microorganism motile at 25°C but not motile at 37°C- *(PGI Nov 09)*
a) Listeria monocytogens
b) Campylobacter
c) Yersinia pestis
d) Streptococcus agalctiae
e) E. coli

1088. Tumbling motility is shown by - *(NEET/DNB Pattern)*
a) Listeria monocytogenes b) Proteus vulgaris
c) Borrelia d) Clostridia

1089. A major step in the pathogenesis of listeriosis is -
a) The formation of antigen-antibody complexes with resultant complement activation and tissue damage *(ARMS Nov 05)*
b) The release of hyaluronidase by L. monocytogenes, which contributes to its dissemination from local sites
c) The antiphagocytic activity of the L. monocytogenes capsule
d) The survival and multiplication of L. monocytogenes within mononuclear phagocytes and host epithelial cells

1090. The Anton test is used in the diagnosis of - *(ARMS 79)*
a) C. diphtheriae b) H. influenzae
c) L. monocytogenes d) S. pneumoniae

1091. Tumbling motility is shown by -
a) Proteus vulgaris b) Proteus mirabilis
c) Vibrio d) Listeria

1092. A 30 year old woman with a bad obstetric history presents with fever. The blood culture from the patient grows gram-positive small to medium coccobacilli that are pleomorphic, occurring in short chains. Direct wet from the culture shows tumbling motility. The most likely organism is - *(AI 04)*
a) Listera monocytogenes
b) Corynebacterium sp.
c) Enterococcus sp.
d) Erysipelothrix rhusiopathiae

1093. A3-week old child presented to the pediatrician with meningitis. A presumptive diagnosis of late onset of a perinatal infection was made. The CSF culture was positive for gram positive bacilli. Which of the following characteristic of this bacteria would be helpful in differentiating it from other bacteria agents - *(ARMS May 05)*
a) Ability to grow on blood agar
b) Ability to produce catalase
c) Fermentative attack on sugars
d) Motility at 25°C

1094. In patient with listeria meningitis who is allergic to penicillin the treatment of choice is - *(PGI 99)*
a) Vancomycin
b) Gentamycin
c) Trimethoprim-sulphamethoxazole
d) Ceftriaxone

COMPYLOBACTOR

1095. Regarding Campylobacter jej uni not true is -
a) Most common cause of Campylobacteriosis
b) Poultry is the cause of the disease
c) Human is the only reservoir *(ARMSNov 09, AI 11)*
d) Causes Gillian barrie syndrome

1079) a 1080) a 1081)b 1082)bl083)b 1084)c 1085)c 1086)b 1087)a 1088)a 1089)d 1090)c 1091)d 1092)a 1093) d 1094) c 1095) c

1096. Campylobacter culture media are - *(PGIDec 08)*
a) Schaedler'sagar b)CVA medium
c) Regan-Lowe medium d) Skirrow medium
e) Campylobacter blood agar

1097. A 35 year old patient complains of abdominal cramps along with profuse diarrhea. The treating physician wants to process the stool specimen for isolation of Campylobacter jejuni. Which of the following is the method of choice for the culture of stool -
a) Culture on TCBS medium incubated at 37°C under aerobic conditions *{AIIMS Nov 04, AI05)*
b) Culture on Skirrow's medium incubated at 42°C under micro-aerophilic conditions.
c) Culture on MacConkey's medium incubated at 42°C under anaerobic contions
d) Culture on Wilson and Blair's medium incubated at 37° under microaerophilic conditions

HELICOBACTER

1098. Bacterial genome has been completely recognised for which one of the following agents - *(AI 98)*
a) H. pylori
b) Yersinia enterocolitis
c) Campylobacter jejuni
d) Streptococcus pneumoniae

1099. What is true about H. pylori - *(PGI Dec 05)*
a) Gram -ve Cocci curved
b) Gram +ve Cocci straight
c) Gram +ve bacilli curved
d) Gram -ve bacilli straight
e) Gram -ve spiral bacteria

1100. True about H. pylori is - *(AIIMS 97)*
a) Vacuolating cytotoxin
b) Antiurease antibody detection specific for type I
c) Found in the jejunum
d) Treatment is $Al(OH)_2$

1101. True about H. Pylori is all except - *(PGI June 2000)*
a) It splits urea & produces ammonia to survive
b) Produces gastric carcinoma
c) Gram -ve curved rods
d) Cag-A gene is not associated with risk of duodenal ulcer

1102. True about H. Pylori - *(PGI June 04)*
a) It is flagellated
b) Involved in causation of peptic ulcer disease
c) Hypergastrinemia caused by it
d) Eradication leads to improved life style
e) It is a gram -ve organism

1103. Seven sheathed flagella is seen in -*(NEET/DNB*
a) V cholera b) H pylori *Pattern)*
c) Ps aeroginosa d) Spirochetes

1104. It is true about H. Pylori that it - *(DPG10)*
a) Is gram -ve spiral organism
b) Is a protozoa
c) Causes chronic gastritis in adults due to reinfection
d) Treatment prevents gastric lymphoma

1105. True about helicobacter pylori are all except -
a) Urea breath test is diagnostic *(AI 98)*
b) Gram negative, flagellate bacilli
c) Risk factor for development of adenocarcinoma of stomach
d) It provides life long immunity

1106. Helicobacter pylori is not associated with -
a) Gastrointestinal lymphoma *(AIIMS Nov 03)*
b) Gastric cancer
c) Gastric leiomyoma
d) Peptic ulcer

1107. All are true regarding H.Pylori except - *(AIIMS Sept*
a) Less prevalent in developing countries *96,*
b) Ulcer is caused by toxigenic strains *Feb 97)*
c) Urea breath+ve test is a rapid method of detection
d) Gram-ve organism

1108. All of the following are true about Helicobacter pylori except - *(AI 98)*
a) About 50% of world population affected
b) 85% of population is affected in some developing contries
c) All childrens in developing countries have immunity by five years of age
d) Infection is common in low socioeconomic status

1109. True about H.pylori- *(PGIDec 2000)*
a) Seen in 85 to 90% cases of gastric ulcer
b) Seen in 20 to 25% cases of duodenal ulcer
c) Transmitted from man to man, feco-orally & by orogastric route
d) Common in adults of developing countries

1110. True about Helicobacter pylori is - *(AI 98)*
a) Culture and gram staining of biopsy is the gold standard investigation
b) Controlled urea breath is negative with massive infection.
c) Anti urease antibody are produced only by invasive strains
d) Urease activity provides protective environment to the bacilli.

1111. Non invasive test for H.pylori - *(PGI June 08)*
a) Rapid urease test
b) Urease breath test
c) Stool antigen assay
d) Stomach aspiration culture
e) Biopsy

1112. Maximum urease +ve is produced by - *(PGI2000)*
a) H. pylori b) P. Mirabilis
c) K. rhinomatis d) Ureaplasma

1113. The most sensitive test for H. pylori is - *(PGI 99)*
a) Breath test
b) Rapid urease test
c) Culture of biopsy
d) Microscopy of biopsy

1096) b,d,e 1097)b 1098)a 1099)e 1100)a 1101)d 1102)A11 1103)b 1104)d 1105)d 1106)c 1107)a 1108)c 1109)c 1110)d 111 1)b,c 1112)a 1113)a

1114. Which of the following is false regarding H pylori -
a) With chronic infection urease breath test become negative *(AIIMS 2000)*
b) H. pylori infection remains life long if untreated
c) Endoscopy is diagnostic
d) Toxigenic strains usually cause ulcer

1115. H. pylori true about - *(PGIJune04)*
a) Gram +ve spiral organism
b) It is a protozoa
c) Causes chronic gastritis in adults due to re-infection
d) Treatment causes regression of gastric lymphoma
e) Duodenal mucosa normal

1116. Regarding H. pylori, all are true except -
a) Gram-negative bacillus *(PGI June 02)*
b) Strongly associated with duodenal ulcer (DU)
c) Associated with lymphoma
d) C-14 urea breath test is used in diagnosis
e) It should be eradicated in all cases whenever detected

1117. Rapid urease positive test is done in - *(PGIDec 05)*
a) H. Pylori b) S. Aureus
c) Klebsiella d) Staphylococcus

LEGIONELLA

1118. All of the following are correct regarding Legionella except - *(AIIMS Nov 04)*
a) Legionella can be grown on complex media
b) Legionella pneumophila serogroup 1 is the most common serogroup isolated from humans
c) Legionella are communicable from infected patients to others
d) Legionella pneumophila is not effectively killed by polymorphonuclear leukocytes

1119. A 60-year old man is diagnosed to be suffering from Legionnaires' disease after the returns home from attending a convention. He could have acquired it -
a) From a person suffering from the infection while travelling in the aeroplane *(AI 2003)*
b) From a chronic carrier in the convention center
c) From inhalation of the aerosol in the air conditioned room at convention center
d) By sharing an infected towel with a fellow delegate at the convention

1120. Legionnaire disease is caused by-
a) Motile gram positive *(NEET/DNB Pattern)*
b) Motile gram negative
c) Non-motile gram positive
d) Non-motile gram negative

1121. Devi, a 28 year female, has diarrhea, confusion high grade fever with bilateral pneumonitis. The diagnosis is- **(***AI2000***)**
a) Legionella
b) Neisseria meningitidis
c) Streptococcus pneumoniae
d) H. influenzae

1122. Pontaic fever is caused by - *(NEET/DNB Pattern, PGI Dec 07, Nov 11)*
a) Legionella b) Listeria
c) Scrub typhus d) Leptospira
e) Rickettsia

1123. Which of the following is a good media to use for diagnosis of Legionnaires disease - *(AIIMS Nov 01)*
a) Thayer Martin Media b)BCYEagar
c) Bordet Gengu media d) Chocolate agar

1124. BCYE medium is used to culture - *(PGI 99)*
a) Mycoplasma b)T. pallidum
c) H.pylori d) Legionella

1125. A elderly male patient presented with fever, chest pain and dry cough, sputum cultured on charcoal yeast medium, the organism is -*(AIIMSNov 11, 06,*
a) H. influenzae b) Moraxella cartarrhalis *AI 07)*
c) Legionella d) Burkholderia cepacia

1126. True about legionella - *(PGI Dec 06)*
a) Epidemics (+)
b) Splenomegaly
c) Easily seen on sputum
d) Scanty neutrophils with fed organisms
e) Purulent sputum common

RICKETTSIACEAE

1127. The following is the etiological agent of Rocky mountain spotted fever - *(AIIMS May 05)*
a) Rickettsia rickettsii
b) Rochalimaea quintana
c) Rickettsia tsutsugamushi
d) Coxiella burnetii

1128. Mite is a vector for - *(PGI June 08)*
a) R.typhi b) R.prowazeki
c) R.rickettsii d) R.tsutsugamushi
e) R.conori

1129. Transovarian transmission is a feature *oi-(PGI98)*
a) Scrub fever b) Epidemic typhus
c) Endemic typhus d) Trench fever

1130. Scrub typhus is transmitted by - *(AIIMSNov 07)*
a) Reduvid bug b)Trombiculidmite
c) Enteric pathogens d) Cyclops

1131. Mite transmits - *(AI 91)*
a) Scrub typhus b) Trench fever
c) Endemic typhus d) Epidemic typhus

1132. Scrub typhus is caused by - *(Maharashtra 10)*
a) R. tsutsugamushi b) R. Prawazekii
c) R. rickettsii d) R. Akari

1133. Q fever is caused by - *(Kerala 94)*
a) Rickettsia tsutsugamushi
b) R.prowozekii
c) R. quintana
d) C. bumetti

1114) a 1115) d 1116) e 1117)a 1118) c 1119)c 1120)b 1121)a 1122)a 1123)b 1124)d 1125)c 1126)a 1127)a
1128) d 1129) a 1130)b 1131)a 1132)a 1133)d

1134. All are true about Rickettsia except -
a) obligate intracellular *(AIIMS June 99)*
b) Gram +ve bacillus
c) Arthropods are vector
d) Weil felix test is diagnostic

1135. Which rickettesiae are able to grow in cell free media -
a) R. Quintana b) R. Rickettsii
c) R. Typhi d) R. Tsutsugamushi

1136. A man with very high fever shows strongly positive agglutination test with OXK antigen. The most likely diagnosis is- *(AI2K)*
a) Tsutsugamushi fever b) Trench fever
c) Undulent fever d) Relapsing fever

1137. All of the following statement are true regarding Q fever except - *(AI 03)*
a) It is zoonotic disease
b) Human disease is characterized by an interstitial pneumonia
c) No rash is seen
d) Weil-felix reaction is very useful for diagnosis

1138. Weil felix reaction for Scrub typhus shows positivity for - *(NEET/DNB Pattern)*
a) OXK b) OXK+ 0X19
c) OX-2 d) OX-19

1139. Tunica reaction is seen in - *(AIIMS 79, 81)*
a) H. influenzae b) Plague
c) R. mooseri * d) B. Anthrax

1140. Neill-Mooser reaction is used to diagnose- *(PGI99)*
a) Rickettsiae b)Chlamydiae
c) Mycoplasma d) Herpes

1141. Weil felix reaction with OXK antigen indicates infection with - *(JIPMER 90)*
a) R. tsutsugamushi b) R. Mooseri
c) R. Quintana d)R.Akari

1142. Weil Felix test is useful in diagnosis of the following except- *(MH11)*
a) Epidemic typhus b) Scrub typhus
c) RMSF d) Trench fever

1143. For all of the following Weil Felix reaction is diagnostic except - *(SGPGI05)*
a) Endemic typhus b) Scrub typhus
c) Epidemic typhus d) Q fever

1144. About rickettsiae, all are true except - *(UPSC 09)*
a) These are transmitted by arthropod vectors
b) Eschar is not seen in RMSF
c) Weil-Felix reaction may be diagnostic
d) Cephalosporins are drugs of choice

1145. The primary site of multiplication of rickettsial organisms is in the -
a) Parenchymal cells of the liver
b) Endothelial cells of small vessels
c) Media of arteries
d) Adventitia of all blood vessels

1146. An army jawan posted in remote forest area had fever and headache. His fever was 104° F and pulse was 70 per min. He had an erythematous lesion of about 1 cm on the leg surrounded by small vesicles, along with generalized lymphadenopathy at the time of presentation to the referral hospital. His blood sample was collected to perform serology for the diagnosis of Rickettsial disease. Which one of the following results in Weil-felix reaction will be diagnostic in this clinical setting - *(AI 05)*
a) High OX - 2 b) High OX -19
c) HighOX-K d) High OX-19 and OX-2

1147. A patient complained of chills and fever following a louse bite 2 weeks before. He had rashes all over the body and was delirious at the time of presentation to the hospital and subsequently went into coma. A provisional diagnosis of vasculitis due to Rickettsial infection was made. Which one of the following can be causative agent - *(AI 06)*
a) Rickettsia typhi b) Rickettsia rickettsiae
c) Rickettsia prowazekii d) Rickettsia akari

1148. All are true about B. Quintana except -
a) Causes trench fever *(NEET/DNB Pattern)*
b) Not detected by weil felix reaction
c) Recurrence is common
d) Tick is the vector

1149. It is true regarding endemic typhus that -
a) Man is the only reservoir of infection *(AIIMS 06)*
b) Flea is a vector for the disease
c) The rash developing into eschar is a characteristic presentation
d) Culture of the etiological agent in tissue culture is a diagnositc

1150. Which of the following statements is true about endemic typhus - *(AI 03)*
a) Is caused by R. rickettsii
b) Is transmitted by bite of fleas
c) Has no mammalian reservoir
d) Can be cultured in chemical defined culture medium

1151. Which is not transmitted by arthopod-
a) Rickettsia prowazakii *(AIIMS Feb 97)*
b) Coxiella burnetii
c) Rickettsia akari
d) Rickettsia rickettsii

1152. Mode of transmission of Q fever - *(AIIMS 04)*
a) Bite of infected louse b) Bite of infected tick
c) Inhalation of aerosal d) Bite of infected mice

1153. Rickettsiae- *(AIIMS94)*
a) Multiply only within living cell
b) Produce typhus fever of epidemic type only
c) Transmitted by athropod vectors
d) Respond to tetracycline therapy

1154. A man present with fever, chills 2 weeks after a louse bite. There was maculopapular rash on the trunk which spread peripherally. The cause of this infection can be - *(AIIMS 03)*
a) Scrub typus b) Endemic typhus
c) Rickettsialpox d) Epidemic typhus

1134) b 1135) a 1136)a 1137)d 1138)a 1139)c 1140)a 1141)a 1142)d 1143) d 1144)d 1145)b 1146)c 1147)c
1148) d 1149) b 1150) b 1151)b 1152)c 1153)a,c,d 1154)d

1155. Which of the following is used for Rickettsia -
a) Weil-Felix reaction *(NEET/DNB Pattern)*
b) Rose-waler test
c) Poul-Bunnel test
d) VDRL

CHLAMYPIAE

1156. Which of the following is an obligate parasi *ter(AI98)*
a) Mycoplasma b) Chlamydia trachomatis
c) Gram-ve bacilli d) Gram+ve cocci

1157. The following statements are true regarding Chlamydia except - *(AlIMS May 05)*
a) Erthromycin is effective for therapy of Chamydial infections
b) Their cell wall lacks apeptidoglycan layer
c) They can grow in cell free culture media
d) They are obligate intracellular bacteria

1158. Chlamydia trachomatis false is -*(AlIMSNov 06, AI10,*
a) Elementary body is metabolically active *07)*
b) It is biphasic
c) Reticulate body divides by binary fission
d) Inside the cell it evades phagolysosome

1159. Inclusion body is seen in - *(NEET/DNB Pattern)*
a) Rickettsiae b) Chlamydia
c) Mycoplasma d)H. Pylori

1160. All of the following are true about Chlamydia except-
a) Gram positive *{NEET/DNB Pattern)*
b) Causes trachoma
c) Causative organism of psittacosis
d) Are also called basophilic viruses

1161. Which one of the following statements is true regarding Chlamydia pneumoniae - *(AI 05)*
a) Fifteen serovars have been identified as human pathogens.
b) Mode of transmission is by the airborne bird excreta
c) The Cytoplasmic inclusions present in the sputum specimen are rich in glycogen
d) The group specific antigen is responsible for the production of complement fixing antibodies

1162. Chlamydiaeare- *(Kerala 94)*
a) Viruses b) Fungi
c) Protozoa d) Bacteria

1163. Chlamydia trachomatis true is - *(Kar 09)*
a) Is a yeast
b) Is an intracellular organism
c) Forms extracellular bodies which are diagnostic
d) Is never demonstrable in conjuctival scrapping

1164. Lymphogranuloma venerum is caused by - *(MH11)*
a) Chlamydia trachomatis
b) Calymmatobacter granulomatis
c) Haemophilus ducreyii
d) Treponema pallidum

1165. Infectious part of chlamydia is - *(Jharkhand 08)*
a) Elementary body b)KPbody
c) Reticulate body d) None

1166. Chlamydia trachomatis serovars D-K cause -
a) Arteriosclerosis *(AI98)*
b) Trachoma
c) Lymphogranuloma venereum
d) Urethritis

1167. Which of the following regarding chlamydia trachomatis is true - *(AI89)*
a) Gram negative b) Susceptible to pencillins
c) Cause infertility d) Transmitted parenterally

1168. Chlamydia causes all the following diseases except-
a) Non-gonococcal urethritis *(AI95)*
b) Pneumonia
c) Trachoma
d) Parotitis

1169. Chlamydia trachomatis is associated with the following except - *(AI 2005)*
a) Endemic trachoma
b) Inclusion conjunctivitis
c) Lymphogranuloma venereum
d) Community acquired pneumonia

1170. Chlamydia trachomatis does not cause -
a) Salpingitis b) Vulvitis *(AIIMSDec94)*
c) Cervicitis d) Urethritis

1171. Chlamydia causes - *(PGIDec 2000)*
a) Infertility
b) Pneumothorax
c) Pelvic inflamatory disease
d) Cong, malformation in fetus

1172. Chlamydia does not cause - *(AI 2000)*
a) Q fever b) Non gonococcal urethritis
c) Trachoma d) Salpingitis

1173. Chlamydial infection is a/w - *(PGI Dec 05)*
a) Coronary heart disease
b) LGV
c) Ophthalmia neonatorum
d) Atypical pneumonia
e) Atypical endocarditis

1174. Chlamydia trachomatis infection commonly causes- **(***MP98)*
a) Infertility b) Post coital bleeding
c) Amenorhoea d) Malignancy

1175. Chlamydia trachomatis infection causes the following exept - *{Corned 0 7)*
a) Pneumonitis b) Rhinitis
c) Conjunctivitis d) Urethritis

1176. The following is not a method of isolation of chlamydia from clinical specimens -*(AIIMS Nov 05)*
a) Yolk sac inoculation
b) Enzyme immunoassay
c) Tissue culture using irradiated McCoy cells
d) Tissue culture using irradiated BHK cells

1177. Which of the following is used for isolation fo chlamydia- *(AI 10)*
a) Microimmunofluoroscence
b) Yolk sac ioculation
c) ELISA
d) Immunofluroscence

1155) a 1156) b 1157)c 1158)a 1159)b 1160)a 1161)d 1162)d 1163)b 1164)a 1165)a 1166)d 1167)a,cll68)d 1169) d 1170)b 1171)a,c 1172) a 1173) All 1174) a 1175)b 1176)b 1177)b

1178. Chlaymydia in asymptomatic carriers, the most sensitive test is - *(AIIMS Nov 09)*
a) Tissue culture b) Nucleic acid amplification test
c) Serology d) Serum electrophoresis

1179. The most sensitive method for detecting cervical Chlamydia trachomatis infection is - *(AI 04)*
a) Direct fluorescent antibody test
b) Enzyme immunoassay
c) Polymerase chain reaction
d) Culture on irradiated McConkey cells

1180. Most common diagnostic test in LGV is - *(PGI93)*
a) Fluorescent Antibody
b) Complement fixation test
c) Cell culture
d) Frei's test

1181. Chlamydia grows in which of the following cell lines-
a) HeLa *(PGI Dec 01)*
b) HeP2
c) McCoy
d) Human diploid fibroblast series
e) Vero cells

1182. All of the following statements about Chlamydia trachomatis are true except - *(AI 09)*
a) Genital chlamydial infections are often asymptomatic
b) Can be cultured
c) Inclusion conjuctivitis is caused by C. trachomatis serotypes D-K
d) Penicillin is the treatment of choice

1183. Chlamydia psittacosis all are true except - *(AI07)*
a) Acquired from bird's droppings
b) Causes urethreitis
c) Causes pneumonia
d) Treatment is tetracycline

1184. Levinthal Coles Lillie bodies are seen in -
a) IGV b) Psittacosis *(AIIMS 85)*
c) KalaAzar d) Chicken pox

MISCELLANEOUS

1185. Ehrlichia chaffeensis is causative agent of -
a) HME b) HGE *(NEET/DNB Pattern)*
c) Glandular fever d)None

1186. All cause fournier gangrene *except-(NEET/DNB*
a) Staphylococcus b) Streptococcus *Pattern)*
c) Clostridium d) Bacteroides

1187. Necrotizing fascitis is caused by - *(NEET/DNB*
a) Staphylococcus aureus *Pattern)*
b) Beta hemolytic streptococci
c) Clostridium perfringens
d) Pneumococcus

1188. Which of the following regarding bacterial drug resistance is not true - *(AIIMSMay 12, Nov 11,*
a) Most bacterial drug resistance is due *AI 12)*
to production of penicillin degrading enzymes
b) Plasmid mediated resistance is always transmitted vertically
c) Complete elimination of target produces resistance to vancomycin
d) Alteration in target protein leads to pneumococcal resistannce

1189. All of the following agents have polysaccharide capsule related antigen antibody responses except- *(AI 11)*
a) Pneumococcus b) Meningococcus
c) Haemophilus influenza d) Bordetella pertussis

1190. Which of the following is not true about transmission - *(AI09)*
a) Legionella may be transmitted through water aerosols
b) Listeria may be transmitted through refrigerated food
c) Leptospirosis may be transmitted through water contaminated with rat urine
d) Tetanus may be transmitted through dust and droplets

1191. Septicemia is -
a) Bacteria in blood
b) Toxin in blood
c) Pus in blood
d) Multiplication of bacteria and toxins in blood

1192. Which of the following organisms does not enters through abrasions in the skin - *(NEET/DNB Pattern)*
a) E rhusiopathiae b) E corrodens
c) C hominis d) C violaceum

1193. HACEK group includes all except - *(AIIMSNov 07*
a) Hemophilus aprophillus *May 08)*
b) Acinetobacter baumanni
c) Eikenella carrodens
d) Cardiobacterium hominis

1194. Cat scratch disease is- *(PGI 98)*
a) Associated with positive Frei skin test
b) Caused by a DNA virus
c) Associated with a pathognomonic histological picture
d) Associated with regional lymphadenopathy
e) Associated with a positive Hangar-Rose test

1195. Bartonella henselae causes all except -
a) Oroya fever *(NEET/DNB Pattern)*
b) Cat scratch disease
c) Bacillary angiomatosis
d) SABE

1196. Rat bite fever may be caused by - *(PGI 85)*
a) Leptospira canicola
b) Streptobacillus moniliformis
c) Borreliarecurrentis
d) Spirillum minus

1197. An 8 year old child with history of pain & discharge from right ear presents with fever, neck rigidity & a positive Kerning's sign. Discharge was stained with Gram stain which revealed Gram positive cocci. Which of the following is the most likely organism?
a) H. influenzae b) Staphylococcus *(AI 11)*
c) Pneumococcus d) Pseudomonas

1178)b 1179)c 1180)c 1181) a,cl 182) d 1183)b 1184)b 1185)a 1186)c 1187)b 1188)b 1189)d 1190)d 1191)d 1192)c 1193)b 1194)c,d 1195) a 1196)b,d 1197)c

1198. A female presents with symptoms and signs suggestive of meningitis. MR1 reveals a ring enhancing lesion in the frontotemporal region while CSF grows Gram positive bacilli. Other findings are minimally abnormal. Which of the following organisms is the most likely etiological agent -
a) Listeria monocytogenes *(AI11)*
b) Hemophilus influenza
c) Pneumococcus
d) Staphylococcal aureus

1199. Atypical pneumonia can be caused by the following microbial agents except - *(AI 05)*
a) Mycoplasma
b) Legionella pneumophila
c) Human corona virus
d) Klebsiella pneumoniae

1200. Enterotoxins are produced by all except - *(AI 89)*
a) Clostridium perfringens
b) Staphylococcus aureus
c) Streptococcus pyogenes
d) Bacillus cereus

1201. Man is the terminal end for - *(AIIMS 79)*
a) Gonococcus b) Treponema
c) Tetanus d) Ankylostomiasis

1202. Chancre redux is a clinical feature of -
a) Early relapsing syphilis
b) Late syphilis
c) Chancroid
d) Recurrent herpes simplex infection

1203. Most common organism causing meningitis in patients with CSF leak - *(AI 10)*
a) Pneumococcus b) H. influenzae
c) Staphylococcus d) E.coli

1204. Darting motility which occur in V.cholerae, also found in - *(PGI Dec 08)*
a) Shigella b) Campylobacter jejuni
c) Pneumococcus d) Bacillus anthrax
e) Aeronomas

1205. Which toxin acts by ADP ribosylation- *(PGI June 07)*
a) Botulinum toxin b) Shiga toxin
c) V.cholerae toxin d) Diphtheria toxin
e) Pertussis toxin

1206. Urease negative is - *(AI 99)*
a) E. coli b) Proteus
c) Klebsiella d)Staphylococci

1207. Most common agents responsible for human bite infections are - *(AI 98)*
a) Gram - ve bacilli b) Gram + ve bacilli
c) Spirochaete d) Anaerobic streptococci

1208. Ascending UTI caused by - *(PGI June 05)*
a) Salmonella b)T.B.
c) E.coli d) Chlamydia
e) Klebsiella

1209. In a splenectomized patient there is increase of infection by all the organisma except - *(SGPGI05)*
a) Pneumococci b) Klebsiella
c) H.influnzae d) Staph.aureus

1210. Red leg disease is caused by- *(PGI 01)*
a) Pseudomonas b) Moudly sugar cane fibre
c) Coniosporium d)Aeromonas

1211. Serological diagosis is made in - *(PGI Nov 10)*
a) Actinomycosis b) T.B.
c) Syphilis d) Gonorrhoea
e) Q fever

1212. Endotoxin causes - *(NEET/DNB Pattern)*
a) Diarrhea b) Muscle damage
c) Septic shock d) None

1213. Which is the most common micro-organism known to cause tropical pyomisitis ? *(UPSC 07)*
a) Streptococcus viridans
b) Staphylococcus albus
c) Klebsiella pneumoniae
d) Staphylococcus aureus

1214. Post operative parotitis is caused by - *(Delhi 09)*
a) Staph aureus b) Streptococcus
c) E.coli d) Pneumococcus

1215. Neonatal meningitis acquired during passage through birth canal is due to - *(TN 2002)*
a) Streptococcus agalactiae
b) S. equisimilus
c) S. pyogenes
d) Pnemococci

1216. Causative agent of SABE should be culture on -
a) Nutrient agar b) Blood agar *(UP 08)*
c) LJ medium d) Tellurite broth

1217. Which of the following is lanceolate - *(PGI 79, 82)*
a) Cl. tetani b) Donovania
c) Pneumococci d) Meningococci

1218. Draughtman concentric rings on culture are produced by- *(AMU 87, UP 05)*
a) Yersina pestis b) H. ducreyi
c) B. pertusi d) Pneumococi
e) B. anthracis

1219. Most common cause of community acquired pneumonia- *(UP08)*
a) Strep pneumoniae b) Kleb pneumoniae
c) Vibrio cholera d) H. influenzae

VIROLOGY

GENERAL PROPERTIES OF VIRUSES

1220. DNA covering material in a virus is called as -
a) Capsomere b) Capsid *(PGI96)*
c) Nucleocapsid d) Envelope

1221. All of the following are general properties of Viruses except- *(AI94)*
a) May contain both DNA and RNA
b) Form extracellular infectious particles
c) Heat labile
d) Not affected by antibiotics

1198) a 1199) d 1200) c 1201) c 1202) a 1203) a 1204) b 1205)c,d,e 1206) a 1207) d 1208)c,d,e 1209) d 1210) d 1211)c,d,e 1212)c 1213)d 1214)a 1215)a 1216)b 1217)c 1218)d 1219)a 1220)b 1221)a

1222. Both intranuclear and cytoplasmic inclusion is seen in - *(NEET/DNB Pattern)*
a) Poxvirus b) Herpesvirus
c) Measles virus d) Mumps virus

1223. Bollinger bodies are seen in - *(NEET/DNB Pattern)*
a) Chickenpox b)Cowpox
c) Fowlpox d) Smallpox

1224. Appearance ofcowdry type Ainclusion bodies -
a) Granular *(NEET/DNB Pattern)*
b) Circumscribed
c) In polio
d) None

1225. The symmetric protein shell which encases the nucleic acid core of virus - *(MAHE 05)*
a) Capsomere b) Capsid
c) Basidiomycetes d) Fungi imperfecti

1226. All of the following are having lipid envelope except-
a) HIV b) Rabies virus *(AMU 05)*
c) Varicella d) Enterovirus

1227. Lipid envelope is found in which virus - *(PGI98)*
a) Reo b) Herpes
c) Picoma d) All of the above

1228. In which of the following has genome double stranded nucleic acid - *(PGI May 10)*
a) Orthomyxoviruses b) Poxviruses
c) Parvoviruses d) Reoviruses

1229. Which of the following viruses possesses DNA a capsid with icosahedral symmetry and no lipid envelope-
a) Herpesvirus b) Adenovirus *(PGI87)*
c) Poxvirus d) Papovavirus

1230. HPV belongs to - *(NEET/DNB Pattern)*
a) Papova virus b) Parvovirus
c) Herpes virus d) Poxvirus

1231. Which of the following is not an RNA virus -
a) Ebola b) Simian 40 *(AIIMSNov08)*
c) Rabies d) Vesicular stomatitis virus

1232. Which is enveloped virus - *(NEET/DNB Pattern)*
a) Dengue virus b) Norwalk virus
c) Hep A virus d) Adenovirus

1233. Non-enveloped ss-RNA virus *is-(NEET/DNB Pattern)*
a) Picomavirus b) Poxvirus
c) Retrovirus d) Bunyavirus

1234. Which of the following virus has negative sens RNA? *(AI98)*
a) Rabies b) Reovirus
c) Coronavirus d)Calci

1235. Negative sense nuclei acid genome is found in -
a) Poliovirus b) Rabies *(PGI May 10)*
c) Measles d) Picomavirus
e) Influenzae

1236. The virus with smallest genome is -
a) Reovirus b) Parvovirus
c) Picomavirus d) HTV

1237. Smallest DNA virus is -
a) Herpes vims b) Adenovirus
c) Parvovirus d) Poxvirus

1238. Which of the following does not possess both DNA &RNA- *(Kerala 96)*
a) Bacteria b) Fungus
c) Virus d) Spirochete

1239. Which one given below is a DNA virus ? *{Corned 08)*
a) Polio vims b) Adenovirus
c) Parvovirus d) Hepatitis A vims

1240. Double stranded RNA is seen in - *(JIPMER 93)*
a) Reovirus b) Rhabdovims
c) Parvovirus d) Retrovirus

1241. Positive sense nucleic acid genome is found in -
a) Polio vims b) Papovavims *(UP 09)*
c) Influenza d) Picomavims

1242. Segmented genome is found in - *(AIIMSJune 98)*
a) Retrovirus b) Rotavims
c) Poliovirus d) Rhabdovims

1243. Segmented RNA is found in - *(AIIMSJune 97,A191)*
a) Influenza vims
b) Rabies vims
c) Herpes vims
d) Molluscum contagiosum vims

1244. Segmented double stranded RNA virus is seen in -
a) Reovims b)Myxovims *(PGI 97)*
c) Rabies d) Parvovirus

1245. Viruses can be isolated from clinical samples by cultivation in the following except - *(AI 05)*
a) Tissue culture b) Embryonated eggs
c) Animals d) Chemically defined media

1246. Hep-2 cells are a type of - *(Karn 95)*
a) Primary cell cultures b) Diploid cell strain
c) Continuous cell lines d) Explant culture

1247. Which of the following is primary cell line -
a) Chick embryo fibroblast *(NEET/DNB Pattern)*
b) Hela cells
c) Vero cells
d) WI-38

1248. Which of the following is a primary cell culture -
a) Chick fibroblast *(NEET/DNB Pattern)*
b) Hela
c) HEP-2
d) HLr8

1249. Influenza virus culture is done on -
a) Chorioallantoic membrane *(NEET/DNB Pattern)*
b) Allantoic cavity
c) Yolk sac
d) All

1250. Human fibroblast cell line is used for cultivation of -
a) Adenovims *(NEET/DNB Pattern)*
b) Poliovirus
c) HIV
d) Measles

1251. Which is not a cytopathic effect of virus -
a) Syncytium formation
b) Budding
c) Ballooning and floating
d) Focal degeneration

1222) c 1223) c 1224) a 1225) b 1226) d 1227) b 1228) b,d 1229) b,d 1230) a 123 l)b 1232) a 1233) a 1234) a 1235) b,c,e 1236) b 1237) c 1238) c 1239) b 1240) a 1241) a,d 1242) b 1243) a 1244) a 1245) d 1246) c 1247) a 1248) a 1249) b 1250) b 125 l)b

1252. Which of the following produces pocks on chorioallantoic membrane of chick embryo -
a) Myxovirus b) Varicella*(AlIMSDec94)*
c) Herpes simplex d) Cytomegalovirus

1253. Pocks on chick embryo are formed by all except -
a) Variola b) Vaccinia *(PGI97)*
c) Chickenpox d)Cowpox

1254. Viral plaque is made in lab for - *(AIIMS Sept 96,*
a) Quantitative assay of infectivity of virus *AI98)*
b) Diagnosis of virus
c) Qualitative assay of infectivity of virus
d) Type of virus

1255. Virus quantification is done by- *(NEET/DNB Pattern)*
a) Egg inoculation b) Hemadsorption
c) Plaque assay d) Electron microscopy

1256. Laboratory diagnosis of viral respiratory tract infection can be established by all of the following tests except - *(AI 04)*
a) Detection of virus specific IgM antibodies in single serum specimen
b) Demonstration of viral antigens by indirect immunofluorescence assay in nasopharynegeal washing
c) Isolation of viruses using centrifugation enhanced culture
d) Detection of viral heamagglutionation inhibiting (HAI) antibodies in a single serum specimen

1257. Reverse transcriptase polymerase chain reactions can aid in diagnosis of all of the following viral infections except - *(AI 97)*
a) Adenovirusb) Astrovirus
c) Rotavirus d) Poliovirus

1258. Vaccine preparation requires which virus as vector-
a) Rhinovirus b) Vaccinia *(PGI June 01)*
c) Adenovirus d) Ebola
e) Hepatits B

1259. Susceptible cultured cells infected with which of the following viruses would exhibit hemadsorption with the appropriate erythocyte - *(AIIMS 93, 84)*
a) Sindbis virus b) Rabies virus
c) Measles virus d) Respiratory syncytial virus

1260. Property of elution is found in - *(PGI 96)*
a) Myxoviras b) Togavirus
c) Parvovirus d) Adenovirus

1261. One virus particle prevents multiplication of second virus. This phenomena is - *(PGI 96)*
a) Viral interference b) Mutation
c) Supervision d) Permutation

1262. Von Magnus phenomenon- *(PGI 97)*
a) Is a normal replicative cycle
b) Virus yield has low hemagglutination
c) Virus has high infectivity
d) Virus yields has high hemagglutination titre but low infectivity

1263. Vaccine prepared by embryonated Hen's egg are -
a) Measles b) Rabies *(PGI June 04)*
c) Rubella d) Varicella

BACTERIOPHAGE

1264. Bacteriophages are mostly needed for -*(AIIMS 97)*
a) Bacterial identification
b) Epidemiologically
c) As antibacterial agent
d) Conversion property in bacteria

1265. Lysogenic conversion is - *(PGI 96)*
a) New properties in a bacterium due to integration of phage genome
b) Transfer of DNA from one bacterium to another by a bacteriophage
c) Transfer of free DNA
d) Transfer of genome during physical contact

1266. Lambda phage which of the following is true -
a) It causes mad cow disease *(AIIMS May 11)*
b) Lysogenic to lytic conversion cannnot occur
c) Lysogenic form incorporates in host DNA & remain dormant
d) Lytic phase incorporates in host DNA, proliferate & causes rupture of cell

1267. All of the following statements are true about bacteriophage except- *(AIIMS Nov 08)*
a) It is a virus that infect bacteria
b) It helps in transduction of bacteria
c) It imparts toxigenicity to bacteria
d) It transfers only chromosomal gene

1268. Which of the following statement is true about bacteriophage - *(AIIMS May 11)*
a) It is a bacterium
b) It helps in transformation
c) It imparts toxigenicity to bacteria
d) It transfers only chromosomal gene

1269. Phage typing is useful as an epidemiological tool in all, except -
a) Salmonella b) Staph aureus
c) V. cholerae d) Shigella dysenteriae

1270. Phage typing is widely used for the intraspecies classification of one of the following bacteria -
a) Staphylococci
b) E. coli
c) Klebsiella pneumoniae
d) Pseudomonas aeruginosa

POXVIRUSES

1271. Small pox belongs to which class of poxviruses -
a) Parapoxvirus *(NEET/DNB Pattern)*
b) Capripoxvirus
c) Leporipox virus
d) Orthopoxvirus

1272. Which of the following is not a pox \irm-*(AIIMS 92)*
a) Cow pox b) Molluscum contagiosum
c) Smallpox d) Chicken pox

1273. Following virus is of pox virus -*(NEET/DNB Pattern)*
a) Variola b) Coxsachie
c) ECHO d) HSV

1252) c 1253) c 1254)a 1255)c 1256)d 1257)a 1258)b,c 1259)b,c 1260)a 1261) a 1262)d 1263)b 1264)a 1265)a 1266)c 1267) d 1268)c 1269)d 1270)a 1271)d 1272)d 1273)a

1274. Brick-shaped virus - *(NEET/DNB Pattern)*
a) Chicken pox b) Small pox
c) CMV d)EBV

1275. Inclusion bodies of vaccinia is known as - *(PGI86)*
a) Guamieri bodies b) Negri bodies
c) Asteroid bodies d) Schuffner dots

1276. Which virus cannot be cultivated-
a) Vaccinia *(NEET/DNB Pattern)*
b) Variola
c) Molluscum contagiosum
d) Cowpox

1277. Which cox wont grow in egg, animal cells -
a) Cowpox *(NEET/DNB Pattern)*
b) Vaccinia
c) Variola
d) Molluscum

1278. Most common molluscum *\xi'm-(NEETZDNB Pattern)*
a) 1 b) 2
c) 3 d) 4

1279. Umblicated nodules are produced by-
a) Poxvirus *(NEET/DNBPattern)*
b) Enterovirus
c) Rhinovirus
d) Myxovirus

HERPESVIRUSES

1280. Varicella are classified under- *(AI96)*
a) Enterovirusb) Retrovirus
c) Poxvirus d) Herpesvirus

1281. HHV-6B causes -
a) Carcinoma cervix
b) Carcinoma endometrium
c) Clear cell carcinoma
d) Focal encephalitis

1282. HHV-8 causes - *(NEET/DNB Pattern)*
a) Burkitt's lymphoma
b) Nasopharyngeal carcinoma
c) Kaposi sarcoma
d) Hepatic carcinoma

1283. All enveloped RNA viruses belong to one large group except- *(Kar 09)*
a) Influenza b) Parainfluenza
c) Mumps d) Herpes

1284. True about Herpes virus - *(Bihar 09)*
a) HSV 1 causes encephalitis
b) EBV affects
c) CMV is always symptomatic
d) Herpes zoster is not activated

1 ■ HERPES SIMPLEX VIRUS

1285. Herpes simplex virus is - *(Al 91)*
a) Single stranded DNA
b) Double stranded DNA
c) Single stranded RNA
d) Double stranded RNA

1286. Encephalitis is caused by - *(AIIMS Dec 98)*
a) HSV-1 b)EBV
c) Infectious mononucleosis d) CMV

1287. All of the following are true about Herpes group virus except- *(AT 98)*
a) Ether sensitive
b) May cause malignancy
c) HSVII involves below diaphragm
d) Burkitt's lymphoma involves Tcells

1288. Regarding HSV-2 infection - *(PGI June 02)*
a) Primary infection is usually wide spread
b) Recurrent attacks are due to reactivation of latent infection
c) Encephalitis can be caused by HSV - 2
d) Newborn may acquire infection via the birth canal at the time of labour
e) Treatment is with acyclovir

1289. True about Herpes virus - *(PGI Dec 03)*
a) HSV encephalopathy is treated with acyclovir
b) Oropharyngeal involvement is common in HSV -1
c) Recurrent genital involvement is seen in HSV - 2
d) Reccurance is rare in HSV -1

2. VARICELLA ZOSTER VIRUS

1290. Herpes - Zoster is caused by - *(AI 99)*
a) Herpes - simplex type I b) Herpes - simplex type II
c) Epstein - barr virus d) Varicella

1291. Most common extra skin manifestation of varicella is involvement of-
a) CNS b) Lungs
c) Kidneys d)CVS

1292. Wliich virus reactivates & involves the eye - *(AI98)*
a) Herpes zoster b)CMV
c) E. B. virus d) Enterovirus 70

1293. Varicella zoster remains latent in - *(AI 10)*
a) Lymphocytes b) Monocytes
c) Trigeminal ganglion d) Plasma cells

1294. Zoster recurrance occur after infection with-
a) HSV1 b)HSV2 *(A199)*
c) Varicella d) Small pox

1295. Infectivity of chicken pox last for - *(AI- 02)*
a) Till the last scab falls off
b) 6 days after onset of rash
c) 3 days after onset of rash
d) Till the fever subsides

1296. Tests of chicken pox- *(PGI Dec 08)*
a) FAMA b) ELISA
c) Widal d)PCR

1297. Chickenpox- *(PGI 85)*
a) Is commonly seen in a congenital form
b) May be severe in a newborn child infected by the mother in late pregnancy
c) Affects the limbs more than the trunk
d) May cause pneumonitis
e) Should be treated by intravenous vidarabine when there is evidence of hepatitis

1274)b 1275)a 1276)c 1277)d 1278)a 1279)a 1280)d 128l)d 1282) c 1283)d 1284)a 1285)b 1286)a 1287) d
1288) a,b,d,e 1289)a,b,c 1290) d 1291) a 1292)a 1293)c 1294)c 1295)b 1296)a,b,d 1297)b,d

1298. Shingles are seen in - *(NEET/DNB Pattern)*
a) IMN b) Herpes zoster
c) Chicken pox d) Small pox

1299. Which virus remains dormant but can be reactivated is - *(UP 09)*
a) Herpes simplex b) Herpes zoster
c) EBvirus d)CMV

3. EPSTEIN-BARR VIRUS

1300. Ebstein Barr virus is associated with -
a) Carcinoma larynx *(AJIMS Nov 04)*
b) Carcinoma bladder
c) Carcinoma nasopharynx
d) Carcinoma maxilla

1301. A patient with sore throat has a positive Paul Bunnell test The causative organism is-*(NEET/DNB Pattern)*
a) EBV b) Herpesvirus
c) Adenovirus d) CMV

1302. Paul Bunnell antibodies are reactive in all except-
a) Ck b) Sheep *(SGPGI05)*
c) Dog d) Horse

1303. TVue about infectious mononucleosis -*(PGI June 08)*
a) Associated with heterophile antibodies
b) Monocytosis
c) Associated with cold agglutinin
d) Associated with CMV infection
e) Self limited disease

1304. Lymphocytosis with atypical lymphocytes are seen in infection with - *(NEET/DNB Pattern)*
a) HSV b)HBV
c) EBV d)RSV

1305. Burkitt's virus is - *(NEET/DNB Pattern)*
a) EBV b) HPV
c) HIV d)HAV

1306. E. B. virus causes all EXCEPT - *(AIIMSNov 99)*
a) Infectious mononucleosis
b) Nasopharyngeal carcinoma
c) Burkitt's Lymphoma
d) Carcinoma cervix

1307. Paul Bunnell test for - *(NEET/DNB Pattern)*
a) Malta fever
b) Typhus fever
c) Enteric fever
d) Infectious mononucleosis

1308. Estein Barr (EB) virus has been implicated in the following malignancies except - *(AT 04)*
a) Hodgkin's disease
b) Non Hodgkin's lymphoma
c) Nasopharyngeal carcinoma
d) Multiple myeloma

1309. IMN, true is all except - *(Kerala 09)*
a) Caused by EBV
b) Also called kissing disease
c) Diagnosed by Paul Bunnel test
d) RNA virus

1310. Epstein Barr virus causes all except - *(Kerla 97)*
a) Bukitt's lymphoma
b) Infectious mononucleosis
c) Nasophamygeal carcinoma
d) Carcinoma cervix

1311. Virus implicated in Burkitt's lymphoma is -
a) EBvirus b) Arbovirus *(MAHE 07)*
c) Picoma virus d) Coxsackie virus

1312. African Burkitt's lymphoma is caused by - *(UP 09)*
a) CMV b)EBV
c)HZV d)HSV

1313. The following are true about EBV except - *(MP 09)*
a) A member of herpes virus family
b) Infects epithelial cells of oropharynx
c) The main target of virus is the T- cell lymphocytes
d) It is implicated in nasopharyngeal carcinoma

1314. EBV infects - *(UP 09)*
a) T-cells b) Monocytes
c) B- cells d) Eosinophils

1315. Most sensitive test for diagnosis of IMN -
a) Monospot test *(Kerala 09)*
b) Paul Bunnel test
c) Lymphocytosis in peripheral smear
d) Culture

4. CYTOMEGALO VIRUS

1316. The most common presentation of congenital CMV infection is - *(PGI 94)*
a) Hepatosplenomegaly b) Microcephaly
c) Cerebral calcification d) Chorioretinitis

1317. Which of the following does not establish a diagnosis of congenital CMV infection in a neonate? *(AI-95)*
a) Urine culture of CMV
b) Ig G CMV antibodies in blood
c) Intra-nuclear inclusion bodies in hepatocytes
d) CMV viral DNA in blood by polymerase chain reaction

1318. Immunocompromised patient due to transplantation is suffering from pyrexia and neutropenia. Most likely cause is - *(PGI97)*
a) HSV b)CMV
c) Gram (-) ve organism d) Gram (+) ve organism

1319. All are true regarding CMV except - *(Kolkata 09)*
a) It is a DNA virus
b) Most commonly infects in last trimester
c) Diagnosed by increased IgA in fetal blood
d) Most common cause of congenital viral infection

1320. Cytomegalovirus causes what cancer in AIDS patients- *(Kerla 94)*
a) Lymphoma b) Kaposi sarcoma
c) Leukemia d) Glioma

1321. Most common disease caused by CMV in a post bone-marrow transplant patients - *(Jipmer 11)*
a) Pyelonephritis b) Meningitis
c) Pneumonia d) GI ulceration

1298) b 1299)b 1300)c 1301)a 1302)a 1303)a,c,d,e 1304)c 1305)a 1306)d 1307)d 1308)d 1309)d 1310)d
1311) a 1312) b 1313) b 1314)c 1315)a 1316)a 1317)b 1318)b 1319)c 1320)None 1321)c

ADENOVIRUSES

1322. Virus causing hemorrhagic cysititis, diarrhea and conjunctivitis is- *(Al 01)*
a) RSV b) Rhinovirus
c) Adenovirus d) Rotavirus

1323. Pharyngoconjunctival fever is caused by -
a) Adenovirus 3 and 7 *(NEET/DNB Pattern)*
b) Adenovirus 11, 21
c) Adenovirus 40, 41
d) Adenovirus 8, 19

1324. Adenovirus causes all except -*(NEET/DNB Pattern)*
a) Hemorrhagic cystitis
b) Diarrhea
c) Respiratory tract infection
d) MN

1325. Which virus can cause hemorrhage - *(JIPMER 93)*
a) Parvovirus b) Adenovirus
c) HPV d) Coronavirus

1326. Adenovirus causes - *(Kerala 94)*
a) Keratoconjuctivitis b) Diarrhoea
c) Parotid enlargement d) All of the above

PICORNA VIRUSES

1327. All belong to Picorna viruses except - *(PGI98)*
a) Enterovirus 70 b) Coxsackie virus
c) Rhinovirus d) Herpes simplex virus

1328. Coxsackie virus is - *(NEET/DNB Pattern)*
a) Harpes virus b) Pox virus
c) Enterovirus d) Myxovirus

1329. Suckling mice is used for isolation of - *(NEET/*
a) Coxsachie virus b) Pox *DNB Pattern)*
c) Herpes d) Adenovirus

1330. All are in included in picorna group of viruses except- **(***Kerla 04)*
a) Encephalo myocarditis b)HEV
c) Foot and mouth virus d) Poliovirus

1331. Epidemic hemorrhagic conjuctivitis is caused by -
a) HSV b)HZV *(Delhi 09)*
c) HIV d) Picorna virus

1332. Enterovirus causes all *except-(AIIMS Nov 01, Al09)*
a) Haemorrhagic fever b) Pleurodynia
c) Herpangia d) Aseptic Meningitis

1333. Which of the following virus is shed in stool -
a) Herpangina b) Influenza
c) Varicella d) Small pox

1334. Coxsackie group A **commonly cause -**
a) Conjunctivits b) Aseptic meningitis
c) Hepatitis d) Myocarditis

1335. Herpangina is caused by - *(NEET/DNB Pattern)*
a) Enterovirus b) Rhinoviruses
c) Myxovirus d) Rabies virus

1336. Conjunctivitis is caused by all except -*(AIIMSDec 98)*
a) CMV b) Enterovirus 70
c) CoxsackiesA24 d) Adenovirus

1337. Acute hemorrhagic conjunctivitis is caused by -
a) Enterovirus 70 b) Adenovirus *(Al 97)*
c) Poliovirus d) Hepadnavirus

1338. Enterovirus 72 is - *(NEET/DNB Pattern)*
a) Hepatitis A b) Hepatitis E
c) Hepatitis G d) Hepatitis C

1339. Which of the following is associated with acute hemorrhagic conjuctivitis - *(Kerala 09)*
a) Rhabdovirus b) Enterovirus
c) Calcivirus d) Echovirus

1340. Enteroviruses causes - *(Bihar 08)*
a) Acute hemorrhagic conjuctivitis
b) Acute follicular conjuctivitis
c) Posterior follicular conjuctivitis
d) Epidemic Keratoconjuctivitis

1341. Enterovirus causes all, except- *(MAHA 05)*
a) Hemorrhagic fever b) Pleurodynia
c) Herpangina d) Aseptic meningitis

1342. Coxsackie B virus causes all except - *(Jipmer 11)*
a) Aseptic meningitis b) Herpangina
c) Myocarditis d) Bornholm disease

1343. The following virus can be grown only in suckling mice- *(JIPMER 2002)*
a) Coxsackie virus b) Rhinovirus
c) Echovirus d) Poliovirus

POLIOVIRUS

1344. All are true about poliovirus, *except-(AJIMS May 02)*
a) Type I is responsible for most epidemics
b) Very difficult to eliminate type I
c) Type I responsible for vaccine paralytic polio myelitis
d) Type I most commonly associated with paralysis

1345. Epidemic of Polio is due to- *(Kolkata 09)*
a) Type I virus
b) Type II virus
c) Type III virus
d) Combine type II and III virus

1346. Death in Poliomyelitis is due to - *(Orissa 05)*
a) Infection b) Neurogenic shock
c) Cardiac failure d) Respiratory paralysis

1347. AO of the following statements are true regarding poliovirus except - *(Al 04)*
a) It is transmitted by feco-oral route
b) Asymptomatic infections are common in children
c) There is a single serotype causing infection
d) Live attenuated vaccine produces herd immunity

1348. False about PaUo - *(NEET/DNB Pattern)*
a) Descending paralysis
b) Bilateral symmetrical
c) Non-progressive
d) LMN type paralysis

1322) c 1323) a 1324)d 1325)b 1326) a,b 1327)d 1328)c 1329)a 1330)b 1331) d 1332)a 1333)a 1334)b 1335)a 1336) a 1337)a 1338)a 1339)b 1340)a 1341)a 1342)b 1343)a 1344)c 1345)a 1346)d 1347)c 1348)b

1349. The most definitive method for laboratory diagnosis of poliomyelitis are A/E -
a) Virus isolation from blood
b) Virus isolation from CSF
c) Virus isolation from faeces or throat
d) Serological diagnosis

1350. Diagnosis of polio - *(NEET/DNB Pattern)*
a) Detection of polio virus in stool
b) Serology
c) Limb wasting
d) AFP

1351. True about polio - *(AIIMS Nov 07, May 08)*
a) Paralytic polio is most common
b) Spastic paralysis
c) IM injections and increased muscular activity lead to increased paralysis
d) Polio drops given only in < 3 year

1352. Portal of entry of poliovirus in mainly - *(PGI01)*
a) Gastrointestinal tract b) Nasal mucosa
c) Lung d)Skin

1353. The virus, which spreads by both hematogenous and neural route is -
a) Rabies virus b) Varicella zoster virus
c) Poliovirus d)E.B. virus

MYXO VIRUSES

1354. Myxoviruses include - *(PGI Dec 08)*
a) Orthomyxovirus b) Influenza
c) Measles d) Polio
e) HSV

1355. Which of the following statement is/are true of all paramyxoviruses -
a) They contain a single standed RNA genome of negative polarity
b) Envelope is derived from the host cells plasma membrane
c) They have a cytoplasmic site of replication
d) They enter the body by the respiratory route

A.ORTHOMYXOVIRUS (INFLUENZA)

1356. Reye's syndrome following influenza is most commonly associated with - *(AIIMS 93)*
a) Type A b)TypeB
c) Type C d) All of the above

1357. Influenza vaccines is administered -
a) Subcutaneosly b) Intradermal
c) Nasal drops d) Intrathecal

1358. TYue statement about influenza A **is -** *(AI99)*
a) It has a double stranded segmented RNA
b) Pandemic are caused by antigenic drift
c) Nucleocapsid antibody is not specific
d) Hemagglutinin and Neuraminidase is strain specific

1359. False about antigenic drift - *(AIIMS 94)*
a) Occur under pressure for immunity
b) Responsible for epidemics of influenza
c) Occurs only in influenza-A
d) Occur every 10-12 years

1360. False about antigen drift - *(NEET/DNB Pattern)*
a) Causes pandemic
b) Occurs due to mutation
c) Occurs more frequently
d) Affected by previous antibodies

1361. Antigenic shift - *(NEET/DNB Pattern)*
a) Occurs every 2-3 years
b) Gradual change over time
c) Results from genetic recombination
d) Occurs in all influenza viruses

1362. Not true regarding influenza virus is - *(AIIMS 99)*
a) All types exhibit antigenic shift
b) Only type A shows antigenic drift
c) Drift is accumulation of point mutations
d) None of the above

1363. Antigenic variation seen in which of the following - *(PGI Dec 04)*
a) Influenza virus b) Hepatitis virus
c) Yellow fever virus d) Leptospira

1364. TYue about influenza - *(UP 2K)*
a) Epidemic is due to antigenic drift
b) Has double standed RNA
c) Nucleocapsid is protective
d) Neuraminidase & haemagglutination are specific

1365. Causes of antigenic drift in influenza viral infections-
a) Small mutation in neuraminidase and hemagglutinin *(MAHE 07)*
b) Large mutations in hemagglutinin only
c) Step mutations in viral genome
d) None of the above

1366. Which of the following is true regarding influenza-
a) It is caused by an enveloped DNA virus *(MP 09)*
b) Laboratory studies may show neutropenia early in the course of disease
c) Primary infectious pneumonia is less common than secondary bacterial pneumonia
d) Antiviral agents given early prevents complications

1367. H5N1 is a strain of - *(AI 08)*
a) Avian flu
b) New vaccine against AIDS
c) Agent for japanese encephalitis
d) Causes chickengunya fever

B. PARAMYXOVIRUSES

1368. Paramyxovirus includes - *(NEET/DNB Pattern)*
a) Retrovirus b) Poliovirus
c) Parainfluenza d) Rabies

1349)d 1350) a 1351)c 1352)a 1353)c 1354)a,b,c 1355)a,b,d 1356)b 1357)a,cl358)d 1359)c,d 1360)a 1361) c 1362)a,b 1363) a 1364)a,d 1365)a 1366)c 1367)a 1368)c

1. MEASLES

1369. Measles virus is - *(PGI97)*
a) Paramyxovirus b)Orthomyxovirus
c) Poxvirus d) Picomavirus

1370. Which of the following is the "Least Common" complication of measles ? *(AI98)*
a) Diarrhoea b) Pneumonia
c) Otitis media d) SSPE

1371. Giant cell (Hecht's) pneumonia is due to -
a) CMV b) Measles *(PGI Dec 98)*
c) Malaria d) P. carinii

2. MUMPS

1372. Commonest complication of mumps is - *(AI 00)*
a) Orchitis and oophritis b) Encephalitis
c) Pneumonia d) Myocarditis

1373. With reference to mumps which of the following is true - *(AI 06)*
a) Meningoencephalitis can precede parotitis
b) Salivary gland involvement is limited to the parotid
c) The patient is not infectious prior to clinical parotid enlargement
d) Mumps orchitis frequently leads to infertility

3. R.S.V.

1374. Most common agent responsible for Bronchiolitis is - *(AI 94)*
a) RSV b) Adenovirus
c) Herpesvirus d) Influenza virus

1375. Virus lacking hemagglutinin and neuraminidase but having membrane fusion protein is -
a) RSV b)CMV
c) HSV d)EBV

RUBELLA

1376. Incubation period of rubella is - *(AI- 93)*
a) 18-72 hours b) 2-3 weeks
c) 1-3 months d) >1 year

1377. All of the following statements are true about congenital rubella except - *(AI 05)*
a) It is diagnosed when the infant has IgM antibodies at birth
b) It is diagnosed when Ig G antibodies persist for more than 6 months
c) M.C. congenital defects are deafness, cardiac malformation and cataract
d) Infection after 16 weeks of gestation results in major congenital defects

1378. Risk of the damage to fetus by maternal rubella is maximum if mother gets infected in - *(AIIMS 05)*
a) 6-12 weeks of pregnancy
b) 20-24 weeks of pregnancy
c) 24-28 weeks of pregnancy
d) 32-36 weeks of pregnancy

1379. Classic triad of congenital rubella includes all except- *(NEET/DNB Pattern)*
a) Cataract b) Deafness
c) Retinitis d)CHD

1380. Defect most commonly occuring in congenital rubella is- *(TN 89, 90)*
a) Cataract b) Deafness
c) Microcephaly d) Blindness

1381. The congenital rubella syndrome - ***(Delhi** 08)*
a) May be prevented by vaccination in early pregnancy
b) Causes IUGR
c) Causes cataract
dj Causes deafness only if acquired only if acquired before 16 weeks of gestation

ARBOVIRUSES

1382. Following are Arboviral diseases - *(PGI June 03)*
a) KFD b) West Nile Fever
c) Ganj am virus d)RSV
e) Puumala virus

1383. Viruses causing hemorrhagic fever are-
a) Lassa fever virus *(PGI Nov 10)*
b) Yellow fever virus
c) West Nile virus
d) Crimean Congo virus
e) Ross river virus

1384. Hemorrhagic fever is caused *by-(NEET/DNB Pattern)*
a) West-Mile fever b) Sandfly fever
c) Ebola virus d) All of the above

1385. Fever & hemorrhagic rash are seen in all except-
a) Dengu fever *(PGI Nov 11)*
b) Lassas fever
c) Rift Valley fever
d) Sand fly fever
e) Yellow fever

1386. Hemmorrhagic fever is not caused by -
a) Yellow fever *(NEET/DNB Pattern)*
b) KFD
c) Japenese encephalitis
d) Dengue fever

1387. Which of the following is/are arboviral diseases -
a) Japanese encephalitis *(PGI june 09)*
b) Dengue
c) Yellow fever
d) Hand-foot-mouth disease
e) Rocky montain spotted fever

1388. Which of the following is not common in India -
a) Japanese B encephalitis *(AI 91)*
b) Lassa fever
c) KFD
d) Dengue

1389. Group B (flaviviruses) Arboviruses is/are-(PG/*Dec*
a) Dengue fever b) Rift valley fever *06)*
c) Chikungunya fever d)J.E.
e) Yellow fever

1369) a 1370)d 1371)b 1372)a 1373)a 1374)a 1375)a 1376)b 1377)d 1378)a 1379)c 1380)a,b 1381)b,c 1382) a,b,c,e 1383)a,b,d 1384)c 1385)dl386)c 1387)a,b,c 1388)b 1389)a,b,e

1390. Which of the following statements is true regarding Arbo viruses - *(AI04)*
a) Yellow fever is endemic in India
b) Dengue virus has only one serotype
c) Kyasanur Forest disease (KFD) is transmitted by ticks
d) Mosquito of culex visnoi-complex is the vector of Dengue fever

1391. The vector of Japanese B encepalitis virus is - *(DPG 10, Kam 94)*
a) Anopheles mosquito b) Culex mosquito
c) Aedes mosquito d) All of the above

1392. In India, human infections has been reported with Dengue virus type - *(AI91)*
a) Types 1 and 2b) Types 1 and 3
c) Types 2 and 4 d) All 4 types

1393. Break bone fever is caused by - *(Bihar 08)*
a) Variola b) Coxsackie
c) Arbovirus d) Adenovirus

1394. Break bone fever is caused by - *(MP09)*
a) Variola b) Coxsackie
c) Dengue d) Adenovirus

1395. Which of the following flavivirus is closely related to Russian spring summer encephalitis causing virus- *(APPGE04)*
a) Dengue b) Chickengunya
c) KFD d) West Nile fever

1396. All of the following are true about the papovavirus except- *(AI95)*
a) They are non-enveloped icosahedral viruses
b) Produce papilloma and warts in humans
c) RNA virus
d) SV - 40 is oncogenic

1397. Which of the following is true - *(AIIMSMay 08)*
a) Hanta virus pulmonary syndrome is caused by inhalation of rodent urine and feces
b) KFD is caused by bite of wild animal
c) Lyssa virus is transmitted by tick

1398. All are true regarding Hanta virus Except -
a) DNA virus *(AIIIMS Sept 96)*
b) Carried by rodents
c) Causes recurrent respiratory infection
d) Haemorrhagic manifestation may occur

1399. Following are true of kyasanur forest disease except-
a) Transmitted by Soft tick *(AI 94)*
b) Caused by retrovirus
c) Incubation Period is 3-8 days
d) Killed vaccine available

1400. Which of the following are true regarding KFD -
a) It is zoonosis *(PGI97)*
b) Affects monkeys
c) Caused by bacteria
d) Caused by rickettsia

1401. In Japanese Encephalitis, pigs acts as - *(PGI2000)*
a) Amplifier b) Definitive host
c) Intermediate host d) Any of the above

1402. Amplifier host is - *(NEET/DNB Pattern)*
a) Pig in JE b) Dog in rabies
c) Man in JE d) Cattle in JE

1403. Dengue hemorrhagic fever is caused by - *{AI 09)*
a) Type I dengue virus
b) Reinfection with same serotype of dengue virus
c) Reinfection with a different serotype of dengue virus
d) Infection in an immunocompromised host

1404. Most virulent dengue fever strain is -
a) 1 b) *2(NEET/DNB Pattern)*
c) 3 d) 4

1405. Most sensitive diagnostic test for dengue is ?
a) IgM ELISA *(AIIMS Nov 08)*
b) Complement fixation test
c) Neutralization test
d) Electron microscopy

RHABPOVIRUS (RABIES)

1406. Which ofthe following statements is true about rabies virus- *(AI 03)*
a) It is double stranded RNA virus
b) Contains a DNA-dependent RNA polymerase
c) RNA has a negative polarity
d) Affects motor neurons

1407. About rabies true is -
a) Vaccine causes life long immunity
b) Multiple strains are found
c) CNS infection occurs through viremia
d) Bullet-shaped nonenveloped, double stranded RNA virus

1408. Rabies virus is inactivated by - *(PGI 97)*
a) Phenol b) UV radiation
c) BPL d)All

1409. Negri bodies are located in - *(BIHAR 91, DNB 92)*
a) Astrocytes b)Oligodendroglia
c) Neurons d) Microglia

1410. Rabies virus - *(MAHA05)*
a) Can be isolated from the blood of infected patients
b) Has multiple antigenic types
c) Can be transmitted by a dog 4 weeks before the dog becomes noticeably ill
d) Produce infection that is almost fatal to humans

1411. The staining useful for antemorten diagnosis of rabies is- *(Karn.95)*
a) Seller b) Macchiavillo
c) Giemsa d) Fluorescent

1412. In Rabies, the characterstic pathological manifestation is - *(AI97)*
a) Ventriculitis
b) Brainstem encephalitis
c) Basal ganglia affection
d) Meningitis

1413. Negri bodies are found in - *{NEET/DNB Pattern)*
a) Hypothalamus b) Hippocampus
c) Midbrain d) Medulla

1390)c 1391)b 1392)d 1393)c 1394)c 1395)c 1396)c 1397)a 1398)a 1399)b 1400)a,b 1401)a 1402)a 1403) c 1404)b 1405) c 1406)c 1407)None 1408)d 1409)c 1410)d 1411)d 1412)b 1413)b

1414. Rabies is identified by - *{ARMSMay 10, AI07)*
a) Guameri bodies b) Negri bodies
c) Cowdry A bodies d) Cowdry B bodies

1415. Regarding Rabies, true is - *(AI 00)*
a) Incubation period depends on the site of bite
b) Diagnosis is by eosinophilic intranuclear inclusion
c) It is a RNA virus
d) Caused only by dogs

1416. A15 year old girl was admitted to the infectious disease hospital with a provisional diagnosis of rabies. The most suitable clinical sample that can confirm the antemortem diagnosis is- *(ARMS Nov. 04)*
a) Serum for anti-rabies IgG antibody
b) Comeal impression smear for immunofluorescence stain
c) CSF sample for viral culture
d) Giemsa stain on smear prepared from salivary secretions

1417. True about Rabies virus is - *(ARMSMay 94, AI97)*
a) Rabies is diagnosed by immunofluorescence
b) Rabies causes life long immunity
c) Rabies has various strains of vimses
d) Rabies vaccine is always live attenuated

1418. Neurological complications following Rabies vaccine is common with -
a) HDCS Vaccine b) Chick embryo Vaccine
c) Semple Vaccine d) Duck Egg Vaccine

1419. All of the following rabies vaccines are commercially available except - *(AI 99)*
a) Killed sheep brain vaccine
b) Human diploid cell vaccine
c) Vero continous cell vaccine
d) Recombinant glycoprotein

1420. Recommended vaccines for rabies -
a) Semple
b) Duck embryo vaccine
c) Suckling mouse brain vaccine
d) HDCV

1421. Which anti-rabies vaccine has been recommended byWHO-
a) Duck cell vaccineb) Chick fibroblast vaccine
c) HDCV d) Sheep brain vaccine

1422. For the treatment of case of class III dog bite, all of the following are correct except - *(AI 05)*
a) Give Ig for passive immunity
b) GiveARV
c) Immediately stitch wound under antibiotic coverage
d) Immediately wash wound with soap and water

1423. Class II exposure in animal bites includes the following- *(AI 03)*
a) Scratches without oozing of blood
b) Licks on a fresh wound
c) Scratch with oozing of blood on palm
d) Bites from wild animals

1424. Active immunisation following exposure is given most commonly for - *(AI 99)*
a) Rabies b) Polio
c) Plague d) Measles

1425. The schedule of HDCV in rabies is - ***(AI** 96)*
a) 0,3,7,10,14,28 b) 0,3,10,30
c) 3,7,14,16,18 d) 0,7,14,16,18

1426. In rabies, human diploid cell culture vaccine for post-exposure vaccination is given on the following days-
a) 0, 7,28 then booster dose in 90 days *(AI 98)*
b) 0, 7, 28 then booster dose in 2 years
c) 0, 3,7, 14, 30 then booster dose in 90 days
d) 0, 3, 7 and booster dose in 90 days

1427. Number of doses of HDCV vaccine required for preexposure prophylaxis -
a) 7 b) 5
c) 3 d) 1

1428. What is the correct recommended schedule (on days) for post- exposure treatment of person who has been vaccinated for rabies previously with HDC -
a) 0,3 and 7 b) 0,3,7 and 14
c) 0,3,7,14 and 28 d) 0 and 3

HEPATITIS VIRUSES

1429. HCV is - *(PG1 Dec 05, June 08)*
a) Enveloped RNA
b) Nonenveloped RNA
c) Nonenveloped positive strand RNA
d) Enveloped negative strand RNA
c) DNA virus

1430. Most common route of spread of Hepatitis E is -
a) Sex b) Feco-oral *(AI 93)*
c) Blood transfusion d) IV injections

1431. Non-parenteral hepatitis is - ***(AI** 2000)*
a) Hepatitis E b) Hepatitis B
c) Hepatitis C d) Hepatitis D

1432. Incubation period of HBV is -
a) 45 to 180 days b) 6 to 60 days
c) 10 days d) lOhrs

1433. Carrier state does not exist for -
a) Hepatitis B virus
b) Hepatitis A virus
c) Non A Non B Hepatitis
d) Delta agent

1434. Age group affected by Hepatitis[6] A' virus -
a) Children b) Adult *(PGI99)*
c) Old age d) Any age

1435. Which is ssrna unenvloped virus -
a) HBV b) HEV*(NEET/DNB Pattern)*
c) HCV d) None

1436. Acute liver failure is caused by A/E- *(NEET/DNB*
a) Hepatitis A b) Hepatitis B *Pattern)*
c) Hepatitis E d) Hepatitis C

1437. Which hepatitis virus had been called as enterovirus-
a)HAV b) HBV *(MP09)*
c) HCV d)HEV

1414)b 1415) a 1416)b 1417) a 1418)c 1419) d 1420)d 1421)b 1422)c 1423)b 1424)a 1425)a 1426)c 1427)c
1428) a 1429) a 1430)b 1431) a 1432)a 1433)b 1434)a 1435)b 1436)d 1437)a

1438. Potent vaccine is available for - *(Delhi 09)*
a) Hepatitis C b) Hepatitis A
c) Hepatitis D d) Hepatitis E

1439. In chronic Hepatitis B infection, which one of the following markers is indicative of active viral replication and the corresponding risk of disease transmission ? *(UPSC 07)*
a) HBe antigen b) HBs antigen
c) Anti - HBe d) Anti - HBs

1440. Serological marker of infectivity of Hepatitis $^{6}B^{r}$ is-
a) HBsAg b) HBeAg *(Kerala 09)*
c) IgM anti Hbc d) HBeAg

1441. Which of the following hepatitis has a poor prognosis - *(UP 09)*
a) Hepatitis A b) Hepatitis B
c) Non-A Non-B type d) Hepatitis C

1442. Cell-Fraction derived vaccine is - *(AP 97)*
a) Hepatitis-B b) Measles
c) Mumps d) Rubella

1443. Hepatitis 'C' virus resembles which of the following virus groups - **(***Corned 0* **7)**
a) Picamo viruses b) Herpes viruses
c) Hepadna viruses d) Flavi viruses

1444. Which hepatitis virus is notorious for causing chronic hepatitis evolving to cirrhosis - *(Kar 09)*
a) HCV b)HBV
c) HEY d)HAV

1445. Chronic hepatitis is seen in - *(JIPMER 99)*
a) Hepatitis C b) Hepatitis D
c) Hepatitis A d) Hepatitis E

1446. Which of the following does not go into chronic hepatitis stage - *(TN 2001)*
a) HBV b)HCV
c) HDV d)HEV

1447. The commonest cause of viral hepatitis in India -
a) Hepatitis type A virus *(DNB 92)*
b) Hepatitis type B viurs
c) Enterically transmitted NANB virus
d) Parenterally transmitted NANB virus
e) Delta virus

1448. Regarding hepatitis E, it is true that - *(DPG10)*
a) Occurs with Hepatitis B
b) Is single stranded DNA virus
c) Occurs along with HIV
d) Increases mortality in pregnancy

1449. Which of the hepatitis prevalent in pregnancy -
a) Hepatitis A b) Hepatitis B *(UP 07)*
c) Hepatitis C d) Hepatitis E

1450. The most common HIV subtype in India is -
a) A b)D *(Kama09)*
c) E d)C

1 ■ HEPATITIS A VIRUS

1451. Hepatitis Ais transmitted by - *(AI93)*
a) Blood route b) Inhalation
c) Feco-oral route d)All

1452. About Hepatitis 'A' true is - *(PGIDec 08)*
a) Causes mild illness in children
b) 3% incidence of carrier state
c) 10% transform into HCC
d) Vertical transmission never seen

1453. Hepatitis A virus is best diagnosed by - *(AI 01)*
a) IgM antibodies in serum
b) Isolation from stool
c) Culture from blood
d) Isolation from bile

1454. Transmission of hepatitis A virus occurs -*(PGI 99)*
a) One week before and one week after onset of symptom
b) 2 weeks before onset of symptoms
c) 2 weeks after onset of symptoms
d) 1 week after onset of symptoms

1455. Cultivable (in vitro) hepatitis virus is-
a) Hepatitis A b) Hepatitis B *{AIIMSMay 07)*
c) Hepatitis C d) Hepatitis D

2. HEPATITIS B VIRUS

1456. Which of the following hepatitis viruses is a DNA virus - *(AIIMS May 03, PGI dec 04)*
a) Hepatitis C virus b) Hepatitis B virus
c) Delta agent d) Hepatitis E virus

1457. All of the following are components of Dane Particle except - *(AIIMS 98)*
a) Surface antigen b) Core antigen
c) C-antigen d) Delta antigen

1458. HBV present in India is -
a) Adw b) Ayw
c) Adr d)Ayr

1459. Reverse transcriptase of HBV is coded on following gene - *(AI00)*
a) c gene b) s gene
c) p gene d) x gene

1460. Hepatitis Bis not transmitted by-
a) Blood transfusion b) Pasteurised albumin
c) Cryoprecipitate d) Sexual contact

1461. Which of the following hepatitis virus have significant perinatal transmission - *(AI03)*
a) HEV b)HCV
c) HBV d)HAV

1462. Presence of HBe Ag in patients with hepatitis indicates - *(AIIMS92)*
a) Simple carriers b) Late convalescence
c) High infectivity d) Carrier status

1463. HBV all true, except - *(PGI98)*
a) It is a DNA virus
b) Spreads by blood transfusions
c) HBs Ag marker of infection
d) Least chance of chronicity

1464. HBV is associated with all of the following except -
a) Hepatic cancer b) Chronic hepatitis
c) Hepatic adenoma d) Cirrhosis

1438) b 1439) a 1440)b 1441)b 1442)a 1443)d 1444)a 1445)a,b 1446) d 1447) c 1448)d 1449)d 1450)d 145 l)c 1452) a 1453)a 1454)b,d 1455)al456)b 1457)d 1458)b,c 1459)c 1460)b 1461)c 1462)c 1463)d 1464)c

1465. Hepatitis B vaccination is given to a patient. His serum will reveal - *(AIIMS May 02)*
a) HBsAg
b) Anti-HBsAg
c) IgM Anti-HBcAg and HBsAg
d) IgM and IgG Anti-HBcAg

1466. A thirty year man presented with nausea, fever and jaundice of 5 days duration. The biochemical tests revealed a bilirubin of 6.7 mg/dl (conjugated 5.0 mg/dl) with SGOT/SGPT (AST/ALT) of 1230/ 900 IU/ml. The serological tests showed presence of HBsAg, IgM anti HBc and HBe Ag. The most likely diagnosis - *(AIIMS 02)*
a) Chronic hepatitis B infection with high infectivity
b) Acute hepatitis B infection with high infectivity
c) Chronic hepatitis B infection with low infectivity
d) Acute hepatitis B infection with low infectivity

1467. Serological testing of patient shows HBsAg, IgM anti-HBc and HBeAg postive. The patient hase - *(NEET/DNB Pattern)*
a) Chronic hepatitis B with low infectivity
b) Acute hepatitis B with high infectivity
c) Chronic hepatitis with high infectivity
d) Acute on chronic hepatitis

1468. The serological marker of acute Hepatitis B infection is - *(AJ 93)*
a) HBsAg + HBeAg b) HBsAg+Core antibody
c) HBsAg d) HBeAg

1469. Acute Hepatitis B can be earliest diagnosed by- *(AIIMSNov 01)*
a) IgM anti HBc ab b) Hbs Ag
c) IgC anti HBc abs d) Anti HBs Ag ab

1470. Recent Hepatitis infection is best diagnosed by- *(AIIMS Nov 01)*
a) Hbs Ag b) Ig G Anti HBe abs
c) Anti HBs Ag abs d) IgM anti HBc abs

1471. A 30 year old patient presented with history of jaundice for 10 days. His liver function tests showed bilirubin of 10 mg/dl, SGOT/SGPT - 1100/1450, serum alkaline phosphatase - 240IU. He was positive for Hbs Ag. What should be the confirmatory test to establish acute hepatitis B infection - *(AIIMS 06)*
a) Ig M anti-HBc antibody
b) Hbe Ag
c) HBVDNVbyPCR
d) Anti-HBc antibody

1472. Anti HBs Ab indicates - *(AIIMS 93)*
a) Resistance to Hepatitis B
b) Acute infection
c) Good Prognosis
d) Hepatocellular Carcinoma

1473. In a patient only anti HBs Ag is positive in serum, all other markers are negative. This indicates -
a) Acute hepatitis *(AIIMS 00)*
b) Chronic active hepatitis
c) Persistent carrier
d) Hepatitis B vaccination

1474. First antibody to appear in hepatitis -
a) IgM anti-HBe *(NEET/DNB Pattern)*
b) IgG-anti-HBe
c) IgM anti-HBc
d) IgM anti-HBs

1475. Epidemiologic study of Hepatitis B is by - *(A197,*
a) HBe Ag b) HBc Ag *AIIMS May 95)*
c) HBs Ag is used d) Anti HBc

1476. Infection/ multiplication of HBsAg is best/commonly diagnosed by - *(NEET/DNB Pattern)*
a) HBeAg b) HbsAg
c) HBV DNA d) Anti HBs Ag

1477. Best means of giving hepatitis B vaccine is -
a) Subcutaneous b) Intradermal
c) Intramuscular deltoid d) Intramuscular gluteal

1478. A blood donor is not considered for safe transfusion, if he has- *(AI 00)*
a) Anti HBsAg +ve
b) Anti HBsAg and HBeAg (+)ve
c) HBsAg +ve and IgM anti HBc +ve
d) Anti HBc +ve

3- HEPATITIS C VIRUS

1479. Hepatitis C virus is a - *(NEET/DNB Pattern,*
a) Togavirus b)Flavivirus *AIIMS May 04)*
c) Filovirus d) Retrovirus

1480. Max. Hepatitis C virus transmission to foetus in pregnancy depends on - *(PGI2000)*
a) Duration of illness b) Time of infection
c) Route of delivery d) HIV infection
e) High level of HCVRNA

1481. Hepatitis C virus TRUE finding is - *(AIIMSDec 98)*
a) Spreads along fecooral route
b) Antibody to HCV may not be seen in acute stage
c) Does not cause chronic hepatitis
d) It cannot be cultured

1482. HCV is associated with - *(AI 00)*
a) Anti LKM-1 antibody b) Scleroderma
c) Cryoglobulinemia d) Polyarteritis nodosa

1483. Commonest hepatotropic virus causing increased chronic carrier state is - *(AIIMS 97)*
a) HEV b)HAV
c) HBV d)HCV

1484. Chronic liver disease is caused by - *(AI 00)*
a) Hepatitis B b) Hepatitis A
c) Hepatitis C d) Hepatitis E

1485. Next to HBV, virus implicated in hepatocellular Ca is- *(PGI 98)*
a) HCV b) Herpes
c) HAV d)HEV

1486. Which of the following statements about Hepatitis 'C'is true- *(AI09)*
a) DNA virus
b) Most common indication for liver transplant
c) Does not cause liver cancer
d) Does not cause coinfection with hepatitis B

1465) b 1466) b 1467)b 1468)b 1469)a 1470)d 1471)a 1472)a 1473)d 1474)c 1475)d 1476)a 1477)c 1478)c 1479) b 1480) e 1481) b,d 1482) a,c 1483) d 1484) c,a 1485) a 1486) b

4. HEPATITIS E VIRUS

1487. Which of the following is *Ca\ci\irus-(AIIMS Nov 01)*
a) Hepatitis E b) Hepatitis B
c) Hepatitis C d) Hepatitis A

1488. With which of the following of viral hepatitis infection in pegnancy, the maternal mortality is highest -
a) Hepatitis A b) Hepatitis *B(AIIMS 06)*
c) Hepatitis C d) Hepatitis E

1489. A young pregnant woman presents with fulminant hepatic failure. The most likely aetiological agent is - *(AI 04)*
a) Hepatitis B virus b) Hepatitis C virus
c) Hepatitis E virus d) Hepatitis A virus

1490. A **pregnant woman from bihar presents with hepatic encephalopathy. The likely diagnosis -** *(AI 01)*
a) Hep.E b)Hep.B
c) Sepsis d) Acute fatty liver of pregnancy

1491. Regarding Hepatitis E true is - *(AIIMS98)*
a) Occurs with Hepatitis B
b) Single stranded DNA virus
c) Occurs along with HTV
d) Mortality increased in pregnancy

1492. Hepatitis E clinically resembles -
a) Hepatitis A b) Hepatitis B
c) Hepatitis C d) Hepatitis D

5. HEPATITIS P VIRUS

1493. Which of the following is a defective virus - *(AI 01)*
a) HAV b)HBV
c) HCV d)HDV

1494. HBV and HDV false is - *(NEET/DNB Pattern)*
a) Both can infect simultaneously
b) HDV causes more serious infecton d/t superinfection
c) HDV cannot infect in absence of HBV
d) DNA viruses

1495. HDV is -0 *(NEET/DNB Pattern)*
a) SS-RNA virus b) SS-DNA virus
c) DS-RNA virus d) DS-DNA virus

6. HEPATITIS G VIRUS

1496. Choose the false statement regarding Hepatitis G virus - *(Karnataka 2001)*
a) Also called GB virus
b) Blood bom RNA virus
c) Mostly infected with C vims
d) Responds to Lamivudine

HUMAN IMMUNODEFICIENCY VIRUS

1497. HIV virus contains - *(AI 02)*
a) Single stranded DNA
b) Single stranded RNA
c) Double stranded DNA
d) Double stranded RNA

1498. HIV gene is/are - *(PGI June 01)*
a) Gp73 b) P24
c) GP120 d)Gp5

1499. Nef gene in HIV is for use - *(NEET/DNB Pattern)*
a) Enhancing the expression of genes
b) Enhancing viral replication
c) Decreasing viral replication
d) Maturation

1500. A HIV mother delivers a baby All are true, except- *(AIIMSNov 99)*
a) Risk of HIV in the baby is upto 90%
b) HIV infection cannot be diagnosed in the baby with available methods.
c) AIDS can be transmitted from mother to child during delivery.
d) Breast feeding can transmit AIDS

1501. True about HIV- *(PGI 2000)*
a) Not transmitted through semen
b) More chances of transmission during LSCS than normal labour
c) More infectious than hepatitis B
d) Male to female transmitted > female to male

1502. The chance that a health worker gets HIV from an accidental needle prick is - *(PGI June 99)*
a) 1% b) 10%
c) 95% d) 100%

1503. HIV can - *(PGI June 08)*
a) Cross blood brain barrier
b) RNA vims
c) Inhibited by 0.3% H_20_2
d) Thermostable

1504. What is the sequence which a retrovirus follows on entering a host cell - *(AI 2K)*
a) RNA-DNA-RNA b) RNA-DNA
c) DNA-RNA d)DNA-RNA-DNA

1505. Regarding HIV infection, not true is - *(AI01)*
a) p24 is used for early diagnosis
b) Lysis of infected CD4 cells is seen
c) Dendritic cells do not support replication
d) Macrophage is a reservoir for the vims

1506. Regarding HIV which of the following is not true -
a) It is a DNA retro vims *(AI 02)*
b) Contains Reverse Transcriptase
c) may infect host CD_4 cells other than T lymphocytes
d) Causes a reduction in host CD_4 cells at late stage of disease

1507. HIV affects - *(AIMS 98)*
a) Only T helper cells
b) T helper and macrophages
c) NK cells
d) B - lymphocytes

1508. HTV infects most commonly - *(AIIMS Jun 00, AI 09)*
a) CD4+helper cells b) CD8+cells
c) Macrophage d) Neutrophil

1509. AIDS involves- *(AI 98)*
a) T-helper cells b) T-suppressor cells
c) T-cytotoxic d)B. cells

1487) a 1488) d 1489) c 1490) a 1491) d 1492) a 1493) d 1494) d 1495) a 1496) c,d 1497) b 1498) None 1499) c 1500) a 1501) d 1502)a 1503)a,b,c 1504)a 1505)c 1506)a 1507)b,d 1508)a 1509)a

1510. The receptor through which M-tropic fflVstrains bind- *(MH11)*
a) CCR5 b)CXR4
c) CXCR5 d) Any of the above

1511. All the following are true about HIV except - *(IN99)*
a) A DNA virus belonging to lentivirus
b) Attacks CD4 lymphocytes
c) CD4: CD8 ratio is reversed
d) Mostly spread by heterosexual contact

1512. Which of the following is not a structural gene of HIV-
a) Gag b)Pol *(Maharashtra 10)*
c) ENV d) Tat

1513. The gene coding for core of HIV is - *(Delhi 96)*
a) GAG b)ENV
c) POL d) TAT

1514. Which of the following gene is associated with encoding of reverse transcriptase - *(Delhi 09)*
a) Pol b) Env
c) Gag d)LTR

1515. Gag gene encodes for - *(Bihar 09)*
a) Reverse transcriptase b) Core antigen
c) Envelope d) Gene activation

1516. Chemokine co-receptor for HIV found on macrophage is- *(Kam11)*
a) CD4 b)CDS
c) CCR5 d) CXCR4

1517. Gloves, syringes, needles etc., used for patients whose HIV test results is not known, should be immersed in - *(UPSC99)*
a) Povidone - iodine 1%
b) Boiling water
c) 1% solution of sodium hypochlorite
d) 10% solution of dettol

1518. The HIV virus can be destroyed in vitro by which of the following - *(Karnat.96)*
a) Boiling b) Ethanol
c) Cidex d) All of the above

1519. In the heterosexual trnsmission of HIV - *(Kerala 09)*
a) There is greater risk of transmission from man to woman
b) There is greater risk of transmission from woman toman
c) Risk is equal in either ways
d) HIV infection is not transmitted by heterosexual act

1520. AIDS is not transmitted by - *(Kerala 09)*
a) Blood transfusion b) Cryoprecipitate
c) Breast milk d) Plasma

1521. Risk of HIV transmission is not seen with -
a) Whole blood *(Delhi 09)*
b) Platelets
c) Plasma derived hepatitis B vaccine
d) Leucocytes vaccines

1522. During the Window period of patient with AIDS -
a) ELISA is-ve *(NIMS 96)*
b) Western Blot is - ve
c) Both are-ve
d) PCRis-ve

1523. Window period in HIV is from - *(Jimper 04)*
a) Infection to appearance of antibodies in serum
b) Infection to appearance of viral particles in blood
c) Infection to appearance of symptoms
d) Infection to decrease of CD4 lymphocytes

1524. The commonly used screening test for Human immunodeficiency virus is - *(Karnat. 96)*
a) VDRL test b) Weil-Felix test.
c) ELISA test d) Western blot test

1525. Reverse Transcriptase is - *(AP 96)*
a) DNA polymerase
b) DNA dependant RNA polymerase
c) RNA dependant DNA polymerase
d) None

1526. HIV virus can be isolated from all except - *(ALLPH98)*
a) Semen b) Saliva
c) Blood d) Skin scraping

1527. Full blown Immunodeficiency syndrome is -
a) High viral titres with low CD 4 count *(SGPGI09)*
b) Low viral titres with low CD 4 count
c) Low viral titres with high CD 4 count
d) High viral titres with high CD 4 count

1528. Most common opportunistic infection in AIDS in India- *(Orissa 04)*
a) Toxoplasmosis b) Crytococcosis
c) Cryptosporidium d) TB

1529. The common causative agent in diarrhea in AIDS patients is- *(UP 07)*
a) Toxoplasma b)Cryptosporidium
c) Salmonellae d) Mycobacteria

1530. Which is not increased in HIV infection - *(Delhi 08)*
a) CMV
b) Kaposi sarcoma
c) Mycobacterial infection
d) Pneumococcal infection

1531. Which of the following mycobacteria can cause disease in HTV+ve patient with a CD4 count of600/ cu.mm? (*Corned 07)*
a) M. tuberculosis b) MAC
c) M. chelonei d) M. fortuitum

1532. Sero conversion in HIV Infection takes place in -
a) 2 weeks b) 4 weeks *(JIPMER93)*
c) 9 weeks d) 12 weeks

1533. p24 antigen disappears from the blood after how many weeks in HTV - *(AMU 05)*
a) 2-4 weeks b) 4-6 weeks
c) 6-8 weeks d) 8-10 weeks

1534. Most common mode of transmission of HIV world wide is- *(SGPGI 04)*
a) Heterosexual b) Homosexual
c) IV-drug abuse d) Contaminated blood products

1535. Latent phase of HIV - *(PGI Dec 06)*
a) Viral Replication
b) Sequestred in lymphoid tissue
c) Infective
d) Not infective
e) Rapid decline of CD4 count is common

1510)a 1511) a 1512)d 1513)a 1514)a 1515)b 1516)c 1517)None 1518)d 1519)a 1520)b 1521)c 1522)c
1523) a 1524)c 1525)c 1526)d 1527)a 1528)d 1529)b 1530)None 1531)a 1532)b 1533)c 1534)a 1535)a,b,e

1536. HIV infection is associated with - *(PGIJune 02)*
a) A glandular fever like illness
b) Generalised lymphadenopathy
c) Gonococcal septicemia
d) Sinus disease
e) Presenile dementia

1537. Most common agent causing tuberculosis in AIDS patient in tropical countries is - *(AI97)*
a) Mycobacterium tuberculosis
b) Mycobacterium intracellulare
c) Mycobacterium parvum
d) Mycobacterium atypical

1538. In India most common cause of T. B. in HIV -
a) Myco. Tuberculosis *(PGI 2000)*
b) Myco. Avium intracelluare
c) M. bovis
d) M. scrofulaceum

1539. CMV retinitis in HTV occurs when the CD4 counts falls below- *(AI02)*
a) 50 b) 100
c) 200 d) 150

1540. An HIV patient complains of visual disturbances. Fundal examination shows bilateral retinal exudates and perivascular haemorrhges. Which of the following viruses are most likely to be responsible for this retinitis - *(AI04)*
a) Herpes simplex b) Varicella zoster
c) Cytomegalovirus d)EBV

1541. The most common organism amongst the following that causes acute meningitis in an AIDS patients is-
a) Streptococcus pneumoniae *(AI05)*
b) Steptococcus agalactiae
c) Cryptococcus neoformans
d) Listeria monocytogenes

1542. Common CNS lesions in HIV is caused by-*(PGIjune*
a) Cryptococcus b) Toxoplasma *09)*
c) Neurocysticercosis d) Mucormycosis
e) Lymphoma

1543. Important features of AIDS are - *(PGI June 01)*
a) Follicular tonsillitis b) Lichen planus
c) Oral candidiasis d) Hairy leukoplakia
e) Mitotic lesions of oral cavity

1544. Which of the following lesions is associated with HTV infection - *(AIIMS May 04)*
a) Hairy leukoplakia b) Erythroplakia
c) Oral lichen planus d) Bullous pemphigoid

1545. In a patient having HIV infections, oral ulcer is most commonly due to - *(Orissa05)*
a) Candida b) Cryptococcosis
c) Histoplasma d) Trichophyton

1546. Oral hairy leukoplakia is caused by- *(NEET/DNB*
a) HSV b)EBV *Pattern)*
c) CMV d)HPV

1547. Persistent diarrhoea in AIDS is caused by A/E-
a) Microspora b) Cryptococcus *(PGI 01)*
c) Cryptosporidia d) Isospora belli
e) Giardialamblia

1548. Fungal infections associated with AIDS patient are- *(PGI Dec 03)*
a) Pneumocystis carinii b)Penicilliummameffei
c) Candida d) Cryptococcus
e) Cryptosporidium

1549. Which infection is not common in HIV patients -
a) Cryptosporidiosis *(AIIMS Feb 97)*
b) Atypical mycobacterial infection
c) Aspergillosis
d) Candidiasis

1550. Fungal infection in AIDS - *(PGIDec 06)*
a) Mucormycosis
b) Aspergillosis
c) Disseminated candidiasis
d) Mucocutaneous candidiasis
e) Pneumocystis jiruveci

1551. Most common genital lesion in HIV patient is -
a) Chlamydia b) Herpes *(AI 10)*
c) Syphilis d) Candida

1552. Commonest helminthic infection in AIDS is -(*AI99)*
a) Trichuris trichura
b) Strongyloides stercoralis
c) Enterobius vermicularis
d) Nector-americanus

1553. Which of the foolwing is not seen in HIV Patient with CD count less than 100 Per micro litre, who has non productive cough - *(AIIMS June 99)*
a) Mycobacterium tuberculosis
b) Pneumocystis carinii
c) Mycoplasma pneumoniae
d) Cryptococcal infection

1554. The tissue of origin of the Kaposi's sarcoma is -
a) Lymphoid b) Vascular *(AIIMS May 05)*
c) Neural d) Muscular

1555. Multifocal tumor of vascular origin in a patient of AIDS- *(AI 00)*
a) Kaposi sarcoma b) Astrocytoma
c) Gastric Carcinoma d) Primary CNS lymphoma

1556. A patient with HIV has diarrhoea with AFB (+)ve organism in stool. The most likely organism is -
a) Mycobacterium avium intracellulare *(AI00)*
b) Mycobacterium TB
c) Mycobacterium leprae
d) Mycoplasma

1557. True about HIV all except - *(NEET/DNB Pattern)*
a) PML caused by JC virus
b) CNS lymphoma is the most common CNS tumor
c) CMV is the most common cause of retinitis
d) Most common cause of seizure is Candida

1558. In HIV window period indicates- *(AIIMS Nov 07)*
a) Time period between infection and onset of first symptoms
b) Time period between infection and detection of antibodies against HIV
c) Time period between infection and minimum multiplication of the organism
d) Time period between infection and maximum multiplication of the organism

1536)a,b,d,e 1537)a 1538)a 1539)a 1540)c 1541)c 1542)a,b,e 1543)c,d 1544)a 1545)a 1546)b 1547)c,e 1548)a,b 1549) c 1550)c,d 1551)b 1552)b 1553)c 1554)b 1555)a 1556)a 1557)d 1558)b

1559. HIV can be detected and confirmed by - *(AI05)*
a) Polymerase Chain Reaction (PCR)
b) Reverse Transcriptase - PCR
c) Real Time PCR
d) Mimic PCR

1560. ELISA test when compared to western blot technique is- *(AI93, 96)*
a) Less sensitive, less Specific
b) More sensitive, More specific
c) Less sensitive, more specific
d) More sensitive, less Specific

1561. Most sensitive test for HIV infection - *(NEET/DNB Pattern)*
a) Western blot b) ELISA
c) Agglutination test d) CFT

1562. Following is the marker ofHIV infection in blood- *(AIIMS94)*
a) Reverse Transcriptase b) DNA polymerase
c) RNA polymerase d)None

1563. All of the following methods are used for the diagnosis of HTV infection in a 2 month old child, except- *(AIIMSMay 03)*
a) DNA-PCR. b) Viral culture.
c) HIV ELISA d) p24 antigen assay

1564. A patient comes to hospital with a history of sore throat, diarrhoea and sexual contact 2 weeks before. The best investigation to rule out HTV is - *(AI00)*
a) P24 antigen assayb) ELISA
c) Western blot d) Lymphnode biopsy

1565. False about p24 is - *(NEET/DNB Pattern)*
a) Seen after 3 weeks of infection
b) Cant be seen in first week
c) Cant be detected after seroconversion
d) Detected by ELISA

1566. In diagnosis of AIDS, criteria include the following except - *(PGI Dec 01)*
a) CD4<200
b) CD8 < 500
c) CD 4: CD 8=1
d) Presence of any of the opportunistic infections tuberculosis, pneumosystic carinii, cytomegalovirus
e) Western blot is positive

1567. A resident doctor sustained a needlestick injury while sampling blood of a patient who is HTV positive. A decision is taken to offer him post-exposure prophylaxis. Which one of the following would be the best recommendation ? *(ARMS Nov 03)*
a) Zidovudine + Lamivudine for 4 weeks
b) Zidovudine+Lamivudine+Nevirapine for 4 weeks
c) Zidovudine 4- Lamivudine + Indinavir for 4 weeks
d) Zidovudine + Stavudine + Nevirapine for 4 weeks.

1568. Antenatal maternal HIV diagnosis is of importance in - *(Japmer 04)*
a) To prevent vertical transmission
b) To terminate
c) To discharge
d) To isolate the patient

1569. Maternal to child transmission of HTV is prevented by - *(ARMS Nov 11)*
a) Nevirapine b) Lamivudine
c) Didanosine d)Abacavir

1570. Which one of the following is true regarding HIV infection- *(AI 04)*
a) Following needle stick injury infectivity is reduced by adminsitration of nucleoside analogues
b) CD4 counts are the best predictors of disease progression
c) Infected T cells survive for a month in infected patients
d) In latent phase HIV has minimal replication

ONCOGENIC VIRUSES

1571. Which is NOT an oncogenic \irus- *(AIIMS June 97)*
a) HTLV -1 b) Herpes simplex
c) Papillomavirus d)HBV

1572. Oncogenic RNA virus is -
a) Avian leukosis virus b) Herpesvirus
c) Adenovirus d) Togavirus

1573. All oncogenic viruses containing RNA belongs to-
a) Picomaviridae *(NEET/DNBPattern)*
b) Herpesviridae
c) Retroviridae

1574. Most common oncogenic RNA virus-
a) Retrovirus *(NEET/DNBPattern)*
b) Picomavirus
c) Orthomyxovirus
d) Paramyxovirus

1575. Oncogenic virus is - *(NEET/DNB Pattern)*
a) CMV b)VZV
c) Poliovirus d)EBV

1576. All of the following are DNA oncogenic viruses except- *(COMED 06)*
a) Epstein Barr virus
b) Hepatitis B virus
c) Adult T cell Leukemia/lymphoma virus
d) Kaposi sarcoma virus

1577. The following viruses has been associated with oncogenesis except - *(UP 97)*
a) Human Papilloma Viruses
b) Epstein Barr virus
c) Human T cell leukemia virus
d) Varicella Zoster virus

1578. Which of the following "oncogenic viruses" is so far not shown to be (oncogenic) in man - *(DNB 92)*
a) Hepatitis B virus
b) Epstein-Barr virus
c) Herpes simplex Type 2
d) Adenovirus
e) Human T cell lymphotrophic virus 1 (HTLVI)

1579. All are oncogenic viruses except - *(JIPMER 98)*
a) EB virus b) Reo virus
c) Retrovirus d) Human papilloma virus

1559)b 1560) d 1561)b 1562)a 1563)c 1564)a 1565)a>c 1566)b,c,e 1567)c 1568)a 1569)a 1570)a 1571)None
1572) a 1573) c 1574) a 1575) d 1576)c 1577)d 1578)d 1579)b

1580. All viruses are oncogenic except - *(MP 98)*
a) EBV b)HTLV-l
c) HSV-1 d)HPV

1581. The only oncogenic virus whose pathogenicity has been proved without doubt is- *(JIPMER 05)*
a) HTLV-I b)HTLV-n
c) HTLV-ni d) HTLV-IV

HUMAN PAPILLOMAVIRUS

1582. Most common tumour caused by virus is -
a) Warts *(AIIMS Dec 97)*
b) Carcinoma cervix
c) Nasopharyngeal corcinoma
d) Lymphoma

1583. Condyloma acuminatum is caused by -
a) HSV b)HPV *(NEET/DNB*
c) HIV d)VZV *Pattern)*

1584. Which of the following statement is correct -
a) Viral warts usually resolve spontaneously
b) Plantar warts should not be excised *(PGI05)*
c) Callosities are formed occupationally
d) Corn's are viral in etiology
e) Plantar warts are painless

1585. HPV vaccine is - *(AIIMS Nov 09)*
a) Monovalent b) Bivalent
c) Quadrivalent d) Both bivalent and quadrivalent

1586. TVue about HPV vaccination - *(PGI Nov 09)*
a) Given in women age group 20-40 years
b) Primary dose consists of 2 doses
c) Efficacy > 70% for cervical cancer
d) Two types are available in market
e) Protect against HPV 16 & 18

1587. Human papillomatosis is caused by-
a) HSV bHPV *(NEET/DNB*
c) HTV d)HBV *Pattern)*

1588. Most common type of HPV associated with cervical cancer - *(NEET/DNB Pattern)*
a) 6,11 b) 5,8
c) 16,18 d)6,8

1589. Condyloma accminatum is caused by HPV types of -
a) 18,31 b) 17,12 *(UP09)*
c) 6,11 d) 16,18

1590. Type of human papilloma virus associated with cacinoma cervix - *(JIPMER 98)*
a) Types 6,12,18 b) Types 16,18,31
c) Types 6,8,11 d) Types 3,10,19

ROTAVIRUS

1591. All are cultivable virus Except - *(ARMS Dec 97)*
a) Rotavirus b) Enterovirus
c) ECHO virus d) Coxsackie virus

1592. All are true about Rota virus except - *(ARMSDec 97)*
a) Causes diarrhoea in man and children.
b) Rota B Can be grown in cell culture.
c) Rota C can cause diarrhoea in children
d) Culture cannot be done

1593. Which of the following is true about Rotavirus -
a) Commonly affects children *(AI 94)*
b) Double Stranded DNA
c) Can be grown easily on cell culture
d) Egg shell appearance under electron microscope

1594. Viral enterotoxin is detected as a possible of mechanism pathogenesis in - *(AI 98)*
a) Adenovirus b) Rotavirus
c) Calcivirus d) Astrovirus

1595. ROTA virus is diagnosed by - *(ARMSNov 99)*
a) IgM specific antibody in stool
b) ELISA demonstrates antibody in stool
c) Immunoflorescence antigen in stool
d) Culture of rotavirus

1596. Rotavirus infection is diagnosed by the presence of-
a) Antigen in stool by ELISA *(AI2000)*
b) Virus in stool
c) Antigen in blood
d) Antibody in stool

1597. Rotavirus is detected by - *(NEET/DNB Pattern)*
a) Antigen in stool
b) Antibody in serum
c) Demonstration of virus
d) Stool culture

1598. Best vaccine for rotavirus infection is - *(AI 98)*
a) Asymptomatic neonatal vaccine
b) DNA vaccine
c) Genetic reassortment
d) Capsular component vaccine

1599. Genetic reassortment is seen with - *(ARMSNov 10)*
a) Astrovirus b) Herpes virus
c) Rotavirus d) Hepadena virus

1600. Rota virus causes- *(Delhi 08)*
a) Acute nonbacterial gasteroenteritis in adult
b) Infantile diarrhea
c) Teratogenic effects
d) Respiratory infection in immunocompromised

1601. The following is true of Rota virus - *(AI 92)*
a) Easily grown in cell culture
b) Double stranded DNA
c) Terminal ileum villi destroyed
d) Adult and old people account for 60% of infection.

SLOW VIRAL DISEASES

1602. Which of the following is not consider to be a slow viruse diseases -
a) Kuru b) Scrapie
c) Creutzfeldt Jakob disease d) Maedi
e) Sarcoidosis

1603. TVue about prion protein diseases is all, except -
a) Myoclonus is seen in 10% of the patients
b) Caused by infectious protein *(ARMS Nov 01)*
c) Brain biopsy is diagnostic
d) Commonly manifests as dementia

1580) None 1581)a 1582)a 1583)b 1584)a,b,c 1585)d 1586)c,d,e 1587)b 1588)c 1589)c 1590)b 1591)a 1592)b 1593) a 1594)b 1595)c 1596)a 1597)a 1598)c 1599)c 1600)b 1601)c 1602)e 1603)a

1604. Creutzfeldt-Jacob disease is caused by - *(PGI99)*
a) Prion b) JC virus
c) Genetic factors d) Nutritional deficiency

1605. Prions are- *(AI 08)*
a) Made up of bacterial and viral particles
b) Immunogenic
c) Infectious
d) RNA particles

1606. Prions consists of - *(AIIMS Nov 07)*
a) DNAandRNA b) DNA, RNA and Protein
c) RNA and protein d) Only proteins

1607. Regarding prion protein which of the following statment is true - *(AIIMS Nov 08)*
a) It is protein product coded in viral DNA
b) It catalyses abnormal folding of other proteins
c) It protect disulfide bonds from oxidation
d) It cleaves normal proteins

1608. True about prions is - *(AI 11)*
a) Encoded by viral genome
b) Associated with misfolding of protein
c) Non infectious
d) Immunogenic

1609. Mad Cow disease (Spongiform disease) occurs due to- *(AIIMSDec 97)*
a) CJ virus b) Arena virus
c) Kuru virus d) Parvo virus

1610. Mad Cow disease (Bovine Spongioform Encephalopathy) is similar in man to - *(AIIMS 96)*
a) Alzheimer's Disease
b) Creutzfeldt Jakob Disease
c) Huntingtons Chorea
d) Picks Disease

1611. Fatal familial insomnia is associated with - *(AI99)*
a) Prion disease b) Degenerationdisease
c) Neoplasticdisease d) Vascular disease

1612. Mad cow disease is due to - *(Culcutta 2K)*
a) Slow virus b) Mycoplasma
c) Bacteria d) Fungus

1613. Which one of the following not a prion associated disease - *(JIPMER 05)*
a) Srapie
b) Kuru
c) Creutzfeldt-Jakob disease
d) Alzheimer's disease

1614. Which of the following is NOT a prion disease?
a) Bovine spongiform encephalopathy *(Kam 11)*
b) Transmissible mink encephalopathy
c) Scrapie
d) Progressive multifocal leucoencephalopathy

PARVOVIRUS

1615. The virus which causes aplastic anemia in chronic hemolytic diseases is - *(PGI96)*
a) Adenovirus b) Hepatitis virus
c) EB virus d) Parvovirus

1616. One of the following is not a cultivable virus - *{AI 97)*
a) Papova b) Parvovirus B-19
c) Herpes d) Adenovirus

1617. Parvo virus causes- *(PGI Dec 07)*
a) Aplastic anemia
b) Erythema infectiosum
c) Roseola infantum
d) Arthritis

1618. In Parvovirus infection what is common in adult -
a) Bone marrow aplasia b) PRC A *(PGI June 07)*
c) Erythema infectiosum d) Arthropathy

1619. Parvovirus infection is associated with - *(PGI June*
a) Hydrops fetalis b) Aplastic anemia *08)*
c) Abortion d) Sixth disease
e) Hemophagocytic syndrome

1620. All of the following statements about Parvovirus B-19 are true except - ***(AI** 09)*
a) DNA virus
b) Crosses placenta in only < 10% of cases
c) Can cause severe anemia
d) Can cause aplastic crises

1621. All of the following statements about parvovirus B-19 are true, except - ***(AI** 11)*
a) <10% spread by transplacental route
b) Respiratory route is the primary mode of transmission
c) It is a DNA virus
d) Affects erythroid progenitors

1622. Parvovirus B19 does not cause - *(AIIMSMay 08)*
a) Roseola infantum
b) Aplastic anemia in sickle cell disease
c) Fetal hydrops

1623. Slapped cheek sign is seen in - *(NEET/DNB Pattern)*
a) Parvovirus B19 b) JC virus
c) Rota virus d) Mumps

1624. Infection with which of the following agents is particularly dangerous for anemic patients -*(HP 06)*
a) Adenovirus b) Cytomegalovirus
c) Herpes simplex virus d) Parvovirus

MISCELLANEOUS

1625. The viruses causing gastroenteritis are - *(PGIDec*
a) Rotavirus b) Norwalk virus *08)*
c) Adenovirus d) Hepatadenovirus
e) Enterovirus

1626. Regarding respiratory viruses all are true except -
a) RSV is the most common cause of bronchiolitis in infants *(AIIMS Nov 07)*
b) Mumps causes septic meningitis in adult
c) Measles causes SSPE
d) EBV causes pleuritis

1627. Choose the correct matches - *(PGI June 02)*
a) Mumps - RA 27/3 strain
b) Rubella - Jeryl - Lynn strain
c) Measles - Edmonston - Zagreb strain
d) BCG-Danish 1331 strain

1604) a,c 1605)cl606)d 1607)b 1608)b 1609)? 1610)b 1611)a 1612)a 1613)d 1614)d 1615)d 1616)b
1617)a,b,d 1618)d 1619)a,b,c,e 1620)b 1621)a 1622)a 1623)a 1624)d 1625)a,b,c,e ■'1626)b 1627)c,d

1628. Latency seen in viral infections- *(PGIDec. 08, June 05)*
a) HSV-II b) CMV
c) Rotavirus d) HIV
e) EBV

1629. HTLV extra gene is - *(NEET/DNB Pattern)*
a) Gag b)Pol
c) Env d) px

1630. Incubation period less than 10 days seen -
a) Influenza b) Cholera *(PGIDec 02)*
c) Plague d) Chickenpox
e) Rabies

1631. Human to human transmission not seen in -
a) SARS b) Japanes B encephalitis
c) Bird's flu d) Poliomyelitis
e) HIV *(PGI June 05)*

1632. Which of the following pair is correct -
a) RS V - Bronchiolitis *(PGIDec 05)*
b) Orf - viral infection is transmitted from sheep
c) Parvovirus B 19 - Exanthema subitum
d) HHV6 - kaposi Sarcoma

1633. All of the viruses cause pneumonia except - *(AI-95)*
a) Cytomegalovirus b) Mumps
c) Measles d) Retrovirus

1634. Renal involvement is seen in which of the following infections - *(PGI 03)*
a) Cytomegalovirus b) Polyoma virus
c) Human Papilloma virus d)HIV
e) HBV

1635. All of the following statements are true regarding central nervous system infection, except-
a) Measles virus is the causative agent for subacute sclerosing panencephalitis *(AIIMS - 04)*
b) Cytomegalovirus causes bilateral temporal lobe hemorrhagic infarction
c) Prions infection causes spongiform encephalopathy
d) JC virus is the causative agent for progressive multifocal leucoencephalopathy

1636. PML is caused by - *(PGI 2000)*
a) CMV b) Papova virus
c) HIV d) Polio virus

1637. Progressive multifocal leukoencephalopathy is caused by - *(NEET/DNB Pattern)*
a) CMV b)EBV
c) JC virus d) RSV

1638. SARS true are - *(PGI June 06)*
a) Severe acute respiratory syndrome
b) Documented respiratory route spread
c) Effective vaccine available
d) Cause atypical pneumonitis
e) Group coronavirus

1639. Causative organism of SARS - *(NEET/DNB Pattern)*
a) H1N1 b) Corona virus
c) Rotavirus d)RSV

1640. Which pathogens adhere to respiratory epithelium-
a) RSV b) Influenza *(PGI Dec 06)*
c) Parainfluenza d)HBV
e) Picomavirus

1641. Emergence or resurgence seen in which of the following organisms - *(PGI Dec 04)*
a) Poliovirus b) Measles virus
c) Nipah virus d) West Nile virus
e) Hepatitis B virus

1642. New infectious agents are - *(PGIDec 07)*
a) Nipah virus b) Pneumocystis jieruveci
c) Coronavirus d)SARS
e) Prion

1643. Virus that affect lymphoid tissue - *(PGI Dec 06)*
a) Adenovirus b) Herpesvirus
c) CMV d)HTV
e) HBV

1644. For which of the following are live vaccines used -
a) Measles b) Cholera *(PGI 88)*
c) Smallpox d) Oral Polio

1645. Electron microscopy is helpful in diagnosis of -
a) Rotavirus b)RSV *(PGNJune03)*
c) Herpesvirus d) Prion

1646. Culture of CSF easily detect - *(PGI Nov 09)*
a) CMV b) Echovirus
c) Coxsakie d)HSV
e) Mumps

1647. Which of the following does not cause conjuctivitis-
a) Adenovirus b) Enterovirus *(JIPMER 92)*
c) Coxsackie virus d) Herpes virus

1648. Kaposi sarcoma is caused by - *(Delhi 09)*
a) EBV b) Parvovirus
c) Herpes virus d) Rotavirus

1649. Ebola virus is a- *(Delhi 96)*
a) Reovirus b) Filovirus
c) Arbovirus d) Arenavirus

1650. $MgCl_2$ is added to polio vaccine because of the following - *(JIPMER 79, UPSC 89, 92)*
a) Potentiates the vaccine
b) Vaccine can be kept at higher temperatures
c) Preservative
d) None of the above

1651. Which virus given below is not a teratogenic virus ? **(***Corned 08)*
a) Rubella b)Cytomegalovirus
c) Herpes simplex d) Measles

1652. An emerging viral pathogen causing pyelonephritis in kidney allografts is - **(***Corned 08)*
a) Molluscum contagiosum
b) Herpes simplex virus
c) Polyoma virus
d) Influenza virus

PARASITOLOGY

GENERAL

1653. Which of the following is a protista- *(NEET/DNB Pattern)*
a) Algae b) Fungi
c) Protozoa d) Bacteria

1628)a,b,d,e 1629)d 1630)a,b,c 1631)bl632)a,b 1633)b 1634)d,e 1635)b 1636)b 1637)c 1638)a,b,d,e 1639)b 1640) a,b,c,e 1641)c,d 1642)a,c,d 1643)c,d,e 1644) All 1645)a,e 1646)Ail 1647)None 1648)c 1649)b 1650) b 1651)d 1652)c 1653)c

1654. Nematodes are differentiated from other worms by- *(PGIDec 05)*
a) Segmentation absent b) Separate celomic cavity
c) Sexes separate d) They are cylindrical
e) GIT is formed completely

1655. True about trematodes - *(NEET/DNB Pattern)*
a) Two host required
b) Segmented
c) Anus present
d) Body cavity present

1656. HemoflageUate- *(AIIMS90)*
a) Requires intermediate host
b) Grows in living tissue
c) Does not grow in culture media
d) Has undulating membrane

PROTOZOA

1. ENTAMOEBA

1657. All the following amoebae live in the large intestine except - *(Karnat89)*
a) E.coli b) E. nana
c) E.gingivalis d) l.butschii

1658. Non-pathogenic amoebae is/are - *(PGIMay 10)*
a) E. histolytica b) E.coli
c) Acanthanmoeba d) E.Hartmanni
e) Balamuthia

1659. Which of the following is true about mature cysts of E. histolytica - *(AI96)*
a) Endoplasm and ectoplasm are clearly defined
b) Eight chromatid bodies
c) Shows chromatid bodies and glycogen mass
d) Nuclear structure retains characteristics of trophozoite

1660. All are true about Entamoeba Histolytica except -
a) Cyst are 8 nucleated *(AI 91)*
b) Cyst are 4 nucleated
c) Trophozoites colonise in the colon
d) The chromatid bodies are stained by Iodides

1661. Which is true of trophozoites of E.histolytica -
a) Has eccentric Karyosome *(AI 93)*
b) Nuclear membrane with chromatin
c) Shows erythrophagocytosis
d) Presence of bacteria inside cell

1662. Which one of the following statements is false -
a) The presence of ingested erythrocytes is seen only in Entamoeba histolytica *(AIIMS Nov 03)*
b) Young adult male of low socioeconomic status are most commonly affected by invasive amoebiasis
c) A low iron content in the diet predisposes to invasive amoebiasis
d) The pathogenic and non-pathogenic strains of E. histolytica can be differentiated by the electrophoretic study of zymodemes

1663. The pathogenecity of Entamoeba histolytica is indicated by- *(APPGE 05)*
a) Zymodeme pattern b)Size
c) Nuclear pattern d) ELISA test

1664. The main reservoir for entamoeba histolytica is -
a) Man b) Dirty water *(AI91)*
c) Soil d) Ponds

1665. Amoebiasis is transmitted by all *except-(AIIMSNov 10)*
a) Cockroach b)Faecooral
c) Vertical transmission d)Oro-rectal

1666. All are seen in cyst of E.Histolytica except -
a) Glycogen mass *(Kerala 94)*
b) Chromatid bars
c) Eccentric nucleus
d) Retractile nucleus

1667. Primary amoebic meningitis caused by- *(SGPGI 05)*
a) Naegleri fowled b) E.histolytica
c) E.coli d)B.coli

1668. The most distinctive feature of pathogenic Entamoeba histolytica on fresh stool examination is - *(UP 97)*
a) Presence of active pseudopodia
b) Erythrophagocytosis
c) Presence of intracytoplasmic vacuole
d) Presence of two nucleoli

1669. Regarding cutaneous amoebiasis which is not true -
a) It is a spreading necrotising inflammation of the skin and subcutaneous tissue *(Karn 94)*
b) Rapid improvement with anti-amoebic treatment occurs
c) Can occur in the perianal region
d) The infection reaches the skin through the blood stream

1670. True about amoebic colitis is - *(PGI June 02)*
a) Caused by E histolytica
b) Cyst contains eight nuclei
c) Flask-shaped ulcers are present
d) Cecum is most commonly affected
e) Is premalignant

1671. Stain with parasite having charcot-laden crystals but no pus cells- *(NEET/DNB Pattern)*
a) Giardia b) Tenia
c) E. histolytica d) Trichomonas

1672. Invasive amoebiasis can be best diagnosed by -
a) ELISA *(AIIMS Nov 01)*
b) Countercurrent immunoelectrophoresis
c) Indirect hemaglutination test
d) Complement fixation test

1673. Amoebic liver abscess can be diagnosed by demonstrating- *(AI 91)*
a) Cysts in the sterile pus
b) Trophozoites in the pus
c) Cysts in the intestine
d) Trophozoites in the feces

1654) a,c,d,e 1655)a 1656)a,b,d 1657)c 1658)b,d 1659)d 1660)a,d 1661)b,c 1662)c 1663)a 1664)a 1665)c 1666)d 1667) a 1668)b 1669)d 1670)a,c,d 1671)c 1672)a 1673)b

1674. Significant titres of IHA is seen in all types of amoebiasis except- *(AIIMS 98)*
a) Acute amoebic dysentery
b) Brain abscess
c) Liver abscess
d) Cyst passers

1675. A patient presents with lower gastrointestinal bleed. Sigmoidoscopy shows ulcer in the sigmoid. Biopsy from this area shows flask-shaped ulcers. Which of the following is the most appropriate treatment -
a) Intravenous ceftriaxone *(ARMS 05)*
b) Intravenous metronidazole
c) Intravenous steroids and sulphasalazine
d) Hydrocortisone enemas

1676. Commonest site of extraintestinal amoebiasis is -
a) Brain b) Liver *(Delhi 93)*
c) Spleen d) Lungs

1677. Chronic amoebic keratitis is seen in - *(UP 07)*
a) E. histolytica b) Acanthamoeba
c) Naegleria c) Haemoflagellates

1678. E. Histocytica. True are - *(PGI June 06)*
a) Mostly symptomatic
b) Differentiated morphologically from E. dispar
c) Antigenically different from E. disper

1679. The mature cyst of Entamoeba histolytica differs from Entamoeba coli, in the following except -
a) Size is 6 to 15 microns *(Karnat. 96)*
b) Nuclei are 1 to 4 in number
c) Karyosome is central in position
d) Chromatid bars seen

1680. The cystic form of all are seen in man except -
a) E.histolytica b) Giardia *(NEET/DNB Pattern)*
c) Trichomonas d) Toxoplasma

1681. Cyst phase does not exist in - *(TN 03, UP 09)*
a) Gardenella vaginalis
b) Trichomonas vaginalis
c) Entamoeba hystolytica
d) Entamoeba coli

1682. Neuropathogenic amoeba are - *(JIPMER 85)*
a) Acanthamoeba b) Ent. coli
c) Nageleria d) Ent. Histolytica

1683. A 30-year old patient presented with features of acute meningoencephalitis in the casualty. His CSF on wet mount microscopy revealed motile unicellular microorganisms. The most likely organism is -
a) Naegleria fowleri *(ARMS May 05)*
b) Acanthamoeba castellani
c) Entamoeba histolytica
d) Trypanosoma cruzi

1684. Acute Primary Amoebic meningoencephalitis true is-
a) Meningitis caused by acanthamoeba species is acute in nature *(ARMSMAY 08)*
b) Diagnosis is by demonstration of trophozoite in CSF
c) Caused by feco-oral transmission
d) More common in tropical climate

1685. Eiosinophilic meningoencephalitis is caused by -
a) Gnathostoma spinigerum *(PGI 2000)*
b) Naegleria
c) Toxocara canis
d) Angiostrongylus cantonensis

1686. Most fatal amoebic encephalitis is caused by -
a) E.histolytica b)Naeglaria *(Bihar 09)*
c) E. dispar d) Acanthamoeba

1687. Fulminant Amoebic meningoencephalitis caused by-
a) Acanthamoeba b)N.fowleri *(AP96)*
c) E.Histolytic d) E. Coli

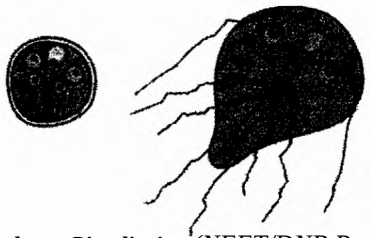
1688. Selective medium for Naegleria fowleri is -
a) Nutrient agar rich with E coli *(Maharashtra 10)*
b) NNN media
c) Non-nutrient agar with E.coli
d) Diamond media

2. GIARDIA LAMBLIA

1689. Giardiasis is associated with - *(ARMSFeb 97,*
a) Common variable immunodeficiency *Nov 02)*
b) Cj esterase deficiency
c) C_g deficiency
d) Anaemia

1690. The normal habitat of giardia is -
a) Duodenum and jejunum *(NEET/DNB Pattern)*
b) Stomach
c) Caecum
d) Ileum

1691. An anxious mother brought her 4 year old daughter to the pediatrician. The girl was passing loose bulky stools for the past 20 days. This was often associated with pain in abdomen. The pediatrician ordered the stool examination, which showed the following organisms. Identify the organism - *(AI03)*
a) Entamoeba histolytica
b) Giardia lamblia
c) Cryptosporidium
d) E.Coli



1692. True about Giardiasis - *(NEET/DNB Pattern)*
a) Only cyst is infective
b) Reside in ceacum
c) Only man to man transmission
d) Exist in one phases

1693. True about Giardia is - *(ARMSMay 94)*
a) May cause traveller's diarrhoea
b) Giardia inhabits ileum
c) Trophozoites are infective to man
d) None of the above

1674)d 1675)b 1676)b 1677)b 1678)c 1679)d 1680)c 1681) a,b 1682)a,c 1683)a 1684)b 1685)a,d 1686)b 1687)b 1688) c1689)a 1690)a 1691)b 1692)a 1693)a

1694. Which of the following infestation leads to malabsorption - *(AI05, AIIMS 04)*
a) Giardialamblia
b) Ascaris lumbricoides
c) Necater Americana
d) Ancylostoma duodenale

1695. Digestion in intestinal mucosa is inhibited by -
a) V cholera b) G lamblia *(MAHA 05)*
c) Enterokinase d) S haematobium

1696. A patient presents with diarrhoea, analysis of stool on wet mount shows mobile protozoa without RBCs and pus cells. The diagnosis is - *(AI2000)*
a) Balantidium coli
b) Giardiasis
c) Trichomonas hominis
d) Entamoeba histolytica

1697. Which of the following is true with Giardia lamblia-
a) Malabsorption commonly seen *(PGI Dec 05)*
b) Trophozoite forms is binucleate
c) Diarrhea is seen
d) Jejunal wash fluid is diagnostic

1698. The following is true of Giardiasis except -
a) Complement fixation test is diagnostic *(AI92)*
b) Stools contain only cysts
c) Habitat is colon
d) Trophozoites and cysts are found in duodenum.

1699. Which of the following is true about giardia -
a) CFT is diagnostic *(PGI 95)*
b) Trophozoites and cysts are seen in man
c) Lives in lower intestine
d) Invades normal mucosa

3- TRYPANOSOMA

1700. Vector for T.cruzi is - *(JIPMER 90)*
a) Reduvid bug b) Tsetse fly
c) Sandfly d) Hard tick

1701. Protozoa associated with megaesophagus -
a) Trypanosome *(NEET/DNB Pattern)*
b) Ameba
c) Giardia
d) Gnathostoma

1702. Parasitic disease affecting intestine is - *(Kerala 96)*
a) Chagas disease b) Malaria
c) Kalaazar d) Fasciola

1703. Tse-tse fly transmits - *(Kerala 94)*
a) Trypansoma brucei b) T.cruzi
c) Kala-azar d) Oriental sore

1704. Winter bottoms sign in sleeping sickness refers to- *(NEET/DNB Pattern)*
a) Unilateral conjunctivitis
b) Posterior cervical lymphadenopathy
c) Narcolepsy
d) Transient erythema

1705. Sleeping sickness is transmitted by - *(PGI 86)*
a) Tse-Tse fly b) House fly
c) Sandfly d)Simuliumfly

4. LEISHMANIA

1706. "Amastigote forms" are seen in - *(PGI June 01)*
a) Leishmania donovani b) Toxoplasma gondi
c) Leishmania major d) Entamoeba

1707. Mucocutaneous leishmaniasis is caused by -
a) L-braziliensis b)L. tropica *(PGI 97)*
c) L. donovani d) L-orientalis

1708. Amastigote form is seen in- *(Orissa 09)*
a) Macrophages b)RES
c) Lymphocytes d)RBC

1709. The most important reservoir of Leishmaniasis in India is- *(JIPMER 09)*
a) Dogs
b) Rodents
c) Acute visceral leishmaniasis
d) Cases of post kalaazar dermal leishmaniasis

1710. Double rise of temperature in 24 hours is seen in case of- *(JIPMER 02, Bihar 02)*
a) KalaAzar b) Malaria
c) TB d) Hodgkin's lymphoma
e) Brucellosis

1711. Visceral leishmaniasis - *(PGIDec 02)*
a) Caused by L. tropica
b) Post-leishmaniasis dermatitis is common
c) Antimonials are useful drugs
d) Diagnosed by blood smear
e) Vector is phlebotomus sergenti

1712. Drug not used in visceral leishmaniasis -
a) Sitamoqine b) Paromycin *(AIIMS Nov 09)*
c) Miltefosine d) Hydroxychloroquine

1713. Which of the following is most severely affected in Kala azar - *(JIPMER 81, BIHAR 90)*
a) Spleen b) Liver
c) Adrenal gland d) Bone marrow

1714. The following are true of kala-azar except -
a) Persistent hypergammaglobulinemia
b) Pancytopenia
c) Cancrum oris can occur
d) Full treatment prevents post kala-azar dermal leishmaniasis

1715. A 20 years femle has hepatosplenomegaly, fever, pallor and generalized lymphadenopathy. Lab test useful for diagnosis is/are - *(PGI June 09)*
a) ESR
b) Electrophoresis
c) Parasite detection in aspirate
d) ELISA
e) Routine haemogram

1694) a 1695)b 1696)b 1697)b,c 1698)a,b,c 1699)b 1700)a 1701)a 1702)a 1703)a 1704)b 1705)a
1706) a,c 1707) a 1708) b 1709)c 1710)a 1711)c,d 1712)d 1713)a 1714)d 1715)a,c,e

1716. The following tests help in laboratory diagnosis of Kala-azar except- *(AI02)*
a) Bone marrow examination
b) Immobilisation test
c) Blood smear examination
d) Aldehyde test

1717. In a case of Kala-azar aldehyde test becomes positive after- *(PGI93)*
a) 2 weeks b) 4 weeks
c) 8 weeks d) 12 weeks

1718. Leishmania is cultured in.....media- *(NEET/DNB Pattern)*
a) Chocolate agar b) NNN
c) Tellurite d) Sabourauds

5. PLASMODIUM

1719. Causative agent of malaria - *(NEET/DNB Pattern)*
a) Protozoa b) Mosquito
c) Bacteria d) Virus

1720. The scientist who discovered the transmisssion of malaria by anopheline mosquito - *(NEET/DNB Pattern)*
a) Laveran b)Paulmuller
c) Ronald Ross d) Pampana

1721. Malarial parasite was discovered by- *(NEET/DNB Pattern)*
a) Ronald ross b) Paul muller
c) Laveran d)Pampania

1722. Infectious stage of plasmodium is - *(Kerala 09)*
a) Trophozoite b) Cryptozoite
c) Sporozoite d) Merozoite

1723. In plasmodium falciparum the number of cycles, the parasite undergoes in the liver is -
a) 0 b) 1 *(JIPMER 09)*
c) 2 d)3
e) 5

1724. Band shaped trophozoites are seen in - *(TN89)*
a) P. ovale b)P.vivax
c) P. falciparum d) P. Malariae

1725. Parasitemia is highest in - *(MP 09)*
a) Vivax malaria b) Ovale malaria
c) Falciparum malaria d) Quartan malaria

1726. Multiple infection of red blood cell is seen with-
a) Plasmodium ovale *(Karnat 08)*
b) Plasmodium vivax
c) Plasmodium falciparum
d) Plasmodium malariae

1727. Which of the following is true about malaria -
a) Gametocyte harbourers are carrier *(Delhi 09)*
b) All stage in erythrocytic schizogony seen in falciparum infection in peripheral blood
c) Schizonts of vivax do not completely fill the RBC
d) All the correct

1728. In malaria reservoir, parasite remains as -
a) Merozoite b) Sporozoite *(AIIMSNov 03)*
c) Trophozoite d) None

1729. Pernicious malaria is a complication seen in infection with - *(Korn 11)*
a) Plasmodium vivax
b) Plasmodium falciparum
c) Plasmodium malariae
d) Plasmodium ovale

1730. The most virulent plasmodium species causing malaria is - *(DPG 10,J&K05)*
a) Plasmodium vivax b) Plasmodium falciparum
c) Plasmodium ovale d) Plasmodium malariae

1731. Splenic rupture is most common in infection with-
a) P. vivax b)P ovale *(Delhi 08)*
c) P. malariae d) P. falciparum

1732. In malaria the Shuffner's dots are due to- *(SGPGI09)*
a) The disintegrated parts of the parasite
b) The intracellular space not occupied by parasite
c) The pigment released from breakdown of hemoglobin
d) The gametocytes

1733. In malaria, sexual cycle is - *(NEET/DNB Pattern)*
a) Sporozoite to gametocytes
b) Gametocytes to sporozoite
c) Occurs in human
d) Responsible for relapse

1734. In transmission of malaria, mosquito bite transfers-
a) Sporozoite b) Merozoite *(PGI79)*
c) Hypnozoite d) Gametocyte

1735. Infective form of mosquito in plasmodium falciparum is- *{AIIMSNov 09)*
a) Merozoites b) Sporozoites
c) Gametocytes d) Trophozoites

1736. The cycle of malaria parasite is in sequence of -
1) Exoerythrocytic stage
2) Gametocytic stage
3) Erythrocytic stage
4) Sporogony
a) 1,2,3,4 b) 1,3,2,4
c) 1,4,2,3 d) 1,4,3,2

1737. In which type of malarial parasite is the exoerythrocytic stage absent - *(PGI 96)*
a) P ovale b)P vivax
c) P falciparum d)P malariae

1738. Malaria parasites - *(AIIMS 84)*
a) Has man as its intermediate host
b) Has a life cycle that alternates between man and tse-tse fly
c) Has 4 important species in man
d) Can be easily cultured in the laboratory

1739. Malaria carriers contain - *(NEET/DNB Pattern)*
a) Trophozoite b) Gametocytes
c) Merozoites d) Trophozoites

1740. Plasmodium falciparum infection of man is characterized by - *(AI 97)*
a) The erythrocytes are increased in size
b) All stages of erythrocytic schizogony are seen in peripheral blood
c) Multiple infection of erythrocytes are seen
d) Each erythrocytic cycle lasts 72 hours

1716) b 1717) d 1718) b 1719)a 1720)c 1721)c 1722)c 1723)b 1724)d 1725)c 1726)c 1727)a 1728)d 1729)b
1730)b 1731) d 1732)c 1733)b 1734)a 1735)c 1736)b 1737)c 1738)a,c 1739)b 1740)c

1741. Which of the following is true about malaria -
a) Size of RBC is enlarged in Vivax infection *(AI96)*
b) Size of RBC is enlarged in Falciparum infection
c) Schuffner's dots are seen in Malariae
d) Relapse is seen in Falciparum infection

1742. Which of the following is true about P. falciparum -
a) James dots are seen *(AI96)*
b) Accole forms are seen
c) Relapses are frequent
d) Longest incubation period

1743. Stages seen in peripheral smear of falciparum malaria - *(PGI Dec 05)*
a) Schizonts b) Gametocytes
c) Accole d) Ring form
e) Trophozite

1744. In plasmodium falciparum following are seen in blood except - *(PGI 9 7)*
a) Schizonts b) Mature trophozoite
c) Mature gametocytes d) None

1745. Stage of falciparum not seen in PBS is - *(PGI 99)*
a) Schizont b)Gametocyte
c) Ring form d) Double ring

1746. Not seen in the peripheral smear in plasmodium falciparum infection - *(PGI97)*
a) Accole b) Maurer's dot
c) Shuffners dots d) Schizonts

1747. Which is true of malaria - *(AI 93)*
a) Rods forms are seen in P. malariae
b) RBC size is more in P. vivax
c) Relapse seen in P. falciparum
d) Male and female mosquito transmit disease

1748. Patient diagnosed to have malaria, smear shows all stages of schizonts 14-20 merozoites, yellowish - brown pigment. The type of malaria is - *(AIMS 01)*
a) PI. falciparum b) PI. malariae
c) PL vivax d) PI. ovale

1749. RBC's are enlarged in infection with - *(AIMS 02)*
a) P. vivax b)P. malariae
c) P. ovale d) P. falciparum

1750. Senescent RBC's are mainly attacked in- *(PGI 02)*
a) Vivax malaria b) Ovale malaria
c) Falciparum malaria d) Quartan

1751. Malarial pigment is formed by - *(AIMS May 94)*
a) Parasite b) Bilirubin
c) Hemoglobin d) Any of the above

1752. Malarial parasite - which statement is false regarding communicability - *{AIMSNov 06)*
a) The gematocytes appear in blood 4-6 days after a sexual phase in p. vivax.
b) The gametocytes appear in blood 10-12 days after a sexual Phase in p.. falciparum
c) The number of gametocytes increases in blood with time
d) The number of gametocytes increases by 1000 times

1753. Chronic complication of malaria - *(PGIDec 02)*
a) Splenomegally b) Nephrotic syndrome
c) Pneumonia d) Hodgkins's disease

1754. P.F.causes- *(PGIJune 03)*
a) Thrombocytopenia b) DIC
c) Hemolysis d)Haematemesis

1755. Which type of malaria is associated with renal failure - *(NEET/DNB Pattern)*
a) Falciparum b) Vivax
c) Malariae d) Ovale

1756. Malaria causing nephrotic syndrom ^(NEET/DNB
a) P. vivax b) P. falciparum *Pattern)*
c) P. malariae d) P. ovale

1757. Cerebral malaria is caused by plasmodium -*(PGI97)*
a) Falciparum b) Ovale
c) Malariae d) Vivax

1758. Which one of the following is detected by the antigen detection test used for the diagnosis of P. falciparum malaria - *(AIMS Nov 04)*
a) Circum-sporozoite protein
b) Merozoite surface antigen
c) Histidine-Rich-Protein I (HRP-I)
d) Histidine-Rich-Protein n (HRP-II)

1759. Thin blood smear for malaria is used to identify - *(AIMS May 93)*
a) Schizont b)Gametocyte
c) Plasmodium parasite d) Type of parasite

1760. True of malaria diagnosis - *(PGI 2000)*
a) Thick smear to identify parasite
b) ABER reveals positivity by 100
c) All have same Incubation
d) Fluorescent Ab within 1 week

1761. What is the treatment of choice for benign tertian malaria? *(UPSC07)*
a) Sulfamethaxazole - pyrimethamine
b) Quinine
c) Mefloquine
d) Chloroquine

6. TOXOPLASMA

1762. Oocyst of toxoplasma is found in - *(AIMS Dec 9 7)*
a) Cat b)Dog
c) Mosquito d) Cow

1763. True about Toxaplasma gondii is, it is carried by-
a) Cats b) Dogs *(AIMS 97)*
c) Rats d)Cow

1764. Tachyzoites are seen in - *(PGI 97)*
a) Toxoplasma b)Toxocara
c) Pulmonary eosinophilia d) Ascaris

1765. All of the following statements about toxoplasmosis are true except - *(AI 97)*
a) Oocyst in freshly passed cat's faeces is infective
b) May spread by organ transplantation
c) Maternal infection acquired after 6 months has high risk of transmission.
d) Arthalgia, sore throat and abdominal pain are the most common manifestations

1741) a 1742)b 1743)b,c,d 1744)a,b 1745)a 1746)c,d 1747)b 1748) c 1749) a,cl750) d 1751)c 1752)c 1753)a,b 1754) All 1755) a 1756) c 1757) a 1758) d 1759) d 1760) a 1761) d 1762) a 1763) a 1764) a 1765) a,d

1766. The infective form of toxoplasma gondii is-
a) Oocyst b) Bradycyst *(Karn. 94)*
c) Tachyzoite d) All of the above

1767. Route of transmission of toxoplasma - *(DNB 09)*
a) Blood b) Feces
c) Urine d) None

1768. Cat is an agent for transmission of the following disease of man - *(AIIMS 82)*
a) Isospora hominis b) Fasciola hepatica
c) Toxoplasma gondii d)Chilomastixmensili

1769. Frenkel's skin test is positive *ta-(PGI 79, AIIMS 94)*
a) Spinal cord compression
b) Toxoplasmosis
c) Pemphigus
d) Pemphigoid

1770. All are true regarding Toxoplasmosis, except -
a) Subclinical in most cases among adults
b) Intracerebral calcification in children
c) IgM antibody in new bom suggests congenital infection *(AIIMS Nov 93)*
d) NOT infective in 3rd trimester in pregnancy

1771. Sabin feldman Dye test is used to demonstrte infection with - *(NEET/DNBPattern)*
a) Filaria b) Toxoplasma
c) Histoplasma d) Ascaris

1772. True about toxoplasmosis is all except -
a) In adults toxoplasmosis is usually asymptomatic
b) IgG antibodies are diagnostic in Congenital toxoplasmosis *(AIIMS Nov 01)*
c) Is a antroponotic disease
d) Encephalitis is uncommon (rare) in immunocompetent individuals

1773. Congenital toxoplasmosis - False *is-(AIIMSMay 10)*
a) Diagnosed by detection of IgM in cord blood
b) IgA is more sensitive than IgM for detection
c) Dye test is gold standard for IgG
d) Avidity testing must be done to differentiate between IgA & IgM

1774. Toxoplasmosis in the foetus can be best confirmed by- *(AIIMS 02)*
a) IgM antibodies against Toxoplasma in the mother
b) IgM antibodies against Toxoplasma in the foetus
c) IgG antibodies against Toxoplasma in the mother
d) IgG antibodies against Toxoplasma in in the foetus

1775. Congenital toxoplasmosis false is - *(AIIMSMay 09)*
a) IgA is better than IgM in detection
b) Diagnosed by detection of IgM in cord blood
c) IgG is diagnostic
d) Not recalled

1776. True about toxoplasmosis- **(***PGIDec03)*
a) Due to ingestion of sporocyst with meat
b) Due to ingestion of oocyst from cat's faeces
c) Spiramycin given in pregnancy
d) Due to bite of anopheles mosquito
e) Mostly symptomatic

7. BALANTIDIUM CPU

1777. Cyst form is found in - *(AIIMS 89)*
a) Entamoeba fragilis b)B.Coli
c) T. vaginalis d) T. Intestinalis

8. CRYPTOSPORIDIUM

1778. TVue about Cryptosporidium parum - *(PGI03)*
a) Affect only in immunocompromised patient
b) It is one of the common opportunistic infection in AIDS
c) Cyst size 12-15 mm
d) AFB (+)ve cyst
e) Treatment is metronidazole

9. BABESIA

1779. True about Babesiosis - *(PGI June 03)*
a) Caused by Babesia microti
b) Resides in RBC
c) Resides in WBC
d) Chloroquine is the treament of choice
e) It is filarial parasite

1780. Babesiosis is transmitted by - *(MP09)*
a) Tick b) Mites
c) Flea d)Mosquito

1781. Maltese cross is characteristic feature of - *(AI09)*
a) Cryptococcus neoformans
b) Babesia microti
c) Blastomycosis
d) Penicillium marfeni

HELMINTHOLOGY

1- TAENIA

1782. Tape worm is found in - *(PGI 96)*
a) Stomach b) Liver
c) Ileum and jejunum d) Caecum

1783. Man is both intermediate and definitive host for- *(NEET/DNB Pattern)*
a) T. Solium b) T.Saginata
c) D. Latum d) Dicroftis hominis

1784. Consumption of uncooked pork is likely to cause which of the following helminthic disease - *(AI01)*
a) Tinea saginata b) Tinea solium
c) Hydatid cyst d) Trichuris trichura

1785. Cysticercosis is caused by - *(PGI June 05)*
a) T. Solium b) T. Saginata
c) A. duodenale d) E. Granulosus
e) E. Multilocularis

1786. The following regarding cysticercosis are true except- *(PGI 95)*
a) Commonest sites are meninges and cerebral ventricle
b) Calcification is common
c) Causes focal neurological complication
d) Found in subcutaneous tissues

1766) a,b 1767) a,b 1768)c 1769)b 1770)d 1771)b 1772)b 1773)d 1774)b 1775)c 1776)b,c 1777)b 1778) b,d 1779) a,b 1780)a 1781)b 1782)c 1783)a 1784)b 1785)a 1786)a

1787. Neurocysticerosis, following are true except -
a) Not acquired by eating contamined vegetables
b) Caused by regurgitation of larva *(PGI98)*
c) Acquired by orofecal route
d) Acquired by eating pork

1788. Which of the following is the most common location of intracranial neurocysticercosis - *(AIIMS Nov 05)*
a) Brain parenchyma b) Subarachnoid space
c) Spinal cord d) Orbit

1789. Commonest parasite of CNS in India is - *(AI 99)*
a) Schistosomiasis b) Cysticercosis
c) Trichenella-spiralis d) Hydatid cyst

1790. Which of the following is the most common central nervous system parasitic infection -
a) Echinococcosis b) Sparganosis^/ZMS' *03)*
c) Paragonimiasis d) Neurocysticercosis

1791. The larval form of Taenia is referred to as -
a) Cysticercus b) Cysticercoid *(Delhi 08)*
c) Echinococcus d) Conerus

1792. The most commonly affected tissues in cysticercosis is - *(AIIMS 81 ,PGI 79)*
a) Brain b) Eye
c) Muscles d) Liver

1793. Spinal cord compression maybe caused by-
a) Cysticercosis *(Kerala 94)*
b) Ankylostomiasis
c) Echinoccus Granulosus
d) Visceral larva migrans

2. ECHINOCOCCUS GRANULOSUS

1794. Hydatid disease of liver is caused by - *(PGI Dec 01)*
a) Strongloides
b) Echinococcus granulosus
c) Taenia solium
d) Trichinella spiralis
e) Echinococcus multilocularis

1795. Intermediate host for hydatid disease -
a) Man b) Dog *(AIIMS May 09)*
c) Cat d) Foxes

1796. Least common site of calcified hydatid cyst is -
a) Lung b) Mediastinum
c) Extraperitoneal site d) Liver

1797. Arc-C-5 in Countercurrent electrophoresis of Serum is diagnostic of-
a) Cysticercosis b) Cryptococcosis
c) Hydatidosis d) Brucellosis

1798. Which of the following show regressive metamorphosis - *(MH11)*
a) Hydatid cyst b) Cysticercoid
c) Cysticercus bovis d) Cysticercus cellulosae

1799. A company executive, who travels world wide, presents with upper abdominal mass and + ve casoni's test. The organism is - *(AI2000)*
a) Echinococcus b) Entamoeba histolytica
c) Hepatitis d) Ascariasis

1800. Hydatid disease is caused by - *(NEET/DNB Pattern)*
a) Echinococcus b) Tapeworm
c) Ascaris d)Clonorchis

1801. The following infection resembles malignancy -
a) Echinococcus granulosus *(JIPMER 2002)*
b) E. multilocularis
c) E. vogeli
d) E. oligarthus

1802. What is malignant hydatid disease - *(DNB 09)*
a) Malignant change into hydatid cyst
b) Infection with E. multilocularis
c) Hydatid disease in immunocompromised host
d) None of the above

1803. The definitive host for echinococcous granulosa is-
a) Man b) Sheep *(Delhi 09)*
c) Hound d) Dog

3. HYMENOLEPSIS NANA

1804. Dwarf tapeworm refers to- *(AIIMS 84)*
a) Echinococcus b)LoaLoa
c) Hymenolepsis nana d) Schistosoma mansoni

1805. The egg which of the following parasites consist of polar filaments arising from either end of the ambrophore-
a) Taenia saginata
b) Taenia solium
c) Echinococcus granulosus
d) Hymenolepis nana
e) Diphyllobothrium latum

4. SCHISTOSOMA

1806. Schistosoma japonicum resides in- *(AI 92)*
a) Vesical Plexus b) Splenic Vein
c) Systemic Circulation d) Gall bladder

1807. Natural habitat of Schistosoma (blood flukes) -
a) Veins of the urinary bladder *(PGI 80)*
b) Portal & pelvic veins
c) Vesical plexuses
d) All of the above

1808. Terminal spined eggs are seen in - *(PGI95)*
a) Schistosoma haematobium
b) Sch.mansoni
c) Sch.japonicum
d) Chlonorchis sinensis

1809. Painless terminal hematuria is seen as one of the manifestations in the infection caused by -
a) Schistosoma japonicum *(Kamat 96)*
b) Schistosoma mansoni
c) Schistosoma haematobium
d) Plasmodium falciparum

1810. Katayama fever is caused by -*(NEET/DNB Pattern)*
a) F. hepatica b) C. sinensis
c) S. haematobium d) A. lumbricoides

1787) a,d 1788) a 1789)b 1790)d 1791) a 1792)c 1793)a 1794)b,e 1795)a 1796)a 1797)c 1798)a 1799)a 1800) a 1801)b 1802)b 1803)d 1804)c 1805)d 1806)b 1807)d 1808)a 1809)c 1810)c

1811. A man on return from a country complains of pain in abdomen, jaundice, with increased alkaline phosphatase and conjugated hyperbilirubinemia. USG shows blockage in the biliary tree. What could be the cause - *(AIIMS May 09)*
a) Fasciola buski b) Clonorchis sinensis
c) Strongyliodes d) Ancylostoma

1812. Which is not a liver fluke - *(PGI Nov 10)*
a) Paragoniomus b) Whipworm
c) Clonorchis sinensis d) Gnathostomaspinigerum
e) Opisthorchis

5. STRONGYLOIPES

1813. Parasitic intestinal infestation seen in immunosuppressed patient is - *(Del- 85)*
a) Giardiasis b) Ascariasis
c) Liver fluke d) Schistosomiasis
e) Strongyloides

1814. Infection with colitis is caused by - *(PGI 2000)*
a) Enterobius vermicularis
b) Trichuris trichura
c) Strongyloides
d) Clonorchis

1815. The cause of larva currens- *(TN 09)*
a) Strongyloides stercoralis
b) Necator americanus
c) Ankylostoma duodonale
d) H. nana

6. HOOKWORM

1816. Ankylostoma enters the human body by-*(Kerala 09)*
a) Ingestion b) Inhalation
c) Penetration of skin d) Inoculation

1817. Habitat of hookworm is - *(Kerala 94)*
a) Jejunum b) ileum
c) Colon d) Duodenum

1818. The hookworm thrives on - *(PGI86)*
a) Whole blood b) Plasma
c) Serum d)RBC

1819. The average blood loss in ankylostomiasis per worm is - *(PGI 79)*
a) 0.2ml/day b) 2 ml/day
c) 0.33ml/day d) 1 ml/day

1820. Highest incidence of anemia in the tropics is due to-
a) Hookworm b) Thread Worm *(TN97)*
c) Ascaris d) Guinea worm

7. ENTEROBIUS VERMICULARIS

1821. Seat worm is- *(AIIMS 80, 84)*
a) Enterobius b)Dracunculus
c) Ankylostoma d) Necator

1822. Most common presenting symptom of thread worm infection amongst the following is - *(AI 9 7)*
a) Abdominal pain b) Rectal prolapse
c) Urticaria d) Vaginitis

8. ASCARIS LUMBRICOIDES

1823. Ascariasis causes - *(MAHE 07)*
a) Appendicitis b) Intestinal obstruction
c) Bile duct obstruction d) All of the above

1824. Specific diagnosis of ascaris is made by - *(PGIDec*
a) Adult worm in stool b) Egg detection *04)*
c) Antigen detection d) Antibody detection
e) Skin test

9- FILARIOIDEA

1825. A child from Bihar comes with fever. Blood examination shows sheathed microfilaria with nuclei upto tail tip. The diagnosis is - *(AI 2000)*
a) B. malayi b) W. bancrofti
c) Loa loa d) Oncocerca volvulous

1826. All of the following are true about Brugia malayi except- *(AI 95)*
a) The intermediate hosts in India are Mansoni
b) The tail tip is free from nuclei
c) Nuclei are blurred, so counting is difficult
d) Adult worm is found in the lymphatic system

1827. Sheathed microfilaria is/are - *(PGI Dec 04)*
a) W. bancrofti b) Loa-loa
c) M. perstans d) B. malayi

1828. Wucheria bancrofti, true is -*(NEET/DNB Pattern)*
a) Unsheathed b) Tail tip free from nuclei
c) Non-periodic d)All

1829. Lymphatic filariasis caused by - *(PGINov 10)*
a) W. bancrofti b) Brugia malayi
c) Schistosoma d) B. timori
e) Onchocera volvulus

1830. Which is non lymphatic filarisis-(Ms£r/DM? *Pattern)*
a) Loa loa b) Wucheria bancrofti
c) Brugia malai d) Brugia timori

1831. The organism most commonly causing genital filariasis in most part of Bihar and easteran U.P. is-
a) Wuchereria bancrofti *(AI 03)*
b) Brugia malayi
c) Onchocerca volvulus
d) Dirofilaria

1832. Which is false about Wuchereria bancrofti -
a) Causes filariasis *(AI 90)*
b) Body is long and slender
c) Terminal nuclei absent
d) Man and anopheles are host

1833. False regarding filariasis is - *(AIIMS Nov 93)*
a) Morbidity increase with age in endemic areas
b) Humoral immunity plays dominant role
c) Usually unilateral
d) Man is the only host for filariasis

181 l)b 1812) a,b,d 1813)e 1814)c 1815)a 1816)c 1817)a>d>b 1818)b 1819)a 1820)a 1821)a 1822)a
1823)d 1824) a,b,d 1825)a 1826)b 1827)a,b,d 1828)b 1829)a,b,d 1830)a 1831)a 1832)d 1833)b,d

1834. In which stage of fllariasis are microfilaria seen in peripheral blood - *(AI01)*
a) Tropical eosinophilia
b) Early adenolymphangitis stage
c) Late adenolymphangitis stage
d) Elephantiasis

1835. All are TRUE regarding fllariasis except -
a) Man is an intermediate host. *(AIIMSFeb 97)*
b) Caused by wuchereria bancrofti
c) Involves lymphatic system
d) DEC is used in treatment

1836. Meyers Kouwenaar syndrome is a synonym for -
a) Tropical pulmonary eosinophilia *(PGI88)*
b) Larva mi grans
c) Occult fllariasis
d) Cutaneous allergic reactions to Ascariasis

1837. Which is not a feature of tropical eosinophilia -
a) Eosinophila more than 3000/mm^3
b) Microfilariae in tissues
c) Microfilariae in blood
d) Lymphadenopathy

1838. Calabar swelling is produced by-
a) Onchocerca volvulus b) Loa loa
c) Burgiamalayi d) Wuchereria bancrofti

1839. Kallu a 30 year old man, presented with subcutaneous itchy nodules over the left iliac crest. On examination they are firm, non tender and mobile. Skin scrapping contains microfilaria and adults worms of - *(AIIMS May 01)*
a) Loa Loa b) Onchocerca volvulus
c) Brugiamalayi d) Mansonella persutans

10. TRICHUMS TRICHURA

1840. Chronic dysentery, abdominal pain, and rectal prolapse in children is caused by - *(UP 07)*
a) Enterobius vermicularis
b) Ascariasis
c) Trichuris trichura
d) Trichinella spiralis

11- DRACUNCULUS MEDINENSIS

1841. Dracunculosis infection occurs through-
a) Ingestion of water containing cy clops *(Kerala 94)*
b) Ingestion of water containing the parasite
c) Ingestion of fish
d) Penetration of skin

1842. Dragon or serpent worm is - *(AIIMS 01)*
a) Enterobius b) Trichuris
c) Dracunculus d) T. Solium

1843. The slender rhabditiform larvae of which of the following helminths move about in water and are ingested by species of cy clops - *(MAHE 05)*
a) D. latum b) D. medinensis
c) W.bancrofti d) S. mansoni

1844. Definitive host for Guinea worm is - *(JIPMER 93)*
a) Man b) Cyclops
c) Snail d) Cyclops & man

1845. Cycolps are intermediate hosts for - *(Kerala 95)*
a) Kalaazar
b) Schistosomiasis
c) Dracunculus medinensis
d) Teniasis

12. LARVA MIGRANS

1846. Cutaneous larva migrans is due to - *(AI88)*
a) Ankylostoma braziliensis
b) W.bancrofti
c) B. Malayi
d) D. medinensis

1847. Visceral larva migrans is associated with - *(AI 11)*
a) Strongyloids stereoalis
b) Ankylostoma brazilensis
c) Toxocara canis
d) Visceral leishmaniasis

MISCELLANEOUS

1848. Second intermediate host of Dichyllobothrium latum is- *(PGI 86)*
a) Cycolps b) Man
c) Snail d) Fresh water fish

1849. 24 Year old AIDS pt. develops chronic abdominal pain, low grade fever, diarrhoea, malabsorption. Oocysts demonstrated in stool. Likely cause of his diarrhoea is - *(HP 2006)*
a) E. histolytica b)Glamblia
c) Microsporidia d) Isospora belli

1850. HTV pt with malabsotion, fever, chronic diarrhoea, with acid fast positive organism. What is the causative agent ? *(AIIMS May 10)*
a) Giardia b) Microsporidia
c) Isospora d) E. histolytica

1851. Which of the following is true with microsporidia -
a) It is fungus *(PGI Dec 05)*
b) It is a protozoa
c) It is a bacteria
d) It is associated with diarrhoea in HIV

1852. Definitive host is one- *(PGI 2K)*
a) In which sexual multiplication takes place
b) In which asexual multiplication takes place
c) Harbors adult form
d) Harbors larval form

1853. Man is the definitive host for- *(PGIJune 05)*
a) E. granulosus b)T. Solium
c) T. Saginata d) T. Cannis
e) E. Multilocularis

1854. Man is secondary host for - *(NEET/DNB Pattern)*
a) Malaria b) Tuberculois
c) Filariasis d) Relapsing fever

1834)b 1835) a 1836)c 1837)c 1838)b 1839)b 1840)c 1841)a 1842)c 1843)b 1844)a 1845)c 1846)a 1847)c 1848)d 1849)d 1850)c 1851)b,d 1852)a,c 1853)b,c 1854)a

1855. Fish acts as intermediate host in - *(PGI June 04)*
a) D. latum b) Clonorchis sinensis
c) H. Diminuta d) H. Nana

1856. Not transmitted by fish - *(AIIMS Nov 93)*
a) Paragonimus westermanii
b) Clonorchis sinensis
c) Diphyllobothrium latum
d) Schistosomajaponicum

1857. Man is a definitive host of which parasite -
a) Malaria b) Filaria *(HPU05)*
c) Measles d) Tapeworm

1858. Man is a definitive host for - *(KERALA 2K)*
a) Echinococcos b) Malaria
c) Filariasis d) Rabies
e) Leishmaniasis

1859. Which of the following parasite does not enter into the body by skin penetration - *(AIIMSDec 97)*
a) Dracunculus b) Necatar americanus
c) Ancylostoma duodenale d) Stronglyoides

1860. Parasites penetrating through skin for entry into the body are - *(PGI June 01)*
a) Ankylostoma duodenale b) Strongyloides
c) Roundworm d)Trichuristrichura

1861. Autoinfection is seen with - *(AIIMS Nov 01)*
a) Ankylostoma b) Enterobius
c) Echinococcus d) Ascariasis

1862. Autoinfection is seen with - *(AIIMS May 09)*
a) Cryptosporodium b) Strongyloides
c) Giardia d) Gnathostoma

1863. Autoinfection is a mode of transmission in- *(A12K)*
a) Trichinella b)Cycticercosis
c) Ancylostoma d) Ascaris

1864. Autoinfection is seen with - *(A.P 97)*
a) Trichuris trichura b) Ankylostoma duodenale
c) Ascaris d) Enterobius

1865. On microscopic examination eggs are seen, but on saturation with salt solution, no eggs are seen, The eggs are likely to be of - *(AIIMS Nov 99)*
a) Trichuris trichura
b) Tenia solium
c) Ascaris lumbricoides
d) Ancylostoma duodenale

1866. All float in a saturated salt solution except -
a) Clonorchis sinensis *(AIIMS May 95)*
b) Fertilised eggs of ascaris
c) Larva of strongyloids
d) Trichuris trichura

1867. Saturated salt solution concentrates eggs of all, except - *(AIIMS Dec 95)*
a) Unfertilized egg of ascaris
b) Trichuris
c) Hymenolepis nana
d) Echinococcus granulosus

1868. The egg of which helminth can be concentrated in saturated salt solution - *(AIIMS May 93)*
a) Taenia saginata
b) Taenia solium
c) Unfertilized egg of Ascaris
d) Ancylostoma duodenale

1869. In formal ether concentration technique, which layer contain parasites - *(MH11)*
a) Ether b) Fecal debris
c) Formal water d) Sediment

1870. Larva found in muscle is - *(AIIMSDec 98)*
a) Trichinella spiralis
b) Ankylostoma duodenale
c) Trichuris trichura
d) Enterobius vermicularis

1871. Larval form of which parasite resides in muscle - *(AIIMS Dec 94)*
a) Taenia saginata b) Echinococcus
c) Trichinella d) All of the above

1872. In which parasitic infestation sputum examination is not of much value - *(AIIMS Sept 96)*
a) Trichuris trichura
b) Strongyloides
c) Ancyclostoma duodenale
d) Paragonimus Westermanii

1873. Sputum examination is not useful in diagnosis of- *(AI98)*
a) Trichuris trichura b) Ank. duodenale
c) Paragomniasis d) Strongyloides

1874. Which one of the following doest not pass through the lungs - *(AI 96)*
a) Hookworm b) Ascaris
c) Strongyloides d) Enterobius Vermicularis

1875. Parasites causing lung infestation are -
a) H. nana *(PGI Dec 03)*
b) Paragonimus westermanii
c) Taenia saginata
d) E. granulosus
e) E. multilocularis

1876. Which of the following is NOT responsible for pulmonary eosinophilia - *(AIIMS Dec 94)*
a) Ascaris lumbricoides
b) Paragonimus westermanii
c) Wuchereria bancrofti
d) Babesia microti

1877. Pulmonary eosinophilia is seen in the following parasitic infections except - *(AI 2000)*
a) Babesiosis b) Hookworm infection
c) Strongyloidiasis d) Visceral larva migrans

1878. Parasite causing pulmonary eosinophilia syndrome - *(PGI 98)*
a) Strongyloides b)Enterobiasis
c) Hookworm d) Trichinella

1879. Which organism can be isolated from stool & sputum- *(NEET/DNB Pattern)*
a) Paragnomus b) Fasciola
c) Chlomchis d) P carini

1855)a,b 1856) d>a 1857)b,d 1858)c,e 1859)a 1860)a,b 1861)b 1862)b 1863)b 1864)d 1865)b 1866)a,c 1867) a 1868)d 1869)d 1870)a 1871)d 1872)a 1873)a 1874)d 1875)b,d 1876)d 1877)a 1878)a,c 1879)a

1880. All are inhabitants of Liver except - *(AI94)*
a) F. hepatica b) F. buski
c) Clonorchis sinensis d) Opisthorchis felincus

1881. Liver is the target organ for - *(AIIMS June 97)*
a) Fasciola buski
b) Paragonimus westermani
c) Clonorchis sinenses
d) Schistosoma Haematobium

1882. Which of the following is not a neuroparasite -
a) Taenia solium b) Acant amoeba *(AI 05)*
c) Naegleria d) Trichinella spiralis

1883. Parasitic Encephalitis is caused by - *(PGIDec 05)*
a) Naegleria b) Acanthamoeba
c) Balamuthia d) Gnathostoma

1884. Skin snip is used in the diagnosis of -*(JIPMER 02)*
a) Trichinosis b)Strongyloidosis
c) Schistosomiasis d) Onchocerciasis

1885. Larval form in stool is found in -
a) Strongyloides *(PGIMay 10, Dec 01)*
b) Ancylostoma duodenale
c) Ascaris lumbricoides
d) Necator americanus
e) Trichura

1886. Which of the following is detected in peripheral blood smear - *(PGI Dec 04)*
a) Malaria b) Toxoplasma
c) Babesia d) Brucella
e) Filaria

1887. Microcytic hypochromic anemia found in infestation of- *(PGI June 06)*
a) Ancylostoma b) Ascaris
c) Necator d) Diphyllobothrium

1888. Megaloblastic anaemia is caused by -
a) Diphyllobothrium latum *(AIIMS Dec 95)*
b) Schistosoma hematobium
c) Echinococcus granulosus
d) Taenia solium

1889. Rhabditiform larvae in freshly passed stools are seen with- *(Maharashtra10)*
a) Toxoplasma b) Trichuris
c) Ankylostom d) Srongyloides

1890. Which egg does not float in a saturated solution of saline? *(DPG10)*
a) Ankylostoma eggs
b) Trichuris eggs
c) Unfertilized eggs of ascaris
d) Fertilized eggs of ascaris

1891. Simple life cycle requires - *(NEET/DNB Pattern)*
a) One host b) Two host
c) Three host d) Four host

1892. Simple life cycle is seen in - *(PGI dec 06)*
a) Ascaris b) T. solium
c) Toxoplasma d)Giardia
e) Schistosoma

1893. Two hosts are required in - *(PGI dec 02)*
a) T. solium b) E. histolytioca
c) T. saginata d) Giardia
e) Toxoplasma

1894. Which of the following parastie passes through three hosts - *(UP 09)*
a) Fasciola hepatica b) Fasciola buski
c) Schistosoma haematobium d) Clonorchis sinensis

1895. Water host required for schistosomiasis -
a) Fish b) Cyclops *(NEET/DNB Pattern)*
c) Snails d) Crabs

1896. Schistosomiasis is transmitted by -
a) Cyclops b)Fish *(NEET/DNB Pattern)*
c) Snaile d) Cattle

1897. Crab is the intermediate host for-
a) Clonorchis sinensis *(NEET/DNB Pattern)*
b) Paragonimus westermani
c) Fasciola hepatia
d) Schistosoma hematobium

1898. Dogs are responsible for transmission of all the following except- *(JIPMER 2000)*
a) Hydatid disease b) Toxoplasmosis
c) Kala-azar d) Toxocara canis

1899. All of the following disease may be acquired by ingestion except - *(AI 94)*
a) Taeniasis b) Guinea worm
c) Toxoplasmosis d) Leishmaniasis

1900. Which if the following diseases is transmitted by egg ingestion - *(AI 95)*
a) Taeniasis b) Trichinosis
c) Hydatidosis d) Strongyloidosis

1901. Cercariae are infective form of- *(NEET/DNB Pattern)*
a) S. hematobium b) P. westermanii
c) F. hepatica d) T. solium

1902. Pancreatic Ca is caused by - *(AI 01)*
a) Fasciola b) Clonorchis
c) Paragonimus d) None

1903. Cholangiocarcinoma is caused by - *(PGI June 02)*
a) Fasciola infestation
b) Clonorchis infestation
c) Paragonimus infestation
d) Ascaris infestation
e) None of these

1904. Causes of biliary tract carcinoma after ingesting infected fish - *(AIIMS Nov 10)*
a) Grathostoma
b) Angiostrongylus cantonens
c) Clonorchis sinesis
d) H. dimunata

1905. Which of the following does not cause biliary tract obstruction ? *(AI 08)*
a) Ascaris lumbricoides
b) Ankylostoma duodenale
c) Clonorchis sinensis
d) Fasciola hepatia

1906. Which of the following may cause biliary obstruction- *(AI 10)*
a) Ancylostoma b) Entrobius
c) Strongyloides d) Clonorchis

1880)b 1881) c 1882) d 1883)A11 1884)d 1885)a,b,d 1886)a,b,c,e 1887)a,c 1888)a 1889)d 1890)c 1891)a 1892) a,c 1893) a,c,e 1894)d 1895)c 1896)c 1897)b 1898)b 1899)d 1900)c>a 1901)a 1902)b 1903)a,b 1904) c 1905)b 1906) d

1907. Pigs are reservoir for - *(AI 2000)*
a) T. Solium b) T. Saginata
c) Trichinella spiralis d) Ancyclostoma

1908. The largest trematode infecting man is - *(AI 96)*
a) F.hepatica b) F. buski
c) E. Granulosus d) Clonorchis sinensis

1909. Which worm is longest - *(SGPGI 09)*
a) T. solium b) T. saginata
c) Hookworm d) A. lumbricoides

1910. Largest intestinal protozoa is- *(NEET/DNB Pattern)*
a) E.coli b) Balantidium coli
c) Giardia d) T. gondii

1911. All cause malabsorption except -*(AIIMSMay 10,09)*
a) Giardiasis b)Ascaris lumbricoides
c) Strongyloides d)Capillariaphillipinesis

1912. 25 years old male presented with diarrhea for 6 months. On examination the causative agent was found to be acid fast with 12 micro meter diameter. The most likely agent is - *(AIIMSMay 09)*
a) Cryptosporidium b) Isospora
c) Cyclospora d) Giardia

1913. Which of the following is viviparous - *(SGPGI 05)*
a) Strongyloidis stercoralis b) Trichinella spiralis
c) Enterobius d) Ascaris

1914. All are intracellular parasites, except - *(Orissa 08)*
a) Leishmania b) Plasmodium
c) Toxoplasma d) None of these

1915. A 7 year old presented with intermittent abdominal cramps, loose stool and on stool examination eggs of size 100 m are seen, which is not the cause -
a) Fasciola gigantica *(AIIMSNov 09)*
b) Echinostoma iliocanum
c) Gastrodiscoides hominis
d) Opisthorcis vivemi

1916. Which of the following is toxic to parasite -
a) Peroxidase *(NEET/DNB Pattern)*
b) Interferon
c) IL-2
d) HA5

1917. Hanging drop method is used for- *(NEET/DNB*
a) T. trichomonas b) Plasmodium*Pattern)*
c) Toxoplasma d) Cryptosporidium

1918. Which of the following parastites is uncommon in india- *(AP97)*
a) Pinworm b) Schistosoma
c) Hookworm d) Roundworm

1919. Most common nematode in south India is -*(DPG10,*
a) Brugiatimori *Kerla09)*
b) Brugiamalayi
c) Onchocerca volvulus
d) Wuchereria bancrofti

1920. Which of the following organism is biggest -
a) Balantidium coli *(JIPMER93)*
b) Entamoeba coli
c) Escherichia coli
d) Entamoeba histolytica

1921. Which worm is longest - *(HPU 2001)*
a) T. solium b) T. saginata
c) Hookworm d)A. Lumbricoides

1922. Respiratory symptoms are associated with -
a) Rocky mountain spotted fever *(MAHE 98)*
b) Strongyloides
c) T. Solium
d) Onchocerca

1923. Filariform larva is infective in - *(MH 11)*
a) Enterobius vermicularis b) Ascaris lumbricoides
c) Necator americanus d) Trichuris trichura

ARTHROPOD BORN DISEASES

1924. Reduviid bug is a vector for the transmission of- *(AIIMS 05)*
a) Relapsing fever b) Lyme's disease
c) Scrub typhus d) Chaga's disease

1925. Culex mosquito is associated with the transmission of- *(PGI Dec 01)*
a) Malaria b)Filariasis
c) Dengue d) Japanese encephalitis
e) Typhus

1926. Aedes aegypticus transmits - *(PGI June 04)*
a) JE b)KFD
c) Yellow fever d)Filaria
e) Dengue

1927. Which of the following is not transmitted by lice -
a) Q fever *(AIIMS Nov 06)*
b) Trench fever
c) Relapsing fever
d) Epidemic typhus

1928. Vector for Kala-azar - *(AIIMS Nov 07)*
a) Flea b) Tsetse fly
c) Sandfly d) Tick

MYCOLOGY

GENERAL PROPERTIES OF FUNGUS

1929. Fungi are - *(AI 92)*
a) Prokaryotes b) Eukaryotes
c) Plant d) Animals

1930. The fungi which do not have sexual phase belong to which of the following groups - *(PGI94, 96, 97)*
a) Phycomycetes b) Fungi Imperfecti
c) Basidiomycetes d) Asomycetes

1931. Aseptate hyphae are seen in -*(NEET/DNB Pattern)*
a) Phycomycetes b) Ascomycetes
c) Basidiomycetes d) Deutromycetes

1932. Which of the following is produced sexually -
a) Ascospore b)Conidium*(AIIMS81)*
c) Oidium d) Yeast buds

1933. A sporangium contains - *(AIIMS 02)*
a) Spherules b) Sporangiospores
c) Chlamydospores d)Conidia

1907) a,c 1908)b 1909)a 1910)b 1911)b 1912)c 1913)b 1914)d 1915)d 1916)a 1917)a 1918)b 1919)b 1920) a 1921) b 1922)a,b 1923)c 1924)d 1925)b,d 1926)c,d,e 1927)a 1928)c 1929)b 1930)b 1931)a 1932)a 1933)b

1934. Fungal spores may be produced - *(AIIMS 02)*
a) Singly b) In chains
c) In sporangium d) All of the above

1935. Budding reproduction in tissue is seen in -
a) Cryptococcus, Candida *(NEET/DNB Pattern)*
b) Candida, rhizopus
c) Rhizopus, mucor
d) Histoplasma, Candida

1936. All the following are yeast like fungi except-
a) Candida b) Geotrichum *(A1IMS 97)*
c) Cryptococcus d) Trichophyton

1937. Which of the following is only yeast -
a) Candida *(NEET/DNB Pattern)*
b) Mucor
c) Rhizopus
d) Cryptococcus

1938. All are yeast like fungus except - *(AIIMSFeb 97)*
a) Cryptococcus b) Candida
c) Trichophyton d) None of the above

1939. In HIV infected individual Gram stain of lung aspirate shows yeast like morphology. All of the following are the most likely diagnosis except -
a) Candida tropicalis *(ARMS Nov 05)*
b) Cryptococcus neoformans
c) Pencilliummameffi
d) Aspergillus fumigates

1940. A 25 years old female complains of recurrent rhinitis, nasal discharge and bilateral nasal blockage since one year. She has history of asthma and allergy. On examination multiple ethmoidal polyps are noted with mucosal thickening and impacted secretions in both the nasal cavities. Biopsy is taken and the material is cultured which shown the growth of many hyphae and pseudohyphae with dichotomous branching typically at 45°. Which of the following is the most likely responsible organism? *(AI10)*
a) Aspergillus fumigatus b) Rhizopus
c) Mucor d) Candida

1941. A diabetic patient present with bloody nasal discharge, orbital swelling and pain. Culture of periorbital pus showed branching septate hyphae. Which of the following is the most probable organism involved - *(AI 10)*
a) Mucor b) Candida
c) Aspergillus d)Rhizopus

1942. Gram stained periorbital exudates in severe panophthalmitis with cellulitis in an elderly diabetic shows irregular branching aseptate and broad hyphae. Which of the following is the most likely diagnosis-
a) Candida *(AI 12)*
b) Aspergillus
c) Pencillium
d) Apophysomyces species

1943. Aseptate hyphae is not seen in -*(NEET/DNB Pattern)*
a) Rhizopus b) Mucor
c) Aspergillus d) None

1944. The culture media for fungus is - *(PGI 94)*
a) Tellurite medium b) NNN medium
c) Chocolate agar medium d) Sabourauds medium

1945. Stain used for staining fungal elements -
a) Acid fast stain *(ARMS Nov 09)*
b) Mucicarcmine
c) Methanamine silver
d) Gram stain

1946. Which dye is most suitable for fungus demonstration in biopsy- *(ARMS Nov 06)*
a) Alizarin red b) Veirhoff dye
c) Mason's trichome d) PAS

1947. Correctly matched stain - *(PGI June 06)*
a) Mucicarmine - Cryptococcus
b) Giemsa - Candida
c) Methanamine silver Histoplasma
d) Gram's - Pneumocystis carinii

1948. Which of the following fungi is/are difficult to isolate culture - *(PGI Dec 03)*
a) Candida
b) Dermatophytes
c) Cryptococcus
d) Malassezia furfur
e) Coccoidiodomycosis

1949. Which organism cannot be cultured -*(PGINov 10, June 07)*
a) Klebsiella rhinoscleromatis
b) Klebsiella ozaenae
c) Klebsiella granulomatis
d) Pneumocystis jiroveci
e) Rhinosporidium seeberi

1950. Which organism cannot be cultured in cell free media- *(PGI Nov 11)*
a) Klebsiella rhinoscleromatis
b) Klebsiella ozaenae
c) Treponema pallidum
d) Pnemocystis jiroveci
e) Rhinosporidium seeberi

1951. Fungus not cultivable usually - *(NEET/DNB Pattern)*
a) Rhinosporidium b) Cryptococcus
c) Dermatophytes d) Histoplasma

1952. Wood's light can be used for evaluation of -
a) Tinea capitis b) Freckles *(PGI June 02)*
c) Vitiligo d) Tuberous sclerosis

1953. Wood's Lamp used in - *(PGINov 10, June 06)*
a) Tinea pedis
b) Pityriasis versicolor
c) Sporotrichosis

1954. Which of the following is a nonculturalable fungus-
a) Rhinosporidium b) Candida *(MANIPAL 01)*
c) Sporothrix d) Penicillium

1955. Not be cultured in Sabouraund's agar - *(MAHE 07)*
a) Blastomyces b) Coccidiodes
c) Sporotrichum d) Rhinosporidium seeberi

1956. Dimorphic fungus - *(PGIDec 02)*
a) Candida b) Cryptococcus
c) Blastomycosis d) Coccidioidomycosis
e) Sporotrichosis

1934)d 1935)a 1936)d 1937)d 1938)c 1939)d 1940)a 1941)c 1942)d 1943)c 1944) d 1945)c 1946)d 1947)a,c 1948)d 1949) d,e 1950)c,d,e 1951)a 1952) All 1953)b 1954)a 1955)d 1956)a,c,d,e

1957. All are dimorphic fungi except - *(AIIMSMay 09)*
a) Blastomyces dermatitidis b) Histoplasma
c) Pencilliummameffi d)Phialopora

1958. Dimorphic fungus - *(NEET/DNB Pattern)*
a) Candida b) Hisplasma
c) Rhizopus d) Mucor

1959. The following fungi are thermally dimorphic except-
a) Sporothrix schenkii *(AIIMS Nov 03, AI97,*
b) Cryptococcus neoformans *NEET/DNB Pattern)*
c) Blastomyces dermatitidis
d) Histoplasma capsulatum

1960. Dimorphic fungi are all except - *(UPSC 97, AI 91)*
a) Coccidioidomycosis b)Blastomycosis
c) Candida d) Histoplasma
e) Sporothrix schenckii

1961. Which of the following is a dimorphic fungi-*(Jipmerll)*
a) Rhizopus b) Sporothrix schenckii
c) Tinea versicolor d) Microsporum

1962. The medium of choice for culturing yeast form of dimorphic fungi is - *(DNB 89)*
a) Brain-heart infusion
b) Sabouraud's
c) Sabouraud's plus antibiotics
d) Any medium incubated at 35-37°C

1963. Systemic fungal infections can be caused by the following- *(AIIMS 85)*
a) Cryptococcus neoformans
b) Histoplasma capsulatum
c) Paracoccidioides brasiliensis
d) Naegleria fowleri
e) Isospora berilli

DERMATOPHYTES

1964. Dermatophytes infecting- *(Delhi 89, 93)*
a) Subcutaneous tissue
b) Systemic organs
c) Nails, hair and skin
d) Superficial skin and deep tissue

1965. Which of the following infects hair, skin and nails- *(NEET/DNB Pattern)*
a) Trichosporum b) Trichophyton
c) Microsporum d) Epidermophyton

1966. A patient made a self-diagnosis of athlete's foot (tinea pedis) and began using a product advertised on television. The condition improved but did not clear and then the patient showed himself to a Dermatologist. A skin scraping was sent to the laboratory for culture, including culture for fungi. The fungal culture yielded a slow growing colony, which produced a few small microconidia. This is consistent with isolation of a dermatophyte of the genera - *(AIIMS Nov 03)*
a) Trichophyton b) Microsporum
c) Epidermophyton d) Trichosporon

1967. Dermatophytoses in caused by - *(Delhi 02)*
a) Herpes simplex b) Papilloma virus
c) Trichophyton d) Candida

1968. Trichophyton species can infect- *(Karn 94)*
a) Skin, hair and nail b) Skin and nail
c) Hair and nail d) Skin and hair

1969. The organism that does not affects hair -
a) Trichophyton rubrum *(APPGE 05)*
b) Epidermophyton floccosum
c) Microsporum
d) All

1970. Which oneofthe following fungus does NOT infect hair?
a) Epidermophyton b) Microsporum *(Karn11)*
c) Trichophyton d) Trichosporon

1971. Tinea Capitis is caused by all except - *(JIPMER 97)*
a) Epidermophyton b) Microsporum
c) T. Violaceum d) T. Schoenleinii

1972. The causative agent of Favus is - *(Corned. 08)*
a) Microsporum audounii
b) Microsporum canis
c) Trichophyton mentagrophyte
d) Trichophyton schoenleinii

1973. Tinea pedis is caused by which of the following -
a) E. floccosum b)M.furfur *(MAHA 05)*
c) M. canis d) E.wemeckii

1974. Keroin is caused by - (*PGI98)*
a) Candida b) Streptococcus
c) Dermatophytes d) Herpes

1975. Black dot ring worm is caused by - *(UPSC 04)*
a) Microsporum b) Trichophyton
c) Epidermophyton d) Candida

1976. T. capitis (endothrix) is caused by - (*PGIDec 2000)*
a) Epidermophyton b) T.tonsurans
c) T.violaceum d) Microsporum
e) T. rubrum

1977. Pityriasis versicolor is caused by- *(NEET/DNB*
a) E. floccosum b) M. gypseum *Pattern)*
c) M. furfur d) T. tansurans

1978. Selenium sulfide is indicated for treating -
a) Tinea versicolor *{Corned 08)*
b) Tinea corporis
c) Mixed mycotic infections
d) Candidiasis only

1979. Trichophyton species which is zoophilic -
a) T. tonsurans *(NEET/DNB Pattern)*
b) T. violaceum
c) T. schoenleinii
d) T. mentagrophytes

1980. Tinea cruris is caused by - *(PGI 97)*
a) Epidermophyton b) Trichophyton
c) Microsporum d) Candida

1981. Which of the following does not produces dermatophytosis in India - *(PGI Dec 04)*
a) Trichophyton rubrum
b) Trichophyton mentagrophytes
c) Microsporidium distortum
d) Epidermophyton floccosum

1957) d 1958) b>a 1959)b 1960)None 1961)b 1962)c 1963)a,b,c 1964)c 1965)b 1966)a 1967)c 1968)a 1969)b 1970) a 1971)a 1972)d 1973)a 1974)c 1975)b 1976)b,c 1977)c 1978)a 1979)d 1980)a,b 1981)c

1982. Which of the following is spread from animals to man- *(AI92)*
a) T. rubrum b) T. tonsurans
c) E. floccosum d) T. verrucosum

1983. Hair perforation test is positive in infection with-
a) Trichophyton b) Microsporum
c) Epidermophyton d) All of the above

MYCETOMA

1984. A farmer has an ulcer on leg with indurated margin and multiple sinuses with discharging granules. The likely diagnosis is - *(A1IMS Dec 94)*
a) Mycetoma b) Scrofuloderma
c) Lupus vulgaris d) Actinomycosis

1985. Mycetoma is caused by the following agents except-
a) Allescheria boydii (*Corned 08)*
b) Madurella mycetomii
c) Trichosporum beigelli
d) Nocardia asteroides

1986. All of the following cause sulfur granules except- *(AMU 05)*
a) Chromoblastomycosis
b) Botryomycosis
c) Mycetoma
d) Actinomycosis

1987. Sulphur granules are composed of - *(J&K 2001)*
a) Organisms b) Leucocytes
c) Erythrocytes d) Keratinocytes

1988. The causative organism in Madura Mycosis Mycetoma is - *(AI 96)*
a) Nocardia b) Dimorphic fungus
c) Aspergillus d) Dermatophytes

1989. Mycetoma foot can be caused by following -
a) Cladosporium *(PGI May 10)*
b) Phialophora jeanselmei
c) Madurella mycetomi
d) Allescheria boydii

1990. Actinomycetoma is caused by - *(PGI Dec 05)*
a) Actinomyces b) Nocardias
c) Streptomyces d) Madura mycosis

1991. The most common cause of mycetoma in India -
a) Nocardia braziliensis *(PGI 97)*
b) Actinomadura madurae
c) Piedra
d) Tinea cruris

1992. The granules discharged in mycetoma contains -
a) Bone specules *(AIIMS May 02)*
b) Fungal colonies
c) Pus cells
d) Inflammatory cells

1993. True about mycetoma - *(PGI Dec 08, 04)*
a) Commonly occurs in hands
b) Commonly erodes bone
c) Drains through lymphatics
d) Antibiotics has no role

1994. Which of the following is false about mycetoma -
a) Can affect lower and upper extremities *(AI 95)*
b) Caused by actinomycetes and filamentous fungi
c) Diagnosis is by examination of pus
d) Uncommon in India

1995. Which of the following organisms is implicated in the causation of botryomycosis - *(PGI Dec 01)*
a) Staphylococcus aureus
b) Staphylococcus albus
c) Pseudomonas aeruginosa
d) Streptococcus pneumonia
e) Streptococcus pyogenes

1996. A farmer presents with multiple dicharging sinuses in the leg not responding to antibiotics. Most likely diagnosis is - *(AIIMS May 02)*
a) Madurella b)Actino-mycetoma
c) Nocardia d) Sporothrix

1997. Discharging sinus is seen in - *(NEET/DNB Pattern)*
a) Sporotrichosis b) Cryptococcosis
c) Histoplasmosis d) Mycetoma

1998. True about madura mycetoma- *(PGIJune05)*
a) Fungal infection
b) Presented as non-painful nodular lesion for many months
c) Discharging sinus
d) Bone involvement seen

CANDIDA

1999. TVue about Candida albicans is- *(AIIMS May 94)*
a) Candida is pathogenic to mice
b) It's growth is inhibited by Griseofulvin
c) Candida shows mycelia and chlamydospores on com meal agar
d) Candida is present in normal feces

2000. Renauld Braud phenomenon is seen in -
a) Candida albicans *(NEET/DNB Pattern)*
b) Candida pscitasi
c) Histoplasma
d) Cryptococcus

2001. The following is not true of Candida albicans -
a) Yeast like fungus *(AI 92)*
b) Forms chlamydospores
c) Blastomeres seen in isolates
d) Causes meningitis in immunocompromised

2002. Candida albicans causes all of the following except -
a) Endocarditis b) Mycetoma *(AI95)*
c) Meningitis d) Oral thrush

2003. Which fungal infection is commonest in neutropenia-
a) Candida *(AIIMS 99)*
b) Histoplasma
c) Aspergillus niger
d) Aspergillus fumigatus

2004. M.C. fungal infection in febrile neutropenia is -
a) Aspergillus niger b) Candida*(AI01)*
c) Mucormycosis d) Aspergillus fumigatus

1982) d 1983) a 1984)a 1985)c 1986)a 1987)a 1988)a 1989)b,c,d 1990)a,b,c 1991)b 1992)b 1993)b 1994)H 1995) a 1996) a 1997)d 1998) All 1999)d,c 2000)a 2001)c 2002)b 2003)a 2004)b

2005. Candida infection is predisposed by all, except -
a) Menstruation *(AIIMS Sept 96)*
b) Diabetes
c) Minipill users
d) Combined pill users

2006. A vitreous aspirate from a case of metastatic endophthalmitis on culture yields Gram-positive round to oval cells, 12-14 m in size. The aspirate on Gram staining shows the presence of pseudohyphae. Which of the following is the most likely aetiological agent? *(AI06)*
a) Aspergillus b)Rhizopus
c) Candida d)Fusarium

2007. A HIV positive female presents with an indurated ulcer over the tongue. Laboratory findings show growth in cornmeal agar at 20 degree celcius, microscopy showing hyphae and growth in human serum at 37 degree celcius show budding yeasts. The probable cause is - *(AIIMS May 01)*
a) Candida albicans b) Histoplasmosis
c) Blastomycosis d) Coccidioidomycosis

2008. Candida is most often implicated in causation -*(Delhi 93)*
a) Conjunctivitis b) Tinea capitis
c) Desert rheumatism d) Thrush

2009. Germ tube test is used in diagnosis for - *(Kama 09)*
a) Candida albicans b) Cryptococcus
c) Histoplasma d) Coccidiomycosis

2010. Candidiasis is associated with all except-*(Kerala 09)*
a) OCP user b) IUCD user
c) Diabetes d) Pregnancy

CRYPTOCOCCUS

2011. All are true regarding cryptococcal infection, except
a) Occurs in immunodeficient states -*{AIIMS Sep 96)*
b) Capsular antigen in CSF is a rapid method of detection
c) Anticapsular antibody is protective
d) Urease +ve

2012. TRUE about cryptococcus neoformans is all except -
a) Anticapsular antigen is detected in C.S.F. *(AI98)*
b) Common in immunocompromised patient
c) Anticapsular antibody prevents recurrence
d) Strongly positive mucicarmine stain of the organism in tissue is diagnostic

2013. The capsule of cryptococcus neoformans in a CSF sample is best seen by - *{NEET/DNB Pattern, AI 05)*
a) Gram stain b) India ink preparation
c) Giemsa stain d) Methanamine-silver stain

2014. Cryptococcus can be readily demonstrated by -
a) Albert's stain b) India ink stain *(PGI June 02)*
c) Giema's stain a) Gram's stain
e) Z-N stain

2015. Latex agglutination study of the antigen in CSF helps in the diagnosis of - *(AI 2000)*
a) Cryptococcus b) Candidiasis
c) Aspergillosis d) Histoplasmosis

2016. Which is false regarding cryptococcus neoformans-
a) Grows at 5° C and 37° C *(AI 95)*
b) It has 4 serotypes
c) Urease negative
d) Causes superficial skin infection

2017. All are true about cryptococcus except -*(APPGE 04)*
a) Polysaccharide capsule
b) Reproduces by budding
c) Pseudohyphae
d) Mycelium have a narrow base

2018. Which is not true of cryptococcus neoformans -
a) Grows at 37° c *(JIPMER92)*
b) Grows on sabourauds agar
c) Polysaccharide capsule
d) Urease negative

2019. Most fulminant fungal meningitis is caused by -
a) Coccidioides b) Histoplasma *(AP 01)*
c) Cryptococcus d) Mucormycosis

2020. Phagocytosis of C.neoformans is inhibited by -
a) Cryptococcal capsular material *(PGI 83)*
b) The size of the yeast cells
c) The cells walls
d) Toxins produced by the organism

2021. Cryptococcus is least likely to cause infection of -
a) Skin b)Bone *(AI95)*
c) Brain d) Kidney

2022. Cryptococcus has predilection for- *(PGI98)*
a) Lungs b) Meninges
c) Liver d) GIT

2023. Cryptococcal meningitis is common in - *(PGI2000)*
a) Renal transplant recipient
b) Agammaglobulinemia
c) Neutropenia
d) IgA deficiency

2024. The most common organism amongst the following that causes acute meningitis in an AIDS patient is -
a) Streptococcus pneumoniae *(AI 05)*
b) Streptococcus agalactiae
c) Cryptococcus neoformans
d) Listeria monocytogenes

2025. Eucalyptus camaldulensis is associated with the transmission of - *(PGI 99)*
a) Blastomyces dematitidis b) Histoplasma
c) Cryptococcus d) Coccidioides immitis

2026. Fungi that possess a capsule is-*(NEET/DNBPattern)*
a) Candida b) Aspergillus
c) Cryptococcus d)Mucor

2027. Cryptococcus-neoformans is a - *{AI99)*
a) Protozoa b) Fungus
c) Parasite d) Mycoplasma

2028. Aspergilloma has - *(DPG10, JIPMER 99)*
a) Septate hyphae
b) Pseudohyphae
c) Metachromatic hyphae
d) No hyphae

2005)a 2006)c 2007)a 2008)d 2009)a 2010)b 2011)c 2012)c 2013)b 2014)b 2015)a 2016)c 2017)c,d 2018) d 2019) c 2020) a 2021) d 2022) a,b 2023) a 2024) c 2025) c 2026) c 2027) b 2028) a

ASPERGILLUS

2029. What is the most probable portal of entry of a Aspergillus - *(AIIMS 80, DNB 91)*
a) Puncture woundb) Blood
c) Lungs d) Gastrointestinal tract

2030. An elderly diabetic has left sided orbital cellulites, CT scan of paranasal sinuses shows evidence of left maxillay sinusitis. Gram stained smear of the orbital exudates shows irregularly branching septate hyphae. The following is the most likely aetiological agent - *(AIIMS Nov 03)*
a) Aspergillus b)Rhizopus
c) Mucor d) Candida

2031. Branched septate hyphae found on cornmeal smear in a case of corneal ulcer is - *(ARMS June*
a) Candida b) Mucor*2000)*
c) Aspergillus d) Histoplasma

2032. Common fungus causing corneal ulcer -
a) Aspergillus b) Mucor *(PGI June 01)*
c) Fusarium d)Sprothrix

2033. In a patient, corneal scraping reveals narrow angled septate hyphae, which of the following is likely etiologic agent - *(AJ 02)*
a) Mucor b) Aspergillus
b) Histoplasma d) Candida

2034. Which of the following is the most common etiological agent in paranasal sinus mycoses ?
a) Aspergillus spp *(ARMS May 06)*
b) Histoplasma
c) Conidiobolus coronatus
d) Candida albicans

2035. Aflatoxins are produced by - *(AI11)*
a) Aspergillus flavus b) Aspergillus niger
c) Aspergillus fumigatus d) Candida

P. CARINII

2036. Pneumocystis carinii is a fungus because -
a) rRNA, mitochondrial protein gene *(PGIDec 2000)* sequence & presence of thymidylate synthase
b) Cell wall contains glucans
c) Angifungals are effective against P. carini
d) Commonest infection in AIDS

2037. Pneumocystis carinii is a - *(PGI June 06)*
a) Fungi
b) Protozoa
c) Gram negative

2038. Which of the following is a fungus - *(PGI June 07)*
a) Klebsiella b) Clostridia
c) Pneumocystis jerovecii d) Listeria

2039. P. Carni causes infection of primarily -
a) Rats b) Mice *(NEET/DNB Pattern)*
c) Humans d) Rabbits

2040. Select the false statement about P. jiroveci-
a) It is seen in only immunocompromised individuals
b) Frequently associated with CMV *(AI 08)*
c) May be associated with pneumatocele
d) Diagnosed with sputum microscopy

2041. A patient of acute leukemia is admitted with febrile neutropenia. On day four of being treated with broad-spectrum antibiotics, his fever increases. X-ray chest shows bilateral fluffy infiltrates. Which of the following should be the most appropriate next step in the managment - *(ARMS Nov 04)*
a) Add antiviral therapy b) Add antifungal therapy
c) Add cotrimoxazole d) Continue chemotherapy

2042. Pneumocystis carinii is diagnosed by - *(Delhi 08)*
a) Sputum examination for trophozoites and cyst under microscope
b) Culture
c) Positive serology
d) Growth on artificial media

ENDEMIC MYCOSIS

2043. Endemic fungal infection - *(PGIDec 05)*
a) Coccidioides immitis b) Cryptococcus
c) Histoplasmosis d) Aspergillus
e) Blastomyces

2044. True about histoplama capsulatum - *(PGI97)*
a) Dimorphic fungus
b) Causative organism of moniliasis
c) Causative organism of valley fever
d) Capsulated

2045. Darling disease is caused by - *(NEET/DNB Pattern)*
a) Histoplasma b) Candida
c) Cryptococcus d) Rhizopus

2046. What is true about Histoplasmosis -
a) In early stage it is indistinguishable from TB
b) Culture is not diagnostic *(ARMS May 08)*
c) Hyphal forms are infectious form
d) Person to person spread occurs by droplet infection

2047. "Tuberculate spores" are characteristic features of- *(PGI May 10)*
a) Candidia b) Histoplasma
c) Coccidiodomyces c) Cryptococcus

2048. All the following regarding histoplasmosis are true except - *(MP 09)*
a) Very rare in patients with AIDS
b) Bone marrow is involved
c) Gomori methamine silver stain used
d) Dimorphic fungi

2049. In tissue, Coccidioides immitis produces -
a) Spherules and endospores *(ARMS84)*
b) Encapsulated yeast cells
c) Fine, delicate hyphae
d) Coarse, septate hyphae

2050. Valley fever or desert rheumatism is caused by -
a) Sporothrix b) Cladosporium *(ARMS 86)*
c) Phialophora d) Histoplasma

2029)c 2030)a 2031)c 2032)a,c 2033)b 2034)a 2035)a 2036)a,b,c 2037)a 2038)c 2039)a 2040)b 2041)c 2042) a 2043) a,c,e 2044) a 2045) a 2046) a 2047) b 2048) a 2049) a 2050) None

2051. Coccidioides immitis is identified in tissues on the basis of which of the *io\\owing-(AlIMS79, Orissa 90)*
a) Budding yeast cells with pseudohyphae
b) Yeaslike forms with very large capsules
c) Arthrospores
d) Endosporulating spherules

2052. Blastomycosis is characterized by all except -
a) Yeast like fungus *(JIPMER 81, Delhi 92)*
b) Commonly involves lung and skin
c) Dimorphic fungus
d) Common in South America

CHROMOBLASTOMYCOSIS

2053. Causative microorganism of chromo-blastomycosis-
a) Cladosporium *(AIIMS May 93)*
b) Blastomyces
c) Sporothrix
d) Histoplasma capsulatum

2054. Sclerotic bodies 3-15u in size, multiseptate, chestnut brown colour seen in - *(A.P 97)*
a) Rhinosporidiosis
b) Chromoblastomycosis
c) Phacohypomycosis
d) Histoplasmosis

2055. Sclerotic bodies is seen - *(NEET/DNB Pattern)*
a) Sporothrix b) Blastomycosis
c) Chromoblastomycosis d) Coccidiodes

SPOROTRICHOSIS

2056. A gardener has multiple vesicles on hand and multiple eruptions along the lymphatics. Most common fungus responsible is ? *(AIIMSNov 08)*
a) Sporothrix schenckii b) Cladosporium
c) Histoplasma d) Candida

2057. A patient, resident of Himachal Pradesh presented with a series of ulcers in a row, on his right leg. The biopsy from the affected area was taken and cultured on Sabouraud's Dextrose agar. What would be the most likely causative organism ? *(ARMSNov 03)*
a) Sporothrix schenckii b) Cladosporium spp.
c) Pseudoallescheria boydii d) Nocardia brasilinsis

2058. A former from the sub-Himalayan region presents with multiple leg ulcers. The most likely causative agent is - *(AI12)*
a) Trichophyton Rubrum
b) Cladosporium species
c) Sporothrix Schenckii
d) Aspergillus

2059. Cigar body is seen in - *(NEET/DNB Pattern)*
a) Cryptococcosis b) Histoplasmosis
c) Sporotrichosis d) Aspergillosis

2060. Asteroid bodies and cigar shaped globi may be produced by - *(ARMS 8 7)*
a) Sporothrix b) Sporotrichosis
c) Phialophora d) Aspergillus

MUCORMYCOSIS

2061. Mucormycosis- *(PGIDec 02)*
a) Angio-invasion
b) Lymph invasion
c) Septate hyphae
d) Long term deferoxamine therapy is predisposing factor
e) It may lead to blindness

2062. Orbital mucormycosis is a complication of -
a) AIDS b) Steroid therapy
c) Cushing's disease d) Diabetic ketoacidosis

2063. Vascular invasion is characteristic feature of- *(ARMS 80)*
a) Candidiasis b) Mucormycosis
c) Blastomycosis d) Sporotrichosis

2064. Vascular involvement and thrombosis is seen in - *(Corned 08)*
a) Coccidioidomycosis b) Aspergillosis
c) Mucormycosis d) Histoplasmosis

MISCELLANEOUS

2065. Which of the following is the most common fungal infection in immunocompetent patient - *(AI 11)*
a) Candida b) Aspergillus
c) Cryptococcus d)Penicillium

2066. White piedra is caused by - *(MH11)*
a) Piedra hortae
b) Pityrosporum orbicularea
c) Hortae wemickii
d) Trichosporum beigelli

2067. Which is not a fungus -
a) Rhinosporidiosis b) Sporotrichosis
c) Torulosis d) Candidiasis

2068. TYue about Rhinosporidium Seebri - *(PGI June 06)*
a) Fungi
b) Bacteria
c) Ketoconazole-treatment
d) Present in coastal India

2069. Neurotropic fungus is/are - *(PGI Dec 02)*
a) Cryptococcus neoformans b) Histoplasmosis
c) Trichophyton d) Candida
e) Aspergillosis

2070. Cerebral infarction is caused by - *(PGI June 01)*
a) Toxoplasma b) Cryptococcus
c) Aspergillus d) Mucor
e) Histoplasma

2071. Farmers lung is caused by- *(PGI 87)*
a) Micromonospore faenia b) Aspergillosis
c) Histoplasma capsulatam d) All of the above

2072. Which one of the following diseases is endogenous in origin- *(PGI 80)*
a) Aspergillosis b) Candidiasis
c) Phycomycosis d) All of the above

2051)c,d 2052) d 2053) a 2054) b 2055) c 2056) a 2057) a 2058) c 2059) c 2060) a,b 2061) a,d,e 2062) d
2063) b 2064) b,c 2065) a 2066) d 2067) a 2068) b,d 2069)a,b,d,e 2070) a,c,d 2071) a 2072) b

2073. Penicillium marneffei is seen in - *(Orissa 04)*
a) IB b)AIDS
c) Diabetes d) Kala azar

MISCELLANEOUS (MICROBIOLOGY)

2074. Which of the following is a killed vaccine -
a) Hepatitis B b) Measles *(Jipmer 11)*
c) Yellow fever d) Japenese encephalitis

2075. What will happen if a bacteria acquires genes coding for restriction endonuclease - *(AIIMS Nov 10)*
a) Bacteria will die as lacks methylase
b) It will damage the host cell
c) It will have capacity to divide & multiply many times
d) Enhances proof reading activity of that bacteria

2076. Antigenic variation is/are seen in - *(PGIMay 10)*
a) Treponema pallidum b) Neisseria
c) Corynebacterium d) Borrelia recurrentis

2077. Maltess cross seen on polarizing microscopy in -
a) Cryptococcus neoformans *(AIIMS May 10)*
b) Penicillium mameffi
c) Blastomyces
d) Candida albicans

2078. Which of the following does not have non-human reservoir - *(PGI Nov 09, June 09)*
a) Salmonella typhi b) N. Gonorrhoea
c) E.coli d) Clostridium tetani
e) Treponema pallidum

2079. Man is the only reservoir of - *(AIIMS 90)*
a) Rabies b) Measles
c) Typhoid d) Japanese B encephalitis

2080. Biosafety precaution grade HI is practiced in all of the following organisms except ? *(AIIIMS Nov 08)*
a) Human influenza virus
b) St. louis encephalitis virus
c) Coxiellabumetti
d) Mycobacterium tuberculosis

2081. The following diagnostic tests are useful for corresponding purposes except - *(AI 02)*
a) Ziehl - Neelsen staining - Detection of mycobacteria
b) Immunoflorescence - Detection of Influenza virus
c) Specific IgM antibodies - Immunity against Rubella
d) Specific IgM antibodies - Detection of acute infection

2082. All of the following cause hemolytic uremic syndrome except - *(AIIMS May 0 7)*
a) Shigella b) Campylobacter
c) EHEC d) Vibrio cholera

2083. Hemolytic uremic syndrome is caused by -
a) EDEC b) Shigella *(PGIDec 07)*
c) Salmonella d) Cholera
e) Klebsiella

2084. All cause meningitis in the elderly except - *(AI 08)*
a) HSV2
b) Pneumococci
c) Gram negative bacteria
d) Listeria

2085. Which of the following grows in cell culture media-
a) Chlamydia *(PGI June 08)*
b) Ureoplasma urealyticum
c) Pseudomonas
d) Trophyrema whippeli

2086. Type of graft, best suited for renal transplantation -
a) Allograft b) Autograft *(AI 99)*
c) Xenograft d) Isograft

2087. A neonate develops encephalitis without any skin lesions. Most probable causative organisms is -
a) HSVI b) HSVII *(AIIMSMay 02)*
c) Meningococci d) Streptococci

2088. Category A bioterrorism agents *are-(AIIMS Nov 06)*
a) Ebola
b) Yersinia
c) Clostridium botulinum d) Rickettsia
e) Cholera

2089. Micro-organism used as weapon in biological terrorism - *(PGI Dec 02)*
a) Small pox V b) Rabies V
c) EbdaV d) Influenza CV
e) Human parvovirus

2090. Which amongst the following biological agents carries the least potential for use as a biological weapon for microbial terrorism? *(AI 11)*
a) Plague (Yersinia pestis)
b) Small pox (variola major)
c) Botulism (Cl. botulinum)
d) Brucellosis (Brucella sp)

2091. Which amongst the following biological agents has the highest potential for use as a biological weapon for microbial bioterrorism - *(AI 11)*
a) Plague (Yersinia pestis)
b) Small pox (variola major)
c) Botulism (Cl. botulinum)
d) Brucellosis (Brucella sp)

2092. Which of the following is not a group A bio terrorism agent - *(NEET/DNB Pattern)*
a) Small pox b) Hemorrhagic fever
c) Salmonella d) Botulism

2093. A child with fever and pharyngitis which of the following investigation should not to be done -
a) Widal test *(AIIMS 2000)*
b) ASO
c) Throat swab and culture
d) Chest x-ray

2094. Acute intravascular hemolysis can be caused by infection due to all of the following organisms except-
a) Clostridium tetani *(AIIMS Nov 03, AI 03)*
b) Bartonella bacilliformis
c) Plasmodium falciparum
d) Babesia microti

2095. Infective endocarditis is common in - *(PGI June 01)*
a) MR b) Coarctation of aorta
c) AR d) MS
e) TS

2073) b 2074) d 2075) a 2076) b,d 2077) a 2078) a,b,d 2079) b,c 2080) a 2081) c 2082) d 2083) b,c 2084) a 2085) a,b,d 2086) d 2087) b 2088) a,b,c 2089) a 2090) d 2091) a 2092) c 2093) a 2094) a 2095) a,c

2096. Zoonotic diseases are all except - *(PGIDec 01)*
a) Typhoid b) Anthrax
c) Rabies d)Q fever

2097. Loeffler's syndrome occurs in all except - (*AIIMS*
a) Toxocara b) Strongyloides *May 07)*
c) Ascaris d)Giardia

2098. Which of the following is an antimicrobial susceptibility testing - *{PGI June 05)*
a) Kibry baur method b)ATCC
c) NCTC d) Stockes method
e) NCCLS

2099. Which of the following is/are transfusion transmitted viruses - *(PGI Dec 03)*
a) Hepatitis B b)CMV
c) HTLV-1 d) Rubella
e) HHV-8

2100. Which of the following is transmitted by blood -
a) Toxoplasma b) Syphilis *(PGI 01)*
c) CMV d) Hepatitis B and C
e) Hepatitis A

2101. Diseases which can be transmitted by milk-^4/*88)*
a) Q Fever b) Poliomyelitis
c) Whooping cough d) Diphtheria

2102. The single most common cause of pyrexia of unknown origin is - *(AIIMS May 06)*
a) Mycobacterium tuberculosis
b) Salmonella typhi
c) Brucella sp
d) Salmonella paratyphi A

2103. A veterinary doctor had pyrexia of unknown origin. His blood culture in special laboratory media was positive for gram-negative short bacilli which was oxidase positive. Which one of the following is the likely organism grown in culture ? *(AI06)*
a) Pasteurella spp b) Francisella spp
c) Bartonella spp d) Brucella spp

2104. Organism most likely to cause "fever of unknown origin" in a farmer who raises goats - *(MAHA 05)*
a) Brucella melitensis
b) Clostridium novyi
c) Histoplasma capsulatum
d) Mycobacterium tuberculosis

2105. Infection occuring after man's bite is -
a) Spirochetes *(AIIMS Sep 96)*
b) Staphylococcus
c) Anaerobic streptococci
d) Candida

2106. Probiotics are useful for - *(AI 08)*
a) Necrotizing enterocolitis
b) Breast milk jaundice
c) Hospital acquired pneumonia
d) Neonatal seizures

2107. Vaccination causing intussusception -*(PGI dec 07)*
a) Rotavirus b) Parvovirus
c) Poliovirus d)BCG
e) Measles

2108. Recent noble prize for - *(AIIMS Nov 09)*
a) RNAi
b) Lipoxin
c) T beta transcription factor
d) Mitochondrial DNA

2109. Pigment producing colonies are seen in-*{Kamat 09)*
a) Pseudomonas
b) Atypical mycobacteria
c) Serratia marsescens
d) All of the above

2110. Pasteur developed the vaccine for - *(MAHA 05)*
a) Anthrax b) Rabies
c) Chicken cholera d) All of the above

2111. All are transmitted by milk except - *(AI90)*
a) Tuberculosis b) Brucellosis
c) Q Fever d)Leishmaniasis

2112. All cause brain lesions except - *(TN 98)*
a) Giardiasis b) Tuberculosis
c) Cysticercosis d) Bacteriodes

2113. Refrigerated blood stored up to 48 hours before transfusion can destroy which of the following -
a) HIV *(JIPMER 02)*
b) Hepatitis B
c) Treponema pallidum
d) PVivax

2114. Draining sinuses are seen in - *(PGI 90)*
a) Mycetoma b) Scrofula
c) Lupus vulgaris d) Pediculosis

2115. Abdominal pain, fat malabsorption & frothy stools suggests - *(JIPMER 98)*
a) Amoebiasis b) Bacillary dysentry
c) Giardiasis d) Pancreatic enzyme deficiency

2116. The phenomenon of genetic reassortment -
a) Can occur during reovirus replication *(PGI 88)*
b) Involves the crossing over of genes within an RNA segment
c) Can occur during influenza virus replication
d) Can occur only with RNA viruses of plus polarity

2117. Post exposure immunization is done for-
a) Measles b) Polio *(JIPMER 95)*
c) Rabies d) Chicken pox

2118. Necrotizing granulomatous inguinal lymphadenopathy is caused by - *(JIPMER 95)*
a) Syphilis b) Granuloma inguinale
c) Sarcoidosis d) Tuberculosis

2119. Which of the following is not a sexually transmitted disease - *(TN 04)*
a) Hepatitis B b) Amoebiasis
c) Bacterial vaginosis d)Yaws

2120. The ratio of anaerobe to aerobes in stool is-
a) 10:1 b) 100:1 *(JIPMER 81)*
c) 1000:1 d) 10000:1

2121. The predominant colonic bacteria are - *(PGI88)*
a) Largely aerobic b) Largely anaerobic
c) Bacteroides d) Staphylococci

2122. Most dominant colonic bacteria is -*(JIPMER 2002)*
a) E. coli b) Bacteroides
c) Clostridium d)Veilonella

2096)a 2097)d 2098)e 2099) a,b,e 2100)All 2101)a,d 2102)a 2103)d 2104)a 2105)b 2106)a 2107)a 2108)a 2109)d 2110)d 2111)d 2112)a 2113)c 2114)a,b 2115)c,d 2116)a 2117)a,c 2118)a,d 2119)d 2120)c 2121)b 2122)b

2123. Microorganism used as weap-on in biological terrorism is - *(DPG10)*
a) Smallpox virus b) Rabies virus
c) Influenzae virus d) Human narvovirus

2124. All causes brain lesions except - *(DPG 10)*
a) Giardiasis b) Tuberculosis
c) Cysticercosis d) Bacteroids

NOSOCOMIAL INFECTIONS

2125. A person get infected in a hospital and clinical manifestation appear after he is discharged this is called - *(Manipal 06)*
a) Nosocomial infection
b) Opportunistic infection
c) Epizootic infection
d) Physician induced

2126. All the following are true about nosocomial infections except - *(AI04)*
a) May manifest within 48 hours of admission
b) May develop after discharge of patient from the hospital
c) Denote a new condition which is unrelated to the patient's primary conditions
d) May already present at the time of admission

2127. Hospital acquired organisms are all except-(77P *09)*
a) Staphylococcus b) Acinobacter
c) Streptococcus d) Pseudomonas

2128. The most common pathogens responsible for nosocomial pneumonias in the ICU are - *(AI 05)*
a) Gram positive organisms
b) Gram negative organisms
c) Mycoplasma
d) Virus infections

2129. Which of the following causes highest risk of nosocomial infection to a patient - *(AIIMSMay 09)*
a) Patient admitted for elective surgery
b) HIV patient coming in follow up OPD
c) Patient undergoing endoscopy
d) Patient admitted for normal delivery

2130. Most common species of pseudomonas causing intravascular catheter related infections is ?
a) P cepacia *(AIIMS Nov 08)*
b) P aeruginosa
c) Pmaltiphila
d) P mallei

2131. In a post operative intensive care unit, five patients developed post - operative wound infection on the same wound. The best method to prevent cross infection occuring in other patients in the same ward is to - *(AIIMS Nov 10, AI 03)*
a) Give antibiotics to all other patients in the ward
b) Fumigate the ward
c) Disinfect the ward with sodium hypochlorite
d) Practice proper hand washing

2132. Most common catheter related blood stream infection is- *(AIIMSMay 07)*
a) Candida
b) Gram negative organisms
c) Coagulase positive staphylococci
d) Coagulase negative staphylococci

2133. Commonest cause of nosocomial infection-*(JIPMER*
a) Pseudomonas b) Staphylococci *08)*
c) Klebsiella d) Enterobacteriacea

2134. There is an outbreak of MRSA infection in a ward. What is the best way to control the infection-
a) Vancomycin given emperically to all the patients
b) Fumigation of ward frequently *(AIIMS Nov 10)*
c) Washing hand before & after attending patient
d) Wearing mask before any invasive procedure in ICU

SEXUALLY TRANSMITTED DISEASES

2135. All of the following are sexually transmited, Except-
a) Candida albicans *(AI 02)*
b) Echinococcus
c) Molluscum contagiosum
d) Group B streptococcus

2136. Which of the following is/ are not STD-
a) HAV b)HPV *(PGI Nov 10)*
c) HIV d) Varicella zoster virus
e) HTLV-I

2137. Genital ulcers are seen in all except - *(PGI may 10)*
a) H. aegypticus b) H.ducreyi
c) HSV d)Chlaymdia
e) T. pallidum

2138. Correct combination of incubation period is-
a) Syphilis : 9-90 days *(PGI May 11)*
b) Herpes genitalis : 4-5 wk
c) LGV: 3d-6wk
d) Donovanosis : 1-4 wk
e) Chancroid : 2-3 wk

2139. A 30 year old male, Kallu, with a history of sexual exposure comes with a painless indurated ulcer over the penis with everted margins. The diagnosis is -
a) Syphilis *(AIIMS May 01,*
b) Chancroid *NEET/DNBPattern)*
c) Lymphogranuloma venerum
d) Granuloma inguinale

2140. A patient has multiple necrotic ulcers over glans penis with tender inguinal lymphadenopathy. The likely diagnosis is - *(AIIMS Dec 94)*
a) Haemophilus ducreyi
b) Chlamydia trachomatis
c) Herpes simplex
d) Candida albicans

2141. In donovanosis - *(NEET/DNBPattern)*
a) Pseudolymphadenopathy
b) Penicillin is used for treatment
c) Painful ulcer
d) Suppurative lymphadenopathy

2123)a 2124)a 2125)a 2126)d 2127)b 2128)b 2129)a 2130)b 2131)d 2132)d 2133)b 2134)c 2135)b 2136)a,b 2137) a 2138) a,c,d 2139) a 2140) a 2141) a

2142. A male patient presented with granulomatous penile ulcer. On Wright geimsa stain tiny organisms of 2 microns within macrophages seen. What is the causative organism? *(AIIMS May 10)*
a) D3V
b) Calymmatobacterium granulomatis
c) Neisseria
d) Staph aureus

2143. A 45 year old female complaints of lower abdominal pain and vaginal discharge. On examination there is cervicitis along with a mucopurulent cervical discharge.The best approach to isolate the possible causative agent would be- *(AIIMS Nov 05)*
a) Culture chocolate agar supplemented with Haemin
b) Culture on McCoy cells
c) Culture on a bilayer human blood agar
d) Culture on vero cell lines

2144. A man presents to a STD clinic with urethritis and urethral discharge. Gram stain shows numerous pus cells but no microorganism. The culture is negative on the routine laboratory media. The most likely agent is - *(AIIMS Nov 02, 07)*
a) Chlamydia trachomatis
b) Haemophilus ducreyi
c) Treponema pallidum
d) Neisseria gonorrhoeae

2145. A young male patient presented with UTI, on urine examination pus cells were found but no organisms. Which method would be best used for culture -
a) McCoy cell line *(AIIMS May 12, Nov 11,*
b) Thayer martin medium *06, AI07)*
c) LJ. medium
d) Levinthal medium

2146. A 30 year old male patient presents with urethritis. All of the following can be the causative agent except-
a) Neisseria gonorrhoeae *(AIIMS Nov 04)*
b) Chlamydia trachomatis
c) Trichomonas vaginalis
d) Haemophilus ducreyi

2147. Most common cause of Non gonococcal urethritis is - *(AIIMS May 93, AI 96)*
a) Meningococci b) E. coli
c) Chlamydia trachomatis d) Mycoplasma

2148. A 28 year old sexually active male presents with burning micturation. On clinical examination no ulcer in the genitals. Urine examination shows 50 WBCs/HPF, no RBCs, leucocyte esterase positive, gonococcal culture negative. What could be the most probable causative organism ? *(AIIMSNov 07)*
a) Treponema pallidum b) Neisseria
c) Chlamydia trachomatis d) H. ducreyi

2149. Green frothy vaginal discharge is produced by -
a) Herpes simplex *(AIIMS May 94)*
b) Candida albicans
c) Trichomonas vaginalis
d) Normal vaginal flora

2150. Treatment of partner is required in all infections except - *(PGI 2000)*
a) Candida b) Herpes
c) Trichomonas d) Gardnerella

GASTROENTERITIS

2151. A cook prepares sandwitches for 10 people going for picnic. Eight out of them develop severe gastroenteritis within 4-6 hrs of consumption of the sandwitches. It is likely that on investigations the cook is found to be the carrier of - *(AIIMSNov 02)*
a) Salmonella typhi.
b) Vibrio cholerae
c) Entamoeba histolytica
d) Staphylococcus aureus

2152. Kallu, a 22 year old male had an outing with his friends and developed fever of38.50C, diarrhoea, and vomiting following eating chicken salad, 24 hours back. Two of his friends developed the same symptoms. The diagnosis is - *(AIIMS 01)*
a) Salmonella enteritis b) Bacillus cereus
c) S. aureus d) Vibrio cholerae

2153. Thirty-eight children consumed eatables procured from a single source at a picnic party. Twenty children developed abdominal cramps followed by vomiting and watery diarrhea 6-10 hours after the party. The most likely etiology for the outbreak is -
a) Rotavirus infection *(AI 03)*
b) Entero-toxigenic E.coli infection
c) Staphylococcol toxin
d) Clostidium perfringens infection

2154. Most Probable cause of food poisoning in a child who has eaten Ice Cream 16-18 hrs earlier is -
a) Staph aureus *(AIIMS 92)*
b) Clostridium perfringens
c) Clostridium botulinum
d) Salmonella typhimurium

2155. Food poisoning case with diarrhea within 6 hours- *(NEET/DNB Pattern)*
a) Staph aureus b) Cl. perfringens
c) CL botulinum d)V. cholerae

2156. 18 years old girl presents with watery diarrhea. Most likely causative agent - *(NEET/DNB Pattern)*
a) Rota virus b) V. cholerae
c) Salmonella d) Shigella

2157. Preformed toxin is important in food poisoning due to all EXCEPT- *(AIIMS Nov 01)*
a) Staph aureus b) Clostridium botulism
c) EIEC d) B.cereus

2158. Toxins are implicated as the major pathogenic mechanism in all of the following bacterial diarrheas except - *(AI 04)*
a) Vibrio cholerae
b) Shigella sp.
c) Vibrio parahemolyticus
d) Staphylococcus aureus

2142)b 2143)b 2144)a2145)a 2146)d 2147)c 2148)c 2149)c 2150)a,d 2151)d 2152)a2153)d 2154)d 2155)a 2156)b 2157)c 2158)c

2159. In a patient presenting with diarrhea and pus cells in stool, the causative organism can be all except -
a) Non-01 vibrio cholerae *(PGI Dec 01)*
b) Enterotoxigenic E. coli
c) Enteroinvasive E. coli
d) Shigella dysenteriae 1
e) Vibrio cholera

2160. Micro-organisms invading the GIT causing gasteroenteritis - *(PGIdec 07)*
a) EHEC b) Shigella
c) Vibryo parahemolyticus d) Campylobacter
e) Salmonella

2161. A child with fever with RBCs & pus in stools, causative organism is - *(NEET/DNB Pattern)*
a) ETEC b)EHEC
c) EPEC d) EAEC

2162. Heat stable enterotoxin causing food poisoning is caused by all the following except - *(AI02)*
a) Bacillus cereus b) Yersinia enterocolitica
c) Staphylococcus d) Clostridium perfringens

2163. Traveller's diarrhoea is caused by- *(AIIMSDec 97)*
a) Shigella b)E.Coli
c) E. histolytica d) Giardiasis

2164. The most common causative organism for Traveller's diarrhoea is - *(AIIMS Dec 94)*
a) E. coli b) Shigella
c) Norwalk virus d) Rotavirus

2165. A person returns to Delhi from Bangladesh after 2 days and has diarrhoes. Stool examination shows RBC's in stool. The likely organism causing is -
a) Enteropathogenic E. Coli *(Kerala 04)*
b) Enterotoxigenic E. Coli
c) Salmonella typhi
d) Shigella dysenteriae

2166. Fecal leucocytes are absent in all the following EXCEPT- **(***Corned 08)*
a) Giardiasis
b) Cryptosporidiasis
c) Campylobacter infection
d) Clostridium perfringes infection

2167. In India which of the following is true regarding the cause of Travellers diarrhea - *(SGPGI05)*
a) Giardiasis
b) E.coli
c) Amoebiasis
d) Idiopathic without any causative organisms

2168. Stool examination is required for diagnosis of infection with - *(PGI June 01)*
a) Staph food poisoning b) Clostridia
c) Shigella
d) Campylobacter
e) E, vermicularis

2169. Detected by stool examination except - *(PGI2000)*
a) Staphyloccous food poisoning
b) Giardiasis
c) Fungus
d) Staphylococcal pseudomembranous colitis

2170. Recommended transport medium for stool specimen suspected to contain enteric pathogens is -
a) Amie's medium *(NEET/DNB Pattern)*
b) Buffered glycerol saline medium
c) MacConkey medium
d) Stuart's medium

2171. Food poisoning is seen with -*(NEET/DNB Pattern)*
a) Staph aureus b) Staph, epidermidis
c) Strep, pyogenes d) Staph saprophyticus

NORMAL MICROBIAL FLORA OF HUMAN BODY

2172. Common natural flora of skin are - *(PGI june 09)*
a) Streptococcus
b) Staphylococcus aureus
c) Candida albicans
d) Bacteriods ffagilis
e) Prop ionibacterium acne

2173. Transient colonization is caused by - *(PGIDec 08)*
a) HSV b) Trichomonas vaginalis
c) H. inlfuenzae d) N. Gunorrhae
e) Staphylococcus aureus

2174. Common natural flora of skin are - *(PGI Dec 08)*
a) Streptococcus b) Staphylococcusaureus
c) Diphtheriod d) E.coli
e) Enterococci

2175. Which of the following is the main colonizer of sebaceous gland - *(PGI June 0 7)*
a) Propionic bacterium acnes
b) Diptheria
c) Strep.pyogens
d) Staph, aureus
e) Candida

2176. In the gut, anaerobic bacteria outnumber the aerobes by a ratio of - *(AIIMS May 06)*
a) 10:1 b) 100:1
c) 1000:1 d) 10,000:1

2177. It is true regarding the normal microbial flora present on the skin and mucous membranes that -
a) It cannot be eradicated by antimicrobial agents *(AI 05)*
b) It is absent in the stomach due to the acidic pH.
c) It establishes in the body only after the neonatal period.
d) The flora in the small bronchi is similar to that of the trachea

2178. MC commensal gut flora in adult - *(PGI 2000)*
a) Lactobacillus b) Bacteroides
c) E.coli d)Klebsiella

2179. The following micro - organism constitutes the normal flora of oral cavity - *(Karnataka 02)*
a) Esch. coli
b) Staphylococcus epidermidis
c) Branhamella catarrhalis
d) Picomavirus

***

2159)a,b,e 2160)A11 2161)b 2162)d 2163)b 2164)a 2165)d 2166)c 2167)b 2168)a,b,c,d 2169)None
2170)b,d 2171)a 2172)a,b,c,e 2173)a,b,e 2174)A11 2175)a 2176)c 2177)a 2178)b 2179)c

Review of

POST GRADUATE MEDICAL ENTRANCE EXAMINATION
22,000 MCQ'S
FULLY REFERENCED AND TOPIC WISE ARRANGED

VOL. II

MEDICINE
PATHOLOGY
PAEDIATRICS
PHARMACOLOGY
E.N.T
OPHTHALMOLOGY
ORTHOPAEDICS

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Review of RG.M.E. Exam, by **Amit Tripathi, Arvind Arora & Ashish Gupta**

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15.	SKELETAL INFECTIONS	1001	1034
16.	BONETUMORS	1003	1035
17.	METASTATIC BONE DISEASE	1006	1037
18.	IMPORTANT COMPLICATIONS IN ORTHOPEDICS	1008	1038
19.	BONE DYSPLASIA AND SOFT TISSUE AFFECTION	1010	1039
20.	MANAGEMENT IN ORTHOPEDICS	1012	1040
21.	MISCELLANEOUS	1013	1041

***



MEDICINE

CVS

GENERAL

1. At the end of ventricular diastole - *(PGI June 98)*
a) Atrial volume is more
b) Coronary flow is maximum
c) Flow in aorta drops
d) All of the above

2. Isovolumic relaxation phase of the cardiac cycle ends with- *(Al 04)*
a) Peak of'C' waves
b) Opening of A.V. valve
c) Closure of semilunar valve
d) Begning of T wave

3. During the cardiac cycle the opening of the aortic valve takes place at the - *(Al 04)*
a) Begining of systole
b) End of isovolumetric contraction
c) End of diastole
d) End of diastasis

4. All of the following phases of the jugular venous pulse and their causes are correctly matched. Except- *(Al 02)*
a) 'c' wave - onset of atrial systole
b) 'a-x' descent - atrial relaxation
c) 'v-y' . emptying of blood from right atrium into right ventricle
d) 'y-a' ascent - filling of the right atrium from the vena cava

5. 'C' wave in JVP is due to - *(AIIMS Nov 0 7)*
a) Atrial contraction
b) Tricuspid valve bulging into right atrium
c) Right atrial filling
d) Rapid ventricular filling

6. Which of the following is the correct statement regarding findings in JVP - *(Al 02)*
a) Cannon wave: Complete heart block
b) Slow vy descent: Tricuspid regurgitation
c) Giant c wave : Tricuspid stenosis
d) Increased JVP with prominent pulsations : SVC obstruction

7. In the JVP, 'a' waves are absent in - *(Al 94)*
a) Atrial fibrillation b) Mitral stenosis
c) Tricuspid atresia d) Sick sinus syndrome

8. Giant 'a' waves in JVP occur in all except - *(Al96)*
a) Junctional rhythm
b) Pulmonay hypertension
c) Tricuspid regurgitation
d) Complete heart block

9. First heart sound is soft in all, except -
a) Short PR interval *(ARMS Dec 95)*
b) Ventricular septal defect
c) Mitral regurgitation
d) Calcified valve

10. Loud Sj is caused by - *(PGIDec 04)*
a) Calcified mitral valve b)MVP
c) Short PR interval d) Tachycardia
e) Dilatation or widening of mitral valve after valvotomy

11. Reverse splitting of 1st heart sound heard in -
a) RBBB b) LBBB *(PGI June 04)*
c) Tricuspid stenosis d)AR
e) Atrial myxoma

12. Loud SI in mitral stenosis is seen in -
a) Prolonged flow through mitral valve
b) 1st degree heart block *(PGI June 99)*
c) Calcification of the valve
d) Immobilization of the valve

13. Wide split S_2 occurs in - *(ARMS May 93)*
a) VSD (ventricular septal defect)
b) Mitral stenosis
c) ASD (Atrial septal defect)
d) Coarctation of aorta

14. Reverse splitting of S_2 is seen in all except -
a) LBBB *(PGI Dec 05)*
b) WPW type A
c) LV pacing
d) Systemic hypertension
e) Post-stenotic dilatation in AS

15. Wide-split second heart sound is seen in -
a) ASD b)LBBB *(PGI Dec 02)*
c) PDA d)MR
e) PS

16. Wide splitting of S_2 - *(PGIDec 06)*
a) ASD b)MR
c) PDA d)PS
e) LBBB

17. Single second heart sound is seen in - *{PGIDec 04)*
a) TOF
b) Pulmonary arterial hypertension
c) Pulmonary atresia
d) Corrected TG A
e) Severe pulmonary stenosis

18. Loud pulmonary component of second heart sound heard in - *(PGIJune 04)*
a) Pulmonary hypertension
b) TOF
c) Eissenmenger's syndrome
d) Pulmonary stenosis
e) AS

19. All of the following heart sounds occur shortly after S_2 except - *(Al 03)*
a) Opening snap b) Pericardial knock
c) Ejection click d) Tumor plop

20. Some times the following diastolic sounds heard during cardiac auscultation - *(PGIDec 06)*
a)S_3 b)S_4
c) Opening snap d) Ejection click

21. Third heart sound is seen in all except - *{ARMSDec*
a) Athletes b) Mitral stenosis *98)*
c) Constrictive pericarditis d)LVF

l)corb 2)b 3)b 4) a 5)b 6) a 7) a 8)c 9) a 10)c ll)b,e 12) a 13)c 14)b,c 15)a,e 16) a,b,d 17)a,c 18)a,c 19)c 20)a,b,c 21) b

22. True about third heart sound is - *(PGIDec 98)*
a) Absent in Chr. constrictive pericariditis
b) Absent in aortic aneurysm
c) Absent in MS
d) Normal physiologically in Athletes

23. Left ventricular S_3 is seen in - *(PGIDec 05)*
a) Pregnancy b)MS
c) MR d)ASD
e) PDA

24. All of the following statements about third Heart sound (S3) are true, except - *(AI10)*
a) Occurs due to rapid filling of the ventricles during atrial systole
b) Seen in Constrictive Pericarditis
c) Seen in Atrial Septal Defect (ASD)
d) Seen in Ventricular Septal Defect (VSD)

25. S_4 is not seen in - *(AIIMS May 95)*
a) Ventricular aneurysm
b) Mitral regurgitation
c) Hypertrophic cardiomyopathy
d) Hypertension

26. Continuous murmur is found in all, except ~
a) Mitral stenosis with mitral regurgitation
b) Patent ductus arteriosus *(AIIMS May 93)*
c) Rupture of sinus of Valsalva
d) Systemic arteriovenous (AV) fistula

27. A continuous murmur is heard in all of the following conditions except - *(AIIMS May 05)*
a) Ventricular septal defect with aortic regu.rgitation
b) Patent ductus arteriosus
c) Coronary arteriovenous fistula
d) Venous hum

28. Continuous murmur is present in - *(PGI June 06)*
a) PDA
b) AS with AR
c) Shunt between pulmonary & subclavian artery

29. Continuous murmur is found in - *(PGIDec 04)*
a) AS combined with AR
b) Systemic A V fistula
c) PDA with reversal of shunt
d) Aortopulmonary window
e) Rupture of sinus valsalva

30. A continuous murmur is heard in all of the following conditions except - *(AIIMSMay 05)*
a) Ventricular septal defect with aortic regurgitation
b) Patent ductus arteriosus
c) Coronary arteriovenous fistula
d) Venous hum

31. Continuous murmur is seen in all the following except- *(AI 95)*
a) Aortic sinus of valsalva rupture
b) Coarctation of Aorta
c) AV malformations
d) Peripheral pulmonary stenosis

32. Carey coomb murmur is seen in - *(PGIDec 9 7)*
a) Severe mitral stenosis
b) Acute rheumatic carditis
c) Pure aortic regurgitation
d) Severe pulmonary HT

33. Carey coombs murmur, which is false -
a) Delayed diastolic murmur *(AIIMS Nov 06)*
b) Seen in rheumatic fever
c) Can be associated with A.R.
d) Low pitched murmur

34. An early systolic murmur may be caused by all of the following except - *(AI 03)*
a) Small ventricular septal defect
b) Papillary muscle dysfunction
c) Tricuspid regurgitation
d) Aortic stenosis

35. Systolic thrill in left 2nd or 3rd intercostal space is seen in - *(AI 09)*
a) Subpulmonic VSD b)PinkTOF
c) Ebstein's anomaly d) Pulmonary stenosis

36. Pulse pressure is - *(AIIMSMay 93)*
a) 1/3 diastolic + 1/2 systolic B.P.
b) 1/2 diastolic + 1/3 systolic B.P.
c) Systolic - diastolic B.P.
d) Diastolic + 1/2 systolic B.P.

37. Wide pulse pressure may be seen in all except -
a) Aortic regurgitation *(AI 91)*
b) PDA
c) Complete Heart block
d) Congestive Heart failure

38. Pulsus paradoxus is seen in all except -
a) IPPV *(AIIMS June 98)*
b) COPD
c) Cardiac Tamponade
d) Constrictive pericarditis

39. Pulsus paradoxus is present in - *(PGIDec 05)*
a) Emphysema
b) Pulmonary embolism
c) Hypovolemic shock
d) Hypertrophic cardiomyopathy

40. True about pulsus paradoxus is - *(PGI June 98)*
a) Arm-tongue circulation time is increased
b) T Stroke volume
c) Seen in constrictive pericarditis
d) THR

41. Pulsus paradoxus is seen in - *(PGI June 06)*
a) Cardiac tamponade b) Constrictive pericarditis
c) HOCM d)AR
e) Severe asthma

42. Pulsus bisiferiens is best felt in - *(AIIMS Dec 98)*
a) Carotid artery b) Brachial artery
c) Radial artery d) Femoral artery

43. Pulsus bisiferiens is seen in all, except -
a) Aortic regurgitation + Aortic stenosis
b) Aortic regurgitation *(AIIMS May 93)*
c) Hypertrophic cardiomyopathy
d) Tetralogy of Fallot

22) c,d 23) a,c,d,e 24) a 25) a 26) a 27) a 28) a,c 29)b,d,e 30) a 31) d 32) b 33) a 34) d 35) d
36) c 37) d 38) a 39)a,b,c 40) c 41)a,b,e 42) c 43) d

44. Bisiferien pulse is seen in - (*PGIDec 05)*
a) AS+AR
b) Hypertrophic cardiomyopathy
c) Severe AR

45. Pulsus alternans occurs in - *(PGI June 98)*
a) Constrictive pericarditis b) Viral myocarditis
c) Hypokalemia d)MI

46. Double apical impulse is seen in - *(PGIDec 98)*
a) MR b) AR
c) AS d) MS

47. Pulsus bisiferiens is best felt in - (*AIIMS June 98)*
a) Carotid artery b) Radial artery
c) Brachial artery d) Femoral

48. Water hammer pulse seen in - *(AIIMSMay 07)*
a) Aortic stenosis
b) Aortic regurgitation
c) Aortic stenosis and Aortic regurgitation
d) Mitral regurgitation

49. Which of the following is not true about hepatoj ugular reflex - *(A109)*
a) Seen in pulmonary stenosis
b) Associated with decreased afterload
c) Seen in tricuspid regurgitation
d) May indicate right heart failure

50. Positive hepatoj ugular reflux is found in all of the following conditions except- *(AIIMSMay 11)*
a) Tricuspid regurgitation
b) Right heart failure
c) Decreased after load
d) Increased capillary bed pressure

51. Enlarged pulsatile liver is seen in - *(AI09)*
a) Tricuspid regurgitation
b) Aortic regurgitation
c) Mitral regurgitation
d) Pulmonary regurgitation

52. Where pulsatile liver and ascites is found -
a) TR b) Critical pulmonary stenosis
c) MR d)MS *(AIIMS May 11)*

53. Swan Ganz. catheter is used for - *(PGI June 03)*
a) Lt. cardiac output
b) Pulmonary capillary pressure
c) Pulmonary artery occlussion pressure
d) 0_2 saturation in mixed venous blood

54. Normal PCWP with pulmonary oedema is seen in -
a) Left atrial myxoma *(AIIMS June 98)*
b) High altitude
c) Pulmonary vein obstruction
d) Pulmonary artery obstruction

55. A patient comes with sudden respiratory distress, on examination, bilateral basal crepts are present over chest suggestive of pulmonary edema with normal alveoler wedge pressure. The likely cause is - *(AIIMS June 2000)*
a) Narcotic overdose
b) Congestive heart failure
c) Myocardial infarction
d) Cardiogenic shock

56. Pulm. edema associated with normal PCWP is observed, which of these is not a cause - *(AI 01)*
a) High altitude
b) Cocaine overdose
c) Post cardiopulmonary bypass
d) Bilateral renal artery stenosis

57. Left atrial filling pressure closely approximates -
a) Pulmonary capillary wedge pressure
b) Central venous pressure *(AIIMS May 93)*
c) Intrapleural pressure
d) Intracranial pressure

58. TVansoesophageal Echocardiography is useful in -
a) Sinus venosus type of ASD *(PGI June 98)*
b) Dissection of arch of aorta
c) Thrombosis
d) Prosthetic valve endocarditis

59. Causes of raised J.V.P. with hypotension are all except - *(AIIMS May 07)*
a) Cardiac tamponade b) Right ventricular M.I.
c) Heart failure d) 2nd Degree A. V. block

60. A 36 year old female recurrent chest pain and palpitation varying in duration and severity and 6-7 ectopics per minute (Possibly supraventrigation is) not related to exertion. Her BP is 86 mm Hg and pulse rate is 86/min. The ideal investigation is-
a) Echocardiography *(AIIMS 99)*
b) Electrophysiological studies
c) Thallium study
d) Technetium pyrophosphate

61. Continuous murmur is seen in- *(AP 98)*
a) PDA b) A-V malformation
c) AP Window d) All of the above

62. All produce continuous murmurs except - *(IN 98)*
a) Mitral valve prolapse
b) Arterio venous malffomations
c) Ruptured sinus of valsalva
d) PDA

63. Prominent 'a' wave of JVP is not seen in - *(UP 96)*
a) Junctional Rhythm b) Complete heart block
c) Tricuspid stenosis d) Pulmonary stenosis

64. Normal PQ interval is - *(Kerala 96)*
a) 0.12 sec. b) 0.2 sec.
c) 0.16 sec. d) 0.02 sec.
e) 0.016 sec.

65. Central venous pressure monitoring is helpful in -
a) Regulating the speed and amount of fluid infusion *(UPSC 97)*
b) Regulating the dose of noradrenaline
c) Deciding the need for plasma infusion
d) Deciding the requirement for blood transfusion

66. Swan-Ganz catheter is used to measure - *(UP 97)*
a) Right artial flow
b) Pulmonary capillary pressure
c) Central venous pressure
d) Right ventricular pressure

44) a,b,c 45) d 46) c 47) b 48) b 49) b 50) c 51) a 52) a 53)All 54) b 55) a 56) d 57) a
58)All 59) d 60) b 61) d 62) a 63) None 64) c 65) a 66) b

67. Electrical alterans in ECG is characteristic of -
a) Severe bronchial asthma *(Kerala 95)*
b) Peri cardial effusion
c) Severe LVF
d) - AR.

68. A Carey Coomb's murmur heard in a child with mutiple joint pains is suggestive of - *(UPSC 95)*
a) Infective endocarditis
b) Rheumatoid arthritis
c) Rheumatic fever
d) Libman-Sack's endocarditis

69. A young lady complains of sudden onset of palpitations, extreme weakness and sweating. On examination, she was found to have B.P. 90/70 with a regular pulse rate of 180/minute. Her symptoms disappeared after vomitting but she complained of polyuria. The most likely diagnosis is -
a) Primary thyrotoxicosis *(UPSC 96)*
b) Acute anxiety state
c) Paroxysmal atrial tachycardia
d) Paroxysmal atrial flutter

70. All are seen in association with reverse splitting of S_2 except - *(MP 98)*
a) LBBB b) Complete heart block
c) Systolic Hypertension d) Aortic stenosis

71. Water hammer pulse is seen in all except -
a) AR b) Anaemia *(CMC 98)*
c) Pregnancy d)MR
e) MS

72. Which one is not a feature of Leriches syndrome -
a) Absent femoral pulse *(AP 96)*
b) Gluteal claudication
c) Continuous bruit over abdominal aorta
d) Impotence

73. Dicrotic pulse is seen in - *(Jipmer 2K)*
a) Cardiac tamponade
b) Aortic regurgitation
c) Dilated cardiomyopathy
d) Retrictive cardiomyopathy

74. Which is not a major criteria for CCF- *(Orissa R)*
a) PND b) Rales
c) S3 gallop d) Cardiomegaly

75. Framingham criteria for diagnosis of congestive heart failure classifies the following as major criteria except- *(Kerala 2K)*
a) Extremity oedema
b) Acute pulmonary oedema
c) Positive hepatojugular reflux
d) Paroxysmal nocturnal dyspnoes
e) S3 gallop

76. Ventricular hypertrophy means - *(TN2001)*
a) Systolic dysfunction b) Diastolic dysfunction
c) Asystole d)None

77. Ejection fraction denotes performance of-*(CUPGEE 02)*
a) Left ventricle b) Left atrium
c) Aortic valve d) Pulmonary valve

78. In Marfan's aortic aneurysm occurs in - *(AMC2K)*
a) Ascending aorta b) Arch of aorta
c) Descending aorta d) Abdominal aorta

79. The earliest manifesation in the fatty streak of Atherosclerosis is - *(Kerala 97)*
a) Collection of lipid in endothelial cells
b) Collection of lipid in smooth muscule
c) Endothelial cell damage
d) Noneof the above

80. Lipoprotein-X is elevated in - *(AP 96)*
a) Hypercholesterolemia
b) Primary Biliary cirrhosis
c) Indian childhood cirrhosis
d) Alcoholic Cirrhosis

81. Most common site of aortic dissection -*(Jipmer 98)*
a) Ascending aorta b) Arch, of aorta
c) Descending aorta d) Abdominal aorta

82. Aortic H^section is seen in - *(JIPMER 98)*
a) Down's syndrome b) Klinefelters syndrome
c) Turners syndrome d) Marfan's syndrome

83. Standing increases murmur intensity in -
a) Aortic stenosis *(Jipmer 03)*
b) Aortic regurgitaion
c) Hypertrophic cardiomyopathy
d) Mitral stenosis

84. Calcium Gluconate is not used in CPR by -
a) Hypocalemia b) Hypokalemia *(NIMHANS 05)*
c) Hyperkalemia d) Calcium antagonism

85. A 26 year old man complains of abdominal distension, swelling of the legs and easy fatigability. His blood pressure is 90/70 mm Hg and pulse becomes difficult to feel on inspiration. JVP is grossly elevated and rises further on deep inspiration. He has pedal edema, ascites and tender hepatomegaly. Precordium is quiter with loud and some what early apical third heart sound. The probable diagnosis is - *(UPSC 04)*
a) Cor Pulmonale b) Tricuspid stenosis
c) Constrictive pericarditis d) Pulmonary stenosis

86. Ej ection fraction denotes performance of -
a) Left ventricle b) Left atrium *(Jipmer 05)*
c) Aortic valve d) Pulmonary valve

87. Anacrotic pulse in felt in- *(MAHE 05)*
a) AR b)MR
c) MS d) AS

88. A continuous murmur is heard in all of the following conditions except - *(AIIMS May 05)*
a) Ventricular septal defect with aortic regurgitation
b) Patent ductus arteriosus
c) Coronary arteriovenous fistula
d) Venous hum

89. Carcinoid syndrome produces valvular disease primarily involving - *(AIIMS May 05)*
a) Pulmonary valves b) Tricuspid valves
c) Mitral valve d) Aortic valve

67)b 68)c 69)c 70)b 71)e 72)c 73)c 74)None 75)a 76)b 77)a 78)a 79)a 80)b
81) a 82) d 83) c 84) b 85) c 86) a 87) d 88) a 89) b

90. Most common cause of orthostatic hypotension - *(NIMHANS 06)*
a) Peripheral neuropathy b) Carcinoid Syndrome
c) Pheochromocytoma d) Hypothyroidism

91. Most common organism for causing infective endocarditis in native valve - *(COMED 06)*
a) Streptococcus Viridans b) Entero cocci
c) Staphylo cocci d) Gram negative bacilli

92. 'a' wave in JVP is seen in - *(Manipal 06)*
a) Will be large when atria contracts against resistance
b) Filling of ventricles
c) It is followed by "V" waves
d) *i* in inspiration

93. Non-cardiac causes of raised central venous pressure include the following except - *(UPSC 07)*
a) Abdominal compartment syndrome
b) Tension pneumothorax
c) Positive pressure ventilation
d) Hypervolaemia

94. Which one of the following does not cause pulsus paradoxus ? *(UPSC 07)*
a) Severe aortic regurgitation
b) Cardiac tamponade
c) Constrictive pericardities
d) Acute severe bronchial asthma

95. Match list I with list II and select the correct answer using the code given below the Lists - *(UPSC 0 7)*

List I *(Heart Sound)*	Listn *(Disease)*
A. LoudS,	1. Valvulary pulmonary stenosis
B. Loud S_2	2. Atrial septal defect
C SoftS_2	3. Mitral stenosis
D. Wide and fixes $S_{.0}$	4. Pulmonary arterial hypertension

Code.•

	A	B	C	D
a)	3	4	1	2
b)	**3**	1	4	2
c)	2	4	1	3
d)	2	1	4	3

96. The clinical manifestation of cauda equina lesion include the following except - *(UPSC 0 7)*
a) Urinary retention
b) Radicular pain
c) Dermatomal sensory loss
d) Extensor plantar reflexes

97. Pansystolic murmur at apex with soft first heart sound is the key sign of which one of the following ?
a) Aortic regurgitation *(UPSC 07)*
b) Mitral regurgitation
c) Ventricular septal defect
d) Atrial septal defect

98. The dicrotic notch on the aortic pressure curve is caused by - *(Corned 07)*
a) Closure of the pulmonary valve
b) Rapid filling of the left ventricle
c) Closure of the aortic valve
d) Contraction of the atria

99. The test of choice to detect peri valvular abscess of aortic valve is - *(Corned 07)*
a) MRI of the heart
b) Transosophageal ECHO with Doppler
c) Ventriculography
d) CT Chest

100. The most common form of diabetic neuropathy is -
a) Acutemononeuropathy *(Corned 08)*
b) Autonomic neuropathy
c) Polyradiculopathy
d) Distal symmetric polyneuropathy

101. The 'a' wave of jugular venous pulse is produced by- *(UPSC-109)*
a) Atrial relaxation b) Atrial systole
c) Atrial diastole d) Rapid venous filling

102. 'Kerley B lines' in the chest X-ray of a patient is a radiological feature of - *(UPSC-109)*
a) Respiratoryfailure b) Heart failure
c) Renal failure d) Liver failure

103. Pulses paradoxus can be seen in the following clinical states except - *(UPSC-109)*
a) Pericardial tamponade
b) Acute severe asthma
c) Acute myocardial infarction
d) Massive pulmonary embolism

104. Bibasilar Velcro crackles occur in ? *(COMED 09)*
a) Acute pulmonary oedema
b) Acute bronchopneumonia
c) Pulmonary fibrosis
d) Pulmonary embolism

105. A mill-wheel type of murmur during laparoscopy suggests - *(COMED 09)*
a) Tension pneumothorax
b) Intraabdominal bleeding
c) Gas embolism
d) Pre-existing valvular disease

106. Giant 'V' wave on examination of the jugular venous pulse is suggestive of - *(COMED 09)*
a) Atrial flutter with changing block
b) Tricuspid incompetence
c) Ventricular septal defect
d) Pulmonary stenosis

107. TVue about third heart sound (H3) - *(PGIMay 10)*
a) Heard in MR b) Diastolic sound
c) High pitch sound d) Normal in children

108. Murmur increasing with Valsalva manouvre -
a)VSD b) HOCM *(AIIMSNovlO)*
c)MS d) AS

90) a 91) c 92) a 93) d 94) a 95) a 96) d 97) b 98) c 99) b 100) d 101) b 102) b 103) c
104)c 105) c 106)b 107) a,b,d 108)b

109. Positive hepatojugular reflux is found in all of the following conditions except - *(AIIMSMay 11)*
a) Tricuspid regurgitation
b) Right heart failure
c) Decreased after load
d) Increased capillary bed pressure

110. P2is best appr.cciate *(NEET/pNB.pattern)*
a) left intercostal space
b) 2nd right intercostal space
c) 4"ICS
d) 3rd ICS

111. Pulmonary edema PCWP- *(NEET/DNB Pattern)*
a) >28 mm Hg b) > 15 mm Hg
c) > 10 mm Hu

ARRYHTHMIA

112. QRS complex indicates - *(AI98)*
a) Atrial repolarization
b) Atrial depolarization
c) Ventricular repolarization
d) Ventricular depolarization

113. ECG in young healthy person with 80 beats/min will not show - *(PGI June 98)*
a) PR interval between 120-200 msec
b) QRS interval less than 100 msec
c) Interval between 2 QRS is 750 msec
d) T. wave repressents repolarization

114. Current of injury is- *(PGI June 05)*
a) P wave b) ST segment
c) QRS complex d) QT interval

115. WPW syndrome all true except - *(PGIDec 05)*
a) More common in females
b) Rt ventricular aberrant is commonly seen
c) Incidence i with age
d) Heart is structurally normal
e) Incidence is 0.3 to 0.7%

116. All are ECG findings in Wolf Parkinson's white syndrome, except - *(AIIMS Feb 97)*
a) Narrow QRS complexes b) Normal QT interval
c) Slurred and tall QRS d) Short PR interval

117. The drug of choice in patients with Wolff-Parkinson-White syndrome with atrial fibrillation is -
a) Digitalis b) Procainamide *(AIIMSNov 03)*
c) Verapamil d) Adenosine

118. Congenital long QT syndrome can lead to -
a) Complete heart block *(AIIMS May 03)*
b) Polymorphic ventricular tachycardia.
c) Acute myocardial infarction.
d) Recurrent supraventricular tachycardia.

119. Torsade-de-pointes is caused by - *(PGI June 99)*
a) Hypermagnesemia b) Metabolic acidosis
c) Hypomagnesemia d) Metabolic alkalosis

120. Feature of Torsade de pointes is - *(AIIMS Dec 97)*
a) Wide QRS complex b) Short QRS complex
c) Prolonged QTc interval d) Short QTc interval

121. Torsades de pointes causes ? *(AIIMSMay 08)*
a) EideQRS b) Short QRS
c) WideQT d) Short QT

122. Which of the following statements about Premature ventricular beats is false - *(PGI 97)*
a) Sequential depolarization of ventricles
b) Wide, Bizzare, Notched QRS complexes
c) Prevalence decreases with age
d) Palpitations is a common presenting feature

123. In a patient with wide-complex tachycardia, the presence of all of the following in the ECG indicates ventricular tachycardia except - *(AIIMS Nov 03)*
a) Atrioventricular dissociation
b) Fusion beats
c) Typical right bundle branch block
d) Capture beats

124. Ventricular tachycardia is represented by all, Except- *(PGI 97)*
a) Wide QRS complex b) AV dissociation
c) Capture Beasts d) Fusion beats
e) Typical RBBB QRS complex

125. Ventricular ectopic beats represented by -
a) Irregular RR interval *(PGI June 05)*
b) Incomplete compensatory pause
c) A.V. dissociation
d) Presence of fusion beat
e) Wide QRS

126. EKG finding of ventricular premature beats - *(PGI June 04)*
a) Fusion beat b) Narrow QRS complex
c) AV Dissociation d) Wide QRS complex
e) Capture beat

127. Accelerated idioventricular rhythm (AIVR) is mos characteristically seen in? *(AI10)*
a) AV nodal block
b) Myocardial reperfusion
c) Metabolic derangement
d) Digitalis therapy

128. A patient with heart failure developed ventricular arryhthmia. Treatment is/are - *(PGI June 04)*
a) Encainide b)Flecainide
c) Intracardiac Defibrilation d) Beta-blockers
e) Amiodarone

129. After a successful Total Hip Replacement a 59 year old patient developed severe chest pain. Echocardiography revealed reduced wall motion of right ventricle with slow flow across the tricuspid valve. Which of the following is most likely diagnosis? *(AI 10)*
a) Pulmonary embolism
b) Aortic dissection
c) Dilated cardiomyopathy
d) Right ventricular infarction

130. What is the drug of choice to control supraventricular tachycardia - *(AIIMSNov 05)*
a) Adenosine b) Propranolol
c) Verapamil d) Digoxin

109) c 110) a 111) a 112)d 113)None 114)b 115)a 116)a 117)b 118)b 119)c 120)c 121)c 122) c
123) c 124) e 125)a,c,d,e 126)a,c,d,e 127) b 128)c,d,e 129) a 130) a

131. A chronic alcoholic develops palpitations suddenly after alcohol binge. His pulse is irregularly irregular Which of the following arrythmia is most commonly associated with alcohol binge in the alcoholics ? *(AIIMS Nov 01)*
a) Ventricular fibrillations
b) Vetricular premature contractions
c) Atrial flutter
d) Atrial fibrillation

132. Atrial fibrillation may occur in all of the following conditions, except - *(ARMS May 03)*
a) Mitral stenosis b) Hypothyroidism
c) Dilated cardiomyopathy d) Mitral regurgitation

133. In a patient with chronic atrial fibrillation with a regular beat of 60/min, the most probable cause is - *(ARMS May 01)*
a) Sleep b) Digitalis toxicity
c) Sino nodal block d) Hypothyroidism

134. A person with mitral regurgitation and atrial fibrillation presents with syncope. On examination the person has a heart rate of 55. What is the most probable cause ? *(AJ 07)*
a) Digitalis toxicity
b) Incomplete heart block
c) Stroke
d) Subarachnoid Haemorrhage

135. True regarding atrial fibrillation - *(PGI June 06)*
a) t Thromboembolism
b) Digoxin treatment
c) Anticoagulant not required
d) Aspirin given

136. Which of the following is seen in second degree AV block- *(PGIDec 01)*
a) Change in morphology of ventricular complex
b) Increased atrial rate compared to ventricular rate
c) Increase in cardiac output
d) Decrease in stroke volume
e) Increased AV conduction time

137. Constant PR inverval is seen in - *(ARMS 1997)*
a) First degree block
b) Second degree - Mobiz type I block
c) Second degree - Mobiz type II block
d) Third degree block

138. All of the following are features of Mobiz type I block except- *(A11992)*
a) Constant PR interval
b) Normal QRS morphology
c) Regular atrial rhythm
d) Atrial rate - ventricular rate

139. All of the following features can differentiate between ventricular tachycardia and supraventricular tachycardia except-
a) QRs< 0.14 seconds *(ARMSDec 98)*
b) Ventricular rate > 160/min
c) Variable first heart sound
d) Relieved by carotid sinus massage

140. Broad complex tachycardia due to ventricular a tachycardia is suggested by (select three correct options) - *(PGI 1994)*
a) Fusion Beats
b) AV dissociation
c) Capture Beats
d) Termination tachycardia by carotid massage
e) Triphasic QRS in VI

141. Drug of choice in PSVT is - *(AJ 98)*
a) Amaidarone b) Lingnocaine
c) Quinidine d) Adenosine

142. Drug used in AV Block - *(PGIDec 03)*
a) Isoprenaline b) Dopamine
c) Atropine d)Disopyramide
e) Propranolol

143. In the treatment of severe bradycardia, all of the following can be the best modality of treatment except-
a) Atropine b) Pacing *(ARMSNov 05)*
c) Isoproterenol d) Diltiazem

144. ST elevation is seen in all of the following conditions except - *(ARMS May 02)*
a) Myocardial infarction
b) Coronary artery spasm
c) Constrictive pericarditis
d) Ventricular aneurysm

145. A patient develops sudden palpitation with HR 150/ min, regular. What could be the cause -
a) PSVT *(ARMS May 11)*
b) Sinus tachycardia
c) Ventricular tachycardia
d) Atrial flutter with block

146. All of the following may cause ST segment elevation on EKQ except - *(AI05)*
a) Early repolarization variant
b) Constrictive pericarditis
c) Ventricular aneurysm
d) Prizmetal angina

147. QT prolongation isseen in all, except-*(ARMS June*
a) Hypothermia b) Digitalis toxicity *2K)*
c) Hypocalcemia d) Romanowand syndrome

148. QT interval is shortened in - *(AI 95)*
a) Hypocalcaemia b) Hypokalemia
c) Hypercalcemia d) Hyperkalemia

149. Hypercalcemia in ECG is diagnosed by-*(PGIDec 99)*
a) Increased QT interval
b) Decreased QT interval
c) Increased PR interval
d) Tall T waves

150. Hypocalcemia is characterized by all of the following features except - *(AI 03)*
a) Numbness and tingling of circumoral region
b) Hyperactivity tendon reflexes
c) Shortening of Q-T interval in ECG
d) Carpopedal spasm

131) d 132) b 133) b 134)a 135)a,b,d 136)a,b,e 137)a,c 138)a 139)b 140)a,b,c 141)d 142)a,c 143)d 144) c 145) a 146)b 147)b 148)c 149)b 150)c

151. All of the following are the electrocardiographic features of severe hyperkalemia except - *(A103)*
a) Peaked T waves b) Presence of U waves
c) Sine waves pattern d) Loss of P waves

152. All are ECG changes in hypokalemia, except -
a) U wave *(AIIMS Dec 97)*
b) ST segment sagging
c) T-wave flattening or inversion
d) QT interval prolongation

153. All of the following are the electrocardiographic features of Hyperkalemia, except - *(AIIMSMay 04)*
a) Prolonged PR interval
b) Prolonged QT interval
c) Sine wave patterns
d) Loss of P waves

154. The following ECG findings are seen in Hypokalemia -
a) Increased PR interval with ST depression *(AI07)*
b) Increased PR interval with peaked T wave
c) Prolonged QT interval with T wave inversion
d) Decreased QT interval with ST depression

155. Athletic syndrome is characterized by-
a) Increased amplitude of QRS *(PGIJune99)*
b) Tachycardia
c) Decreased QT interval
d) U-waves

156. Asynchronous cardioversion is given in -
a) AF *(AIIMS Dec 98)*
b) Ventricular fibrillation
c) Atrial flutter
d) Ventricular tachycardia

157. In left sided massive pneumothorax, ECG shows all, except - *(AIIMS May 94)*
a) Left axis deviation
b) Absent R wave
c) Peaked P wave
d) Precordial T wave inversion

158. Radiofrequency ablation is done *ior-(AIIMSJune 98)*
a) Ventricular tachycardia b)PSVT
c) WPW syndrome d) Atrial tachychardia

159. Which of the following ECG changes is least likely in a patient with left pneumothorax-(yt//MS'*Nov 2K)*
a) Inversion of Twave b) Left axis deviation
c) Small R wave d) Electrical altemans

160. Long and peaked a waves are seen in all except-
a) Tricuspid atresia *(MP 2K)*
b) Ebsteins anomaly
c) Hyperkelamia
d) Right atrial enlargement

161. Qt. prolonged is associated with - *(NIMHANS 01)*
a) Hypercalcemia
b) Type 1 a anti arrythmic drugs
c) Torsade de pointes
d) Atrial fibrillation

162. A-48 year old presents with history of precordial chest pain. He has BP of 80/60 mm of Hg. EKG shows wide QRS complex with no preceding P waves and a rate of 112/min. The most immediate step in the management of this patient would be -
a) Intravenous lignocaine *(UPSC 2002)*
b) DC electrical cardioversion
c) Overdrive atrial pacing
d) Primary percutaneous transluminal angioplasty

163. Desynchronised defibrillation is used in -*(CMC 01)*
a) Atrial fibrillation b)Attial flutter
c) SVT d) Ventricular fibrillation

164. S.A. node is pacemaker in heart because -
a) It is only excitable *(Jipmer 95)*
b) Its resting excitability is highest of all
c) It is only sensitive to vagus
d) It is the biggest pacemaker

165. Desynchronised defibrillation is used in -*(CMC 01)*
a) Atrial fibrillation b) Atrial flutter
c) SVT d) Ventricular fibrillation

166. The current drug of choice in paroxysmal Sypraventricular Tachycardia (PAVT) is -
a) Digoxin b) Dilantoin *(KERN95)*
c) Propranolol d) Adenosine

167. Wenckebachk phenomenon is defined as -
a) Progressive lengthening of PR interval till a beat is dropped *(Delhi 96)*
b) Slurred QRS complex
c) Irregular heart rate & permature ventricular beats
d) Shortened ST intervals

168. P-wave is absent in - *(ROHATAK97)*
a) WPW syndrome
b) Atrial Fibrillation
c) Ventricular Tachycardia
d) Ventricular Fibrillation
e) Atrial Tachycardia

169. Verap amil belong to which class of antiarrythmic -
a) Class I b) Class II *(AP98)*
c) Class III d) Class IV

170. Which one of the following electrocardiographic changes is found in hypercalcaemia - *(UPSC2K)*
a) Proponged Q-T interval b) Short Q-T interval
c) Increased QRS interval d) Short P-R interval

171. Which one of the follwing is the ECG hallmark of hypothermia - *(UPSC 2002)*
a) Prominent U wave b) Inverted T wave
c) Bizarre QRS wave d) Osborne J wave

172. Ventricular aneurysm has one of the following characteristic features - *(Kanataka 03)*
a) Persistent ST segment elevation
b) Persistent ST segment depression
c) Left bundle branch block
d) Right bundle branch block

173. Acute symptomatic sinus bradycardia usually responds to - *(UPSC 05)*
a) Adrenaline b) Dopamine
c) Atropine d) Norepinephrine

151) b 152)d 153) b 154)a 155)a 156)b 157)a 158)c 159)b 160)c 161)b,c 162)b 163)d 164)b
165)d 166) d 167) a 168)b 169)d 170)b 171)d 172)a 173)c

174. Which one of the following statements is true to Stockes-Adam attack- *(UPSC 05)*
a) It is usually preceded by an aura
b) Focal neurological signs are commonly observed during the attack
c) It is usually caused by high degree of atrioventricular block
d) It is caused by recurrent paroxysmal tachyarrhythmias

175. The most common cause of sudden arrhythmic cardiac death is - *(J Sc k 05)*
a) Myocardial infarction
b) Aortic stenosis
c) Dilated cardiomyopathy
d) Electrolyte abnormalities

176. All the following features favour ventricular tachycardia as the cause of broad-complex tachycardia, except - *(J Sc k 05)*
a) Fusion beats
b) Extreme left axis deviation
c) Veiy broad QRS complexes (> 140 ms)
d) Response to carotid sinus massage

177. What is the drug of choice to control supraventricular tachycardia - *(AIIMSNO V05)*
a) Adenosine b) Propranolol
c) Verapamil d)Digoxin

178. Which one of the following drugs should be avoided in Wolff-Parkinson-White (WPW) Syndrome ?
a) Digoxin b) Adenosine *(UPSC 06)*
c) Procainamide d) Amiodarone

179. Which congenital heart disease is associated with pre excitation ? *(UPSC 06)*
a) Atrial Septal Defect
b) Bicuspid Aortic Valve
c) Ebstein's Anomaly
d) Patent Ductus Arteriosus

180. In syndrome X, patients have all of the following except- *(COMED06)*
a) Angina like chest pain
b) Ischemic ST segment depression
c) Abnormal coronary arteriogram
d) Excellent prognosis

181. Which one of the following is the drug of choice in the case of ventricular tachycardia in myocardial infarction ? *(UPSC 07)*
a) Xylocaine b) Digitalis
c) Quinidine d) Disopyramide

182. The ECG of a patient with an artificial pacemaker in the right ventricle shows - *(Corned 0 7)*
a) Right bundle branch block with narrow QRS complex
b) Right bundle branch block with broad QRS complex
c) Left bundle branch block with broad QRS complex
d) Left bundle branch block with narrow QRS complex

183. The drug of choice for persistent unstable ventricular arrhythmia is - *(Corned 0 7)*
a) Procainamide b) Calcium gluconate
c) Amiodarone d) Digoxin

184. Congenital long QT syndrome is associated with neonatal- *(Corned 08)*
a) Sinus bradycardia
b) Sinus tachycardia
c) Supra ventricular tachycardia
d) Ventricular tachycardia

185. The drug of choice in paroxysmal supraventricular tachycardia is - *(Corned 08)*
a) Digoxin b) Adenosine
c) Nifedipine d)Esmolol

186. Which of the following disease can be associated with short QT interval on ECG ? *(Delhi PG Mar. 09)*
a) Chronic myeloid leukemia
b) Multiple myeloma
c) Chronic lymphocytic leukemia
d) Hodgkin's disease

187. Which of the following treatments is appropriate for tall peaked T waves on ECG *1 (Delhi PG Mar. 09)*
a) Atropine IV
b) Nitroprusside IV
c) Inhaled Salbutamol
d) Inhaled betamethasone

188. A patient develops sudden palpitation with HR 150/ min, regular. What could be the cause -
a) PSVT *(AIIMS May 11)*
b) Sinus tachycardia
c) Ventricular tachycardia
d) Atrial flutter with block

189. Pulse deficit more than 10 is seen in- *(NEET/DNB Pattern)*
a) Ventricular premature contraction
b) Atrial flutter
c) Atrial fibrillation
d) Ventricular fibrillation

190. P wave is absent in - *(NEET/DNB Pattern)*
a) Atrial fibrillation b) Congestive cardiac failure
c) Atrial flutter d) Myocardial infarction

191. All are ECG changes in hypokalemia, except -
a) U wave *(NEET/DNBPattern)*
b) ST segment sagging
c) T-wave flattening or inversion
d) QT interval prolongation

192. Hypokalemia ECG changes - *(NEET/DNB Pattern)*
a) Tall T wave b) Short QRS interval
c) Depressed ST segment d) Absent P wave

193. Athletic syndrome is characterized by- *(NEET/DNBPattern)*
a) Increased amplitude of QRS b) Tachycardia
c) Decreased QT interval d) U-waves

194. Tall T wave in E.C.G occurs in - *(NEET/DNB Pattern)*
a) Hyperkalemia b) Hypokalemia
c) Hypercalcemia d) Hypocalcemia

174)c 175) a 176)c 177)a 178)a 179)c 180)c 181)a 182)c 183)c 184)a 185)b 186)b 187)c 188) a 189)c 190)a 191)d 192)c 193)a 194)a

195. 30-60⁰ left axis deviation - *(NEET/DNB Pattern)*
a) Left ventricular hypertrophy
b) Right ventricular hypertrophy
c) Aortic stenosis
d) Left atrial enlargement

196. Square root sign is an indicat *[onolr ^EET/DNB*
a) Constrictive pericarditis *Pattern)*
b) Hypertropic cardiomyopathy
c) Restrictive cardiomyopathy
d)

197. Kussumaul's sign is most commonly seen in-
a) Restrictive cardiomyopathy
b) Pericardial tamponade *(NEET/DNB Pattern)*
c) Constrictive pericarditis
d) Right ventricular infarct *wA'Mr^'u*

CARDIOMYOPATHY & PERICARDITIS

198. Beck's triad of cardie tamponade includes -
a) Hypotension *(PGI Dec 03)*
b) Neck vein distension
c) Paradoxical pulse
d) Silent heart
e) Tachycardia

199. Beck's Triad is seen in - *(AI10)*
a) Constrictive Pericarditis
b) Cardiac tamponade
c) Right ventricular myocardial infarction (RVM)
d) Restrictive cardiomyopathy

200. Topical JVPfinding in cardiac tamponade-fPG/*June2K)*
a) absent 'Y' descent b) Prominant 'a' wave
c) Absent 'a' wave d) Prominent 'Y' wave

201. Pulsus paradoxus is a characteristic feature of -
a) Constrictive pericarditis *(AIIMS Dec 92)*
b) Cardiac Tamponade
c) Hypertrophic obstructive cardiomyopathy
d) Restrictive cardiomyopathy

202. 30 year old male comes with h/o acute breathlessness. JVP T sed inspiratory fall of B.P. by 14 mmHg true about this condition-
a) Kussmaul sign *(PGI June 08)*
b) Low electric ECG
c) Rapidly discent
d) Inspiratory fall of systemic fall of more than 10 mm Hg

203. All of the following may be seen in patient of cardiac tamponade except- *(AI 06)*
a) Kussmaul's sign
b) Pulsus paradoxus
c) Electrical altemans
d) Right ventricular diastolic collapse on echocardiogram

204. All of the following are seen in cardiac tamponade except- *(AI 04)*
a) Pulsus paradoxus
b) Diastolic collapse of right ventricle on echocardiogram
c) Electrical alterans
d) Kussumaul's Sign

205. All are features, seen in cardiac tamponade, EXCEPT- *(AIIMS Dec 95)*
a) Raised JVP b) Kussamaul sign
c) Rapid y descent d) Pulsus paradoxus

206. During ventricular pressure pulses square root wave is seen in - *(PGI Dec 98)*
a) ASD
b) MVPS
c) Dilated cardiomyopathy
d) Constrictive pericarditis

207. Kussumaul's sign is not seen in - *(AI 01)*
a) Restrictive cardiomyopathy
b) Constrictive pericarditis
c) Cardiac tamponade
d) RV infarct

208. Not seen in constrictive pericarditis is -
a) Acute pulmonary edema *(PGI June 99)*
b) Ascites
c) Tapping apex
d) Pericardial knock

209. All are true in chronic constrictive pericarditis except - *(PGI Dec 99)*
a) Kussamauls sign in present
b) Ascites is not in proportion to edema
c) Commonest cause is idiopathic
d) Right ventricular and diastolic pressure is raised

210. Electrical altemans is seen in - *(AI 95)*
a) Cardiac tamponade
b) Restrictive cardiomyopathy
c) Constrictive pericarditis
d) Right Ventricular MI (RVMI)

211. A pt presents with engorged neck veins, BP 80/50 and pulse rate of 100 following blunt trauma to the chest: Diagnosis is - *(AI 01)*
a) Pneumothorax
b) Right ventricular failure
c) Cardiac tamponade
d) Hemothorax

212. A young motorist suffered injuries in a major road traffic accident. He was diagnosed to have fracture of left femur and left humerus. He was also having fractures of multiple ribs anteriorly on both the sides. On examination the blood pressure was 80/ 60 mm Hg. and heart rate was 140/minute. The patient was agitated, restless, and tachypnic. Jugular veins were distended. Air entry was adequate in both the lung fields. Heart sounds were barely audible. Femoral pulses were weakly palpable but distally no pulsation could be felt. On priority basis, the immediate intervention would be - *(AIIMSNov 02)*
a) Rapid blood transfusion.
b) Urgent pericardial tap.
c) Intercostal tube drainage on both the sides.
d) Fixation of left femur and repair of femoral artery.

195) a 196) a 197) c 198)a,b,d 199) b 200) a 201) b 202) b,d 203) a 204) d 205) c 206) d 207) c 208) a 209) c 210) a 211)c 212) b

213. A post-operative cardiac surgical patient developed sudden hypotension, raised central venous pressure, pulsus paradoxus at the 4th post operative hour. The most probable diagnosis is - *(A103)*
a) Excessive mediastinal bleeding
b) Ventricular dysfunction
c) Congestive cardiac failure
d) Cardiac tamponade

214. A patient presents with respiratory distress, hypotension and dilated bulging neck veins after chest trauma, most likely cause is- *(AIMS June 2K)*
a) Hemothorax b) Tension Pneumothorax
c) Cardiac tamponade d) Flail chest

215. Which of the following is least likely to cause constrictive pericarditis - *(AIIMSNov 06)*
a) Tuberculous pericardial effusion
b) Staphylococcal effusion
c) Post cardiac surgery
d) Acute rheumatic fever

216. A 30-year-old man presents with fever and progressively increasing breathlessness since the last two weeks. His clinical examination reveals : pulse 120/min regular, BP 100/60 mmHg, and muffled S, and S_2 heart sounds. The distended jugular vein has a rapid X descent, with an absent Y descent What is the probable diagnosis? *(UPSC111)*
a) Right ventricular failure
b) Constrictive pericarditis
c) Cardiac tamponade
d) Left ventricular failure

OTHER CARDIOMYOPATHY & PERICARDITIS

217. Which one of the following is a cause for "Restrictive cardiomyopathy" - *(AIMS May 04)*
a) Alcohol b) Hemochromatosis
c) Amyloidosis d) Sarcoidosis

218. False regarding restrictive cardiomyopathy is -
a) Filling pressure is increased *(AIIMSNov 93)*
b) Left ventricular hypertrophy
c) Heart failure is not predominantly right sided
d) In early phase, systolic function is not impaired

219. To differentiate restrictive cardiomypathy and constrictive pericarditis, features favouring constrictive pericarditis are - *(PGIJune 02)*
a) Diastolic pressures are equalised
b) There is mild pericardial effusion
c) Associated with septal hypertrophy
d) Thick pericardium is present
e) RV size in increased

220. True statement regarding cardiac tamponate -
a) Kussumal sign positive *(PGIMay 11)*
b) Enlargement of the cardiac silhouette
c) Promenent y descent
d) Electrical altemans
e) Muffled heart sounds

221. Rapid X descent is unlikely in - *(PGIDec 99)*
a) Constrictive pericarditis
b) Cardiac tamponade
c) RVM
d) Restrictive cardiomyopathy

222. Haemorrhagic pericarditis occurs in all of the following conditions except.- *(AIMSMay 2003)*
a) Transmural myocardial infarction.
b) Dissecting aneurysm of aorta.
c) Metastatic disease of pericardium.
d) Constrictive pericarditis.

223. Cardiomyopathy may be seen in all of the following except - *(AIMS 06)*
a) Duchenne muscular dystrophy
b) Friedrich's ataxia
c) Type IUI glycogen storage disease
d) Alkaptonuria

224. All of the following conditions produce restrictive cardiomyopathy except - *(UPSC 95)*
a) Hypothyroidism
b) Amyloidosis
c) Hyper-eosinophilic syndrome
d) Tropical endomyocardial fibrosis

225. True about pain of pericarditis is - *(JIPMER 02)*
a) Pain increase on leaning forward
b) Pain decreasing on supine position
c) Pain increases during inspiration
d) Pain increasing on eating

226. What is the cause for heamorrhagic pericardial effusion except ? *(APPG 06)*
a) Transmural myocardial infarction
b) Aortic aneurysm dissection
c) Metastasis to pericardium
d) Constrictive pericarditis

227. Kussmauls sign is seen in all except - *(APPG 06)*
a) Constrictive pericarditis
b) Right vertricular infarct
c) Restictive cardiomyopathy
d) Cardiac tamponade

HOCM

228. All are the true regarding hypertrophic obstructive cardiomyopathy, except - *(AIMSDec 97)*
a) Systolic dysfunction b) Concentric hypertrophy
c) Diastolic dysfunction d) Double apical impulse

229. All of true about HOCM except -
a) Asymmetrical septal thickness
b) Left ventricular outflow obstruction
c) Double apical impule
d) Digitalis is useful

230. The murmur of hypertropic obstructive cardio myopathy is decreased in which of the following- *(AIMS Nov 2000)*
a) Supine position b) Standing position
c) Valsalva maneuver d) Amyl nitrate inhalation

213)d 214)b 215)d 216) c 217)c 218)b,c 219)a,d 220)b,d,e 221)c 222)d 223)d 224)a 225)c,d 226)d
227) d 228) a 229) d 230) a

231. A 35-year-old farmer consulted a local medical practitioner for recurrent attacks of chest pain. His elder brother had similar complaints and had died suddenly at the age of40 years. The farmer was advised to take nitroglycerine sublingulaly at the time of pain. However, the patient finds that the intensity of pain is increased by nitroglycerine. Most probably, he is suffering from - *(AIIMSNov 02)*
a) Subacute bacterial endocarditis involving the aortic valve.
b) Hypertrophic obstructive cardiomyopathy.
c) Degenerative mitral regurgitation.
i d) Chronic Type A dissection of aorta.

232. A 68-year old man who has had a recent syncopal episode is hospitalized with congestive heart failure. His blood pressure is 160/80 mmHg. His pulse rate is 80 beats per minute, and there is a grade III/IV harsh systolic murmur. An echocardiogram shows a disproportionately thickened ventricular septum and systolic anterior motion of the mitral valve. Which of the following findings would most likely be present in this man- *(AIIMS Nov 99)*
a) Radiation of the murmur to the neck.
b) Decrease of the murmur with hand grip
c) 'Delayed carotid upstroke
d) Reduced left ventricular ejection fraction

233. Aggravation of symptoms of angina in a patient when given nitrates is seen in - *(AIIMS June 2000)*
a) Aortic regurgitation
b) Mitral regurgitation
c) Single left coronary artery stenosis
d) Idiopathic hypertrophic subaortic stenosis

234. A16 year old male is referred by high school coach for a physical examination before joining the football team. His elder brother had died suddenly during football practise, no autopsy was done. The patient has a loud systolic murmur on chest auscultation. All of the following would be constant with hypertrophic cardiomyopathy, except-
a) A crescendo-decrescendo systolic murmur
b) Murmur radiating to neck *(AIIMSNov 99)*
c) Brisk carotid upstroke
d) Increase in murmur during valsalva or standing

235. Murmur increasing with valsalva maneouvre-
a) Mitral stenosis b) HOCM *(AIIMS Nov 09)*
c) M.R. d) Aortic stenosis

236. Murmur increasing with Valsalva manouvre -
a)VSD b) HOCM *(AIIMS Nov 10)*
c) MS d) AS

237. All are true regarding hypertrophic cardiomyopathy, Except - *(AIIMS June 9 7)*
a) Digoxin is helpful
b) Irregular thickness of septa
c) Dynamic obstruction
d) Double apical impulse

238. The 9 month old child of a diabetic mother presents with tachypnea and hepatomegaly. Echo cardiography of the heart showed normal cardiac morphology with asymmetric septal hypertrophy. Which of the following you will give to treat this child -
a) Digoxin b) Frusemide *(AIIMS Nov 2K)*
c) Propanolol d) Isoptin

239. A young man has H/O of breathlessness while walking to gym. On examination he has ejection murmur which increase on valsalva manouver. ECG shows LVH with deep Q wave in anterior chest leads. He should avoid - *(PGI09)*
a) Reguler walking in gym
b) Verapamil
c) Digitalis
d) Sublingual nitroglycerine
e) Diuretics

240. All are *t*ne* about hypertrophic cardiomyopathy, Except- *(Sep 96)*
a) Digoxin is useful b) Abdominal pain
c) Jaundice d) Bleeding

241. All are true about Hypertrophic Obstructive cardiomyopathy, except - *(AI2000)*
a) p agonists are useful
b) Asymmetrical hypertrophy of septum
c) Dynamic L. V. outflow obstruction
d) Double apical impulse

242. A 25 years old basket ball player suddenly collapsed while undergoing an athletic event and died. At autopsy the septum was hypertrophied. The most probable diagnosis is - *(AIPGMEE 08)*
a) HOCM
b) Right ventricular conduction Abnormality
c) Epilepsy
d) Snakebite

243. 26 year old man died while playing. His autopsy of the heart revealed myocyte hypertrophy. Diagnosis is -
a) HOCM *(AIIMS Nov 09)*
b) DCM
c) Arrhythmogenic cardiac problem
d) Restrictive cardiomyopathy

244. All are true about hypertrophic obstructive cardiomyopathy except- *(JIPMER 95)*
a) Assymetrical septal hypertrophy
b) Systolic ventricular dysfunction is absent
c) Anterior leaflet movement is delayed
d) Cardiac output is diminished

245. All are true about hypertrophic obstructive cardiomypathy except - *(UP 2K)*
a) Asymmertric hypertrophy of septum
b) Systolic motion of anterior leaflet
c) Left ventricle outflow obstruction
d) Beta blockers are not effective

231)b 232)b 233) d 234)b 235) b 236)b 237) a 238) c 239)a,c,d,e 240) a 241) a 242) a 243) a 244) c 245) d

246. The systolic ejection murmur in hypertrophic obstructive cardiomyopathy is diminished when a patient - *(Corned 08)*
a) Performs the valsalva maneuver
b) Lies down
c) Inhales amyl nitrite
d) Stands up

247. The 9 month old child of a diabetic mother presents with tachypnea and hepatomegaly. Echo ■^^^ra^^aj^ol'tiieieart showed normal cardiac morphology with asymmetric septal hypertrophy. Which of the following you will give to treat thiS child - *(NEET/DNB Pattern)*
- a) Digoxin b) Frusemide
c)Propaholbl d) Isoptin '(ppl

248. All are true about hypertrophic cardiomyopathy, Except- *(NEET/DNB Pattern)*
a) Digoxin is useful b) Abdominal pain
c) Jaundice d) Bleeding

VALVULR AND CONGENITAL HEART DISEASE

249. True regarding Mitral valve prolapse syndrome is all,except- *(Nov 93)*
a) More common in female
b) Mostly symptomatic
c) High incidence of arrhythmia
d) Transient cerebral ischemia can occur

250. A female patient Chandani develops chest pain which is not associated with exercise and chest auscultation shows multiple non ejection clicks. The investigation which is used to diagnose the disease is - *(AIMS June 99)*
a) Echocardiography b) Pyrophosphate scan
c) Thallium 201 scan d)ECG

251. A young asymptomatic female is observed to have a Midsystolic Click on routine examination. Valves are likely to show - *(AI10)*
a) Myxomatous degeneration
b) Aschoff bodies
c) Calcific degeneration
d) Ruptured chordae tendinae

252. All of the following are true for mitral valve prolapse, except- *(AI 06)*
a) Transmission may be as an autosomal dominant trait
b) Majority of the case present with features of mitral regurgitation
c) The valve leaflets characteristically show myxomatous degeneration
d) The disease is one of the common cardiovascular manifestations of Marfan's Syndrome

253. All of the following are true about ASD except -
a) Right atrial hypertrophy *(AI 01)*
b) Left atrial hypertrophy
c) Right ventricular hypertrophy
d) Pulmonary hypertension

254. A young female presents with history of dyspnoea on exertion. On examination, she has wide, fixed split S_2 with ejection systolic murmur (HWI) in left second intercostal space. Her EKG shows left axis deviation. The most probable diagnosis is -
a) Total anomalous pulmonary venous drainge
b) Tricuspid atresia *(AIIMSMay 03)*
c) Ostium primum atrial septal defect.
d) Ventricular septal defect with pulmonary arterial hypertension

255. TVue about V.S.D. is, all except - *(June 97)*
a) Small hole closes spontaneously
b) Defect is usually in membranous part
c) Endocarditis is commonest complication
d) Pulmonary oligemia in chest X-ray

256. Mitral stenosis is associated with - *(AI97)*
a) Right ventricular hyper trophy
b) Left ventricular hypertrophy
c) Left axis deviation
d) QRS complex

257. Following is true regarding opening snap - *(AIMS*
a) It is a high-pitched diastolic sound *Nov 02)*
b) It s due to opening of stenosed aortic valve.
c) It indicates pulmonary arterial hypertension.
d) It preceedes the aortic component of second heart sound.

258. The severity of Mitral stenosis is clinically best decided by - *(AIIMSMay 03)*
a) Length of diastolic murmur
b) Intensity of diastolic murmur
c) Loudness of first heart sound
d) Split of second heart sound

259. Severity of mitral stenosis is assessed by - *(AI98)*
a) Loud opening snap b) Length of murmur
c) Loud Sj d) Splitting S_2

260. Severity if mitral stenosis is judged by-
a) Loud Sj *(PGIJune02)*
b) S_2-OS gap
c) Prolonged diastolic murmur
d) S_3
e) S_4

261. The severity of mitral regurgitation is decided by all of the following clinical findings except -
a) Presence of mid- diastolic murmur across mitral valve *(AIMS May 03)*
b) Wide split second heart sound.
c) Presence of left ventricular S3 gallop.
d) Intensity of systolic murmur across mitral valve

262. Severity of MR is associated with - *(PGIpec 01)*
a) Long duration of systolic murmur
b) Thromboembolism
c) Atrial fibrillation
d) LVS3 Left ventricular S_3
e) Loud SI

246) b 247) c 248) a 249) b 250) a 251) a 252) b 253) b 254) c 255) d 256) a 257) a 258) a 259) b 260) b,c 261) d 262) c,d

263. A 59 year old man with severe myxomatous mitral regurgitation is asymptomatic, with a left ventricular ejection fraction of 45% and an end systolic diameter index of 2.9 cm/m^2. The most appropriate t/t is -
a) Mitral valve repair or replacement *(AI05)*
b) No treatment
c) ACE inhibitor therapy
d) Digoxin and diuretic therapy

264. All ofthe following murmurs may be heard in patients with aortic reugurgitation except - *(A1IMSNov 02)*
a) High-pitched decrescendo diastolic murmur
b) Soft, low pitched middiastolic rumbling murmur.
c) Mid-systolic ejection flow murmur
d) Pansystolic murmur.

265. Aortic regurgitation does NOT occur in - *(Sep 96)*
a) Acute MI b) Marfan's syndrome
c) Rheumatic heart disease d) Infective endocarditis

266. Acute Aortic regurgitation is seen in all of the following except - *(AI94)*
a) Marfan's syndrome
b) Acute myocardial infarction
c) Bacterial endocarditis
d) Ankylosing spondylitis

267. A 35 year old athlete has height 184 cm., arm span 194cm., pulse rate 64/min., BP 148/64 mm Hg. Chest ausultation reveals long diastolic murmur over right 2nd intercostal space on routine examination. The probable diagnosis is- *(A1IMS June 99)*
a) Aortic regurgitation b) Atrial septal defect
c) Ebstein anomaly d) Coarctation of aorta

268. A young basketball player with ht 188 cm and armspan 197 cm has a diastolic murmur best heard in second right intercostal space : likely cause of murmur is- *(A101)*
a) AS b) Coarctation of aorta
c) AR d)MR

269. Wide pulse pressure is seen in - *(PGIDec 03)*
a) Aortic regurgitation b) PDA
c)MR d)AS
e) CCF

270. A 63 year old man presents with a triad of angina, syncope and congestive heart failure. Which of the following valvular heart lesion can be suspected - *(AIIMS May 05)*
a) Mitral stenosis b) Tricuspid regurgitation
c) Aortic stenosis d) Aortic regurgitation

271. Angina pectoris and syncope are most likely to be associated with - *(AI 94)*
a) Mitral stenosis b) Aortic stenosis
c) Mitral regurgitation d) Tricuspid stenosis

272. ***tn*** **severe aortic stenosis true finding is -**
a) Late systolic ejection click. *(AIIMSDec 98)*
b) Heaving with outward apex
c) ST segment deviation in ECG
d) Loud S_2

273. Which of the following physical signs is seen in a patient with severe aortic stenosis -*(AIIMSMay 02)*
a) Opening snap
b) Diastolic rumble
c) Holosystolic murmur
d) Delayed peak of systolic murmur

274. A 50 year old man with aortic stenosis is doing exercise for 11 minutes according to bruce protocol. Exercise stopped due to fatigue, Regional pressure gradient is 60 mm Hg between the two sides of the aortic valve. What is the best management -
a) Angiogram *(AIIMS Nov 11)*
b) Aortic valve replacement
c) Aortic ballooning to prevent further derangement
d) Observation

275. All of the following are true regarding Tetralogy of Fallot except - *(AIIMS May 05)*
a) Ejection systolic murmur in second intercostal space
b) Single second heart sound
c) Predominantly left to right shunt
d) Normal jugular venous pressure

276. Essential criteria for TOF includes all except -
a) Valvular stenosis *(AIIMSNov 07)*
b) Infundibular stenosis
c) Over riding of aorta
d) RVH

277. Fallots tetralogy manifestation - *(PGI June 06)*
a) Left axis deviation
b) Left ventrucular hypertrophy
c) VSD
d) Blalock taussig shunt is between pulmonary artery & subclavian artery
e) Morphine is contraindicated in cyanotic spells

278. Peripheral pulmonic stenosis is associated with -
a) Subaortic stenosis *(PGI June 02)*
b) Takayasu's arteritis
c) William syndrome
d) Coarctation of syndrome
e) Rubella

279. The most common cause of tricuspid regurgitation is secondary to - *(AI 03)*
a) Rheumatoid heart disease
b) Dilatation of right ventricle
c) Coronary artery disease
d) Endocarditis due to intravenenous drug abuse

280. All can cause recurrent pulmonary infection except-
a) VSD b) Recurrent LVF *(AIIMS Sep 96)*
c) TOF d) ASD

281. Paessure difference of 5 mm Hg between the two up per limbs occurs in which congenital heart disease-
a)TOF b) TGA*(PGI)*
c) HOCM d) Supra-valvular aortic stenosis

263) a 264) d 265) a 266) b 267) a 268) c 269)a,b,c 270) c 271) b 272) c 273) d 274) d 275) c 276) a 277) c,d 278) c,e 279) b 280) c 281) d

282. All of the following findings would be expected in a person with coarctation of the aorta except -
a) A systolic murmur across the anterior chest and back and a high-pitched diastolic murmur along the left sternal border *(AIIMS Nov 99)*
b) A higher blood pressure in the right arm than in the left arm
c) Inability to augment cardiac output with exercise
d) Persistent hypertension despite complete surgical repair

283. A 27 year old man in noted to have blood pressure of 170/100 mmHg. He has prominent aortic ejection click and murmurs heard over the ribs on the both sides anteriorly and over the back posterioly. In addition, the pulses in the lower extremities are feeble and he complains of mild claudication with exertion. The most likely diagnosis is- *(AIIMS Nov 04)*
a) Artial septal defect b) Aortic stenosis
c) Coarctation of the aorta d) Cardiomyopathy

284. A patient presents with headache, intermittent claudication and dizziness. Which of the following may be the underlying cause - *{AIIMSNov 2000*)
a) Tetrology of Fallot b) Coarctation of aorta
c) Patent ductus arteriosus d) Atrial septal defect

285. A 41/2- year-old girl always had to wear warm socks even is summer season. On physical examination, it was noticed that she had high blood pressure and her femoral pulse was weak as compared to radial and carotid pulse, a chest radiograph showed remarkable notching of ribs along with their lower borders. This was due to - *(AIIMS Nov 02)*
a) Femoral artery thrombosis
b) Coarctation of aorta
c) Raynaud's disease
d) Takayasu's arteritis

286. All of the following causes death in coarctation of Aorta except - *(PGI June 2000)*
a) Infective endocarditis b)CCF
c) Intra cranial hemorrhage d) Anterior MI

287. A patient complains of intermittent claudication, dizziness and headache, likely cardiac lesion is -
a) TOF b)ASD *(AI01)*
c) PDA d) Coarctation of aorta

288. Coarctation of aorta is associated with all, except -
a) Turner's syndrome *(AIIMS June 98)*
b) Bicuspid aortic valve
c) Pulmonary stenosis
d) Atresia of aortic arch

289. Coarctation of aorta is most commonly associated with- *(AI08)*
a) VSD b)PDA
c) Bicuspid aortic valve d)ASD

290. Coarctation of Aorta is most commonly associated with- *(AI11)*
a) Bicuspid Aortic valve
b) Patent Dustus Arteriosus (PDA)
c) Ventricular Septal Defect (VSD)
d) Atrial Septal Defect (ASD)

291. Co-arctation of aorta may be associated with all of the following except - *(AI 97)*
a) Bicuspid aortic value b) Turner syndrome
c) Renal artery stenosis d) PDA

292. All are associated with coarctation of aorta, except-
a) Patent ductus arteriosus *(AIIMSDec 95)*
b) Renal artery stenosis
c) Bicuspid aortic valve
d) Turner's syndrome

293. Rib notching is seen in all *except-(AIIMSJune 2000)*
a) Coarctation of aorta
b) Classical blalock tausing operation
c) I VC obstruction
d) Neurofibromatosis

294. A 2 year young man presents with exertional dyspnoea, headache, and giddiness. On examination, there is hypertension and LVH. X-ray picture shows notching of the anterior ends of the ribs. The most like diagnosis is - *(AI 02)*
a) Phaeochromocytoma
b) Carcinoid syndrome
c) Coarctation of the aorta
d) Superior Mediastinal syndrome

295. MC cause of death in adult with PDA *is-(PGIDec 99)*
a) CCF b) Infective endocarditis
c) Rupture d) Embolism

296. Causes of cynosis - (*PGI June 05)*
a) TOF b)PDA
c) Tricuspid atresia d) Eisenmenger's complex
e) TGA

297. Pulmonary flow is decreased in - *(PGI Dec 03)*
a) Fallot's tetralogy b) Ebstein's anomally
c) Common atria d) TGV with intact septum
e) Postoperative TGV correction

298. Congenital heart disease associated with decreased pulmonary blood flow- *(PGI Dec 04)*
a) Truncus arteriosus b)TAPVC
c) Ebstein's anomaly d) Complete TGA
e) Single ventricle with pulmonary stenosis

299. LVH is commonly seen with - *(AI 99)*
a) Pure mitral stenosis
b) ASD with fossa-ovalis
c) Aortic incompetance
d) Carcinoid syndrome

300. Right axis deviation is seen in all except-
a) VSD *(AIIMS June 98)*
b) Tricuspid atresia
c) Pulmonary atresia
d) ASD

282) c 283) c 284) b 285) b 286) d 287) d 288) c 289) c 290) a 291)c 292) b 293) c 294) c 295) a 296) a,c,d,e 297) a,b 298) c,e 299) c 300) b

301. Digital clubbing is seen in ail except -
a) Endocarditis *(AIIMSMay07)*
b) Pulmonary arteriovenous fistula
c) Tricuspid atresia
d) Aortic dissection

302. RBBB with left Axis Deviation is characteristic of-
a) Ostium PrimumASD *(Karn. 95)*
b) Mitral valve prolapse
c) Patent Ductus Arteriosus
d) Ventricular Septal Defect

303. A child has cyanotic disease with left ventricular enlargement wiht left axis deviation. Probable diagnosis is - *(U.P. 96)*
a) TOF b) TAP VC
c) Double outlet right ventricle d) Tricuspid atresia

304. Clinical features of ostium secondum type of atrial septal defect are all except - *(UP 97)*
a) Occurence of congestive failure in childhood
b) Atrial arrhythmias
c) Wide and fixed splitting of the second heart sound
d) Mid-diastolic rumble along the left sternal border

305. Hilar dance is seen in fluroscopy of- *(TN98)*
a) Patentductus arteriosus b) Aorticstenosis
c) Coarctation of aorta d) Mitral stenosis

306. Holt Oram syndrome is characterized by -
a) ASD b) VSD *(SGPGI05)*
c) TGA d)AR

307. A 21-year old male presents with exertional dyspnea, raised JVP and loud P2. ECG shows right axis deviation. All of the following conditions are possible except: *(DelhiPGMar 09)*
a) Atrial septal defect
b) Mitral stenosis
c) Ostium primum
d) Pulmonary thromboembolism

308. Pulse pressure in severe aortic regurgitation is equal to- *(JIPMER95)*
a) 30-45 mm Hg b) 45-60 mm Hg
c) 60-75 mmHg d)75-90mmHg

309. Left vertricular hypertrophy is not a feature of-
a) Mitral regurgitation *(Karnat96)*
b) Isolated mitral stenosis
c) Isolated ventricular septal defect
d) Aortic stenosis

310. Which one of the following is characteristic of mitral valve prolapse syndrome - *(UPSC 96)*
a) Rough mid diato lie murmur
b) Collapsing pulse
c) Lound first heart sound
d) Mid systolic click

311. Angina & sycope in same patient is seen in-
a) Aortic stenosis b) MVP *(MP 98)*
c) MS d)AR

312. Findings in a case of advanced mitral stenosis include
a) Low pulse pressure b)LVH *(Kerala 98)*
c) Exercise induced angina d)None

313. Aortic regurgitation is seen in all except- *(MP 2K)*
a) Rheumatic fever b) Infective endoerditis
c) Marfan syndrome d) Myocardial infarction

314. Acute aortic regurgitation occurs *in-(UPSC2001)*
a) Infective endocarditis
b) Ankylosing spondylitis
c) Marfan's syndrome
d) Rheumatoid arthritis

315. In Valvular Aortic Stenosis poorest prognosis in indicated when - *(Karn. 96)*
a) Angina occurs b) Syncope occurs
c) Dyspnea occurs d) Palpitation occurs

316. Aortic regurgitation may be associated with all of the following except - *(UPSC 06)*
a) Ankylosing Spondylitis
b) Marfan's Syndrome
c) Dissection of the aorta
d) Polyarteritis nodosa

317. Regarding reheumatic heart disease, consider the following statements - *(UPSC 07)*
1. Rheumatic carditis is a pancarditis
2. Carey-coombs murmur is a delayed systolic murmur heard during the course of acute rheumatic fever
3. Mitral regurgitation is the most common manifestation of acute rheumatic carditis

Which of the statements given above is/are correct?
a) 1 only b) 1 and 2
c) 2 and 3 d) 1 and 3

318. A patient of rheumatic heart disease with mitral stenosis and atrial fibrillation is on oral warfarin. On one OPD visit, his INR is found to be 6. What is the action to be taken? *(UPSC 07)*
a) Stop warfarin, and review
b) Stop wairfarin, and administer fresh frozen plasma
c) Stop warfarin, and administer intramuscular vitamin K
d) Stop warfarin, and administer intramuscular vitamin K

319. Severe chronic MR is associated with *-(PGINov 10)*
a) H3 b)H4
c) Left atrial enlargement d) Atrial fibrillation
e) Displaced apical impulse

320. Where pulsatile liver and ascites is found -
a) TR *(AIMS May 11)*
b) Critical pulmonary stenosis
c) MR
d) MS

321. Coarctation of Aorta is most commonly associated with- *(AI11)*
a) Bicuspid Aortic valve
b) Patent Dustus Arteriosus (PDA)
c) Ventricular Septal Defect (VSD)
d) Atrial Septal Defect (ASD)

301)d 302)a 303)d 304)a 305)None 306)a 307)c 308)d 309)b 310)d 311)a 312)a 313)d 314)a,b,c 315)c 316) d 317)d 318)a 319)a,c,d,e 320)a 321)a

322. A 38-year-old man presents with chest pain and shortness of breath. His pulse rate is 85/min, blood pressure is ISO/ 118 mmHg and the cardiac auscultation reveals an ejection systolic murmur. The EGG shows LVH pattern and ST depression in the anterior leads. His troponin T test is positive. The echocardiogram of the person is likely to reveal
a) Aortic regurgitation *(UPSCI11)*
b) Aortic stenosis
c) Mitral regurgitation
d) Mitral valve prolapse

323. Midsystolic click is characteristic feature of -
a) MVP b) MS *(NEET/DNB Pattern)*
c) AR d) POA

324. A 40 year old female presented with dyspnoea on exertion grade in and palpitations. ECG showed atrial fibrillation with fast ventricular rate. Echocardiography shows severe mitral stenosis with left atrial appendage clot. Which of the following is not advised? *(AIIMS, May 12)*
a) Diltiazen to control ventricular rate
b) Start warfarin and follow-up with repeat echocardiography
c) EC followed by percutaneous balloon mitral valvuloplasty
d) Open mitral commissurotomy with clot removal

325. Sudden death can be seen in- *(NEET/DNB Pattern)*
a) AS **b) MS**
c) MR d) MR

326. Subaortic stenosis is not associated with?
a) Ventricular septal defect *(NEET/DNB Pattern)*
b) Aortic regargitation
c) Patent ductus arteriosus
4) Coarctation of **aorta**

327. Sj ejection click & severe pulmonary stenosis relation is- *(NEET/DNB Pattern)*
a) In severe pulmonary stenosis gap increases
b) In severe pulmonary stenosis gap reduces
c) In severe pulmonary stenosis no change
d) In severe pulmonary stenosis ejection click comes before

MYOCARDIAL INFARCTION

328. All of the following are risk factors for atherosclerosis except - *(AI06)*
a) Increased waist-hip ratio
b) Hyperhomocysteinemia
c) Decreased fibrinogen levels
d) Decreased HDL levels

329. Risk factors for coronary artery disease (CAD) -
a) High HDL *(PGIJune 01)*
b) Low LDL
c) Increased homocysteine levels
d) Decreased fibrinogen levels
e) Increased lipoproeins

330. Diagnostic criteria of Metabolic syndrome include (s)-
a) High serum homocysteine *(PGI 09)*
b) High serum triglyceride
c) High serum adiponectin
d) Low HDL cholesterol
e) High LDL cholesterol

331. All of the following dietary goals are recommended for patients with high risk of coronary heart disease, Except- *(AI 11)*
a) LDL cholesterol <100 mg/dl
b) Saturated fat < 7% of total calories
c) Salt restriction < 6 gm/day
d) Avoid Alcohol

332. In an old patient, the best indicator of probability of developing cardiovascular disease can be calculated by- *(AIIMSMay 02)*
a) LDL/HDL ratio b) Triglycerides
c) Total cholesterol d) Serum LDL

333. Which of the following about atherosclerosis is true?
a) Intake of unsaturated fatty acid associated with decreased risk *(AIIMS May 11)*
b) Thoracic aorta involvement is more severe than abdominal aorta involvement
c) Extent of lesion in veins is same as that in arteries
d) Hypercholesterolemia does not always increase the risk of atherosclerosis per se

334. Best predictor of Cardiovascular risk amongst the following - *(AI 09)*
a) Antichlamydial antibody b) Lipoprotein (a)
c) C reactive protein (CRP) d) Homocysteine

335. Treatment with w-3 polyunsaturated fatty acids, what will be the lipid profile - *(Aiims Nov 06)*
a) Increased LDL and increased total cholesterol
b) Decreased LDL and decreased total cholesterol
c) Increased LDL and decreased total cholesterol
d) Decreased LDL and increased total cholesterol

336. Most important predictor of coronary artery disease - *(AIIMSMay 09)*
a) VLDL b)LDL
c) Chylomicron d) LDL/HDL

337. Best predictor for coronary artery disease -
a) HDL b) LDL*(AIIMS Nov 10)*
c) *VLDL* d) Chylomicron

338. A patient presents 12 hours following a Myocardial infarction. Which of the following enzymes will be elevated at this period - *(AIIMS Nov 2000)*
a) Lactate dehydrogenase
b) Serum glutamate oxaloacetate Transferase
c) Creatinine phosphokinase
d) Myoglobin

339. Troponin-T is preferable to CPK-MB in the diagnosis of acute myocardial infarction (MI) in all of the following situations except - *(AI 03)*
a) Bedside diagnosis of MI
b) Postoperatively (after CABG)
c) Reinfarction after 4 days
d) Small infarcts

322) b 323) c 324) c 325) a 326) b 327) b 328) c 329) c,e 330) b,d 331)d 332) a 333) a 334) c 335) c 336) d 337) b 338) c 339) c

340. In MI, which enzyme is raised in 4 to 6 hrs. & decreases in 3 to 4 days - *(AIIMS June 98)*
a) SGOT b)LDH
c) CPK d) SGPT

341. In stable angina - *(AIIMS Nov 2003)*
a) CK-MB is elevated
b) Troponin I is elevated
c) Myoglobin is elevated
d) The levels of cardiac markers remain unchanged

342. A 60 year old man presents with chest pain which last 6 hours and is diagnosed as acute myocardial infarction. Angiography showed involvement of anterior descending branch of left coronary artery The most probable site of infarct *is-(AIIMS May 01)*
a) Anterolateral wall b) Posterior wall
c) Inferior wall d) Septal

343. All of the following arteries are common sites of occlusion by a except - *(AIIMS May 05)*
a) Left anterior descending
b) Right coronary artery
c) Circumflex coronary artery
d) Marginal artery

344. What is diagnostic of fresh myocardial infarction inECG- *(May 95)*
a) QT interval prolongation
b) P mitrale
c) ST segment elevation
d) ST segment depression

345. ST depression & T wave invesion in VI to V6 and a VL leads indicate - *(PGI Dec 2000)*
a) Anterolateral wall AMI b) Posterior wall AMI
c) Inferior AMI d) Lateral wall AMI

346. ECG is least useful for diagnosing ischemia due to involvement of - *(AI2011)*
a) Left anterior descending
b) Right coronary artery
c) Right coronary artery
d) Left circumflex

347. ECG sensitive to detect ischemia is/are - *(PGI09)*
a) Lead I b) Lead II
c) LeadaVF d)LeadVj
e) LeadV_2

348. ALL of the following statement regarding the ECG in acute pericarditis are true except - *(AI 03)*
a) T wave inversions develop before ST elevation retur to baseline
b) Global ST segment elevation is seen in early pericarditis
c) Sinus tachycardia is a common finding.
d) PR segment depression is present in majority of patients

349. Universal definition of MI all except?
a) Sudden death can be MI *(AIIMS Nov 11)*
b) New abnormal wall motion with raised cardiac biomarkers
c) 3 times increase in troponin levels after coronary artery bypass
d) Reperfusion in 5-7% leads to elevation of troponin levels

350. Ramkumar a 70 year old hypertensive male was admitted in the intensive care unit with transmural anterolateral myocardial infraction. His condition was stable till fifth day of admission, when he developed a pericardial friction rub and pleuritic chest pain which persisted despite narcotic and steroid therapy. On the seventh morning, he suddenly developed marked hypotension. On examination there was marked distension of the jugular veins, accompanied with electromechanical dissociation, Most likely, the patient had developed -
a) Severe acute mitral regurgitation *(AIIMSNov 02)*
b) Ventricular septal rupture
c) Right ventricular infarction
d) External cardiac rupture

351. In a patient with myocardial infarction the valvular lesion commonly seen is - *(AIIMS May 02)*
a) Aortic stenosis b) Mitral regurgitation
c) Aortic regurgitation d) Septal defect

352. Post MI systolic murmur in left lower sternum may be due to all, except - *(May 93)*
a) Complete heart block
b) Rupture of Interventricular septum
c) Papillary muscle dysfunction
d) Ischemic cardiomyopathy

353. A patient had an inferior wall myocardial infarction and was in shock. The reason for the patient being in shock is - *(AIIMSMay 2002)*
a) Mitral regurgitation
b) Infarction causing septal defect
c) Right ventricular infarction
d) Decreased ejection fraction from left ventricle

354. A patient with acute inferior wall myocardial infarction has developed shock. Which of the following is the most likely cause of shock -
a) Cardiac rupture *(AIIMS May 2004)*
b) Inteventricular septal perforation
c) Papillary muscle rupture
d) Right ventricular infarction

355. A previously healthy 58 years old man is admitted to the hospital because of an acute inferior myocardial infarction. Within several hours, he becomes oliguric and hypotensive (blood pressure is 90/60 mmHg). Insertion of a pulmonary artery (Swan-Ganz) catheter reveals the following pressures: pulmonary capillary wedge- 4 mm Hg; pulmonary artery- 22/4 mmHg: and mean right atrial-11 mmHg. This man would best be treated with- *(AIIMS Nov 99)*
a) Fluids
b) Digoxin
c) Dopamine
d) Intraaortic balloon counterpulsation

340) c 341) d 342) a 343) d 344) c 345) a 346) d 347)All 348) a 349) c 350) d 351)b 352) a 353) c 354) d 355) a

356. In a patient of acute inferior wall MI: best modalitiy ofrxis- *(AI01)*
a) IV fluids b) Digoxin
c) Diuretics d) Vasodilators

357. Which test is performed to detect reversible myocardial ischemia - *(AIIMS May 03)*
a) Coronary angiography
b) MUGA scan
c) Thallium scan
d) Resting echocardiography

358. Test for reversible cardiac *isch&ma-(AIIMSMay 09)*
a) Angiography b) Thallium scan
c) MUGA d) Resting Echocardiography

359. Reperfusion is useful for - *(AIIMS May 11)*
a) Stunt myocardium
b) Hibernating myocardium
c) Non ischaemic viable myocardium
d) Mixed ischaemic myocardium

360. Volume of infarcted area in acute myocardial infarction (AMI) can bedetected by -*(PGIDEC2000)*
a) ECHO b)ECG
c) Levels of CPKMB d) Thallium scan

361. Drug used to perform stress ECHO ? *(AIIMSMay 08)*
a) Thallium b)Dobutamine
c) Adrenaline d) Adenosine

362. All of the following drugs are used in the management of acute Myocardial infarction except-
a) Tissue plasminogen activator
b) Intravenous beta blockers
c) Acetylsalicylic acid
d) Calcium channel blockers

363. The treatment of acute myocardial infarction includes which of the following - *(PGIDEC 01)*
a) Aspirin b) Heparin
c) Alteplase d) Oral anticoagulants
e) ACE inhibitors

364. A patient presents with intense chest pain of 2 hrs duration. ECG shows ST depression in leads I and V, to W. There is associated T inversion and CPK-MB is elevated. Which of the following should be included in his management - *(PGI June 2000)*
a) Nitroglycerine dripb) Aspirin
c) Coronary angiography d) Streptokinase
e) i.v. metoprolol

365. The best possible intervention for acute myocardial infarction is - *(AIIMS May 05)*
a) Streptokinase
b) Streptokinase and aspirin
c) Early primary coronary intervention
d) Streptokinase and heparin

366. A 40 year old male, chronic smoker comes with acute epigastric discomfort, for past one hour. ECG showing ST segment elevation in inferior leads. What is the immediate intervention?*(AIIMSNov 07)*
a) Aspirin b) Thrombolytic therapy
c) IV pantoprazole d) Beta blockers

367. A 50 year old man with a history of smoking, hypertension, and chronic exertional angina develops several daily episodes of chest pain at rest compatible with cardiac ischemia. The patient is hospitalized. All the following would be part of an appropriate management plan except -
a) Intravenous heparin *(AIIMS Nov 99)*
b) Aspirin
c) Intravenous nitroglycerin
d) Lidocaine by bolus infusion

368. A man with chest pain, ST segment depression in lead vl-v4, after one hour will not be given -*(AIIMS*
a) Beta blocker b) Thrombolytic *May 08)*
c) Morphine d) Aspirin

369. Agent of first choice in an acute attack of Prinzmetal's angina is - *(A195)*
a) Diltiazem b) Nitrates
c) Propranolol d) Verapamil

370. A 70 yrs pt. is refusing for angiography but he has an episode of chest pain on walking upstairs not progressed for last 4 year what should be done in this patient - *(PGIDec 05)*
a) Aspirin lowdose given
b) Nitroglycerine sublingual before walking upstairs
c) Continue exercise even after chest pain .

371. In MI following are used except - *(PGIDec 97)*
a) Fibrinolytics
b) Plasminogen activator inhibitor
c) Anti thrombin
d) Platelet inhibitor

372. Complications of streptokinase are - *(PGI June 01)*
a) Myocardial rupture b) Joint pain
c) Intracranial bleed d) Anaphylaxis
e) Parkinsonism

373. Streptokinase and urokinase are contraindicated in- *(AI10)*
a) Intracranial malignancy b) Pulmonary embolism
c) AV fistula d) Thrombophlebitis

374. Exercise testing is absolutely contraindicated in which one of the following - *(AI03)*
a) One week of following myocardial infarction
b) Unstable angina
c) Aortic stenosis
d) Peripheral vascular disease

375. Poor prognostic factor in Acute Myocardial infarction - *(PGI June 98)*
a) VPC's in first 24 hours
b) Hypotension at diagnosis
c) Chest pain
d) Hypertension

376. For the management of intraoperative myocardial ischaemia, all of the following are advised except-
a) Heparin
b) Intravenous nitroglycerine
c) Calcium channel blocker
d) Atropine *

356) a 357) c 358) b 359) b 360) a,d 361) b 362) d 363)a,b,c,e 364)a,b,c,e 365) c 366) a 367) d 368) b
369) b 370) a,b 371) b 372) c,d 373) a 374) b 375) b 376) a

377. A patient presents with acute anterior wall infarction and hypotension. Which will be the immediate treatment modality for this patient -
a) Intra aortic ballon counter pulsation *(AI07)*
b) Anticoagulation
c) Thrombolytic therapy
d) Angiography and Primary angioplasty

378. Following an attack of myocardial infarction the mortality and morbidity of the patient is indicated by
a) Ventricular extra systole *(AIIMS June 2000)*
b) Left ventricular ejection fraction
c) Duration of syneope
d) Percentage of narrowness of coronary artery

379. Which of the following is not a framingham major criteria for the diagnosis of heart failure ?
a) Paroxysmal nocturnal dyspnea *(AIIMS Nov 08)*
b) Cardiomegaly
c) S_3 gallop
d) Hepatomegaly

380. Which of the following dietary interventions reduces the further risk in MI patients - *(AIIMSMay 07)*
a) High fibre diet
b) Sterol esters
c) Potassium supplements
d) co_3 polyunsaturated fatty acids

381. Drug used in unstable angina & NSTMI -
a) Morphine b) Aspirin *(PGIMaylO)*
c) Nitrates d) Antithrombotic therapy
e) CCB

382. Reperfusion is useful for - *(AIIMSMay II)*
a) Stunt myocardium
b) Hibernating myocardium
c) Non ischaemic viable myocardium
d) Mixed ischaemic myocardium

383. Which of the following about atherosclerosis is true?
a) Intake of unsaturated fatty acid associated with decreased risk
b) Thoracic aorta involvement is more severe than abdominal aorta involvement
c) Extent of lesion in veins is same as that in arteries
d) Hypercholesterolemia does not always increase the risk of atherosclerosis per se

384. Diagnostic criteria of Metabolic syndrome include (s) - *(NEET/DNB Pattern)*
a)High serum homocysteine
b) High serum triglyceride
c) High serum adiponectin
d) Low HDL cholesterol
e) High LDL cholesterol

385. Cholesterol level for prevention of coronary artery disease- *(NEET/DNB Pattern)*
a) <250mg/dl b)<220mg/dl
c) <300mg/dl d)<200mg/dl

386. Atherosclerosis is seen with which bacteria-
a) Staph aureus b) Streptococcus pneumonia
c) Chlamydia d) *(NEET/DNB Pattern)*

387. In 2 patients with Atherosclerosis, one is diabetic and other is non-diabetic. In relation to non-diabetic, diabetic patient has 100 times increased risk of ?
a) MI *(AIIMS, May 12)*
b) Stroke
c) Lower Limb Ischemia
d) Vertebrobasilar insufficiency

388. Which can cause profound hyperlipidemia?
a) Hyperinsulinemia *(NEET/DNB Pattern)*
b) Hypothyroidism
c) Hyperparathyroidism
d) Hyperthyroidism

389. Reinfarction after 8th day- *(NEET/DNB Pattern)*
a) Troponin bj CK-Mti ^ J i
c) LDH d) Myoglobin

390. Cardiac marker diagnostic on 10th day of MI- *(NEET/DNB Pattern)*
a) CPKMB b) LDH
c) Troponin d) Myoglobin

391. An elderly female presents to the emergency department and was found to have a transmural myocardial infarction. Based on her ECG, she was started on thrombolytic therapy with streptokinase. On further examination, which of the following findings would indicate that the thrombolytic therapy is risky and should be stopped? *(AIIMS, May 12)*
a) Pericardial friction rub
b) Mobitz Type II block
c) Significant pericardial effusion on echocardiography
d) Lower limb vein thrombosis

392. The treatment of a patient with myocardial infarction is thrombolytic therapy, if the patient presents within ___hours of chest pain - *(AIIMS, May 12)*
a) 6 hours b) 12 hours
c) 18 hours d) 24 hours

CONGESTIVE HEART FAILURE

393. Peripheral edema in CCF is due to -*(PGIDec 2000)*
a) Increased sympathetic tone
b) ANP (atrial natriuretic peptide)
c) Increased hydrostatic pressure
d) Pulmonary hypertension

394. In CCF there is- *(PGI Dec 98)*
a) Oliguria
b) Polyuria
c) Olijuria during day and polyuria during night
d) Anuria

395. CCF is associated with Increase in all of the following except - *(A107)*
a) Right atrial mean pressure
b) Serum sodium
c) Serum urea
d) Serum norepinephrine

377) a 378)b 379) d 380) d 381)All 382) b 383) a 384) b,d 385) d 386) c 387) c 388)b 389) a 390) c
391) c 392) d 393) a,c 394) a 395) b

396. Most common cause of acute RVF -*(AlIMSMay 09)*
a) Massive pulmonary embolism
b) Tricuspid stenosis
c) Pulmonary stenosis
d) Tricuspid regurgitation

397. Radiological features of left ventricular heart failure are all, except - *(AIIMS May 10)*
a) KerlyB lines
b) Cardiomegaly
c) Oligemic lung fields
d) Increased flow in upper lobe veins

398. Drug used in heart failure - *(PGI June 04)*
a) ACE inhibitors b) Hydralazine
c) Ca_2+ channel blockers d) Carvedilol
e) Chlorthalidone

399. In a patient with chronic congestive cardiac failure, all of the following drugs prolong survival, except-
a) Metoprolol b) Carvedilol *(AIIMSMay 04)*
c) Enalapril d)Digoxin

400. In congestive cardiac failure all are true used except-
a) Spironlactone b) Nitrates*(AIIMSNov 09)*
c) Nesiritide d) Trimetazidine

401. All are true about starting of P-blocker therapy in a case of CHF except - *(AIIMS Nov 10)*
a) They should be started with optimal doses
b) They should be gradually increased over weeks
c) Special precautions should be taken in cases of NYHA class III and IV
d) Carvedilol and Metoprolol are the preferred drugs

402. Which of the following is the best inotrope agent for use in Right Heart Failure Secondary to pulmonary hypertension - *(AI11)*
a) Dobutamine b)Digoxin
c) Milrinone d) Halothane

403. Drugs used in chromic heart failure-(PG7*Nov 10)*
a) Isosorbide nitrate b) Lisinopril
c) Spironolactone d) Losartan
e) Carvedilol

404. All are true about starting of b-Blocker therapy in a case of CHF except - *(AIIMS Nov 10)*
a) They should be started with optimal doses
b) They should be gradually increased over weeks
c) Special precautions should be taken in cases of NYHA class Aland IV
d) Carvedilol and Metoprolol are the preferred drugs

405. Which of the following is the best inotrope agent for use in Right Heart Failure Secondary to pulmonary hypertension- *(AI 11)*
a) Dobutamine b)Digoxin
c) Milrinone d) Halothane

406. Which is increased in plasma of chronic heart disease patients - *JNEET/DNB Pattern)*
a) BNP b) Endothelin-1
c) Cortisol d)

407. All of the following are used in the initial management of acute life threatening cardiognenic pulmonary edema, except - *(AI 12)*
a) Digoxin b) Morphine
c) Furosemide d) Positive Pressure Ventilation

DIGITALIS

408. All of the following statements about digitalis are true except - *(AI 9 7)*
a) Excretion is mainly renal
b) Oral absorption is good
c) Actively metabolized in liver
d) Lipid soluble

409. All of the following electrocardiographic findings may represent manifestations of digitalis intoxication, EXCEPT - *(AIIMS Nov 99)*
a) Bigeminy
b) Junctional tachycardia
c) Atrial flutter
d) Atrial tachycardia with variable block

410. All of the following statements about Digoxin induced arrythmias are true, Except - *(AI 11)*
a) Biventricular Tachycardia
b) Paroxysmal Atrial Tachycardia with variable AV block
c) Ventricular Bigeminy
d) May be used to Atrial Fibrillation

411. True statement regarding Atrioventricular block with atrial tachycardia is - *(AIIMS Dec 98)*
a) Seen in WPW syndrome
b) Is a complication of pacemaker
c) Can occur in normal person occasionally.
d) Seen in Digitalis toxicity with K^+ depletion

412. Digoxin toxicity is enhanced by all, except -
a) Quinidine *(AIIMS Dec 97)*
b) Hyperkalemia
c) Hypomagnesemia
d) Hepatic dysfunction

413. All of the following may precipitate digitalis toxicity except - *(AI 97)*
a) Hypocalcemia b) Hypokalemia
c) Hypomagnecemia d) Hypothyroidism

414. Digitalis toxicity enhanced by A/E -*(.AlIMSMay 10)*
a) Renal failure b) Hyperkalemia
c) Hypercalcemia d) Hypomagnesemia

415. Following are used in treatment of digitalis toxity except- *(AI 95)*
a) Potassium b)Lignocaine
c) F_{ab} particles d) Hemodialysis

416. Treatment of digoxin overdose includes administration of all of the following except -*(AI 97)*
a) Potassium b)Lignocaine
c) Phenytoin d) Hemodialysis

396) a 397) c 398)a,b,d 399) d 400) d 401) a 402) c 403)AH 404) a 405) c 406) a 407) a 408) a 409) c
410) a 41 l)d 412) d 413)a 414)b 415)d 416)d

417. Digoxin is used in the treatment of - *(PGI June 04)*
a) Constrictive pericarditis b) Cardiac tamponade
c) Heart block d) Atrial fibrillation
e) Diastolic failure

418. First symptom of digoxin overdose is - *(Kamat 99)*
a) GIT disturbance b) U-vave on ECG
c) Ectopic on ECG d) Fainting spells

419. The following agents may be used as prophylaxis in high altitude pulmonary edema - *(UPSC 0 7)*
a) ACE inhibitor b) Acetazolamide
c) Nifedipine d) Digoxin

420. All of the following statements about Digoxin induced arrythmias are true, Except - *(AI11)*
a) Biventricular Tachycardia
b) Paroxysmal Atrial Tachycardia with variable AV block
c) Ventricular Bigeminy
d) May be used to Atrial Fibrillation

421. Digoxin is contraindicated in - *(UPSC 111)*
a) Supraventricular tachycardia
b) Hypertrophic cardiomyoathy
c) Atrial fibrillation
d) Congestive cardiac failure

422. Low renin is seeninA/E- * *(NEET/DNBPattem)*
a) Essential hypertension
b) Conn's syndrome
c) Renovascular hypertension
d) Liddle syndrome

423. Increased rennin activity is seen in- *(NEET/DNB Pattern)*
a) Benign nephrosclerosis
b) Malignant nephrosclerosis
c) HUS
d) MHA

424. Non modifiable risk factor for hypertension -
a) Gender *(NEET/DNBPattem)*
b) Obesity JE
c) Salt intake
d) Cultural characteristic acquired civef timeJ^&l

HYPERTENSION

425. Most common cause of renal artery stenosis in young adults in India is - *(AIIMSDec 97)*
a) Atherosclerosis
b) Non specific aorto-aortitis
c) Fibro muscular dysplasia
d) None of the above

426. Renal artery stenosis may occur in all of the following except - *(AI 06)*
a) Atherosclerosis b) Fibromuscular dysplasia
c) Takayasu's arteritis d) Polyarteritis nodosa

427. Angiographically, the typical "beaded" or "pile of plates" appearance involving the internal carotid artery is seen in - *(ARMS May 04)*
a) Takayasu's Disease
b) Non-specific aorto-arteritis
c) Fibromuscular dysplasia
d) Rendu-Osler-Weber Disease

428. A 20 year female has b/I bruit on flank. Her B.P is 160/110. Which of the following statement is correct.
a) Enalapril deteriotes renal function *(PGI 09)*
b) Most definitive diagnostic procedure is contrast enhanced arteriography
c) Always b/I
d) Surgical intervention may be used
e) Fibromuscular dysplasia is a common cause in this patient

429. Commonest cause of sustained severe hypertension in children - *(ARMSDec 95)*
a) Endocrine causes
b) Coarctation of aorta
c) Renal parenlchyma disease
d) Pheochromocytoma

430. Monogenic & Autosomal Dominant cause of HTN is/are - *(PGI Nov 09)*
a) 17-a Hydroxylase deficiency
b) Familial Conn's syndrome
c) Pregnancy induced HTN
d) Glucocorticoid remediable hyperaldosteronism

431. In essential hypertention changes seen in the heart are- *(ARMS May 01)*
a) Cardiac cell hyperplasia
b) Cardiac cell hypertrophy
c) Increse in the mitochondrial number
d) Increase in size of mitochondria

432. Which of the following is most specific and sensitive screening test in a case of renovascular hypertension - *(ARMS Nov 01)*
a) HRCT
b) CT guided angiography
c) Captopril induced radionuclide scan
d) MRI

433. Quick Reduction of blood pressure is done in -
a) Cerebral infarct *(ARMS Nov 92)*
b) Hypertensive encephalopathy
c) Myocardial infarction
d) Any patient with hypertension

434. A person has headache & profuse sweating. On examination his B.P is 200/120 mm Hg. Which of the following shoud not be used - *(PGI 09)*
a) Nifedipine b) Sodium nitroprusside
c) Phenoxybenozamine d) Methyldopa
e) Labetalol

435. A young patient presented with blood pressure of 190/120 mm of Hg without any clinical symptom and fundus examination is normal, treatment of choice - *(PGI June 03)*
a) Oral Nitroglycerine b) IV Nitroglycerine
c) Oral Enalapril d) IV Enalapril
e) Sublingual short acting Nifedipine

417) d 418) a 419) d 420)a 421)b 422)c 423)b 424)a 425)b 426)d 427)c 428)a,b,d,e 429)c 430) c,d 431)b 432) d 433) b 434)a,c,d 435) c

436. All of the following drugs can be used in hypertensive emergency - *(AIIMS May 90)*
a) Trimethaphan b) I.V. hydralazine
c) Indapamide d) Sublingual nifedipine

437. All of the following are useful intravenous therapy for hypertensive emergencies except -
a) Fenodolpam b) Uradipil *(AIIMS May 03)*
c) Enalapril d) Nifedipine

438. A hypertensive, diabetic is having proteinuria, antihypertensive of choice is - *(AIIMSMay 95)*
a) Propanolol b)Clonidine
c) Enalapril d) Alpha methyldopa

439. All of the followed drug combinations may be recommended for initial management of hypertension, Except - *(A191)*
a) ACE inhibitors and beta blockers
b) ACE inhibitors and calcium channel blockers
c) Diuretics and ACE inhibitors
d) Diuretic and Betablockers

440. In Accelerated HTN what is metabolic defect -
a) Normal non-ionic metabolic acidosis
b) Ionic gap met acidosis *(PGI June 00)*
c) Hypomagnesemia
d) Metabolic alkalosis

441. An elderly patient with hypertension with diabetes, proteinuria without renal failure, antihypertensive of choice is - *(AIIMS Nov 93)*
a) Furosemide b) Methyldopa
c) Enalapril d) Propranolol

442. In primary pulmonary hypertension basic abnormality in gene lies in - *(AIIMSMay 07)*
a) Bone morphogenetic protein receptor II
b) Endothelin
c) Homeoboxgene
d) PAX-11

443. Pulmonary hypertension may occur in all of the following conditions except - *(AI03)*
a) Toxic oil syndrome
b) Progressive systemic sclerosis
c) Sickle cell anemia
d) Argemone mexicana poisoning

444. Pulmonary hypertension is caused by-*(PGI June 03)*
a) Interstitial lung disease
b) Myocardial infarction
c) Systemic hypertension
d) Thromboembolism

445. All are causes of pulmonary hypertension except - *(AIIMS Nov 0 7)*
a) Hyperventilation b) Morbid obesity
c) High altitude d) Fenfluramine

446. Pulmonary hypertension in COPD is due to -
a) Constriction of pulm vessels *(PGIDec 97)*
b) Hypoxia
c) Interstitial fibrosis
d) Bronchoconstriction

447. Not seen in pre capillary pulm. hypertension -
a) T pressure in pulm circulation *(PGI June 98)*
b) t capillary pressure
c) Rt-vent. hypertrophy
d) t Pulm. wedge pressure

448. Which is a feature of high altitude pulmonary edema-
a) Associated with low cardiac output *(Aiims Nov*
b) Associated with pulmonary hypertension *06)*
c) Occurs only in unacclamatized persons
d) Exercise has no effect

449. All are used for treating Pulmonary hypertension except - *(AIIMS May 08)*
a) Endothelin receptor antagonists
b) Phosphodiesterase inhibitors
c) Calcium Channel Blockers
d) Beta blockers

450. Drug Not used in pulmonary hypertension -
a) Calcium channel blocker *(AIIMS May 2010)*
b) Endothelin receptor antagonist
c) Alpha blocker
d) Prostacyclin

451. Manifestations of aortic dissection are -
a) Pericardial effusion b)AR *(PGIJune 01)*
c) MR d)AMI
e) Limb ischemia

452. Aortic dissection is associated with -*(PGI June 02)*
a) Systemic hypertension
b) Coarctation of Aorta
c) In 1st trimester of pregnancy
d) Takayasu's arteritis
e) Marfan syndrome

453. A 50 year old male patient, an alcoholic and smoker presents with a 3 hour history of severe retrosternal chest pain and increasing shortness of breath. He started having this pain while eating, which was constant and radiated to the back and interscapular region. He was a known hypertensive. On examination, he was cold and clammy with a heart rate of 130/min, and a BP of80/40 mmHg. JVP was normal. All peripheral pulses were present and equal. Breath sounds were decreased at the left lung base and chest x-ray showed left pleural effusion. What is the most likely diagnosis? *(AIIMSNov 03)*
a) Acute aortic dissection
b) Acute myocardial infarction
c) Rupture of the esophagus
d) Acute pulmonary embolism

454. A 50 year old man, an alcoholic and a smoker presents with a 3 hour history of increasing shortness of breath. He started having this pain while eating, which was constant and radiated to the back and interscapular region. He was a known hypertensive. On examination, he was cold and clammy with a heart rate of 130/ min, and a BP of 80/40 mm Hg. JVP was normal. All peripheral pulses were present and equal. Breath sounds were

436)b,c,d 437) d>c 438) c 439) a 440) d 441) c 442) a 443) d 444)a,b,d 445) a 446) a 447) d 448)b 449) d 450) c 451)a,b,d,e 452)a,b,d,e 453) a 454) a

decreased at the left lung base and chest X-ray showed left pleural effusion. Which one of the following is the most likely diagnosis? *(AI 05)*
a) Acute aortic dissection
b) Acute myocardial infarction
c) Rupture of the esophagus
d) Acute pulmonary embolism

455. In Aortic dissection drug used are - *(PGIDec 05)*
a) Propanolol b)Diazoxide
c) Na nitroprusside d) Hydralazine
e) Labetelol

456. Renin plays important role in - *(U.P 96)*
a) Renovascular hypertension
b) Malignant hypertension
c) Coronary artery disease
d) Essential hypertension

457. Ideal imaging modality for Renal arterial hypertension - *(Karnat 96)*
a) IVP b)USG
c) Angiography d) Renin assay

458. Which one of the following is of most serious prognostic significance in a patient of essential hypertension - *(UPSC97)*
a) Diastolic blood pressure greater than 130 mmHg
b) Transient ischaemic attacks
c) Left ventricular hypertrophy
d) Papilloedema and progressive renal failure

459. In benign hypertension commonest vascular pathology is - *(UPSC95)*
a) Atherosclerosis b) Fatty infilitraion of intima
c) Fibmoid necrosis d) Hyaline arteriosclerosis

460. All of the following are feature of malignant hypertension except - *(UPSC97)*
a) Grade IV hypertensive retinopathy
b) Haemolytic blood picture
c) Renal failure
d) Respiratory failure

461. In essential hypertension the drug prescribed with least cardiovascular effect- *(APPGE 05)*
a) Clonidine b) Alpha blocker
c) Beta blocker d) ACE inhibitor

462. Calcium blocking agents of use in the treatment of hypertension include - *(Delhi PG Feb. 09)*
a) Prazosin b) Lidoflazine
c) Captopril d) Nifedipine

463. Which of the following drugs should not be used in a setting of severe hypertension in elderly on empirical basis ? *(Delhi PG Mar. 09)*
a) Enalapril b) Amlodipine
c) Chlorthiazide d) Prazosin

464. Cause of secondary hypertension includes -
a) Old age *(PGIMay 10)*
b) Renal parenchymal disease
c) Pregnancy-indued HTN
d) Hypothyroidism
e) Hyperthyroidism

465. Enalapril use is not advisable in the following conditions except - *(UPSC 111)*
a) Single kidney
b) Diabetic nephropathy with albuminuria
c) Bilateral renal artery stenosis
d) Hyperkalaemia

466. Not seen in primary pulmonary hypertension -
a) Left parasternal heave *(NEET/DNB Pattern)*
b) Right parasternal heave
c) Single S2
d) Pulmonary ejection click

467. Iloprost used in pulmonary hypertension- *(NEET/DNB Pattern)*
a) Inhalation b) Intravenous
c) Oral d) Subcutaneous

SHOCK

468. Characteristics of SIRS includes the following except- *(AI09)*
a) Leukocytosis
b) Thrombocytopenia
c) Infectious or noninfectious cause
d) Oral temperature > 3 8°C

469. Features of shock - *(PGI June 08)*
a) Decreased GFR b) Increased renin
c) Decreased renin d) Decreased cortisol
e) Increase lactate

470. In gram negative septicemia, early findings setting before shock of florid is - *(ai 99)*
a) T Cardiac output, t Total peripheral resistance
b) T Cardiac output, i Total peripheral resistance
c) *i* Cardiac output, t Total peripheral resistance
d) 1 Cardiac output, *i* Total peripheral resistance

471. Early sepsis is characterized by a/e - *(PGI June 01)*
a) Confusion & restlessness b) Bradycardia
c) Hypotension d) Sweating
e) Cold extremities

472. True statements about sepsis and septic shock -
a) It is commonest cause of death in surgical patients.
b) Main treatment is - infection site *(PGI Dec 04)*
c) Leads to organ dysfunction
d) Antibiotic had no role
e) Best fluid is NS or RL

473. A 70 year old man develops pneumonia and septicemia. Patient goes into renal failure and has a BP of 70/50 mm of Hg. Drug that should be used to maintain BP is - *(AI07)*
a) Adrenaline b) Ephedrine
c) Phenylephrine d) Nor epinephrine

474. True statements about shock - *(PGIDec 04)*
a) During dehydration both ICF and ECF volume decreases
b) 10-20% of fluid loss is compatible to life.
c) Early change in shock is increased release of nor adrenaline
d) Risk of death is high when fluid loss is 20-40%
e) Hemorrhage cause intravascular fluid loss

455) a,c,e 456) a 457) c 458) d 459) d 460) d 461) d 462) d 463) d 464)b,c,d,e 465) b 466) b 467) a 468) b 469)a,b,e 470)b 471)b,d,e 472)a,b,c,e 473)d 474)a,b,c,e

475. In cardiac shock - *(PGIDec 02)*
a) SBP<90mmofHg b) DBP < 80 mm of Hg
c) Urine output < 20 ml/hr d) Cardiac index <3.5
e) Stroke volume 70 ml

476. Feature of septic shock is - *(AIIMS Sep 96)*
a) Acute tubular necrosis
b) Acute cortical necrosis
c) Acute glomerulonephritis
d) Acute papillary damage

477. Apatient in ICU has normal pulmonary A pressure; low systemic peripheral resistance; low cardiac index; arterial $P0_2$ = 93; diagnostic possibilities are- *(PGIJune 01)*
a) Cardiogenic shock b) Septic shock
c) Hypovolemic shock d) Cardiac tamponade
e) ATN

478. A patient presented with shock and suspecting it due to hypoglycemia. The treatment should be based on- *(PGI June 03)*
a) IV glucose after clinical assessment
b) Urine sugar
c) Blood sugar
d) IV access

479. Which test is not useful in a patient with history of syncopal attack - *(Aiims Nov 06)*
a) Electrophyciological test b) Table tilt test
c) PET scan d) Holter monitoring

480. Neurocardiagenic syncope, the least useful investigation is - *(AIIMS May 0 7)*
a) Tilt table
b) Carotid sinus massage
c) Carotid duplex scan
d) Orthostatic blood pressure recording

481. A 40 year old presenting with dizziness on standing with systolic reduction of BP of 50mm Hg; appropriate treatment - *(PGI June 04)*
a) Graded compression stockings
b) Salbutamol
c) Fludrocortisone
d) P-blockers

482. A 42 yrs man presenting with dizziness on standing and SBP falls by 50 mm of Hg - *(PGI June 05)*
a) Gradual stockings and compression
b) SIL isoprenaline
c) Fludrocortisone
d) Oral indomethacin
e) Salmeterol

483. 42 yrs old man presented with dizziness on standing, SBP falls by 50 mm Hg and HR is 52/min likely cause is - *(PGI June 05)*
a) CHF
b) Inferior wall MI c) Pheochromocytoma
d) Theophylline toxicity e) Sick sinus syndrome

484. A patient with DM of 4 yrs duration presents with dizziness and HR 52/min, probable cause is -
a) Hypoglycaemia *(PGI June 04)*
b) Inferior wall MI
c) Sick-sinus syndrome
d) Autonomic dysfunction

485. Sudden cardiac death may occur in all of the following except- *(AI06)*
a) Dilated cardiomyopathy
b) Hypertrophic cardiomyopathy
c) Eisenmenger's syndrome
d) Ventricular septal defect

486. Which of the following is used in resuscitation -
a) Epinephrine b) Oxygen *(PGI Dec 01)*
c) Lignocaine d) Magnesium
e) Nor-epihephrine

487. True regarding cardio pulmonary resuscitation is -
a) Most common presentation in ECG is asystole *(AIIMS Dec 98)*
b) Compression to ventilation ratio is 5:1
c) Adrenaline is given if cardioversion fails.
d) Calcuim gluconate is given immediately.

488. In basic life support (BLS), support is given to which of the following organ - *(PGI June 05)*
a) Lung b) Heart
c) Kidney d) Skeletal muscle
e) Brain (CNS)

489. In cardio pulmonary resuscitation, calcium can be given in all, except - *(AIIMS Dec 9 7)*
a) Hypocalcemia b) Hypokalemia
c) Hyperkalemia d) Calcium channel blocker

490. What would be the first line of treatment is a patient develops ventricular fibrillation after intravenous injection of potassium chloride - *(AIIMSMay 2004)*
a) Cardiac massage b) I.V. Adrenaline
c) Defibrillation d) IPPV

491. Which of the following is/are included in treatment of ventricular fibrilation & subsequent cardiac arrest - *(PGI 09)*
a) Atropine b) External pacing
c) Epinephrine d) Antiarrhythmic agents
e) Vasopressin

492. During cardiopulmonary resuscitation, intravenous calcium gluconate is indicated under all of the following circumstances except - *(AI 03)*
a) After 1 minute of arrest routinely
b) Hypocalcemia
c) Calcium channel blockers toxicity
d) Electromechanical dissociation

493. Immediate treatment of peripheral circulatory failure in Dengue Shock Syndrome (DSS) is -
a) I.V. Dextrose Saline *(AIIMS May 94)*
b) I.V. high dose of Dexamethasone
c) I.V. crystalloid infusion
d) I.V. Dopamine + Dobutamine

475) a 476) a 477) d 478) c,d 479) c 480) c 481) a,c 482) a,c 483) b,e 484)b,c,d 485) d 486)a,b,c,d 487) c 488) a,b,e 489)b 490)c 491)c,d,e 492)a 493)a,c

494. Hypovolemic shock is seen in all except- *(KARN96)*
a) Hemorrhage b) Starvation
c) Vomiting d) Diarrhoea

495. The regional arterial resistance of the mesentery and kidney vessels is reduced by - *(UP 97)*
a) Dopamine b)Dobutamine
c) Nor adrenaline d) Isoprenaline

496. 40 % Loss of blood volume in a patient is managed by- *(MP 98)*
a) Vasopressor agents
b) Cardiac stimulants
c) Saline infusion
d) Intracardiac adrenaline

497. In shock all happens except - *(JIPMER 95)*
a) Constriction of capacitance vessels
b) Dilation of arterioles
c) Decrease in cardiac output
d) Heart rate decreases

498. Acute physiology and Chronic Health Evaluation (APACHE) scoring system is used as a scoring system to - *(Karnataka 03)*
a) To predict postoperative cardiac risk
b) To predict postoperative pulmonary complications
c) To evaluate prognosis in the critical care settings
d) To evaluate prognosis after acute myocardial infarction

499. Which of the following of drugs is not recommended in septic shock ? *(Delhi PG Mar. 09)*
a) Normal saline b) Activated protein C
c) Steroids d) Rituximab

500. Dengue shock syndrome occurs due to -
a) Super-imposed Bacterial infection
b) Capillary Leak *(Delhi PG Mar 09)*
c) Addison's Crisis
d) Myocarditis

501. Consider the following statements - *(UPSC-II09)*
Systemic inflammatory response syndrome is characterised by:
1. Temperature either above 38°C or below 36°C
2. Heart rate less than 80/min
3. Tachypnoea > 20/min
4. Leucocyte count > 4 x 10^9/L

Which of the statements given above are correct?
a) 1,2 and 3 b) 1 and 2 only
c) 2 and 3 only d) 1,3 and 4

502. True about Septic shock - *(PGIMay 10)*
a) *i* Cardiac output is initially present
b) Vascular dilation
c) Hypotension is a late sign
d) Widespread endothelial dysfunction

503. Fluid used in hypovolumic shock - *(PGINov. 10)*
a) RL b) NS
c) Blood d) 5% Dextose
e) FFP

504. Systemic Inflammatory Response Syndrome (SIRS) is characterised by the following except -
a) Release of lipopolysaccharade endotoxins from the walls of dying gram-negative bacilli
b) Tachycardia with a heart rate of more than 90/min.
c) White cell count <5000/mm^3 *(UPSCIIU)*
d) Tachypnoea with a respiratory rate of > 20/min.

RHEUMATIC FEVER

505. True about Rheumatic heart disease and Rheumatic fever is/are - *(PGI June 04)*
a) Caused by group 'A' streptococci
b) Caused by group 'B' streptococci
c) Carrier have high risk of developing RF
d) Carrier have low risk of developing RF
e) M-5 protein cross reacts

506. All are true about rheumatic fever, except - (*AIIMS*
a) Common in poor socioeconomic group *June 99)*
b) Develops after streptococcal pharyngitis
c) Communicable disease
d) Seen in 5- 15 year of children

507. True about acute rheumatic fever - *(PGIDec 02)*
a) Chorea
b) Erythema nodosum
c) Arthritis
d) Caused by antecedent a-hemolytic streptococcus infection
e) Carditis

508. Major criteria of Rheumatic fever -
a) Chorea b) Erythema nodosum
c) Arthritis d) Fever
e) Carditis

509. True about Rheumatic fever - *(PGIDec 03)*
a) Chorea is aggravated during pregnancy
b) Chorea & arthritis co-existing
c) Subcutaneous nodules are tender
d) Erythema multiforme seen

510. True statement about Rheumatic fever in children -
a) Polyarthritis *(PGI Dec 03)*
b) Caused by a hemolytic streptococci
c) Erythema marginatum is most common manifestation
d) MC valve involvement is Mitral
e) Erythema marginatum is common in face

511. A pt presents with acute rheumatic carditis with fever. True statements is - *(AIIMS May 10)*
a) Increase troponin T
b) Reduced myocardial contractility
c) Signs of inflammation and necrosis
d) Valve replacement will ameliorate C.C.F.

512. Earliest valvular lesion in a case of acute rheumatic fever is - *(AIIMS May 94)*
a) Mitral regurgitation (MR)
b) Aortic Regurgitation(AR)
c) Mitral stenosis (MS)
d) Aortic Stenosis (AS)

494) b 495) a 496) c 497) d 498) c 499) c 500) b 501)d 502)b,c,d 503)a,b,c 504) c,d 505)a,d,e 506) c 507)a,c,e 508)a,c,e 509) a 510)a,d 511) d 512) a

513. Which valve is least affected in Rheumatic fever? *(AIIMSMay08)*
a) Pulmonary valve b) Tricuspid valve
c) Mitral valve d) Aortic valve

514. True statement about rheumatization of MV -
a) Fusion & shortening of chordae tendineae in MS
b) Calcification of MV *(PGIMay 11)*
c) Aortic dilation
d) Annular involvement

515. True about subcutaneous nodule in Rheumatic fever-
a) Non tender
b) Most common manifestation
c) Present in extensor surfaces
d) Associated with arthritis

516. Rheumatic activity involves mostly. valves-(S4P*96)*
a) Aortic & tricuspid b) Aortic & pulmonary
c) Mitral & tricuspid d) Mitral & aortic

517. In rheumatic heart disease, infective endocarditis is detected by echocardiogram and the largest vegetations seen are due to- *(ICS 98)*
a) Streptococcus viridans
b) Staphylococcus aureus
c) Candida albicans
d) Salmonella typhi

518. In rheumatic fever which is seen- *(AMC 99)*
a) Sydenham's chorea b) Huntington's chorea
c) Athetosis d)All

519. Vegetations on undersurface of A.V. valves are found in- *(KARANT 05)*
a) Acute rheumatic fever
b) Limban Sach's endocarditis
c) Non thrombotic bacterial endocarditis
d) Chronic rheumatic carditis

520. ASO (Antistreptolysin o) test is used for the diagnosis of - *(Corned 07)*
a) Rheumatoid arthritis b) Typhoid fever
c) Rheumatic fever d) Rickettsial fever

521. Which one of the following is not included in Jone's Major criteria - *(AIIMS Nov 10)*
a) Pan carditis b) Chorea
c) Subcutaneous nodule d)HighESR

522. A 25-year-old person with history of repeated episodes of Rheumatic fever is hypersensitive to penicillin. Which of the following drug can be prescribed to him - *(AIIMS, May 12)*
a) Penicillin G b) Sulfisoxazole
c) Sulfasalazine d) Streptomycin

INFECTIVE ENDOCARDITIS

523. Bacterial endocarditis is most commonly caused by-
a) a-Hemolytic Streptococci *(PGI Dec 03)*
b) P-Hemolytic Streptococci
c) Staphylococcus aureus
d) Cardiobacterium
e) Staph epidermidis

524. Which of the following is least likely to cause infective endocarditis - *(AI06)*
a) Staphylococcus albus
b) Streptococcus fecalis
c) Salmonella typhi
d) Pseudomonas aeruginosa

525. A patient has prosthetic valve replacement and he develops endocarditis 8 months later. Organism responsible is - *(AIIMS Nov 10)*
a) Stahylococcus aureus
b) Streptococcus viridans
c) Staphylococcus epidermidis
d) HACEK

526. Infective endocarditis due to pseudomonas is most commonly seen with - *(AIIMS May 07)*
a) Intravenous drug abuse of pentazocin
b) HTV patient
c) Chronic steroid therapy
d) Elderly with community acquired pneumonia

527. The risk of developing infective endocarditis is the least in a patient with - *(AIIMSMay 03)*
a) Small ventricular septal defect
b) Severe aortic regurgitation.
c) Severe mitral regurgitation
d) Large atrial septal defect.

528. Which one of the following cardiac lesions is at highest risk of occurrence of infective endocarditis-
a) Atrial septal defect
b) Mitral valve prolapse without regurgitation
c) Valvular aortic regurgitation
d) Mitral stenosis

529. Osier's nodes are typically seen in which one of the following - *(A103)*
a) Chronic Candida endocarditis
b) Acute staphylococcal endocarditis
c) Pseudomonas endocarditis
d) Libman sack's endocarditis

530. Osier's nodes are seen at - *(AIIMS June 98)*
a) Heart
b) Knee joint
c) Tip of Palm & Sole
d) Anterior abdominal wall

531. Not a feature of infective endocarditis is -
a) Myocardial abscess *(AIIMS Feb 97)*
b) Vegetations along cusps
c) Thrombus in left atria
d) Perforation of cusp

532. Infective endocarditis is least common in- *(AIIMS*
a) Mitral stenosis b) Aortic stenosis *Nov 93)*
c) VSD d)ASD

533. Endocarditis is most commonly seen in -
a) Aortic stenosis *(AIIMSMay 95)*
b) Mitral regurgitation
c) Patent ductus arteriosus
d) Venous bypass graft

513)a 514)a,b,d 515)a,c 516)d 517)c 518)a 519)b 520)c 521)d 522)b 523)c 524)c 525)c 526)a 527) d 528) c 529) b 530) c 531)c 532) d 533) a

534. Bacterial endocarditis is *rarely* seen in - *(AI96)*
a) VSD b) PDA
c) MVP d) Ostium secundum ASD

535. Infective endocarditis is commonly seen in all except - *(AIIMS June 98)*
a) Small VSD b) Tetralogy of fallot
c) PDA d)ASD

536. Least common site for vegetation is -
a) Aortic Stenosis (AS) *(AIIMSMay 94)*
b) Mitral Stenosis (MS)
c) Mitral Regurgitation (MR)
d) Atrial Septal Defect (ASD)

537. Which of the heart valve is most likely to be involved by infective endocarditis following a septic abortion-
a) Aortic valve b) Tricuspid valve *(AI03)*
c) Pulmonary valve d) Mitral valve

538. Most common heart valve involved in IV drug user is- *(AIIMS Feb 97)*
a) Mitral valve b) Aortic valve
c) Pulmonary valve d) Tricuspid valve

539. Least common cause of endocarditis is -
a) A.S.D. b) P.D.A. *(AIIMS June 97)*
c) T.O.F. d) V.S.D.

540. Infective endocarditis is most commonly seen in -
a) ASD b) VSD *(AIIMSFeb 97)*
c) PDA d) Pulmonary stenosis

541. In a patient of heart disease antibiotic prophylaxis for dental extraction is- *(AIIMS June 99)*
a) Amoxycillin b)Imipenam
c) Gentamycin d) Erythromycin

542. Site of lesion in endocarditis of RHD is -
a) Along line of closure of valves *(PGIDec 97)*
b) Both sides of valves
c) Valve cusps
d) Free margin of valves

543. Vegetations on undersurface of A. V. valves are found in- *(AI 01)*
a) Acute Rheumatic carditis
b) Limban Sack's endocarditis
c) Non thrombotic bacterial endocarditis
d) Chronic rheumatic carditis

544. In a patient of rheumatic heart disease with fever and mitral valve vegetations due to infective endocarditis, the vegetations usually do not embolise to - *(AIIMS Nov 2001)*
a) Brain b) Lungs
c) Liver d) Spleen

545. Mitral valve vegetations do not usually embolise to-
a) Lung b) Liver *(AI01)*
c) Spleen d) Brain

546. An i.v. drug abuser presents with fever for 10 days. CXR shows B/L lower lobe consolidation with necrosis and right sided pyopneumothorax. Probable diagnosis is - *(PGINov. 10)*
a) MV endocarditis due to Viridans Streptococci
b) TV endocarditis due to Staph, aureus
c) T.B
d) Pneumocystis jeroveci infection
e) Wegener's Granulomatosis

547. A patient has prosthetic valve replacement and he develops endocarditis 8 months later. Organism responsible is - *(AIIMS Nov 10)*
a) Stahylococcus aureus
b) Streptococcus viridans
c) Staphylococcus epidermidis
d) HACEK

548. Which of the following statements is not tr ue in the cases of infective endocarditis caused by HACEK organisms ? *(UPSC 111)*
a) The clinical course of HACEK endocarditis tends to be acute and fulminant.
b) Cultures of blood from patients with suspect HACEK endocarditis may require up to 30 days to be positive.
c) Embolisation is common and occurs in around 50% cases of HACEK endocarditis.
d) Valvular vegetations are seen in up to 85% of patients

549. Which of the following is least likely to be associated with Infective Endocarditis - *(AI 12)*
a) Small ASD b) Small VSD
c) Mild MR d) Mild MS

gspg Endocarditis culture sampling is done as -
a) 2 cultures 12 hrly *(NEET/DNB pattern)*
b) 1 culture 12 hrly
c) 2 culture 24 hrly
d) 3 culture separated by 1 hr over 24 hour

551. A female of 40 years presenting with intolerance to cold, constipation and hoarseness of voice was found to have cardiomegaly on chest roentgenogram. Which of the following investigations is the best to determine the cause of her cardiomegaly?
a) Coronary angiography *(AIIMS, May 12)*
b) Left ventricular angiography
c) Right ventricular angiography
d) Echocardiography

TUMOUR

552. Gradient in pulmonary artery wedge pressure and left venticular end diastolic pressure is seen in -
a) Aortic regurgitation *(AIIMS June2000)*
b) Constrictive pericarditis
c) Left atrial myxoma
d) Pulmonary thromboembolism

553. True statement about cardiac myxoma is - *(AI99)*
a) Commonest site is left atrium
b) Rarely recurrs after excision
c) Distant metastasis are seen
d) More common in females

554. All of the following are clinical features of myxoma, except- *(AI02)*
a) Fever b) Clubbing
c) Hypertension d) Embolic phenomenon

534) d 535) d 536) d 537) b 538) d 539) a 540)b 541) a 542) a 543) b 544) b 545) a 546) b 547) c
548) a 549) a 550) d 551) d 552) c 553) a,d 554) c

555. All of the following are usual features of left atrial Myxoma, except - *(KAR 95)*
a) Raised ESR
b) Pyrexia
c) Markedly enlarged left atrium
d) Systemic Embolism

556. Commonest benign tumour of heart is - *(TN 95)*
a) Adenoma b) Myxoma
c) Myoma d) Mabdomyosaxoma

557. Atrial myxoma is associated with the following except- *(UPSC06)*
a) Fever
b) Weight loss
c) Systolic murmur at apex
d) Subungual splinter haemorrhage

MJ. & ANGINA

558. Which one of the following is of highest predictive value in the morbidity of coronary heart disease -
a) Lipoprotein A *(ICS 98)*
b) Apolipoprotein B
c) Apolipoprotein A
d) Low density lipoprotein

559. Prinzmetal angina has the following characteristics except- *(JIPMER 95)*
a) Pain at rest
b) ST elevation during the attack
c) NormlaECG without pain
d) Represents transmural ischemia
e) ST depression with pain

560. Temporal profile of detection of the given serum enzyme in acute myocardial infarction is-*(UPSC 97)*
a) CPK, SGOT, LDH b) SGOT, CPK, LDH
c) CPK, LDH, SGOT d) SGOT, LDH, CPK

561. A 50-year old male has had precardial pain for four hours. On examination, his BP is 110/80 mm Hg. pulse is 120 beats /min. and respiratory rate is26/min. His ECG shows marked S-T segment elevation in leads V3-V6 and left ventricualr ectopics. The initial therapuetic modalities in this case would include - *(UPSC 9 7)*
a) Lignocaine and streptokinase
b) Streptokinase and morphine
c) Morphine and doubtamine
d) Lignocaine, streptokinase and morphine

562. Which one of the following is the drug of choice in a patient with acute myocardial infarction having premature ventricualr contractions - *(UPSC 96)*
a) Oraldigoxin b)Procainamide
c) Oral diphenyl-hydantoin d) IV xylocaine

563. Fibrous scar in myocardial infection in well established by- *(Kerala 97)*
a) 6 weeks b) 6 months
c) 6 days d) 30 days

564. The complications of MI are all except - *(AP 97)*
a) Pulmonary embolism
b) Systemic embolism
c) Dissection of aorta
d) Ventricular fibrillation

565. All of the following predispose to IHD except -
a) Smoking b) Alcoholism *(CMC 98)*
c) Obesity d) Sedentary habits
e) Diabetes

566. Drug of choice to relieve pain in myocardial infarction- *(TN 99)*
a) Morphine b)Fortwin
c) Diazepam d) NS AID

567. In acute myocardial infarction the best drug to cause thrombolysis and to start reperfusion-
a) Steptokianase *(JIPMER 2K)*
b) Urokinase
c) Tissue plasminogen activator
d) Anisoylated plasminogen steptonase activator complex

568. TMT is done - *(Burdwan 2 K)*
a) For evaluation of IHD
b) For evaluation of latent CAD
c) For testing maximum working capacity
d) All

569. Duration of pain is angina is - *(Orissa R)*
a) 2-5 mins b) 5-30 mins
c) 30-60 mins d) > 1 hour

570. Drug useful in acute M.I.are all except -*(MAHE 01)*
a) Nifedepine b) Aspirin
c) ACE inhibitors d) Metoprolol

571. The one organism which is responsible for coronary artery disease - *(JIPMER 01)*
a) Chlamydia b) Klebsiella
c) E. coli d) Mycoplasma

572. A 40 year old male is admitted with acute inferior wall myocardial infarction, half an hour later BP is 80/50 mmhg and heart rate is 40/mt with sinus rhythm. The most appropriate step in the manage ment of this patient would be - *(UPSC 01)*
a) Admission of normal saline 300 ml over 15 minutes
b) Immediate insertion of temporary pacemaker
c) Intravenous adminstration of atropine sulpate
d) Intravenous adminstration of isoprenaline 50 m/minute

573. Critical narrowing of coronary blood vessels is -
a) 70% b) 60% *(CUPGEE 99)*
c) 80% d) 90%

574. Hyper triglyceridemia is not caused *by-(UPSC 04)*
a) Diabetes Mellitus b) Obesity
c) Alcohol d) Cigarette smoking

575. The level of LDL cholesterol at which therapy should be initiated in a patient without coronary, artery disease and no risk factors is - *(Karn 04)*
a) 100mg./dl b) 130mg./dl
c) 160 mg./dl d) 190 mg./dl

555)c 556)b 557)c 558)b 559)c,e 560)a 561)b 562)None 563)a 564)c 565)b 566)a 567)c 568)a,c 569) a 570)a 571)a 572)c 573)a 574)d 575) d

576. Patient is having normal CK & CKMB after 2 days of chest pain which of the following is true -
a) Excludes diagnosis of MI *(SGPGI05)*
b) Reperfusion after MI
c) Extracardiac source of pain
d) Cardiac surgery

577. Which one of the following is an absolute contraindication to the use of thrombolytic agent in the setting of an acute anterior wall myocardial infarction - *(UPSC 05)*
a) History of CVA with hemiparesis one month ago
b) Diabetic retinopathy
c) Patient's age more than 70 years
d) Patient is on warfarin for A.F. with INR ration 1:8

578. What is diagnostic of fresh myocardial infarction inECG- *(MAHE05)*
a) QT interval prolongation
b) Pmitrale
c) ST segment elevation
d) ST segment depression

579. Long-term secondary prevention following myocardial infarction is recommended with which one of the following drugs - *(ICS 05)*
a) Antiplatelet drugs
b) Nitrates
c) Amiodarone
d) Calcium channel antagonist

580. Myocardial isoenzyme of CK which is specific for myocardial infarction is - *(SGPGI 05)*
a) CK-BB b) CK-MB
c) CK-MM d) All of the above

581. All the following are indication for Treadmill testing, except - *(J & k 05)*
a) To evaluate unstable angina
b) To evaluate unstable myocardial infarction
c) To assess outcome after coronary revascularization
d) To diagnose and evaluate the treatment of exercise induced arrhythmias

582. The best possible intervention for acute myocardial infarction is - *(AIIMS May 05)*
a) Streptokinase
b) Streptokinase and aspirin
c) Early primary coronary intervention
d) Streptokinase and heparin

583. LDH, / LDH_2 in acute MI is - *(COMED 06)*
a) >1.0 b)> 1.5
c) >2.0 d) > 2.5

584. Acute coronary Syndrome includes all except -
a) STEMI b)NSTEMI *(NIMHANS06)*
c) Stable angina d) Unstable angina

585. Which of the following is common risk factor for coronary heart disease except ? *(Manipal 06)*
a) Family H/O of IHD
b) Decreased homoscystinaemia
c) HDL<40mg/dL
d) Type 1 DM

586. With reference to right ventricular myocardial infarction, consider the following statements -
1. It may occur along with inferior wall myocardial infarction
2. The ECG shows ST segment elevation in right precordial leads.
3. Prognosis in right ventricular infarction is better than the left ventricular myocardial infarction
4. The treatment may include intravenous fluid challenge

Which of the statements given above are correct ?
a) 1,2 and 3 only b) 2,3 and 4 only
c) 1 and4 only d) 1,2,3 and4

587. ST depression and T wave inversion in VI to V6 and aVL leads indicate - *(Delhi PG Feb. 09)*
a) Anterolateral wall AMI b) Posterior wall AMI
c) Inferior AMI d) Lateral wall AMI

588. Which of the following components is not considered in the definition of 'Metabolic Syndrome'? *(Delhi PG*
a) High LDL b) Low HDL*Mar. 09)*
c) Abdominal Obesity d) Hypertension

589. A **30-year old male presents with severe pain chest, breathlessness, hypotension and ECG shows ST elevation in V3, V4, V5 and V6 leads. He will be best treated with:** *(Delhi PG Mar. 09)*
a) Streptokinase b)t-PA
c) Heparin d)PTCA

590. All of the following dietary goals are recommended for patients with high risk of coronary heart disease, Except- *(AI11)*
a) LDL cholesterol < 100 mg/dl
b) Saturated fat < 7% of total calories
c) Salt restriction < 6 gm/day
d) Avoid Alcohol

591. ECG is poor in detecting ischemia in areas supplied by which of the following vessels - *(AI 11)*
a) Left Anterior Descending (LAD)
b) Left Circumflex (LCx)
c) Left Coronary Artery (LC A)
d) Right Coronary Artery (RCA)

592. A 45-year-old man is hospitalised with acute inferior wall myocardial infarction. He develops sinus bradycardia at 40 beats per minute and his blood presure is 100/60 nunHg. Which of the following should be the first line intervention? *(UPSC111)*
a) IV atropine b) IV dopamine
c) IV isoproterenol d) Temporary pacemaker

593. A 56-year-old diabetic male patient who underwent a CABG for triple vessel disease is brought to the emergency with sudden-onset inability to speak since the last two hours. He can understand what is being said to him but cannot speak. His BP is 200/ 110 mmHg. The emergency CT scan of the head is normal. The next step in the management would be-
a) Wait and watch *(UPSC 111)*
b) dminister intravenous tPA
c) Control blood pressure
d) Administer a tablet of baby aspirin

576) a 577) a 578)c 579)a 580)b 581)a 582)c 583)a 584)c 585)b 586)d 587)a 588)a 589)d 590) d 591)b 592)a 593) c

DRUGS

594. A 40-years old male presents with headache and convulsions. His blood pressure is 210/140mm Hg. Fundus examination reveals papilloedema. Which one of the following drug combinations will suitable for this patient - *(UPSC 96)*
a) Diazoxide+Triamterene
b) Nitroprusside + Triamterene
c) Nitroprusside + Furosemide
d) None of the above

595. Angiotensin converting enzyme inhibitors are not used in congestive heart failure resulting from -
a) Mitral stenosis *(DELHI 96)*
b) Aortic regurgitation
c) Alcoholic cardiomyopathy
d) Aortic stenosis

596. Anti hypertensive causing impotence- *(DNB 2001)*
a) ACE b) Propranolol
c) Atenolol d)Nifedipin

597. Non ischaemic chest pain is caused by -*(Kerala 9 7)*
a) Bleomycin b) Vincristinum
c) Cyclophosphamide d) Cisplatinum

598. "Gyanecomastia" is caused by - *(AP 97)*
a) Phenytoin b) Cushing's syndrome
c) Conn's syndrome d) None

MISCELLANEOUS

599. Difference between upper and lower limb blood pressure is usually - *(PGIDec 01)*
a) 5mm b)10mm
c) 20mm d)30mm
e) 35 mm

600. Syphilis causes all except - *(PGIDec 99)*
a) Linear calcification of aorta
b) Aortic aneurysm
c) AR
d) Coronary ostial stenosis

601. During valsalva maneuver, impaired heart rate changes seen in - *(PGI June 98)*
a) Homer's syndrome
b) Autonomic insufficiency
c) Vestibular dysfunction
d) Cephalic ischemia

602. Concentric hypertrophy of left ventricle is seen in-
a) Essential hypertension *(AIIMSFeb97)*
b) Mitral regurgitation
c) Mitral stenosis
d) Hypertrophic cardiomyopathy

603. Most common cause of LVH is - *(PGIDec 97)*
a) MS b)AR
c) Hypertension d) Mitral valve prolapse

604. Dancing carotid is seen in - *(AIMS Dec 98)*
a) Thyrotoxicosis b) Hypothyroidism
c) AVFistuala d) Blow out carotid

605. Differential cyanosis is seen in - *(A196)*
a) ASD b)VSD
c) PDA d) All of the above

606. Clinical finding in AV fistula is one of the following- *(AIIMS Dec 98)*
a) Pericarditis b) Sinus tachycardia
c) Cardiac arryhthmia d) Hypothermia

607. A patient presents with tachycardia, BP<100mm systolic and postural hypotension. Diagnosis is- *(AIMS June 2000)*
a) Vasovagal attack b) Diabetic neuropathy
c) Shy drager syndrome d) Bleeding peptic ulcer

608. Cardiac output measured by thermodilution technique is unreliable in all of the following situations except - *(AI03)*
a) Ventricular septal defect
b) Tricuspid regurgitation
c) Low cardiac output
d) Pulmonary regurgitation

609. Carcinoid syndrome produces valvular disease primarily involving - *(AIMS May 05)*
a) Pulmonary valves b) Tricuspid valves
c) Mitral valve d) Aortic valve

610. Carcinoid syndrome produces valvular disease primarily of the - *(AIMS May 04)*
a) Venous valves b) Tricuspid valve
c) Mitral valve d) Aortic valve

611. In carcinoid syndrome, the part of heart mostly affected is - *(PGI Dec 9 7)*
a) Outflow tract of RV b) Inflow tract of RV
c) Inflow tract of LV d) Outflow tract LV

612. Haemorrhagic infarction is seen in - *(PGIDec 02)*
a) Venous thrombosis b) Thrombosis
c) Septicemia d) Embolism
e) Central venous thrombosis

613. False statement regarding hemodynamic changes occurring during exercise is which of the following- *(AIMS Nov 99)*
a) Venous return is augmented by the pumping action of skeletal muscles
b) The increased adrenergic nerve impulses to the heart as well as an increased concentration of circulating catecholamines help to augment the contractile state of the myocardium
c) Venoconstriction in exercising muscles as well as increased cardiac output leads to marked increase in systemic blood pressure
d) End-diastolic volume increases in the failing heart during exercise

614. Cardiac contractility is inhibited by - *(PGI June 03)*
a) Digitalis use b) Respiratory acidosis
c) Metabolic alkalosis d)$iP0_4$
e) Hypothermia

615. ACE inhibitor induced cough is mediated by-
a) Bradykinin b) Substance-P *(PGIDec 03)*
c) Prostaglandin d) Serotonin
e) Renin

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594)c 595)d 596)b,c,d 597)a 598)a 599)a 600)None 601)b 602)a 603)c 604)a 605)c 606)b 607)d 608) None or a 609)b 610)b 611)b 612)a,b,d 613)c 614)b,d,e 615)a,b,c

616. Causes of nail bed infarctions -
a) HD.
b) Wegener's granulomatosis
c) Infective endocarditis
d) Surge strauss syndrome
e) PAN

617. The typical movement of mitral valve calcification is -
a) Upwards and downwards b) Couterclock wise
c) Side to Side d) Circular

618. Mycotic aneurysm is an aneurysm infected because of- *(AI06)*
a) Fungal infection
b) Blood-borne infection (intravascular)
c) Infection introduced from outside (extravascular)
d) Both intravascular and extravascular infection

619. A 45-year-old woman underwent a modified radical mastectomy 4 years ago. She was treated for multiple bone metastasis with cyclophosphamide, doxorubicin, and fluorouracil for 6 months. She is complaining of exertion on exercise, swelling of the legs, and swelling around eyes in the morning. On examination, she has bilateral rales in the lungs, Sj, S_2 audible, S_3, S_s gallop present. Her BP is 149/ 117 mmHg, PR is 80/min, and RR is 18/min. What is the most likely cause for her cardiac condition ?
a) Systolic dysfunction CHF *(AIIMS06)*
b) Drug induced cardiac toxicity
c) Metastatic cardiac disease
d) Pneumonia

620. Which of the following statements is true regarding fat embolism - *(AIIMS Nov 06)*
a) Most patients with major trauma involving long bones have urinary fat globules
b) All patients with urinary fat globules develop fat embolism
c) Peak incidence of respiratory insufficiency for pulmonary fat embolism is around day 7 after injury
d) Heparin as an anticoagulant decreases mortality and morbidity in fat embolism syndrome

621. True about fat embolism - *(PGI June 05)*
a) Seen one week after injury
b) Petechiae
c) Bradycardia
d) Fat globule in urine
e) Thrombocytopenia

622. Amyloidosis of heart presents with - *(PGIDec 06)*
a) Arrhythmia b)AV block
c) ted mass/voltage d)AS
e) Hypertrophic cardiomyopathy

623. Left ventricular hypertrophy is caused by all except-
a) MS b)MR *(ARMS May 09)*
c) AS d)AR

624. Cardiovascular complications of HIV infection include all of the following, except - *(ARMSMay 10)*
a) Pericardial effusion b) Cardiac tamponade
c) Cardiomyopathy d) Aortic Aneurysm

625. Most common cause of LVH is - *(NEET/DNB Pattern)*
a) MS b) AR
c) Hypertension d) Mitral valve prolapse

626. A 60 yr old male had a sudden fall in toilet. His BP was 90/50 mm Hg and pulse was 100/min. His relatives reported that his stool was black/dark in colour. Further careful history revealed that he is a known case of hypertension and coronary artery disease and was regularly taking aspirin, atenolol and sorbitrate. The most likely diagnosis is -
a) Gastric ulcer with bleeding . *(ARMS, May 12)*
b) Acute myocardial infarction with cardiogenic shock
c) Acute cerebrovascular accident
d) Pulmonary embolism

627. Pericardiocentesis is done in which intercoastal space - *(NEET/DNB Pattern)*
a) Left 5th intercostals space
b) Left 7th intercostal space
c)Right. 5th. intercostal space
j^lJpp^^^Kitecostal 'space^v^i^l^lgjg

628. Most common ca use of acute arterial occlusion -
a) Pulmonary emboli *(NEET/DNB Pattern)*
b) Atherosclerotic plaque
c) Emboli atrial fibrillation
d) Thrombosis of aneurysm

629. Hemochromatosis induced cardiomyopathy, Investigation of choice is- *(NEET/DNB Pattern)*
a) MRI b) ECG
c) CT scan d) Echocardiography

RESPIRATORY

GENERAL

630. False statement about type I respiratory failure is- *(AI 01)*
a) Decreased $Pa0_2$ b) Decreased $PaC0_2$
c) Normal $PaC0_2$ d) Normal A-a gradient

631. In type - H respiratory failure, there is -
a) Low $p0_2$ and low $pC0_2$ *(ARMS Nov 02)*
b) Low $p0_2$ and high $pC0_2$
c) Normal $p0_2$ and high $pC0_2$
d) Low $p0_2$ and normal $pC0_2$

632. All the following are true about Chronic Obstructive lung disease except - *(AI 94)*
a) Decreased FEV_1
b) Decreased MEFR
c) Increased RV
d) Decreased diffusion capacity

616) b,c 617)a 618)d 619)b 620)a 621)b,d,e 622)a,b,c 623)a 624)d 625)c 626)a 627)a 628)c 629)a
630) d 631)b 632) d

633. True about chronic obstructive pulmonary disease (COPD) - *(PGI Nov 09)*
a) FEV1 < 30 of predicted value
b) FEV1/FVC<0.7
c) *i* Residual volume
d) T Total lung capacity
e) Hypoxemia with hypercapnia

634. Extraparenchymal causes of respiratory failure include (s) - *(PGINov 09)*
a) Cardiac tamponade
b) Cervical spine trauma
c) Pneumothorax
d) Bronchial obstruction
e) Myasthenia gravis

635. Features of restrictive lung disease *\s-(AUMSJune 98)*
a) FEV j/FVC decreases and compliance decreases
b) FEVj/FVC increases and compliance increases
c) FEVj/FVC decreases and compliance increases
d) FEVj/FVC increases and compliance decreases

636. Lung function test in emphysema reveals -
a) Increased vital capacity *(PGI Dec 01)*
b) Decreased diffusion capacity for carbon monoxide
c) Increased diffusion capacity for carbon monoxide
d) Decreased total lung capacity
e) FEVj decreased

637. A 28 year old woman having limited cutaneous scleroderma for the last 10 years complains of shortness of breath for last one month. Her pulmonary function tests (PFT) are as follow -

PFT	Observed	Predicted
FVC	2.63	2.82
FEV1	88%	80%
DLCO	5 *26*	16.3

What is most likely diagnosis in this case *?(AI 06)*
a) Interstitial lung disease
b) Pulmonary artery hypertension
c) Congestive heart failure
d) Bronchiectasis

638. A patient with limited systemic sclerosis for the past 10 years complaints of shortness of breath for the past one year. His pulmonary function tests are as follows - *(AIIMS Nov 09)*

PFT	OBSERVED	PREDICTED
FVC	2.63	2.82
FEV1	88%	80%
DLCO	*52*	16.3

Which among the following is the probable diagnosis-
a) Interstitial lung disease
b) Pulmonary artery hypertension
c) Pnuemothorax
d) Diaphragmatic weakness

639. A 29 yr old unmarried female presents with dyspnea. Her chest X-ray is normal, FVC is 92%, FEV1/ FVC is 89% and DLCO is 59% of normal. On exercise her oxygen saturation drops from 92% to 86%. What is the likely diagnosis *l(Aiims Nov 08)*
a) Alveolar hypoventilation
b) Primary pulmonary hypertension
c) Interstitial lung disease
d) Anxiety

640. A 26 year old young unmarried female presents with progressively increasing breathlessness since 3 months. There is no history of cough and fever. Her FVC=95; FEV1/FVC-88. She is most likely suffering from? *(AI10)*
a) Hypoventilation b)PPH
c) Mitral stenosis d) Anxiety

641. The abnormal preoperative pulmonary function test in a patient with severe kyphoscoliosis includes -*(AI 05)*
a) Increased RV / TLC b) Reduced FEVj/FVC.
c) Reduced FEV 25-75 d) Increased FRC

642. All pulmonary function abnormalities are seen in COPD,Except- *(AIIMS June 97)*
a) Decreased FEVj
b) Decreased maximum expiratory flow rate
c) Increased residual volume
d) Decreased diffusing capacity

643. FEVj/FVC is reduced in case of - *(AIIMSMay 95)*
a) Pleural effusion b) Lung fibrosis
c) Asthma d) All of the above

644. Pulmonary function changes in acute bronchial asthma in untreated patient - *(PGI June 03)*
a) Ted peak expiratory flow b) Ted TLC
c) led FVC d)tedRV
e) Ted FEV

645. True about interstitial fibrosis - *(PGI June 99)*
a) FVCi b) FEVj/FVC normal or increased
c) FRC normal d)FEV_I/FVC'i

646. In an emphysematous patient with bullous leison which is the best investigation to measure lung volumes ? *(AIMS Nov 08)*
a) Body plethysmography
b) Helium dilution
c) Trans diaphragmatic pressure
d) DL_{ro}

647. True about interstitial lung disease -*(PGI June 07)*
a) Decreased FVC
b) Decreased FEVj
c) Decreased diffusion capacity
d) Presence of end inspiratory crackles

648. All are decreased in infiltrative lung disease, Except-
a) Vital capacity *(AIMSFeb 97)*
b) Alveolar arterial difference in $Pa0_2$
c) Total lung capacity
d) Lung compliance

633) a,b,d,e 634)b,c,d,e 635) d 636)b 637)b 638)b 639)b 640)b 641) a 642) d 643) c 644) c,d 645)a,b 646) a 647) All 648) b

649. A patient presents with decreased vital capacity and total lung volume. What is the most probable diagnosis ? *(AI07)*
a) Bronchiectasis b) Sarcoidosis
c) Cystic fibrosis d) Asthma

650. Investigation of choice for interstitial disease is >
a) Chest X-ray b) HRCT *(AIPGMEE08)*
c) Gallium-67 DTPA scan d)MRI

651. A 40 yr female progressive dyspnoea from 1 yr. She also has b/I bibasilar end inspiratpory crepitation. True statement are: *(PGI09)*
a) May be assocated with connective tissue disease
b) Residual volume Ted
c) T Total lung capacity (TLC)
d) HRCT is useful diagontic test
e) FEVjl/FVC ratio Ted

652. Bronchial breathing seen in all except-fPGT*Nov 09)*
a) Lobar pneumonia b) Chronic bronchitis
c) Consolidation d) Bronchopneumonia
e) Cavitary lesion

653. Decreased maximum mid expiratory flow rate indicate obstruction in - *(AlIMSMay 95)*
a) Small airways b) Large airways
c) Trachea d) Trachea and bronchi both

654. Decreased maximun mid-expiratory flow rate indicates obstruction in - *(AI 94)*
a) Small airways b) Trachea
c) Large airways d) Trachea & Bronchi both

655. Thickening of pulmonary memb. is seen in -
a) Asthma b) Emphysema *(PGIJune 98)*
c) Bronchitis d) Skeletal defect

656. The diffusion capacity of lung (DL_{co}) is decreased in all of the following conditions except - *(AI 03)*
a) Interstitial lung disease
b) Goodpasture's syndrome
c) Emphysema
d) Primary pulmonary hypertension

657. Carbon monoxide diffusion capacity decreases in all, Except - *(AIIMSFeb 97)*
a) Emphysema
b) Primary pulmonary hypertension
c) Alveolar haemorrhage
d) Infiltrative lung disease

658. Hypoxemia seen in - *(PGI June 02)*
a) Hypoventilation b) Decreased Fio_2
c) Myasthenia gravis d) Pulmonary emboli
e) Diazepam overdose

659. Central cyanosis is not seen with A/E -*(PGIDec 98)*
a) Below 5 gm/100ml reduced haemoglobin
b) Pulmonary aspergillosis
c) Status asthmaticus
d) Congenital pulmonary stenosis

660. Static lung compliance is decreased in- *(PGI June 2K)*
a) Asthma b) Radiation fibrosis
c) Scoliosis d) Emphysema
e) Fibrosing Alveolitis

661. One of the following condition is not associated with clubbing - *(AIIMS Dec 98)*
a) Primary biliary cirrhosis
b) Chronic bronchitis
c) Cryptogenic fibrosing alveolitis
d) Central bronchiectasis

662. The blood gas parameters: pH 7.58, $pC0_2$ 23 mm Hg $p0_2$ 300 mm Hg and oxygen saturation 60% are most consistent with - *(AI 03)*
a) Carbon monoxide poisoning
b) Ventilatory malfunction
c) Voluntary hyperventilation
d) Methyl alcohol poisoning

663. A patient develops acute respiratory distress, stridor, hyperinflation on one side of chest with decreased breath sound on that side. Most likely cause is - *(AIIMS June 2000)*
a) Asthma
b) Aspiration pneumonia
c) Foreign body aspiration
d) Pleural effusion

664. Blood gas measurements of a patient shows the foOowilng values pH 7.2, p $C0_2$ 80 mmHg,$p0_2$ 46 mmHg. Which of the following could be the most probable diagnosis - *(AIIMS Nov 2000)*
a) Acute asthma b) Acute exacerbation of COPD
c) ARDS d) Severe pneumonia

665. Paradoxical respiration is seen in - *(Kerala 95)*
a) Multiple fracture ribs b) Diaphragmatic palsy
c) Bulbar polio d) Severe asthma

666. Which is the latest antiviral drug for bronchitis due to RSV- *(TN95)*
a) Ribavarin b) Acyclovir
c) Amantadine d) Idoxuridine

667. Hemoglobin does not bind with - *(AMU 95)*
a) Oxygen b) Carbon dioxide
c) Carbon monoxide d) HCN

668. Chronic fibrosing mediastinitis is seen in- *(JIPMER95)*
a) Tuberculosis b)Histoplasmosis
c) Plague d) Sarcoidosis

669. In haemoptysis blood usually comes from- *(Kerala 95)*
a) Bronchial veins b) Pulmonary veins
c) Bronchial arteries d) Pulmonary arteries

670. Commonest site oflungabcess is- *(Kerala 95)*
a) Post segment of right upper lobe
b) Lingula
c) Post segment of left lower lobe
d) Post segment of right lower lobe

671. The typical feature of interstitial lung disease is- *(Delhi 96)*
a) End inspiratory ralesb) Expiratory rales
c) Inspiratory rhonchi d) Expiratory rhonchi

672. Hemoglobin does not blind with- *(AMU95)*
a) Oxygen b) Carbon dioxide
c) Carbon monoxide d) HCN

649)b 650)b 651)a,d,e 652)b 653)a 654)a 655)a 656)b 657)c 658)A11 659)c,d 660)b,e 661)b 662)b 663) c 664) b 665) b 666) a 667) d 668)a,b,d 669) c 670) a 671) a 672) d

673. In bronchiectasis the following are seen except-
a) Normal chest X-ray *(Kerala 97)*
b) Chest X-ray with cystic cavities and tramline appearance
c) Pleural effusion
d) Clubbing

674. Blood gas analysis in type I respiratory failure shows- *(ROHTAK98)*
a) $1pC0_2$ $ip0_2$ b) (n)pCO $lp0_2$
c) T $pC0_2$ T $p0_2$ d) 1 $pC0_2$ *t* $p0_2$
e) All are the false

675. All is true about respiration except- *(ROHTAK 98)*
a) Dead space is 150 ml.
b) $pC0_2$ decreased in acute bronchial asthma
c) $pC0_2$ increased in acute bomchial asthma
d) None

676. All the following are features of alveolitis (interstitial lung disease) except- *(UPSC 2K)*
a) Exertional dyspnoea
b) Early productive cough
c) Digital clubbing
d) Coarse crepitations during inspiration

677. Most common cause of hypoxemia is- *(Kerala 2K)*
a) Lowered inspired $P0_2$
b) Hypoventilation
c) Intracardiac shunting
d) Ventialtion perfusion mismatch
e) Decreased diffusing capacity

678. Silent chest is seen in- *(TN2001)*
a) Very severe asthma b) Chronic bronchitis
c) Emphysema d) Bronchiectasis

679. A 35 year old male presents with fever. He has lost 10 kgs. in 1 year. Chest X-ray shows bilateral basal infiltrates.He is most likely suffering from -
a) P. Carini pneumonia *(J &K 2001)*
b) Disseminated candidiasis
c) Bilateral bronchiectasis
d) Disseminated tuberculosis

680. Obstructive sleep apnoea *syndrome-(NIMHANS 01)*
a) Associated with sudden cardiac death
b) Road traffic accidents
c) Bulimia nervosa
d) Anorexia nervosa

681. In chronic obstructive pulmonary disease all are seen EXCEPT - *(Jipmer 03)*
a) LowFEVj
b) Increased FEVj / VC ratio
c) Smoking strongly associated
d) Partially reversible by broncho dilator therapy

682. Cyanosis cannot occur in severe anaemia because -
a) Anaemic blood has a higher 0_2 carrying capacity per gram of Hb *(SGPGI 05)*
b) It requires a critical concentration of reduced Hb in blood
c) Patient improves his alveolar oxygen as a compensation for anaemia
d) There is an increased blood flow through the skin

683. The key factor in the transport of carbon dioxide as bicarbonate is - *(SGPGI 05)*
a) The high solubility of $C0_2$ in H_20
b) The presence of Hb in blood
c) The presence of carbonic anhydrase in the erythrocytes
d) The acid nature of carbon dioxide and the alkaline nature of bicarbonate

684. One of the following condition is not associated with clubbing- *(MAHE 05)*
a) Primary biliary cirrhosis
b) Chronic bronchitis
c) Cryptogenic fibrosing alveolitis
d) Central bronchiectasis

685. Sequestration lung is best diagnosed *by-(MAHE 05)*
a) C.T. scan b)M.R.I.
c) Barium swallow d) Angiography

686. Which one of the following is not a feature of type 2 respiratory failure ? *(UPSC 06)*
a) $pCO_2$38mmHgand$pO_2$50mmHG
b) p $C0_2$ 68 mm Hg and $p0_2$ 50 mm Hg
c) Papilloedema
d) Asterixis

687. Pulmonary tuberculosis is more common in following associated diseases except -*(COMED 06)*
a) Acquired Immune Deficiencies syndrome
b) Diabetes
c) Chronic renal failure
d) Mitral stenosis

688. White lung is due to - *(COMED 06)*
a) Congential syphilis b) Toxoplasmosis
c) Congential tuberculosis d) Asbestosis

689. "Creola Bodies" in sputum are pathognomonic of -
a) Bronchial Asthma *(COMED 06)*
b) Chronic Bronchitis
c) Bronchogenic Carcinoma
d) Pulmonary Tuberculosis

690. Mediastinoscope can be visualize all of the following lymphnode except ? *(Manipal 06)*
a) Right paratracheal lymphnode
b) Aorto pulmonary window lymphnode
c) Anterior tracheal
d) Subcarinal

691. Loeffler's syndrome is characterized by- *(UPSC 07)*
a) Transient, migratory pulmonary infiltrations
b) Fibrosis in the pulmonary apices
c) Fibrosis in the base of one or both lungs
d) Miliary mottling

692. Cavitating pulmonary lesions can be seen in the following except - *(UPSC 0 7)*
a) Sarcoidoses b) Tuberculosis
c) Carcinoma of lung d) Histoplasmosis

693. Which one of the following is not likely to be associated with pulmonary fibrosis ? *(UPSC 0 7)*
a) Coalminers'lung
b) Primary sclerosis cholangitis
c) Primary biliary cirrhosis
d) Ankylosing spondylitis

673) c 674) b 675) c 676) b 677) d 678) a 679) d 680) a 681)b 682) b 683) c 684) b 685) d 686) a
687) d 688) d 689) a 690) b 691) a 692) None >a 693) b

694. Peripheral eosinophilia is not a characteristic feature of - *(UPSC 07)*
a) Hypersensitivity pneumonitis
b) Allergic aspergillosis
c) Tropical eosinophilia
d) Loeffler's syndrome

695. Which of the following diagnostic techniques is most specific for pulmonary embolism - *(Corned 07)*
a) Pulmonary angiography
b) Ventilation lung scanning
c) Perfusion lung scanning
d) Arterial blood gas analysis

696. The interstitial lung disease (ILD) showing granulomas on lung biopsy is - *(Corned 08)*
a) Usual interstitial pneumonitis
b) Sarcoidosis
c) Diffuse alveolar damage
d) Desquamative interstitial pneumonia

697. In an asthmatic patient which of the following pulmonary functions would show the greater improvement on inhaling a bronchodilator -
a) Tidal volume b)FEVl *(Corned 08)*
c) $FEF_{25\%\text{-}75\%}$ d)FVC

698. A ventilator pressure relief valve stuck in closed position can result in - *(Corned 08)*
a) Barotrauma b) Hypoventilation
c) Hypoxia d) Hyperventilation

699. Sudden onset of cough followed by increasing dyspnoea is characteristic of - *(Delhi PG Feb. 09)*
a) Pleural effusion b) Lobar pneumonia
c) Myocardial infarct d) Pneumothorax

700. Stony dull note on percussion is characteristic of- *(Delhi PG Feb. 09)*
a) Pleural effusion b) Consolidation
c) Pleurisy d) Tuberculosis cavity

701. FEVj/FEVC ratio is decreased in all, except: *(Delhi PG Feb. 09)*
a) Bronchiectasis b) Emphysema
c) Chronic bronchitis d) Tuberculosis

702. Pseudobronchiectasis is seen in- *(Delhi PG Feb. 09)*
a) Lung abscess b) Atelectasis
c) Bronchopneumonia d) Emphysema

703. The most likely cause of bihilar lymphadenopathy is- *(Delhi PG Feb. 09)*
a) Histoplasmosis b) Tuberculosis
c) Sarcoidosis d) Aspergillosis

704. All of the following are features of alveolitis (interstitial lung disease), except -
a) Exertional dyspnoea *(Delhi PG Feb. 09)*
b) Early productive cough
c) Digital clubbing
d) Coarse crepitations during inspiration

705. Shifting dullness is the characteristic sign of:
a) Hydropneumothorax *(Delhi PG Mar. 09)*
b) Pneumothorax
c) Consolidation
d) Collapse

706. Reduced FEV1, Reduced FVC and FEV1/FVC ratio of 0.8 is consistent with - *(Delhi PG Mar 09)*
a) Bronchial Asthma
b) Hypersensitivity penumonitis
c) Sarcoidosis
d) Polyarteritis nodosa

707. Profuse expectoration of two months durations and clubbing may be seen - *(Delhi PG Mar 09)*
a) Sarcoidosis
b) Polyarteritis nodosa
c) Pulmonary artery hypertension
d) Allergic bronchopulmonary aspergillosis

708. The most common cause of Bronchopulmonary aspergillosis is - *(COMED 09)*
a) Aspergillus fumigatus b) Aspergillus clavatus
c) Aspergillus flavus d) Aspergillus niger

709. "Shrinking lung" is a feature of - *(COMED 09)*
a) Rheumatoid arthritis
b) Systemic lupus erythematosus
c) Systemic sclerosis
d) Polymyositis

710. A 62-year-old patient has been diagnosed with a restrictive pulmonary disease. Which of his following lung measurements is likely to be normal-
a) FEV_1 b)FVC *(COMED 09)*
c) FEV_1/FVC d)FRC

711. True about pulmonary sarcoidosis - *(PGIMay 10)*
a) Schauman & asteroid bodies are athognomic finding
b) CD4/CD8<2.5inBAL
c) Non caseating granuloma
d) Intravascular granuloma
e) Perihilar & peribronchial granuloma

712. Cavitatory lesions in lung are seen in - *(AI11)*
a) Primary pulmonary Tuberculosis
b) Staphylococcal pneumonia
c) Preumoconiosis
d) Interstitial Lung disease

713. Pneumothorax - *(NEET/DNB Pattern)*
a) Trachea shifted to opposite side b) Dull
c) ↑ breath sound d) ↑TVF

ARDS

714. Acute lung injury is caused by all of the following except- *(AIIMSMay 02)*
a) Aspiration
b) Toxic gas inhalation
c) Cardiopulmonary bypass with heart lung machine.
d) Lung contusion.

715. ARDS is associated with - *(PGIDec 04)*
a) Acute pancreatitis
b) Trauma
c) Severe Falciparum malaria

716. All are seen in ARDS except - *(AIIMSMay 95)*
a) Pulmonary edema b) Hypoxia
c) Hypercapnia d) Stiff lung

694) a 695) a 696) b 697) b 698) a 699) b 700) a 701) d 702) b 703) c 704) b 705) a 706) a 707) d
708)a 709)b 710)c 711)c,d,e 712)b 713)a 714)None 715)a,b,c 716)c

717. Acute Lung injury/ARDS, characterized by -
a) Alveolar infiltrates *(PGI Dec 04)*
b) Hypoxemia
c) Pulmonary shunting
d) $Pa0_2/FI0_2$< 200mm of Hg
e) Tachycardia

718. Which of the following is *not* seen in ARDS - *(AI96)*
a) Pulmoanry edema b) Hypoxemia
c) Stiff lung d) Hypercapnia

719. In ARDS, not true is - *(PGI June 99)*
a) Increased pulmonary compliance
b) Increased pulmonary artery pressure
c) Increased left artrial artery pressure
d) Severe hypoxemia

720. Acute severe lung injury is characterised by -
a) Hypotension *(PG1 June 03)*
b) Shunting
c) Pulmonary vasodilatation
d) Cardiac tamponade
e) Cardiac irregularities

721. Feature of shock lung is - *(AIIMS Nov 07)*
a) Diffuse alveolar damage
b) Usual interstitial pneumonitis
c) Organizing pneumonia
d) Bronchilolitis

722. The point which distingushes ARDS from cardiogenic pulmonary edema is - *(Delhi 96)*
a) Normal $P0_2$
b) Normal pulmonary arterial wedge pressure
c) Normal arterial - alveolar gradient
d) Normal $PC0_2$

723. Which is not seen in ARDS - *(UP 96)*
a) Low protein edema
b) Low Pulmonary artery wedge pressure
c) Normal pulmonary artery wedge pressure
d) High pulmonary artery wedge pressure

724. Which is not a cause for ARDS- *(Kerala 97)*
a) Nitrofurantoin
b) CCF
c) Chlorine gas inhalation
d) Amniotic fluid aspiration

725. In ARDS all are seen EXCEPT - **(***Jipmer 03)*
a) Dilated bronchioles b) Edema
c) Fibrosis d) Alveolar damage

726. Which one of the following distinguishes ARDS (acute/adult respiratory distress syndrome) from cardiogenic pulmonary oedema ? *(UPSC-109)*
a) Normal Pao_2
b) Normal pulmonary arterial pressure
c) Normal arterial-alveolar gradient
d) Normal $Paco_2$

727. Which of the following is *not* seen in ARDS -
a) Pulmoanry edema *(NEET/DNB Pattern)*
z b) Hypoxemia V- (4 li
c) Stiff lung ;
£ d) Hypercapnia ~ -fLv pgfc . ft p

PNEUMONIA

728. All are features of primary tuberculosis; except- *(AIIMS June 98)*
a) Pleural effusion b) Consolidation
c) Pulmonary fibrosis d) Lymphadenopathy

729. True regarding presentation of Primary T.B. is -
a) B/L pleural effusion with negative tuberculin test
b) U/L hilar lymphadenopathy
c) Sustained chronic pyrexia
d) B/L pleural effusion with positive tuberculin test

730. Primary Pulmonary T.B. true about - *(PGI June 04)*
a) Cavitary lesion b) Pleural effusion
c) Fibrocaseous lesion d) Phlyctenular keratitis

731. Cavitatory lesions in lung are seen in - *(AI 10)*
a) Primary pulmonary tuberculosis
b) Staphylococcal pneumonia
c) Pneumoconiosis
d) Interstitial lung disease

732. False-negative tuberculin test is seen in all except-
a) After 4-6 weeks of measles attack *(AI 96)*
b) Immunodeficiency state
c) Miliary tuberculosis
d) Atypical mycobacterial infection

733. True about miliary tuberculosis - *(PGI June 05)*
a) Occurs following primary reactivation
b) Occurs following secondary reactivation
c) Both primary and secondary reactivation
d) Skin test always +ve
e) Commonly affects liver, kidney and spleen

734. Investigations in a clinically suspected case of tuberculosis - *(PGI June 07)*
a) Mantoux (in children) b) Sputum AFB
c) PCR d) Bactec

735. A man presents with fever, wt loss and cough: Mantoux reads an induration of 17 x 19 mm, Sputum cytology is negative for AFB. Most likely diagnosis is- *(AI01)*
a) Pulm tuberculosis b) Fungal infection
c) Viral infection d) Pneumonia

736. A 25-year-old man presented with fever and cough for two months. CT chest showed bilateral upper lobe fibrosis and mediastinal enlarged necrotic nodes with peripheral rim enhancement What is the most likely diagnosis - *(AIIMSMay 04)*
a) Sarcoidosis b) Tuberculosis
c) Lymphoma d) Silicosis

737. A 25 year old man presented with fever, cough, expectoration and breathlessness of 2 months duration. Contrast enhanced computed tomography of the chest showed bilateral upper lobe fibrotic lesions and mediastinum had enlarged necrotic nodes with peripheral rim enhancement Which one of the following is the most probable diagnosis-^ *03)*
a) Sarcoidosis b) Tuberculosis
c) Lymphoma d) Silicosis

717)All 718)d 719) a,c 720)b 721)a 722)b 723)a,d 724)a 725)a 726)b 727)d 728)None 729)b 730)b,c,d 731)b 732) d 733)a,b,c 734) All 735) a 736) b 737) b

738. Which of the following true about resistant - TB -
a) Sputum smear is positive after 5 month
b) Culture is positive after 3 months *(PGIDec 05)*
c) 3 .mantoux positive 10 mm.
d) Clinical deterioration
e) Active disease in chest X-ray

739. Diagnostic criteria for allergic bronchopulmonary aspergillosis - *(PGI June 04)*
a) Asthma b) Eosinophillia
c) Bilateral chest infiltrates d)TedlgG
e) Bronchiectasis

740. All the following are true *about* bronchopulmonary aspergillosis except - *(AI 95)*
a) Central bronchiectasisb) Pleural effusion
c) Asthma d) Eosinophilia

741. Diagnostic features of allergic bronchopulmonary aspergillosis (ABPA) include all of the following except -
a) Changing pulmonary infiltrates
b) Peripheral eosinophilia
c) Serum precipitins against Aspergillus fumigants
d) Occurrence in patients with old cavitary lesions

742. Which is not true about aspergillosis -
a) Aspergillus niger is the commonest cause of fungal otitis externa *(AIIMS May 95)*
b) It is highly contagious
c) Aspergilloma is common in preexisting TB, or cystic disease
d) Aspergillus fumigatus is cause of bronchus aspergillosis

743. A 40 year old man presented with repeated episodes of bronchospasm and hemoptysis. Chest X - ray revealed perihilar bronchiectasis. The most likely diagnosis is - *(AI 02)*
a) Sarcoidosis
b) Idiopathic pulmonary fiborsis
c) Extrinsic allergic alveolitis
d) Bronchopulmonary aspergillosis

744. All the following diseases are associated with peripheral blood eosinophilia *except-(AHMSNov 02)*
a) Allergic bronchopulmonary aspergillosis (ABPA)
b) Lofifler's syndrome
c) Pulmonary eosinophilic granuloma
d) Churg strauss syndrome

745. Pulmonary eosinophilic pneumonia associated with-
a) Loeffler syndrome *(PGINov 09)*
b) Cystic fibrosis
c) Churg strauss syndrome
d) Hypersensitivity pneumonitis
e) Allergic bronchopulmonary aspergillosis (ABPA)

746. Allergic bronchopulmonary aspergillosis diagnotic criteria are - *(PGIDec 05)*
a) Peripheral eosinophilia >0.1 x 10^9
b) Central lower lobe bronchiectasis
c) tlgG
d) Detection of Aspergillus in sputum
e) Asthma is always present

747. True about bronchopulmonary aspergillosis -
a) Eosinophil count > 1 x 10^9 / ml *(PGI Dec 04)*
b) Commonly associated with bronchial asthma
c) Sputum positive to- aspergillus antigen
d) TedlgG
e) Lower lobe predominance

748. 40 year old patient with history of prolonged exposure to Aspergillus presents with repeated episodes of breathlessness. Chest X-ray shows diffuse pulmonary infiltrates. Skin hypersensitivity test is positive for Aspergillus antigen Peripheral blood picture shows normal eosinophil count and serum IgE levels are normal. The most likely diagnosis is-
a) Allergic bronchial asthma
b) Allergic Bronchopulmonary aspergillosis (ABPA)
c) Extrinsic allergic alveolitis
d) Invasive pulmonary aspergillosis

749. The most common causative organism for lobar pneumonia is - *(AIIMSNov 04)*
a) Staphylococcus aureus
b) Streptococcus pyogenes
c) Streptococcus pheumoniae
d) Haemophilus influenzae

750. All of the following features are seen in viral pneumonia except - *(AI 05)*
a) Presence of interstitial inflammation
b) Predominance of alveolar exudates
c) Bronchiolitis
d) Multinucleate giant cells in the bronchiolar wall

751. Predisposing factor for pneumococal pneumonia -
a) CRF b) Lymphoma *(PGI June 01)*
c) Old age d) Thalassemia
e) Cystic fibrosis

752. Nosocomial pneumonia is most commonly caused by- *(4198)*
a) Gram-ve bacilli b) Gram + ve bacilli
c) Gram - ve cocci d) Mycoplasma

753. Complications of lobar pneumonia do not include -
a) Lung abscess *(AIIMS May 05)*
b) Amyloidosis
c) Suppurative arthritis
d) Infective endocarditis

754. Fever persisting even after treatment of pneumonia likely diagnosis is - *(AIIMS June 97)*
a) Empyema b) Fungal lesion
c) Hydrothorax d) All of the above

755. Most common cause of empyema is -*(AIIMSDec 97)*
a) Bronchopleural fistula b) Tubercular pneumonia
c) Bacterial pneumonia d) Pleurisy

756. Devi, a 28 year female, has diarohea, confusion, high grade fever with bilateral pneumonitis.The diagnosis is - *(AI 2000)*
a) Legionella
b) Neisseria meningitidis
c) Streptoccocos pneumoniae
d) H. influenzae

738) a,b,d 739)All 740) b 741) d 742) a 743) d 744) c 745)a,c,e 746) b,d 747)b,c,d 748) c 749) c 750) b 751)a,b,c 752) a 753) b 754) a 755) c 756) a

757. A 30 yr male has pneumonia & loose stool within 5 days of admission in a hospital. Treatment consist of- *(PGI June 09)*
a) Vancomycin b) Ciprofloxacin
c) Azithromycin d)Gentamycin
e) Tetracycline

758. True about Legionella penumonia include -
a) Occurs in epidemics *(PGI June 02)*
b) Treated with penicillin
c) Associated with splenomegaly
d) Diagnosed from sputum
e) More common in children

759. Which is not true about legionaire pneumonia -
a) Seen mainly in immunocompromised person
b) Erythromycin is drug of choice *(AIIMS May 95)*
c) Common in children and adult
d) Smoking and alcohol are risk factor

760. Characteristic histopathological feature of penumocystis carini pneumonia - *(PGIDec 2000)*
a) Interstitial pneumonitis
b) Increased eosinophills
c) Foamy vacuolated exudates
d) Mononuclear cell in bronchoalveolar lavage
e) Neutrophil infiltration

761. Pneumocystis carini pneumonia is diagnosed by -
a) Interstitial penumonia *(PGIDec 98)*
b) Eosinophils in septa
c) Alveolar type I cell damaged with eosinophils
d) All of the above

762. All of the following statements about Pneumocystis Jiroveci are true except - *(AI08)*
a) Usually associated with CMV infection
b) May be associated with Pneumatocele
c) Usually diagnosed by sputum examination
d) Causes disease only in the immunocompromised host

763. All the following are used in the treatment of pneumocystis carinii except - *(AI 94)*
a) Pentamidine b) Dapsone
c) Cotrimoxazole d) Fluoroquinolones

764. Pneumocystis carini pneumonia prophylaxis is given in - *(PGI Dec 03)*
a) If CD_4 count < 200ml
b) Tuberculosis
c) If the viral load is 25,000 copies/ml
e) Oral candidiasis

765. Treatment of choice in Chlamydia pneumoniae is- *(AIIMS Nov 93)*
a) Streptomycin b) Erythromycin
c) Cephalosporins d) Cotrimoxazole

766. TVeatment of chlamydia pneumonia \s-*(AUMS Sep 96)*
a) Erythromycin b) Ceftriaxone
c) Penicillin d) Sulphonamide

767. In mycoplasma pneumonia, following are seen except - *(PGI Dec 9 7)*
a) Diffuse infiltration of lungs
b) Cannot be cultured routinely
c) Best treatment by cefotaxime
d) Serology is useful in diagnosis

768. Drug of choice for Mycoplasma pneumoniae is- *(AIIMS May 94)*
a) Penicillin b) Tetracycline
c) Amphotericin B d) Cotrimoxazole

769. Drug of choice for Mycoplasma pneumoniae is -
a) Penicillin b) Tetracycline *(AIIMS Dec 94)*
c) Cefiuoxime d) Erythromycin

770. Features seen in Bronchiolitis obliterans with organizing Pneumonia include - *(PGIDec 01)*
a) Polypoid plugs in bronchioles
b) Ulceration and exudation of epithelium into the lumen
c) Exudation of proteinaceous material in terminal airways
d) Broncho constriction
e) Response to steroids

771. All the following are features of Tropical Pulmonary Eosinophilia except - *(AI 94)*
a) Eosinophilia > 3000/mm^3
b) Microfilaria in blood
c) Paroxysmal cough and wheezing
d) Bilateral chest mottling and increased broncho-vascular markings

772. Commonest sign of aspiration pneumonitis is -
a) Cyanosis b) Tachypnoea *(AIIMS Dec 94)*
c) Crepitations d) Rhonchi

773. Hemolysis is caused in which pneumonia -
a) Haemophilous b) Klebsiella *(AIIMSMay 93)*
c) Pseudomonas d) Streptococcus

774. Primary atypical pneumonia is caused by -
a) Mycoplasma *(Kerala 95)*
b) Mycobacterium kansasli
c) Photochromogens
d) Pneumocystis carinii

775. Aperson who has high fever, tachycardia, hemoptysis and a lobar consolidation on CXR has - *(IN95)*
a) Bronchopneumonia b) Lobar pnuemonia
c) Pulmonary edema d) Pulmonary infarction

776. All of the followimg statements are NOT true of Klebsiella pneumonia - *(Karanat 96)*
a) Upper lobe involvement
b) Bulging fissure sign
c) Ampicillin is drug of choice
d) It is otherwise known as Friedlander's pneumonia

777. All of the following organisms cuase interstitial pneumonia except - *(ICS 98)*
a) Pneumocystis carinii
b) Mycoplasma pneumoniae
c) Legionella pneumophilia
d) Haemophilus influenzae

757)b,c,e 758) a,d 759) b,c 760)a,c,d 761) a 762) a 763) d 764) a,e 765) b 766) a 767) c 768) b 769) d
770) a,c,e 771)b 772) b 773) d 774) a 775) b 776) c 777) d

778. Virus causing pneumonia are all except- *(JIPMER 95)*
a) Cytomegalo virus b) Mumps
c) Herpes d) Measles

779. Common presenting symptom of pneumocystis carini p neumonia is - *(COMEDK 05)*
a) Cavity on X-ray b) Haemoptysis
c) Breathlessness d) Purulent sputum

780. Broncho penumonia due to measles occurs due to- *(NIMHANS 05)*
a) Sinusitis b) Immunomodulation
c) Bronchial obstruction d) Aspiration

781. Cryptogenic organising pneumonia is characterised by all of the following except - *(KARNATAKA PGMEE06)*
a) Migratory pulmonary opacities
b) Obstructive pattern of pulmonary function
c) Arterial hypoxemia
d) Good response to corticosteroids

782. The single most useful clinical sign of severity of pneumonia in a person without underlying lung disease is - *(Corned 08)*
a) Temp more than 38.5°C
b) Heart rate more than 100/min
c) Systolic BP less than 90 mm Hg
d) Respiratory rate less than 30/min

783. Pneumonia alba is due to - *(Corned 08)*
a) Klebsiella b) Streptococci
c) Treponema pallidum d) Staphylococci

784. Broncho-pneumonia due to measles occurs due to- *(DelhiPGFeb. 09)*
a) Sinusitis b)Immunomodulation
c) Bronchial obstruction d) Aspiration

785. 'CURB-65' includes - *(Delhi PG Mar. 09)*
a) $Pa0_2$ less than 65 mm b) Coagulopathy
c) Severe Azotemia d) Base deficit (acidosis)

786. The following drugs can cause eosinophilic pneumonia except - *(UPSC-109)*
a) Nitrofurantoin
b) Amiodarone
c) Sulfonamides
d) Non-steroidal anti-inflammatory drugs (NSAIDs)

787. The drug of choice for the treatment of Pneumocystis jiroveci (Pneumocystis carinii) pneumonia is - *(COMED 09)*
a) Lamivudine b) Cotrimoxazole (TMP-SMX)
c) Doxycycline d) Itraconazole

788. Hypersensitivity pneumonitis is/are caused by -
a) Coal worker's pneumoconiosis *(PGINov. 10)*
b) Bagassosis
c) Silicosis
d) Sarcoidosis
e) Asbestosis

789. An old man presents to hospital an dis dianosed with pneumonia. His TLC is 20000/cu.mm & Cri teria for hospital admission are - *(PGINov. 10)*
a) Age 70 years b) Blood urea 56 mg/dl
c) SBP102 mmHg d) PC02 48
e) pH is 7.2

790. Characteristic pathological feature of pneumococcal pneumonia - *(NEET/DNB Pattern)*
a) Consolidation of airway
b) Interstitial pneumonitis
c) Increased eosinophils
d) Hilar lymphadenopathy

791. DOC in P. jeroveci - *(NEET/DNB Pattern)*
a) Clotrimazole b) Cotrimoxazole
c) Penicillin d)

PULMONARY EMBOLISM

792. Risk factors of pulm embolism - *(PGIDec 05)*
a) 30 yrs female of OCPs
b) Pregnancy
c) Leg paralysis
d) 50 yrs person with uncomplicated cholecystectomy
e) Behcet's disease

793. The most common source of pulmonary embolism is-
a) Amniotic fluid embolism *(AIIMS May 95)*
b) Renal artery embolism
c) Large veins of leg
d) Cardio thoracic surgery

794. All are true about pulmonary embolism, except - *(AIIMS May 94)*
a) Chest pain is the most common symptom
b) Most commonly presents within 2 weeks
c) More is the survival time, more is the chance of recovery
d) Arises from leg veins

795. D-dimer is the most sensitive diagnostic test for -
a) Pulmonary embolism *(AIIMS May 05)*
b) Acute pulmonary oedema
c) Cardiac tamponade
d) Acute myocardial infaraction

796. A 55 year old man who has been on bed rest for the past 10 days, complains of breathlessness and chest pain. The chest X-ray is normal. The next investigation should be - *(AI03)*
a) Lung ventilation-perfusion scan
b) Pulmonary arteriography
c) Pulmonary venous angiography
d) Echocardiography

797. A 55-year old man who has been on bed rest for the past 10 days, complains of breathlessness and chest pain. The Chest x-ray is normal. The next step in investigation should be - *(AI 04)*
a) Lung ventilation - perfusion scan
b) Pulmonary arteriography
c) Pulmonary venous wedge angiography
d) Echocardiography

798. The most definitive method of diagnosing pulmonary embolism is - *(AIIMS Nov 05)*
a) Pulmonary ateriography
b) Radioisotope perfusion pulmonary scintigraphy
c) EKG
d) Venography

778)None 779)c 780)b 781)b 782)c,d 783)c 784)b 785)c 786)b 787)b 788)b 789)a,b,e 790)a 791)b 792) a,b,c,e 793) c 794) a 795) a 796) a 797) a 798) a

799. Best investigation when there is clinical suspicion of pulmonary embolism in a patient is -
a) D - Dimer assay *(AIIMSNov 07)*
b) Multi detector CT angiography
c) Doppler ultrasound
d) Catheter angiography

800. True about pulmonary embolism - *(PGIDec 2000)*
a) ECG shows right ventricular strain pattern
b) P_A0_2-P_{a0_2} difference in normal
c) ECG also shows typical S, Q_3 T_3 pattern
d) Not a medical emergency

801. In acute pulmonary embolism, the most frequent ECG finding is - *(AIIMSMay 06)*
a) SjQ_3T_3 pattern b) P. pulmonale
c) Sinus tachycardia d) Right axis deviation

802. Treatment of choice in a patient of acute pulmonary embolism with right ventricular hypokinesia and compromised cardiac output but normal blood pressure is - *(AIIMSNov 01)*
a) Thrombolytic agent
b) Low molecular weight heparin
c) Warfarin
d) Iv filters

803. Most diagnostic investigation in pulmonary embolism is - *(ROHTAK 97)*
a) Angiography
b) X-ray chest
c) Ventilation - perfusion scan
d) CT scan
e) USG

804. Which of the following are featrues of pulmonary embolism- *(PG12K)*
a) Respiratory alkalosis b) Right axis deviation
c) Normal A-a Gradient d) Ventricular strain

805. Pulmonary embolism is most commonly produced by which of the following - *(SGPGI 05)*
a) Trauma
b) Atherosclerosis
c) Thrombosis of pelvic vessels
d) None

806. Most reliable investigation in the diagnosis of pulmonary embolism is - *(Jipmer 05)*
a) Lung scan b) Angiography
c) Differential gas tension d)ECG

807. What is the definitive method of diagnosing pulmonary embolism ? *(UPSC 06)*
a) Ventilation perfusion imaging
b) Positron Emission Tomography
c) High Resolution CT
d) Pulmonary angiography

808. Well's grading of pulmonary embolism is based on -
a) Doppler *(APPG06)*
b) Clinical symptoms
c) Hemoptysis
d) Heart Rate >100 beats per min

809. Gold standard for diagnosis of pulmonary embolism-
a) Chest X-ray *(Delhi PG Feb. 09)*
b) Pulmonary angiography
c) Ventilation perfusion scintiscan
d) CT

810. A 20 year old male presents with acute onset respiratory distress and tachypoea. His B.P. is 90/60. Loud P2 is +nt. True about his condition -
a) D-dimer assay should be done *(PGINov. 10)*
b) Increased saturation is seen
c) S wave in lead 1 and Q wave in lead 3 of ECG is seen
d) Streptokinase should be given
e) IV steroid

811. Prophylactic measure of DVT includes -
a) Warfarin *(PGI Nov. 10)*
b) Heparin
c) Graduated elatic compression stocking
d) Pneumatic compression devices
e) Dextran

ASTHMA

812. Bronchial asthma is characterized - *(PGI June 05)*
a) Inflammatory disease of airway
b) Allergic disease of airway
c) Hypo responsive ness of airway
d) Hyper responsiveness of airway
e) Treatment is mostly inhaled steroid

813. True about Asthma except - *(PGIDec 05)*
a) Inflammatory disease b) Hyper responsive
c) Necrosis of airway d) Mucous plug formation
e) Airway edema

814. True about morphology of Asthma - *(PGI Dec 04)*
a) Charcot- leyden crystal
b) Irreversible
c) Involve larger airways
d) Intermittent asthma is better responsive to bronchodilator therapy
e) Hypersensitive lung.

815. True about asthma - *(PGIDec 04)*
a) Increasing incidence day by day
b) Allergic asthma common in older patients
c) Increase in IgE in idiosyncratic asthma
d) Bronchoconstriction

816. True about intrinsic asthma - *(PGINov 09)*
a) More severe & persistent b) IgE normal
c) Allergic in nature d) Family history +ve
e) Skin test positive

817. Not a feature of acute severe asthma -*(PGI June 99)*
a) Tachycardia b) Respiratory acidosis
c) Pulsus paradoxus d) Cyanosis

818. Bronchial asthma can be diagnosed by-*(PGIDec 01)*
a) Wheeze b) Dyspnea
c) Normal FEVj d) Cough
e) Reversible obstruction

799) b 800) a,c 801) c 802) a 803) a 804)a,b,d 805) c 806) b 807) d 808)b,c,d 809) b 810)a,c,d 811)a,b,c,d 812)a,b,d,e 813)a,b,d,e 814)a,d,e 815)a,d 816)a,b 817) None 818)a,e

819. Universal finding is asthma is - *(PGI June 02)*
a) Hypoxia b) Hypercarbia
c) Hypoxemia d) Respiratory acidosis
e) Metabolic acidosis

820. Anti-inflammatory action of airways - *(PGI June 05)*
a) Fluticasone b) Ipratropium bromide
c) Budesonide d) Theophylline
e) Terbutaline

821. The recent terminlogy for status asthmaticus is -
a) Episodic asthma *(Kerala 97)*
b) Chronic asthma
c) Acute asthma
d) Severe actute asthma

822. Asthma is associated with all except - *(JIPMER 95)*
a) Hyper recactive airways b) Persistent cough
c) Episodic wheezing d) Normal Spirometry

823. Use of disodium cromoglycate as a preventive measure has been found to be of value in -
a) Intrinsic asthma *(UPSC 96)*
b) Excercise induced asthma
c) Chronic bronchitis
d) Famer'slung

824. One of the constituents of the commonly used metered dose inhalers in bronchial asthma which is an air pollutant & dangerous to earth's stratophere is - *(Delhi 96)*
a) Flurocarbons b)Salbutamol
c) Ozone d) Oxygen

825. Bronchial asthma patient on artificial ventilation requires - *(Karnataka 95)*
a) A low respiratory flow
b) An equal IE ratio of 1:1
c) An inverse ratio ventilation
d) An IE ratio 1:2.5

826. In bronchial asthma glucorticoids - *(UPSC 97)*
a) Act as potent bronchodilators
b) Reduce airway inflammation
c) Inhibit degranulation of mast cells
d) Block the action of humoral mediators

827. Excercise induced asthma is not precipitated by -
a) High altitude climb & excercise *(PGI 96)*
b) Cycling in cold weather
c) Swimming in hot water
d) Swimming in cold water

828. Which B_2 agonist is not given for acute bronchial asthma - *(Orissa R)*
a) Salbutamolb) Terbutaline
c) Salmeterol d) Methyl xanthine

829. Charcot - Leyden crystals are derived from -
a) Eosinophils b) Basophils *(Kerala 2K)*
c) Neutrophils d) Bronchial goblet cells
e) Mast cells

830. Which of the antiasthma medication is not a bronchodilator - *(Orissa 04)*
a) Salbutamol b) Adrenaline
c) Na+ cromoglycate d) Ipratropium bromide

831. The level of which one of the following compounds is elevated in bronchial asthama - *(UPSC 05)*
a) PGL, tyPGf^
c) Leukotrienes d) Thromboxane

832. Proximal bronchiecstasis and segmental collapse in a petient with chronic persistent asthma should make us suspect - *(J &k 05)*
a) Atypical mycobacterial infection
b) Mycoplasma infection
c) Lymphangitis carcinomatosis
d) Allergic bronchopulmonary aspergillosis

833. Mast cell stabilizer used in Bronchial Asthma is -
a) Raloxifene b)Ketotifen *(Orissa05)*
c) Azelastin d) Baclofen

834. To prevent exercise induced bronchial asthma drug used is - *(Delhi PG Feb. 09)*
a) Sodium chromoglycate b) Ipratropium bromide
c) Terbutaline d) Epinephrine

835. Which of the following drugs has been found to be useful in acute severe asthma ? *(Delhi PG Mar. 09)*
a) Magnesium Sulphate b)Anti-leukotrine
c) Cromolyn Sodium d) Cyclosporine

836. The following drugs can be used for the management of status asthmaticus except - *(UPSC 111)*
a) Magnesium sulphate b) Montelukast
c) Corticosteroid d) Adrenaline

837. Consider the following statements: During an acute attack of asthma-
1. Pulsus pradoxus develops when the VEV_1 is less than 25 per cent of the predicted value.
2. A normal to increased PaCO, signals a severe airway obstruction and impending respiratory failure.
3. The arterial PaCO, decreases and the arterial pH increases.
4. The presence of cyanosis is a reliable prognostic sign.

Which of the statements given above are correct?
a) 1,2 and 3 b) 2,3 and 4 *(UPSC 111)*
c) 1,3 and 4 d) 1,2 and 4

838. In asthma diagnosis is by- *(NEET/DNB Pattern)*
a) FEV1
b) Measurement of tidal volume
c) End expiratory flow rate
d) Total lung capacity

C.O.P.D.

839. All of the following drugs are useful in the treatment of a patient with acute bronchial asthma except -
a) Ipratropium b) Salbutamol *(AIIMSNov 03)*
c) Montelukast d) Hydrocortisone

840. All are used in bronchial asthma, except -
a) Salbutamol b) Morphine *(AIIMS June 97)*
c) Aminophylline d) Steroid

819) a 820) a,c 821)d 822)d 823)b 824) a 825) d 826)b 827)c 828)c 829) a 830)c 831)c 832)d
833) b 834)a 835)a 836)b 837)d 838)a 839)c 840) b

841. The most predictive and dangerous side effect of propranolol that makes it to be avoided in known patient of COPD is induction of- *(AIMSNov 01)*
a) Respiratory failure b) Acute asthmatic attack
c) Glaucoma d) Pleural effusion

842. Aspirin-sensitive asthma is associated with -*(AI95)*
a) Obesity b) Urticarisis
c) Nasal polyp d) Extrinsic asthma

843. True statements about emphysema - *(PGIDec 04)*
a) Breathlessness is always there
b) Diffusion rate for carbon monoxide is reduced
c) Restrictive pattern of lung disease
d) Long-term bronchodilator therapy is not effective

844. a_1 Antitrypsin deficiency is associated with -
a) Centriaciner emphysema *(AI 99)*
b) Panaciner-emphysema
c) Irregular emphysema
d) Paraseptal-emphysema

845. The most common cause of acute cor pulmonale is -
a) Pneumonia. *(AIMS Nov 02)*
b) Pulmonary thromboembolism.
c) Chronic obstructive pulmonary disease.
d) Primary spontaneous pneumothorax.

846. Which pf the following conditions commonly progress to cor pulmonale - *(PGIDec 04)*
a) Pulmonary thromboembolism
b) Bronchial asthma
c) COPD
d) Cystic fibrosis.
e) Airway foreign body

847. All the following are radiological features of Chronic Cor pulmonale except - *(AI 96)*
a) Kerley B lines
b) Prominent lower lobe vessels
c) Pleural effusion
d) Cardiomegaly

848. All are seen in emphysema except - *(Kerala 95)*
a) Decreased vital capacity b) Hyper inflation
c) Ronchi d) Damage to alveoli

849. All are true in difinition of chronic bronchitis except- *(Kerala 95)*
a) Cough 3 months
b) Productive cough
c) More than 2 consecutive months
d) Haemoptysis

850. Most common precipitating factor for COPD is -
a) Environment b) Smoking *(Orissa 05)*
c) Allergen d) All of the above

851. A patient presents with haemoptysis, copious sputum and 'tram lines' (abnormal air bronchogram) pattern on the chest X-ray. What is the most likely diagnosis?
a) Lung abscess *(UPSC 07)*
b) Pulmonary embolism with infarction
c) Bronchiectasis
d) Carcinoma of lung

852. Most likely precursor to bronchiectasis is- *(DelhiPGFeb. 09)*
a) Tuberculosis b) Carcinoma
c) Bronchial adenoma d) Bronchopneumonia

853. Which of the following is the first strategy in the management of chronic obstructive lung disease ?
a) Aminophylline *(Delhi PG Mar. 09)*
b) Anti-cholinergics
c) Cessation of smoking
d) Oral steroids

854. Which one of the following statements is NOT correct about chronic obstructive pulmonary diseases (COPD) ? *(UPSC-I 09)*
a) Respiratory flow rates are decreased
b) Total lung capacity is normal or increased
c) Residual volume is increased
d) Vital capacity is increased

855. All are used in bronchial asthma, except -
a) Salbutamol *(NEET/DNB Pattern)*
b) Morphine
c) Aminophylline
d) Steroid

856. Antibody in asthma treatment -*(NEET/DNB Pattern)*
a) Omalizumab b) Rituximab
c) Transtusuzumab d) Daclizumab

857. A person has asthma attacks more than once during day and once during night- *(NEET/DNB Pattern)*
a) Mild intermittent asthma
b) Mild persistent asthma
c) Moderate asthma
d) Severe asthma

858. Acute exacerbation of COPD is done by all except-
a) Pneumococcus *(NEET/DNB Pattern)*
b) Moraxella catarrhalis
c) H influenza
d) Staph aureus

LUNG CARCINOMA

859. Commonest type of lung carcinoma in nonsmokers is- *(AIMS Dec 94)*
a) Squamous cell carcinoma b) Adenocarcinoma
c) Alveolar cell carcinoma d) Small cell carcinoma

860. Most common bronchogenic carcinoma is -
a) Small cell carcinoma *(AIMS June 2K)*
b) Squamous cell carcinoma
c) Mixed cell carcinoma
d) Adenocarcinoma

861. Most common type of carcinoma lung is -
a) Small cell carcinoma *(AIMS May 93)*
b) Adenocarcinoma
c) Squamous cell carcinoma
d) Large cell carcinoma

841)b 842)c 843)a,b,d 844)b 845)b 846)c 847)b 848)c 849)d 850)b 851)c 852)d 853)c 854)d
855) b 856) a 857) d 858) d 859) b 860) d 861)b

862. What is TRUE regarding adenocarcinoma lung -
a) Causes 50% of lung cancers *(AIIMS Dec 94)*
b) More common in females
c) Associated with subcutaneous angiomyolipoma
d) Peripheral location

863. True about adenocarcinoma lung - *(PGI June 05)*
a) More common in female
b) Smoking is not associated with
c) Central cavitations
d) Upper lobe involvement is most common
e) Peripheral involvement

864. Most common symptom of lung carcinoma -
a) Cough b) Dyspnoea *(AIIMS 90)*
c) Weight loss d) Chest pain

865. Type of lung carcinoma producing superior vena cava syndrome - *(AIIMS June 97)*
a) Squamous cell carcinoma
b) Adenocarcinoma
c) Small cell carcinoma
d) Anaplastic carcinoma

866. Following hormonal levels are increased in small cell carcinoma of lung except - *(AI97)*
a) ACTH b) Growth hormone
c) ANF d)AVP

867. Clubbing is least common in - *(AIIMSDec 97)*
a) Squamous cell carcinoma
b) Adenocarcinoma
c) Small cell carcinoma of lung
d) Mesothelioma

868. Bronchial adenoma commonly present as - *(AI98)*
a) Recurrent hemoptysis b) Cough
c) Dysponea d)Chest pain

869. Lung carcinomas most frequently metastasize to -
a) Brain b)Liver*(AIIMS92)*
c) Adrenal d)Bone

870. Lung to lung metastasis is seen in -
a) Adenocarcinoma of lung *(AIIMS May 05)*
b) Squamous cell carcinoma
c) Small cell carcinoma
d) Neuroendocrine tumor of lung

871. Carcinoma lung responding best to chemotherapy -
a) Squamous cell type b) Oat cell type
c) Adenocarcinoma d) All respond equally

872. A patient comes with non-productive cough, hemoptysis and grade III clubbing, Chest X-ray shows upper left zone lesion. The likely cause is -
a) Small cell carcinoma lung *(AIIMS June 2000)*
b) Non-small cell carcinoma lung
c) Tuberculosis
d) Fungal infection of lung

873. In a chronic smoker, a highly malignant aggressive and metastatic lung carcinoma is -*(AIIMSMay 01)*
a) Squamous cell Carcinoma
b) Small cell Carcinoma
c) Adenocarcinoma
d) Large cell carcinoma

874. A 60 year old man presents with non productive cough for 4 weeks: He has grade HI clubbing, and a lesion in the apical lobe on xray. Most likely diagnosis here is - *(AI 01)*
a) Small cell ca b) Non small cell ca
c) Fungal infection d) Tuberculosis

875. A 55 year old man, a chronic smoker is brought to emergency with history of polyuria, polydipsia, nau sea and altered sensorium for last two days. He had been diagnosed as having squamous cell carcinoma of lung two months prior to this. On examination, he was lethargic and confused. An ECG was normal except for a narrowed QT interval. Which one of the following is the most likely metabolic abnormality? *(AIIMS Nov 03)*
a) Hypernatremia b) Hypercalcemia
c) Hypokalemia d) Hyponatremia

876. Small cell carcinoma features are - *(PGI June 06)*
a) Commonest malignancy of lung
b) Associated with paraneoplastic syndrome
c) Don't cause SVC syndrome
d) Chemosensitive
e) Commonly present with metastasis to brain

877. True about small cell lung cancer - *(AI 09)*
a) Bone marrow is uncommonly involved
b) Destruction of alveolar cells
c) Peripheral in location
d) Treatment is chemotherapy

878. TYue about occupational cancers - *(PGI June 01)*
a) Seen even after exposure is stopped
b) Site for occurance common to occupation
c) Usually not seen in younger persons
d) Scrotal cancer is common in dye industry workers

879. Which of the following tumor is most commonly associated with superior vena cava syndrome-(^4/*11)*
a) Lymphoma b) Small cell carcinoma
c) Non small cell carcinoma d) Metastasis

880. Granulomatous condition showing hypercalcemia A7 E- *(NEET/DNB Pattern)*
a) TB b) Sarciodosis
c) Berylliosis d)SLE

PLEURAL EFFUSION & PNEUMOTHORAX

881. Which of the following is true about pleural effusion-
a) Horizontal fluid level *(PGI Dec 05)*
b) Low lung volume
c) Muffled heart sounds
d) Decreased chest movements
e) Succussion splash

882. Transudative pleural effusion seen *in*-*(PGI June 02)***
a) Nephrotic syndrome b) Rheumatoid arthritis
c) Constrictive pericarditis d) Myxedema
e) Pulmonary embolism

862)d 863)a,e 864)a 865)c 866)b 867)c 868)a 869)a 870)a 871)b 872)b 873)b 874)b 875)b 876) b,d,e 877)b,d 878)a,b 879)b 880)d 881)b,c,d 882)a,c,d,e

883. TVansudative effusion occur in - *(PGINov 09)*
a) Chylothorax
b) Myxedema
c) Dialysis related effusion
d) Nephrotic syndrome

884. Exudative pleural effusion is seen in - *(AI03)*
a) Congestive heart failure b) Nephrotic syndrome
c) Mesothelioma d) Cirrhosis

885. Low glucose in pleural effusion is seen in all, except-
a) Dressier syndrome *(AIIMSMay 94)*
b) Empyema
c) Malignant pleural effusion
d) Rheumatoid arthritis

886. All of the following show low glucose in pleural fluid, except - *(AIIMSDec 94)*
a) Empyema
b) Malignant pleural effusion
c) Rheumatoid arthritis
d) Dressler's syndrome

887. Pleural fluid having low glucose is seen in all, except - *(AIIMS May 93)*
a) Tuberculosis b) Empyema
c) Mesothelioma d) Rheumatoid arthritis

888. Decreased glucose level in pleural effusion is found in- *(PGIJune 99)*
a) Rheumatoid arthritis b)SLE
c) Pneumococcal infection d) P.carinii infection

889. Amylase increased in pleural fluid is seen in following except - *(PGI June 2000)*
a) Rheumatoid arthritis b) Esophageal perforation
c) Malignancy d) Gall stone pancreatitis

890. A high amylase level in pleural fluid suggests a diagnosis of - *(AIIMS May 03)*
a) Tuberculosis b) Malignancy
c) Rheumatoid arthritis d) Pulmonary infarction

891. Tuberculous pleural effusion is characterized by all, except - *(AIIMS May 94)*
a) LDH > 60% of serum LDH
b) Hemorrhagic fluid
c) Increased mesothelial cells
d) Increased Deaminase

892. Presence of cholesterol crystals in pleural effusion is a feature of - *(AIIMS June 97)*
a) Myxoedema b) Hypertriglyceridemia
c) Hyperthyroidism b) Sarcoidosis

893. Left-sided pleural effusion seen in - *(PGI June 02)*
a) Pancreatitis b) Rheumatoid arthritis
c) Hypoproteinemia d) CCF
e) Esophageal rupture

894. Spontaneous pneumothorax is seen in -
a) Smokers b) Male sex *(PGI June 02)*
c) Old age d) Exercise
e) Short stature

895. Right hemithorax with right side shift of mediastinum is due to - *(PGI June 97)*
a) Collapse of Rt lung
b) Right side hemothorax
c) Hydrothorax Rt sided
d) Bronchiectasis

896. Which statement is TRUE regarding pneumothorax-
a) Decreased breath sounds *(AIMSDec 94)*
b) Decreased percussion note
c) Always needs chest tube insertion
d) Often needs chest tube insertion

897. Pneumothorax is seen in all, except -
a) Marfan syndrome *(AIMSMay 94)*
b) Assisted ventilation
c) Eosinophilic granuloma
d) Bronchopulmonary Aspergillosis

898. Tuberculous pleural effusion is characterised by all of the following features except - *(AI 97)*
a) Harmorrhagic effusion
b) Pleural fluid LDH more than 60% that of serum LDH
c) Protein in apirated fluid is increased.
d) t Mesothelial cells.

899. While inserting a central venous catheter, a patient develops respiratory distress. The most likely cause is- *(AI02)*
a) Hemothorax b) Pneumothorax
c) Pleural effusion d) Hypovolumia

900. Which one of the following conditions may lead to exudative pleural effusion ? *(AI 03)*
a) Cirrhosis
b) Nephrotic syndrome
c) Congestive heart failure
d) Bronchogenic carcinoma

901. Pleural glucose is < 60 mg/dl is seen in which of the following condition ? *(Manipal06)*
a) Malignancy b)TB
c) Fungal d) Pancreatitis

902. Pleural effusion with very low glucose is characteristically seen in - *(UPSC-109)*
a) Malignancy b) Tuberculosis
c) SLE d) Rheumatoid arthritis

903. Which of the following conditions can produce hemathorax ? *(Delhi PG Mar. 09)*
a) Myxoma
b) Congestive heart failure
c) Rheumatoid arthritis
d) Uremia

PNEUMOCONIOSIS

904. TVue Statement about silicosis - *(PGIDec 04)*
a) Produces pleural plaque
b) Associated with tuberculosis
c) Lower lobe infiltration
d) Hilar adenopathy

883) b,c,e 884) c 885) a 886) d 887) a 888) a,c 889) a 890) b 891) c 892) a 893) a,e 894) a,b 895) a 896) a,d 897) d 898) d 899) b 900) d 901)b 902) d 903) d 904) b,d

905. All of the following features are seen in asbestosis except- *(AIIMSNov02)*
a) Diffuse pulmonary interstitial fibrosis
b) Fibrous pleural thickening
c) Emphysema
d) Calcific pleural plaques

906. True statements about asbestosis - *(PGIDec 04)*
a) Causes Lung Ca
b) Pleural mesothelioma
c) Peritoneal mesothelioma
d) Pulmonary fibrosis

907. Pleural calcification is seen commonly in-
a) Silicosis *(Delhi 96)*
b) Asbestosis
c) Hyperparathyroidism
d) Bronchogenic carcinoma

908. 'Monday chest tightness' is characteristic of -
a) Asbestosis *(Kerela 2K)*
b) Coal worker's pneumoconiosis
c) Byssinosis
d) Berylliosis
e) Silicosis

909. Farmer's lung is caused by exposure to -*(UPSC01)*
a) Cryptostroma corticale
b) Asperigullus
c) Thermophilic actinomycetes
d) Grain dust

910. Which one of the following is the most common initial symtoms of byssinosis - *(UPSC 01)*
a) Chest tightness b) Wheezing
c) Cough d) Haemoptysis

911. Asbestosis is usually related to - *(Jipmer 98)*
a) Small cell carcinoma lung
b) Large cell carcinoma lung
c) Mesothelioma
d) Squamous cell carcinoma lung

912. Asbestosis is associated with all except-*(MAHE 01)*
a) Pleural fibroma b) Bronchogenic cancer
c) Gastric cancer d) Mesothelioma

913. Interstitial pulmonary fibrosis is associated with the following except - *(UPSC 05)*
a) Sarcoidosis b) Asbestosis
c) Carcinoid lung d) Radiation exposure

MISCELLANEOUS

914. Bronchiectasis is most common in which lobe- *(ARMS May 95)*
a) Right upper lobe b) Right middle lobe
c) Left upper lobe d) Left lower lobe

915. Which of the following is NOT a complication of bronchiectasis - *(A1IMS Sep 96)*
a) Lung abscess b) Lung cancer
c) Amyloidosis d) Empyema

916. Complication of bronchiectasis include all except -
a) Amyloidosis b) Lung abscess *(AI98)*
c) Cerebral abscess d) Bronchiogenic carcinoma

917. Kartagener's syndrome includes - *(PGI June 01)*
a) Situs inversus b) Bronchiectasis
c) Sinusitis d) Male infertility
e) Cystic fibrosis

918. True about kartagener's syndrome - *(PGIDec 04)*
a) Dextrocardia b) Infertility
c) Mental retardation d) Bronchiectasis

919. Not a cause of hemoptysis- *(PGI June 07)*
a) Pneumonia b) Bronchiectasis
c) Empyema d) Mitral stenosis

920. A lady presents with complaints of hemoptysis.Her chest X-ray appears to be normal. What is the next best investigation - *(ARMSNov 2000)*
a) Bronchoscopy b) High resolution CT
c) Sputum cytology d) Pulmonary function test

921. A 60 year old man is suspected of having bronchogenic ca: TB has been ruled out in this pt. What should be the next investigation - *(AI 01)*
a) CT guided FNAC b) Bronchoscopy and biopsy
c) Sputum cytology d) X - Ray chest

922. The commonest intrabronchial cause of haemoptysis is- *(ARMS May 95)*
a) Carcinoma lung b) Adenoma lung
c) Emphysema d) Bronchiectasis

923. A young man with tuberculosis presents with massive recurrent hemoptysis. For angiographic treatment which vascular structure should be evaluated first - *(ARMS May 03)*
a) Pulmonary artery b) Bronchial artery
c) Pulomary vein d) Superior vena cava

924. Rasmussen's aneurysm involves? *(ARMSMay 08)*
a) Bronchial aneurysm
b) Pulmonary aneurysm
c) Vertebral artery
d) Posterior intercostal artery

925. A patient presents with a cavitatory lesion in right upper lobe of Lung. The best investigation is -
a) Branchoscopy, lavage and brushing *(AI 2K)*
b) C. T. scan
c) X ray
d) FNAC

926. Rampal, 45 yr old man presents with history of recurrent hemoptysis and purulent sputum. His chest X-Ray is normal, which of the following will be the next best investigation for him*2(ARMSNov 01)*
a) HRCT b) CT guided angiography
c) Angiography d) Spiral CT

927. A drug is to be delivered by a nebuliser. The size of a droplet for its humidification is - *(AI2000)*
a) <5 b)5-10
c) 10-15 d) 15-20

928. IPPV can cause - *(AI 01)*
a) Barotrauma b) Pleural effusion
c) Missing d) None of the above

905)c 906)All 907)b 908)c 909)c 910)a 911)c,d 912)a 913)c 914)d 915)b 916)d 917)a,b,c,d
918)a,b,d 919)c 920)b 921)a 922)d 923)b 924)b 925)a 926)a 927)a 928)a

929. Which of the following is characteristically not associated with the development of inerstitial lung disease? *(AIMSMay 06)*
a) Organic dusts
b) Inorganic dusts
c) Toxic gases e.g. chlorine, sulphur dioxide
d) Inhalation of tobacco smoke

930. Hyperbaric oxygen is used in - *(PGI June 01)*
a) ARDS
b) CO-poisoning
c) Anaerobic soft tissue injury
d) During radiotherapy as desensitzer
e) Aconite poisoning

931. Bronchial hyperplasia may be caused by all except -
a) Smoking b) Theophylline *(AI98)*
c) Prematurity d) Allergy

932. True about primary pulmonary hypoventilation is-
a) Does not respond to chemical stimuli *(AIMSFeb 97)*
b) Hypocapnoea and normal $Pa0_2$
c) Common in children
d) Respiratory alkalosis is diagnostic

933. All are true regarding bronchial cyst, except-
a) 50-70% are seen in lung *(AUMSDec95)*
b) Usually seen in mediastinum
c) May be premalignant
d) Commonly gets infected

934. All are cavitating lesions in the lungs, except -
a) Caplan's syndrome *(AIIMSMay94)*
b) Hamartoma
c) Wegner's granuloma
d) Squamous cell carcinoma

935. Chest X-ray shows miliary mottling in all, except - *(AIMS Nov93)*
a) Carcinoma prostate b) Sarcoidosis
c) Hemosiderosis d) Histiocytosis

936. Most common cause of mediastinitis is - *(AI97)*
a) Tracheal rupture b) Esophagealrupture
c) Drugs d) Idiopathic

937. All are true about bilateral diaphragmatic paralysis, Except- *(AIMS May95)*
a) Sniff test is positive
b) Causes normocapnic failure
c) Diaphragmatic pacing is useful if any nerve is intact
d) None of the above

938. Cyanosis NOT improving with 100% oxygen in case of- *(AIMS May93)*
a) Cardiac asthma
b) Interstitial lung disease
c) Bronchial asthma
d) Tetralogy of Fallot (TOF)

939. "Sleep apnoea", is defined as a temporary pause in breathing during sleep lasting at least -
a) 40 seconds b) 30 seconds *(AIMSMay 03)*
c) 20 seconds d) 10 seconds

940. Unilateral clubbing seen in - *(PGI June 05)*
a) Samilial clubbing
b) Pancoast tumor
c) Pulmonary A-V fistula
d) Aortic aneurysm (arch)
e) Congenital cyanotic heart ds.

941. B/L ronchi are seen in - *(PGI June 08)*
a) Pulmonary edema
b) Pulmonary emobolism
c) Bronchiectasis

942. Smoking is generally not associated as a risk factor with- *(AI 06)*
a) Small cell carcinoma
b) Respiratory bronchiolitis
c) Emphysema
d) Bronchiolitis obliterans organizing pneumonia

943. Pleural calcification is seen in - *(PGIDec 04)*
a) Mesothelioma b) Haemothorax
c) Asbestosis d) Pulmonary fibrosis
e) Tubercular empyema

944. E.S.L.D. is caused by - *(PGI June 05)*
a) Sarcoidosis
b) Interstitial lung disease
c) Allergic bronchopulmonary aspergillosis
d) Amyloidosis
e) Emphysema

945. Platypnea is seen in - *(PGI June 05)*
a) Diaphragmatic palsy b) Pleural effusion
c) Pulmonary embolism d) Lt atrial tumor
e) Bronchial asthma

946. Which of the following collagen disorder is NOT commonly associated with pulmonary fibrosis -
a) SLE *(AIIMS Dec 94)*
b) Progressive systemic sclerosis
c) Dermatomyositis
d) Rheumatoid arthritis

947. Pulmonary fibrosis is associated with the use of -
a) Bleomycin b)Cisplatin *(AI 11)*
c) Methotrexate d) Actinomycin D

948. What is seen in pulmonary hemosiderosis ?
a) Hypoxemia *(PGIJune 07)*
b) Hypercarbia
c) Hyperplasia of type II pneumocytes

949. Which of the following is not true about idiopathic pulmonary Hemosiderosis - *(AI 09)*
a) Iron deficiency Anemia b) Eosinopenia
c) T Bilirubin d) t Reticulocyte count

950. Causes of pulmonary-renal syndrome -
a) Leptospirosis *(PGI June 07)*
b) Hanta virus
c) Paraquat poisoning

951. 3.5 kg term male baby, born of uncomplicated pregnancy, developed respiratory distress at birth, not responded to surfactant, ECHO finding revealed nothing abnormal, X-ray showed ground glass appearance and culture negative. Apgars 4 and 5 at

929)d 930)b,c 931)b 932)a 933)a,c 934)b 935)a 936)b 937)b 938)d 939)d 940)b,c,d 941)a,c
942) d 943) a,b,c,e 944)a,b,e 945) d 946) c 947) a 948)a,b,c 949) b 950)a,b,c 951) c

1 and 5 minutes. History of one month female sib ling died before. What is the diagnosis ?
a) TAPVC *(A1IMS Nov 07)*
b) Meconium aspiration
c) Neonatal pulmonary alveolar proteinosis
d) Diffuse herpes simplex infection

952. A truck driver has chronic cough with fever since one month. Chest x-ray show bilateral reticulonodular infiltrates in mid and lower zones. Which of the following is possible diagnosis?
a) Tuberculosis *(AI10)*
b) ILD
c) Pneumococcal pneumonia
d) Pneumocystis carini pneumonia

953. Minimum concentration of reduced hemoglobin required for cyanosis is - *(PGI Nov 09)*
a) lgm/dl. b) 3gm/dl
c) 5gm/dl d)7gm/dl
e) 9gm/dl

954. Granulomatous disease (s) is/are - *(PGINov 09)*
a) Lichen planus b) Histoplasmosis
c) Sarcoidosis d) Lupus erythromatosis
e) Asbestosis

955. Paradoxical respiration is seen in -*(DelhiPGFeb. 09)*
a) Multiple fracture ribs b) Diaphragmatic palsy
c) Bulbar polio d) Severe asthma

956. In cystic fibrosis the most common organism which causes infection is - *(Delhi PG Feb. 09)*
a) Pseudomonas b) Staphylococcus
c) Klebsiella d) Streptococcus

957. A 5-year-old woman presents with dry cough and progressive breathlessness of two years duration. Examination reveals clubbing, cyanosis and bibasilar crepts. What is the probable diagnosis -
a) Bronchiectasis *(UPSC-109)*
b) Lung abscess
c) Interstitial lung disease
d) Pulmonary tuberculosis

958. A patient has history suggestive of ABPA. The features(s) whcih would be seen includes -
a) Serum precipitins to aspergillus *(PGINov. 10)*
b) Elevated serum IgE
c) Peripheral eosinophilia
d) Central bronchiectasis
e) Bronchial asthma

959. A patient has recurrent URTI and CXR shows central bronchiectasis. Investigations to be done- *(PGI Nov. 10)*
a) al-antitrypsin level b)ANCA
c) Ds- DNA d) CT scan
e) Examination of sputum

960. Respiratory centre depression is caused by all except- *(AIIMSNov 10)*
a) Opium b) Strychnine
c) Barbiturates d) Gelsemium

961. Pulmonary fibrosis is associated with the use of -
a) Bleomycin b)Cisplatin *(AI11)*
c) Methotrexate d) Actinomycin D

962. The presence of multiple cavities in the lung with haematuria is suggestive of - *(UPSC I11)*
a) Wegener's granulomatosis b) Tuberculosis
c) Renal cell carcinoma d)SLE

963. The indications for surgery in patients with pulmonary tuberculosis include all of the following except- *(UPSC II11)*
a) Severe life-threatening haemoptysis
b) Drug resistant chronic tuberculous abscess
c) Aspergilloma within a tuberculous cavity with recurrent haemoptysis
d) AFB positive sputum with normal chest CT scan

964. Fibrosis of upper lobe is due to-*(NEET/DNB Pattern)*
a) Pneumonia
b) ABPA
c) Bronchiectasis in COPD
d) Rheumatoid arthritis

965. Primary, ciliary* dyskinesia is associated with all except- *(NEET/DNBiPattern)*
a) Sterility in males b) Hypothyroidism
c) Sinusitis d) Respiratory infection

966. 45 yr old on Mtx dev&ops respiratory symptoms?
a) Bacterial pneumonia *(NEET/DNB Pattern)*
b) TB due tb drug therapy
c) Nonspecific interstitial pneumonia
d) ARDS

967. Drug used in RSV infection in children- *(NEET/DNB Pattern)*
a) Rituximab b) Palivizumab
c) d) Omalizumab

IMMUNE

GENERAL

968. Histocompatibility complex associated with narcolepsy - *(JIPMER95)*
a) DR, b)DR_3
c)DR_4 d)B_4

969. Pleurisy is common in which one of the following connective tissue disease - *(Kamat96)*
a) System lupus erythematosis
b) Systemic sclerosis
c) Polyaritis nodosa
d) Mixed connective tissue disease

970. Interforons secrected by all except - *(IN99)*
a) Monocytes b) Macrophages
c) Fibroblast d)Lymphocytes

971. Which among the following does not secrete interleukin I alpha - *(JIPMER2K)*
a) Lymphocyte b) Fibroblast
c) Macrophage d) Neutrophils

952)d 953)c 954)b,c 955)b 956)b 957)c 958)All 959)a,d,e 960)b 961)a>c 962)a 963)d 964)b
965) b 966) c 967) b 968) a 969) a 970) None 971) d

972. Which one of the following statements about Natural (NK) cells is not correct - *(ICS 2K)*
a) NK Cells can lyse tumour cells and virus infected cell in vitro, without previous sensitization
b) Nk Cells are found in peripheral blood and lymphoid tissue
c) NK cells are CD_3 positive
d) NK cells lyse the target cells by antibody dependent cellular cytotoxicity

973. In children atopic dematitis is associated with increase in- *(UPSC 96)*
a) Immunoglobulin A b) Immunoglobulin E
c) Immunoglobulin G d) Immunoglobulin M

974. Amyloidosis is associated with - *(MP 98)*
a) 21P b) 22P
c) Y chromosome d) 17 Q

975. "Pathergy" Test is specific for - *(Karan.2001)*
a) Caplan's syndrome b) Sjogren's syndrome
c) Bechet's syndrome d) Felty's syndrome

976. In ataxia, telengiectasia which is seen -
a) Ig G absent b) Ig M absent*(Jirnper98)*
c) Ig A absent d) Ig A structureabnormality

977. Which of the following is a PAN B lymphocyte marker- *(Jharkand 03)*
a) CD 19 b)CD5
c) CD 10 d) CD 38

978. The type of Allergic reaction seen in Allergic fungal sinusitis is - *(AIIMS 04)*
a) Type 1 and Type 2 b) Type 2 and Type3
c) Type 1 and Type 3 d) Type 4 and Type1

979. Multiple small aneurym is seen on aortography in which condition - *(SGPGI05)*
a) Behcet'syndrome
b) PAN
c) Takayasu's artertis
d) Wegener's granulomatosis

980. HLA B27 antigen isassociated with all of the following disease except - *(SGPGI05)*
a) Ankylosing spondylitis b) Reiter's syndrome
c) Psoriatic arthorpathy d) Rheumatoid arthritis

981. B cell functions is tested by all of the following except? *(Manipal06)*
a) C H 50 count b) Amount of Ig G
c) PPD testing d) Cytokine

982. Which of the following is treatment of Type I hypersensitivity- *(Manipal06)*
a) Histamine b) IgA immunoglobulin
c) Sodium cromoglycate d) Interleukin 5

983. HLA B27 histocompatibility antigen is correlated with- *(Corned07)*
a) Sjogren's disease
b) Ankylosing spondylitis
c) Felty's syndrome
d) Scleroderma

984. Increased frequency of HLA-B 27 is seen in all the following diseases except - *(Corned 08)*
a) Ankylosing spondylitis b) Reiters syndrome
c) Acute anterior uveitis d) Myasthenia gravis

985. All are true regarding Hyper IgE syndrome except-
a) Inheritance is as a single locus Autosomal dominant trait with variable expression
b) Coarse facial features *(Delhi PG Mar. 09)*
c) Recurrent staphylococcal abscesses involving skin, lungs
d) High serum IgE with low IgG, IgA and IgM

986. Diagnosis of X linked agammaglobulinemia should be suspected if- *(Delhi PG Mar. 09)*
a) Absent tonsils and no palpable lymph nodes on physical examination
b) Female Sex
c) High Isohemagglutinins titers
d) Low CD 3

987. Screening tests for B cell defects -
a) Isohemagglutinin titers *(Delhi PG Mar. 09)*
b) CD 4 levels
c) Nitrobluetetrazolium dye test
d) Candida albicans intradermal skin test

988. Marker for NK cell activity is- *(Delhi PG Mar. 09)*
a) CD3 b)CD4
c) CD56 d)CD19

989. Which one of the following is not a correct statement regarding Raynaud's disease ? *(UPSC-II09)*
a) It is idiopathic
b) It commonly affects women
c) Exposure to cold precipitates vasoconstriction
d) The lower extremity involvement is symmetrical

990. The following immunoglobulin DOES NOT fix to complement - *(COMED 09)*
a) IgE b) IgM
c) IgA d)IgG

991. Reactive arthritis is a/w - *(PGIMay 10)*
a) Cjejuni b)Yersenia
c) Salmonella d) Chlamydia
e) Mycoplasma

992. Sclerodema like disorder is/are caused by -
a) Vinyl chloride *(PGI May 10)*
b) Bleomycin
c) Aromatic hydrocarbon
d) Pentazocin
e) Gold

993. Consider the following - *(UPSC 111)*
1. Goodpasture's syndrome
2. Myasthenia gravis
3. Guillain-Barre syndrome

In which of the above conditions may plasmapheresis be useful?
a) 1 only b) 1 and 2 only
c) 2 and 3 only d) 1,2 and 3

972) c 973)b 974)a 975)c 976)c 977)a 978)c 979)c 980)d 981)a 982)c 983)b 984)d 985) d
986) a 987) a 988) c 989) d 990) a 991)a,b,c,d 992)a,b,c,d 993) d

994. A 20-year-old male presents with pain in the knee joints for the last two weeks. He also has mild backache and stiffness. He had fever and diarrhoea four weeks previous to developing these complaints. The patient is afebrile and has no diarrhoea. His laboratory investigations reveal normal ESR and elevated CRP. What is the most probable diagnosis?
a) Ankylosing spondylitis *(UPSC111)*
b) Rheumatoid arthritis
c) Enteropathic arthritis
d) Reactive arthritis

995. Risk factors associated with development of Gout A/E- *(NEET/DNB Pattern)*
a) Female sex b) Alcohol
Pvi t ,eJiThiazide^ Rft d) Hypertension

RHEUMATOID ARTHRITIS

996. All of the following are seen in inflammatory polyarthritis, except - *(ARMS May 94)*
a) New bone formation
b) Spontaneous flare
c) Increased ESR
d) Morning stiffness more than one hour

997. Which part of the spine is most commonly affected in Rheumatoid arthritis - *(AI94)*
a) Cervical b) Lumbar
c) Thoracic d) Sacral

998. Part of spine, involved in Rheumatoid arthritis is -
a) Cervical b)Thoracic*(A1IMS Feb 97)*
c) Lumbar d) Sacral

999. Which of the following is true regarding Rheuma toid arthritis - *(AI 94)*
a) Typically involves small and large joints sym metrically but spares the cervical spine
b) Causes pleural effusion with low sugar
c) Pulmonary nodules are absent
d) Enthesopathy prominent

1000. Rheumatoid factor in rheumatoid arthritis is improtant because - *(AI 02)*
a) RA factor is associated with bad prognosis
b) Absent RA factor rules out the diagnosis of Rheumatoid arthritis
c) It is very common in childhood Rheumatoid arthritis
d) It correlates with disease activity

1001. Which of the following is the most specific test for Rheumatoid arthritis - *(ARMS Nov 06)*
a) Anti-ccp antibody b) Anti Igm antibody
c) Anti IgA antibody d) Anti IgG antibody

1002. RA is best diagnosed by? *(ARMS Nov 11)*
a) IgARF/ b) IgG RF/
c) IgMRF/ d) Anti CCP antibody

1003. All the following are true about Rheumatoid arthritis except - *(AI 94)*
a) Positives for Anti-IgG antibody
b) Juxta-articular osteoporosis
c) Morning stiffness
d) C Reactive protein indicates better prognosis

1004. Rheumatoid factor is - *(PGIDEC03)*
a) IgG b) IgM
c) IgA d)IgD
e)IgE

1005. False positive rheumatoid factor can be associated with all except - *(AI 09)*
a) Inflammatory bowel disease
b) HbsAg
c) VDRL
d) Coombs test

1006. Rheumatoid factor is-
a) IgG b) IgA
c) IgD d) IgE
e) IgM

1007. Which of the following HLA is specific to rheumatoid arthritis - *(PGIJUNE 01)*
a) HLADRj b)$HLADR_2$
c) HLADRj d) $HLADR_4$
e) $HLADR_3$

1008. Type of anemia seen in Rheumatoid arthritis is -
a) Microcytic hypochromic anaemia *(ARMSDec 97)*
b) Macrocytic hypochromic anaemia
c) Normocytic hypochromic anaemia
d) Normocytic normochromic anaemia

1009. All true about rheumatoid arthritis - *(PGINov 09)*
a) Limited to articular cartilage
b) Associated with HLA DR4
c) More common in women
d) Extraarticular in 20% cases
e) Hand, elbow & knee are common joint affected

1010. A 45 year old coal mine worker presents with cutaneous nodules, joint pain and occasional cough with dyspnoea. His chest radiograph shows multiple small (I -4 cm) nodules in bilateral lung fields. Some of the nodules show cavitation and specks of calcification. Most likely these features are diagnostic of - *(ARMS Nov 03)*
a) Sjogrens syndrome
b) Caplan's syndrome
c) Silicosis
d) Wegener's granulomatosis

1011. True regarding felty's syndrome is all, except -
a) Splenomegaly b) Rheumatoid arthritis
c) Neutropenia d) Nephropathy *(ARMSDec 97)*

1012. True about RA-
a) HLAD b) HLAB27
c) Anaemia d) Subcutaneousnodules
e) Joint deformity

1013. The following are rheumatoid disease modifying drugs except - *(AI 95)*
a) Chloroquineb) Gold
c) Penicillamine d) BAL

1014. Gold salts can be used in - *(AI 94)*
a) Ankylosing spondylitis b) Rheumatoid arthritis
c) Osteoarthritis d) Behcet's syndrome

994) d 995) a 996)a 997)a 998)a 999)b 1000) a,d 1001) a 1002) d 1003)d 1004)b 1005)a 1006)e 1007)d 1008)d 1009) b,c,e 1010)b 1011)d 1012) a,c,d,e 1013) d 1014)b

1015. Indication of systemic steroids in rheumatoid arthritis is - *(AI97)*
a) Mononeuritis multiplex
b) Carpul tunnel syndrome
c) Presence of deformities
d) Articular cartilage involvement

1016. What is the indication of using systemic steroids in a case of rheumatoid arthritis - *(AIIMSMay 94)*
a) Carpal tunnel syndrome
b) Presence of deformities
c) Mononeuritis multiplex
d) Involvement of articular cartilage

1017. Hemophilia with rheumatoid arthritis, analgesi of choice- *(PGIDEC98)*
a) Ibuprofen b) Aspirin
c) Aetaminophen d) Phenylbutazone

1018. Which is the most common site of subcutaneous nodules in rheumatoid arthritis - *(GUPGEE95) **
a) Elbow b) Wrist
c) Achilles tendon d) Occiput

1019. Rheumatoid factor is mainly- *(GUPGEE96)*
a) IgM b)IgA
c) IgG d) IgD

1020. A patient with rheumatoid arthritis is not responding to rotuine treatment. Which one of the following is to be indicated in further treatment-
a) Methotrexate b) Salazopyrine *(ICS 98)*
c) Endoxan d) Paracetamol

1021. The most common cardiac involvement in rheumatoid arthritis - *(ICS 2K)*
a) Pancarditis b) Pericarditis
c) Myocarditis d) Endocarditis

1022. Etanercept used in rheumatoid arthritis act by -
a) TNF alpha b) TFG beta *(JIPMER 2002)*
c) IL-2 d)IL-6

1023. Rheumatoid arthritis pericarditis is - *(PGI98)*
a) Serous b) Fibrinous
c) Serofibrinous d) Adhesives

1024. Which one of the following is not associated with rheumatoid arthritis - *(COMEDK 05)*
a) Pleural effusion
b) Pulmonary hypertension
c) Cricoarytenoid arthritis
d) Fibrosing alveolitis

1025. Which one of the following is least likely to occur in late extra articular sero-positive rheumatoid arthritis -
a) Neutropenia b) Dry eye
c) Leg ulcers d) Hepatitis

1026. Human leukocyte antigen (HLA) DR 4 occurs in about 70% of patients with rheumatoid arthritis HLA DR4 encoded in the major histocompatibility complex (MHC) region on - *(Karn 06)*
a) Chromosome 6 b) Chromosome 9
c) Chromosome 18 d) Choromosome 22

1027. Regarding rheumatoid arthritis, which one of the following statements is correct ? *(UPSC 07)*
a) NSAIDs are helpful in controlling the disease process
b) Corticosteroids, on long term basis, are to be given in all cases
c) DMARDs should be given early and preferably in combinations
d) Every patient of rheumatoid arthritis has a positive rheumatoid factor

1028. Extra - articular manifestations of RA are all except - *(PGlMay 10)*
a) Rheumatoid nodule b) Rnela failure
c) Spleen atrophy d) Scleritis
e) Pleural effusion

1029. Which of the following constitute Felty's syndrome?
a) Rheumatoid arthritis, splenomegaly and neutropenia *(UPSC 111)*
b) Rheumatoid arthritis, hepatomegaly and neutropenia
c) Rheumatoid arthritis, psoriasis and anaemia
d) Reactive arthritis, splenomegaly and anaemia

1030. Drugs used in treatment of acute gout - *(NEET/DNB Pattern)*
a) Ailopurinol b) Colchicine
c) Pamidronate d) Methotrexate

1031. Uretheritis is seen in - *(NEET7DNB Pattern)*
a) Reiter's syndrome b) Gout
c) Rheumatoid arthritis d) PAN

1032. Shrinking lung is a feature of - *(NEET/DNB Pattern)*
a) SLE b) Rheumatoid arthritis
c) Scleroderma** d) 'Sard6ido&s^

1033. Primary Sjogrens syndrome true is -
a) Can be seen in children *(NEET/&NB Pattern)*
b) Increased complement G4 leadsto thymoma
c) Associated With rheumatoid arthritis
d) Salivary gland enlargement

JOINTS

1034. Least common site to involved in osteoarthritis amongst the following is - *(AI 97)*
a) Hip joint
b) Knee joint
c) Carpometacarpal joint of thumb
d) Metacarpophalangeal joint

1035. Charcoat's j oint includes all of the following except-
a) Syringomyelia *(AIIMSNov06)*
b) Leprosy
c) Diabetes
d) Arthrogryposis multiplex congenita

1036. Most common cause of mononeuritis multiplex in India is ? *(AIIMS Nov 08)*
a) Hansen's disease b) Rheumatoid arthritis
c) Tuberculosis d) Polyarteritis nodosa

1015)a 1016)c 1017) a 1018)a 1019)a 1020)None 1021)b 1022)a 1023)b 1024) None 1025) d 1026)a 1027)c
1028)b,c 1029)a 1030)b 1031)a 1032)a 1033) d 1034)d 1035)d 1036)a

1037. A 60-year old man with diabetes mieelitus presents with painless, swollen right ankle joint Radiographs of the ankle show destroyed joint with large number of loose bodies. The most probable diagnosis is -
a) Charcot's joint b)Clutton's joint *(AI03)*
c) Osteoarthritis d) Rheumatoid arthritis

1038. A 35 - year old male develops involvements of PIFJHP and metacarpo phalangeal joints with sparing of wrist and carpometacarpal joints. The probable diagnosis is - *(AIIMS June 99)*
a) Psoriatic arthopathy b) Osteo arthritis
c) Rheumatoid arthritis d) Pseudo gout

1039. Proximal interphalangeal, distal interphalangeal & 1st metacarpophalangeal joint involvement and sparing of wrist is a feature of - *(AIIMS Dec 95)*
a) Rheumatoid arthritis b) Pseudogout
c) Psoriatic arthropathy d) Osteoarthritis

1040. Gout is a disorder of - *(AI10)*
a) Purine metabolism b) Pyrimidine metabolism
c) Ketone metabolism d) Protein metabolism

1041. What is not true about gout - *(AIIMSMay 95)*
a) Acute attack may be seen without any cause
b) Patient may be asymptomatic with high serum uric acid for years
c) Development of arthritis correlates with level of serum uric acid
d) Uric acid crystals are best seen by polarising light microscope

1042. Specific test for gout is - *(AIIMSSep 96)*
a) Raised serum uric acid level
b) Raised uric acid in synovial fluid of joint
c) Raised urea level
d) Raised urease enzyme level

1043. True about gout is - *(PGI June 02)*
a) Occurs due to accumulation of urate crystals in joint
b) Can be pptd by pyrazinamide
c) Birefringent cystals are present in joints
d) Occurs more in females
e) Due to decreased excretion of uric acid

1044. All of the following statements about primary Gouty arthritis are true, Except - *(AI 10)*
a) 90% of cases are caused by over production of uric acid
b) Uric acid levels may be normal at the time of an acute attack
c) Men are more commonly affected than women (Male > Females)
d) Definitive diagnosis requires aspiration of synovial fluid

1045. False regarding gouty arthritis is - *(AIIMSNov 93)*
a) Synovial fluid analysis is diagnostic
b) Allopurinol is the treatment of choice in acute gout
c) Arthritis occurs after long attack of hyperuricemia
d) Level of uric acid in blood and severity of gout has good correlation

1046. All of the following conditions are observed in Gout, except - *(AIIMS May 05)*
a) Uric acid nephrolithiasisOO
b) Deficiency of enzyme X anthine oxidase
c) Increase is serum urate concentration
d) Renal disease involving interstitial tissues

1047. All are seronegative (spondyloepiphyseal) arthritis with ocular manifestations, except - *(AIIMSNov 01)*
a) Ankylospondilitis b) Ritter's disease
c) Rheumatoid arthritis d) Psoriatic arthritis

1048. CIF of Gout-
a) Pain
b) Inflammation of joint
c) Small joint involvement
d) Crystal deposition at synovium
e) Chondrocalcinosis

1049. In case of gout preservation of urine sample is done in- *(AIIMS Dec 97)*
a) Normal saline b) Formaline
c) Alcohol d) Distilled water

1050. All are used in treatment of acute gout, EXCEPT -
a) Aspirin b) Naproxen *(AIIMS May 93)*
c) Allopurinol d) Colchinine

1051. Treatment of choice in seronegative spondylarthritis is - *(AIIMSNOV93)*
a) Phenylbutazone b) Aspirin
c) Indomethacin d) Corticosteroid

1052. Ankylosing spondylitis is associated with - *(AI 99)*
a) HLA-B27 b) HLA-B8
c) HLA-DW4/DR4 d)HLA-DR3

1053. HLA B27 is seen associated with - *(AIIMSNov 09)*
a) Rheumatoid arthritis
b) Ankylosing spondylitis
c) Sjogren syndrome
d) Scleroderma

1054. HLA B27 is associated with all *except-(PGIDec 98)*
a) Ankylosing spondylitis b) Pernicious anemia
c) Behcet's syndrome d) Reiter's sydrome

1055. All the following diseases are associated with HILA B - 27 & Uveitis, except - *(AI 2000)*
a) Bechcet's syndrome b) psoriasis
c) Ankylosing Spondylitis d) Reiter's syndrome

1056. All the following are features of Behcet's syndrome except- *(AI 94)*
a) Recurrent aphthous stomatitis
b) Multi-system involvement
c) Seen only in the tropics
d) Common in youngsters

1057. Behcet's syndrome is characterized by a/e -
a) Myocarditis *(PGI DEC 2K)*
b) Pyoderma gangrenosum
c) Genital & oral ulcers
d) Thrombophlebitis

1037) a 1038) a 1039)d 1040)a 1041)None 1042)b 1043)a,b,c,e 1044) a 1045) b 1046)b 1047)c 1048)A11 1049)c 1050) c>a 1051) c 1052)a 1053)b 1054)b,c 1055)a 1056)c 1057)a,b

1058. All are true regarding Reiter's syndrome, except - *(AIIMS NO V 93)*
a) Interstitial lung disease
b) Conjunctivitis
c) Occurs after sexual contact
d) Ulcers on palm and sole

1059. Most common organism associated with reactive arthritis is - *(AIIMS May 08)*
a) Staphylococcus b) Shigella
c) Chlamydia d) Yersinia

1060. A young man back from leisure trip has swollen knee joints & foreign body sensation in eyes. Likely cause is - *(AIIMSMay 10)*
a) Reiter's syndrome b) Sarcoidosis
c) Behcet's disease d)SLE

1061. True about lyme disease is- *(PGIDEC99)*
a) Arthritis is an early manifestation
b) Conduction block is not seen
c) Mood disorder is chronic neurological manifestation
d) Causative organism is Borrelia recurrentis

1062. Which one of the following drugs may precipitate gout- *(UPSC96)*
a) Ethambutol b)Isoniazid
c) Pyrazinamide d)Rifampicin

1063. Erosion of joint is seen in all except - *(M.P 98)*
a) SLE b) Osteoarthritis
c) Psoriatic arthropathy d) Rheumatoid arthritis

1064. Charcots joint is not seen in - *(MP 98)*
a) Ankle b) Knee
c) shoulder d) Elbow

1065. Most effective treatment of acute attack of gout is -
a) Aspirin b) Allopurinol *(CIP01)*
c) Colchicine d) Mefenemic acid

1066. Which of the following crystals may give rise to pseudo neuropathic arthropathy resembling Charcot's joint- *(UPSC 01)*
a) Monosodium uratehydroxy apatite
b) Hydroxy apatite
c) Calcium oxalate
d) Calcium pyrophosphate dihydrate

1067. True about gout is - *(PGI02)*
a) Occurs due to accumulation of urate crystals in joint
b) Can be pptd by pyrazinamide
c) Birefringent cystals are present in joints
d) Occurs more in females
e) Due to decreased excretion of uric acid

1068. A 38 year old male suffered from redness and swelling of first meta-tarso phalangeal joint thriceover the past two years. He was found to be hypertensive and the EEG showed inverted fiT' waves in precordial leads. Which one of the following investigation will be diagnostic - *(UPSC 96)*
a) Rheumatoid factor b) Serum uric acid
c) E.S.R d) C reactive protein

1069. Commonest degenerative joint disease in -
a) Gout *(Kerala 95)*
b) Osteoporosis
c) Rheumatoid arthritis
d) Osteo arthritis

1070. In Osteo arthritis, following is not a predisposing factor- *(Kerala 96)*
a) Diabetes mellitus
b) Defective joint position
c) Weight bearing joints
d) Incongruity of articular surfaces
e) Old age

1071. Disease where distal interphalangeal joint is characteristically involved- *(TN 99)*
a) Psoriatic arthritis b) Rheumatoid
c) SLE d)Gout

1072. Martel's sign is seen in - *(SGPGI05)*
a) Rheumatoid arthritis
b) Ankylosing spondylitis
c) Gout
d) Osteoarthritis

1073. Erosive arthritis is seen in all, except - *(MAHE 05)*
a) SLE b)Gout
c) Osteoarthritis d) Old age

1074. Which of the following is true of psoriatic arthritis- *(SGPGI 05)*
a) Involves distal joints of hand and foot
b) Pencil in cup deformity
c) Sacroilitis
d) All of the above

1075. All are seronegative (spondyloepiphyseal) arthritis with ocular manifestations, except- *(MAHA 05)*
a) Ankylospondylitis
b) Reiter's disease
c) Rheumatoid arthritis
d) Psoriatic arthritis

1076. Match list I with list II and select the correct answer using the code given below the lists - *(UPSC 07)*

List I (Type of hyperlipidemia)	**ListH** (Feature)
A. Hyperchylomicronaemia	1. Palmerplane xanthoma
B. Hyperbetalipoproteina-	2. Subcutaneous exte-emiansor tendon xantoma
C. Type III hyperlipoproteinaemia	3. Eruptive xanthoma over buttocks
D. Familial LPL deficiency	4. Tryglyceride level above 1000 mg%

Code:

	A	B	C	D
a)	3	1	2	4
b)	3	2	1	4
c)	4	1	2	3
d)	4	2	1	3

1058) a 1059)c 1060)a 1061)c 1062)a,c 1063)a 1064)None 1065)d 1066)d 1067)a,b,c,e 1068)None 1069)d 1070) None 1071)a 1072)c 1073)a 1074)d 1075)c 1076)d

1077. Which of the following joints findings is most suggestive of an inflammatory, rather than an osteroarthritic cause of joints pain ? *(Corned 07)*
a) Painful range of motion
b) Crepitus
c) Bony articular enlargement
d) Swelling and warmth

1078. Acute and recurrent pancreatitis is reported to occur in- *(Corned 08)*
a) Homocystinuria
b) Maple syrup urine disorder
c) Methyl malonic acidemia
d) Tyrosinemia

1079. Wilson's disease is characterized by - *(Corned 08)*
a) Low serum ceruloplasmin and low urinary copper
b) Low serum ceruloplasmin and high urinary copper
c) High serum ceruloplasmin and low urinary copper
d) High serum ceruloplasmin and high urinary copper

1080. All are true about gout except - *(Manipal 09)*
a) Is caused by purine metabolism disorder
b) Causes scleritis
c) Causes tophi in the extraocular muscle tendon
d) Is directly related to alcohol consumption

1081. Most specific diagnostic finding in gout is -
a) Uric acid crystals in urine *(UPSC-109)*
b) Raised serum uric acid
c) Presence of calcium pyrophosphate crystals in synovial fluid
d) Presence of monosdium crystals in synovial fluid

1082. Which one of the following disorders is not associated with carpel tunnel syndrome? *(UPSC-I09)*
a) Diabetes mellitus b) Hypothyroidism
c) Acromegaly d) Addison's disease

1083. "Telescope fingers" occur in - *(COMED09)*
a) Rheumatic arthritisb) Rheumatoid arthritis
c) Psoriatic arthritis d) Reiter's arthritis

SLE

1084. Cardiac lesion in SLE cause - *(Kerala 96)*
a) Verrucous endocarditis
b) Valvular incompetence
c) Heart block
d) Myocardial fibrosis
e) All of the above

1085. A 30 years old sexually active pregnant female suffers from SLE is having + ve VDRL. Next best step is - *(NIMS 96)*
a) Take the VDRL +ve as biological false +ve and do nothing
b) Do contact tracing
c) Treat her for syphilis
d) Do FTS-ABS test

1086. Antibodies most specific for drug induced lupus are- *(MAHE98)*
a) Anti ds DNA b) Antism
c) ANA d) Antihistone

1087. In active lupus nephritis which one of the following prostaglandin excretion is increased in the urine - *(SGPGI04)*
a) Prostaglandin E b) Prostagladin L
c) Prostaglndin A d)None

1088. Antinuclear-antibodiesare present in what percentage of cases of SLE ? *(UPSC 07)*
a) 50% b) 70%
c) 80% d) More than 90%

1089. Most common manifestation of cardiac lupus is- *(Corned07)*
a) Myocarditis b) Libman-Sacks endocardits
c) Pericarditis d) Aortic regurgitation

1090. Anti histone antibodies are characteristics of- *(Corned07)*
a) Drug induced lupus b) Cardiac lupus
c) Lupus nephritis d) MCTD

1091. A 23 years old woman has experienced episodes of myalgias, pleural effusion, pericarditis and arthralgias without joint deformity over course of several years. The best laboratory screening test to diagnose her disease would be -*(Delhi PG Feb. 09)*
a) CD lymphocyte count
b) Erythrocyte sedimentation rate
c) Antinuclear antibody
d) Assay for thyroid hormones

1092. A 30-year old lady presents with malar rash, photosensitivity, positive antinuclear antibody, and 24-hour proteinuria of 4 gram and pedal oedema, the most likely renal pathology in this patient will be- *(Delhi PG Mar. 09)*
a) Minimal change disease
b) Mesangioproliferative glomerulonephritis
c) Diffuse proliferative glomerulonephritis
d) Membranous nephropathy

1093. Anti ds DNA antibody is specific for -*(PGIMay 10)*
a) SLE b) Systemic sclerosis
c) CREST syndrome d) Sjogren's syndrome
e) Wegener's granulomatosis

1094. Indications for use of cyclophosphamide in SLE is-
a) Arthritis *(PGINov. 10)*
b) Anti DNA antibody + ive patients
c) Diffuse prolifereative glomerulonephritis
d) Oral ulcers
e) Discoid lipus

1095. All of the following can cause SLE like syndrome except- *(AIIMS Nov 10)*
a) INH b) Penicillin
c) Hydralazine d) Sulphonamide

VASCULITIS

1096. All the following are features of Scleroderma except-
a) Dysphagia *(AI95)*
b) Raynand's phenomenon
c) Skin contracture
d) Clacification in all the long bones

1077)d 1078)c 1079)b 1080)d 1081)d 1082)d 1083)c 1084)e 1085)d 1086)d 1087)b 1088)d 1089)c 1090)a
1091)c 1092)c 1093) a1094)c 1095)b 1096)d

1097. Features of systemic sclerosis are - *(PGI June 03)*
a) Calcinosis b) Sclerodactyly
c) Raynaud's phenomena d) Melanin deposition
e) Occurs in old age

1098. A 35 year old lady complains dysphagia, Raynaud's phenomenon, sclerodactyly. Investigations show antinuclear antibody. The likely diagnosis is -
a) Systemic lupus erythematosis *(AIIMS June 99)*
b) Systemic sclerosis
c) Mixed connective tissue disorder
d) Rheumatoid arthritis

1099. Anticentromere antibodies are most commonly associated with - *(AI06)*
a) Diffuse cutaneous systemic sclerosis
b) Mixed connective tissue disease
c) CREST syndrome
d) Polymyositis

1100. Vasanti, 28-year-old, presents with complaints of tightness of fingers. There is also history of dysphagia. Which of the following is the probable diagnosis - *(AIIMS Nov 2000)*
a) Dermatomyositis b) Scleroderma
c) Rheumatoid arthritis d) Polyarteritis nodosa

1101. True about generalized systemic sclerosis -
a) Raynaud's phenomenon seen *(PGI June 07)*
years before skin changes in fingers
b) Trunk involvement
c) Anti-centromere antibody

1102. A14yearoldgirlon_exposure_toxolcLhas_pallor-of—extermities followed by pain and cyanosis. In later ages of life she is prone to develop *l(Aiims Nov 08)*
a) Systemic lupus erythematosis
b) Scleroderma
c) Rheumatoid arthritis
d) Histiocytosis

1103. A 14 yrs old girl on exposure to cold has pallor of extremities followed by pain and cyanosis. In later ages of life she is prone to develp? *(AIIMSMay 11)*
a) Systemic lupus erythematosis
b) Scleroderma
c) Rheumatoid arthritis
d) Hisiocytosis

1104. Sclerodema like disorder is/are caused by -
a) Vinyl chloride *(PGI Nov 09)*
b) Bleomycin
c) Aromatic hydrocarbon
d) Pentazocin
e) Gold

1105. Anti-double stranded DNA is highly specific for -
a) Systemic sclerosis *(AIIMS June 97)*
b) SEE.
c) Polymyositis
d) Rheumatic sclerosis

1106. Specific antibody for SLE is - *(PGIDec 2000)*
a) Anti-Ro b)Anti-Jo
c) Anti-Sm d) Anti ds DNA
e) Anti-La

1107. Anti-ds DNA is most specific for - *(PGIDec 03)*
a) SLE b) Rheumatoid Arthritis
c) Scleroderma d) Polymyositis
e) Sjogrens syndrome

1108. Drug induced lupus can be identified by- *(AI06)*
a) Anti-histone antibodies
b) Double stranded DNA antibodies
c) Antinuclear antibodies
d) Anti-SM antibodies

1109. Antibody found in myositis is ? *(AIIMSNov 08)*
a) Anti Jo 1 b) Anti scl 70
c) Anti Sm d) Anti Ku

1110. A 23-year old woman has experienced episodes of myalgias, pleural effusion, pericarditis and arthralgias without joint deformity over course of several years. The best laboratory screening test to diagnose her disease would be - *(AI 03)*
a) CD_4 lymphocyte count
b) Erythrocyte sedimentation rate
c) Antinuclear antibody
d) Assay for thyroid hormones

1111. Diagnostic criteria of SLE is/are - *(PGI Nov 09)*
a) ANA b) Anti ds-DNA
c) Proteinuria > 500 mg/day d) Seizures
e) Leucopenia < 4000/ L

1112. Best marker for drug induced lupus is - *(AI 07)*
a) Anti histone antibodies b) Anti ds DNA
c) ANA d) Anti smith Ab

1113. GharacteristicfeatureofSLEJs^------ *(PGPDec 99)*-----
a) Uveitis b) Joint deformity
c) Polyserositis d) Cavitating lesion is lung

1114. Autoimmune destruction of platelet is seen in- *(AIIMS May 95)*
a) SLE b) Rheumatoid arthritis
c) Reiter disease d) Polyarteritis nodosa

1115. Features of SLE include all of the following except -
a) Recurent abortion *(AI 98)*
b) Sterility
c) Coomb's positive hemolytic anemia
d) Psychosis

1116. Shrinking lung is a feature of - *(PGI June 99)*
a) SLE b) Rheumatoid arthritis
c) Scleroderma d) Sarcoidosis

1117. In which of following arthritis erosions are not seen -
a) Rheumatoid arthritis *(AIIMS May 05)*
b) Systemic lupus erthematosus (SLE)
c) Psoriasis
d) Gout

1118. Deposition of anti ds DNA Ab in kidney, skin, choroid plexus and joints is seen in - *(AI 07)*
a) SLE b) Good pasture
c) Scleroderma d) Raynauds disease

1119. Joint erosions are not a feature of - *(AI 06)*
a) Rheumatoid arthritis
b) Psoriasis
c) Multicentric reticulohistiocytosis
d) Systemic lupus erthematosus

1097) a,b,c,d 1098)b 1099)c 1100)b 1101)b 1102)b 1103)b 1104)a,b,c,d 1105)b 1106)d 1107)a 1108)a
1109) a 1110) c 1111) All 1112) a 1113)c 1114)a 1115)b 1116)a 1117)b 1118)a 1119)d

1120. Wire loop lesions are often characteristic for the following class of lupus nephritis - *(AllMSMay 04)*
a) Mesangial proliferative glomerulonephritis (WHO class II)
b) Focal proliferative glomerulonephritis (WHO class m)
c) Diffuse proliferative glomerulonephritis (WHO class IV)
d) Membranous glomerulonephritis (WHO class V)

1121. In SLE, characteristic kidney lesion is -
a) Mesangial proliferation *(PGI Dec 98)*
b) Tubular fibrin deposits
c) Wire loops
d) IgG deposits

1122. True about drug induced lupus - *(PGI June 07)*
a) Anti histone antibody b) Rare anti-ds DNA
c) Renal involvement d) Serositis

1123. All of the following can cause SLE like syndrome except - *(AIIMS Nov 10)*
a) INH b) Penicillin
c) Hydralazine d) Sulphonamide

1124. Bad prognostic factors in Lupus Nephritis -
a) Anti-ds DNA *(PGIDec 03)*
b) Hypocomplementemia
c) Persistent proteinuria (> 3gm/day)
d) Anti-La(SS-B)

1125. Indications of steroids in SLE are all except -
a) Myocarditis *(AI98)*
b) Endocarditis
c) Thrombocytopenia
d) Neuropsychiatric symptoms

1126. Erosive arthritis is seen in all, except - *(AI2000)*
a) SLE b)Gout
c) Osteoarthritis d) Old age

1127. A middle aged female presents with polyarthritis with elevated rheumatoid factor ANA analevels, which among the following will help you to differentiate rheumatoid arthritis from SLE ? *(A Urns Nov 08)*
a) Soft tissue swelling at the proximal inter phalangial joint
b) Juxta articular osteoporosis or X-ray
c) Articular erosions on X-ray
d) Elevated ESR

1128. In SLE, true are - *(PGIDec 06)*
a) Autoimmune hemolytic anaemia
b) Joint deformity
c) Ted ANA
d) Anti-ds DNA
e) Raynaud's phenomena

1129. Sicca syndrome is associated with all, except -
a) Midline granuloma *(AIIMS Feb 97)*
b) Chronic active hepatitis
c) Rheumatoid arthritis
d) Scleroderma

1130. All the following is found in Sjogren syndrome except - *(AIIMS May09)*
a) Lymphoma b) Connective tissue disorder
c) Xerostomia d) Xerophthalmia

1131. Uveoparotitis is seen in - *(PGI June 98)*
a) SUB b) Sjogren's syndrome
c) Rheumatoid arthritis d) Sarcoidosis

1132. Primary extraglandular sjoren's **syndrome is seen in A/E-** *(PGI Dec99)*
a) Rheumatoid Arthritis b) Raynaud's phenomena
c) Lymphoma d) Splenomegaly

1133. All may be associated with Sicca syndrome, except - *(AIIMS Dec95)*
a) Sarcoidosis b) Rheumatoid arthritis
c) Midline granuloma d) Chronic active hepatitis

1134. Bilateral parotid enlargement occurs in all, except - *(AIIMS June97)*
a) Sjogren's syndrome b)SLE
c) Sarcoidosis d) Chronic pancreatitis

1135. Which of the following diseases is/are mediated through complement activation - *(PGIDec 03)*
a) Atopic dermatitis b) Graft versus Host disease
c) Photoallergy d) Necrotizing vasculitis
e) Urticaria

1136. IV immunoglobulin is used in - *(PGI June 02)*
a) Myasthenia gravis
b) Idiopathic thrombocytopenic purpura
c) Takayasu's arteritis
d) Hemolytic-uremic syndrome
e) Multiple myeloma

1137. I.V. Immunoglobulin is given in -
a) Kawasaki disease
b) PAN
c) Wegener's granulomatosis
d) Bruton's disease
e) Guilain Barre syndrome

1138. Intravenous immunoglobulin is given in - *(PGI June 04)*
a) Kawasaki disease b) GB syndrome
c) Heart block d) Atrial fibrillation
e) Myasthenia gravis

1139. Immunoglobulins used in Rx of - *(PGI Dec 06)*
a) Myasthenia b)I.T.P.
c) PAN d) Wegener's granulomatosis
e) Guillian Barre syndrome

1140. Immunoglobulins given in - *(PGI June 07)*
a) Wiskott Aldrich syndrome
b) X linked hypogammaglobulinemia
c) Kawasaki's disease
d) PAN

1141. Cavitating lesion in lung is seen in - *(PGIDec 99)*
a) PAN
b) SLE
c) Wegeners granulomatosis
d) Sjogren's syndrome

1120)c 1121) c 1122)a,b,d 1123)b 1124)a,b,c 1125)b 1126)a 1127)c 1128)a,c,d,e H29)a 1130)d 1131)d 1132) a 1133) c 1134)b 1135)d 1136)a,b 1137)a,b,e 1138)a,b,e 1139)a,b,e 1140)a,b,c 1141)c

1142. Small vessel vasculitis are - *(PGIDec 2000)*
a) Classical PAN
b) Wegener's granulomatosis
c) Giant cell arteritis
d) HSP
e) Churg-struass syndrome

1143. Small vessel vasculitis are seen in - *(PGINov 09)*
a) Wegener vasculitis
b) Microscopic polyangitis
c) Churg strauss syndrome
d) Kawasaki disease
e) Takayasu arteritis

1144. Granuloma is pathological feature of all, except -
a) Giant cell arteritis *(AIIMS Nov 01)*
b) Microscopic polyangitis
c) Wegner's granulomatosis
d) Churg strauss disease

1145. Vasculitis not commonly seen in adults -
a) Kawasaki disease *(AIIMS Nov 09)*
b) Henoch schonlein purpura
c) Temporal arteritis
d) PAN

1146. ANCA is found in- *(PGIJune 02)*
a) Wegener's granulomatosis
b) Churg-Strauss' disease
c) Microscopic polyangitis
d) Takayasu's arteritis
e) SLE

1147. pANCA is sensitive and specified *for-(AUMSDec 98)*
a) Post streptococcal glomerulonephritis
b) Idiopathic cresentic glomerulonephritis
c) Diffuse glomerulosclerosis
d) Diffuse glomerulosclerosis

1148. C-ANCA associated with - *(PGI June 08)*
a) Wegener's granulomatosis
b) Microscopic polyangitis
c) Churg straus syndrome
d) PAN

1149. c-ANCA is characteristic for - *(AIIMSDec 98)*
a) Polyarteritis Nodosa
b) RJP.GN.
c) Henoch's Schonlein Purpura
d) Wegeners granulomatosis

1150. C-ANCA positivity indicates, antibody formed against - *(AI07)*
a) Proteinase 3
b) Myeloperoxidase
c) Cytoplasmic antinuclear antibody
d) Anti centromere antibody

1151. ANCA is positive in - *(PGI Dec 06)*
a) Wegener's granulomatosis
b) Churg strauss syndrome
c) Microscopic PAN
d) Goodpasture's syndrome

1152. ANCA is NOT associated with which of the following disease - *(AIIMS Nov 2K)*
a) Wegener's granulamatosis
b) Henoch schonlein purpura
c) Microscopic PAN
d) Churg Strauss syndrome

1153. One of the following is a characteristic of Henoch-Schonlein Purpura - *(AIIMS 02)*
a) Blood in stool
b) Thrombocytopenia
c) Intracranial hemorrhage
d) Susceptibility to infection

1154. Henoch Schonlein purpura is characterized by all except- *(AI 94)*
a) Thrombocytopenia b) Glomerulonerphritis
c) Arthralgia d) Abdominal pain

1155. A 24 year old female presents with abdominal pain, hermaturia and arhthralgia. On examination, palpable purpuric rash was seen on trunk, limbs and buttocks. Coagulation tests were normal. What is the most probale diagnosis - *(AIPGMEE 08)*
a) Hemolytic uremic syndrome
b) Henoch-Schonlein purpura
c) Meningococcemia
d) Thrombotic thrombocytopenic purpura

1156. Henoch-Schonlein purpura is characterized by the deposition of the following immunoglobulin around the vessels - *(AIIMS Nov 05)*
a) IgM b) IgG
c) IgA d) IgE

1157. True about Henoch Schonlein Purpura -
a) Abdominal pain *(PGI June 07)*
b) Can lead to end stage renal disease
c) Palpable purpura
d) Intussusception

1158. Triie about HSP- *(PGIDec 2000)*
a) Palpable purpura
b) Kidneys commonly affected
c) C-ANCA positive
d) Thrombocytopenia

1159. A 8 year old male had non blanching rashes over the shin and swelling of knee joint with haematuria +++ and protein +. Microscopic analysis of his renal biopsy specimen is most likely to show -
a) Tubular necrosis *(AIIMS Nov 07)*
b) Visceral podocyte fusion
c) Mesangial deposits of IgA
d) Basement membrane thickening

1160. A child presented with non blanching purpura in the lower limb recurrent abdominal pain further in revealed deposition of IgA. What is the most probable diagnosis - *(PGI Nov 11)*
a) Henoch schonlein purpura
b) Wegeners granulomatosis
c) Kawasaki disease
d) Takayasu disease

1142) a,b,d,e 1143)a,b,c 1144)b 1145)a 1146)a,b,c,e 1147)b 1148)a 1149)d 1150)a 1151)a,b,c 1152)b 1153) a 1154) a 1155)b 1156)c 1157)A11 1158)a,b 1159)c 1160)a

1161. Feature of Henoch-Scholein purpura includes -
a) occur only in elderly person *(PG1 May 11)*
b) Palpable purpura
c) Thrombocytopenia
d) Arthralgia

1162. Kawasaki disease is associated with all of the following features *except* - *(AI96)*
a) Erythema
b) Posterior cervical Lymphadenopathy
c) Thromobocytopenia
d) Conjunctivitis

1163. All are manifestations of Kawasaki disease, Except-
a) Conjunctival congestion *(AlIMSFeb97)*
b) Thrombocytopenia
c) Aneurysm of coronary artery
d) Enlarged lymphnodes

1164. The following are components of Kawasaki disease except- *(AI07)*
a) Purulent conjunctivitis b) Pedal edema
c) Truncal rash d) Pharyngeal congestion

1165. Kawasaki disease is associated with all of the following clinical features except - *(AIIMSDec 98)*
a) Truncal rash
b) Posterior cervical lymphadenopathy
c) Thrombocytopenia
d) Conjunctivitis

1166. Which one of the following is the treatment of choice for Kawasaki's diseses? *(ARMSMay 05)*
a) Cyclosporine b) Dapsone
c) Intravenous immunoglobulin d) Methotrexate

1167. All of the following statement about Kawasaki's disease are true except - *(A1PGMEE08)*
a) It is the most common immune mediated vasculitis in children
b) Coronary artery aneurysm is seen in 25% of patients
c) Intravenous immunoglobulin is indicated only in patients with coronary artery aneurysm
d) Skin, mucus membranes and lymph nodes are involved

1168. Treatment of choice for Kawasaki diseae -
a) IV immunoglobulin b) Steroid *(ARMS May 09)*
c) Azathioprin d) Not recalled

1169. Treatment of choice of Kawasaki disease?
a) IV immunoglobulin b) Steroids *(ARMS Nov 11)*
c) Dapsone d) Methotrexate

1170. In polyarteritis nodosa, aneurysms are seen in all, except - *(ARMS Dec 95)*
a) Kidney b)Lung
c) Liver d) Pancreas

1171. Muscle biopsy in PAN shows - *(PGIJune98)*
a) Necrotising arteritis b) Atrophy
c) Granulomatous lesions d) Ring lesions

1172. A patient presents with melaena. normal renal function, hypertension and mononeuritis multiples. The most probable diagnosis is - *(ARMSNov 04)*
a) Classical polyarteritis nodosa
b) Microscopic polyangiitis
c) Henoch-Schonlein purpura
d) Buerger's disease

1173. A 20 year old woman presents with bilateral conductive deafness, palpable purpura on the legs and hemoptysis. Radiograph of the chest shows a thin-walled cavity in left lower zone. Investigation reveal total leukocyte count 12000/mm^3, red cell casts in the urine and serum creatinine 3mg/dl. What is most probable diagnosis - *(AI 04)*
a) Henoch-Schonlein purpura
b) Polyarteritis nodosa
c) Wegner's granulomatosis
d) Disseminated

1174. Feature of microscopic polyangitis is-*(PGIDec 99)*
a) IgG deposits in kidney
b) Broncho spasm
c) Renal involvement in 90% cases
d) All of the above

1175. An 18 years old boy presents with digital gangrene in third and fourth finger for last 2 weeks. On examination the blood pressure is 170/110 mm of Hg and all peripheral pulses were palpable. Blood and urine examinations were unremarkable. Antinuclear antibodies, Antibody to double standard DNA and antineutrophil cytoplasmic antibody were negative. The most likely diagnosis is -
a) Wegner's granulomatosis *(AI2004-2005)*
b) Polyarteritis nodosa
c) Takayasu's arteritis
d) Systemic lupus erythematosis (SLE)

1176. A 30 years old male patient presents with complaints of weakness in right upper and both lower limbs of last 4 months. He developed digital infarcts involving 2nd and 3rd fingers on right side and 5th finger on left side. On examination, BP was 160/140 mm Hg, all peripheral pulses were palpable and there was asymmetrical neuropathy. Investigations showed a Hb 12 gm, TLC -12000 Cu mm, Platelets 4,30,000, ESR- 49 mm. Urine examination showed proteinuria and RBC -10 -15/ hpf with no casts. Which of the following is the most likely diagnosis ? *(AI 05)*
a) Polyarteritis nodosa
b) Systemic lupus erythematosus
c) Wegener's granulomatosis
d) Mixed cryoglobulemia

1177. A 30-year-old male represents with numbness of both lower limbs and right upper limbs Examination reveals pulse 88/min and BP 16/110 mmHg. He also has digital gangrene involving right 2nd and 3rd finger, urine routine examination is unremarkable. Microscopic examination show RBCs, hemogram and serum biochemistru is within normal limits. What is most probable diagnosis ? *(ARMS 06)*
a) Systemic lupus erythematosis
b) Polyarteritis nodosa
c) Malignant hypertension
d) Chrug-Strauss syndrome

1161) b,d 1162)c 1163) b 1164)a 1165)c 1166)c 1167)a,c 1168)a 1169)a 1170)b 1171)a 1172)a 1173)c 1174)c 1175) b 1176) a 1177)b

1178. A 30-year-old male patient presents with complaints of weakness in right upper and both lower limbs for last 4 months. He developed digital infarcts involving 2nd and 3rd fingers on right side and 5th finger on left side. On examination. BP was 160140 mm Hg. all peripheral pulses were palpable and there was asymmetrical neuropath). Investigations showed Hb 12 gm%, TLC 12,000 per cu. mm. Platelets 4.30.000 and ESR 49 mm. Urine examination showed Proteinuria and RBC-10-15 hpf with no casts. What is the most likely diagnosis - *(AIIMS May 04)*
a) Polyarteritis nodosa
b) Systemic lupus erythematosus
c) Wegener's granulomatosis
d) Mixed cryoglobulinemia

1179. A 25 years old female develops serous otitis media of left ear with cough and occasional hemoptysis and hematuria and epistaxis for one & half months her hemoglobin is 7 gm. B.P.—> 170/100, ptoreinuria +++, RA -ve and ANCA -ve. the likely cause is - *(AIIMS June 99)*
a) Wegener's granulo matosis
b) Rheumiatoid arthritis
c) Rapidly proliferative glomerulonep hritis
d) Good pastern's syndrome

1180. Strawberry gingivitis seen in - *(AIIMSMay 10)*
a) Myelocytic infiltration
b) Phenytoin toxicity
c) Wegner granulomatosis
d) Klipel renaunay syndrome

1181. All of the following are true about Temporal Arteritis except - *(AI96)*
a) Polymyalgia Rheumatica b) Anemia
c) Low ESR d) Sudden blindness

1182. All are true about temporal arteritis, Except -
a) Polymyalgia rheumatica *(AIIMS May 95)*
b) Anaemia
c) Low ESR
d) Sudden blindness is a complication

1183. All are true about temporal arteritis except -
a) Can leads to sudden bilateral blindness
b) More common in females *(AIIMS May 10)*
c) Worsen on exposure to heat
d) Mostly affects elderly

1184. True about giant cell arteritis include the following except- *(AI09)*
a) Causes sudden bilateral blindness
b) Common in elderly
c) Females more commonly affected than males
d) Worsens on exposure to heat

1185. An elderly female presents with the features of fever, headache, diplopia. Biopsy of the artery revealed panarteritis. What is the most probable diagnosis -
a) Nonspecific arteritis *(AIIMS Nov 09)*
b) PAN
c) Wegeners granulomatosis
d) Temporal arteritis

1186. 21 Year old female presented with aortic arch aneurysm she underwent resection and the specimen was sent to histopathological examination. It showed all three layers were involved and giant cells were present. What is the probable diagnosis -
a) Tubercular aortitis *(AIIMS Nov 09)*
b) Wegeners granulomatosis
c) Giant cell arteritis
d) Nonspecific aortoarteritis

1187. Hypersensitivity vasculitis *m\o\\zs-(AIIMSMay 09)*
a) Capillary b) Arterioles
c) Postcapillary venules d) Medium sized arteries

1188. Hypersensitivity vasculitis affects - *(AIIMSMay 10)*
a) Post-capillary venules b) Arterioles
c) Veins d) Medium-sized arteries

1189. Feature of microscopic poly angitis is -
a) IgG deposits in kidney *(U.PPG.M.E.E. 04)*
b) Bronchospasm
c) Renal involvement in 90% cases
d) All of the above

1190. In takayasu arteritis there is - *(NIMHANS 05)*
a) Intimal fibrosis b) Renal hypertension
c) Coronary aneurysm d) All of the above

1191. Skin manifestations of polyarteritis include -
a) Livido reticulosis *(MAHE 05)*
b) Hyper pigmentation
c) Subcutaneous infarct
d) Bullous dermatitis

1192. All are the criteria of Kawasaki disease except -
a) Fever of 5 days duration *(APPGE 05)*
b) Mucopurulent conjunctivitis
c) Coronary aneurysms
d) Lymphadenopathy

1193. All of the following organs contain aneurysm in polyarteritis nodosa except ? *(APPG 06)*
a) Liver b)Lung
c) Kidney d) Pancreas

1194. A five year old girls presents with fever and conjunctivitis. Physical examination is significant for oral erythema and flssuring along with a generalised maculopapular rash and cervical lymphadenopathy. What is the most likely diagnosis?
a) Henoch-Schnolein purpura *(UPSC07)*
b) Polyarteritis nodosa
c) Kawasaki disease
d) Takayasu arteritis

1195. The most common leukocytoclastic vasculitis affecting children is - *(Delhi PG Feb. 09)*
a) Takayasu disease
b) Mucocutaneous lymph node syndrome (Kawasaki disease)
c) Henoch Schonelin purpura
d) Polyarteritis nodosa

1178) a 1179) a 1180)c 1181)c 1182)c 1183)c 1184)d 1185)d 1186)d 1187)c 1188)a 1189)c 1190)d 1191)a,c 1192)c>b 1193)b 1194)b 1195)c

1196. Multiple cavitatory lesion in lungs, hematuria and renal insufficiency are features in a patient with -
a) Polyarteritis nodosa *(Delhi PG Mar 09)*
b) Churg Strauss syndrome
c) Wegener's granulomatosis
d) Temporal arteritis

1197. Of the following vasculitides, coronary artery aneurysms are most often in - *(COMED 09)*
a) Kawasaki disease
b) Giant-cell arteritis
c) Wegener's granulomatosis
d) Leucocytoclastic vasculitis

1198. In giant cell arteritis : *(Manipal 09)*
a) Histological diagnosis is based on fragmentation of the internal intimal
b) C-reactive protein is always raised
c) Giant cell is needed for diagnosis
d) Anaemia is a feature

1199. A 20-year-old woman presents with bilateral conductive deafness, palpable purpura on the legs and hemoptysis. Radiograph of the chest shows a thin-walled cavity in left lower zone. Investigations reveal total leukocyte count 12,000/mm red cell casts in the urine and 12,000/mm serum creatinine 3 ing/dL. What is the most probable diagnosis ?
a) Henoch-Schonlein purpura *(Manipal 09)*
b) Polyarteritis nodosa
c) Wegener's granulomatosis
d) Disseminated tuberculosis

1200. An 18-year-old boy presents with digital gangrene in third and fourth fingers for last 2 weeks. On examination the blood pressure is 170/110 mm of Hg and all peripheral pulses were palpable. Blood and urine examinations were unremarkable. Antinuclear antibodies, antibody to double stranded DNA and antineutrophil cytoplasmic antibody were negative. The most likely diagnosis is :
a) Wegener's granulomatosis *(Manipal 09)*
b) Polyarteritis nodosa
c) Takayasu's arteritis
d) Systemic lupus erythematosus (SLE)

1201. All are true about Sjogren syndrome except - *(PGIMay 10)*
a) Interstitial nephritis b) Subcutaneous fibrosis
c) Lack of tear d) Xerostomia
e) More common in male

1202. Feature (s) of wegener's granulomatosis is/ar e - *(PGI May 10)*
a) Sinusitis b) CD4/CD8 ratio reversed
c) ANA positive d) Hypocomplementia

1203. A14 yrs old girl on exposure to cold has pallor of extremities followed by pain and cyanosis. In later ages of life she is prone to develp? *(AIIMSMay 11)*
a) Systemic lupus erythematosis
b) Scleroderma
c) Rheumatoid arthritis
d) Hisiocytosis

1204. A 45-year-old male has rhinitis, bronchial asthma, eosinophilia and systemic vasculitis. What is the probable diagnosis? *(UPSC111)*
a) Goodpasture's syndrome
b) Cryptogenic fibrosing alveolitis
c) Churg-Strauss syndrome
d) Sarcoidosis

1205. Which one of the following clinical features is not characteristic of Giant Cell Arteritis? *(UPSC111)*
a) Headache is usually the first symptom
b) Jaw pain during chewing
c) Palatal paralysis
d) Loss of visual acuity

1206. Which one of the following statements is best suited for isolated polymyalgia rheumatica? *(UPSC111)*
a) Temporal artery biopsy is necessary to confirm the diagnosis.
b) Resonse to oral corticosteroids typically occurs within seven days.
c) Corticosteroid therapy should be withdrawn after six months.
d) Sudden uniocular blindness suggests steroid-induced cataract

1207. ANCA is NOT associated with which of the following disease - *(NEET/DNB Pattern)*
a) Wegener's granulamatosis
b) Henoch schonlein purpura
c) Microscopic PAN
d) Churg Strauss syndrome

1208. Henoch Schonlein purpura is characterized by all except - *(NEET/DNB Pattern)*
a) Thrombocytopenia b) Glomerulonerphritis
c) Arthralgia d) Abdominal pain

1209. All are manifestations of Kawasaki disease, Except-
a) Conjunctival congestion *(NEET/DNB Pattern)*
b) Thrombocytopenia
c) Aneurysm of coronary artery
d) Enlarged lymphnodes

1210. Jaw tightness in proximal temporal arteries. Diagnosis - *(NEET/DNB Pattern)*
a) PAN
b) Coarctation of aorta
c) Giant cell arteritis
d) Wegner's granulomatosis

1211. A 50 year old male came to emergency department with complains of unilateral headache, diplopia and difficulty in chewing food. On evaluation, MRI was normal, ESR was persistently high. The most appropriate drug for treatment - *(AIIMS, May 12)*
a) Aspirin b) Coxibs
c) Prednisolone d) Sodium valproate

1212. Lupus pernio is seen in - *(NEET/DNB Pattern)*
a) Tuberculosis b) SLE
c) PAN d) Sarcoidosis

1196) c 1197) a 1198)c 1199)c 1200)b 1201)b,e 1202)a,c 1203)b 1204)c 1205)c 1206)b 1207)b 1208)a 1209) b 1210) c 121 l)c 1212) d

SARCOIDOSIS

1213. B/L hilar lymphadenopathy, along with non caseating granulomas is a characteristic feature of- *(AI97)*
a) Sarcoidosis b) Scleroderma
c) SLE d) Stein-leventhal syndrome

1214. All are correct regarding sarcoidosis except -
a) Often cavitate *(AlIMS 98)*
b) Spontaneous remission is usual
c) Tuberculine test is negative
d) B/L hilar lymphadenopathy

1215. Following cranical nerve is most commonly involved in patients with sarcoidosis - *(AlIMSNov 02)*
a) II Cranical neive. b) III Cranial nerve.
c) IV Cranial nerve. d) VII Cranial nerve.

1216. A woman is admitted with complains of low-grade feverof 6 weeks duration. Chest radiograph reveals bihilar adenopathy with clear lung. All of the following investigations will be useful in differential diagnosis wxcept- *(AI 04)*
a) CD4/CD8 counts in the blood
b) Serum ACE levels
c) CECT of chest
d) Galliun scan

1217. Serum angiotensin converting enzyme may be raised in all of the following,except - *(AI 05)*
a) Sarcoidosis b) Silicosis
c) Berylliosis d) Bronchogenic carcinoma

1218. True about sarcoidosis is- *(PG1DEC99)*
a) Kveim test in not helpful in diagnosis
b) May be assiciated with positive RA factor
c) Pleural effusion
d) Common is 50 years male

1219. Sarcoidosis causes all except - *(MP2K)*
a) Osteomalacia b) Addison's disease
c) Diabetes insipidus d) Hypercalcemia

1220. What is the most common presentation of sarcoidosis - *(UPSC 05)*
a) Erythema nodosum
b) Respiratory manifestation
c) Constitutional
d) Abnormal routine X-ray chest

1221. The following tests may be useful in the assessment of a patient with sarcoidosis - *(Manipal 09)*
a) Chest X-ray b)ACE
c) Conjunctiva biopsy d) Serum calcium
e) All the above

1222. Sarcoidosis - *(Manipal 09)*
a) Is associated with HLA Bj
b) Is commoner in elderly people
c) Causes caseating granuloma
d) Produces bilateral hilar lymphadenopathies in the absence of pulmonary symptoms

1223. A woman is admitted with complains of low-grade fever of 6 weeks duration. Chest radiograph reveals bihilar adenopathy with clear lung fields. All of the following investigations will be useful in differential diagnosis except: *(Manipal 09)*
a) CD4/CD8 counts in the blood
b) Serum ACE levels
c) CECT of chest
d) Gallium scan

1224. Cause of nephrocalcinosis in granulomatous ds -
a) Increased calcium absorption *(AlIMS Nov 10)*
b) Increased conversion to 1,25 OH
c) Dystrophic calcification
d) Mutation in calcium sensing receptor

HEMOCHROMATOSIS

1225. Apatient presents with Arthritis, hyperpigmentation of skin and hypogonadism, likely diagnosis is -
a) Hemochromatosis *(AI 01)*
b) Ectopic ACTH secreting tumour of the lung
c) Wilson's disease
d) Rheumatoid arthritis

1226. A patient presented with skin pigmentation, hyperglycemia and his serum ferrith level is 900 microgram/1, possible diagnosis- *(PG1 June 03)*
a) Aceruloplasminemia
b) Atransferrinemia
c) Sideroblastic anemia
d) Hereditary spherocytosis
e) Thalassemia

1227. Earliest phenotypic manifestation of Idiopathic hereditary hemochromatosis is - *(AlIMSMay 07)*
a) Post prandial increase in serum iron concentration
b) Elevated serum ferritin level
c) Slate grey pigmentation of skin
d) Increased transferrin saturation

1228. Lallo, aged 54 years, who is a known diabetic patient develops cirrlosis. There is associated skin hyperpigmentation and restrictive cardioncyopathy which of the following is the best initial test to diagnose this case.
a) Total iron binding capacity
b) Serum ferritin
c) Serum copper
d) Serum ceruloplasmin

1229. All are seen in hemochromatosis except -
a) Hypogonadism *(AIPGMEE08)*
b) Arthropathy
c) Bronze diabetes
d) Desferrioxamine is the treatment of choice

1230. True about hemochromatosis - *(AlIMSMay 10)*
a) Is genetically heterogenous
b) Cannot be treated by phlebotomy
c) Completely penetrant
d) More common in females

1213)a 1214)a 1215)d 1216)a 1217)d 1218)a 1219)a 1220)d 1221)d 1222)d 1223)c 1224)a 1225)a 1226) b 1227) d 1228)a 1229) d 1230)a

1231. True about hemochromatosis - *(AI09)*
a) Genetically heterogenous
b) More common in women than in men
c) Cannot be treated with phlebotomy
d) Fully penetrant

WILSON'S DISEASE

1232. All of the following are features of Wilson's disease, except -
a) Hemolytic anemia b) Testicular atrophy
c) Chorea d) Chronic active hepatitis

1233. A 12 years old girl with tremors and emotional liability has golden brown discolouration in Descement's membrane. The most likely diagnosis is- *(AI04)*
a) Fabry's disease
b) Wilson's disease
c) Glycogen storage disease
d) Acute Rheumatic fever

1234. Kayser-Fleischer rings (KF rings) are seen in -
a) Pterygium *(AI10)*
b) Hematochromatosis
c) Wilson's disease
d) Menke's kinked hair syndrome

1235. All of the following statements about. Wilson's disease are true, EXCEPT - *(AIIMS May 04)*
a) It is an autosomal recessive disorder
b) Serum Ceruloplasmin level is <20 mg/di
c) urinary copper exxretion is <100 mg/day
d) Zinc acetate is effective as maintenance therapy

1236. Which of the following statements about Wilson's disease is true - *(AI 10)*
a) Low serum ceruloplasmin and low urinary copper
b) Low serum ceruloplasmin and high urinary copper
c) High serum ceruloplasmin and low urinary copper
d) High serum ceruloplasmin and high urinary copper

1237. A14 year old boy presents wit recurrent episodes of hepatitis Opthalmoscopic evalution reveals KF rings and serum ceruloplasmin levels are < 20 mg/dl. The treatment of choice for initial therapy is -
a) Zinc
b) Pencillamine
c) Tetrathromolybdate
d) Hepatic transplantation

1238. All of the following are true about Raynaud's disease except- *(AI 07)*
a) More common in females
b) Positive antinuclear antibodies
c) Most common cause of raynaud's phenomenon
d) Has good prognosis

1239. Hyper extensibility with normal elastic recoil is a feature of - *(AIIMS May 10)*
a) Ehlers Danlos syndrome
b) Pseudoxanthoma elasticum
c) Cutis laxa
d) Scleroderma

1240. Plasmapharesis is used in all of the following except- *(AI 10)*
a) Myaesthenic crisis
b) Cholinergic crisis
c) Gullian Barre syndrome
d) Polymyositis

1241. Which is not autoimmune disease - *(AI 2011)*
a) SLE b) Grave's disease
c) Myasthenia Gravis d) Sickle cell disease

1242. True about wilson's disease A/E - *(NEET/DNB Pattern)*
a) Autosomal dominant
b) Hemolytic anemia
c) Low serum ceruloplasmin
d) Zinc acetate is effective as maintenance

1243. Pinch purpura around eyelids is one of the most common finding in - *(NEET/DNB Pattern)*
a) Fabry's disease
b) Primary systemic amyloidosis
c) Porphyria cutanea tarda
d)

1244. Most common cause of fracture in hemophilic arthropathy - *(NEET/DNB Pattern)*
a) Osteoporosis & restrictive joint movement
b) Cartilage destruction
c) Inflammatory arthropathy
d) Osteosclerosis

1245. Zellwenger syndrome, defect is in- *(NEET/DNB Pattern)*
a) Endoplasmic reticulum b) Lysosome
c) Mitochondria d) Peroxisome

FLUID & ELECTROLYTE

1246. Primary increase in CO_z in body is seen in -
a) Respiratory acidosis *(PGIDec. 99)*
b) Respiratory alkalosis
c) Metabolic acidosis
d) Metabolic alkalosis

1247. Respiratory acidosis is characterized by - *(May 93)*
a) Raised $PC0_2$ and elevated pH
b) Decreased plasma $HC0_3$ and decreased $PC0_2$
c) Increased $PC0_2$ and decreased pH
d) Decreased pH and decreased $PC0_2$

1248. ABG analysis of a patient on ventilator, shows decreased pCO_z, normal $p0_2$, pH 7.5, diagnosis is -
a) Resp. acidosis b) Metabolic alkalosis *(AI 01)*
c) Resp. alkalosis d) Metabolic acidosis

1249. A 40 years old male develops excessive hyperventilation. ABG reveals pH- 7.5 $pC0_2$ 24 mm Hg $P0_2$ 88 mm of Hg. True statement is - *(AIIMS June 99)*
a) Respiratory alkalosis b) Metabolic alkalosis
c) Respiratory acidosis d) Metabolic acidosis

1250. A female patient after inj ury comes to casualty. Her ABG shows low pH. $PC0_2$ high, bicarbonate normal. The diagnosis is - *(AIIMS Nov. 99)*
a) Respiratory alkalosis b) Respiratory acidosis
c) Metabolic acidosis d) Metabolic alkalosis

1231) a 1232) b 1233)b 1234)c 1235)c 1236)b 1237)a 1238)b 1239)a 1240)b 1241) d 1242)a 1243)b 1244)a 1245)d 1246) a 1247)c 1248)c 1249)a 1250)b

1251. In a patient $P0_2$ is 85 mm Hg, $PC0_2$ is 50 mm Hg, pH is 7.2 and $HC0_3$ is 20 meq/L is suffering from -
a) Respiratory acidosis with compensated metabolic alkalosis
b) Respiratory acidosis with decompensated metabolic acidosis
c) Metabolic acidosis
d) Metabolic alkalosis

1252. An ABG analysis shows, pH 7.2, raised $pC0_2$ decreased $HC0_3$ diagnosis is - *(AI01)*
a) Respiratory acidosis
b) Compensated metabolic acidosis
c) Respiratory and metabolic acidosis
d) Respiratory alkalosis

1253. PH. 7.2 $P0_2$ mm Hg 50 mm Hg, $HC0_3$– 13, the values goes in favour of - *(PGIDEC 99)*
a) Respiratory acidosis
b) Metabolic alkalosis
c) Respiratory alkalosis
d) Both respiratory and metabolic acidosis

1254. A patient with salicylic acid poisoning has the following arterial blood gas analysis report: pH is 7.12; $PC0_2$ is 18 mm Hg $HC0_3$' is 12 mmol/L. The resulting acid- base abnormality can be best labeled as- *(A1IMSNov. 2003)*
a) Metabolic acidosis with respiratory alkalosis
b) Metabolic acidosis with respiratory acidosis
c) Respiratory acidosis with metabolic alkalosis
d) Metabolic acidosis

1255. Arterial blood gas analysis of a patient reveals-pH 7.2, $HC0_3$ 36 mmol/L $pC0_2$ 60 mm of Hg. The abnormality is - *(AIMS June 99)*
a) Respiratory acidosis with metabolic alkalosis
b) Respiratory acidosis
c) Respiratory alkalosis with metabolic acidosis
d) Respiratory acidosis with metabolic acidosis

1256. pH is 7.2; PCO_z 12; $P0_2$ 55 most likely cause is -
a) Metabolic acidosis and respiratory alkalosis
b) Metabolic alkalosis *(PGI June 98)*
c) Respiratory acidosis
d) Respiratory alkalosis

1257. If blood gas analysis reveal pH = 7.52, pCO2=30; pO_z= 105. This will be compensated by ? *(AI10)*
a) Compensatory respiratory acidosis
b) Compensatory respiratory alkalosis
c) Compensatory metabolic acidosis
d) Compensatory metabolic alkalosis

1258. A 2 year old child is being evaluated for persistent metabolic acidosis. Blood tests show Na^+140 mEq/I, K+ 3 mEq/I, Ca^{2+} 8 mg/dL, mg^{24} 2 mg/dL, phosphate 3 mg/dl, pH 7.22, bicarbonate 16 mEq/I and chloride 112 mEq/I. The plasma anion gap is -
a) 9 b) 15 *(AIMS Nov 2004)*
c) 22 d)25

1259. A normal-anion-gap metabolic acidosis occurs in patients with - *(AIMS Nov 2003)*
a) Dirrhoea
b) Diabetic ketoacidosis
c) Methyl alcohol poisoning
d) Acute renal failure

1260. Hyperchloremic acidosis is seen in - *(PGI Dec 06)*
a) RTA b) Diarrhoea
c) DKA d) Dehydration

1261. All of the following cause high anion gap metabolic acidosis except - *(AMS Nov 2002)*
a) Lactic acidosis
b) Salicylats poisoning
c) Ethylene glycol poisoning
d) Ureterosigmoidostomy

1262. 10 year old boy which short stature presented with poluria and polydipsia. Lab values are : pH 7.34, CO, - 32 mm of Hg, $HC0_3$-16, Na 140, K-4.9, Cl 114, BUN-140 & creatinine -1.8. Likely acid-base picture will be - *(AIMS Nov 10)*
a) Metabolic alkalosis
b) Non-aniongap metabolic acidosis
c) Aniongap metabolic acidosis
d) Respiratory acidosis

1263. All are causes of increased anion gap except ?
a) DKA *(AIMS May 08)*
b) Starvation
c) Ethylene glycol poisoning
d) Glue sniffing

1264. Normal anion gap metabolic acidosis is caused by -
a) Cholera b) Starvation *(AI 03)*
c) Ethlene glycol poisoning d) Lactic acidosis

1265. The following condition is not associated with an increased anion-gap type of metabolic acidosis -
a) Shock *(AI 02)*
b) Ingestion of ante-freeze
c) Diabetic keto-acidosis
d) COPD

1266. Widened anionic gap is not seen in - *(AI 96)*
a) Acute renal failure b) Diarrhea
c) Lactic acidosis d) Diabetic Ketoacidosis

1267. Increased anion gap acidosis is seen in -
a) DKA b) RTA *(PGI DEC 02)*
c) ARF d) Organic aciduria
e) Diarrhoea

1268. Increased 'anion gap' is not seen in - *(AI 94)*
a) Salicylate poisoning
b) Renal tubular acidosis
c) Lactic acidosis
d) Ethylene glycol poisoning

1269. Increased anion gap metabolic acidosis is seen in all except - *(AIMS May 0 7)*
a) Starvation b) Salicylate poisoning
c) Lactic acidosis d) Diarrhoea

1251)b 1252) c 1253)d 1254)a 1255)a 1256)a 1257)c 1258)b 1259)a 1260)a,b 1261)d 1262)b 1263)d 1264) a 1265) d 1266)b 1267)a,c,e 1268)b 1269) d

1270. Tsed Anion gap acidosis seen in A/E - *(PGIDec 06)*
a) ARF b)RTA
c) DKA d) Ethylene glycol
e) Diuretics

1271. Lactic acidosis is *not* seen in - *(Al 96)*
a) Methanol poisoningb) Respiratory failure
c) Circulatory failure d) Tolbutamide

1272. Following conditions can themselves cause metabolic acidosis -
a) Diarrhea b) Diuretic
c) Ethylene d)RTA

1273. Persistant vomiting most likely causes - *(Al04)*
a) Hyperkalemia b) Acidic urine excretion
c) Hypochloraemia d) Hyperventilation.

1274. Features seen in a patient with chronic vomiting include - *(PGI Dec 01)*
a) Hyponatremia b) Hypochloremia
c) Metabolic alkalosis d) Hypokalemia
e) Metabolic acidosis.

1275. Which of the following doesn't cause metabolic acidosis - *(May 93)*
a) Pyloric stenosis b) Renal failure
c) Ureterosigmoidostomy d) Pancreatic Fistula

1276. Acute metabolic acidosis - *(Al 02)*
a) Has biphasic effect on K^+ excertion
b) Does not effect K^+ excretion significantly
c) Decreases urinary K^+ excertion
d) Increases urinary K^+ excretion

1277. A 50 kg man with severe metabolic acidosis has the following parameters: pH 7.05 $pC0_2$12mm Hg. $p0_2$108mm Hg. $HC0_3$ 5m Eq/L base excess-30 mEq/L. The approximate quantity of sodium bicarbonate that he should receive in half hour is -
a) 250 mEq. b) 350 mEq.
c) 500 mEq. d) 750 mEq.

1278. Increased osmolar gap is not seen in poisoning of -
a) Para-aldehyde b) Acetone *(A11MS Feb 97)*
c) Methanol d) Ethylene glycol

1279. Positive urinary anion gap is found in - *(A109)*
a) Alcholic ketoacidosis
b) Diabetic ketoacidosis
c) Renal tubular acidosis
d) Diarrhea

1280. Urinary anion gap an indication of excretion of -
a) Ketoacids b) NH_4 *(Al 02)*
c) H^+ ion d) K^+ ion

1281. Chloride responsive alkalosis causes -
a) Recurrent vomiting b) Bartter's syndrome
c) Milk alkali syndrome d) Over dose of diuretics
e) Cushing syndrome

1282. Causes of metabolic alkalosis include all the following except - *(Al 03)*
a) Mineralocorticoid deficiency
b) Bartter's syndrome
c) Thiazide diuretic therapy
d) Recurrent vomiting

1283. Metabolic alkalosis is seen in - *(AllMSNov 07)*
a) Primary mineralocorticoid excess
b) Deficiency of mineralocorticoid
c) Decreased acid excretion
d) Decreased base excretion

1284. Chloride responsive alkalosis, causes are -
a) Severe vomiting *(PGI June 06)*
b) Bartter's syndrome
c) Milk alkali syndrome
d) Frusemide therapy

1285. Cause of metabolic alkalosis includes -*(PGI May 11)*
a) Furosemide b) Addision disease
c) Hypokalemia d) Hyponatremia

1286. Metabolic alkalosis is seen in all except - *(Al 96)*
a) Thiazide diuretic therapy b) Prolonged vomiting
c) Uretero-sigmoidostomy d) Cushing's disease

1287. Respiratory alkalosis occur in - *(May 93)*
a) Excessive ventilation
b) Pyloric stenosis
c) Diabetic ketoacidosis
d) Primary hyperaldosteronism

1288. Metabolic alkalosis seen in following except - *(PGI June 9 7)*
a) Methanol poisoning b) Cushing's disease
c) Vomiting d) Diuretic therapy

1289. Metabolic alkalosis is associated - *(PGI DEC 01)*
a) Fanconi's anemia b) Acetazolamide
c) Spironolactone d) Triamterene
e) Hypocalcemia.

1290. Hyperkalaemia can occur in all, except- *(Nov 93)*
a) Insulin deficiency b) Metabolic acidosis
c) Acute renal failure d) Cushing's syndrome

1291. True about hyperkalemia - *(PGI Dec 03)*
a) Stop heart in systole
b) Insulin-Glucose is given
c) ECG is diagnostic
d) Serum potassium more than 5.2 mmol/L
e) ECG changes correlates with serum potassium

1292. A girl presented with severe hyperkalemia and peaked T waves on ECG Fastest way of shifting potassium intracellularly is - *(A1IMS May 10)*
a) Calcium gluconate IV b) Oral resins
c) Insulin + glucose d) Sodium bicarbonate

1293. All of the following are used for treatment of hyperkalemia except - *(AIIMS 06)*
a) Calcium gluconate
b) Sodium bicarbonate
c) Intravenous infusion of glucose with insulin
d) Beta blockers

1294. A 9 year old girl was admited for dialysis. On laboratory examination her potassium levels were 7.8 mEq/L. Which of the following would quickly lower her increased potassium levels - *(Al 09)*
a) IV calcium gluconate
b) IV Glucose and insulin
c) Oral kayexalate in sorbitol
d) IV$NaHC0_3$

1270) b,e 1271) d 1272)a,c,d 1273)borc 1274) a,b,c,d 1275)a 1276)c 1277)a 1278)a 1279)c 1280)b 1281)a,c,d 1282) a 1283) a 1284)a,b,d 1285)a,c 1286)c 1287)a 1288)a 1289)e 1290)d 1291) b,d 1292) c 1293) d 1294)b

1295. Rapid correction of severe hyperglycemia by insulin can cause - *(AI09)*
a) Hypokalemia b) Hyperkalemia
c) Hyponatremia d) Hypernatremia

1296. Hyperkalemia with no ECG finding. The drug that should not be used is - *(AIIMS Nov 09)*
a) Sodium bicarbonate b) Calcium gluconate
c) Glucose with insulin d) Resins

1297. Hyperkalemia without ECG changes may be treated with all except - *(AIIMS Nov 10)*
a) Calcium gluconate b) Salbutamol
c) Na bicarbonate d) Insulin with dextrose

1298. Treatment of hyperkalemia includes -*(PGIMay 11)*
a) IV dextrose infusion b) parenteral $NaC0_3$
c) Parenteral $CaC0_3$ d) Albuterol
e) Ipratropium

1299. Rapid infusion of insulin causes - *(AIIMSMay 10)*
a) Hyperkalemia b) Hypokalemia
c) Hypernatremia d) Hyponatremia

1300. Hyperkalemia with no ECG finding. The drug that should not be used is - *(AIIMS Nov 09)*
a) Sodium bicarbonate b) Calcium gluconate
c) Glucose with insulin d) Resins

1301. All are used in hyperkalemia *except-(AIIMSNov 09)*
a) 50 ml of 50% dextrose b) Sodium bicarbonate
c) Salbutamol d) Calcium gluconate

1302. Drugs not used for treatment of acute hyperkalemia-
a) Insulin + glucose *(AIIMS May 09)*
b) Potassium exchange resins
c) Calcium carbonate
d) Sodium bicarbonate

1303. In hyperkalamia - *(PGIDEC 02)*
a) Serum level >5.5 meq/L b) Serum level > 6.5 meql
c) T. wave inversion d) Peaking of T. wave
e) Venticular fibrillation

1304. All of the following may occur due to hyperkalemia, except -
a) Prolonged PR interval b) Prolonged QRS interval
c) Prolonged QT interval d) Ventricular asystole

1305. Treatment of Acute Hyperkalemia- *(PGI Dec 05)*
a) Ca gluconate given
b) Insulin & Glucose reduces hyperkalemia within 4 hrs
c) Dialysis not useful
d) Resin shows the response within minutes
e) IV $NaHC0_3$ given

1306. Hypokalemia is seen with - *(PGI June 02)*
a) Frusemide b) Cortisol
c) Metabolic acidosis d)Amiloride
e) Addison's disease

1307. Condition (s) associated with hypokalemia -
a) Type I Renal Tubular Acidosis (RT A) *(PGI 09)*
b) Type IIRTA
c) TypelVRTA
d) Pencillin therapy
e) Amphotericin B therapy

1308. Effects of hypokalemia - *(PGI June 0 7)*
a) Alkalosis b) Arrhythmia
c) Ileus of intestine d) Polyuria

1309. How much Potassium is present in the Ringer Lactate solution - *(AIIMS Nov 10)*
a) 1 mEq/L b) 4 mEq/L
c) 2 mEq/L d) 6 mEq/L

1310. A10 days old neonate is posted for pyloric stenosis surgery. The investigation report shows a serum calcium level of 6.0 mg/dl. What information would you like to know before you supplement calcium to this neonate ? *(AIIMS Nov 04)*
a) Blood glucose b) Serum protein
c) Serum bilirubin d) Oxygen saturation

1311. What is the cause of tetany in patients with hyperventillation ? *(AIIMS Nov 2001)*
a) Metabolic alkalosis
b) Decreased levels of potassium
c) Respiratory acidosis
d) Decreased plasma calcium levels

1312. Which is not true of hypocalcaemia - *(AI 95)*
a) Can occur in hypoparathyroidism
b) Latent tetany is seen
c) Prolonged QT interval
d) Inverse relation with $Mg^{*4,}$ levels

1313. Hypernatremic dehydration is characterized by-
a) S. Sodium > 150 meq/L *(PGIDec 03)*
b) Signs of dehydration are miniral
c) ECF volume 1 ed
d) Rapid correction is required
e) Shift of water from ECF to ICF

1314. Most dangerous dehydration is - *(PGI June 98)*
a) Hyponatremic b) Hypematremic
c) Isonatremic d)Non-diarrhoel cause

1315. All are features of hypernatremia, except -
a) Convulsion *(AIMSDec 97)*
b) Elevated intracranial tension
c) Periodic paralysis
d) Muscle twitching

1316. Ureterosigmoidostomy can complicate as -*(May 95)*
a) Carcinoma colon
b) Carcinoma bladder
c) Hyperchloremic acidosis
d) Hyperchloremic alkalosis

1317. Lysis of cells cause A/E- *(PGI Dec 98)*
a) Hyperuricemia b) Hypercalcemia
c) Hyper phosphatemia d) Hyperkalemia.

1318. Sweat chloride levels are increased in all of the following conditions except - *(AI 99)*
a) Ectodermal dysplasia
b) G-6 PD -deficiency
c) Heriditary nephrogenic-diabetes incipidus
d) Obesity

1295) a 1296) b 1297)a 1298)a,b,c,d 1299)b 1300)b 1301)a 1302)b 1303)a,b,e 1304)c 1305)a,e 1306)a,b 1307)a,b,d,e 1308) a,b,c,d 1309)b 1310)b 1311)d 1312)d 1313)a,b,c 1314)b 1315)c 1316)c 1317)b 1318)d

1319. Water-fluid balance is characterized by -*(PGI June 04)*
a) Maintained by endogenous water loss
b) Maintained by exogenous water loss
c) Daily fecal loss is 500 ml.
d) Daily respiratory loss is 500 ml.

1320. All are true regarding idiopathic edema of woman except- *(AI04)*
a) It is due to estrogen mediated sodium retention
b) It is not related to menstrual cycle
c) There is increased water retention in upright position
d) ACE inhibitors can be useful in some cases

1321. True about Ringer's Lactate - *(PGIDec 04)*
a) Isotonic
b) Colloidal solution
c) Potassium level is same as that of serum potassium
d) Helps in acidosis by acid neutralization
e) Automatic fluid of choice in hypotension

1322. A child suffering from acute diarrhoea is brought to the casualty and is diagnosed as having severe dehydration with pH of 7.23. Serum Na-125, Serum K-3, $HC0_3$' 16. The best I.V. fluid of choice is- *(AIIMS May 01)*
a) 3% Saline b) N/3 Saline + 10% dextrose
c) Normal saline d) N/3 saline + 5% dextrose

1323. Patient with pyloric stenosis secondary to peptic ulcer, complains of profuse vomitting and Na^+ -125 meq./L, K^+— > 23 meq/L and Cl—> 85 meq/L, BE-8meq/L should be given- *(AIMS June 2000)*
a) Half normal saline b) Normal saline
c) K^+ bolus d) Hypertonic saline

1324. Sine wave pattern in E.C.G is seen in-*(J1PMER 95)*
a) Hypokalemia b) Hyperkalemia
c) Hyponatremia d) Hypermatremia

1325. In hypokalaemia all ECG changes are seen except-
a) Decreased T-wave amplitude *(Kerala 98)*
b) Normal ST segment
c) Wide QRS complex
d) U-wave
e) None

1326. A paient after vomiting several times develops carpopedal spasm. The most approriate treatment would- *(UPSC 97)*
a) Intravenous injection of 20 ml 10% calcium gluconate solution
b) Intravenous infusion of isotonic saline
c) Oral ammonium chloride 2mg four times a day
d) 5% $C0_2$ inhalation

1327. The "sick cell syndrome" is characterized by- *(AP97)*
a) Hyponatremia b) Hypernatremia
c) Hypokalemia d) Hyperkalemia

1328. Causes of hyperkalemia includes all except -
a) Crush syndrome b) Haemolysis *(AMC99)*
c) Renal failure d) Intestinal obstruction

1329. In metabolic acidosis what happens to $PC0_2$ -
a) Increase b) Decrease *(AMC 99)*
c) Remain constant d) None

1330. In hyperkalemia with bradycardia treatment is - *(CMC VELLORE)*
a) Calcium gluconate b) Salbutamol
c) Steroid d)K+resin

1331. Hypokalaemia causes the following except -
a) Paralytic ileus *(Kerala 2K)*
b) Tetany
c) Orthostatic hypotension
d) Rhabdomyolysis
e) Prolonged Q-T interval and tall T waves

1332. Which one of the following is the example of metabolic acidosis with respiratory alkalosis -
a) Salicylate overdose *(UPSC 2001)*
b) Severe pulmonary oedema
c) Cardio-pulmonary arrest
d) Pregnancy with vomiting

1333. Which is not a cause of metabolic acidosis-
a) Starvation *(CUPGEE96)*
b) Alcoholism
c) Diabetic keto acidosis
d) Climbing to high altitudes

1334. Normal anionic gap is seen in one of the following -
a) Diarrhoea b) Uremia *(Jipmer03)*
c) Lactic acidosis d) Ketosis

1335. Increased "Anion gap' is a characteristic feature of- *(UPSC05)*
a) Hyperosmolar non-ketotic diabetic coma
b) Hypoglycaemic coma
c) Phenformin toxicity with coma
d) Renal tubulae acidosis

1336. The most appropriate route for administration of nutrition to a patient who is comatose for a long period after and automobile accident is - *(UPSC 05)*
a) Nasogastric tube feeding
b) Gastrotomy tube feeding
c) Jej unostomy feeding
d) Central venous hyperalimentation

1337. Which one of the following is the major determinant of plasma osmolality ? *(UPSC 06)*
a) Serum sodium b) Serum potassium
c) Blood glucose d) Blood urea nitrogen

1338. Which of the following is not associated with hyponaternia and normal osmolality - *(APPG 06)*
a) Hyperlipedemia
b) Hyperprotienemia
c) Irrigation of bladder after TURP
d) CHF

1339. Hyperkalemia is due to all of the following except - *(Manipal 06)*
a) Alkalosis b) Acute renal failure
c) Addison's disease d) Excess hemolysis

1319) b 1320) a 1321)a,c 1322)c 1323)b 1324)b 1325)b 1326)a 1327)a 1328)d 1329)b 1330)a 1331)b,e 1332)a
1333) d 1334) a 1335)c 1336)c 1337)a 1338)d 1339)a

1340. Tetany may be a feature of the following except -
a) Hyperventilation *(UPSC 07)*
b) Hypokalaemic alkalosis
c) Hypomagnesaemia
d) Hyponatraemia

1341. Of the various modalities used in the treatment of re-threatening effects of hyperkalemia which one of the following as the most rapid onset of action ?
a) Hemodialysis *(UPSC07)*
b) Sodium bicarbonate infusion
c) Insulin and glucose infusion
d) Intravenous calcium gluconate

1342. Magnesium level in blood increases in- *(Corned07)*
a) Uncontrolled DM b) Liver cirrhosis
c) Kidney failure d) Chronic alcoholism

1343. A newly posted junior doctor had difficulty in finding out base deficit/excess for blood in a given patient. An experienced senior resident gave him advice to find out quick method to determine acid-base composition of blood based on $pC0_2$. Which of the following method did the suggest ?
a) Redford nomogram *(Delhi PG Feb. 09)*
b) DuBio's nomogram
c) Goldman Constant
d) Siggaard-Anderson nomogram

1344. Arterial blood gas analysis of a patient admitted to the medical emergency is as follows: pH=7.2, $HC0_3$ = 38 mmoI/L, $pC0_2$ = 56 mm Hg. This indicates:
a) Metabolic acidosis *(Delhi PG Feb. 09)*
b) Metabolic acidosis with respiratory compensation
c) Respiratory acidosis
d) Respiratory acidosis with renal compensation

1345. pH 7.24, $Pa0_2$ 55 mm Hg, $PaC0_2$ 55 mm Hg, $HC0_3$ -30 mEq/L consistent with - *(Delhi PG Mar. 09)*
a) Respiratory acidosis b) Respiratory alkalosis
c) Metabolic acidosis d) Metabolic alkalosis

1346. Which one of the following is NOT correct about hypernatremicdehydration? *(UPSC-109)*
a) Neurological complications are more common
b) The most appropriate fluid for correction is N/2 - N/4 normal saline
c) The dehydration should be corrected over 12 hours
d) The skin ha a doughy feel

1347. Increased anion gap is found in the following disorders except - *(UPSC-109)*
a) Diabetic ketoacidosis b) Starvation ketosis
c) Renal tubular acidosis d) Lactic acidosis

1348. The causes of hypokalemia include the following except- *(UPSC-II09)*
a) Tamoxifen therapy
b) ACTH producing tumors
c) Non-bilious vomiting
d) Diabetic ketoacidosis

1349. An arterial blood gas report of pH 7.00; $Pa0_2$ 60 mm Hg; $PaC0_2$ 80 mm Hg; $HC0_3$ 28 *(COMED 09)*
a) Respiratory acidosis with normoxaemia
b) Metabolic acidosis with normoxaemia
c) Metabolic acidosis with hypoxaemia
d) Respiratory acidosis with hypoxaemia

1350. Manifestation (s) of hypokalemia includes-(PG/*May 10)*
a) Prominent U wave b) Rhabdomyolysis
c) Diarrhoea d) Tetany
e) Muscle cramp

1351. Feature of severe diarrhea - *(PGIMay 10)*
a) Metabolic acidosis b) Metabolic alkalosis
c) Normal anion gap d) Increased anion gap

1352. T Anion gap is seen in - *(PGINov. 10)*
a) Renal failure b) Lactic acidosis
c) Diarrhoea d) Alcoholics
e) Starvation

1353. Hyperkalemia is caused by - *(PGINov. 10)*
a) Gordon's syndrome b) Liddle's syndrome
c) Bartter's syndrome d) Vomiting
e) Cyclosporine

1354. How much Potassium is present in the Ringer Lactate solution - *(AIIMS Nov 10)*
a) 1 mEq/L b) 4 mEq/L
c) 2 mEq/L d) 6 mEq/L

1355. 10 year old boy which short stature presented with poluria and polydipsia. Lab values are: pH 7.34, CO2 - 32 mm of Hg, HCO_3-16, Na 140, K-4.9, Cl 114, BUN-140 & creatinine -1.8. Likely acid-base picture will be - *(AIIMS Nov 10)*
a) Metabolic alkalosis
b) Non-aniongap metabolic acidosis
c) Aniongap metabolic acidosis
d) Respiratory acidosis

1356. Hyperkalemia without ECG changes may be treated with all except - *(AIIMS Nov 10)*
a) Calcium gluconate b) Salbutamol
c) Na bicarbonate d) Insulin with dextrose

1357. A girl presented with severe hyperkalemia and peaked T waves on ECG Most rapid way to decreased serum potassium level.- *(AIIMS May 11)*
a) Calcium gluconate IV b) Oral resins
c) Insulin + glucose d) Sodium bicarbonate

1358. The acid base status of a patient reveals a p^H = 7.46 and pC02 = 30 mm Hg. The patient has a partially compensated primary- *(A111)*
a) Metabolic acidosis b) Metabolic alkalosis
c) Respiratory alkalosis d) Respiratory acidosis

1359. Which of the following metabolic disorders is associated with hypokalaemia? *(UPSC111)*
a) Metabolic acidosis b) Metabolic alkalosis
c) Respiratory acidosis d) Mixed acidosis

1360. Normal anion gap melabolic acidosis is caused by- *(NEET/DNB Pattern)*
a) Cholera b) Starvation
Ethlene glycol poisoning d) Lactic acidosis

1340) d 1341) a 1342)c 1343)d 1344)d 1345)a 1346)a 1347)c 1348)a 1349)d 1350)a,b,d,e 1351) a,c 1352)a,b,d,e 1353)a,e 1354)b 1355)b 1356)a 1357)c 1358)c 1359)b 1360)a

43$ljdWfita&»^ihiaftgap' isoGtseeiBiirs*.^
•■ ^v; a) Salifcylafe pbisoriing •'*; *(NEET/DNB Pattern)*
b) Renal tabular acidosis
c) Lactic acidosis
d) Ethylene glycol poisoning

1362. Acidosis i n sh'bck is best treated byi •
^InfereksfettveSfflafibn:^ *(NEEP/DNB'-Paitern)*
b) ^6%m£'resuscitation
c) Oj Support'
d) i.v., sckfe bicarbdbkte 'lMB'^^W^1^

1363. Fatigue, myalgia, weakness, which electrolyte -
a) Hypo K b) Hypo Na *(NEE'T/bNB*
c) Hypo Mg d) Hyper Mg *Pattern)*

1364. Tetany is seen in - *(NEET/DNB Pate*w*;
a) Respiratory alkalosis b) Respiratory acidosis
c) Metabolic acidosis d)Hyperkalemia

1365. Hypomagnesemia is not seen in-*(NEET/DNB Pattern)*
•••*> Barters syndrome b) Diabetes mel'litus
c) Diarrhea ..dl Q^lraan syndrome

HEMATOLOGY

ANEMIA

1366. Causes of iron deficiency anemia are-*(PGI June 01)*
a) CRF b) Young male
c) Celiac sprue d) Hook worm
e) Carcinoma cecum

1367. Iron absorption is increased in - (*PGIDec 01)*
a) Iron deficiency anemia b) Pregnancy
c) All types of anemia d) Malignancy
e) Macrocytic anemia

1368. Increased iron absorption is seen in -*(PGI June 03)*
a) Iron deficiency anaemia b) Hypoxia
c) Inflammation d) Acidic pH of stomach
e) Ferric iron

1369. The earliest sign of iron deficiency anaemia-
a) Increase in iron binding capacity *(AIIMSFeb 97)*
b) Decrease in serum ferritin level
c) Decrease in serum iron level
d) All the above

1370. Most sensitive and specific test for diagnosis of iron deficiency is - *(AI03)*
a) Serum iron levels
b) Serum ferritin levels
c) Serum transferrin receptor population
d) Transferrin saturation

1371. Best test for assessment of iron status is - *(AI 01)*
a) Transferrin b) Ferritin
c) Serum iron d) Hemoglobin

1372. Which is not seen in iron deficiency anaemia -
a) Hyper-segmented neutrophils *(AI 2000)*
b) Microcytosis preceeds hypochromia
c) MCHC<50%
d) Commonest cause of anaemia in India

1373. Which of the following findings is diagnostic of iron deficiency anemia - *(AI 07)*
a) Increased TIBC, decreased serum ferritin
b) Decreased TIBC, decreased serum ferritin
c) Increased TIBC, increased serum ferritin
d) Decreased TIBC, increased semi ferritin

1374. True about iron deficiency anemia - *(PGI June 07)*
a) Microcytic hypochromic anemia
b) Decreased TIBC
c) Increased ferritin
d) Bone marrow iron decreased earlier than serum iron

1375. Which of the following is true about oral therapy for iron deficiency anemia - *(PGI Dec 05)*
a) In 300 mg elemental iron given 100 mg get absorbed
b) Reticulocytosis appears in one to 2 weeks and then peaks in 3-4 weeks
c) Response to Rx seen in 4 weeks
d) Decrease in absorption with improvement of symptoms
e) Stop the Rx after normalizing the Hb

1376. All of the following cause microcytic hypochromic anaemia, EXCEPT - *(AIIMSDec 97, AI 95)*
a) Lead poisoning b) Thalessemia .
c) Iron deficiency d) Fanconi anaemia

1377. Microcytic hypochromic RBC is/are seen in all except - *(PGI Nov 09)*
a) Iron deficiency anaemia
b) Sideroblastic anemia
c) Sickle cell anemia
d) Hereditary spherocytosis can cause microcytic hypochromic anemia
e) Lead poisoning

1378. NOT a cause of microcytic hypochromic anemia -
a) Sickle cell disease *(AIIMS Dec 94)*
b) Aplastic anemia
c) Iron deficiency anemia
d) Hereditary spherocytosis

1379. Anemia in chronic renal failure (CRF) is due to -
a) Decreased erythropoietin production
b) Iron deficiency *(PGI June 01)*
c) Hypoplastic bone marrow
d) Decreased Vit-B_{12}
e) Decreased folate levels

1380. All are true regarding Anaemia of Chronic Diseases, except -
a) Decreased serum Fe
b) Decreased Ferritin
c) Decreased Total Fe Binding Capacity
d) Increased Bone Marrow Fe

1381. Seen in chronic inflammatory anemia is -*(PGIDec99)*
a) Serum iron *i* S. ferritin **T** and transferrin *i*
b) Serum iron **T** S. ferritin **t** and transferrin **T**
c) Serum iron *i* S. ferritin 1 and transferrin t
d) Serum iron T S. ferritin *i* and transferrin *i*

1361) b 1362)b 1363)a 1364)a 1365)a 1366)a,c,d,e 1367)a,b,d 1368)a,b,c,d 1369)b 1370)b 1371)b 1372)a
1373)a 1374) a,d 1375)d 1376)d 1377)c 1378)a,b 1379)a,b,e 1380)b 1381)a

1382. Anemia of chronic disease is characterized by all, except - *(AIIMS May 94)*
a) Decreased serum iron
b) Increased total iron binding capacity (TIBC)
c) Increased serum ferritin
d) Increased macrophage iron in bone marrow

1383. Anemia of chronic disease is differentiated from iron deficiency anemia by the presence of -
a) T TIBC *(PGI Nov 09)*
b) si TIBC
c) si Serum ferritin
d) T Serum ferritin
d) si Bone marrow iron store

1384. True regarding anaemia of chronic ds. are A/E -
a) Decreased TIBC *(AIIMS June 99)*
b) Increased macrophage iron in marrow
c) Decrease serum ferritin level
d) Decreased serum iron levels

1385. Anemia of chronic renal failure - *(PGIDec 05)*
a) Normocytic normochromic anaemia
b) Erythropoietin improves the symptoms
c) Dialysis causes severe anemia
d) Anemia is proportional to the kidney disease

1386. All are causes of sideroblastic anaemia, except -
a) Collagen vascular disease *(AIIMS May 93)*
b) l£on deficit
c) Lead poisoning
d) Cutaneous porphyria

1387. A patient presents with increased serum ferritin, decreased TIBC, increased serum iron, % saturation increased. Most probable diagnosis is -
a) Anemia of chronic disease *(Aiims Nov 06)*
b) Sideroblastic anemia
c) Iron deficiency anemia
d) Thalassemia minor

1388. Macrocytic anaemia occurs in all, except - *(AIIMS Sep 96, AI98)*
a) Thiamine deficiency b) Liver disease
c) Orotic aciduria d) Copper deficiency

1389. Megaloblastic anemia may be caused by all of the following except - *(AI 97)*
a) Phenytoin b) Methotrexate
c) Pyrimethamine d)Amoxycilline

1390. Megaloblastic anemia due to folic acid deficiency is commonly due to - *(AI 06)*
a) Inadequate dietary intake
b) Defective intestinal absorption
c) Absence of folic acid binding protein in serum
d) Absence of glutamic acid in the intestine

1391. A patient presents with macroglossia and loss of tongue papilla. His Hb is 11.5 and MCV is 100. What should be the next step in investigating this patient?
a) B12 estimation *(AI 08)*
b) Brush biopsy of the lesion
c) Fluconazole treatment
d) Incision biopsy

1392. Megaloblastic anemia should be treated be treated with both folic acid vitamin B12 because - *(AI 08)*
a) Folic acid alone causes improvement of hematologic symptoms but worsening of neurological symptoms
b) It is a Co factor
c) It is enzyme
d) None of the above

1393. Megaloblastic anemia in blind loop syndrome is due to- *(AI 99)*
a) VitamenB_{12} malabsorption
b) Bacterial overgrowth
c) Frequent diarrhoea
d) Decrease iron intake

1394. A patient has Hb 6 gm% folic acid 82g/ml, vitamin B_{12} 60 pg/ml, serum iron 180g/dl, and MCV-104. The diagnosis is- *(AIIMS Nov 99)*
a) Iron deficiency anaemia
b) Vitamin B_{12} deficiency
c) Folic acid deficiency
d) Pyridoxine deficiency

1395. Patient with MCV = 60, Hb = 5 gm % MCHC = 20 & PCV = 32 %, causes of anemia in him can be- *(PGI Dec 2000)*
a) Phenytoin b) Blind loop synd
c) Hook worm infection d)CRF
e) Renal dialysis

1396. A 29 year old woman was found to have a hemoglobin of 7.8 g/dl. with a reticulocyte count of 0.8%. The peripherial blood smear showed microcytic hypochromic anemia, Hemoglobin A_2 and hemoglobin F levels were 2.4% and 1.3% respectiverly. The serum irom and the total iron binding capacity were 15 micro g/dl, and 420 micro g/dl, respectively. The most likely cause of anemia is - *(AIIMSNov 02)*
a) Iron deficiency anemia
b) Beta-thalassemia minor
c) Sideroblastic anemia
d) Anemia due to chronic infection

1397. A child has Hb-6.5gm%, MCV-65,MCH-15 and protoporphyria with red cell distribution width much less is most likely to be suffering from - *(AIIMS June 2000)*
a) Thalassemia b)Iron deficiency anaemia
c) Porphyria d) Megaloblastic anaemia

1398. A 25 yr old female presented with malaise and generalized weakness since 6 months. Her appetite is reduced and she has giddiness and palpitations on and off. There was no organomegaly. Laboratory study showed normochromic to hypochromic anaemia, RDW=60, and MCV=50. What is the diagnosis? *(AI 10)*
a) Thalasemia minor
b) Iron deficiency anaemia
c) Chronic malaria
d) Folate deficiency

1382) b 1383) b,d 1384)c 1385)a,b,d 1386)b 1387)b 1388)d 1389)d 1390)a 1391)a 1392)a 1393)b 1394)b 1395) c,d 1396) a 1397)b 1398)b

1399. A nine month old boy of Sindhi parents presented to you with complaints of pregressive lethargy, irritability & pallor since 6 months of age. Examination revealed severe pallor. Investigation showed Hb-3.8 mg%; MCV-58 fl; MCH-19.4 pg/ cell. Blood film shows osmotic fragility is normal (target cells and normoblasts). X-ray skull shows expansion of erythroid marrow. Which of the following is the most likely diagnosis - *(AI04)*
a) Iron deficiency anemia
b) Acute lymphoblastic anemia
c) Hemoglobin D disease
d) Hereditary spherocytosis

1400. A 60 yr old female with H/O 8 blood transfusion in 2 years. Her Hb- 60g/L, TLC-5800, platelet-3.4 lakhs, MCV 60, RBC-2.1 lakhs/mm3. He is having hypochromic microcytic anemia. Which investigation is not needed - *(AIIMS Nov 10)*
a) Evaluation for pulmonary hemosiderosis
b) Urinary hemosiderin
c) Bone marrow examination
d) G I endoscopy

1401. Ayoung female has the following lab values: MCV-70 Hb 10 gm% serum iron 60, serum feritin 100, the diagnosis is - *(AI 09)*
a) Thalassemia trait
b) Chronic iron deficiency anemia
c) Megaloblastic anemia
d) Anaemia of chronic infection

1402. A patient with microcytic hypochromic anemia, Hb-9%, serum iron is 20 ?/dl, ferritin level 800 mg/ml, transferrin percentage saturation is 64. What is possible diagnosis - *(AIIMS Nov 10)*
a) Atransferrinemia b) Iron deficiency anemia
c) DMT 1 mutation d) Hemochromatosis

1403. Type of anaemia caused by pulmonary TB -
a) Iron-deficiency *(AIIMS Nov 09)*
b) Megaloblastic
c) Sideroblastic
d) Microcytic Hypochromic anaemia

1404. Hemolytic anemia may be characterized by all of the following except - *(AIIMS May 05)*
a) Hyperbilirubinemia
b) Reticulocytosis
c) Hemoglobinuria
d) Increased plasma haptoglobin level

1405. Features seen in hemolytic anemia are all except - *(AIIMSMay 07)*
a) Tear drop and Burr cells b) >1 Haptoglobin
c) Reticulocytosis d) Hemoglobinuria

1406. Common features of haemolytic anemia are -
a) *i* RBC life span *(PGI June 04)*
b) T Haptoglobulin
c) Unconjugated hyperbilirubinemia
d) Bile salt and bile pigments in urine
e) Erythroid and Myeloid ratio altered

1407. Reticulocytosis is NOT a feature of -
a) Paroxysmal nocturnal hemoglobinuria
b) Following acute bleeding *(AIIMSDec 94)*
c) Hereditary spherocytosis
d) Anemia in CRF

1408. Reticulocytosis is seen in all except -
a) P.N.H. *(AIIMS May 07)*
b) Hemolysis
c) Nutritional anemia
d) Dyserythropoietic syndrome

1409. All are features of hemolytic anaemia except -
a) Thrombocytopenia *(AIIMS Dec 95)*
b) Hemosiderinuria
c) Decreased haptoglobin
d) Raised indirect bilirubin

1410. A normotensive patient with normal hemoglobin suffered massive blood loss. The following findings would be present in him except - *(AI 0 7)*
a) Increased PCV > b) Increased MCV
c) Thrombocytosis d) Reticulocytosis

1411. Which of the following conditions is associated with Coomb's positive hemolytic anaemia - *(AIIMS*
a) Thrombotic thrombocytopenic purpura *May 03)*
b) Progressive systemic sclerosis
c) Systemic lupus erythematosus.
d) Polyarteritis nodosa

1412. Autoimmune hemolytic anemia is seen In -
a) Sickle cell anemia *(AIIMS May 94)*
b) Chronic lymphocytic leukemia (CLL)
c) Acute myelocytic leukemia (AML)
d) Multiple myeloma

1413. Cold haemagglutinin is associated with - *(AI 08)*
a) antilgM b)antiIgG
c) anti IgA d) Donath landsteiner antibody

1414. Warm autoimmune hemolytic anaemia may be seen in all of the following conditions except - *(AI 9 7)*
a) Systemic lupus erythematosus
b) a-Methyl dopa therapy
c) Non Hodgkin's lymphoma
d) Mycoplasma pneumonia

1415. In which leukemia, autoimmune hemolytic anemia is most common - *(AIIMS Nov 93, AI 01)*
a) ALL b)AML
c) CML d)CLL

1416. Autoimmune hemolytic anemia is associated with malignancy of which lineage - *(AI 07)*
a) T cell b) B cell
c) PreBcell d)PreTcell

1417. Coomb's positive hemolytic anemia associated with-
a) TTP b)PAN *(AI09)*
c) SLE d)HUS

1418. Coomb's + ve Hemolytic Anaemia is seen in all except- *(AI 2000)*
a) Alcoholic cirrhosis
b) Chronic active hepatitis
c) Primary biliary cirrhosis
d) Primary sclerosing cholangitis

1399) a 1400) a 1401) d 1402) a 1403) d 1404) d 1405) a 1406)a,c,e 1407) d 1408) c 1409) a 1410) a 141 l)c 1412)b,d 1413) d 1414)d 1415)d 1416)b 1417)c 1418)a

1419. Viral infection with haemolysis is seen in -
a) Hepatitis-B b) Hepatitis-C *(PGIDec02)*
c) Prolong fever d) Hepatiitis-A
e) CMV

1420. Primaquine may cause hemolysis in - *(AI98)*
a) G- 6-PD deficiency
b) NADP - deficiency
c) Methemoglobin reductase deficiency
d) Crabb's disease

1421. Which does't cause hemolysis in G 6 PD deficiency-
a) Oestrogen b) Salicylates *(PGIDec 99)*
c) Primaquine d) Nitrofurantoin

1422. Osmotic fragility is increased in - *(AIIMSNov 93)*
a) Sickle cell anaemia *PGI June 98)*
b) Thalassemia
c) Hereditary spherocytosis
d) Chronic lead poisoning

1423. Decreased osmotic fragility is seen in -
a) Hereditary spherocytosis *(PGI Dec 2000)*
b) Sickle cell ds
c) Autoimmune hemolytic anemia
d) Thalassemia

1424. Features of hereditary spherocytosis include all of the following except - *(AI 98)*
a) T Osmotic fragility
b) TMCHC
c) TMCV
d) Decrease surface area per unit volume

1425. Feature of fetal R.B.C.- *(AIIMS June 98)*
a) Alkali denaturation resistant
b) Small in size
c) Has more 2,3 DPG level
d) More iron than adult RBC.

1426. All are true regarding fetal RBC's Except -
a) Elevated2,3 DPG *(AIIMS Dec 97)*
b) Decreased carbonic anhydrase activity
c) Decreased life span
d) High RBC volume

1427. Haemoglobin F is raised in - *(AIIMS Dec 97)*
a) Juvenile chronic myeloid leukemia
b) Hereditary spherocytosis
c) Congenital red cell aplasia
d) Myasthania gravis

1428. HbA_2 is increased in - *(PGI June 02)*
a) Alfa-thalassemia b) Iron deficiency anemia
c) Beta-thalassemia d) Sickle cell trait
e) Megaloblastic anemia

1429. In Beta thalassemia, there is - *(AIIMSMay 01)*
a) Increase in beta chain ,decrease in alpha chain
b) Decrease in beta chain increase in alpha chain
c) Decrease in beta chain,decrease in alpha chain
d) Increase in beta chain, increase alpha chain

1430. In Beta thalassemia, the most common gene mutation is - *(Aiims Nov 06)*
a) Intron 1 inversion b) Intron 22
c) 619 bp deletion d) 3.7 bp deletion

1431. A child aged 2 year presents with nonspecific symptoms suggestive of anemia. On peripheral blood smear target cells are seen, He has hypochromic microcytic picture and Hb of 6 gm. He also has 'a positive family history'. Next investingation of choice is - *(AI 01)*
a) Hb electrophoresis b) Coombs test
c) Liver function tests d) Osmatic fragility test

1432. A 5 year old girl came with history of progressively increasing pallor since birth and hepatosplenomegaly. Which of the following is the most relevant test for achieving diagnosis -
a) Hb electrophoresis *(AI 04)*
b) Peripheral smear examination
c) Osmotic fragility test
d) Bone marrow examination

1433. A 25-year female presented with mild pallor and moderate hepatosplenomegaly. Her hemoglobin was 92g/L and fetal hemoglobin level was 65%. She has not received any blood transfusion till date. She is most likely to be suffering from -
a) Thalassemia major *(AIIMS Nov 02)*
b) Thalassemia intermedia
c) Hereditary persistent fetal hemoglobin, homozygous state
d) Hemoglobin D, homozygous state

1434. A 32-year-old female, asymptomatic, not requiring blood transfusion, presents with Hb 13.0 gm/dl. Her HbF levels are 95%, Hb $A_2$1.5%. Which of the following is the most likely diagnosis - *(AIIMS May 04)*
a) Hereditary persistence of fetal hemoglobin
b) Beta homozygous thalassemia
c) Thalassemia intermedia
d) Beta heterozygous thalassemia

1435. All of the following are true about b thalassemia trait, Except - *(PGI June 08)*
a) Microcytic hypochromic picture
b) T ed HbA2
c) TedHbf
d) Patient requires blood transfusion

1436. True about a-thalassemia trait - *(PGI June 06)*
a) Increased HbF b) Increased HbA
c) Microcytosis d) Severe anemia [2]

1437. HbH is characterized by - *(AI 2011)*
a) Deletion of three alpha chain genes
b) Deletion of three alpha chains and one beta chain genes
c) Deletion of two alpha and two beta chain genes
d) Deletion of four alpha chain genes

1438. A 30-yrs old female, RBC count 4.5 million, MCV 55ft, TLC 8000, no history of blood transfusion?
a) Iron deficiency anemia *(AIIMS Nov 11)*
b) Thalessemia major
c) Thalessemia minor
d) Megaloblastic anemia

1419)a,d,e 1420)a 1421)a 1422)c 1423)d 1424)c 1425)a 1426)a 1427)a 1428)c 1429)b 1430)a 1431)a 1432)a 1433)b 1434)a 1435)d 1436)c 1437)a 1438)c

1439. True about a-thalassemia trait - *(PGI June 06)*
a) Increased HbF b) Increased HbFA2
c) Microcytosis d) Severe anemia

1440. All of the following are true about b thalassemia trait, Except - *(PGI June 08)*
a) Microcytic hypochromic picture
b) TedHbA$_2$
c) **Ted** HbF
d) Patient requires blood transfusion

1441. A patient presents with macroglossia and loss of tongue papilla. His Hb is 11.5 and MCV is 100. What shuld be the next step in investigating this patient ?
a) B_{12} estimation *(AI08)*
b) Brush biopsy of the lesion
c) Fluconazole treatment
d) Incision biopsy

1442. Coomb's positive hemolytic anemia associated with-
a) TIP b)PAN *(AI09)*
c) SLE d)HUS

1443. A pt with an Hb of 6, WBC count of 2000, has a normal Different count except for having 6% blasts; platelets are reduced to 80,000; moderate splenomegaly is present; possible diagnosis is -
a) Leukemia b) Aplastic anemia *(AI01)*
c) Hemolysis d)ITP

1444. Aplastic anemia in hereditary spherocytosis precipitated by - *(PGI Dec 05)*
a) Parvo virus b) HIV
c) FKV

1445. A 23 year old female presenting with anemia, jaundice, for 2 years, peripheral smear showing spherocytes, the best investigation to be done -
a) Reticulocyte count *(AIIMS Nov 06)*
b) Osmotic fragility test
c) Coombs test
d) Bone marrow aspiration

1446. A 20 year old female presenting with anemia, mild jaundice for 2 years, peripheral smear showing sperocytes, the best investigation to be done is- *(AIPGMEE 08)*
a) Reticulocyte count
b) Osmotic fragility test
c) Coombs test
d) Bone marrow aspiration

1447. A 21 year old male presents with anemia and mild hepatosplenomegaly. His hemoglobin is 5 gm/dL history of single blood transfusion is present till date. Most probable diagnosis is - *(AIIMS May 0 7)*
a) Thalassemia major
b) Thalassemia minor
c) Thalassemia intermedia
d) Autoimmune hemolytic anemia

1448. Hair on end appearance is seen in X-ray skull in- *(AIIMS June 97)*
a) Thalassemia b) Hydrocephalus
c) Chronic malaria d) Sickle cell analuria

1449. Ayoung female has the following lab values: MCV-70 Hb 10 gm% serum iron 60, serum feritin 100, the diagnosis is - *(AI 09)*
a) Thalassemia trait
b) Chronic iron deficiency anemia
c) Megaloblastic anemia
d) Anaemia of chronic infection

1450. Basic defect in HbS is - *(AI 09)*
a) Altered function b) Altered solubility
c) Altered stability d) Altered 0_2 binding capacity

1451. The primary defect which leads to sickle cell anemia is -
a) An abnormality in porphyrin part of hemoglobin
b) Replacement of glutamate by valine in B-chain of HbA
c) A nonsence mutation in the B-chain of HbA
d) Substitution of valine by glutamate in the A-chainofHbA.

1452. Sickle cell trait patient do not have manifestations as that of Sickle cell disease, because -
a) 50% HbS is required for occurrence of sickling
b) HbA prevents sickling *(AIIMS Nov 01)*
c) 50% sickles
d) HbA prevents polymerazitation of Hbs

1453. Commonest presentation of sickle cell anaemia is-
a) Priapism b) Bone pain *(AIIMS Dec 98)*
c) Fever d) Splenomegaly.

1454. Which the following is not seen in a chronic case of Sickle cell anemia - *(AI 96)*
a) Hepatomegaly b) Pulmonary hypertension
c) Cardiomegaly d) Splenomegaly

1455. All of the following statements are true about sickle cell disease except - *(AI 04)*
a) Patient may require frequent blood transfusions
b) Acute infection is the most common cause of mortality before 3 years of age
c) There is positive correlation between cone. HBS and polymerization of HBS.
d) Patient presents early in life before 6 months of age

1456. Which of the following is not seen on hemoglobin electrophoresis in sickle cell anemia - *(AI 01)*
a) HbA b) HbA2
c) HbF d) HbS

1457. Crew haircut appearance in X-ray skull and Gandy gamma bodies are seen in - *(AIIMS Nov 93)*
a) G-6-PD deficiency
b) Hodgkin's lymphoma
c) Hereditary spherocytosis
d) Sickle cell anaemia

1458. All are true for sickle cell anemia, except -
a) Pulmonary arterial hypertension *(AIIMS May 94)*
b) Fish vertebra
c) Leukopenia
d) Increased size of heart

1439) c 1440)d 1441)a 1442)c 1443)a 1444)a 1445)c 1446)c 1447)d 1448)a 1449)d 1450)b 1451)b 1452)a
1453)b 1454) d 1455) d 1456) a 1457) d 1458) c

1459. Sickle cell disease true is - *(PGI June 08)*
a) Mutation in a chain
b) Symptoms ameliorated by HbF
c) Venoocclusive crises is cause of morbidity
d) Bone pain is presenting feature

1460. All the following are examples of diseases causing Aplastic anemia except - *(AI 95)*
a) PNH b) Hepatitis
c) Pregnancy d) Cold hemoglobinuria

1461. Aplastic anaemia is seen in - *(PGIDec 03)*
a) PNH b) Chloramphenicol
c) Ataxia Telengiectasia d) Hepatitis A
e) HIV

1462. Pancytopenia with cellular marrow is seen in all except - *(A iims Nov 06)*
a) Megaloblastic anemia
b) Myelodysplasia
c) paroxysmal Nocturnal hemoglobinuria
d) G6PD deficiency

1463. Pancytopenia with a cellular marrow is seen in all except - *(AIIMS Nov 07)*
a) PNH
b) Megaloblastic anemia
c) Myelodysplastic syndrome
d) Congenital dyserythropoietic anemia

1464. All of the following statements about Fanconi's anemia are true, except - *(AI 10)*
a) Autosomal dominant inheritance
b) Hypocellular bone marrow
c) Congenital Anomalies
d) Usually normocytic/macrocytic cell morphology

1465. All of the following are causes pf pancytopenia with cellular bone marrow except - *(AIPGMEE 08)*
a) Paroxysomal noctural hemoglobinuria
b) Congential dyserythropoietic anemia
c) Megaloblastic anemia
d) Hairy cell leukemia

1466. Vasanti, a 25-year-old-girl, presents with complaints of fever and weakness. On examination there is splenomegaly of 3 cm below the costal margin. Hb is 8 gm/dL, TLC is 3,000/mm^3, platelet count is 80,000 mm^3. Which of the following is the least likely diagnosis - *(AIIMS Nov 2000)*
a) Acute lymphocytic leukemia
b) Anemia of chronic disease
c) Aplastic anemia
d) Megaloblastic anemia

1467. A patient aged 65 years, is diagnosed to have severe aplastic anemia. HLA compatible sibling is available. The best option of treatment is - *(AIIMS May 06)*
a) Anti-thymocyte globulin followed by cyclosporine
b) A conventional bone marrow transplantation from the HLA identical sibling
c) A non-myeloablative bone marrow transplantation from the HLA identical sibling
d) Cyclosporine

1468. A 20 yrs adult presents with severe hypo plastic anemia, what is most effective treatment - *(AI 02)*
a) a-interferon b)IL-2
c) ATG therapy d) Bone marrow transplant

1469. A stem cell disorder affecting all the three cell lines; platelets, RBCs and leucocytes is -
a) Hemolytic anaemia *(AIIMS May 01)*
b) Paroxysmal cold haemoglobinuria
c) Paroxysmal nocturnal haemoglobinuria
d) Blackfan Diamond syndrome

1470. Which of the following is NOT seen in Paroxysmal Nocturnal Hemoglobinuria - *(AIIMSNov 2000)*
a) Hypocellular bone marrow b) Hemosiderinuria
c) Increased LAP score d) Pancytopenia

1471. All are true regarding paroxysmal nocturnal haemoglobinuria, except- *(AIIMS Dec 97)*
a) Haemosiderinuria
b) Pancytopenia
c) Increased alkaline phosphatase
d) Cellular marrow

1472. True about PNH is/are - *(PGI Dec 2000)*
a) Hypocellular marrow b) Budd-chiari syndrome
c) Thrombosis d) LAP Score low

1473. PNH is associated with all of the following condition, except- *(AI02)*
a) Aplastic anemia b) Ted LAP scores
c) Venous thrombosis d) Iron deficiency anemia

1474. HAM test is done for - *(AIIMSNov 06)*
a) G.P.I. anchor protein
b) Complement defect
c) Spectrin defect
d) Mannose binding protein

1475. Plasmapheresis (plasma exchange therapy) is used in the treatment of - *(AIIMS May 0 7)*
a) Autoimmune hemolytic anemia
b) Disseminated intravascular coagulation
c) Thrombotic thrombocytopenic purpura
d) Hemolytic uremic syndrome

1476. The virus most commonly causing aplastic crisis in hemolytic anemia is - *(Delhi 96)*
a) HIV b) Herpes virus
c) Parvovirus d)HTLV

1477. Most common cause of myelophthisic anaemia -
a) Multiple myeloma b)NHL *(JIPMER2K)*
c) Leukaemia d) Multiple secondaries

1478. Spur cell anemia is seen in - *(TN 95)*
a) Drug induced anemia b) hepatocellular disease
c) Renal disease d) Alcoholism

1479. Iron level is deceased in all except - *(Delhi 96)*
a) Hookworm anemia
b) Anemia dut to chronic infection
c) Sideroblastic anemia
d) Anemia due to gastric ulcer (Bleeding ulcer)

1480. Mucosal tranfer of iron in GIT by- *(Kerala 96)*
a) Transferrin b)Apoferritin
c) Apotransferrin d) Ferritin

1459) b,c,d 1460) d 1461)a,b,e 1462)d 1463)d 1464)a 1465)b 1466)c 1467)a 1468)d 1469)b 1470)c 1471)c 1472) a,b,c,d 1473) b 1474) a 1475) c 1476) c 1477) d 1478) b 1479) c 1480) a

1481. All are true of long standing sickle cell anemia except - *(Karnat 96)*
a) Normocytic normochromic anemia
b) Recurrent jaundice
c) Cholelithiasis
d) Massive splenomegaly

1482. Pernicious anemia is due to - *(AP 96)*
a) Iron deficiency b) Atrophic gastritis
c) Low folic acid d)None

1483. A 16 year old female presents with generalised weakness and palpitations. Her Hb is 7g/dl and peripheral smear shows microcytic hypochromic anaemia, reticulocyte count=0.8 % serem bilirubin = 1 mg%. The most likely diagnosis is - *(UPSC97)*
a) Iron deficiency is b) Haemolytic anaemia
c) Aplastic anaemia d) Folic acid deficiency

1484. Microcytic hypochromic anaemia is seen in all except- *(MP 98)*
a) Beta thalassemia b) Iron deficiency
c) Malaria d) Lead poisoning

1485. Patients with sickle cell anemia are prone to infections with- *(MAHE98)*
a) Staph, aureus b) Pneumococcus
c) H. influenza d) Gonococcus

1486. Best test to detect iron deficiency anaemia in a community with lwo prevelance of iron deficiency is - *(Kerala98)*
a) FCV b) Serum iron
c) Serum ferritin d) Iron binding capacity

1487. Which of the following is not a characteristic of Fanconi anaemia - *(Karnat99)*
a) Hematologic abnormalities in infancy
b) Pancytopenia
c) Skeletal anomalies
d) Chromosome fragility

1488. The following statements about Fanconi's anaemia are true except- *(Kerala2K)*
a) Progressive pancytopenia
b) Simultanagnosia
c) Visual object agnosia
d) Increased chromosomal fragility
e) Associated skeltal abnormalities involving thumb and radius

1489. All are the following are features sideroblastic except- *(UPSC2K)*
a) Microcytosis with hypochromia
b) Increased iron stores in bone marrow
c) Responds to pyridoxine therapy
d) Responds to folic acid therapy

1490. Bone marrow transplantation is not indicated in-
a) Aplastic anaemia *(Orissa 98)*
b) Congenital spherocytosis
c) Thalassemia
d) Acute myeloid leukaemia in first remission

1491. Which of the following statements about paroxysmal cold hemoglobinuria is NOT true - *(Kerala 2K)*
a) Chronic autoimmune form responds well to splenectomy
b) Results from formation of Donath-Landsteiner antibody
c) Attacks are associated with hemoglobinuria
d) Can occur secondary to syphilis
e) Natural history of the disease often extends over many years

1492. Earliest response to iron therapy is - *(Kerala 95)*
a) Increase in Hb% b) Reticulocytes
c) Increased PCV d) Increased neutrophils

1493. Auto haemolysis test is positive in - *(Jipmer 95)*
a) Beta thalessemia b) Hereditary spherocytosis
c) Vit E deficiency d) Sickle cell disease

1494. Paroxysmal Nocturnal Hemoglobinuria (PNH) is screened by - *(Karnataka 02)*
a) Acid ham test
b) Sucrose lysis test
c) Serum hapten levels
d) Low serum complement levels

1495. Commonest presentation of sickle cell anemia is -
a) Priapism b) Bone pain *(Jipmer 04)*
c) Fever d) Splenomegaly

1496. All causes microcytic anemia except - *(APPGE 04)*
a) Hookworm infestation
b) Thalassemia
c) Orotic aciduria
d) Pyridoxine deficiency

1497. Haemoglobinuria does not occur in- *(MAHE05)*
a) $CuS0_4$ poisoning
b) Snakebite
c) Mismatched blood transfusion
d) Thalassemia

1498. Bone marrow transplantation is not indicated in-
a) Aplastic anaemia *(SGPGI05)*
b) Congenital spherocytosis
c) Thalassemia
d) Acute myeloid leukaemia in first remission

1499. Plasma ferritin levels may be reduced in all of the following conditions, except - *(J&k 05)*
a) Iron deficiency b) Vitamin C deficeincy
c) Liver disease d) Hypothyroidism

1500. Hemolytic anemia may be characterized by all of the following except - *(AIIMS May 2005)*
a) Hyperbilirubinemia
b) Reticulocytosis
c) Hemoglobinuria
d) Increased plasma haptoglobin level

1501. Adult haemoglobin consists of which one of the following tetramer of chains ? *(UPSC 06)*
a) **2a+2p** **b)2a + 25**
c) **2p + 2y** **d)2a + 2y**

1502. Reticulocyte count in Hemolytic jaundice is -
a) 0.8 -1 % b) 1 - 2 % *(NIMHANS 06)*
c) >2.5% d) < 2%

1481) d 1482)b 1483)a 1484)c 1485)b,c 1486)c 1487)a 1488)b,c 1489)d 1490)b 1491) a 1492)b 1493)b 1494)a,b 1495) c 1496) c 1497)d 1498)b 1499)c 1500)d 1501)a 1502)c

1503. Warm-antibody immunohemolytic anemia is seen in all except - *(COMED 06)*
a) SUE b) **a** - Methyladopa ingestion
c) Quinidine d) Infectious mononucleosis

1504. Aplastic anemia in sickle cell anemia is due to infection of - *(APPG 06)*
a) Herpes b) Parvovirus B19
c) CMV d) Papova

1505. Hemoglobin with zeta 2 and gamma 2 chains are seen in which of the following - *(APPG 06)*
a) Gower 1 b) Gower II
c) Poland Hb d) Fetal Gb

1506. What is the definitive finding of G6PD- *(Manipal 06)*
a) Bite cells b) Intravascular hemolysis
c) Splenomegaly d) Hemoglobinuria

1507. Acquired intrinsic defect in Hymolytic anemia is seen in - *(Manipal 06)*
a) Sickle cell anemia
b) Hereditary spherocytosis
c) Thalasemmia
d) Paroxysmal nocturnal hemoglobinuria

1508. A man who had undergone total gastrectomy remains well for five years. Then he develops anaemia. What is the most likely cause of this anaemia ? *(UPSC 07)*
a) Protein deficiency b) Zinc deficiency
c) Folic acid deficiency d) Vitamin B_{12} deficiency

1509. Match list I with list H and select the correct answer using the code given below the lists - *(UPSC 07)*

List I *(Type of anaemia)*	Listn *(Cause)*
A. Macrocytic anemia	1. Iron deficiency
B. Microcytic anaemia	2. Hypothyroidism
C. Haemolytic anaemia	3. Vitamin B_{12} deficiency
D. Megaloblastic anaemia	4. Alpha methyl dopa

Code:

	A	B	C	D
a)	3	1	4	2
b)	3	4	1	2
c)	2	1	4	3
d)	2	4	1	3

1510. Pancytopenia may occur in the following except -
a) Megaloblastic anaemia *(UPSC 07)*
b) Severe iron-deficiency anaemia
c) Hypoplastic anaemia
d) Paroxysmal nocturnal haemoglobinuria

1511. Which one of the following is the most appropriate clinical tests to confirm the iron-deficiency anaemia? *(UPSC 07)*
a) Red blood cell indices
b) Serum ferritin level
c) Bone-marrow examination
d) Urinary iron clearance

1512. Which one of the following is not associated with a high reticulocyte count ? *(UPSC 07)*
a) Acute bleed
b) Haemolytic anaemia
c) Megaloblastic anaemia
d) Response to treatment in nutrition deficiency anaemia

1513. In shigella dysentery associated hemolytic uremic syndrome, the false statement is - *(Delhi PG Feb. 09)*
a) Leucocytosis b) Neurological abnormalities
c) Hepatic failure d) Thrombotic angiopathy

1514. Which of the following manifestations is not a clinical manifestation of parvovirus infection?
a) Erythema infectiosum *(Delhi PG Mar. 09)*
b) Polyarthropathy
c) Pure Red Cell aplasia
d) Tropical sprue

1515. A 37-year-old multipara construction labourer has a blood picture showing hypochromic anisocytosis. This is most likely indicative of -
a) Iron deficiency
b) Folic deficiency
c) Malnutrition
d) Combined iron and folic acid deficiency

1516. With regard to sickle cell disease - *(Manipal 09)*
a) 25% of the black population have sickle cell disease
b) The most severe form of sickle cell retinopathy is associated with SS disease
c) Optic disc is the first site of neovascularization in patient with severe retinal ischamia
d) None of the above

1517. Which one of the following is NOT consistent with the diagnosis of aplastic anemia? *(UPSC-109)*
a) Hematopoietic cells occupying < 25% of marrow space
b) Hematopoietic cells morphology should be normal
c) Normocytic normochromic anemia
d) Splenomegaly

1518. A low mean corpuscular volume with a normal red cell distribution width suggests - *(COMED 09)*
a) Iron deficiency anaemia
b) a Thalassaemia trait
c) Anaemia of chronic disease
d) Sideroblastic anaemia

1519. Thrombotic thrombocytopenic icroangiopathies are- *(PGIMaylO)*
a) TTP b)DIC
c) HUS d) Polycythemia

1520. An 48 year old male with pallor, MCV-70, RDW-21 Bald tongue and WBC - 3000. Previous attempts to treat anaemia with iron alone failed. Stool for occult blood is negative. Investigations required are - *(PG1 Nov. 10)*
a) B12 estimation b) Anti-tTG antibodies
c) H. Pylori detection d) Colonoscopy
e) Electrophoresis

1503)d 1504)b 1505)c 1506)b 1507)d 1508)d 1509)c 1510)b 1511)b 1512)c 1513)c 1514)d 1515)a 1516)d 1517) d 1518) b 1519)a,b,c 1520)b,d

1521. Feature of Hereditary spherocytosis is- *(PGI Nov 10)*
a) TMCV b) T MCHC
c) iRDW d)T Reticulocytes in peripheral blood
e) t Direct bilirubin

1522. Atypical finding in aplatic anaemia is- *(PGINov 10)*
a) Echymosis b) Pallor
c) Lymphadenopathy d) Leukoplakia
e) Splenomegaly

1523. Cause of alpha thalasemia - *(AIIMS May 11)*
a) Delection of alpha genes
b) Delection of beta genes
c) Excess of alpha genes
d) Single amino acid substitution in alpha chain

1524. Which of the following is not true about hereditary spherocytosis? *(UPSC 111)*
a) Splenomegaly b) Increased RBC life span
c) Pigment gall stones d) Effective splenectomy

1525. In a patient of anaemia, the most convenient test for assessment of iron status is - *(UPSC111)*
a) Transferrin b) Serum iron
c) Haemoglobin d) Serum ferritin

1526. Seen in chronic inflammatory anemia is - *(NEET/DNB Pattern)*
a) Serum iron 1S. ferritin t and transferrin *i*
b) Serum iron t S. ferritin T and transferrin t
c) Serum iron 1S. ferritin 1 and transferrin T
d) Serum iron t S. ferritin *i* and transferrin 1

1527. Iron dextran is given in A/E - *(NEET/DNB Pattern)*
a) Macrocytic anemia b) Severe blood loss
c) Iron deficiency anemia d) Hookworm anemia

1528. A patient with previously normal heamoglobin suffered a sudden massive acute hemorrhage. He is most likely to show all of the following except -
a) High reticulocyte count *(ARMS, May 12)*
b) High neutrophil count
c) High packed cell volume
d) Low mean corpuscular volume

1529. Which of the following is associated with an intrinsic defect in the RBC membrane? *(ARMS, May 12)*
a) Autoimmune hemolytic anemia
b) Hereditary spherocytosis
c) Microangiopathic hemolytic anemia
d) Thermal injury anemia

1530. Indirect coombs test detect - *(NEET/DNB Pattern)*
a) Antibodies attached to RBC surface
b) Antigen in serum
c) Antibodies in the serum
d) Antigen attached to RBC surface

1531. Primaquine may cause hemolysis in - *(NEET/DNB Pattern)*
a) G-6-PD deficiency
b) NADP - deficiency
c) Methemoglobin reductase deficiency
d) Crabb's disease

1532. Which of the following is not seen in hereditary spherocytosis - *(NEET/DNB Pattern)*
a) Direct Coombs test + ve
b) Increased osmotic fragility
c) Leg ulcers
d) Splenomegaly

1533; Haemoglobin F is raised in - *(NEET/DNB Pattern)*
a) Juvenile chronic myeloid leukemia
b) Hereditary spherocytosis
c) Congenital red cell aplasia
d) Myasthania gravis

1534. NESTROFT test is used in screening of 4 u> *(NEET/DNB Pattern)*
a) Thalassemia
b) Autoimmune hemolytic anemia
c) Spherocytosis
d) G6PD deficiency

1535. CML treatmeiat^i^^ft' *Am^fEE^DN^Pattept)*
a) Vincristine v b)Imatinib
c) Cyclophospham^Cff/' d) Methotrexate

1536. Polycythemia vera is absolute venous hematocrit of > - *(NEET/DNB Pattern)*
a) 45% b) 55%
c) 65% d) 70%

1537. Which of the following statements about Hemolytic Uremic Syndrome is least correct - *(AI12)*
a) Usually follows hemorrhagic colitis
b) Often self-limited
c) Fever is usually mild of absent
d) Serotoxin has no role in pathogenesis

1538. A 25-year old pregnant lady presents with thrombocyto-penia (Platelet count < 50,000) and fragmented RBC's in peripheral smear. Which of the following is the least likely dififerentail diagnosis ? *(All 2)*
a) Thrombotic Thrombocytopentic Purpura (TTP)
b) Disseminated Intravascular Coagulation (DIC)
c) HELLP syndrome
d) Evan's syndrome

1539. Difference between haemolytic uremic syndrome & TTP - *(NEET/DNB Pattern)*
a) Thrombocytopenia is seen in TTP
b) C.N.S. manifestations are dominant in TTP
c) Microangiopathic hemolytic anemia
d) Renal failure more common in TTP

1540. A 25-year-old female presented with history of recurrent abortions. The most relevant investigation to identify the cause is- *(ARMS, May 12)*
a) Bleeding time
b) Prothrombin time
c) Dilute russel viper venom time
d) Clot solubility test

1541. The following is the finding seen in DIVC - *(AI 12)*
a) Increased fibrinogen, increased antithombin III, increased thrombin-antithrombin III complexes
b) Increased FDP, decreased PT, Increased antithrombin III
c) Increased FDP, prolonged PT, decreased thrombin-antithrombin complexes
d) Increased FDP, prolonged PT, reduced Platelets

1521)b,d 1522)e 1523)a 1524)b 1525)d 1526)a 1527)a 1528)c,d 1529)b 1530)c 1531)a 1532)a 1533)a 1534) a 1535)b 1536)b 1537)d 1538)d 1539)b 1540)c 1541)d

MYELOPROLIFERATIVE DISORDER

1542. Which of the following is NOT a myeloproliferative disease - *(AIMS Nov 2000)*
a) Polycythemia rubra vera
b) Acute myeloid leukemia
c) Chronic myeloid leukemia
d) Essential thrombocytosis

1543. Laboratory evaluation for the differential diagnosis of chronic myeloproliferative disorders includes all the following except- *(A11MS Nov 04)*
a) Chromosomal evaluation
b) Bone marrow aspiration
c) Flow-cytometric analysis
d) Determination of red blood cell mass

1544. A peripheral smear with increased neutrophils, basophils, eosinophils, and platelets is highly suggestive of - *(AIIMS May 06)*
a) Actute myeloid leukemia
b) Acute lymphoblastic leukemia
c) Chronic myelogenous leukemia
d) Myelodysplastic syndrome

1545. A 60 year old man presented with fatigue, weight loss and heaviness in left hypochondrium for 6 months. The hemogram showed Hb. lOgm/dL, TLC 5 lakhs/mm^3, platelet count 4 lakhs/mm^3, DLC: neutrophil 55%, lymphocutes 4%, monocytes 2%, basophils 6%, metamyelocytes 10%, myelocytes 18%, promyelocytes 2% and blasts 3%. The most likely cytogenetic abnormality in this case is - *(AIIMS May 03)*
a) t(l;21) b)t(9;22)
c) t (15; 17) d) Trisomy 21

1546. Which one of the following is not a criterion for making a diagnosis of chronic myeloid leukemia in accelerated phase - *(AIIMSNov 04)*
a) Blasts 10-19% of WBC's in peripheral blood
b) Basophils 10-19% of WBC'S in peripheral blood
c) Increasing spleen size unresponsive to therapy
d) Persistent thrombocytosis (>1000 * 10^9 /L) unresponsive to therapy

1547. In a patient suffering from chronic myeloid leukemia, Hb falls from llg% to 4g% in a short span of time, and splenomegaly occurs. The cause could be - *(PGI June 02)*
a) Accelerated phase
b) CML in blast crisis
c) Ineffective erythropoiesis
d) Myelofibrosis

1548. All of the following are features of juvenile CML except- *(AI94)*
a) Thrombocytopenia
b) Fetal Hb is increased
c) Philadelphia chromosome is positive
d) Lymphadenopathy

1549. Which of the following is not compatible with a diagnosis of chronic myelomonocytic leukemia? *(AIIMS Nov 03)*
a) Peripheral blood monocytosis more than 1 10^9L
b) Absence of Philadelphia chromosome
c) More than 20% blasts in blood or bone marrow
d) Absent or minimal dysplasia in myeloid lineages.

1550. Which of these is true regarding CML - *(Aiims 99)*
a) Size of splenomegaly indicates prognosis
b) Phagocytic activity of WBC is reduced
c) Sudan black stain is specific for myeloblast
d) Myeloblast, granuloblast and lymphoblast become PH chromosome +ve. -ve following remission

1551. Best Rx for CML is - *(PGIDec 98)*
a) Autologous BMT b) Allogenic BMT
c) Alpha interferon d) Hydroxyurea

1552. Which is not seen in polycythemia vera -
a) Increased vitamin B_{12} binding capacity
b) Increase erythropoietin level *(AIIMS Feb 97)*
c) Increase RBC count
d) Ocular congestion

1553. All of the following are seen in polycythemia rubra vera EXCEPT - *(AIIMSNov 2000)*
a) Increased Vit B_{12} binding capacity (>9000 micromols/dL)
b) Decreased LAP score
c) Leucocytosis
d) Increased platelets

1554. Essential WHO criteria for polycythemia vera?
a) Tyrosine kinase JAK2 V617F and other mutations
b) Low levels of erythropoietin levels *(AI10)*
c) Thrombocytosis
d) Increased MCV

1555. In Policythemia vera, all the following are seen except - *(AIIMS May 01)*
a) Thrombocytopenia b) Increased GI bleed
c) Thrombosis d) Transient visual loss

1556. Which of the following is not commonly seen in Polycythemia Vera - *(AI 02)*
a) Thrombosis
b) Hyperuricemia
c) Prone for acute leukemia
d) Spontaneous severe infection

1557. Tumor associated with polycythemia vera is -
a) Sarcoma *(AI 01, 95)*
b) Pitutary adenoma
c) Cerebellar haemangioblastoma
d) None of the above

1558. Erythropoietin is increased in all of the following conditions except - *(AI 07)*
a) Hepatocellular carcinoma
b) Renal cell carcinoma
c) Cerebellar Hemangioblastoma
d) Pancreatic carcinoma

1559. True about polycythemia rubra vera is all except -
a) Bleeding b) Thrombosis *(PGIDec 97)*
c) iedESR d) Infection

1542)b 1543)c 1544)c 1545)b 1546)d>b 1547)a,b 1548)c 1549)c 1550)a 1551)b 1552)b 1553)b 1554)a 1555) a 1556)d 1557)c 1558)d 1559)d

1560. A 59-year-old male came with Hb 18.0 gm/dl on three occasions. The resident doctor wants to exclude Polycythemia Vera. Which of the following is the most relevant investigation - *(ARMSMay 04)*
a) Hematocrit b) Total leukocyte count
c) Red cell mass d) Reticulocyte count

1561. All of the following are the causes of relative polychthemia except - *(AI05)*
a) Dehydration
b) Dengue haemorrhagic fever
c) Gaisbock syndrome
d) High altitude

1562. Differences between primary and secondary polycythemia - *(PGI June 08)*
a) Increased red cell mass
b) Pruritis
c) Hypertension
d) Arterial oxygen tension < 92%

1563. Features suggesting secondary polycythemia -
a) Smoking b) Stress *(PGI June 07)*
c) Bum d) High altitude
e) CO poisoning

1564. A pt. being investigated for anemia has a dry marrow tap ; peripheral smear reveals tear drop cells, likely diagnosis is : *(AI 01)*
a) Leukemia b) Lymphoma
c) Myelofibrosis d) Polycythemia rubra vera

1565. A patient has the following findings-splenomegaly, low RBC count, normal WBC, and platelet count and peripheral blood smear shows teat drop cells. Repeated BM aspiration is unsuccessful. The probable diagnosis is - *(AIIMS1999)*
a) Thalassemia
b) Chronic myeloid leukemia
c) Iron deficiency anaemia
d) Myelofibrosis

1566. In which of the foilwing age group myelodysplastic syndromes (MDS) are most common - *(AI 06)*
a) 2-10 b)15-20
c) 2540 d)> 50 years

1567. Which is the most common cytogenetic abnormaltiy in adult myelodysplastic syndrome (MDS) - *(AI04)*
a) Trisomy 8 b)20q-
c) 5q- d) Monosomy 7

1568. Ringed sideroblasts are seen in - *(AIPGMEE 08)*
a) Iron deficiency anemia
b) Myelodysplastic syndrome
c) Thalassemia
d) Anemia of chronic disease

1569. A 42 -year old man was referred with a 2 week history of fever weakness and bleeding gum. Peripherial smear showed pancytopenia. The bone marrow examination revelaed 26% blasts frequently exhibiting Auer rods and mature myeloid cells. An occasional neutrophil with pseudo Pelger-Huet anomaly was also noted : Which of the following cytocheimcal stains is most likely to be positive ?
a) Acid phosphatase *(ARMS Nov 02)*
b) Non specific esterase
c) Myeloperoxidase
d) Toluidine blue

1570. A patient presents with a platelet count of 700 x 10^9/L with abnormalitites in size, shape and granularity of platelets. WBC count of 12 x 10^9 L, hemoglobin of llg/dl and the absence of the Philadelphia chromosome. The most likely diagnosis would be- *(ARMS May 06)*
a) Polycythemia vera
b) Essential thrombocythemia
c) Chromic myeloid leukemika
d) Leukemoid reaction

1571. A 45 year old female patient presents with symptoms of easy bruisability and frequent headaches. Physical examination show a moderate splenomegaly. Blood counts shows a normal leucocyte count and a platelet count of 1000 x 10^3/ cu mm. The leucocyte alkaline phosphatase score is normal. Which one of the following is the drug of choice for the treatment of this patient?
a) Hydroxyurea *(ARMS Nov03)*
b) Radioactive phosphorus
c) Anagrelide
d) Interferon alpha

1572. Leukocyte alkaline phosphate is increased in all, except - *(ARMS May 94)*
a) Polycythyemia vera b)CML
c) Myelofibrosis d) Myeloid metaplasia

1573. Splenomegaly is least likely associated with -
a) CML *(ARMS Nov 10)*
b) Polycythemia ruba vera
c) Idiopathic myelofibrosis
d) Primary thrombocytosis

1574. Polycythemia may be a features of all of the following except- *(UPSC 95)*
a) Gastric carcinoma b) Hepatoma
c) Cushing's syndrome d) Hypernephroma

1575. All are true of polycythemia vera except-
a) Myeloproliferative disorder *(Karnat 96)*
b) Increased red cell mass
c) Increased ESR
d) Thrombotic episodes

1576. Following are features of polycythemia rubra vera except - *(UP 9 7)*
a) Increased red cell mass
b) Normal arterial oxygen sturation
c) High leucocyte alkaline phosphatase score
d) Splenomegaly

1577. Causes of secondary polycythemia may include -
a) Chronic cor pulmonale *(NIMHANS 05)*
b) Renal carcinoma
c) Cerebellar haemangioblastoma
d) All of the above

1560)c 1561) d 1562) b,d 1563)a,d,e 1564)c 1565)d 1566)d 1567)d 1568)b 1569)c 1570)b 1571)c,d 1572)b 1573) d 1574) a 1575) c 1576) None 1577)d

1578. Which of the following is not commonly seen in Polycythemia Vera - *(MAHE 05)*
a) Thrombosis
b) Hyperuricemia
c) Prone for acute leukemia
d) Spontaneous severe infection

1579. The tumor causing polycythemia due to erythropoietin production is - *(Corned 08)*
a) Cerebellar hemangioma b) Medulloblastoma
c) Ependymoma d) Oligodendroglioma

1580. The following are features of polycythemia rubra vera, except - *(Delhi PG Feb. 09)*
a) Increased red cell mass
b) Low arterial oxygen saturation
c) Presence of JAK2 mutation
d) Splenectomy

1581. Which one of the following laboratory tests differentiates leukemoid reaction from chronic myeloid leukemia ? *(UPSC-109)*
a) LAP (leukocyte alkaline phosphatase)
b) LCA (leukocyte common antigen)
c) MPO (myelo-peroxidase)
d) TRAP (tartrate resistant alkaline phosphatase)

1582. The first-line drug therapy in chronic myeloid leukemia is - *(UPSC-109)*
a) Hydroxycarbamide b) Alpha-interferon
c) Busulphan d)Imatinib

1583. Isolated deletion of which chromosome causes myelodysplastic syndrome - *(COMED 09)*
a) 2q b)5q
c) 8q d) llq

1584. An example of chronic myeloproliferative disorder is- *(COMED 09)*
a) Neutrophilic leukaemoid reaction
b) Essential thrombocythaemia
c) Plasmacytosis
d) Hairy cell leukaemia

1585. Splenomegaly is least likely associated with -
a) CML *(AIIMS Nov 10)*
b) Polycythemia ruba vera
c) Idiopathic myelofibrosis
d) Primary thrombocytosis

1586. A patient is admitted with severe diarrhoea and vomiting. On examination, he is hypertensive and dehydrated. His haemoglobin is 19 gm%. The most likely reason for raised haemoglobin is -
a) Relative polycythaemia *(UPSCI11)*
b) Secondary polycythaemia
c) Polycythaemia vera
d) Essential thrombocythaemia

LYMPHOMA

1587. Cells charcteristic of Hodgkin's disease are -
a) Lacunar cells b) Red - Sternberg cells
c) Giant cells d)Eosiphils

1588. Diagnostic criteria of Hodgkin's disease are A/E -
a) RS cells *(PGIDec99)*
b) Atypical cells in background
c) Sclerosing pattern
d) CD 30 absent

1589. Classical markers for Hodgkin's disease is - *(AIPGMEE 08)*
a) CD 15 and CD 30 b) CD 15 and CD 22
c) CD 15 and CD 20 d) CD 20 and CD 30

1590. The subtype of Hodgkin's disease, which is histogentically distinct from all the other subtypes, is - *(AI05)*
a) Lymphocyte predominant
b) Nodular sclerosis
c) Mixed cellularity
d) Lymphocyte depleted

1591. The lymphocytic and histiocytic variant of Reed-Sternberg cell is seen in - *(AIIMS Nov 05)*
a) Follicular center lymphoma
b) Lymphocyte depleted Hodkin's disease
c) Nodular sclerosis Hodkin's disease
d) Lymphocyte predominant Hodkin's disease

1592. All are true regarding Hodgkin's lymphoma, except-
a) CNS is the commonest site of involvement
b) Characteristic cell is a Reed Sternberg cell *(AI2K)*
c) Mediastinal involvement is common in nodularsclerosis type.
d) Eosinophils, plasma cells and neutrophils increase

1593. Best prognostic type of Hodgkin's lymphoma is -
a) Lymphocytic predominant *(AIIMS June 98)*
b) Lymphocytic depletion *AI96)*
c) Mixed cellularity
d) Nodular sclerosis

1594. All of the following are the good prognostic features for Hodgkin's disease except - *(AI 04)*
a) Haemoglobin > 10 gm/dl
b) WBC count < 15000/mm^3
c) Absolute lymphocyte count < 600/ 1
d) Age < 45 yrs

1595. Poor prognostic factors for Hodgkin's disease are -
a) Younger age *(PGIDec 01)*
b) Systemic manifestations
c) Lymphocyte depletion
d) Mediastinal disease
e) stomach involvement

1596. Most common type of hodgkin's lymphoma in india is- *(AI94)*
a) Nodular sclerosing b) Lymphocyte predominance
c) Mixed cellularity d) Lymphocyte depletion

1597. A patient with Hodgkin's lymphoma is having a single cervical lymphnode. Biopsy showed lymphocyte predominant variant. Which of the following is the treatment of choice- *(AIIMSNov2K)*
a) Chemotherapy with Radiotherapy
b) Chemotherapy only
c) Radiotherapy only
d) No treatment needed

1578) d 1579) a 1580)b 1581)a 1582)d 1583)b 1584)b 1585)d 1586)a 1587)b 1588)b,d 1589)a 1590)a
1591) d 1592) a 1593)a 1594)c 1595)b,c,d,e 1596)c 1597)c

1598. True for Hodgkin's stage IA is - *(PGIDec 05)*
a) Chemotherapy is best
b) Radiotherapy is best
c) Total radiation therapy is best treatment
d) Fever and wt loss is always present

1599. Treatment of Hodgkin's disease- *(PGI Dec 06)*
a) CHOP b) MOPP
c) ABVD

1600. Hodkin lymphoma treatment - *(PGI June 07)*
a) ABVD is more commonly used regimen
b) Sterility is common in ABVD regimen
c) WBC > 16 x 10^9/L is good prognostic factor

1601. Which of the following statements on lymphoma is not True- *(AIMSMay 06)*
a) A single classification system for Hodgkin's disease (HD) is almost universally accepted
b) HD more often tends to remain localized to a single group of lymph nodes and spreads by contiguity
c) Several types of non Hodgkin's lymphoma (NHL) may have a leukemic phase
d) In general follicular (nodular)NHL has worse prognossis compared to diffuse NHL

1602. The classification proposed by the International Lymphoma Study Group for non - Hodgkin's lymphoma is known as - *(AI05)*
a) Kiel classification
b) REAL classification
c) WHO classification
d) Rappaport classification

1603. Intermediate form of Non hodgkin's lymphoma is -
a) Small noncleaved cell
b) Diffuse, small cleaved cell
c) Lymphoblastic
d) Large cell immunoblastic

1604. Most malignant form of NHL is -
a) Diffuse large cell
b) Small cell lymphocytic lymphoma
c) Follicular cleavage
d) Large cell follicular

1605. Intermediate grade of NHL are all except- *(AI2K)*
a) Diffuse small cell cleaved b) Diffuse large cell
c) Mycosis fungoides d) Diffuse mixed

1606. In Burkitts lymphoma , translocation seen is chromosome - *(AIMS May 01)*
a) 12-14 translocation b) 8 - 14 translocation
c) 4 - 8 translocation d) 12-18 translocation

1607. Burkitt's lymphoma is - *(PGI June 02)*
a) B cell lymphoma
b) 6,14 translocation
c) Can present as abdominal mass
d) Radiotherapy is used in tr eatment

1608. Stage of Hodgkins lymphoma with right sided neck nodes and left inguinal node without fever -
a) la b) Ha *(KERALA 95)*
c) Hla d)IVa

1609. Poor prognostic factor of non Hodgkin's lymphoma is-
a) Age > 60 years *(AMU 05)*
b) Weight loss > 10%
c) Night sweats with loss of weight
d) All of the above

1610. IgA lymphoma invloves- *(Jipmer 05)*
a) Large intestine b) Lymph nodes
c) Small intestine d) Spleen

1611. Popcorn type of Reed-Sternberg cell is seen in the following type of Hodgkin's lymphoma - *(Corned 07)*
a) Lymphocyte rich
b) Mixed cellularity
c) Lymphocyte predominance
d) Lymphocyte depletion

1612. All of the following are the good prognostic features for Hodgkin's disease except - *(Manipal 09)*
a) Hemoglobin > lOg/dl
b) WBC count < 15000/mm3
c) Absolute lymphocyte count < 600/uI
d) Age < 45 years

BLEEDING DISORDER

1613. Converging point of both pathways in coagulation is at - *(PGI June 99)*
a) Factor Vm b) Stuart factor X
c) Factor IX d) Factor VII

1614. A9 year old boy with elevation in both PT and APTT. What is the diagnosis - *(AIMS Nov 10)*
a) Defect in extrinsic pathway
b) Defect in intrinsic pathway
c) Platelet function defect
d) Defect in common pathway

1615. In which condition Thrombin time is raised -
a) Afibrinogenemia *(AIMS Nov 93)*
b) Hemophilia
c) Factor XII deficiency
d) von Willebrand's disease

1616. A child underwent a tonsillectomy at 6 years of age with no complications. He underwent a preoperative screening for bleeding at the age of 12 years before an elective laparotomy, and was found to have a prolonged Partial Thromboplastin time but normal Prothrombin time. There was no family history of bleeding. The patient is likely to have -
a) Acquired vitamin K deficiency *(AIMS Nov 04)*
b) Acquired liver disease
c) Factor XII deficiency
d) Mild hemophilia A

1617. A35 yr old lady with normal PT and increased aPTT. 2 year back, she was operated for cholecystectomy & did not have any bleeding episoe. What is next investigation for clinical diagnosis- *(AIMS Nov 10)*
a) Factor VIII assay
b) Anti viper venom assay
c) Platelet aggregation test
d) Ristocetin Cofactor assay

1598)b 1599)a,b,c 1600)a 1601)d 1602)b 1603)b 1604)a 1605)c 1606)b 1607)a,c 1608)c 1609)d 1610)c 1611) c 1612)c 1613)b 1614)d 1615)a 1616)c 1617)b

1618. Which of the following is not true about coagulation factor VH- *(AI09)*
a) Deficiency is autosomal recessive inheritance
b) TPT
c) With Hageman Factor is has longer half life
d) Its half life is 8-12 hrs

1619. The presence of small sized platelets on the peripheral smear is characteristic of -
a) Idiopathic thrombocytopenic purpura
b) Bernard soulier syndrome *{AIIMS Nov 03)*
c) Disseminated intravascular coagulation
d) Wiskott Aldrich syndrome

1620. A patient has the following findings-splenomegaly, low RBC count, normal WBC, and platelet count and peripheral blood smear shows teat drop cells. Repeated BM aspiration is unsuccessful. The probable diagnosis is - *(AIIMS 1999)*
a) Thalassemia
b) Chronic myeloid leukemia
c) Iron deficiency anaemia
d) Myelofibrosis

1621. All of the following statements are true about wiskott aldrich syndrome except ? *(AiimsNov08)*
a) It is an autosomal recessive disorder
b) There is failure of aggregation of platelets in response to agonists
c) Thrombocytopenia is seen
d) Patient presents with eczema

1622. The blood in the vessels normally does not clot because -
a) Vitamin K antagonists are present in plasma
b) Throbin has a positive feedback on plasminogel
c) Sodium citrate in plasma chelates calcium ions
d) Vascular endothelium is smooth and coated with glycocalyx

1623. A patient with cirrhosis of liver has the following coagulation parameters, Platelet count 2,00,000, Prothrombin time 25s/12s, Activated partial thromboplastin time 60s/35s, thrombin time 15s/15s. In this patient - *(AIIMS May 04)*
a) D-dimer will be normal
b) Fibrinogen will be < 100 mg
c) ATIII will be high
d) Protein C will be elevated

1624. TRUE regarding Von-Willebrand disease is -
a) Prolonged bleeding time *(AIIMS Dec 97)*
b) Decreased factor VIII
c) Platelets do not adhere to glass surface
d) Defects detected with ristocetin

1625. Best assay for deficiency of von Willebrand factor is-
a) Bleeding time *(PGIDecOI)*
b) APTT
c) BT+APTT
d) BT + APTT + vWF-ristocetin factor assay
e) PT

1626. The coagulation profile in a 13 - year old girl with Menorrhagia having von Willebrands disease is -
a) Isolated prolonged PTT with a normal PT
b) Isolated prolonged PT with a normal PTT
c) Prolongation of both PT and PTT
d) Prolongation of thrombin time

1627. IVue about Haemophilia A are all except- *(AI01)*
a) PTT increased
b) PT increased
c) Clotting time is increased
d) Serum levels of factor VIII are decreased

1628. All are true about hemophilia, except -
a) Increased Bleeding time (BT) *(AIIMS May 94)*
b) Decreased factor VIII
c) Decreased factor IX
d) Increased partial thromboplastin time (PTT)

1629. Hemophilic A has following diagnostic features except - *(AI 97)*
a) f VIII factor b)tPTT
c) TPT d) Normal BT

1630. A 9 yr old girl has bleeding diathesis, with prolonged aPTT but norml PT, and normal platelet count. The diagnosis is - *(AI 09)*
a) Factor V deficiency b) Haemophilia A
c) HaemophilaB d) Von Willebrand's disease

1631. In a patient of Hemophilia to be taken for dental extraction true is all, EXCEPT'- *(AIIMSNov2K-01)*
a) All patients should be screened for HTV
b) Extraction should be done under general anaesthesia and skilled anaesthetic care
c) Factor VIII or cryoprecipitate can be needed
d) Dose of Lignocaine required for anaesthesia is same as that for normal individuals

1632. Platelet function assessed by - *(PGIDec02)*
a) Platelet adhesion b)BT
c) CT d)PTT
e) iedTLC

1633. Platelet function defect is seen in - *(PGI June 03)*
a) Glanzmana syndrome
b) Bernard soulier syndrome
c) Wiskot Aldrich syndrome
d) Von-Willebrand disease
e) Weber Christian disease

1634. Platelet function defect is seen in - *(PGINov 05)*
a) Gray platelet syndrome
b) Glanzmann syndrome
c) VonWilebrand's disease
d) Chediak higashi syndrome

1635. A patient on aspirin, will show the following finding?
a) Prolonged BT b) Prolonged PT *(AI07)*
c) Prolonged APTT d) Prolonged CT

1636. Which of the following is the finding in functional defect in platelets - *(AI 2011)*
a) Normal platelet counts and prolonged bleeding time
b) Normal platelet count and bleeding time
c) Prolonged bleeding time, prothrombin time and PTT
d) Thrombocytopenia and prolonged bleeding time

1618)c 1619) d 1620)d 1621)a 1622)d 1623)a 1624)a,d 1625)dl626)a 1627)b 1628)a 1629)c 1630)d 1631)b 1632) a,b 1633)a,b,d 1634) All 1635) a 1636) a

1637. Which is not true regarding Bernard soulier syndrome? *(AI07)*
a) Ristocetin aggregation is normal
b) Aggregation with collagen and ADP is normal
c) Large platelets
d) Thrombocytopenia

1638. Thromboasthenia there is a defect in -
a) Platelet adhesion b) Platelet aggregation
c) ADP secretion d) Platelet contraction

1639. All of the following can cause megakaryocytic thrombocytopenia, except - *(AIIMS Nov 04)*
a) Idiopathic thrombocytopenic purpura
b) Systemic lupus erythematosus
c) Aplastic anemia
d) Disseminated intravascular coagulation (DIC)

1640. Platelet count is decreased in all of the following condition except - *(AIIMSDec 98)*
a) H. S. Purpura
b) Idiopathic thrombocytopenic purpura
c) Thrombotic thrombocytopenic pupura
d) Systemic lupus erythematosus

1641. Thrombocytopenia is not seen in - *(AI 96, AI 06)*
a) H.S. purpura b)DIC
c) Leukemia d) Metastasis

1642. Cause of ITP is - *(AIIMS Feb 97)*
a) Vasculitis
b) Antibody to vascular epithelium
c) Antibody to platelets
d) Antibody to clotting factors

1643. A Pt. has ecchymoses and petechiae all over the body with no hepatosplenomegaly. All are true except - *(AIIMS Nov 99)*
a) Increased megakaryocytes in bone narrow.
b) Bleeding into the joints
c) Decreased platelet in blood
d) Disease resolves itslef in 80% of Pt. in 2-6 weeks.

1644. The following laboratory determinants is abnormally prolonged in ITP - *(AI 02)*
a) APTT b) Prothrombin time
b) Bleeding time d) Clotting time

1645. Not true about Immune Thrombocytopenic purpura (ITP)- *(PGI09)*
a) Autoimmune mediated
b) Massive splenomegaly
c) T Megakaryocytes in bone marrow
d) I. V immunoglobulin is given
e) Chronic ITP is self limiting condition

1646. A patient is admitted with 3rd episode of deep venous thrombosis. There is no history of any associated medical illness. All of the following investigations are required for establishing the diagnosis except- *(AIIMS Nov 04)*
a) Proteing C deficiency
b) Antithrombin III deficiency
c) Antibodies to factor VIII
d) Antibodies to cardiolipin

1647. Thrombotic event is seen in all of following except -
a) PNH b) DIC *(AIIMS May 11)*
c) ITP d) Heparin induced thrombocytopenia

1648. Predisposing factor for arterial thrombosis -
a) AT III deficiency b) Proteins S deficiency
c) Protein C deficiency d) Homocysteinemia

1649. Most common inherited thrombotic disorder is -
a) Protein C deficiency *(PGI Dec 05)*
b) Protein S deficiency
c) Factor V leiden mutation
d) tPA deficiency

1650. Platelet transfusion is not indicated in - *(AI 96)*
a) Dilutional Thrombocytopenia
b) Immunogenic Thrombocytopenia
c) Aplastic Anemia
d) DIC

1651. What is the most common cause for Budd chiary syndrome - *(AIIMSNov 2000)*
a) Right ventricular failure b) PNH
c) Valve in hepatic veins d) Polycythemia vera

1652. Most common cause of Budd Chiari syndrome is -
a) Idiopathic *(AIIMS May 94)*
b) Valves in hepatic veins
c) Hepatocellular carcinoma
d) Thrombosis of hepatic veins

1653. In Budd Chiari syndrome, the site of venous thrombosis is - *(AI 04)*
a) Infrahepatic inferior vena cava
b) Infrarenal inferior vena cava
c) Hepatic veins
d) Portal veins

1654. Commonest cause of Budd Chiari syndrome is -
a) Valve in the IVC (*AI97)*
b) Hepatocellular carcinoma
c) Paroxysmal nocturnal hemoglobinuria
d) Renal cell carcinoma

1655. What is differential diagnosis for thrombotic microangiopathic anemia? *(PGIDec 05)*
a) Sepsis b) Hemolytic uremic syndrome
c) MI d) Eclampsia
e) Scleroderma renal crisis

1656. Hemolytic uremic syndrome is associated with all except - *(AIIMS May 0 7)*
a) EHEC b) Shigella
c) Campylobacter d) Vibrio cholera

1657. Hemolytic Uremic Syndrome is characterized by-
a) Microangiopathic haemolytic anaemia
b) ledLDH *(PGIDec 03)*
c) Thrombocytopaenia
d) Renal failure
e) Positive Coomb's test

1658. All are features of haemolytic uremic syndrome, EXCEPT- *(AIIMSDec 95)*
a) Hyperkalemia
b) Anaemia
c) Renal microthrombi
d) Neuro psychiatric disturbances

1637) a 1638) b 1639)c 1640)a 1641)a 1642)c 1643)b 1644)c 1645)b,e 1646) c 1647) c 1648)d 1649)c 1650)b
165 l)d 1652) d 1653) c 1654) c 1655) b 1656) d 1657) a, c,d 1658) d

1659. A 10 year old child develops hematuria after 2 days of diarhoea. Blood film shows fragmented RBCs. Which of the following is likely diagnosis-
a) Acute pyelonephritis *(AIIMSJune 99)*
b) Disseminated intravascular coagulopathy
c) Haemolytic uremic syndrome
d) Haemolytic crises

1660. A 20 year - old male has features of acute renal failure. Blood examination shows thrombocytopenia and Hb-10 gm%. Likely cause is -
a) Haemolytic uremic syndrome *(AIIMSJune 99)*
b) Hereditary spherocytosis
c) Haemolytic crises
d) Chronic glomerulonephritis

1661. Micro angiopathic hemolytic anaemia is seen in all of the following diseases except - *(Aiims Nov 08)*
a) Antiphosphlipid antibody syndrome
b) Thrombotic thrombocytopenic purpura
c) Microscopic polyangitis
d) Metallic cardiac valves

1662. All of the following feature may be seen in thrombotic thrombocytopenic purpura, *except-(AHMS June 90)*
a) Fever b) Haemolysis
c) Hypertension d) Low platelets count

1663. All of the following feature may be seen in thrombotic thrombocytopenic purpura, except - *(AI02)*
a) Fever b) Haemolysis
c) Hypertension d) Low platelets count

1664. All of the following statements are true about Hemolytic uramic syndrome except - *(AI 9 7)*
a) Uraemia
b) Hypofibhrinogenemia
c) Thrombocytopenia
d) Positive coomb's test

1665. Shigella associated hemolytic uramic syndrome is associated with all of the following except - *(AI 98)*
a) Hyperkalemia b)Thrombocytopenia
c) Neurological symptom d) Renal microthrombi

1666. All are true about thrombotic thrombocytopenic purpura except ? *(AIIMS Nov 08)*
a) Microangiopathic hemolytic anemia
b) Thrombocytopenia
c) Normal complement level
d) Grossly abnormal coagulation tests

1667. A person has fever, tremor & altered sensorium. Laboratory finding are: Platelet count-20000/mn, S. creatinine -3.0 mg% Hb g% & fragmented red blood cells. Which of the following will be included in management - *(PGI June 09)*
a) IV Ig b) plasmapharesis
c) IV steroid d) 5 % Dextrose
e) Immunotherapy

1668. All are true regarding lupus anticoagulant except - *(AIIMS Sep 96)*
a) Thrombocytosis b) Increased abortions
c) Rashes d) Arterial thrombosis

1669. The following condition is not associated with an Anti-phospholipid syndrome - *(AI 02)*
a) Venous thrombosis
b) Recurrent foetal loss
c) Thrombocytosis
d) Neurological manifestations

1670. All are true regarding Lupus anticoagulant, except - *(AIIMS Nov 93)*
a) Increased abortions b) Arterial thrombosis
c) Rashes d) Increased PT

1671. Lupus anticoagulants may cause all of the following except- *(AI 98)*
a) Recurrent abortion
b) False +ve VDRL results
c) Increase prothrombin time
d) Arterial thrombosis

1672. A35 yr old lady with Normal PT and increased aPTT. 2 year back, she was operated for cholecystectomy & did not have any bleeding episode. What is next investigation for clinical diagnosis -
a) Factor VIII assay *(AIIMS Nov 10)*
b) Anti viper venom assay
c) Platelet aggregation test
d) Ristocetin cofactor assay

1673. A patient has normal PT and platelet count with increased aPTT, factor 8 levels given as 60 iu/ml, no bleeding history. Diagnosis? *(AIIMSNov 11)*
a) Factor IX deficiency b) Thalassemia
c) Factor VIII inhibitors d) Lupus anticoagulant

1674. True about lupus anticoagulant include the following except - *(AI 09)*
a) Bleeding episodes can be life threatening
b) taPTT
c) May occur without clinical signs
d) May be associated with recurrent mid trimester abortions

1675. Antiphospholipid antibody (APLA) syndrome is associated with all of the following except - *(AI 10)*
a) Bleeding disorders b) Thrombotic disorders
c) Coagulation disorders d) Recurrent fetal loss

1676. True about antiphospholipid antibody syndrome include following - *(AI 10)*
a) Bleeding b) Thrombosis
c) Recurrent fetal loss d) Autoimmune disease

1677. Which of the following is recommended in a woman with antiphospholipid antibodies and history of prior abortions / still birth - *(AI 10)*
a) Aspirin only
b) Aspirin + Low molecular weight Heparin
c) Aspirin + Low molecular weight Heparin + Prednisolone
d) No treatment

1678. Bleeding in DIC is most closely related to -
a) Raised fibrin degradation products level in blood
b) Prolong prothrombin time *(AIIMS June 98)*
c) Low serum fibrinogen level
d) Raised thrombin time

1659) c 1660) a 1661)d 1662)c 1663)c 1664)d 1665)c 1666)d 1667)b,c,e 1668)a 1669)c 1670)d 1671)c 1672)b 1673) a,d 1674)a 1675)a 1676)a 1677)b 1678)c

1679. False statement regarding DIC is - *(AI01)*
a) Thrombocytopenia b) Decreased fibnrinogen
c) Decreased PTT d) Increased PT

1680. Disseminated intravascular coagulation (DIC) differs from thrombotic thrombocytopenic purpura. In this reference the DIC is most likely characterized by - *(AI 04)*
a) Significant numbers of schistocytes
b) A brisk reticulocytosis
c) Decreased coagulation factor levels
d) Significant thrombocytopenia

1681. The following set of finding is seen in DIVC - *(AI 07)*
a) Increased fibrinogen, increased antithrombin III, increased thrombin-antithrombin III complexes
b) Increased FDP, decreased PT, increased antithrombin III
c) Increased FDP, prolonged PT, increased thrombin-antithrombin complexes
d) Increased FDP, prolonged PT, reduced platlets

1682. DIC is commonly seen in - *(AIPGMEE 08)*
a) Ml AML b) M2 AML
c) M3 AML d)M4AML

1683. Vitamin K-dependent factor is - *(AI 96)*
a) n b) m
c) IV d) VI

1684. Which is most likely to be increased in Vit K deficiency - *(AI2000)*
a) PT.T. b)PT.
c) Platelet count d) Fibrinogen time

1685. Feature of hemorrhagic disease of new born is -
a) Prolonged prothrombin time *(AIIMS June 97)*
b) Defective platelet count
c) Prolonged bleeding time
d) Prolonged thrombin time

1686. A 78 year old man who lives alone and prepares his own food is found to have ecchymotic patches over posterior aspect of his lower extremities. He has haemorrhagic areas around hair follicles, hair are fragmented and splinter haemorrhages are present in nail beds and several hematomas are present in the muscles of arms and legs. PT and CT are normal. This clinical syndrome is most likely due to- *(AIIMSNov 99)*
a) Vitamin K deficiency b) Vitamin C deficiency
c) Pyridoxine deficiency d) Vitamin A deficiency

1687. A young person presents with a history of severe menorrhagia. She has palpable spleen. Her bleeding time is prolonged with a normal clotting time. Platelet count is normal .The most likely diagnosis is - *(UPSC 96)*
a) Haemophilia
b) Henoch-Scholeim purpura
c) Thrombosthenic purpura
d) Allergic purpura

1688. Haemophilia A is characterrised by the presence of following features, except - *(UP 97)*
a) Bleeding into soft tissues, muscles & joints
b) Loss of VIII levels
c) Prolonged partial thromboplastin time
d) Prolonged prothrombin time

1689. Which of the following is the best source of factor Vffl- *(KARNAT 98)*
a) Fresh food b) Fresh frozen plasma
c) Cryoprecipitate d) Platelet concentrate

1690. All the following are preliminary investigations in primary coagulation defects except - *(NIMS96)*
a) Bleeding time b) Platelet count
c) Prothrombin time d) Platelet aggregation studies

1691. Hess's (Tourniquet) test is a feature of - *(Korn 02)*
a) Idiopathic Thrombocytopenic Purpura (I.T.P)
b) Secondary thrombocytopenia
c) Allergic purpura
d) Senile purpura

1692. Most specific investigation in disseminated intravascular coagulation is - *(Jipmer 03)*
a) D - dimer assay b) Bleeding time
c) Clotting time d) Fibrinegen level

1693. Thrombocytopenia with widespread thrombosis?
a) Antiphospholipid antibody syndrome *(Bihar 03)*
b) CML
c) Hairy cell leukemia
d) Hemolytic uremic syndrome

1694. Which one of the following platelet counts is usually associated with increased incidence of spontaneous bleeding- *(UPSC 05)*
a) Greater tha 80,000/mm^3 b) 40,000/mm^3
c) 20,000mm^3 d) Less than 20,000mm^3

1695. The following condition is not associated with an Anti phospholipid syndrome- *(MAHE 05)*
a) Venous thrombosis
b) Recurrent foetal loss
c) Thrombocytosis
d) Neurological manifestation

1696. Anti phospholipid antibody syndrome is characterized by all the following features except -
a) Thrombocytosis *(Korn pgmee 06)*
b) Arterial and venous thrombosis
c) Recurrent abortions
d) Livedo reticularis

1697. Pawn ball megakaryocytes are characteristic of-
a) Myelodysplastic syndrome *(Corned 08)*
b) idiopathic thrombocytopenic purpura
c) Thrombotic thrombocytopenic purpura
d) Chloramphenicol toxicity

1698. All are true about Wiskott-Aldrich syndrome except- *(Delhi PG Mar. 09)*
a) Bloody diarrhea during infancy
b) Low IgM and elevated IgA and IgE
c) Large size platelets
d) Atopic dermatitis

1679)c 1680) c 1681)d 1682)c 1683)a 1684)b 1685)a 1686)b 1687)c 1688)d 1689)c 1690)c 1691)a 1692)a 1693) a 1694)d 1695)c 1696)a 1697)a 1698)c

1699. The agent of choice for controlling heparin induced bleeding is - *(UPSC-I 09)*
a) Protamine sulphate b) Injectable vitamin K
c) Whole blood d) Fresh frozen plasma

1700. Thrombocytosis may be seen in the following conditions except - *(UPSC-I 09)*
a) Idiopathic myelofibrosis
b) Chronic myeloid leukemia
c) Essential thrombocythemia
d) Hypersplenism

1701. Increased PT is seen with - *(PGI Nov. 10)*
a) Warfarin administration
b) Heparin administration
c) Factor 8 deficiency
d) Factor 9 deficiency
e) Vit. K deficiency

1702. Congenital cause of hypercoagulable states are all except- *(AHMS Nov 10)*
a) Protein C deficiency b) Protein S deficiency
c) MTHFR mutation d) Lupus antigoagulant

1703. A35 yr old lady with normal PT and increased aPTT. 2 year back, she was operated for cholecystectomy & did not have any bleeding episoe. What is next investigation for clinical diagnosis -
a) Factor VIII assay *(ARMS Nov 10)*
b) Anti viper venom assay
c) Platelet aggregation test
d) Ristocetin Cofactor assay

1704. Thrombotic event is seen in all of following except -
a) PNH *(AIIMS May 11)*
b) DIC
c) ITP
d) Heparin induced thrombocytopenia

1705. An orally active anticoagulant under development with an advantage of not requiring the monitoring of anticoagulant effect is - *(UPSC111)*
a) Fondaparinux b) Ximelagatran
c) Snake venom derivative d) Ancrod

1706. The following are the common features of Idiopathic Thrombocytopenic Purpura except - *(UPSC II11)*
a) Epistaxis b)Cutaneous ecchymoses
c) Massive splenomegaly d)Thrombocytopenia

MYELOMA

1707. Multiple myeloma is characterized by all except -
a) Presence of light chains *(PGI 2000)*
b) Monoclonal gammopathy
c) Polyclonal gammopathy
d) Hypergammaglobulinemia

1708. TYue about Multipal Myeloma- *(PGI2000)*
a) Bence Tones protein in urine
b) Hypogammaglobulinemia
c) Amyloidosis
d) Plasmacytosis <10 %
e) Renal failure

1709. All seen in multiple myeloma, Except -
a) Lytic bone lesion *(ARMS May 95)*
b) Hypercalcemia
c) Plasmacytosis of bone marrow > 2%
d) Decreased serum alkaline phosphatase activity

1710. Which one of the following is not a feature of multiple myeloma? *(ARMS May 05)*
a) Hypercalcemia
b) Anemia
c) Hyperviscosity
d) Elevated alkaline phosphatase

1711. True regarding multiple myeloma is all, EXCEPT-
a) Bone pain *(ARMSDec 97)*
b) Lytic lesions
c) Increased alkaline phosphatase
d) Tarterate resistance, acid phosphatase positive

1712. Which is not seen in multiple myeloma -
a) Lytic lesions in bone *(ARMS Feb 97)*
b) Increase in alkaline phosphatase
c) Hypercalcemia
d) Hypercalciuria

1713. Commonest site of lytic lesion in multiple myeloma is -
a) Vertebral columan b) Femur
c) Clavicle d) Pelvis

1714. Which of the following is not a major criteria for diagnosis of multiple myeloma ? *(A106)*
a) Lytic bone lesions
b) Plasmacytoma on tissue biopsy
c) Bone marrow plasmacytosis > 30%
d) ^{C}M' spike > 3g% for Ig G, > 2g% for IgA

1715. All of the following are minor criteria for multiple myeloma except - *(ARMS Nov 10)*
a) Plasmacytosis 20%
b) Multiple lytic lesion
c) IgA < 100 mg/dl and IgG < 600 mg/dl
d) Plasmacytoma on tissue biopsy

1716. All of the following are true about multiple myeloma except - *(AI94)*
a) Osteolytic bone disease
b) t(18-14) translocation
c) Light chain proliferation
d) Bence-Jones proteins in urine

1717. What is the best prognostic indicator of multiple myeloma at the time of diagnosis - *(ARMS Nov 2K)*
a) Number of myeloma cells in the marrow
b) Beta 2 microglobulin
c) Alkaline phosphatase level
d) Hypercalcemia

1718. Maximum ESR is seen in - *(AI 98)*
a) CHF b) Polycythemia vera
c) Multiple myeloma d) Sickle cell anemia

1719. The following is the least useful investigation in multiple myeloma - *(AI 07)*
a) ESR b) X-Ray
c) Bone scan d) Bone marrow biopsy

1699) a 1700)d 1701)a,b,e 1702)d 1703)b 1704)c 1705)b 1706)c 1707)c 1708)a,b,c,e 1709)c 1710)d 171 l)c 1712) b 1713)a 1714)a 1715)d 1716)b 1717)b 1718)c 1719)c

1720. All are true for multiple myeloma except -
a) Hypercalcemia *(PGI Nov 09)*
b) Hyperuricemia
c) T Serum alkaline phosphatase
d) Monoclonal M band
e) Bone marrow plasma cell <5%

1721. Bad prognosis in multiple myeloma is indicated by -
a) WBC > 20000 *(PGI June 99)*
b) Azotemia
c) Hypocalcemia
d) Low or normal M component production

1722. A patient of multiple myeloma presents with bony lesions. What is the best marker for prognosis of the disease - *(AIIMS June 99)*
a) Bone marrow plasma cell b) Serum calcium level
c) Beta2 micro globulin d) Betal micro globulin

1723. Ramla,65yrs old male presents with low backpain especially at L3, anaemia and fatiguability) His investigation profile reveals -Hb =7gm%, TLC-9000/cmm, DLC -N- 55%, L-30%, M-10%, E-1%, B-2%,Serum proteins-8gm %, ratio-2.9/5.9, ESR-90 and serum creatinine-3.2 mg%. Likely diagnosis is- *(AIIMS Nov 01)*
a) Waldenstroms macroglobulinemia
b) Multiple myeloma
c) TB spine
d) Secondaries in spine

1724. A patient with multiple myeloma and serum ca2+l 5mg/dl; the treatment - *(PGI June 04)*
a) Oral pamidronate
b) Less than 15mg/dl serum calcium dose not causes symptoms
c) Mithramycin
d) Glucocorticoids

1725. Drug (s) used in the treatment of multiple myeloma is/are - *(PGI 09)*
a) Bortezomib b) Melphalan
c) Hydroxyorea d) Ketoconazole
e) Cyclophosphamide

1726. Russell body is found in - *(AIIMS June 97, A195)*
a) WBC b)RBC
c) Mast cells d) Plasma cells

1727. Russell bodies are found in - *(AI96)*
a) Multiple Myeloma b) Gonadal tumor
c) Parkinsonism d) Intracranial neoplasms

1728. In multiple myeloma following are seen except -
a) Anion gap raised *(PGIDec 97)*
b) Lytic bone lesion
c) Polyarticular pains
d) M spike present with polyarticulopathy

1729. True about Myeloma is all, except -*(AIIMSNov 01)*
a) Plasma cell clonal proliferation
b) Common after 50 yrs of age
c) Amyloidosis can occur
d) Protein casts in urine are made up of complete Ig chains

1730. Ramesh 60 years, presents with generalized bone pain. On examination there is elevated ESR of 100 mm, serum globulin 7, lytic lesions in the skull, serum creatinine of 3.5 mg/dL and serum calcium of Ilmg/dL. What is the most likely diagnosis -
a) Waldenstrom's macroglobulinemia
b) Multiple myeloma *(AIIMS Nov 2k)*
c) Hyperparathyroidism
d) Osteomalacia

1731. A 58 year old woman, who had backache and recurrent chest infections for 6 months, develops sudden weakness of the legs and urinary retention. Her investigations show a hemoglobin of 7.3 gm/dl, serum calcium 12.6 mg/dl, phosphate-2.5 mg/dl, alkaline phosphatase-100u/I, serum albumin-3 gm/dl, globulin - 7.1 gm/dl and urea -178 mg/d. What is the most likely diagnosis - *(AI 06)*
a) Lung cancer
b) Disseminated tuberculosis
c) Multiple myeloma
d) Osteoporosis

1732. A 50 year old man presented with orbital mass. Systemic examination revealed anaemia and investigations revealed hypergammaglobulinemia. The patient should be investigated to rule out: -
a) Squamous cell carcinoma *(AIIMS Nov 03)*
b) Optic nerve glioma
c) Multiple myeloma
d) Malignant melanoma

1733. Which one of the following is not a feature of multiple myeloma - *(AIIMS May 05)*
a) Hypercalcemia
b) Anemia
c) Hyperviscosity
d) Elevated alkaline phosphatase

1734. In multiple myeloma following are seen -*(PGI June 05)*
a) Increase Calcium b) Sclerotic bone lesion
c) Gone deposition d) Renal failure

1735. All the following are seen in Multiple myeloma except- *(AI 95)*
a) Visual Disturbance
b) Bleeding tendency
c) Proteinuria
d) Dystrophic calcification

1736. True about smoldering myeloma is - *(PGI June 08)*
a) Monoclonal gammopathy
b) Lytic bone lesion
c) Hypercalcemia
d) Bone marrow plasma cell > 10%

1737. An 80 year old asymptomatic woman was detected to have a monoclonal spike on serum electrophoresis (IgG levels 1.5 g/dl). Bone marrow revealed plasma cells of 8%. The most likely diagnosis is - *(AI 04)*
a) Multiple myeloma
b) Indolent myeloma
c) Monoclonal gammopathy of unknown significance
d) Waldenstorm's macroglobulinemia

1720)c,e 1721)b 1722)c 1723)b 1724)a,c,d 1725)a,b,e 1726)d 1727)a 1728)a 1729)d 1730)b 1731)c 1732)c 1733)d 1734) a,d 1735)d 1736)a,b 1737)c

1738. Which of the following statement is not true-^47*05)*
a) Patients with IgD myeloma may present with no evident M - spike on serum electrophoresis
b) A diagnosis of plasma cell leukemia can be made if circulating peripheral blood plasmableasts comprise 14% of peripheral blood white cell count of 1 x 10^9/ L and platelet count of 88 x 10^9/ L
c) In smoldering myeloma plasma, cells constitute 10 - 30% of total bone marrow cellularity.
d) In a patient with multiple myeloma, a monoclonal light chain may be detected in both serum and urine

1739. Which of the following is associated with Bence Jones myeloma? *(AI10)*
a) *y* chain disease b) a chain disease
c) *X* chain disease d) chain disease

1740. In lymphoplasmacytoid lymphoma which of the following monoclonal immunoglobulin is seen ?
a) IgA b) IgD *(A110)*
c) IgG d) IgM

1741. The single most powerful predictor of survival in multiple myeloma is - *(UPSC 2002)*
a) 'M' component production
b) Bone marrwo plasmocytosis
c) Serum beta 2-microglobulin level
d) Serum calcium level

1742. Drug of choice in multple myeloma is - *(AIIMS 85)*
a) Mechlorethamine b) Vincristine
c) Vinblastine d) Melphalan

1743. A 45 year old female patient presents with symptoms of easy bruisabilty and frequent headaches. Physical examination shows moderate splenomegaly. Blood counts show a normal leucocyte count and platelet count of 1000 x 10^3/cu mm. The leukocyte alkaline phosphatase score is normal. Which of the following is the drug of choice for the treatment of this patient?
a) Hydroxyurea b) Radioactive phosphorous
c) Anagrelide d) Interferon alpha

1744. Bence j ones proteins are - *(MAHE 05)*
a) Heavy chain IgG
b) Present in bone marrow
c) Seen in lymphoma
d) Light chain IgG

1745. Most common plasma cell tumor is - *(Orissa 05)*
a) Plasmacytoma
b) Waldenstorm's macroglobinemia
c) Multiple myeloma
d) Primary amyloidosis

1746. Classical 'Rain drop' lesions seen in - *(Corned 07)*
a) Burkitt's lymphoma b) Hodgkin's lymphoma
c) Multiple myeloma d) Haemophilia

1747. Bad prognosis is multiple myeloma is indicated by -
a) WBC > 20000 *(Delhi PG Feb. 09)*
b) Azotemia
c) Hypocalcemia
d) Low or normal M component production

1748. Features of multiple myeloma are - *(PG1 May 10)*
a) B cell clonal proliferation
b) B cell in bone marrow
c) B cell in peripheral blood
d) Plasma cell secretes immunoglobulin

1749. All of the following are minor criteria for multiple myeloma except - *(AIIMS Nov 10)*
a) Plasmacytosis 20%
b) Multiple lytic lesion
c) IgA < 100 mg/dl and IgG < 600 mg/dl
d) Plasmacytoma on tissue biopsy

1750. Which of the following is the least common feature of Multiple Myeloma - *(AI 12)*
a) Bone pain
b) Normocytic Normochromic Anemia
c) Susceptibility to bacterial Infection
d) Hyperviscosity syndorome

1751. All of the following are true about multiple myelomaexcept- *(NEETYDNB Pattern)*
a) Osteolytic bpne disease;
b) t (18-14) translocation
c) Light chain proliferation
d)-Bencfe-Jones proems in urine *

1752:N6taffected in multiple myeloma - -
a) IgG b) IgA *(NEET/DNB Pattern)*
c) IgM d) IgD

LEUKEMIA

1753. A 5 year old child presents with history of fever off - and-on for past 2 weeks and petechial spots all over the body and increasing pallor for past 1 month. Examination reveals splenomegaly of 2 cms below costal margin. The most likely diagnosis is -
a) Acute leukemia
b) Idiopathic thrombocytopenic purpura
c) Hypersplenism
d) Aplastic anemia

1754. Auer rods are seen in - *(AIIMSMay 1993)*
a) AML b) CML
c)ALL d)CLL

1755. The biochemical marker of lymphocytic leukemia is - *(AIIMS Dec 1990)*
a) Enolase b) Peroxidase
c) Choline esterase d) Periodic and Schiff

1756. Which of the followings combination of cytogenetic abnormality and associated leukemia/lymphoma is incorrect ? *(AIIMS Nov 2004)*
a) t (8:14) Burkitts lymphoma
b) t(15:17)AML-M3
c) 1(9:22) CML
d) t (9:20) ALL

1757. The marker for B lymphocyte is-
a) CD 19 b) CD 68
c) CD 34 d) CD 4

1738) b 1739)c 1740)d 1741)c 1742)d 1743)a 1744)d 1745)c 1746)c 1747)b 1748)a,b,d 1749)d 1750)d
1751) b 1752)?? 1753) a 1754)a 1755)d 1756)d 1757)a

1758. Which of the following is a pan-T lymphocyte marker- *(AI2003)*
a) CD2 b)CD3
c) CD19 d)CD25

1759. Memory T cells can be identified by using the following marker - *(AI 2003)*
a) CD45RA b)CD45RB
c) SD45RC d) CD45RO

1760. Marker specific for myeloid lineage-(/12ZMS' *Nov 95)*
a) CD 33 b)CD 14
c) CD 13 d)cMPO

1761. A 63 - year old man presented with massive and splenomegaly, lymphadenopathy and a total leucocyte count of 17000 per mm^3. The flow cytometery showed CD 23 negative and CD 5 positive monoclonal B-cells with bright kappa positively comprising 80% of the peripheral blood lymphoid cells. The most likely diagnosis is - *(AI 03)*
a) Mantle cell lymphoma
b) Splenic lymphoma with villous lymphocytes
c) Follicular lymphoma
d) Hairy cell leukemia

1762. A 48 year old women was admitted with a history of weakness for two months. On examination, cervical lymph nodes were found enlarged and spleen was palpable 2 cm below the costal margin. Her hemoglobin was 10.5 g/dl, platelet count 2.7 x 10^9/L and total leukocyte count 40 x KF/L, which included 80% mature lymphoid cells with coarse clumped chromatin. Bone marrow revealed nodular lymphoid infiltrate. The peripheral blood lymphoid cells were positive for CD 19, CD 5, CD20 and CD23 and were negative for CD 79 B and FMC - 7.
The histopathological examination of the lymph node in this patient will most likely exhibit effacement of lymph node architecture by - *(AI 2005)*
a) A pseudofollicular pattern with proliferation centers
b) A monomorphic lymphoid proliferation with a nodular pattern.
c) A predominantly follicular pattern
d) A diffuse proliferation of medium to large lymphoid cells with high mitotic rate.

1763. A 48 year of woman was admitted with a history of weakness for two months. On examination cervical lymph nodes were found enlarged and spleen was palpable 2 cm below the costal margin. Her hemoglobin was 10.5 g/dl. platelet count 237 x 10^9/ L, and total leukocyte count 40 x 10^9/L, which include 80% mature lymphoid cell with coarse clumped chromatin. Bone marrow revealed a nodular lymphoid infiltrate. The peripheral blood lymphoid cells were positive for CD 19, CD5, CD20 and were negative for CD79B and FMC(-7). Which one of the following statements in not true about this disease? *(AIIMS Nov 2004)*
a) Trisomy 12 correlates an aggressive clinical course
b) Abnormalities of 13q 14 are associated with long term survival
c) Case with llq22-23 deletions have excessive lymphadenopathy
d) t (11; 14) translocation is present in most of the cases

1764. True about CLLis - *(PGI June 08)*
a) Can present as acute leukaemia
b) Diagnosed in routine blood test
c) Leukocytosis
d) More T lymphocytes seen

1765. In a patient with acute leukemia, immunophenotype pattern is CD 19+ve, CD 10+ve, CD33+ve, CD13+ve. He may probably have - *(AIIMS May 04)*
a) Biphenotypic leukemia b)ALL
c) AML-IV^ d)AML-M_0

1766. A four year old boy was admitted with a history of abdominal pain and fever for two months maculopapular rash for ten days, and dry cough, dyspnea and wheezing for three days. One examination liver and spleen were enlarged 4 cm and 3 cm respectively below the costal margins. His hemoglobin was 10.0 g/dl, plate^t count 37 x l(r/L and total leukocyte count 70 x 10 /L, which included 80% eosinophils Bone marrow examination revealed a cellular marrow comprising of 45% blasts and 34% Eosinophils and eosinophilic precursors. The blasts stained negative for myeloperoxidase and non-specific esterase and were positive for CD19, CD10, CD22 and CD20. Which one of the following is the most likely diagnosis? *(AIIMSNOV2004)*
a) Biphenotypic acute leukemia (lymphoid and eosinophil lineage)
b) Acute eosinophilic leukemia
c) Acute lymphoblastic leukemia with hyper-eosinophilic syndrome
d) Acute myeloid leukemia with cosinophilia

1767. A four year old boy was admitted with a history of abdominal pain and fever for two months maculopapular rash for ten days, and dry cough, dyspnea and wheezing for three days. On examination liver and spleen were enlarged 4 cm and 3 cm respectivley below the costal margin. His hemoglobin was 10.0 g/dl, platelet count 3.7 x 10^9/L and total leukocyte count 70 x 10^9/L, which included 80% eosinophils Bone marrow examination revealed a cellular marrow comprising of 45% blasts and 34% Eosinophils and eosinophil precursors. The blasts stained negative for my eloperoxidase and non-specific esterase and were positive for CD19, CD10, CD22 and CD20. Which one of the following statements is not true about disease? *(AI2005)*
a) Eosinophils are not part of the Neoplastic clone.
b) t(5:14) rearrangement may be detected in blasts.
c) Peripheral blood eosinophilia may normalize with chemotherapy
d) Inv (16) is often detected in the blasts and the eosinophils

1758) b 1759)d 1760)d 1761)a 1762)d 1763)d 1764)b,c 1765)a 1766)c 1767)d

1768. 80 year old, asymptomatic man present with a Total leucocyte count of 1 lakh, with 80% lymphocytes and 20% PMC's. What is the most probable diagnosis - *(AI07)*
a) HIV b)CML
c) CLL d)TB

1769. All of the following statements about Hairy cell leukaemia are true except *(AI 2004)*
a) Splenomegaly is conspicuous
b) Results from an expansion of neoplastic T lymphocytes
c) Cells are positive for Tartrate Resistant Acid phosphatase
d) The cells express CD25 consistently

1770. CD 19 positive, CD 22 positive, CD 103 positive monoclonal B-cells with bright kappa positivity were found to comprise 60% of the peripheral blood lymphoid cells on flow cytometric analysis in a 55 year old man with massive splenomegaly and a total leucocyte count of 3.3 x 10^9/L. Which one of the following is the most likely diagnosis?
a) Splenic lymphoma with villous lymphocytes
b) Mantle cell lymphoma *(AIIMSNOV2004)*
c) B-cell prolymphocytic leukemia
d) Hairy cell leukemia

1771. Treatment of choice in hairy cell leukemia is -
a) Steroids b) Cladiribine *(AI 95)*
c) Splenectomy d) Pentostatin

1772. Which of the following is NOT used in treatment of hairy cell leukemia - *(AHMSFeb 97)*
a) Steroid b) Pentostatin
c) Splenectomy d) alpha-interferon

1773. All of the following are poor prognostic factors for acute myeloid leukemias, except - *(AI 03)*
a) Age more than 60 years
b) Leucocytes count more than 1,00,000/ 1
c) Secondary leukemias
d) Presence oft (8:21)

1774. A.M.L. with worst prognosis - *(AIIMSMay07)*
a) 8/21 translocation b) Inversion 16
c) Normal cytogenetics d) Monosomy 7

1775. Poorest prognosis in AML is seen in which cytogenetic abnormality - *(AIPGMEE 08)*
a) Monosomy 7 b) No cytogenetic abnormality
c) t (15,17) d)inv. 16

1776. Bad prognosis in AML is indicated by -
a) Monosomy *(AIIMS Nov 10)*
b) Deletion of X or Y chromosome
c) T (8:21)
d) Nucleophosmin mutation

1777. A 15-year-old boy presented with one day history of bleeding gum, subconjunctival bleed and purpuric rash. Investigations revealed following results: Hb-6.4 gm/dL; TLC-26,500/mm^3 platelet 35,000 mm^3; prothrombin time-20 sec with a control of 13 sec; partial thromboplastin time-50sec; and Fibrinogen lOmg/dL. Peripheral smear was suggestive of acute myeloblastic leukemia. Which of the following is the most likely? *(AIIMSMay 2006)*
a) myeloblastic leukemia without maturation
b) Myeloblastic leukemia with maturation
c) Promyelocytic leukema
d) Myelomonocytic leukemia

1778. In PML, all of the following are seen except - *(AI 07)*
a) Retinoic acid is used in treatment
b) 15/17 translocation may be seen
c) CD 15/34 both seen in same cell
d) Associated with Disseminated intravascular coagulation (DIVC)

1779. Arsenic is used in treatment of - *(AIIMS May 07)*
a) Acute promyelocytic leukemia
b) A.L.L.
c) CML
d) Transient myeloproliferative disorder

1780. Which of the following presents as mediastinal enlargement- *(AI 1994)*
a) Promyelocytic Leukemia
b) CML
c) ALL
d) Diffuse histiocytic lymphoma

1781. A 17-year-old boy presented with TLC of 138 x 10^9/ L with 80% blasts on the peripheral smear. Chest X-ray demosnstrated a large mediastinal mass. Immunophenotyping of this patent's blasts would most likely demonstrate - *(AIIMS May 2006)*
a) No surface antigens (null phenotype)
b) An immature T cell phenotype (Tdt/CD34/CD7 positve)
c) Myeloid markers, such as CD 13, CD33 and CD 15
d) B cell markers, such as CD 19, CD20 and CD22

1782. Poor prognostic indicator of ALL is -
a) Female sex *(AIIMS May 02)*
b) Leukocyte count < 50,000
c) Age greater than 1 year
d) Hypodiploidy

1783. Poor prognostic factor in ALL are- *(PGI09)*
a) Philadelphia chromosome b) Male sex
c) High WBC count d) Hyperploidy
e) Age < 2 year

1784. The poor prognostic factor associated with ALL in children is - *(AIIMS Nov 09)*
a) Total leucocyte count 4000-100000
b) Age less than 2 years
c) Testicular involvement
d) Blast in peripheral smear

1785. L-asparaginase is partcularly used in which type of leukemia- *(AI 1996)*
a) AML b) CML
c) ALL d)CLL

1786. Treatment of choice of intracranial ALL is -
a) Intrathecal methotrexate *(PGI June 99)*
b) Vincristine and predinisolone
b) Intrathecal vincristine
b) Prednisolone

1768) c 1769) b 1770)d 1771)b 1772)a 1773)d 1774)d 1775)a 1776)a 1777)c 1778)c 1779)a 1780)c 1781)b 1782) d 1783) a,b,c,d 1784) c 1785) c 1786) a

1787. In which of the following types of leukemia is methotrexate administered for CNS prophylaxis -
a) ALL b) AML
c)CLL d)CML

1788. Treatment of ALL- *(PGIDEC02)*
a) Hydroxyurea b) All trans retinoic acid
c) Prednisodone d) L-asparginase
e) Vincristine

1789. L-aspraginase is used in which type of Leukemia -
a) AML b) CML *(AIIMSJune 1993)*
c) ALL d)CLL

1790. A 22 year old man presents with history of bleeding from gums for the last 6 months. On investigation the Hb was found to be 8.2 gm% TLC 4400/mm, DLC N 64%, L 27%, E 3%, M 6% and platelet count of 20,000 /cu mm. Which one of the following investigation would be most useful in establishing the diagnosis - *(UPSC 97)*
a) Bleeding time and clotting time
b) Prothrombin time
c) Partial thromboplastin time
d) Bone marrow examination

1791. Gum hypertrophy is seen in - *(AMU 95)*
a) Myelogenous leukemia
b) Myelomococytic leukemia
c) Lymphocytic leukemia
d) None

1792. All are used in hairy cell leukemia except -
a) Steroids b) Alpha interferon
c) Pentostatin d) Splenectomy

1793. A 55 year old male presents with enlarged glands over the left side of neck. On examination, Spleen is enlarged 4 cm below the costal margin and liver is enlarged 2 cm below costal margin. Blood examination shlow a total leucocyte count of 80,000/ cumm. Mostly lymphocytes and a few prematurecells the mostly likely diagnosis is - *(UPSC 97)*
a) Infective adenopathy
b) Acute leukaemoid reaction
c) Lymphatic leukaemia
d) Hodgkin's disease

1794. Blast crisis in CML is indicated by all except -
a) Lymphadenopathy *(MP 98)*
b) High fever
c) Sudden enlargement of spleen
d) Bleeding tendencies

1795. For acute leukaemia the blast cells should be more than----------% - *(AMC 2K)*
a) 10 b) 20
c) 30 d)40

1796. Acute promyelocytic leukaemia (AML-M3) includes which of the following subtypes - *(Kerala 2K)*
a) Hyper granular and hypo granular type
b) Hyper granular and hyper segmented
c) Hyper granular and micro granular type
d) Hypo granular and micro granular type
e) Hypo granular and inclusion type

1797. Gum hypertrophy is seen in which type of AML-
a) Ml b)M2 *(APPGE04)*
c) M3 d)M4

1798. Treatment of choice for Hairy cell leukaemia ?
a) IFNX b) Splenectomy *(PUNJAB 06)*
c) Cladirabine d)None

1799. A 40 year old male patient is hospitalised with huge splenomegaly, marked sternal tenderness, and a total leucocyte count of85,000 per cubic millimetre with large percentage of myeocytes and meta myelocytes, which one of the following drugs is best indicated for his disease ? *(UPSC 07)*
a) Cyclophosphamide b) Chlorambucil
c) Melphation d) Hydroxyurea

1800. During the treatment of chronic myeloid leukemia, cytogenetic is least likely to occur with which one of the following modalities of treatment ? *(UPSC 07)*
a) Hydroxyurea
b) Imatinib mesylate
c) Interferon-alpha
d) Bone marrow transplantation

1801. A patient, on treatment for leukemia, develops chest pain, pulmonary infiltrates and pleural effusion. The cause is - *(Delhi PG Mar. 09)*
a) Daunorubicin b) Hydroxyurea
c) Cytarabine d) Tretinoin

1802. Drug used in treatment of Acute promyelocytic leukemia - *(PGI May 10)*
a) Arsenic oxide b) Tretinoin
c) Gefitinib d) Dasatinib
e) Retinoic acid

1803. Bad prognosis in AML is indicated by-
a) Monosomy *(AIIMSNovlO)*
b) Deletion of X or Y chromosome
c) T (8:21)
d) Nucleophosmin mutation

1804. Which of the following is a poor prognostic factor in Acute Lymphoblastic Leukemia (ALL) - *(AI11)*
a) Hyperdiploidy b) t (9;22); t (4; 11)
c) 2-8 years of age d) WBC count < 50,000

1805. Enzyme usedin Leukemia *v(NEEX/DNB Pattern)*
a) Asparginase b) Lipase
c) Amylase d) Transminase

BLOOD TRANSFUSION

1806. True about blood transfusion reaction -
a) Complement mediated severe haemolysis *(PGI June 04)*
b) Renal blood flow is decreased
c) Transfusion should not be stopped
d) Death is not seen

1807. True about blood transfusion - *(PGI June 98)*
a) Antigen 'D' determines Rh positivity
b) Febrile reaction is due to HLA antibodies
c) Anti-D is naturally occuring antibody
d) Cryoprecipitate contains all coagulation factors

1787) a 1788) c,d,e 1789)c 1790)d 1791)b 1792)a 1793)c 1794)a,c 1795)b 1796)c 1797)d 1798)c 1799)d 1800) a 1801) d 1802)a,b,e 1803)a 1804)b 1805)a 1806)a,b 1807)a,b

1808. Which of the following investigations should be done immediately to best corfirm a non matched blood transfusion reaction - *(AI10)*
a) Indirect Coomb's test
b) Direct Coomb's test
c) Antibody in patient's serum
d) Antibody in donor serum

1809. Complications of blood transfusion- *(PGIDec 04)*
a) Dilutional thrombocytopenia
b) Metabolic acidosis
c) Metabolic alkalosis
d) Hyperkalemia

1810. True about complication of massive blood transfusion is/are all except - *(PGI Dec 2000)*
a) Hyperkalemia b) Alkalosis
c) Acidosis d) Hypercalcemia
e) Hypothermia

1811. MC blood transfusion reaction is - *(A1PGMEE 08)*
a) Febrile nonhemolytic transfusion reaction
b) Hemolysis
c) Transmission of infections
d) Electrolyte imabalnce

1812. All of the following infections may be transmitted via blood transfusion, except - *(AI 02)*
a) Parvo B-19 b) Dengue virus
c) Cytomegalo virus d) Hepatitis G virus

1813. All are transmitted by blood except-fAZZMS'*May 09)*
a) Parvovirus B-19 b) Hepatitis G
c) Epstein Bar virus d) Cytomegalovirus

1814. All of the following are major complications of massive transfusion, except - *(AI 06)*
a) Hypokalemia b) Hypothermia
c) Hypomagnesemia d) Hypocalcemia

1815. Complication of massive blood transfusion -
a) Acidosis b) Alkalosis
c) Increased K^+ d) Decreased K^+
e) Increased Ca

1816. Complication of blood transfusion can be all except - *(AIIMS May 09)*
a) Hyperkalemia b) Citrate toxicity
c) Metabolic acidosis d) Hypothermia

1817. Blood components products are all except -
a) Whole blood *(PGIDec 05)*
b) Plate lets
c) Fresh frozen plasma
d) leukocyte reduced RBC

1818. Cryoprecipitate contains all except -*(AIIMSNov 07)*
a) Factor VIII b) Factor IX
c) Fibrinogen d)VWF

1819. Blood for acid base gas (ABGO analysis in a bottle containing heparin can cause decreased value of-
a) $pC0_2$ b) $HC0_2$ *(PGI June01)*
c) pH d)$p0_2$
e) base excess

1820. Cross matching is not required for transfusion of -
a) Cryoprecipitate *(AIIMS Nov 09)*
b) Single donor platelets
c) FFP transfusion
d) Platelet rich plasma transfusion

1821. Transfusing blood after prolonged storage could lead to- *(UPSC97)*
a) Citrate intoxication
b) Potassium intoxication
c) Circulatory overload
d) Haemorrhagic diathesis

1822. Which one of the following is the cause of non - cardiogenic pulmonary oedema seen in immunologic blood transfusion reaction -*(UPSC 01)*
a) Antibody to IgA in donor plasma
b) Antibody to donor leukocyte antigen
c) Donor antibody to leukocyte of patient
d) RBC incomapatibility

1823. Stored blood as compared to fresh blood *has-(MAHE 98)*
a) More2,3DPG b) High extracellular K^+
c) High extracellular Hb d) Increased platelets

1824. Cyoprecipitate is rich in factor - *(AP 96)*
a) n b)V
c) **vn** **d)vm**

1825. What happens when normal erythrocytes (blood group matched) are transfused in to a patient with anaemia secondary to an intracorpuscular defect ?
a) Donor cells are destroyed *(UPSC 06)*
b) Donor cells have normal survival
c) Depends on the saverity of anaemia
d) Depends on whether the donor cells are fresh or stored (older than a week)

1826. Following blood transfusion, non-cardiogenic pulmonary oedema may sometimes occur because of-
a) RBC incompatibility *(UPSC 07)*
b) Antigen-antibody mechanism involving human leucocyte antigen
c) Platelet surface antigen reaction
d) Antibody to IgA in donor plasma

1827. The following is not true of platelet transfusion -
a) Useful in ITP *(Delhi PG Feb. 09)*
b) Used in DIC
c) Effective for 9-10 days
d) Effect decrease with repeated usage

MISCELLANEOUS

1828. Neutrophilia caused by - *(PGIDec 05)*
a) Epinephrine b) Glucocorticioids
c) NSAIDS d) Clozapine
e) Methotrexate

1829. Most common site of histiocytosis is -
a) Bone b)Skin *(AIIMSMay 07)*
c) Lung d) Liver

1808)b 1809) All 1810)d 1811)a 1812)b 1813)c 1814)a 1815)a,b,c 1816)c 1817)None>a 1818)b 1819)c 1820) a 1821) b 1822)c 1823)b 1824)d 1825)d 1826)b 1827)c 1828)a,b,c 1829)a

1830. A 2-year-old child comes with discharge, seborrheic dermatitis, polyuria and hepatosplenomegaly. Which of the following is the most likely diagnosis -
a) Leukemia *(AIIMSMay04)*
b) Lymphoma
c) Langerhan's cell histiocytosis
d) Germ cell tumour

1831. *True* about Eosinophillic granuloma - *(PG.I Dec. 04)*
a) M.C. in 20-45 years of age
b) More common in female
c) Osteolytic lesion
d) Skull is commonly affected
e) Lung is commonly affected.

1832. A child presents with seborrheic dermatits, lytic skull lesions, ear discharge and hepatosplenomegaly, likely diagnosis - *(AI2000)*
a) Leukemia b) Lymphoma
c) Histiocytosis X d) Multiple myeloma

1833. Mycosis fungoides which is not true -
a) It is the most common form of cutaneous lymphoma *(ARMS Nov 06)*
b) Pautriers microabscess
c) Indolent course and easily amenable to treatment
d) Erythroderma seen and spreads to peripheral circulation

1834. Howel-Jolly bodies may be seen after- *(AI99)*
a) hepatectomy b) Splenectomy
c) Pancreatectomy d) Cholecystectomy

1835. Huge splenomegaly is found in - *(PGIDec 03)*
a) hairy cell Leukemia b)CLL
c) CML d) Lymphoma

183 6. In which of the following conditions Splenectomy is not useful? *(AI 05)*
a) herediatary spherocytosis
b) Porphyria
c) Thalassemia
d) Sickle cell disease with large spleen

1837. Pancytopenia with massive/moderate splenomegaly is seen in - *(PGI JUNE 01)*
a) Myelofibrosis b) Thalassemia
c) PRV d) hairy cell leukemia
e) CML

1838. Which viral infection is associated with neutropenia-
a) Hepatitis A b) Influenza *A(May 95)*
c) HIV d) All of the above

1839. Leukoery throblastic picture may be seen in all of the following except - *(AI 03)*
a) Myelofibrosis b) Metastatic carcinoma
c) Gaucher's disease d) Thalassemia

1840. Blood turbulence is increased in which of the following situations - *(AIMS Nov 2000)*
a) Multiple myelomab) Leukemia
c) Polycythemia d) Anemia

1841. Lack of Leucocyte adhesion molecules (LAM) is associated with - *(AI 1998)*
a) Delayed closure of umblical cord
b) Normal chemotaxis
c) Compliment opsinization
d) Neutropenia

1842. True about plummer-vinson syndrome -
a) Microcytic hypochronic anemia *(PGI June 01)*
b) Sideroblastic anemia
c) Common in old age
d) Post cricoid carcinoma is common
e) Oesophageal webs

1843. A man presents with mass at duoenojejunal flexor invading renal papilae. Histopathology reports it as lymphoma: true statement is - *(AI 01)*
a) IIE stage
b) III E stage
c) IV E stage
d) Staging cannot be done until bone marrow examinatiion is performed

1844. Side effects of erythropoietin - *(PGIDec. 04)*
a) Hypertension b) Increased ferritin
c) Tk^+ d) Thrombocytosis
e) Increased phosphate

1845. Indications of Bone marrow transplantation are all except- *(PGINov 09)*
a) CML b)AML
c) Hereditaryspherocytosis d) SCID
e) Thalassemia major

1846. A 25 year old man who is an alcoholic,presents with easy fatiguability and moderate pallor for the past six months. His Hb is 5.2G% and serum iron level is 190 microgram per dl. The treatment of choice for him would be - *(UPSC 95)*
a) Iron b)Pyridoxine
c) Ascorbic acid d)$VitB_{12}$

1847. "M" spike on serum electrophorosis is seen in -
a) Lymphoblastic leukemia *(UPSC 95)*
b) Waldenstrom's macroglobulinaemia
c) Alpha-chain disease
d) AIDS

1848. Bone marrow transplantation is indicated in all of the following except- *(Karn 95)*
a) Chronic myeloid leukemia
b) Thallasamia major
c) Hypoplastic anemia
d) Myelofibrisis

1849. In hemolytic uremic syndrome characteristic finding in peripheral smear is - *(Kerala 96)*
a) Burr cell
b) Anisopoikilocytosis
c) Leukemoid reaction
d) Burr cells with fragmented RBC's
e) Punctuate basophilia

1830)c 1831)c,d 1832) c 1833)c 1834)b 1835)A11 1836)b 1837)a,d 1838)d 1839)d 1840)d 1841)a 1842)a,d,e 1843)c 1844) a 1845)c 1846)b 1847)b 1848) None 1849)d

1850. Decreased RBC production is seen in -
a) Intramuscular folate administration *(MAHE98)*
b) Renal failure
c) Post gastrectomy
d) Prosthetic valve hemolysis

1851. Bone marrow transplantation as a treatment modality can be advised in all of the following cases which are newly diagnosed except - *(MAHE98)*
a) Combined immunodeficiency b)CML
c) Aplastic anemia d)ALL

1852. The following disease without splenomegaly for which splenectomy is effective - *(JIPMER 02)*
a) Sickle cell disease
b) Idiopathic thrombocytopenic purpura
c) Aplastic anaemia
d) Thalassemia

1853. Thrombocytosis is a recognised feature of -
a) Myelofibrosis *(UPSC 97)*
b) Systemic lupus erythematosis
c) Azidothymidine therapy
d) Myelodysplastic syndrome

1854. All are hypercoagulable states except - *(NIMS 96)*
a) Polycythemia
b) Protein C deficiency
c) Proteins dificiency
d) Antibrino lytic therapy

1855. All of the following statements regarding pathological inclusions are true except -*(UPSC 01)*
a) Howell-jolly bodies occur in splenectomised patients
b) Basophilic stippling is seen in lead intoxication patients
c) Cabot rings occur in iron deficiency anaemia
d) Heinz bodies are seen in thalassemia

1856. Anti CD 20 antibody is now the treatment of choice for- *(SGPGI04)*
a) All low grade non-hodgkin's lymphomas
b) Relapsed B cell follicular lymphomas
c) Relapsed Hodgkin's disease
d) Chronic lymphatic leukaemia

1857. Side effects of erythropoietin - *(PGI04)*
a) Hypertensionb) Increased ferritin
c) *i* K^+ d) Thrombocytosis
e) $iP0_4$

1858. What is the Neutrophil count for moderate neutropenia ? *(Manipal 06)*
a) < 500/mm^3b) 500 - 1000/mm^3
c) > 1000/mm^3 d) 100/mm^3

1859. Which is the most common cytogenetic abnormality in adult Myelodysplastic syndrome (MDS) ?
a) Trisomy 8 b) 20q *(Manipal 09)*
c) 5q d) Monosomy 7

1860. Stage I mycosis fundoides treatment A/E -
a) Topical corticosteroid *(NEET/DNB Pattern)*
b) Skin electron beam therapy
c) Radiation
d)UVB therapy

1861. Pancytopenia with spleenomegaly seen in all except- *(NEET/DNB Pattern)*
a) Aplastic anemia b) Myelofibrosis
c) Hairy cell leukemia d) PolyCytheiiiia vera

ENDOCRINOLOGY

GENERAL

1862. Weight loss may be seen in all of the following except- *(AI98)*
a) Uremia b) Pheochromocytoma
c) Adrenal insufficiency d) Insulinoma

1863. For differentiating between Insulinoma and Sulfonylurea related hypoglycemia, the test which is useful is ? *(AIIMS May 08)*
a) Antibody to Insulin b) Plasma C-peptide level
c) Plasma Insulin level d) Insulin: Glucose ratio

1864. Hypoglycemia is a recognized feature of all of the following conditions, except - *(AI 02)*
a) Uremia b) Acromegaly
c) Addison's disease d) hepatocellular failure

1865. Causes of fasting hypoglycemia are following except-
a) Excess glucagon *(AI 2011)*
b) Glucose 6 phosphatase deficiency
c) Uremia
d) Glycogen synthatase deficiency

1866. Hypoglycemia is seen in - *(AIIMSMay 2001)*
a) Acromegaly b) Cushing syndrome
c) Hypothyroidism d) Hypopitutarism

1867. Which of the following tests is not used in the diagnosis of insulinoma - *(AI 11)*
a) Fasting blood glucose
b) Xylose test
c) C-peptide levels
d) Insulin/Glucose Ratio

1868. All of the following statements about Nesidioblastosis are true, Except - *(AI 11)*
a) Hypoglycemic episodes may be seen
b) Occurs in adults more than children
c) Histopathology shows hyperplasia of islet cells
d) Diazoxide may be used for treatment

1869. Weight gain occurs in all, except - *(ARMS June 97)*
a) Pheochromocytoma
b) Cushing's syndrome
c) Hypothyroidism
d) Insulin secreting tumor

1870. All cause weight gain, except - *(ARMS Sep 96)*
a) Pheochromocytoma
b) Cushing's syndrome
c) Hypothyroidism
d) Insulin secreting tumor

1871. Weight gain in seen in all, except - *(ARMS June 99)*
a) Phaeochromocytoma b) Insulinoma
c) Myxoedema d) Cushing's disease

1850)b 1851) d 1852)b 1853)a,d 1854)a 1855)c 1856)a 1857)a 1858)b 1859)a 1860)c 1861)a 1862)d
1863) None 1864)b 1865)a 1866)d 1867)b 1868)b 1869)a 1870)a 1871)a

1872. Obesity is not a feature of - *(AIIMSMay 95)*
a) Hypothyroidism b) Pheochromocytoma
c) Hypogonadism d) Cushing's syndrome

1873. Galactorrhea my be associated with the use of all the following drugs except - *(UPSC95)*
a) Methyldopa b) Tricyclic antidepressants
c) Pyridoxine d) Phenothiazine

1874. New born 7 days old with vomiting and dehydration clinical examination was normal except for hy perpigmentation of nipple. Electrolytes Na: 120 meq. K: 9 meq. mostlikelydiagnosis - *(MAHE 98)*
a) Primary hypothyroidism
b) Cong, adrenal hyperplasia
c) Panhypopituitarism
d) Pyloric stenosis

1875. Two litres of normal saline in 4 hours will stimulate secretion of- *(Jipmer 04)*
a) Atrial natriuretic peptide b) IL - 2
c) TNF - alpha d) Prostaglandins

1876. The level of which one of the following hormones is likely to increase after hypothalamic ablation ?
a) Growth hormone b) Prolactin *(UPSC 07)*
c) FSH d)ACTH

PITUITARY

1877. Which of the following is the most common type of pituitary adenoma? *(AIIMS May05)*
a) Thyrotropinoma b) Gonadotropinoma
c) Prolactinoma d) Corticotropinoma

1878. All are causes of hyperprolactinemia, except - *(AIIMS May94)*
a) Bromocriptine b) Phenothiazine
c) Methyldopa d) Metoclopramide

1879. Which of the following is true regarding galactorrhea - *(PGI June01)*
a) Bilateral
b) Seen in pregnancy and lactation
c) Associated with prolactinomas and other endocrinopathies

1880. All of the following are known to cause hyperprolactenemia except - *(AI97)*
a) Methyldopa b) Phenothiazines
c) Bromocriptine d) Betoclopramide

1881. A 30 year ols woman presented with secondary amenorrhoea for 3 years along with galactorrhoea. The most likely cause of her symptoms would be -
a) Craniopharyngioma *(AI 04)*
b) Prolactinoma
c) Meningioma
d) Sub-arachnoid haemorrhage

1882. Ramkali Bai, a 35 year old female presented with one year history of menstrual irregularity and galactorrhoea. She also had off and on headache her examination revealed bitemporal superior quadrantopia. Her fundus examination showed primary optic atrophy. Which of the following is most likely diagnosis in this case - *(AIIMS Nov 04)*
a) Craniopharyngioma
b) Pituitary macroadenoma
c) Ophthalamic IcAAneurysm
d) Chiasmal Glioma

1883. A 40 year old lady with temporal field defects and glactorrhoea is most likely to have - *(AI 09)*
a) Pituitary macroadenoma
b) Craniopharyngioma
c) Lactational failure
d) Pregnancy

1884. A Young women with secondary amenorrhoea and galactorrhoea. MR1 shows a tumous of < 10mm diameter in the pituitary fossa. TYeatment is - *(PGI June 04)*
a) Hormonal therapy for withdrawal bleeding
b) Radiotherapy
c) Chemotherapy
d) Bromocriptine
e) Surgery

1885. Investigation of choice of hyper-prolactinemia-
a) TRH estimation *(AIIMS Nov 93)*
b) LH estimation
c) Prolactin estimation
d) Estradiol estimation

1886. A person sustains head trauma leading to transection of pituitary stalk. All can be consequence of this, except- *(AIIMS Dec 97)*
a) SIADH b) Diabetes mellitus
c) Diabetes incipidus d) Hyperprolactinemia

1887. A patient meets with an accident with resultant transection of the pituitary stalk; what will NOT occur- *(AI 01)*
a) Diabetes mellitus b) Diabetes insipidus
c) Hyperprolactinemia d) Hypothyroidism

1888. Which of the following is the most common cause of hypergonadotrophic hypogonadism in males-(ýf/10)
a) Viral orchitis b) Klinefelter's syndrome
c) Kallman's syndrome d) Noonan syndrome

1889. All of the following are associated with hyper-gonadotrophic hypogonadism in males, except-*(AI 10)*
a) Viral orchitis b) Klinefelter's syndrome
c) Kallman's syndrome d) Noonam syndrome

1890. Which drug is essential in Sheehan's syndrome -
a) Estrogen b) Cortisone *(AI 96)*
c) Thyroxin d) Growth hormone

1891. Confirmatory investigation for acromegaly is -
a) Insulin induced hypoglycemia test *(PGI June 01)*
b) GH assay
c) ACTH infusion test
d) IGF levels

1892. Paradoxical response of GH release to TRH is seen in- *(AIIMS Dec 98)*
a) Prolactinoma b) Acromegaly
c) Malnutrition d) Pitutary adenoma

1872)b 1873)c 1874)b 1875)a 1876)b 1877)c 1878)a 1879) a,c 1880) c 1881)b 1882)b 1883)a 1884)d 1885)c
1886)b 1887) a 1888)b 1889)c 1890)b 1891)b 1892)b

1893. Nelson's syndrome is most likely seen after - *(AIIMS May 05)*
a) Hypophysectomy b) Adrenalectomy
c) Thyroidectomy d) Orchidectomy

1894. All are associated with pituitary apoplexy except - *(AIIMS May 0 7)*
a) Hyperthyroidism b) Diabetes mellitus
c) Sickle cell anemia d) Hypertension

1895. SIADH secretion is seen in all except - *(AI94)*
a) Lung abscess b) Interstitial Nephritis
c) Vinka alkaloids d) Bronchial adenoma

1896. SIADH is associated with - *(AIIMSDec 97)*
a) Small cell carcinoma lung
b) Adeno cercinoma lung
c) Squamous cell carcinoma lung
d) Mixed cell tumor lung

1897. All are true regarding SIADH, except -
a) Increased level of ADH *(AIIMS Nov 93)*
b) Urine hypoosmolar
c) Hyponatremia
d) Adequate hydration status

1898. Hyponatremia may be seen in all of the following conditions except - *(AI 97)*
a) Mucoviscidosis b) SIADH
c) Diabetes insipidus d) Adrenal hyperplasia

1899. Dilutional hyponatremia is seen in - *(PGI June 98)*
a) Addison's disease b)DI
c) Diuretic therapy d)None

1900. SIADH-all are features except- *(AIIMS Nov 07)*
a) Decreased sodium, maintaining the concentrating ability of the urine osmolality (> 100 mOsm)
b) Normal sodium balance maintained indicating excess urinary sodium is due to efficient sodium intake
c) Hypouricemia
d) Low blood pressure due to volume depletion

1901. The syndrome of inappropriate antidiuretic hormone is characterized by the following - *(AI 03)*
a) Hyponatremia and urine sodium excretion > 20 meq/1
b) Hypernatremia and urine sodium excretion > 20 meq/1
c) Hyponatremia and hyperkalemia
d) Hypernatremia and hypokalemia

1902. SIADH true is all except - *(AIIMS Nov 11)*
a) Serum Na can be less than 135 meq/1
b) Urine sodium is normal or slightly low
c) Vaptans are new FDA approved drugs for its Rx
d) Water loading test can be used

1903. Inapproprite ADH secretion is characterised by the following except - *(AI 2000)*
a) Hypo-osmolar urine b) Water intoxication
c) Expanded fluid volume d) Hypomagnesemia

1904. Which of the following is the drug of choice for the treatment of inappropriate anti-diuretic hormone secretion - *(AIIMS Nov 05)*
a) Frusemide b) Hydrochlorothiazide
c) Spironolactone d) Demeclocycline

1905. Which drug is not used in SIADH - *(AI96)*
a) Fludrocortisone b) Demeclocycline
c) Desmopressin d) Hypertonic saline

1906. Rx of DI - *(PGIDec 02)*
a) ADH b) Thiazide
c) Loop diuretics d) Insulin
e) Chlorpromazine

1907. All of the following conditions are known to cause diabetes insipidus except - *(AI 05)*
a) Multiple sclerosis b) Head injury
c) Histiocytosis d) Viral encephalitis

1908. All of the following conditions are known to cause diabetes insipidus, except - *(AIIMS May 04)*
a) Multiple sclerosis b) Head injury
c) Histiocytosis d) Viral encephalitis

1909. Choose the best Lab value for a patient with central diabetes insipidus - *(AI 2000)*

	Urinary Osmolality	Serum Osmolality
a)	50	300
b)	500	260
c)	50	260
d)	500	100

1910. A 33 year old lady presents with polydipsia and polyuria. Her symptoms started soon after a road traffic accident 6 months ago. The blood pressure is 120/80 mm Hg with no postural drop. The daily urinary output is 6-8 liters. Investigation showed, Na 130 mEq/L, IC3.5 mEq/L, urea 15mg/dL, sugar-65 mg/dL. The plasma osmolality is 268 mosmol/L and urine osmolatity 45 mosmol/L. The most likely diagnosis is - *(AIIMS Nov 02)*
a) Central diabetes insipidus
b) Nephrogenic diabetes insipidus
c) Resolving acute tubular necrosis
d) Psychogenic polydipsia

1911. A patient following head injury was admitted in intensive care ward with signs of raised intracranial pressure. He was put on ventilator and started on intravenous fluids and diuretics. Twenty four hours later his urine output was 3.5 liters, serum sodium 156 mEq/1 and serum osmolarity of 316 mOsm/kg. The most likely diagnosis based on these parameters is- *(AIIMSNov 04)*
a) High output due to diuretics
b) Diabetes insipidus
c) Too much infusion of normal saline
d) Cerebral salt retaining syndrome

1912. Which of the following statements about Diabetes Insipidus is true - *(AI 11)*
a) Urine osmolality should be > 300 mosm/L
b) Plasma osmolality should be < 280 mmol/L
c) Water deprivation test is required
d) Plasma osmolality should be > 300 mosm/L prior to water Deprivation

1893)b 1894) a 1895)b 1896)a 1897)b 1898)c 1899)d 1900)d 1901)a 1902)c 1903)a 1904)d 1905)c 1906)a,b 1907) a 1908) a 1909)a 1910)d 1911)a 1912)c

1913. In a woman with polyuria of 6 L/day, which are the 2 most important investigations to be done -
a) Water deprivation test *(PGIDec 01)*
b) Water loading
c) Plasma and urine osmolality
d) Plasma osmolality
e) Skull X-ray

1914. Which of the following agents is the drug of choice for Central Diabetes Insipidus - *(AI11)*
a) Desmopressin b)Demeclocycline
c) Thiazide Diuretics d) Lithium

1915. A vasopressin analogue does not produce therapeutic effect through vasopressin V-2 receptor in which of the following - *(AlIMSMay03)*
a) Central diabetes insipidus
b) Bleeding esophageal varices
c) Type I van Willebrand's disease
d) Primary nocturnal enuresis

1916. SIADH is associated with the following drug-(^4/*07)*
a) Vincristine b) Erythromycin
c) 5-FU d) Methotrexate

1917. In SIADH all are found except - *(JIPMER 95)*
a) Normla urine b) Hyponatremia
c) Hypotonic urine d) Hyperuricemia

1918. A 30 year old women presents a history of amenorrhoea and impaired vision of six month's duration. Physical examination shows everything except for pale optic discs and diminished visual acuity. The most likely diagnosis is - *(UPSC 95)*
a) Pituitary adenoma
b) Craniopharyngioma
c) Hypothalamic glioma
d) Benign intracranial hypertension

1919. Central diabetes insipidus is characterised by -
a) Low plasma and low urine osmolality (*UPSC 96)*
b) High plasma and high urine osmolality
c) Low plasma and high urine osmolality
d) Low urine and high plasma osmolality

1920. All of the following are features of acromegaly, except- *(UP 97)*
a) Glucose intolerance
b) Nonsuppressibility of growth hormone by glucose ingestion
c) Raised levels of plasma somatomedin D
d) Low serum phophate

1921. A 40 year old women presented with a CT scan of head showing an enlarged sella tursica. Neurological and endocrine work up in detail were found to be normal. The most likely diagnosis is - *(UPSC 97)*
a) Prolactinoma b) Chromophobe adenoma
c) Craniophobe d) Empty sella syndrome

1922. Cutting of the pituitary stalk decreases all of the following hormones except - *(AP 9 7)*
a) ACTH b)GH
c) Prolactin d)FSH

1923. In a 60 year old female with polydipsia, water deprivation test was preformed and the values obtained are as following - *(MAHE 98)*
Baseline: Na -139 mEq, K-3.6mEq. Osm.plasma-274 mosm/1, Osm. urine-150 after vasopressin: Na-142mEq, K-3.9mEq, Plasma osm-271 mosm/1,Urine osm - 489 mosm/1. These finding suggest a diagnosis of-
a) Cranial diabetes insipidus
b) Psychogenic polydypsia
c) Nephrogenic diabetes insipidus
d) SAIDH

1924. Cause of hypopituitarism are all, except - *(CIP 01)*
a) Cancer breast b) Cancer bronchus
c) Chromophilic adenoma d) Acidophilic tumour

1925. Pituitary tumor most responsive to medical therapy is - *(SGPGI04)*
a) Growth hormone secreting tumor
b) ACTH secreting tumor
c) Prolactinoma
d) Thyrotropin secreting tumors

1926. Grwoth factors promote cell growth by acting on- *(NIMHANS 05)*
a) C. AMP b) Tyrosine Kinase
c) C.GMP d)TRM

1927. A 35-year-old lady is diagnosed to have postpartum hypopitutarism. The correct order of hormone substitution in her case would be - *(UPSC-109)*
a) Thyroxin, steroids, oral contraceptives
b) Glucocorticoids, thyroxin, and contraceptives
c) Oral contraceptives, thyroxin, glucocorticoids
d) Glucocorticoids, oral contraceptives, thyroxin

1928. The following features are correct in the case of syndrome of inappropriate anti-diuretic hormone (SIADH) except - *(UPSC-109)*
a) Low-normal plasma urea
b) Low serum sodium
c) High plasma osmolality
d) Urine sodium not minimally low

1929. Drug causing Nephrogenic diabetes insipidus are - *(PGI May 10)*
a) Li b) Demeclocyclin
c) Acyclovir d) Amphotericin B

1930. Which of the following statements about Diabetes Insipidus is true - *(AI 11)*
a) Urine osmolality should be >300 mosm/L
b) Plasma osmolality should be < 280 mmol/L
c) Water deprivation test is required
d) Plasma osmolality should be > 300 mosm/L prior to H_20 Deprivation

1931. Which of the following agents is the drug of choice for Central Diabetes Insipidus - *(AI 11)*
a) Desmopressin b)Demeclocycline
c) Thiazide Diuretics d) Lithium

1913) a,c 1914)a 1915)b 1916)a 1917)a,c 1918)a 1919)d 1920)d 1921)d 1922)c 1923)a 1924)d 1925)c 1926)b 1927)b 1928) c 1929)a,b,d 1930)c 1931)a

1932. A 26-year-old woman presents with scanty menstrual bleeding and milk secretion from the breasts. On examination, she has galactorrhoe and dry skin. A lateral skull radiograph shows enlargement of the sella. The test that will be most helpful in the diagnosis is - *(UPSC111)*
a) Serum prolactin level b) Serum ACTH level
c) Serum ADH level d) Serum TSH level

1933. Middle aged female with mass in sella turcica hormone increased is - *(NEET/DNB. Pattern)*
a) Prolactin b) Thyroxine
c) ADH

ADRENAL

1934. Cushing's syndrome is not a feature of -
a) Adrenal carcinoma *(AIIMSMay95)*
b) Oat cell carcinoma of lung
c) Medulloblastoma
d) Pituitary adenoma

1935. The most common cause of Cushing's syndrome is - *(AI95)*
a) Pituitary adenoma b) Adrenal adenoma
c) Ectopic ACTH d) Iatrogenic steroids

1936. Intake of exogenous steroid causes - *(PG1 June 97)*
a) Addison's disease b) Cushing's syndrome
c) Pheochromocytoma d) Conn's syndrome

1937. A common cause of Cushing syndrome is -
a) Cancer producing ectopic ACTH *(AlIMSMay 93)*
b) Pituitary adenoma
c) Adrenal tuberculosis
d) None of the above

1938. Cushing syndrome is characterized by all except -
a) DM b) HT *(PGIJune 98)*
c) Proximal myopathy d) Centripetal obesity

1939. True about cushing syndrome - *(PGIJune 08)*
a) Red striae present
b) T sed adrenalin
c) Proximal muscle weakness
d) Edema

1940. Features not seen in Cushing's Syndrome *i$-(AI97)*
a) Hypoglycemia b) Hypertension
c) Frank psychosis d) Hypokalemia

1941. All are features of cushings disease except - *(AIIMS Nov 07)*
a) Central obesity b) Episodic hypertension
c) Easy bruising d) Glucose intolerance

1942. About cushing syndrome, true is - *(PG1 June 2000)*
a) Low dose dexamethasone suppress cortisone secretion
b) CA of adrenal is more common than adenoma
c) Pituitary adenoma size > 2 cm (usually)
d) TACTH secretion is the commonest cause

1943. Lalloo, 50 years old, a chronic smoker, presents with history of hemoptysis. He was having truncal obesity and hypertension. He had an elevated ACTH level which was not suppressible with high dose dexamethasone. What would be the most probable diagnosis - *(AIIMS Nov 2000)*
a) Bilateral adrenal hyperplasia
b) Adrenal adenoma
c) Pituitary tumour
d) Ectopic ACTH producing lung cancer

1944. In a chronic smoker with mild haemoptysis. He also gave a history of hypertension and obesity. Lab data showed raised ACTH levels, which were not suppressed by dexamethasone. The cause for the Cushing's syndrome in the patient is -
a) MEN I *(AlIMSMay 02)*
b) Pituitary adenoma
c) Adrenal cortical adenoma
d) Ectopic ACTH secreting tumor

1945. A patient with cushinoid features presents with hemoptysis: he shows no response to dexamethasone supression test; most likely diagnosis here is -
a) Adrenal hyperplasia *(AI 01)*
b) Adrenal adenoma
c) Ca lung with ectopic ACTH production
d) Pituitary microadenoma

1946. Which of the following is the earliest manifestation of Cushing's syndrome - *(AI 04)*
a) Loss of diurnal variation
b) Increased ACTH
c) Increased plasma Cortisol
d) Increased urinary metabolites of Cortisol

1947. The differentiating feature b/w Ectopic ACTH secretion and Cushing syndrome is -
a) Hypokalemic alkalosis *(AIIMS Dec 98)*
b) Clinical features of cushing syndrome
c) Hyperpigmentation
d) Hypertension

1948. Cushing's disease presents with - *(AIPGMEE 08)*
a) Increased ACTH and increased cortisol
b) Decreased ACTH and decreased cortisol
c) Increased ACTH and decreased cortisol
d) Increased catecholamines

1949. Most common cause of Conn's syndrome is -
a) Adrenal hyperplasia *(AIPGMEE 08)*
b) Adrenal carcinoma
c) Adrenal adenoma
d) Pituitary ACTH hypersecretion

1950. NOT a feature of primary hyperaldosteronism is- *(AIIMS Dec 94)*
a) Pedal edema b) Diastolic hypertension
c) Polyuria d) Hypokalemia

1951. Which is NOT a feature of primary hyperaldosteronism - *(AlIMSMay 93)*
a) Hypokalemia b) Hypertension
c) Hypernatremia d) Increased renin level

1932) a 1933) a 1934)c 1935)a 1936)b 1937)b 1938) None 1939) c,d 1940)a 1941)b 1942) d 1943)d 1944)d
1945)c 1946) a 1947)a 1948)a 1949)a 1950)a 1951)d

1952. Criteria for primary hyperaldosteronism, all except-
a) Diastolic hypertension without edema
b) Metabolic acidosis present *(AIIMSNov 11)*
c) Low secretion of rennin
d) Low secretion of aldosterone in spite of reduced volume fluid

1953. The following are features of primary hyperaldosteronism except - *(PGI June 97)*
a) Polyuria b) Hypertension
c) Hypokalemia d) Hyperkalemia

1954. True about conn's syndrome - *(PGI Dec 02)*
a) TK^+
b) iK^+
c) Proximal myopathy
d) Ted plasma renin activity
e) Edema

1955. All of the following are features of primary hyperaldosteronism except - *(AI98)*
a) Pedal edemab) Polyurea
c) Hypokalemia d) Hypertension

1956. Conn's syndrome is associated with all, except -
a) Hypertensionb) Muscle weakness
c) Hypokalemia d) Edema *(AI02)*

1957. In conn's syndrome the following is/are true -
a) Diastolic HTN without oedema *(PGI Dec 06)*
b) Systolic HTN without oedema
c) Pseudotetany
d) Hyper Na^+
e) Hyper K^+

1958. True about primary aldosteronnism - *(PGI June 05)*
a) Pedal oedema b) Increased renin
c) Increased Na^+ d) Decreased K^+
e) Hypertension

1959. Tumours associated with primary aldosteronism -
a) Adrenal adenoma *(PGI June 05)*
b) Adrenal hyperplasia
c) Von Hippel-Lindau syndrome
d) Adrenal carcinoma

1960. A young hypertensive patient has serum K+ 2.8 meq/L and aldosterone level with *i* ed plasma rennin activity. The likely cause is/are - *(PGI Dec 04)*
a) Renal artery stenosis b) Ectopic ACTH syndrome
c) Diuretic therapy d) Conn's syndrome
e) Liddle's syndrome

1961. Excess Aldosterone is associated with all the following except - *(AI 95)*
a) Hypokalemia b) Hyperkalemia
c) Sodium retention d) Hypertension

1962. In primary adrenal hyperplasia, incorrect is- *(AIMS May 94)*
a) Hypokalemia b) Hyponatremia
c) Hypernatremia d) Water retention

1963. Hyperaldosteronism is characterized by the following except - *(AI 09)*
a) Hypernatremia b) Metabolic acidosis
c) Hypokalemia d) Low plasma rennin levels

1964. Most common cause of adrenal insufficiency in India is- *(AIMS May 94)*
a) Autoimmune b) Surgery
c) Steroid withdrawal d) Tuberculosis

1965. Most common cause of Addison's disease in India -
a) Tuberculosis b) Post-partum
c) Autoimmune d) *HIV (AIMS Nov 11)*

1966. Addison's disease is characterized by all except -
a) Hyperglycemia b) Hypotension *(AI95)*
c) Hyperkalemia d) hyponatremia

1967. Chronic adrenal insufficiency is characterized by all of the following except - *(AIMS May 05)*
a) Excess pigmentation
b) Asthenia
c) Weight gain
d) Hypoglycemic episodes

1968. Addison's disease is characterized by following except - *(PGI June 97)*
a) Hyperkalemia b) Hypotension
c) Hyponatremia d) Hypocalcemia

1969. Which is NOT a clinical feature of Addison's disease - *(AIMS Feb 97)*
a) Hypoglycemia b) Hyponatremia
c) Hypocalcemia d) Hyperkalemia

1970. Regarding Addisonian pigmentation, all are true except - *(AIMS May 01)*
a) Involves moles and scars
b) Involves palmer creases
c) Does not involve oral mucosa
d) Decreased fibrosis

1971. Addisons's disease is associated with all except -
a) Cardiac atrophy *(AIMS May 07)*
b) Decreased diastolic B.P
c) Serum cortisol < 8
d) Low renin levels

1972. In addison's disease, most diagnostic test is -
a) Serum Na^+, K^+, renin *(PGI Dec 97)*
b) S. Na^+, K^+, saline suppression
c) Serum creatinine/urea ratio
d) ACTH stimulation test

1973. Extra-adrenal pheochromocytoma secretes -
a) Norepinephrine b) Epinephrine *(PGI June 03)*
c) Metanephrine d) Dopamine
e) VMA

1974. Pheochromocytoma predominantly secretes -
a) Epinephrine b) Norepinephrine
c) Dopamine d) DOPA *(AIMS Nov 01)*

1975. All are clinical features of pheochromocytoma, except - *(ARMS Feb 97)*
a) Increased hematocrit
b) Orthostatic hypotension
c) Low cortisol level
d) Impaired glucose tolerance

1976. All of the following are features of pheochromocytoma except - *(AI 02)*
a) Hypertensive paraoxysm b) Headache
c) Orthostatic hypotension d) Wheezing

1952)b,d 1953) d 1954)b,c 1955)a 1956)d 1957)a,d 1958)c,d,e 1959)a,b,d 1960)d 1961)b 1962)b 1963)b 1964)d 1965) a 1966)a 1967)c 1968)d 1969)c 1970)None 1971)d 1972)d 1973)a 1974)a 1975)c 1976)d

1977. All of the following are features of MEN Ha, except -
a) Pituitary tumor *(AI01)*
b) Pheochromocytoma
c) Medullary carcinoma thyroid
d) Neuromas

1978. Type I MEN involves all, except - *(AIMSMay 93)*
a) Pancreas b) Adrenal
c) Pituitary d) Parathyroid

1979. A 36 year old female with symptoms of hyperparathyroidism, tumor in pancreas, adrenal cortical hyperplasia, pituitary adenomas, islet cell tumor with cutaneous angiofibromas. What is the diagnosis ? *(ARMS Nov 07)*
a) MEN1 b) MEN 2 A
c) MEN2B d)MEN2 C

1980. Which of the following endocrine tumors is most commonly seen in MEN I ? *(A107)*
a) Insulinoma b) Gastrinoma
c) Glucagonoma d) Somatostatinoma

1981. Most common pancreatic tumor in MEN-i is -
a) Gastrinoma b) Insulinoma *(A1PGMEE08)*
c) Glucagonoma d) Somatostatinoma

1982. Phaeochromocytoma arises from - *(PGIJune08)*
a) Adrenal gland b) Mediastinum
c) Chest wall d)Neck
e) Abdomen

1983. Pancreatitis, pituitary tumor and phaeochromocytoma may be associated with -*(AI05)*
a) Medullary carinoma of thyroid
b) Papillary carinoma of thyroid
c) Anaplastic carinoma of thyroid
d) Follicular carinoma of thyroid

1984. All are associated with MEN-2 except-
a) Pheochromocytoma *(ARMSMay 07)*
b) Islet cell hyperplasia
c) Medullary carcinoma thyroid
d) Parathyroid adenoma

1985. A patient presents with intermittent headache. On examination there is hypertension and a thyroid nodule. Which of the following steps is to be taken next - *(ARMS Nov 2000)*
a) Urine HIAA levels
b) Urine VMA and aspiration of the thyroid nodule
c) Ultrasound abdomen
d) Echocardiography

1986. A young patient presented with HTN and VMA 14 mg/24, the causes is/are - *(PGIJune 05)*
a) Medullary carcinoma thyroid
b) Von Hippel Lindau syndrome
c) Grave's disease
d) Pseudohypoparathyroidism
e) Sturge weber syndrome

1987. Multiple submucosal neuromas is most likely associated with - *(AIMS May 05)*
a) Medullary carcinomos of the thyroid
b) Ovarian carcinoma
c) Testicular teratoma
d) Pancreatic beta cell carcinoma

1988. A 25 year old young woman has recurrent episodes of headache and sweating. Her mother had renal calculi and died after having a neck mass. The physical examination reveals a thyroid nodule but no clinical sign of thyrotoxicosis. Before performing thyroid surgery, the surgeon should order -
a) Measurement of thyroid hormones *(AIMS Nov*
b) Serial determinations of serum calcium, *02)* phosphorus, protein and alkaline phosphatase
c) 24-hours urine test for 5 hydroxyindoleacetic acid excretion
d) Serial 24 hours test for catecholamines, meta-nephrines and vanillylamandelic acid excretion

1989. Investigation useful for detecting extraadrenal pheochromocytoma - *(PGIMay 'll)*
a) USG
b) (XT
c) T2-weighted MRI with gadolinium contrast
d) MIBG

1990. Activation of the renin stimulates - *(UPSC 96)*
a) Water excretion
b) Potassium retention
c) Sodium retention
d) Magnesium excretion

1991. Primary hyperaldosteronism does not have -
a) Ankle oedema b) Polyuria
c) Hypertension d) Hypokalemia

1992. Metyrapone inhibits - *(CUPGEE 95)*
a) 11-B-hydroxylase b)21-B-hydroxylase
c) Both d) None

1993. A 25 year old male presnents with weakness, occasional vomiting hypotension, skin and mucous membrane pigmentgation. The diagnosis can be best established by - *(UPSC 9 7)*
a) Metyrapone test
b) Basal plasma cortisol levle
c) 24-hour urinary 17-Ketosteroid
d) ACTH stimulation test

1994. Werner's syndrome (multiple endocrine neoplasia type I) is characterised by all of the following except - *(UPSC 95)*
a) Tumours of anterior pituitary
b) Tumours of parathyroids
c) Pancreatic adenomas
d) Phaeochromocytoma

1995. Pheochromocytoma is associated with - *(MAHE 98)*
a) Vitiligo
b) Cafe-au-lait spots
c) Ash leaf amelanotic macules
d) Acanthosis Nigricans

1996. Characteristic feature of primary aldosteronism is- *(MAHE 98)*
a) Low serum sodium b) High plasma renin
c) Low serum potassium d) High serum creatinine

1977) a >d 1978) b 1979)a 1980)b 1981)a 1982)a,b,d,e 1983)a 1984)b 1985)b 1986)a,b,e 1987)a 1988)d 1989) c,d 1990)c 1991)a 1992)a 1993)d 1994)d 1995)b 1996)c

1997. Adrenal aldosteronoma is best diagnosed by -
a) HRCT b) MRI *(J&K 2001)*
c) IVP d)KUB

1998. Sushila, 25 year old young lady presented with complaint of acute hirsuitism and hoarseness of voice. Which of the following should be the best investigation to be done for the diagnosis - *(AI02)*
a) Blood pregnenolone levels
b) Blood DHEA levels
c) 17-ketosteroids level
d) LH and FSH levels

1999. In the adrenal gland, androgens are produced by the cells in the - *(ICS 98)*
a) Zona glomerulosa b) Zona reticularis
c) Zona fasciculata d) Medulla

2000. Hypertension with androgenisation of a female child is a feature of congenital adrenal hyperplasia due to deficiency of- *(UPSC 95)*
a) C-21 hydroxylase b) C-l 1 hydroxylase
c) C-l7 hydroxylase d)Desmolase

2001. Regarding Addisonian pigmentation, all are true except- *(Jipmer04)*
a) Involves moles and scars
b) Involves palmer creases
c) Does not involve oral mucosa
d) Decreased fibrosis

2002. Medical adrenalectomy is seen with - *(SGPGI04)*
a) Vincristine b) Vinblastine
c) Mitotane d) Methotrexate

2003. TVue about cushing's syndrome is - *(SGPGI05)*
a) Adrenomedullary hyperplasia in association with MEN syndrome is common cause
b) Bronchial & Mediastinal carcinoid causes cushing syndrome
c) It is diagnosed by hypokalemia in association with increased adrenal secretion
d) It is often fatal due to its coronary and cerebrovascular accidents

2004. Conn's syndrome is characterised by all except -
a) Polyuria b) Polydipsia *(SGPGI 05)*
c) Weakness d) Anasarca

2005. Hypokalemia may be a feature of all following diseases, except - *(J & k 05)*
a) Addison's disease
b) Cushing's syndrome
c) Barter's syndrome
d) Gitelman's syndrome

2006. Conn's syndrome is characterized by - *(Corned07)*
a) Hyperinsulinism b) Hyperthyroidism
c) Hypoadrenalism d) Hyperaldosteronism

2007. The following are consistent with pheochromocytoma except - *(UPSC-109)*
a) Episodic diarrhea
b) Episodic flushing of skin
c) Episodes of hypertension
d) Paroxysm, palpitation and sweating

2008. False statement about extraadrenal pheochromocytoma - *(PGIMay 10)*
a) Constitute 50% of total b) May occur in Bladder
c) May occur in thorax d) Involve carotid body

2009. Features of Cushing's syndrome are-*(PGINov. 10)*
a) Proximal muscle weakness
b) Hyponatremia
c) Hirsutism
d) Edema
e) Weightloss

2010. All are true about pheochromocytoma except-*(AI 11)*
a) 90% are malignant
b) 95% occur in the abdomen
c) They secrete catecholamines
d) They arise from sympathetic ganglions

2011. Lady with central obesity & abd. Skin showing purple striae - *(NEET/DNB Pattern)*
a) Conn's syndrome b) Cushing's syndrome
c) Addison's disease d) Hypothyroidism

2012. DOC in adrenal insufficiency?*(NEET/DNB Pattern)*
a) Hydrocortisone b) Adrenaline
c) Dexamethasone d) Fludrocortisone

2013. Investigation of choice in pheochromocytoma is - *(NEET/DNB Pattern)*
a) CT scan b) Urinary catecholamines
c) MIBG scan d) Urinary calcium measurement

2014. Most common symptom of pheochromocytoma - *(NEET/DNB Pattern)*
a) Headache
b) Palpitation
c) Abdominal pain
d) Hypotension

BONE & MINERAL METABOLISM

2015. Increased alkaline phosphate are in seen \n-*(AI 99)*
a) Multiple myeloma
b) Primary hyperparathyroidism
c) Chronic renal failure
d) Osteoporosis

2016. Indicators of osteoblastic activity - *(PGI June 01)*
a) Alkaline phosphatase b) Osteocalcin
c) Hydroxyproline d) Acid phosphatase

2017. Alkaline phosphatase is elevated in all, except - *(AIIMS Dec 9 7)*
a) Rickets b) Osteomalacia
c) Hypoparathyroidism d) Hypophosphatemia

2018. Raised serum alkaline phosphatase is seen in all, EXCEPT- *(AIIMS Dec 94)*
a) Paget's disease b) Multiple myeloma
c) Osteomalacia d) Hyperthyroidism

2019. Alkaline phosphatase is decreased in-
a) Hypophosphatasia *(AIIMS Nov 09)*
b) Primary biliary cirrhosis
c) Hyperphosphatemia
d) Hepatitis A

1997)a 1998)b 1999)b 2000)b 2001)c 2002)c 2003)b 2004)d 2005)a 2006)d 2007)a 2008)a 2009)a,c,d 2010)a 2011)b 2012)c>a 2013)b 2014)b 2015)b 2016)a,b 2017)d 2018)b 2019)None

2020. Most common cause of hyperparathyroidism -
a) Iatrogenic *(ARMS Nov 93)*
b) Medullary carcinoma thyroid
c) Parathyroid adenoma
d) Parathyroid hyperplasia

2021. The commonest cause of primary hyperparathyroidism is - *(ARMS May 95)*
a) Carcinoma parathyroid
b) Solitary adenoma of parathyroid
c) Chronic renal failure
d) Hyperplasia of the parathyroid

2022. A common cause of Primary hyperparathyroidism is- *(AI95)*
a) Multiple parathyroid adenomas
b) Solitary parathyroid adenoma
c) Adrenal hyperplasia
d) Ectopic PTH production

2023. Most common cause of hyperparathyroidism is- *(A197)*
a) Solitary adenoma b) Chief cell hyperplasia
c) Multiple adenoma d) Werner's syndrome

2024. In hyperparathyroidism, which of the following is not seen - *(PGI Dec 01)*
a) Normal alkaline phosphatase
b) Decreased phosphate in urine
c) Increased calcium
d) Hypophosphatemia
e) Decreased alkaline phosphatase

2025. In hyperparathyroidism, all are seen except -
a) Osteopetrosis b) Osteoporosis *(PGIDec 98)*
c) Cysts d) Brown tumor

2026. Not a marker for hyperparathyroidism is -
a) Increase in serum calcium *(ARMS June 98)*
b) Increase in 24 hour urinary calcium excretion
c) Increase in serum calcitonin
d) Subperiosteal resorption of phalanges.

2027. All are TRUE about hyperparathyroidism, except -
a) Commonly occurs after thyroidectomy
b) May cause hypercalcemia *(ARMSMay 93)*
c) Solitary adenoma is the most common cause
d) None of the above

2028. Tfrie statement about primary hyperparathyroidism-
a) Adenoma commonest cause *(PGIMay 11)*
b) T serum calcium
c) Surgery if biochemical finding is abnormal in asymptomatic patient
d) MIBG isotope is useful in localization of tumor
e) Familial variation occur with adenoma

2029. Thfting of the terminal phalanges is seen in -*(AI95)*
a) Hypoparathyroidism b) Hyperparathyroidism
c) Hyperthyroidism d) Hypothyroidism

2030. TVue about pseudohypoparathyroidism -
a) Heterotopic calcification *(PGI Dec 02)*
b) **t** ed Ca^{2+}
c) ied$P0_4$
d) ted PTH
e) t ed response of urinary CAMP on PTH

2031. Which of the following statements about Pseudohypoprathyroidism is true - *(AI 11)*
a) Caused by 'Gain of function' inherited mutation in Gsa subunit
b) Decreased formation of cyclic GMP is observed
c) Decreased formation of Inositol triphosphate is observed
d) Decreased formation of c-AMP is observed.

2032. A patient has hyperphosphatemia with short metacarpals and associated cataract The diagnosis is - *(PGI June 99)*
a) Pseudohypoparathyroidism
b) Hypophosphatasia
c) Hyperparathyroidism
d) Osteomalacia

2033. All of the following statements about Pseudohypoparathyroidism are true, except -
a) *i* Serum PTH *(AI 10)*
b) *i* Serum calcium
c) T Serum phosphate
d) Albright's hereditary osteodystrophy

2034. Which of the following is associated with secondary hyperparathyroidism - *(ARMS Dec 94)*
a) Parathyroid adenoma
b) Marked hypercalcemia
c) Chronic renal failure
d) Parathyroidectomy relieves the symptoms

2035. Low calcium and high phosphate is seen in -*(AI 10)*
a) Hyperparathyroidism b) Hypoparathyroidism
c) Hyperthyroidism d) Hypothyroidism

2036. Estimation of S. Ca2+ should be done only after - *(PGI June 03)*
a) Urine calcium b) Total plasma protein
c) S. Phosphate d)S.K+
e) PH

2037. A patient presents with low serum calcium, high phosphorus and elevated PTH. Which of the following investigations is least contributory to establish a diagnosis- *(AI 11)*
a) Vitamin D levels
b) Serum creatinine levels
c) Cyclic AMP response to PTH
d) Urine myoglobin

2038. Which of the following is seen in Vitamin D deficiency - *(PGIDec 01)*
a) Increased alkaline phosphatase
b) Decreased phosphate in urine
c) Hypophosphatemia
d) Decreased alkaline phosphatase
e) Decreased serum calcium

2039. All of the following are seen in reckets, except -
a) Bowlegs b)Gunstockdeformity
c) Potbelly d) Cratio tabes *(ARMSMay 03)*

2020)c 2021)b 2022)b 2023)a 2024)b,e 2025)a 2026)c 2027)a 2028)a,b,c,e 2029)b 2030)a,d 2031)d
2032) a 2033) a 2034) c 2035) a 2036)b,c,e 2037) a 2038)a,c,e 2039) b

2040. True about rickets - *(PGI June 01)*
a) Increased alkaline phosphatase
b) Hyperphosphatemia
c) Hypophosphatemia
d) Hypophosphaturia
e) Decreased alkaline phosphatase

2041. Renal osteodystrophy differs from nutritional and genetic forms of osteomalacia in having - *(AI02)*
a) Hypocalcaemia b) Hypercalcemia
c) Hypophostaemia d) Hyerphosphatemia

2042. A common finding in osteomalacia is-*(PGI June 99)*
a) Low serum phosphate
b) Normal level of1,25 di-hydroxy vit D_3
c) Low serum calcium
d) Increased hydroxy proline in urine

2043. A patient Shweta with raised serum alkaline phosphatase and raised parathormone level along with low calcium and low phosphate level is likely to have- *(AJIMS June 99)*
a) Primary hyperparathyroidism
b) Paget's disease
c) Osteoporosis
d) Vitamin D deficiency

2044. Abnormalities of bone metabolism is associated with excess of which vitamins - *(PGI June 02)*
a) Vitamin Ab) Thiamine
c) Vitamin B_{I2} d) Vitamin D
e) Tocoferol

2045. Features of tumor lysis syndrome are-*(PGI Dec 2K)*
a) Hypocalcemia b) Hyperphosphatemia
c) Alkalosis d) Hypokalemia

2046. Hypercalcemia is not a feature of one of the following conditions - *(AI 97)*
a) Primary hyperparathyroidism
b) Multiple myeloma
c) Tumourlysis syndrome
d) Sarcoidosis

2047. Features of tumour lysis syndrome - *(PGI June 06)*
a) Hyperuricemia b) Hypercalcemia
c) Hyperphosphatemia d) Hypernatremia
e) Hyperkalemia

2048. TVue about tumor lysis syndrome - *(PGIMay 11)*
a) Hyperkalemia b) Hypercalcemia
c) Hypermagnesemia d) Hyperurecemia
e) Lactic acid

2049. Tumour lysis syndrome all occurs except -
a) Hyperkalemia *(AIIMS May 09)*
b) Hypercalcemia
c) Hyperuricemia
d) Hyperphosphatemias

2050. True about tumour lysis syndrome are A/E- *(PGIDec 03)*
a) Hyperuricemia b) Hypercalcemia
c) Hyperkalemia d)Hyperphosphatemia
e) Hypocalcemia

2051. Thmor lysis syndrome is associated with all of he following laboratory feature except -*(ARMSNov 03)*
a) Hyperkalemia b) Hypercalcemia
c) Hyperuricemia d) Hyperphosphatemia

2052. Hypercalcemia is not seen in - *(AI 95)*
a) Lithium therapy b) Chronic renal failure
c) Multiple myeloma d) Vitamin A deficiency

2053. Hypercalcemia is seen in all except-fl4//MS*Nov 07)*
a) Lithium b) Multiple myeloma
c) Loop diuretics d) Hypervitaminosis D

2054. Surgical causes of hyper Ca^{2+}- *(PGIDec 06)*
a) Hyperparathyroidism b)MEN
c) Hyperthyroidism d) Pheochromocytoma

2055. Hypercalcemia is caused by - *(PGIDec 03)*
a) Thyrotoxicosis b) Vit D intoxication
c) Saroidosis d)Furosemide
e) Thiazide

2056. Increased serum calcium is seen in all except - *(PGI Dec 01)*
a) Myxedema b) Multiple myeloma
c) Sarcoidosis d) Primary hyperparathyroidism
e) Hyperthyroidism

2057. Hyper calcemia is seen in all, except-
a) Acute pancreatitis *(ARMS June 99)*
b) Parathyroid adenoma
c) Breast cancer
d) Hodgkin's lymphoma

2058. All are causes of hypercalcemia, except -
a) Thyrotoxicosis *(ARMS Dec 97)*
b) Sarcoidosis
c) Vitamin A toxicity
d) Phenytoin toxicity

2059. Hypercalcemia is NOT seen in - *(ARMSDec 94)*
a) Primary hyperparathyroidism
b) Tumour lysis syndrome
c) Multiple sclerosis
d) Sarcoidosis

2060. Hypercalcemia is seen in all, except-
a) Acute pancreatitis *(ARMS May 93)*
b) Hypervitaminosis D
c) Addison's disease
d) Hyperparathyroidism

2061. Hypercalciuria is seen in - *(PGIJune 2000)*
a) Hyperparathyroidism b) Vit D intoxication
c) Sarcoidosis d)All

2062. Most common cause of hyper calcemic crisis is -
a) Carcinoma breast *(ARMS May 93)*
b) Parathyroid hyperplasia
c) Parathyroid adenoma
d) Paget's disease

2063. Asymptomatic hyper - calcemia in a 30 year old young male is due to - *(AI 2000)*
a) Occult primary malignancy
b) Primary Hyperparathyroidism
c) Familial hypocalciuria
d) Hyper-nephroma

2040)a,c2041)d 2042)a 2043)d 2044)a,d 2045)a,b 2046)c 2047)a,c,e 2048)a,d 2049)b 2050)b 2051)b 2052)d 2053)c 2054)A11 2055)a,b,c,e 2056)a 2057)a 2058)d 2059)b 2060)a 2061)d 2062)a,c 2063)b

2064. Which ofthe following is not a feature of hypercalcemia?
a) Diarrhea b) Polyuria *(AI06)*
c) Depression d) Vomiting

2065. Features of hypocalcemia are A/E - *(AIIMS May 10)*
a) Numbness & tingling
b) Circumoral paresthesis
c) Depressed tendon reflexes
d) Skin irritability & sensitivity

2066. Raised calcium and phosphorus are seen in -
a) CRF *(PGI June 02)*
b) Vitamin D intoxication
c) Hyperparathyroidism
d) Pseudohypoparathyroidism

2067. Cause of nephrocalcinosis in granulomatous ds -
a) Increased absorption *(AlIMSNovlO)*
b) Increased conversion to 1,25 OH
c) Dystrophic calcification
d) Mutation in calcium sensing receptor

2068. Hypocalcemia with hyperphosphatemia are seen in-
a) CRF *(PGI Dec 2000)*
b) Pseudohypoparathyoidsm
c) Vit-D deficiency
d) Magnesium deficiency

2069. Hypophosphatemia is seen in - *(PGIDec 02)*
a) Pseudohypoparathyropdism
b) CRF
c) Rickets
d) Hyperparathyroidism
e) Respiratory acidosis

2070. Hypophosphatemia is seen in all except - *(AI07)*
a) Acute renal failure
b) Resolving phases of diabetic ketocidosis
c) Respiratory alkalosis / COPD
d) Chronic alcoholism

2071. Treatment of hypercalcemia includes, all, except - *(AIIMS Dec 9 7)*
a) Gallium nitrate b)Plicamycin
c) Etidronate d) Rizol

2072. A 75 years female patient with fracture neck of femur 1 month back, presents with 2 days history of altered sensorium & decreased urine output. Urea is 140 mg/dl, creatinine is 2 mg/dl, Ca is 15.5 mg/dl. All of will be useful in immediate treatment except -
a) Give NS b)Furosemide *(AlIMSNovlO)*
c) Hemodialysis d) Bisphosphonates

2073. Treatment of acute hypercalcemia - *(PGI June 03)*
a) Normal saline with forced diuresis with chlorthiazide
b) Plicamycin
c) Gallium nitrate
d) Mithramycin
e) Bisphosphonates

2074. Treatment of Hypercalcemia - *(PGI Dec 04)*
a) Calcitonin b) Gallium nitrate
c) Orthophosphate d) Thyroxin

2075. Rugger jersy spine is seen in - *(PGI June 98)*
a) Myeloma b) TB spine
c) CRF d) Ankylosing spondylitis

2076. A45 year old man, known case of chronic renal failure develops rugger jersy spine. The probable cause it -
a) Aluminium intoxication *(AI 2000)*
b) Secondary hyperparathyroidism
c) Osteoporosis
d) Osteomalacia

2077. True about Hypercalcemia - *(PGI June 04)*
a) Rx of the primary cause
b) Malignancy dose not produce hypercalcemia
c) I. V. fluid with Frusemide is given
d) amidronate is not effective

2078. All are used in treatment of hypercalcemia, except- *(AIIMS May 93)*
a) Phosphate b) Mithramycin
c) Vitamin D in high dose d) Any of the above

2079. All of the following can cause osteoporosis, except -
a) Hyperparathyroidism b) Steroid use *(AI 05)*
c) Flurosis d) Thyrotoxicosis

2080. All of the following are the known causes of osteoporosis except - *(AI 06)*
a) Fluorosis b) Hypogonadism
c) Hyperthyroidism d) Hyperparathyroidism

2081. Osteoporosis is seen in all the following except- *(AI94)*
a) Thyrotoxicosis b) Rheumatoid arthritis
c) Hypoparathyroidism d) Steroid therapy

2082. All are causes of osteoporosis, except -
a) Rheumatoid arthritis *(AIIMS June 97)*
b) Hypoparathyroidism
c) Chronic heparin therapy
d) Thyrotoxicosis

2083. Osteoporosis is seen in - *(AI 94)*
a) Thyrotoxicosis b) Cushing's disease
c) Menopause d) All of the above

2084. Osteoporosis is caused by all except - *(AI 96)*
a) Sarcoidosis b) Old age
c) Hypo-parathyroidism d) Steroid therapy

2085. Osteoporosis may be seen in all except - *(AI98)*
a) Hyperparathyridism b) Hypoparathyridism
c) Thyrotoxicosis d) Heparin administration

2086. Osteoporosis may be seen in all except - *(AI98)*
a) Hypoparathyroidism
b) Osteogenesis imperfecta
c) Hypogonadism
d) Hypophosphatasia

2087. All are causes of Osteoporosis, except - *(AI2000)*
a) Thyrotoxicosis b) Hypothyroidism
c) Chronic heparin therapy d) Old age

2088. The most common manifestation of osteoporosis is -
a) Compression fracture of the spine *(AI 94)*
b) Asymptomatic, detected incidentally by low serum calcium
c) Bowing of legs
d) Loss of weight

2064)a 2065)c 2066)b 2067)a 2068)a,b 2069)c,d 2070)a 2071)a,b,d 2072)b 2073)e 2074)a 2075)c 2076)b 2077) a,c 2078) b,c 2079) c 2080) a 208 l)c 2082) b 2083) d 2084) c 2085) b 2086) a 2087) b 2088) a

2089. A man was diagnosed to have myositis ossificans progressiva at the age of 20 years. He died five years later. What is the most probable cause of his death - *(AIIMS Nov 2000)*
a) Starvation and chest infection
b) Myocarditis
c) Hypercalcemia
d) Hyperphosphatemia

2090. Anterior scalloping of vertabrae seen in -
a) Obsteogenesis imperfecta *(PGIJune 01)*
b) Aortic aneurysm
c) Metastasis
d) Renal Cell Ca
e) T.B.

2091. Retardation of skeletal maturity can be caused by all except - *(Al 04)*
a) Chronic renal failure
b) Hypothyroidism
c) Protein energy malnutrition (PEM)
d) Congenital adrenal hyperplasia

2092. Treatment of osteoporosis includes - *(PGI May 11)*
a) Conjugated equines estrogen
b) Estradiol valerate c) Raloxifene
d) Biphosphonate e) Calcium

2093. Osteoporosis is caused by all except - *(CMC 98)*
a) Methotrexate b) Glucocorticoids
c) Heparin d) Estradiol

2094. The formation of 25-hydroxycholecalciferol takes palce in the - *(UPSC 96)*
a) Liver b) Kidney
c) Intestines d) Pancreas

2095. Magnesium deficiency is caused by - *(Kerala 96)*
a) Prolonged artificial ventilation
b) Small bowel resection
c) Renal disease
d) Liver cirrhosis

2096. Calcitionin is secreted from - *(UPSC 95)*
a) Ancinar cells of thyroid
b) Chief cells of parathyroid
c) "C" cells of thyroid
d) Oxyphil cells of parathyroids

2097. Hypomagnesemia is associated with which of the following - *(CUPGEE96)*
a) Alcoholism b) Hypothyroidism
c) Both d)None

2098. Tetany may be present in all the following conditions except - *(UPSC 97)*
a) Acute pancreatitis
b) Hysterical Hyperventiltion
c) Hyperkalemia
d) Hypomagnesemia

2099. All of the following are causes of hypercalcemia except - *(CIP 2001)*
a) Sacroidosis b) Cancer bronchus
c) Hypothyroidism d) Lithium toxicity

2100. In osteoporosis there is - *(TN 2001)*
a) Decrease in absolute amount of bone mass
b) More common in male
c) Radiographs show normal bone density
d) Hormonal replacement therapy

2101. In tumor lysis syndrome all are seen except- *(JIPMER 02)*
a) Hyperuricemia b) Hyperphosphatemia
c) Hyperkalemia d) Hypercalcemdia

2102. All of the following drugs alter calcium hemostasis except- *(KARNAT 99)*
a) Flouride b)Indomethacin
c) Mithramycin d) Thiazides

2103. Steroid super family receptors are associated with- *(MP 2K)*
a) Gastrin b) Vitamin D_3
c) Encephalin d) Insulin

2104. Osteitis fibrosa cystica is seen in *(AI89)*
a) Hyperparathyroidism
b) Hypoparathyroidism
c) Hypothroidism
d) Hyperthyroidism

2105. Following are features of Paget's disease except -
a) Deformity of bones *(KARNAT 96)*
b) Secondary osteosarcoma
c) Lowered serum alkaline phosphatase
d) Increased Urinary excretion of hydroxyproline

2106. Calcium content of bone is increased in -
a) Prolonged immobilisation *(MAHE 98)*
b) Glucocorticoid administration
c) Hyperparathyroidism
d) estrogen supplementation in post menopausal women

2107. Drug therapy of Paget's disease (Osteitis Deformans) include all except- *(KARNA TAKA 01)*
a) Alendronate b) Etidronate
c) Calcitonin d)Plicamycin

2108. Hyperostosis is associated with all except -
a) Hypothyroidism *(JIPMER 95)*
b) Vit A intoxication
c) Cushings syndrome
d) Radiation osteoma

2109. Following malignancies most frequently cause hypercalemia except - *(SCTIMS 98)*
a) Breast b) Kidney
c) Lung d) Heart

2110. Rugger jersy sign is seen in - *(CMC 98)*
a) Ankylosing spondylitis b) TB spine
c) Osteoarthritis d) Myeloma
e) Chronic renal failure

2111. In hyperparathyroidism all seen except -
a) Osteopetrosis b)Osteoporosis
c) Cysts d) Brown tumor

2112. Drug used in severe hypercalcemia - *(Jipmer04)*
a) Frusemide b) Prednisolone
c) Pamidronate d)All

2089)a 2090)b,e 2091)d 2092)A11 2093)d 2094)a 2095)b,c 2096)c 2097)a 2098)c 2099)c 2100)a,d 2101)d 2102)b 2103)b 2104)a 2105)c 2106)d 2107)d 2108)c 2109)d 2110)e 2111)a 2112)d

2113. Alkaline phosphatase is found in all organs, except-
a) Bone b) Heart *(Orissa 05)*
c) Placenta d) Lungs

2114. Picture frame vertebrae is seen in - *(COMED 06)*
a) Ankylosing spondylitis b) Paget's disease
c) Multiple myeloma d) Histioctosis

2115. Advanced bone age is seen in all except-^PPG *06)*
a) Marfan's syndrome
b) Congenital adrenal hyperplasia
c) Precocious puberty
d) Obesity

2116. The drug used in the treatment of idiopathic hypercalciuria is - *(Corned 08)*
a) Allopurinol b)Frusemide
c) Acetazolamid d) Thiazide

2117. The following are characteristic of tumour lysis syndrome except - *(UPSC-109)*
a) Hyperkalemia b) Hypercalcemia
c) Hyperuricemia d) Hyperphosphatemia

2118. A 10-year-old boy has a fracture of femur. Biochemical evaluation revealed Hb 11.5 gm/dl and ESR 18 mm 1 hour, serum calcium 12.8 mg/dl, serum phosphorus 2.3 mg/dl, alkaline phosphatase 28 KA units and blood urea 32 mg/dl. Which of the following is the most probable diagnosis in his case? *(Manipal 09)*
a) Nutritional rickets b) Renal rickets
c) Hyperparathyroidism d) Skeletal dysplasia

2119. An old lady presents with s.calcium 12 mg/dl & creatinine 2.0 mg/dl. What should to be done in her management - *(PGINov. 10)*
a) Prednisolone b) Give NS
c) Hemodialysis d) Furosemide
e) Biphosphonate

2120. A 75 years female patient with fracture neck of femur 1 month back, presents with 2 days history of altered sensorium & decreased urine output. Urea is 140 mg/dl, creatinine is 2 mg/dl, Ca is 15.5 mg/dl. All of will be useful in immediate treatment except -
a) Give NS b) Furosemide *(AIIMSNov 10)*
c) Hemodialysis d) Bisphosphonates

2121. Which of the following statements about Pseudohypoprathyroidism is true - *(AI11)*
a) Caused by 'Gain of function' inherited mutation in Gsa subunit
b) Decreased formation of cyclic GMP is observed
c) Decreased formation of Inositol triphosphate is observed
d) Decreased formation of c-AMP is observed

2122. A patient presents with low serum calcium, high phosphorus and elevated PTH. Which of the following investigations is least contributory to establish a diagnosis- *(AI 11)*
a) Vitamin D levels
b) Serum creatinine levels
c) Cyclic AMP response to PTH
d) Urine myoglobin

2123. Hypercalcaemia caused by which one of the following is most likely to respond to treated with corticosteroids? *(UPSC111)*
a) Primary hyperparathyroidism
b) Milk alkali syndrome
c) Sarcoidosis
d) Paget's disease

2124. The most common site for a parathyroid adenoma is- *(UPSC II11)*
a) Intra-thyroid
b) In the superior parathyroid lobe
c) In the inferior parathyroid lobe
d) Mediastinal

2125. Which of the following most strongly suggests the diagnosis of primary hyperparathyroidism -
a) Serum acid phosphatase above 120IU/L
b) Serum calcium above 11 mg/dL *(UPSCII11)*
c) Urinary calcium below lOOmg/day
d) S erum alkaline phosphatase above 120 IU/L

2126. Primary hyperparathyroidism is suggested by -
; a) Increased serum calcium *(NEET/DNB Pattern)*
b) Low urinary calcium < 200
**rf.V'. c),TDe^€^d^aMiiii^hdspMtasd t **
d) Calcitonin level

2127. Increased Ca, decreased *T*04A)mgnosi-(NEET/DNB*
a) Primary hyperparathyroidism *Pattern)*
b) Secondary hyperparathyroidism due to Vt D deficiency
c) Malignancy
d) Osteoporosis

2128^ Treatnteht of choice for Renal osteodystrophy -
a) Phosphorus *(NEET/DNBPattern)*
b) Olendronate
c) Calcium restriction
d) Phosphate binder

2129. Hypophostemia is a caused by- *(NEET/DNB Pattern)*
a) Primary hypothyroidism
r *iw* ≥ «. b) Primary hyperparathyroidism ;•; iv f
c) Primary hyperthyroidism
d) Hypoparathyroidism

2130. Tumor lysis syndrome is associated with all of he following laboratory feature except- *(NEET/DNBPattern)*
a) Hyperkalemia b) Hypercalcemia
j? *J* > c) Hyperuricemia rv. % d) Hyperphosphatemia

2131. TOC for post menopausal osteoporosis is- *(NEET/*
a) Raloxifene b) Tamoxifehe *DNB Pattern)*
c) Estrogen; d) Alendronate

DIABETES

2132. Which of the following statements is true regarding type 1 diabetes mellitus - *(PGI Dec 01)*
a) Family history is present in 90% cases
b) Dependent on insulin to prevent ketoacidosis
- c) Time of onset is usually predictable
d) Autoimmune destruction of beta cells occur
e) Mostly occurs in children

2113) b,d 2114)b 2115)a 2116)d 2117)b 2118)c 2119)b 2120)b 2121)d 2122)a 2123)c 2124)c 2125)b 2126)a 2127)a 2128)d 2129)b 2130)b 2131)d 2132)b,d,e

2133. In type I DM true about - *(PGIDec 06)*
a) 90% family H/O
b) Antibodies aganist p cells
c) Insulin given to Rx DKA
d) D.K.A occurence

2134. Correct statement about Type-I DM - *(PGIDec 03)*
a) Mumps
b) Autoimmune
c) Family history of Type-2 DM

2135. Which type diabetes is HLA associated - *(AI02)*
a) Type I diabetes
b) Type II diabetes
c) Malnutrition related type disease
d) Pregnancy related type diabetes

2136. In a patient with N1DDM which of the following condition is seen - *(AIMSMay 02)*
a) Ketosis commonly occurs on stopping treatment.
b) Hypertriglyceridmia never occurs
c) Pancreatic beta cells stop producing insulin
d) There are increased levels of insulin in blood

2137. A **29-years-old male taking oral hypoglycemic drug never had ketonuria in his life. His BMI is 20.5. His grandfather had diabetes and his father who is only son of his grandfather too had the disease. Which type of DM this person will be most likely -** *(AI 09)*
a) Pancreatic b)MODY
c) Type I d) Type II

2138. A 29-years-old male taking oral hypoglycemic drug never had ketonuria in his life. His BMI is 20.5. His grandfather had diabetes and his father who is only son of his grandfather did not have the disease. Which type of DM this person will be most likely -
a) pancreatic b)MODY *(AI09)*
c) Type I d) Type II

2139. A 42 year old male has strong positive Benedict's test, random blood sugar is > 163 mg%, fasting blood sugar is > 200 mg% Next line of investigation is- *(AIMS June 99)*
a) Urine glucose charting 5 hourly
b) Oral GTT
c) Repeat benedict's test
d) 24 hr urine sugar estimation

2140. Diabetes mellitis diagnosed when - *(AIMSNov 11)*
a) Fasting blood glucose is 100 and post prandial 140
b) Fasting blood sugar 125 and 2 hour postprandial blood sugar is 199
c) Insulin level.....
d) HbA_{1c}>6.5%

2141. Impaired oral GTT indicated by - *(PGIDec 02)*
a) Fasting plasma sugar > 126 mg/dl
b) Random blood sugar > 200 mg/dl
c) Fasting blood sugar < 90 mg/dl
d) Fasting blood sugar < 140 mg/dl and two after glucose load > 200 mg/dl
e) 2 hrs. after glucose load 140-200 mg/dl fasting blood sugar <126 mg/dl

2142. At what value of one hour glucose challenge test will you recommend a standard glucose tolerance test- *(AIMS May 05)*
a) 120 mg/dl b) 140 mg/dl
c) 150 mg/dl d) 160 mg/dl

2143. Which is not a test for diabetes mellitus -
a) Fasting blood sampling *(AIMSNov 10)*
b) Random blood sampling
c) D-xylose
d) Oral glucose tolerance test

2144. HbA, AC level in blood explains- *(AI 04)*
a) Acute rise of sugar
b) Long terms status of blood sugar
c) Hepatorenal syndrome
d) Chronic pancreatitis

2145. Diabetes control is best monitored by -*(PGIDec 98)*
a) Serum glucose b) Post prandial blood glucose
c) HbA 1 AC d) HbA2 AC

2146. Serum fructosamine can be used in all except-
a) Screening of diabetes *(AIMS May 09)*
b) Rapid change in DM treatment
c) Short term control DM
d) Screening of DM in pregnancy

2147. Most useful investigation in diagnosis of diabetic ketoacidosis - *(PGI June 98)*
a) Ketonemia b) pH of blood
c) Urinary sugar d) Urine ketone

2148. Which of the following statements about Diabetic Ketoacidosis is true - *(AI 11)*
a) Decreased Bicarbonate b) Increased Lactate
c) Normal anion gap d) Glucose < 250 mg/dl

2149. All are seen in DKA except - *(AIMS Nov 07)*
a) Tachypnoea b) Dehydration
c) Bradycardia d) Abdominal pain/tendemess

2150. Treatment of 42 year old obese man with blood glucose 450 mg, urine albumin 2+ Sugar 4+ Ketone 1+ is -
a) Insulin b) Glibenclamide *(ARMSJune 98)*
c) Glipizide d) Metformin

2151. An obese patient presented in casualty in an unconscious state. His blood sugar measured 400mg% urine tested positive for sugar and ketones Drug most useful in management is - *(AI 01)*
a) Glibenclamide b) Troglitazone
c) Insulin d) Chlorpropamide

2152. An obese lady aged 45 years, was brought to emergency in a semi comatose condition. The laboratory investigations showed K+ (5.8 mmol/L); Na+ (136 mmol/L); blood pH (7.1), HC03 (12 mmol/L),' ketone bodies (350 mg/dl). The expected level of blood glucose for this lady is - *(AIMSMay 03)*
a) < 45 mg/dl. b) < 120 mg/dl.
c) >180 mg/dl. d)< 75 mg/dl.

2153. Two most important tests to be done in a comatose patient with blood glucose of750 mg/dl will be -
a) Sr. creatinine b) Sr. sodium *(PGIJune 01)*
c) CSF examination d) Blood pH
e) Blood urea

2133)b,c,d 2134)a,b,c 2135)a 2136)d 2137)b 2138)d 2139)b 2140)d 2141)e 2142)b 2143)c 2144)b 2145)c 2146)a 2147)a 2148)a 2149)c 2150)a 2151)c 2152)c 2153)a,d

2154. A diabetic patient with blood glucose of600mg/dL and Na 122 mEq/L was treated with insulin. After giving insulin the blood glucose decreased to 100 mg/dL. What changes in blood Na level is expected -
a) Increased in Na^+level *(AI02)*
b) Decrease in Na^+level
c) No change would be expected
d) Na+ would return to previous level spontaneously on correction of blood glucose.

2155. An obese NIDDM patient present with FBS=180 mg% and PPBS=260 mg% Management include-
a) Glibenclamide *(PGlJune02)*
b) Diet therapy+exercise
c) Diet therapy+exercise+metformin
d) Insulin
e) Chlorpropamide

2156. A 45-year old woman visited her physician with complaints of increased appetite and thirst with increased frequency of urination. She also had the symptoms of diminished or impalpable pulses in the feet, besides gangrene of the feet. Her laboratory findings on the oral glucose tolerance test are as follows -

Parameters	Fasting	lhr	2hr
Blood glucose (mg/dl)	155	270	205
Urine glucose	-ve	+++	-H-
Ketone bodies	-ve	-ve	-ve

Which of the following statements is not correct for the above mentioned case - *(AI 04)*
a) She was suffering from insulin dependent diabetes mellitus
b) She was suffering from non-insulin dependent diabetes mellitus
c) She was treated with oral hypoglycemic drugs only when diet and exercise could not control the pathological situation
d) Knowledge of family history of diabetes mellitus is useful in predicting the nature of the diabetes

2157. Role of insulin in type 2 DM - *(PGIJune 08)*
a) Acute illness b) Pregnancy
c) Secondary OHA failure d) Obese patient

2158. All of the following statements regarding Diabetes Mellitus are true, Except - *(AI 11)*
a) Insulin is not used in Type II Diabetes mellitus
b) Insulin levels may be increased in patients with Type II Diabetes mellitus
c) Insulin is essential to reverse Diabetic Ketoacidosis
d) Intravenous Insulin is administered as a sliding scale in the hospital setting

2159. In which of the following intensive management of diabetes needed except - *(AIIMS Nov 07)*
a) Autonomic neuropathy causing postural hypotension
b) Pregnancy
c) Post kidney transplant in diabetic nephropathy
d) DM with acute MI

2160. 39 year old obese patient present with features of UTI and RBS-200 mg/dl, urine shows pus cells, true about therapy is - *(PGI June 08)*
a) Glipizide is D.O.C.
b) Insulin can be given
c) Ciprofloxacin
d) Test for micro albumin to be bone
e) Metformin can be given

2161. The characteristic and common presentation of diabetic neuropathy is - *(PGI Dec 98)*
a) Amyotrophy
b) Mononeuropathy
c) Symmetrical sensory neuropathy
d) Autonomic neuropathy

2162. Hypoglycemic unawareness that occurs in diabetic patients when transfered from oral hypoglycemics to insulin, is due to - *(AI 2000)*
a) Autonomic neuropathy b) Insulin resistance
c) Lipodystrophy d) Somogi phenomenon

2163. All are used in painful diabetic neuropathy, except- *(AIIMS Dec 9 7)*
a) Phenytoin b) Local use of capsicum
c) Dextroamphetamine d)Amitriptiline

2164. Diabetes mellitus can lead to - *(PGI June 02)*
a) Vitreous hemorrhage b) Rubeosis iridis
c) Retinal detachement d) m, IV, and VI nerves palsy
e) Hypermetropia

2165. Features of diabetic nonproliferative retinopathy are - *(PGI June 01)*
a) Hard exudates b) Soft exudates
c) Micro aneurysms d) IRMA
e) RD

2166. A patient has IDDM diagnosed at age of 15 years. The most reliable indicator for diabetic nephropathy is - *(AIIMS Nov 99)*
a) Urine albumin <50 mg per day in 3 consecutive samples
b) Urinary protein >550 mg per day for 3 consecutive samples
c) Development of diabetic retinopathy
d) Hematuria

2167. The characteristic finding in diabetic nephropathy is - *(PGI June 99)*
a) Diffuse glomerulosclerosis
b) Nodular glomerulosclerosis
c) Armani - Ebstein reaction
d) Fibrin caps

2168. True about diabetic nephropathy - *(PGI June 05)*
a) Microalbuminiuria is not an indicator of long term cardiovascular morbidity.
b) Strict glycemic control cannot prevent microalbuminuria
c) p-islet cell/pancreatic transplantation can improve the proteinuria in early stage.
d) Angiotensin receptor blockers have no additive advantage over other drugs except B.R control.
e) Protein restriction is not helpful

2154)a 2155)b,c 2156)a 2157)a,b 2158)a 2159)a 2160)b,c,e 2161)c 2162)a 2163)c 2164)a,b,c,d 2165)b,c 2166)b 2167)b 2168)c

2169. A 50 year old male with type 2 diabetes mellitus is found to have 24-hr urinary albumin of 250 mg. Which of the following drugs may be used to retard progression of renal disease - *(AIIMS Nov 04)*
a) Hydrochlorthiazide b)Enalapril
c) Amiloride d) Aspirin

2170. In diabetes mellitus which is/are not found-(PG/ *June 03)*
a) Encephalopathy b) Myelopathy
c) Neuropathy d) Myopathy
e) Retinopathy

2171. Life threatening complications of diabetes mellitus are all except - *(AIIMS May 0 7)*
a) Malignant otitis externa
b) Rhinocerebral mucormycosis
c) Emphysematous pyelonephritis
d) Emphysematous appendicitis

2172. Ulcers in Diabetes precipitated by - *(PGI Dec 06)*
a) Trophic ulcers
b) Neuropathy
c) Microangiopathic changes in blood vessels
d) Macroangiopathy

2173. A 35 years old man Ramu has fasting and post prandial blood sugar within normal limit but urine sugar is 3 plus (+++). The diagnosis is -
a) Renal Glycosuria *(AIIMS June 99)*
b) Pancreatic insufficiency
c) Alimentary glycosuria
d) High carbohydrate diet taken in the morning

2174. Recombinant human insulin is made by -
a) CDNA from any eukaryote cell *(AIIMS June 2K)*
b) Genome of any eukaryote
c) CDNA of pancreatic cell
d) Genome of pancreatic cell

2175. A patient presents with symptoms of hypoglycemia. Investigations reveal decreased blood glucose and increased insulin levels. C-peptide assay is done which shows normal levels of C-peptide. The most likely diagnosis is - *(AI10)*
a) Insulinoma
b) Accidental sulfonylurea ingestion
c) Accidental exogenous insulin administration
d) Accidental metformin ingestion

2176. Insulin resistance is seen in all, except-
a) Werner's syndrome *(AIIMS June 98)*
b) Addison's disease
c) Ataxia telengiectasia
d) Lipodystrophy

2177. Insulin resistance syndrome includes-(PG7 *June 06)*
a) Dyslipidemia b) Hypertension
c) Hyperuricemia d) High HDL

2178. Dawn phenomenon refers to - *(AP96)*
a) Early morning hyperglycemia
b) Early morning hypoglycemia
c) Hypoglycemia followed by hyperglycemia
d) High insulin livels

2179. Diabetes mellitus is present in all except-
a) Fanconis anemia *(JIPMER95)*
b) Noonans syndrome
c) Ataxia telangiectasia
d) Myotonic dystrophy

2180. Factitious hyperinsulinemia is differentiated from insulinoma by- *(JIPMER95)*
a) C- peptides b) Insulin antibodies
c) Serum glucose levels

2181. Which of the following is seen in 95% of patient with diabetes mellitus - *(TN95)*
a) HLAB27 b)HLAB3-B4
c) HLADR3-DR4 d) HLA A3

2182. In diabetic nephropathy all of the following are true, except- *(Karn95)*
a) Cardiovascular abnormalities can occur
b) Micro and macro albuminuria can occur
c) ACE inhibitors can reduce micro albuminuria
d) Insulin requirement becomes high

2183. Which is true in diabetes mellitus type II-*(Ker. 96)*
a) Insulinitis of B cells b) Hyalinisation of B cells
c) Atrophy of B cells d) Hyperplasia of B cells
e) Degeneration of B cells

2184. In hypersmolar hyperglycemic non ketotic coma the blood glucose level is around - *(CUPGEE 96)*
a) 55 mmol/1 b) 20 mmol/1
c) 80 mmol/1 d) 5 mmol/1

2185. Dawn phenomenon refers to - *(AP 96)*
a) Early morning hyperglycemia
b) Early morning hypolgycemia
c) Hypoglycemia followed by hyperglycemia
d) High insulin levels

2186. All of the following are associated with insulin resistance except - *(UP 97)*
a) Acanthosis nigricans b) Lipodystrophy
c) Gout d) Werner's syndrome

2187. Which one of the following statements about non insulin dependent diabetes mellitus (NIDDM) is NOT true- *(UPSC97)*
a) Circulating islet cell antibodies are usually found
b) There is no HLA associaton
c) Ketosis is rare
d) Relative resistance to insulin is present

2188. The following statement concerning diabetic ketoacidosis are correct except - *(MP 98)*
a) Pyrexia is uncommon even in the presence of infection
b) Dehydration is out of proportion to the severity of vomiting
c) Low dose insulin therapy is treatment of choice
d) Leucocytosis is highly suggestive of associated infection

2189. Dose of insulin in stable diabetics is reduced in-
a) Thyrotoxicosis *(MP 98)*
b) Propanolol therapy
c) III trimester of pregnancy
d) CRF

2169)b 2170)a,b,d 2171)d 2172)a,b,d 2173)a 2174)c 2175)c 2176)b 2177)a,b 2178)a 2179)a,b 2180)a
2181)c 2182)d 2183)None 2184)a 2185)a 2186)c 2187)a 2188)d 2189)d

2190. A 30 year old male with NIDDM has a blood pressure of 150/90. His urine examination reveals persistent albuminuria in traces. The most appropriated line of treatment would be -
a) Non treatment *(UPSC 2K)*
b) Regular examination of urine and monitoring of blood sugar
c) Administering lisinopril and restriction of sodium
d) Restriction of sodium only

2191. Necrobiosis lipoidica is seen in - *(Kerala 2001)*
a) DI b) Lyme disease
c) Diabetes mellitus d) Symmonds disease

2192. Insulin stress test assay estimates - *(TN 99)*
a) Diabetes mellitus b) Growth hormone
c) Glucagon assay d) Catecholaines

2193. To diagnose hyperglycemia of two weeks old the best investigation retrospectively is - *(Jipmer 95)*
a) Ketones bodies
b) Glycosylated haemoglobin
c) Glucose in the blood
d) Chromosomal study

2194. Which is a feature of Dawn phenomenon-
a) Early morning hypoglycemia
b) Early morning hyperglycemia
c) Breakfast hypoglycemia
d) Post prandial coma

2195. Which of the following tests is most suited for early detection of diabetic nephropathy? *(Kam 03)*
a) Ultrasonography b) Creatinine clearance
c) Urine albumin d) Serum creatinine

2196. If a diabetic patient being treated with an oral hypoglycemicagent, evelopsdilutional hyponaïermia, which one of the following could be responsible for this effect -
a) Chlorpropamide b) Tolazamide
c) Glyburide d) Glimepride

2197. Antabuse like effect caused by the oral hypoglycemic drug- *(Orissa 04)*
a) Acrabose b) Chlorpropamide
c) Metaformin d)Gliclazide

2198. Which one of the following oral hypoglycemic agents is not an insulin secretogogue ? *(UPSC 04)*
a) Gliclazide b) Glimiperide
c) Repaglinide d) Rosiglitazone

2199. Which one of the following investigations is most sensitive for early diagnosis of diabetic nephropathy-
a) Serum creatinine level *(UPSC 05)*
b) Creatinine clearance
c) Glucose Tolerance Test
d) Microalbuminuria

2200. Dehydration in ketoacidosis is best treated with- *(MAHE 05)*
a) Isolyte P. b) Isolyte M.
c) Normal saline d) Molar 1/6 lactate

2201. Diabetes mellitus is associated with all except- *(NIMHANS 06)*
a) Pendred syndrome b) Down's syndrome
c) Turner's syndrome d) Klinefelters syndrome

2202. With reference to non-ketotic, hyperglycemia, hyperosmolar coma, consider the following statements - *(UPSC 07)*
1. It is common in second and third decade of life
2. It is typically seen in Type 1 diabetes mellitus
3. Blood sugar is usually above 500 mg/dl

Which of the statements given above is/are correct?
a) 1 and 2 only b) 3 only
c) 2 and 3 only d) 1,2 and 3

2203. A 50 years old male with 2 diabetes mellitus is found to have 24 hour urinary albumin of 250 mg. Which of the following drugs may be used to retard progression of renal disease - *(Delhi PG Feb. 09)*
a) Hydrochlorthiazide b)Enalapril
c) Amiloride d) Aspirin

2204. A 40-year old diabetic patient presents with proptosis of one eye and black eschar over palate. The likely organism is : *(Delhi PG Mar. 09)*
a) Pseudomonas b) Candida
c) E. coli d) Mucor

2205. Glycated haemoglobin reflects blood glucose of preceding - *(COMED 09)*
a) 01-week b) 2-3 weeks
c) 4-5 weeks d) 6-8 weeks

2206. A diabetic patient in hypoglycemia does not regain consciousness despite blood glucose restoration to normal. Which one of the following is the not likely condition or explanation ? *(UPSC-109)*
a) Cerebral edema b) Alcohol intoxication
c) Post-ictal state d) Cerebral haemorrhage

2207. Which is not a test for diabetes mellitus -
a) Fasting blood sampling *(A1IMS Nov 10)*
b) Random blood sampling
c) D-xylose
d) Oral glucose tolerance test

2208. All of the following statements regarding Diabetes Mellitus are true, Except - *(AI11)*
a) Insulin is not used in Type II Diabetes mellitus
b) Insulin levels may be increased in patients with Type II Diabetes mellitus
c) Insulin is essential to reverse Diabetic Ketoacidosis
d) Intravenous Insulin is administered as a sliding scale in the hospital setting

2209. Which of the following statements about Diabetic Ketoacidosis is true - *(AI 11)*
a) Decreased Bicarbonate b) Increased Lactate
c) Normal anion gap d) Glucose < 250 mg/dl

2210. Which one of the following is HLA associated Diabetes mellitus? *(UPSC 111)*
a) Type I Diabetes mellitus
b) Type II Diabetes mellitus
c) Stress related Diabetes mellitus
d) Gestational Diabetes mellitus

2190)c 2191)c 2192)b 2193)b 2194)b 2195)c 2196)a 2197)b 2198)d 2199)d 2200)c 2201)a 2202)b 2203)b 2204) d 2205) d 2206)b 2207)c 2208) a 2209)a 2210)a

2211. A 65-year-old woman with history of Type 2 Diabetes mellitus for the last eight years dies in a hospital. She-had no other significant medical history. Which of the following is the most likely cause of her death?
a) Diabetic ketoacidosis *(UPSC111)*
b) Myocardial infarction
c) Renal failure
d) Stroke

221^' Tolvaptatfis approvedfdtftise *w-(NE£T/DNB Pattern)*
I |) High Na S- 1 b) High Kp I *
c) High Ca d) Low Na

2213. Treatment of lithium induced diabetes insipidus -
a) Vasopressin *(NEET/DNB Miieph)*
b) Mineralocorticbid antagonist
c) Amiloride
d) Loop diuretic

2214. Mody false is - *(NEET/DNB Pattern)*
a) Age < 25 years
H! b) Impaired secretion of insult®?^ g §|| H
c) Responds to sulfonylureas
d) Insulin dependent igl i|

2215. For diagnosis of diabetes mellitus, Fasting blood glucose levelhould bemore *thm-(NEET/DNB Pattern)*
a) 126 mg/dl b) 140 mg/dl
c) 100 mg/dl d) 200 mg/dl

2216. Glycemic control indiabetes is best .assessed by- *(NEET/DNB Pattern)*
a) HbAIC b) Urinary glucose
O Fasting glucose d) Post predial glucose

2217. The earliest feature of diabetic nephropathy is-
■ a) Microalbuminuria *^E'ET/DNB Patteim)}*
b) Increased serum creatinine *I **
c) Nephrotic syndrome
d) Hematuria

2218. Diabetes mellitus associated with-(^£J/DA© T *attern)*
|s gj ^Ytat |r m ;f b) ↑ Triglycerides
c) 1 Triglycerides d) *i* Cholesterol

2219. Diabetic foot gangrene classification -(NEE) T/DNB
a) Texas classification b) *Pattern)*
c) d)

2220. Weight gain is seen in all except-(NEET/DNB Pattern)
|4|^%€pshmgs syndjpm^r^'iiyp^fil^^sfe ' /'
c) Pheochrotnocytoma d) Insulinoma ;

THYROID

2221. Decreased Radio iodine uptake is/are seen in -
a) Toxic multinodular goiter *(PGIDec 2000)*
b) Grave's disease
c) Subacute thyroiditis
d) Factitious thyroiditis

2222. Diffuse toxic goitre is characterized by -
a) Primary thyroid disease *(PGI June 04)*
b) Secondary thyroid disease
c) It is due to autoimmune thyroid stimulating hormone (TSH) antibody
d) It is due to TSH receptor antibody

2223. Thyroid carcinoma associated with hypocalcemia is- *(AIIMS Dec 94)*
a) Follicular carcinoma
b) Medullary carcinoma
c) Anaplastic carcinoma
d) Papillary carcinoma

2224. Hashimoto's thyroiditis, all are TRUE, EXCEPT-
a) Neutrophilic infiltration *(AIIMS May 93)*
b) Maximum incidence in child
c) Pain in hyoid
d) None of the above

2225. The Lab investigation of patient shows >1T3, *i* T4, & *i* TSH. It can not be - *(AI 2000)*
a) Primary hypothyrodism b) Pan - hypopitutarism
c) Liver disease d) None of the above

2226. The Lab investigation of a patient shows *i* T4, & t TSH. Which of the following is the most likely diagnosis - *(AI 11)*
a) Grave's disease b) Hashimoto's disease
c) Pituitary failure d) Hypothalamic failure

2227. The best marker to diagnose thyroid related order is- *(AI 04)*
a) T_3 b) T_4
c) TSH d) Thyroglobulin

2228. Increased T_4 seen in - *(PGI June 08)*
a) Hyperparathyroidism
b) X-linked TBG deficiency
c) Familial dysalbuminemic hyperthyroxinemia
d) Low T_3 syndrome
e) Pregnancy

2229. All of the following conditions are associated with Hyperthyroidism, except - *(AI 11)*
a) Hoshimoto's Thyroiditis
b) Grave's Disease
c) Toxic Multinodular Goiter
d) Struma ovary

2230. The occurrence of hyperthyroidism following administration of supplemental iodine to subjects with endemic iodine deficiency goiter is known as -
a) Jod-Basedow effect *(AI04)*
b) Wolff-Chaikoff effect
c) Thyrotoxicosis factitia
d) De Quervain's thyroiditis

2231. True about thyroid storm - *(PGI June 05)*
a) Bradycardia b) Hyperthermia
c) Hypercalcemia d) Hypotension
e) Cardiac arrhythmia

2232. Cardiopulmonary manifestation of hyperthyroidism-
a) Tachycardia *(PGIDec 04)*
b) Sinus bradycardia
c) Cardiomegaly
d) Low output cardiac failure

2233. In Thyrotoxicosis, JJ-blockers do *not* control -
a) Anxiety b) Termors *(AI 94)*
c) Tachycardia d) Oxygen consumption

221 l)b 2212)d 2213)c 2214)d 2215)a 2216)a 2217)a 2218)b 2219)a 2220)c 2221)c,d 2222)a,d 2223)b 2224) a,b,c 2225) a 2226) b 2227) c 2228) c,e 2229) a 2230) a 2231)b,c,e 2232) a,c 2233) d

2234. A 40 yrs old female who is known case of ischemic heart disease (IHD) is diagnosed having hypothyroidism. Which of the following would be most appropriate line of management for her -
a) Start levothyroxine at low dose *(AI2011)*
b) Do not start levothyroxine
c) Use levothyroxine
d) Thyroid extract is a better option

2235. All of the following are features of thyrotoxicosis, except - *(A1IMS June 99)*
a) Diastolic murmur
b) Soft non ejection systolic murmur
c) Irregularly, irregular pulse
d) Scratching sound in systole

2236. Cardiac manifestations of Grave's disease would include all of the folloing except - *(UPSC 95)*
a) Wide pulse pressure
b) Atrial fibrillation
c) Pleuropericardial scratch
d) Aortic insufficiency

2237. The laboratory test of choice to confirm myxoedema coma is - *(UPSC 95)*
a) Thyroid stimulating hormone (TSH)
b) Thyrotropine releasing hormone (TRH)
c) Tri-iodothyronine (T3)
d) Tetra iodothyronine (T4)

2238. The most common differential diagnosis of hyper-thyrodism in a young female is - *(Delhi 96)*
a) Hysteria b) Essential tremor
c) Anxiety neurosis d) Parkinsonism

2239. Hang up angle reflex seen in - *(N1MHANS2K)*
a) Hypothyroidism b) Thyrotoxicosis
c) Sipple syndrome d) Wermer syndrome

2240. Storage form of thyroid hormone - *(N1MHANS 01)*
a) Tri-iodo tyrosine b) Tri - iodo tyronine
c) Thyroglobulin d) Di-iodo thyrosine

2241. Goitrous hypothyrodism commonly occurs in all of the following except - *(Kamat96)*
a) Hashimoto's thyroiditis
b) Dyshoromonognesis
c) Thyroprivic hypothyroidism
d) Iodine deficiency

2242. The commonest cause of congenital hypothyroidism-
a) Thyroid dysgenesis *(AP97)*
b) Pendred syndrome
c) Defective release
d) Deficiency of deiodinase

2243. Which of the following is found in primary hypothyroidism - *{JIPMER95)*
a) T3 decrease, T4 decrease, TSH increase
b) T3 decrease, T4 increase, TSH decrease
c) T3 normal, T4 normal, TSH increase
d) T3 decrease, T4 decrease, TSH normal

2244. Two years ago, a 30-year old lady had undergone near total thyroidectomy for paillary carcinoma. During the follow up visits, she was found to have multiple, discrete, mobile, left, deep cervical lymph nodes measuring 1 to 1.5 cms in size, the ideal treatment for this lady would be - *(UPSC 97)*
a) Iodine 131 ablation
b) External irradiation to the neck
c) Thyroxine therapy
d) Modified redical neck dissection

2245. A 52 years old male with toxic adenoma, treatment of choice is - *(JIPMER 98)*
a) Surgical-removal of adenoma
b) Radiotherapy
c) Radioactive I_2
d) Medical treatment

2246. A large toxic retrosternal goiter is best treated by- *(UPSC 05)*
a) Antithyroid drugs b) Radio iodine
c) Surgical resection d) Lugol's iodine

2247. The drug of choice for treatment of hyperthyroidism during lactation period is - *(J & k 05)*
a) Carbimazole b) Propylthiouracil
c) Methimizole d) Radioactive iodine

2248. The occurrence of hyperthyroidism following administration of supplemental iodine to subjects with endemic iodine deficiency goiter is known as - *(Manipal 09)*
a) Jod-Basedow effect
b) Wolff-Chaikoff effect
c) Thyrotoxicosis factitia
d) De Quervain's thyroiditis

2249. The best marker to diagnose thyroid related disorders is- *(Manipal 09)*
a) T_3 b) T_4
c) TSH d) Thyroglobulin

2250. Consider the following statements regarding thyroid hormones - *(UPSC-109)*
1. Majority of the circulating T_3 remains in bound form
2. Only 50% of the circulating T_3 is secreted by thyroid
3. TSH estimation is not a sensitive test for diagnosis of primary hypothyroidism.
4. Fatel pituitary-thyroid axis is dependent to a large extent on maternal pituitary-thyroid axis

Which of the statements given about is/are correct?
a) 1 only c) 1 and 2 only
c) 2 and 4 only d) 1,2,3 and 4

2251. Which one of the following is NOT the appropriate treatment of hyperthyroidism due to subacute lymphocytic thyroiditis ? *(UPSC-109)*
a) Propylthiouracil
b) Radioactive iodine ablation
c) Subtotal thyroidectomy
d) Beta blockers

2252. What is the best and most sensitive investigation for hypothyroidism ? *(UPSC-I109)*
a) TSH levels b) TRH levels
c) T_3, T_4 levels d) Radioactive I_2 uptake

2234)a 2235)a 2236)d 2237)a 2238)c 2239)a 2240)c 2241)c 2242)a 2243)a 2244)a 2245)c 2246)c 2247)b 2248) a 2249) c 2250) a 2251) d 2252) a

2253. Which of the following is NOT a feature of hypothyroidism ? *(COMED 09)*
a) Mental retardation b) Large head
c) Calf muscle hypertrophy d) Microcephaly

2254. A 28-year-old lady has put on weight (10 kg over a period of 3 years), and has oligomenorrhoea followed by amenorrhea for 8 months. The blood pressure is 160/100 mm of Hz. Which of the following is the most appropriate investigation ? *(Manipal 09)*
a) Serum electrolytes
b) Plasma cortisol
c) Plasma testosterone and ultrasound evaluation of pelvis
d) T3, T4 andTSH

2255. Which of the following statements regarding treatment of hypothyroidism in a patient with ischemic heart disease is true - *(A111)*
a) Low dose of levothyroxine
b) Normal dose of Levothyroxine
c) Do not use Levothyroxine
d) Use thyroid extract

2256. All of the following conditions are associated with Hyperthyroidism, except - *(A111)*
a) Hoshimoto's Thyroiditis b) Grave's Disease
c) Toxic Multinodular Goiter d) Struma ovary

2257. The Lab investigation of a patient shows 4 T4, & T TSH. Which of the following is the most likely diagnosis- *(A111)*
a) Grave's disease b) Hashimoto's disease
c) Pituitary failure d) Hypothalamic failure

2258. In a patient of primary hypothyroidism, the hormonal profile will read - *(UPSC111)*
a) Low T_y 1o w T_4, lowTSH
b) Low $T_{3>}$ low T_4, high TSH
c) High T_3, high T_4, high TSH
d) Low T_3, low T_4, normal TSH

2259. The best marker for hyperthyroidism -
a) **T3** b)T4 *(NEET/DNB Pattern)*
QTSII d) Thyroglobulin

2260. Which of the following most closely represents the lowest detection limit for third generation TSH Assays- *(A112)*
a) OAmlU/L - - & &)O.04mlU/L^U feW
c) 0.004 mlU/L d}O.0OO4mlU/L

2261. Most common cause of hyperthyroidism-
a) Thyroid hyperplasia - *(NEET/DNB Pattern)*
b) Thyroid adenoma
c) Thyroid carcinoma
d) Grave disease

2262. Wolf Chaikoff effect - *(NEET/DNB Pattern)*
a) Excess iodine intake causes hypothyroidism
b) Iodine induced hyper thyroidism
c) Thyrotoxicosis due to excessive amount Of iodine ingestion
d) Drug induced hyperthyroidism

2263. Yellowing of the skin occurs in hypothyrodism because of - *(NEET/DNB Pattern)*
a) Increased bilirubin b) Increased cholesterol
c) Increased carotene d) Increased

PARATHYROID

2264. Secondary hyperparathyroidism are seen in all except- *(AIIMSNovlO)*
a) Rickets b) Osteomalacia
c) Osteoporosis d) Renal failure

GONADS

2265. Not seen in a female on oral pilles is - *(UP 96)*
a) Budd chiari syndrome
b) Cholestasis
c) Angisarcoma
d) Nodular hyperplasia liver

2266. Karyotype of testicular feminisation-(M47?E *2001)*
a) 45X0 b)47XXY
c) 46 XY d)46XXY

2267. Precocious puberty is treated by administering -
a) LHRH b) Testosterone *(J1PMER 95)*
c) Oestrogen d) Gonadotrophin

2268. Menopause is defined as cessation of menstruation for - *(Kerala 2K)*
a) 3 consecutive months
b) 6 consecutive months
c) 9 consecutive months
d) 12 consecutive months
e) 15 consecutive months

2269. A 25-years old female developed secondary amenorrhoea of 6 month duration. Even after administration of oestrogen and progesterone for two weeks, there was no vaginal bleeding. The underlying cause could be in the - *(UPSC 99)*
a) Pituitary glands b) Hypothalamus
c) Uterus d) Ovary

2270. Primary amenorrhea with anosmia is seen in- *(Kerala 2001)*
a) Kallman syndrome b) Rokitanky syndrome
c) Refenstein syndrome d) Turner syndrome

2271. Which of the following is not used to induce ovulation- *(UP 96)*
a) Danazol b)Clomiphene
c) HMG d)HCG

2272. All the following drugs are used for the induction of ovulation except - *(UPSC 99)*
a) Clomiphene citrate b) Gonadotrophins
c) Danazol d) Corticosteroids

2273. All the following are the micro-manipulative methods in Assisted reproductive technique except-
a) Intra-cytoplasmic sperm injection *(UPSC 2K)*
b) Intra-uterine insemination
c) Zona drilling
d) Zona cracking

2253)d 2254)d 2255)a 2256)a 2257)b 2258)b 2259)c 2260)b 2261)d 2262)a 2263)c 2264)c 2265)c,d 2266)c 2267)a 2268)d 2269)c 2270)a 2271)a 2272)c,d 2273)b

2274. Testoesterone receptor antagonist is - *(SGPG105)*
a) Cyproterone acetate b) Miflpristone
c) Danazol d)Nonoxynol

2275. Hirustism may be found in any of these disorders, except- *(J & k 05)*
a) Cushing's syndrome
b) Hypothyroidism
c) Congenital adrenal hyperplasia
d) Polycystic ovarian syndrome

2276. All are true regarding idiopathic edema of women except - *(Manipal 09)*
a) It is due in estrogen mediated sodium retention
b) It is not related to menstrual cycles
c) There is increased water retention in upright position
d) ACE inhibitors can be useful in some cases

2277. Estimation of the following hormones is useful while investigating a case of gynecomastia except-
a) Testosterone b) Prolactin *(Manipal 09)*
c) Estradiol d) Luteinising hormone

MISCELLANEOUS

2278. Which of the following has a normal level of alpha fetoprotein value in serum? *(AIIMS May 05)*
a) Ovarian dysgerminoma b) Hepatoblastoma
c) Embroynal carcinoma d) Yolk sac tumours

2279. Migratory necrolytic erythema is seen in -
a) Glucagonoma syndrome *(AIIMS May 05)*
b) Peutz-Jeghers syndrome
c) Sarcoidosis
d) Amyloidosis

2280. Which of the following does not occur in a patient with gastrinoma - *(AIIMS May 05)*
a) Epigastric pain
b) Diarrhoea
c) Basal acid output (BAO) less than 15 mEq/litre
d) Serum gastrin levels >200 pg/ml

2281. Which of the following statements is correct regarding adrenal histoplasmosis - *(AIIMSMay 06)*
a) In active disease, calcification is commonly seen
b) Lymphadenopathy is not seen
c) The adrenal glands are usually symmetrically enlarged
d) Adrenal insufficiency is uncommon

2282. A 28 year old lady has put on weight (10 kg over a period of 3 years), and has oligomenorrhoea followed by amennorrhoea for 8 months. The blood pressure is 160/100 mm of Hg. Which of the following is the most appropriate investigations - *(AI04)*
a) Serum electrolytes
b) Plasma cortisol
c) Plasma testosterone and ultrasound evaluation of pelvis
d) T3,T4 and TSH

2283. Alcohol induced testicular atrophy -*(AIIMSMay 94)*
a) Occurs due to increase in blood viscosity
b) Occurs due to peripheral neuropathy
c) Occurs due to hepatic involvement
d) Occurs due to veno-occlusion

2284. Hormone resistinis secreted by - *(PGI June 07)*
a) Adipose tissue b) Pancreas
c) Pituitary

2285. Match List I with List II and select the correct answer using the code given below the lists - *(UPSC111)*

List I (Medical condition)	**Listn (Presentation)**
a. Myxoedema	1.Anosmia
b. Kallmann syndrome	2. Hypouricaemia
c. Hyper-aldosteronism	3. Alkalosis
d. Hepatic failure	4. Pseudomyotonia

Code:

	A	B	C	D
a)		21	3	4
b	4	1	3	2
c)	2	3	14	
d)	4	3	12	

2286. A 36-year-old woman presents with muscle weakness. Her serum K^+ value is 2.0 mEq/L. Consider the following as the possible causes:
1. Persistent vominting
2. Acute intravascular haemolysis
3. Conn's syndrome
4. Rhabdomyolysis

Select the correct answer using the code given below-
a) 1 only b) 1 and 3 only *(UPSC 111)*
c) 2 and 4 only d) 3 and 4 only

2287. AU of the foUowmg cause osteonecrosis-^^T^DA®
a) Sickle cell anemia b) Corticosteroid use *Pattern)*
c) DIC d) SLE. ■

GIT

GENERAL

2288. A young patient presenting with massive hematemesis was found to have splenomegaly. In this case the most likely source of bleeding is - *(AIIMS Nov 04)*
a) Duodenal ulcer
b) Esophageal varices
c) Erosive mucosal disease
d) Gastric ulcer

2289. A 70-year old male patient presented to the emergency department with pain in epigastrium and difficulty in breathing for 6 hours. On examination, his heart rate was 56 beats per minute and the blood pressure was 106/60 mm Hg. Chest examination was normal. The patient has been taking omeprazole for gastroesophageal reflux disease for last 6 months. What should be the intial investigation -
a) AnECG *(AIIMS Nov 05)*
b) An upper GI endoscopy
c) Urgent ultrasound of the abdomen
d) An x-ray chest

2274)a 2275)b 2276)a 2277)b 2278)a 2279)a 2280)c 2281)c 2282)b 2283)c 2284)a 2285)b 2286)b 2287)d 2288)b 2289)a

2290. Ayoung pt presents with jaundice. Total bilirubin is 21, direct is 9.6, alkphos is 84 KA units. Diagnosis is - *(AI01)*
a) Hemolytic jaundice b) Viral hepatitis
c) Chronic active hepatitis d) Obstructive jaundice

2291. A young male with galbladder stones shows the following test results, serum bilirubin 2.5, Hb 6, urine test positive for urobilinogen, diagnosis is -
a) Hemolytic jaundice *(A101)*
b) Obstructive jaundice
c) Hepatocellular jaundice
d) Protoporphyria

2292. All are true regarding Plummer Vinson syndrome, except - *(A1IMSDec 9 7)*
a) Oesophageal web
b) Predisposes to malignancy
c) Koilongchia
d) Common in elderly males

2293. A girl presents with complaints of malena. On examination there are pigmented lesions involving her mouth and lips. Two of her sisters also had similar complaints. Which of the following is the most probable diagnosis - *(AIIMS Nov 2000)*
a) Komkhite Canada syndrome
b) Puetz Jegher's syndrome
c) Gardner's syndrome
d) Turcot's syndrome

2294. A patient gives chronic history of diarrhoea and blood in stool presents with multiple fistulae in the perineum and multiple stricture in small intestine. The diagnosis is - *(AIIMS June 2000)*
a) Crohn's disease b) Radiation enteritis
c) Ulcerative colitis d) Ischemic bowel disease

2295. Which of the following colonic polyps is not pre-malignant - *(AI06)*
a) Juvenile polyps
b) Hamartomatous polyps associated with Peutz-Jeghers syndrome
c) Villous adenomas
d) Tubular adenomas

2296. Which of the following is the commonest cause of lower GI bleed - *(PGI Dec 04)*
a) Angiodysplasia b) Enteric fever
c) Diverticulosis d) Colonic polyps
e) Hemorrhoids

2297. Which is useful to decrease mortality and renal failure in acute liver disease due to alcoholism -
a) Pentoxyfylline b) Orlistat *(AIIMSMay*
c) S-Adenosyl methionine d)Syrlamysin *07)*

2298. Liver transplantation is done in - *(PGI 09)*
a) Hemochromatosis
b) Primary billiary cirrhosis
c) Sclerosing cholangitis without uncerative colitis
d) Sclerosing cholangitis with uncerative colitis
e) Billiary atresia

2299. What causes secretory diarrhea ? *(PGI June 07)*
a) Cholera
b) Laxatives
c) Excess Phenolphthalein intake
d) Clostridium difficile

2300. Indication of use of antibiotics in diarrhea -
a) Dysentery *(PGI June 07)*
b) High grade fever
c) Immunocompromised

2301. Which is used in drug induced ulcers- *(UP 2K)*
a) Antacids b)Ranifidine
c) Omeprazole d) Misopristol

2302. Secretory diarrhoea is found in- *(Jipmer 95)*
a) Thyrotoxicosis b) Shigella infection
c) Lactase deficiency d) Glucose intake

2303. Following causes distension of abdomen-fCMC*98)*
a) Hirschsprungs b) Hypokalemia
c) Hyperkalemia d) Hypomagnesmia

2304. Total capacity of the stomach is markedly reduced in-
a) Cauliflower growth of stomach *(UPSC 96)*
b) Hourglass stomach
c) Pyloric stenosis
d) Linitis plastica

2305. Klatskin tumour is tumour - *(JIPMER 95)*
a) At the juncture of cystic duct and bile duct
b) At bile duct
c) At ampulla of vater
d) At the junction of the bile duct

2306. Factors which reduce postprandial glycaemia include all of the following except - *(SGPGI04)*
a) Small particle size of food
b) Presence of enzyme inhibitors in food
c) Inadequate cooking of starch
d) resence of protein and fat in association with carbohydrate

2307. All of the following are causes of fasting hypoglycemia, except - *(AI 11)*
a) Glucagon Excess
b) Glucose- 6- Phosphatase deficiency
c) Glycogen- synthase deficiency
d) Uremia

2308. The following statements regarding small bowel tuberculosis are correct except - *(UPSC II11)*
a) There are two types : ulcerative and hyperplasic
b) The strictures are common in the ulcerative type
c) In the ulcerative type, the bowel serosa is studded with tubercles
d) The ulcerative type occurs when the virulence of the organism is greater than the host defence

LIVER

2309. Bilirubin is absent in urine because it is -
a) Distributed in the body fat *(AIIMS Nov 99)*
b) Conjugated with glucoronide
c) Not filterable
d) Lipophilic

2290) d 2291) a 2292) d 2293) b 2294) a 2295) a 2296) e 2297) a 2298)b,c,d 2299) a,b,c 2300) a,b,c 2301) b,c 2302) b 2303) a,b,d 2304) d 2305) d 2306) a 2307) a 2308) a 2309) c,d

2310. A male child with gall bladder stone has Hb-6 gm%, serum bilirubin 2.5 mg % and high urobilinogen in urine. The diagnosis is - *(AIIMS June 99)*
a) Haemolytic jaundice
b) Obstructive jaundice
c) Secondary biliary cirrhosis
d) Hepato cellular jaundice

2311. Following are causes of unconjugated hyperbilirubinemia except - *(AIIMSDec 94)*
a) Hemolytic anemia b) Large hematoma
c) Rotor syndrome d) Megaloblastic anemia

2312. Conjugated hyperbilirubinemia is seen in -
a) Gilbert's syndrome *(AIIMS May 06)*
b) Criggler Najj ar syndrome
c) Breast milk jaundice
d) Dubin Johnson syndrome

2313. Unconjugated hyperbilirubinemia- *(PGIDec05)*
a) 85% of the total should be indirect
b) Hemolytic anemia
c) ↑ Haemoglobin destruction (↑ bilirubin production)
d) 50% of the total should be indirect
e) It is seen in Biliary atresia and neonatal hepatitis

2314. True about Crigger Najjar type II syndrome is -
a) Diglucuronide deficiency *(PGIDec97)*
b) Recessive trait
c) Kemictems is seen
d) Phenobarbitone not useful

2315. Conjugated hyperbilirubinemia is seen in -
a) Gilbert's syndrome
b) Criggler Najjar syndrome
c) Breast milk jaundice
d) Dubin Jhonson syndrome

2316. A patient presents with unconjugated hyperbilirubinemia and presence of urobilinogen in urine. Which amongst the following is the least likely diagnosis - *(AI10)*
a) Hemolytic jaundice b)Crigler Najjar syndrome
c) Gilbert's syndrome d) Dubin Johnson syndrome

2317. A patient presents with unconjugated hyperbilirubinemia and elevated urobilinogen levels in urine. The most likely diagnosis is - *(AI 10)*
a) Hemolytic Jaundice b)Crigler Najjar syndrome
c) Gilbert's syndrome d) Dubin Johnson syndrome

2318. A 30 year old male has jaundice. Blood examination shows total serum bilirubin 21 mg%, direct bilirubin 9.6 mg % and alkaline phosphatase 84 KA units. The diagnosis is - *(AIIMS June 99)*
a) Haemolytic jaundice b) Viral hepatitis
c) Chronic active hepatitis d) Obstructive jaundice

2319. The test used to diagnose Dubin Johnson syndrome is - *(AI 07)*
a) Serum transaminases
b) Bromsulphalein test (BSP)
c) Hippurate test
d) Gamma glutamyl transferase level

2320. A 56-year old man presents to his internist with jaundice. The patient is receiving no medication and his only symptomatic complaint is mild fatigue over the past 2 months. Physical examination is remarkable only for the presence of scleral icterus. The patient has no significant past medical history. Analysis of serum chemistry reveals the following-
SGOT : 0.58 microkat/L (35U/L)
SGPT : 0.58 microkat/L (35U/L)
Total bilirubin: 91.7 micron mol/L(7mg/dL)
Direct Bilirubin:85.5 micron mol/L (5 mg/dL)
Alkaline phosphatase: 12 micron kat/L(720 U/L)
Which of the following is the next most appropriate diagnostic step ? *(AIIMSNov 99)*
a) Ultrasound
b) Liver biopsy
c) Review of peripheral blood smear
d) Endoscopic retrograde cholangiopan creatography (ERCP)

2321. Abnormal excretory function of hepatocytes assessed by- *(PGI June 07)*
a) Increased PT
b) Increased ALT
c) Increased Alkaline Phosphatase
d) Increased gamma GT

2322. 5' - Nucleotidase activity is increased in - *(AI 05)*
a) Bone diseases b) Prostate cancer
c) Chronic renal failure d) Cholestatic disorders

2323. Patient with jaundice and white stools. Which of the following enzymes is not raised - *(AIIMSNov 11)*
a) 5' nucleotidase
b) Alkaline phosphatase
c) Glutamate reductase
d) Gamma glutamyl transpeptidase

2324. Which of the following enzyme assay is useful to diagnose alcoholism - *(AIIMS Dec 99)*
a) SGOT
b) SGPT
c) Alkaline phosphatase
d) Glutamyl aminotransferase

2325. A 40 year male have H/o jaundice & ascites. He is a well known alcoholic. True statement is/are:
a) AST/ALT <2 b)PMN>5500/L *(PGI09)*
c) TS.LDH d) *i* Liver span
e) TS.ALP

2326. Ratio of AST/ALT > 1 present in - *(AIIMS May 07)*
a) Non alcoholic steatohepatitis
b) Alcoholic hepatitis
c) Wilson's disease
d) All of the above

2327. Which is not true about alcoholic hepatitis -
a) Gamma glutamyl transferase is raised
b) SGPT is raised *(AIIMS May 99)*
c) SGOT is raised
d) Alkaline phosphatase is raised

2310)a 2311)c 2312)d 2313)a,b,c 2314)b 2315)d 2316)d 2317)a 2318)d 2319)b 2320)a 2321)c,d 2322)d 2323) c 2324) a,b,d 2325) a,b,e 2326) d 2327) None

2328. A 50 year old lady presented with history of pain upper abdomen, nausea, and decreased appetite for 5 days. She had undergone cholecystectomy 2 years back. Her bilirubin was 10 mg/dl, SGOT 900IU/L SGPT 700 IU/L and serum alkaline phosphatase was 280 IU/L. What is the most likely diagnosis -
a) Acute pancreatitis *(AIIMS Nov 05)*
b) Acute cholangitis
c) Acute viral hepatitis
d) Posterior penetration of peptic ulcer

2329. Which one of the following serum levels would help in distinguishing an acute liver disease from chronic liver disease - *(A105)*
a) Aminotransaminase b) Alkaline phosphatase
c) Bilirubin d) Albumin

2330. In a child with acute liver failure, the most important prognostic factor for death is - *(AIIMS 06)*
a) Increasing transaminases
b) Increasing bilirubin
c) Increasing prothrombin time
d) Gram negative sepsis

2331. A patient with cirrhosis of liver has the following coagulation parameters, Platelet count 2,00,000, Prothrombin time 25s/12s, Activated partial thromboplastin time 60s/35s, thrombin time 15s/ 15s. In this patient - *(AIIMS May 04)*
a) D-dimer will be normal
b) Fibrinogen will be < 100 mg
c) ATIII will be high
d) Protein C will be elevated

2332. How will you check the quantitative assessment of liver function - *(PGIDec 05)*
a) Degree of T Transaminases
b) Degree of T Alkaline phosphatase
c) Galactose metabolism

2333. All of the following are causes of microvesicular fatty liver except - *(AIIMS May 05)*
a) Reye's syndrome
b) Obesity
c) Acute fatty liver of pregnancy
d) Valproic acid

2334. Which of the following is true regarding non alcoholic fatty liver - *(PGI June 01)*
a) Seen in diabetic
b) Clofibrate is used in treatment
c) Commonest cause of cryptogenic cirrhosis
d) Associated with transaminitis

2335. Non-alcoholic steatohepatitis seen in- *(PGI June 05)*
a) DM b) Obesity
c) IHD d) Gall stone
e) Hyper tryglyceridemia

2336. Normal portal venous pressure is - *(AI94)*
a) 3-5 cm saline b) 5-10 cm saline
c) 10-15 cm saline d) 15-20 cm saline

2337. In patients with cirrhosis of the liver the site of obstruction in the portal system is in the - *(A104)*
a) Hepatic vein b) Post sinusoidal
c) Extra hepatic portal vein d) Sinusoids

2338. In hepatic cirrhosis, which of the following is increased - *(PGI June 97)*
a) Alpha 1 globulin b) Alpha 2 globulin
c) Gammaglobulin d) All of the above

2339. Micronodular cirrhosis is commonly seen in all except- *(AIIMS Nov 07)*
a) Chronic hepatitis B
b) Alcoholic liver disease
c) Hemochromatosis
d) Chronic extrahepatic biliary obstruction

2340. Chylous acities is caused by all of the following except - *(AIIMS Nov 02)*
a) Colloid carcinoma of stomach
b) Tuberculosis
c) Trauma
d) Nephrotic syndrome

2341. Transudative ascites is/are associated with -
a) Myxedema *(PGI May 11)*
b) Budd chairi syndrome
c) Acute pancreatitis
d) Portal vein thrombosis
e) Congestive heart failure

2342. True about ascites - *(PGI June 05)*
a) In hemorrhage ascites R.B.C. count is> 1000 mm^3.
b) In SBP, WBC count is >500/mm3 .
c) Norfloxacin is the drug of choice in SBP.
d) USG can detected as little as 100 ml of peritoneal fluid.
e) Large volume paracentasis is indicated in SBP

2343. First line of treatment in severe ascites -
a) Bed rest and salt restriction *(PGI June 98)*
b) Heavy peracentesis
c) Shunt
d) Large dose of diuretics

2344. Feature of acute fulminant hepatic failure includes-
a) Hyperglycemia *(PGIJune 01)*
b) Hepatorenal syndrome
c) Hypermagnesemia
d) Mostly drug induced
e) Fetor hepaticus

2345. Which of the following is not a precipitating factor for hepatic encephalopathy in patients with chronic liver disease - *(AIIMSMay 05)*
a) Hypokalemia b) Hyponatremia
c) Hypoxia d) Metabolic acidosis

2346. Hepatic encephalopathy is predisposed by -
a) T K^+ b) Dehydration *(PGI June 03)*
c) Constipation d)GI. bleeding
e) S.B.P.

2328) c 2329) d 2330) c 2331) a 2332) c 2333)b 2334)a,c,d 2335)a,b,e 2336) c 2337) d 2338) c 2339) a 2340) a 2341)a,b,d,e 2342) d 2343) b 2344)b,d,e 2345) d 2346)b,c,d,e

2347. A symmetric high-voltage, triphasic slow wave pattern is seen on EEG in the following -
a) Hepatic encephalopathy *(AIIMSMay06)*
b) Uremic encephalopathy
c) Hypoxic encephalopathy
d) Hypercarbic encephalopathy

2348. Cause of vasodilatation in spider *ne\i-(AIIMSMay 10)*
a) Estrogen b) Testosterone
c) Hepatotoxins d) FSH

2349. Nodular regenerating hyperplasia is associated with- *(AIIMS May 09)*
a) Budd-chiari syndrome b) Alcohol
c) Drug d) Hepatitis B

2350. Hepatic-encephalopathy may be precipitated by all of the following except - *(AI99)*
a) Anemia b) Barbiturates
c) Hyperkalemia d)Hypothyroidism

2351. Child criteria include A/E- *(PGIMay 11)*
a) Neutritional status b) S.Bilirubin
c) S. creatinine d) Acid phosphate
e) Ascites

2352. A 40 year old patient, a known case of cirrhosis develops acute episode of GI bleed. Initial therapy given for 6 hours. Which of the following procedure is useful - *(AIIMS June 99)*
a) Nasogastric aspiration b) Urgent endoscopy
c) Sedation d) Ultrasound

2353. A young boy, Rahul presents with massive hemetemesis. He had fever for 15 days few days back which was treated. Clinical examination reveal moderate splenomegaly No other history is positive Probable diagnosis is- *(AIIMS Nov 01)*
a) Drug induced gastritis b) Oesophageal tear
c) Bleeding duodenal ulcer d) Oesophageal varices

2354. A10 year old male child complaints of pain in left hypochondrium since 2 days. Hb-9.69%. His mother gives history of passing black colored stools 7 days and 2-3 occasions since 2 yrs. During these episodes he had fatiguability while playing and was not able to play with his peers. Which of the following will maximally help to arrive at a clinical diagnosis - .
a) Pallor b) Jaundice *(AIIMS Nov 10)*
c) Palpable spleen d) Free fluid in the abdomen

2355. A 20 year old male has presented with repeated episodes of hematemesis. There is no history of jaudice or liver decompensation. On examination the significant findings include splenomegaly (8 cms below costal margin), and presence of esophageal varices. There is no ascites or peptic ulceration. The liver function tests are normal. The most likely diagnosis is - *(AIIMS Nov 04)*
a) Extahepatic portal venous obstruction
b) Non cirrhotic portal fibrosis
c) Cirrhosis
d) Hepatic venous outflow tract obstruction

2356. An 18 yr old male presents with massive hematemesis, he has history of fever for the past 14 days for which he was managed with drugs, moderate spleenomegaly is present, diagnosis is - *(AI 01)*
a) NS AID induced duodenal ulcer
b) Drug induced gastritis
c) Esophageal varices
d) None of the above

2357. A 45 - year old cirrhotic patient presented with severe haematemesis. The management of choice is- *(AIIMS June 99)*
a) Whole blood transfusion is the best
b) Colloids are preferred over crystalloids
c) Normal saline infusion
d) IV fluid with diuretics

2358. A child presents with massive hemetemesis and systemic hypotension) He has no fever or other significant history) Examination reveal massive splenomegaly but no hepatomegaly)Likely diagnosis is- *(AIIMS Nov 01)*
a) Hepatocellular carcinoma
b) Bleeding duodenal ulcer
c) Extrahepatic portal venous obstruction
d) Non-cirrhotic portal fibrosis

2359. All can be used as endoscopic sclerosants in the treatment of variceal bleeding, except -
a) Polydochyl b) Cynoacrylate *(AIIMSNov 01)*
c) Alcohol d) Acetic acid

2360. All are features of hepatocellular carcinoma, Except-
a) Not common in Asian *(AIIMS Sep 96)*
b) Liver biopsy is diagnostic
c) Raised titre of HBV and HCV antibodies
d) Fibrolameller type is having good prognosis

2361. 38 year old man Babbu, a chronic alcoholic, presents with pain in abdomen. On examination his liver is enlarged and serum a fetoprotein is elevated. The most likely diagnosis is - *(AI 2000)*
a) Hepatocellular carcinoma
b) Liver cell hyperplasia
c) Hepatic adenoma
d) Hepatitis

2362. Lalloo, 60 years of age, a known case of cirrhosis liver, presents with increased levels of Alpha feto protein, hepatomegaly 3 cm below costal margin.USG showed lesions involving the right lobe of the liver. What is the most probable diagnosis - *(AIIMS Nov 2000)*
a) Focal nodular hyper-plasia
b) Hepatocellular carinoma
c) Hepatic adenoma
d) Metastasis

2363. About fibrolamellar carcinoma, TRUE is -
a) Diffuse in nature *(AIIMS May 94)*
b) Occurs after 60 years of age
c) Cirrhosis is the most common presenting feature
d) Has better prognosis

2347) a 2348)a 2349) c 2350) c 2351)c,d 2352) b 2353) d 2354) c 2355)b 2356) c 2357) a 2358) c 2359)d 2360) a 2361) a 2362) b 2363) d

2364. Following liver transplantation, recurrence of primary disease in the liver most likely occurs in -
a) Wilson's disease *(AIIMSNov 05)*
b) Autoimmune hepatitis
c) Alpha-1 antitrypsin deficiency
d) Primary biliary cirrhosis

2365. Chronic active hepatitis is distinguished from chronic persistent hepatitis by - *(Karanat 96)*
a) Characteristic liver pathology
b) HBS Ag in serum
c) Extrahepatic manifestations
d) Presence of anti smooth muscle antibody

2366. Plasma alkaline phosphatase is highest *w-(Kam 98)*
a) Biliary cirrhosis b) Alcoholic cirrhois
c) Postnecrotic cirrhosis d) Cardiac cirrosis

2367. All the following drugs are used in hepatic encephalopathy, except - *(Kamal 96)*
a) Mannitol b) Metronidazole
c) Lactulose d) Phenobarbitone

2368. Earliest sign in hepatic encephalopathy is -
a) Asterixes *(CMC Vellore)*
b) Alternate constriction and dilated pupil
c) Constructional apraxia
d) Psychiatric abnormalities

2369. False about jaundice is- *(Orissa R)*
a) Detected when bilirubin > 2mg%
b) High scleral elastin affinity
c) Green hue of conjunctiva seen in unconj. Hyperbilirubinemia
d) Carotinemia does not cause scleral icterus

2370. Most common cause of liver abscess in South India-
a) Amoebic b) Bacterial *(AP96)*
c) Trauma d) Cancer

2371. Which one of the following clinical features suggest alcoholism as a cause of liver cirrhosis -*(UPSC2K)*
a) Spider angioma b) Ascitis
c) Absence of ankle jerk d) Gynaecomastia

2372. All of the following ae indications for liver transplantation except - *(Delhi PG 96)*
a) Hepatocellular Carcinoma b) Cirrhosis
c) Alcoholic-Hepatitis d) Biliary atresia

2373. Treatment for portosystemic encephalopathy includes all excepts- *(AP 96)*
a) High protein diet b) Lactulose
c) Oral neomycin d) Enema

2374. Minnsesota tube is used for the control of variceal bleeding in portal hypertension has - *(Orissa 98)*
a) One lumen b) Two lumen
c) Three lumen d) Four lumen

2375. Bleeding in a case of obstructive jaundice is treated with- *(JIPMER2K)*
a) Fresh frozen plasma b) Cryo precipitate
c) Whole blood d) Buffy coat extract

2376. Tender hepatomegaly is not seen in - *(UPSC04)*
a) Viral hepatitis b) Typhoid fever
c) Right heart failure d) Liver abscess

2377. Acute hepatocellular failure in a patient of cirrhosis of liver is precipitated by - *(SGPGI05)*
a) Upper gastrointestinal bleeding
b) Large carbohydrate meal
c) Portal vein thrombosis
d) Intravenous albumin infusion

2378. Obstructive jaundice may be seen as a side effect of therapy with - *(SGPGI 05)*
a) Isoniazid b) Reserpine
c) Chlorpromazine d)Furosemide

2379. Palmar erythema seen in all except - *(HPU05)*
a) Pregnancy b) Anemia
c) Cirrhosis d) Wilson disease

2380. Earliest sign in hepatic encephalopathy is -
a) Asterixes *(NIMHANS 05)*
b) Alternate constriction and dilated pupil
c) Constructional apraxia
d) Psychiatric abnormalities

2381. Gilberts syndrome disease all are true, except -
a) Conjugated hyperbilirubinemia *(Jipmer05)*
b) Fasting hypoglycaemia
c) Normal liver Histology
d) Liver enzymes normal

2382. Microvesicular steatosis is seen in all except -
a) Alcoholic liver disease *(APPGE 05)*
b) Acute fatty liver of pregnancy
c) Methotrexate toxicity
d) Reye's sydrome

2383. With reference to the treatment of chronic Hepatitis B infection, consider the following drugs -
1. Lamivudine 2. Alpha interferon
3. Ribavirin 4. Acyclovir
Which of the above drugs are useful in the treatment of chronic Hepatitis B infection ? *(UPSC 07)*
a) 1 and 2 only b) 1 and 3 only
c) 2 and 3 only d) 1,2,3 and 4

2384. The following can be associated with fatty liver except - *(UPSC 0 7)*
a) Amiodarone b) Zidovudine
c) Sodium valproate d) Chlorpropamide

2385. In alcoholic hepatitis, the specific enzyme raised is
a) Alanine amino transferase (ALT) *(Corned 07)*
b) Aspartate amino transferase (AST)
c) Alkaline phosphatase (ALP)
d) Gamma glutamyl transpeptidase (GGT)

2386. Which of the following disease is not a cause of indirect Hyperbilirubinemia ? *(Delhi PG Mar. 09)*
a) Rotor's syndrome b) Criggler Najjar syndrome
c) Gilbert syndrome d) Hereditary spherocytosis

2387. A 55-year-old woman presents with progressively deepening jaundice, uncontrollable pruritus, pain in the abdomen (right upper quadrant) and yellow coloured urine. Investigations revealed -
a) Viral hepatitis *(UPSC-109)*
b) Cirrhosis of liver
c) Carcinoma of head of the pancreas
d) Hepatocellular carcinoma

2364)b 2365)a 2366)a 2367)a,d 2368)a 2369)a 2370)a 2371)a 2372)c 2373)a 2374)d 2375)a 2376)d
2377) a 2378) c 2379)b 2380) a 2381) a 2382) c 2383) a 2384) d 2385)None 2386) a 2387) c

2388. An increase in serum bilirubin level on prolonged fasting is seen in - *(COMED09)*
a) Dubin-Johnson syndrome
b) Gilbert's syndrome
c) Pancreatic tumours
d) Crigler-Najjar syndrome

2389. In acute liver injury- *(PGIMay 10)*
a) AST/ALT ratio < 1 occur in most of the hepatocellular conditions
b) AST/ALT ratio > 2:1 suggestive of alcoholic liver disease
c) Synthesis of AST is inhibite by ethanol
d) In alcoholic liver disease AST/ALT ratio < 1

2390. Not a risk for cholangio carcinoma - *(PGIMay 10)*
a) Hepatolithiasis b) Hepatitis C
c) Clonorchi sinensis d) Choledocholithiasis
e) Primary sclerosing cholangitis

2391. All are metabolic causes of liver disease except- *(PGI Nov. 10)*
a) Histiocytosis b) Hemochromatosis
c) Gaucher's disease d) Wilson's disease
e) Galactosemia

2392. A10 year old male child complaints of pain in left hypochondrium since 2 days. Hb-9.69%. His mother gives history of passing black colored stools 7 days and 2-3 occasions since 2 yrs. During these episodes he had fatiguability while playing and was not able to play with his peers. Which of the following will maximally help to arrive at a clinical diagnosis -
a) Pallor b) Jaundice *(AlIMSNov 10)*
c) Palpable spleen d) Free fluid in the abdomen

2393. All are true except - *(AIIMS Nov 10)*
a) LKM 1 - Autoimmune hepatitis
b) LKM 2 - Drug induced
c) LKM 1 - Chronic hepatitis C
d) LKM 2 - Chronic hepatitis D

2394. A young patient presents to the emergency department with fever and right upper quadrant pain. Clinical examination reveals obvious hepatomegaly but there is no jaundice. Ultrasound reveals a solitary, homogeneous, hypoechoic lesion in the right lobe measuring 5 cm 5 cm 4 cm. Test for hydatid disease were negative. Which of the following is the best recommendation for initial treatment. - *(AI11)*
a) Multiple Aspirations and antiamoebies/antibiotics
b) Catheter drainage and antiamoebics/ antibiotics
c) Antiamoebics/ antibiotics alone
d) Hepatectomy followed by antiamobics/ antibiotics

2395. Which of the following agents is recommended for medical treatment of variceal bleed - *(AI 11)*
a) Octreatide b) Desmopresin
c) Vasopressin d) Nitroglycerine

2396. Which of the following statements about cysticercosis is true? *(UPSCI11)*
a) The causative agent is Echinococcus granulosus
b) The definitive host is man
c) Human cysticercosis is transmitted by the ingeston of ova
d) Levamisole is the treatment of choice

2397. A young patient preseted in the emergency with haematemesis and was found to have massive splenomegaly. The following conditions are associated with the above clinical presentation except- *(UPSCII11)*
a) Malaria
b) Kala-azar
c) Portal hypertension
d) Idiopathic thrombocytopenic purpura

2398v WhiChistrue abt primary sclerosing cholangitis-
a) Alkaline phosphatase levels ate normal *(NEET/DNB Pattern)*
b) Bilirubinm levels are increased
c) Liver enzymes are not increased
d) No risk of malignancy

2399. Triphasic waveforms in hepatic encephalopathy occurs in stage of - *(NEET/DNB Pattern)*
a) Coma stage-IV b) Confusion stage-I
c) Deep coma stage-V d) Drowsiness stage-II

2400. Signs of chronic liver failure are all except -
a) Subcutaneous nodules *(NEET/DNB Pattern)*
b) Palmer erythema
c) Spider nevi
d) Testicular atropy

2401. A man presents with history of hemetemesis of about 500ml of blood. On examination, spleen is palpable 5 cms below the left costal margin. The most likely diagnosis is - *(AI 12)*
a) Portal Hypertension b) Gastric ulcer
c) Dfhg%duc'ed d) Mallory Weiss Tear

2402. What is the uppermost intercostals space used for hepatic biopsy - *(NEET/DNB Pattern)*
a) 7^{th} b) 10^{th}
c) 5^{th} d) 9^{th}

2403. H.pylori elimination confirmation test -
a) Urea breath test *(NEET/DNB Pattern)*
b) Culture
c) Serological test
d) Biopsy urease test

t: A/E- *(NEET/DNB Pattern)*
a) Gentamycin b) Clarithromycin
c) Metronidazole d)Amoxicillih

HEPATITIS

2405. Earliest manifestation of hepatitis B *is-(PGIDec 99)*
a) HBeAg b) HBs Ag IgM
c) HBcIgM d) HBeAg lgm

2388)b 2389)a,b 2390)None 2391)a 2392)c 2393)d 2394)c 2395)a 2396)b 2397)d 2398)b 2399)a 2400)a 2401)a 2402)a 2403)a 2404)a 2405)a

2406. True about hepatitis B is - *(PGI June 08)*
a) HbsAg is positive throughout symptomatic period & beyond
b) HbsAg levels start disappearing after appearance of anti-Hbs
c) Serum transaminases increases before Tse in HbsAg
d) HbsAg present only after onset of jaundice

2407. Acute infection of hepatitis B virus is diagnosed by-
a) IgM antibody of Hb_sAg *(AlIMSFeb 97)*
b) IgM antibody of Hb_c Ag
c) IgM antibody of Hb_s Ag
d) IgG antibody of Hb_e Ag

2408. A 35-year-old male patient presented with history of jaundice for 15 days. The onset was preceded by a prodromal illness. His serum tested positive for HBsAg. A clinical diagnosis of acute Hepatitis B was made. What should be the next best confirmatory investigation - *(ARMS May 04)*
a) Anti-HBeAg antibody b) HBe antigen
c) Anti-HBe IgM antibody d) HBV DNA by PCR

2409. The following is a marker of acute hepatitis B infection - *(ARMS Nov 0 7)*
a) DNA polymerase b) Hepatitis core antigen
c) Anti HBs d) IgG to core antigen

2410. Early diagnosis of acute hepatitis-B infection is made by- *(ARMS Nov 03)*
a) Presence of HbeAg in serum
b) Presence of IgM anti-HBc in serum
c) Presence of HbsAg in serum
d) Presence of IgG anti-HBc in serum

2411. Early diagnosis of active hepatitis B infection is done by- *(ARMS June 2000)*
a) IgM HBcAg antibody b) HBsAg
c) HBcAg d) IgE HBsAg antibody

2412. In a patient only Anti HBsAg is positive in serum, all other viral markers are negative. This indicates-
a) Acute hepatitis *(ARMS June 2000)*
b) Chronic active hepatitis
c) Persistent carrier
d) Immunized person with Hepatitis B vaccine

2413. A blood donor is not considered for safe translation, if he has - *(AI 2000)*
a) Anti HBs Ag +ve
b) Anti HBs Ag and HBc Ag +ve
c) Hbs Ag +ve & IgM anti HBc +ve
d) Anti HBc +ve

2414. A person screened for blood donation, which of the following serology is safe for blood donation -
a) Anti HBsAg positive *(PGIJune 03)*
b) HBsAg positive
c) Anti-HBc (IgM positive)
d) Anti HBc positive and anti HBsAg positive
e)HBeAg positive

2415. HepatitisBinfectivity is indicated by- *(AI94)*
a) Anti-HBsAg
b) HBsAg + HBeAg
c) Anti-HBsAg + Anti-HBc
d) Anti-HBeAg + Anti-HBsAg

2416. HBV replication is indicated by - *(PGIDec 06)*
a) HBV DNA b) DNA polymerase
c) HBeAg d) IgM Anti-HBc
e) Anti-HBe

2417. A thirty-year man presented with nausea, fever and jaundice of 5 days duration. The biochemical tests revealed a bilirubin of 6.7 mg/dl (conjugated 5.0 mg/dl) with SGOT/SGPT(AST/ALT) of 1230/900IU/ml. The serological tests showed presence of HBs Ag., IgM anti-HBc and HbeAg. The most likely diagnosis is - *(ARMS Nov 02)*
a) Chronic hepatits B infection with high infectivity
b) Acute hepatitis B infection with high infectivity
c) Chronic hepatitis B infection with low infectivity
d) Acute hepatitis B infection with low infectivity

2418. A 30-year-old patient presented with history of jaundice for 10 days. His liver function tests showed bilirubin of 10 mg/dl, SGOT/SGPT 1100/1450, serum alkaline phosphatase 240 IU. He was positive for HbsAg. What should be the confirmatory test to establish acute hepatitis B infection ? *(ARMSMay 06)*
a) IgM anti-HBc antibody b) HbeAg
c) HBV DNA by CPR d) Anti-HBc antibody

2419. All except one are true for hepatitis B -
a) Vertical transmission more important than horizontal *(ARMS Nov 10)*
b) Age of onset determines prognosis
c) Period of communicability lasts several months
d) Virus can be found in blood 1 month before jaundice

2420. Acute hepatitis B is diagnosed by - *(PGIDec 04)*
a) HBsAg b)HbeAG
c) Anti t HBs Ag d) IgM anti - HBc
e) HBV DNA

2421. The commonest hepatotropic virus causing increased chronic carrier state is -*(ARMSMay 01)*
a) HEV b)HAV
c) HBV d)HCV

2422. Which of the following markers in the blood is the most reliable indicator of recent hepatitis B-infection- *(ARMS May 03)*
a) HBsAg b) IgG anti - HBs
c) IgM anti-HBc d) IgM *qnti* - HBe

2423. Reverse transcriptase of hepatitis B virus is coded on the following gene - *(AI 2000)*
a) C gene b) S gene
c) P gene d) X gene

2424. Chronic liver disease is caused by: *(AI 2000)*
a) Hepatitis B b) Hepatitis A
c) Hepatitis C d) Hepatitis E

2406)a 2407)b 2408)? 2409)a 2410)b 2411)a 2412)d 2413)c 2414)a,d 2415)b,d 2416)a,b,c 2417)b 2418)a 2419) a 2420) a,d 2421) d 2422) c 2423) c 2424) c

2425. Chronic hepatitis is caused by - *(PGIJune03)*
a) Hepatitis A b) Hepatitis B
c) Hepatitis C d) Hepatitis E
e) Hepatitis G

2426. Non-parenteral hepatitis is - *(AI 2000)*
a) Hepatitis E b)HepB
c) Hep C d) Hep D

2427. Which of the following hepatitis viruses has significant perinatal transmission - *(AI03)*
a) Hepatitis E virus b) Hepatitis C virus
c) Hepatitis B virus d) Hepatitis A virus

2428. Most common type of hepatitis responsible for epidemics in India is - *(AI 97)*
a) Hepatitis A b) Hepatitis B
c) Hepatitis C d) Hepatitis E

2429. The most common route of spread in hepatitis E is -
a) Blood transfusion b) Feco-oral *(AI 95)*
c) Intercourse d) IV injection

2430. True regarding hepatitis E virus is- *(AIIMSDec 98)*
a) Seen in Post transfusion cases
b) Associated with increased mortality in pregnant female
c) Associated with hepatitis B virus
d) Acquired by feco oral route

2431. During an epidemic of hepatitis E, fatality is maximum in - *(AI 2000)*
a) Pregnant women b) Infants
c) Malnourished males d) Adolescent

2432. Which hepatitis B is most dangerous in pregnancy-
a) Hepatitis A b Hepatitis B *(AUMSMay95, Feb 97)*
c) Hepatitis C d) Hepatitis E

2433. True about hepatitis A include- *(PGI June 02)*
a) Virus is destroyed by boiling for 5 minutes
b) Spreads by faco-oral route
c) Incubation period of45-180 days
d) Predisposes to cirrhosis
e) IgG anti-HIV antibodies used for diagnosis

2434. The liver biopsy in acute hepatitis due to hepatitis B virus is likely to show all of the following, except-
a) Ballooning change of hepatocytes
b) Ground glass hepatocytes *(AIIMS May 04)*
c) Focal or spotty necrosis
d) Acidophil bodies

2435. Hepatitis C virus is associated with - *(AI2000)*
a) Anti LKM -1 antibody b) Scleroderma
c) Cryoglobulinemia d) Polyarteritis nodosa

2436. In Chronic Viral Hepatitis - *(AIIMS May 04)*
a) Hepatitis A virus infection is a common cause in children
b) Morphological classification into Chronic Active Hepatitis and Chronic Persistent Hepatitis are important
c) Fatty change is pathognomic of Hepatitis C virus infection
d) Grading refers to the extent of necrosis and inflammation

2437. All of the following are seen in active chronic hepatitis B except - *(AIIMS Nov 07)*
a) IgM against core antigen b) Total core antibody
c) HbeAg d) HbsAg

2438. Which of these is not a marker of active replicative phase of chronic hepatitis B ? *(Aiims Nov 08)*
a) HBVDNA b) HBV DNA polymerase
c) Anti HBC d) AST & ALT

2439. COUNCILMAN BODIES are seen *in-(AIIMSNov 07)*
a) Wilson disease
b) Alcoholic hepatitis
c) Acute viral hepatitis
d) Auto immune hepatitis

2440. Extrahepatic manifestation of HCV - *(PG1 June 04)*
a) Lichenoid eruption b) Coeliac disease
c) Glomerulonephritis d) Cryoglobulinemia
e) Arthritis

2441. Hepatits C is associated with all except -
a) PAN *(PGlJune08)*
b) Dermatomyositis like syndrome
c) Lichen planus
d) Psoriasis

2442. Extrahepatic manifestation of Hepatitis B are - *(PGI June 01)*
a) Aplastic anemia b)Cryoglobuline
c) Peptic ulcer d) Gallstones
e) Gullian-Barre-synd

2443. A patient presented with arthritis and purpura. Laboratory examination showed monoclonal and polyclonal cryoglobulins. Histopathology showed deposits of cryoglobulins around the vessels. The patient should be tested for which of the following ?
a) HBV b)HCV *(AIIMS May 10)*
c) EBV d) Parvovious

2444. HbsAg positive person can have following association/s - *(PGIDec 06)*
a) Membraneous glomerulonephritis
b) MCD
c) RPGN
d) FSGS
e) MPGN

2445. Autoimmune hepatitis asso with - *(PGIDec 06)*
a) Anti LKM antibody b) ANA
c) ANCA d) SLA-antibody

2446. All are true except - *(AIIMS Nov 10)*
a) LKM1 - Autoimmune hepatitis
b) LKM2 - Drug induced
c) LKM1 - chronic hepatitis C
d) LKM2 - chronic hepatitis D

2447. All are true except - *(AIIMS Nov 10)*
a) LKM 1 - Autoimmune hepatitis
b) LKM 2 - Drug induced
c) LKM 1 - Chronic hepatitis C
d) LKM 2 - Chronic hepatitis D

2425) b,c 2426) a 2427) c 2428) d 2429) b 2430) b,d 2431) a 2432) d 2433) a,b 2434) b 2435) Oa 2436) d 2437)a 2438)c,d 2439)c 2440)a,c,d,e 2441)a,b,d 2442)a,b 2443)b 2444)a,e 2445)a,b,d 2446)d 2447)d

2448. A 27 year old male is is incidentally HBsAg positive. DNA-PCR for hepatitis B revealed 1000 copies/ml. The patient is suffering from? *(AI10)*
a) Active HBV carrier b) Acute hepatitis B
c) Chronic hepatitis B d) Inactive HBV carrier

2449. A 29 year old male found HBsAg positive with highly increased SGOT levels but HBeAg negative. Which of the following is true about the status of the patient?
a) Precore mutant *(AI 10)*
c) Core-promoter mutant
c) Wild type mutant
d) Surface mutant

2450. Heera lal 35 years old man was found +ve for HBs Ag & HBeAg accidently during screening on blood donation. On lab examination SGOT and SGPT are normal. What should you do next - *(AI 02)*
a) Liver biopsy b) Interferon therapy
c) Observation d) HBV - DNA estimation

2451. Which one of the pair is not correct regarding hepatitis B management - *(AIIMS Nov 10)*
a) Supportive care - acute viral hepatitis B
b) Antiviral drugs - chronic viral hepatitis B
c) Supportive care - chronic viral hepatitis B
d) Antiviral drugs - acute viral hepatitis B

2452. Interferons in chronic hepatitis B given in -
a) Early onset *(PGI June 07)*
b) HBV replication
c) Normal ALT

2453. A young man presents with HBsAg positive anti HBcIgM positive, HBeAg negative and normal levels of AST and ALT. He is asymptomatic. What is the next line of management. *(AIPGMEE 08)*
a) Wait and Watch b) Lamivudin
c) Immunoglobulin d) Liver Transplant

2454. Rx of chronic HBV infection - *(PGI June 05)*
a) Interferon b)Adefovirdipivoxil
c) Lamivudine d) Famcyclovir
e) Ganciclovir

2455. Which one of the pair is not correct regarding Hepatitis B management - *(AIIMS Nov 10)*
a) Supportive care - acute viral hepatitis B
b) Antiviral drugs - chronic viral hepatitis B
c) Supportive care - chronic viral hepatitis B
d) Antiviral drugs - acute viral hepatitis B

2456. A 55 year old male patient was diagnosed to have chronic hepatitis C. He responded to treatment with interferon. However, after one year of follow up he showed a relapse of disease. Which of the following would be the next most appropriate choice?
a) Ribavarin and interferon *(AIIMS Nov 03)*
b) Lamivudine and interferon
c) Nevirapine and lamivudine
d) Indinavir and ribavarin.

2457. A 30 Year old patients with H/O antibodies to HCV for 6 months duration & his AST/ALT is normal. There is no symptom or stigmata of liver disease. The most appropriate approach - *(PGI June 04)*
a) Re-assure the patient
b) Repeat titre every 3 years
c) Repeat enzymes every year
d) Do liver biopsy & start antiviral drugs accordingly

2458. Factors that determine the sustained response with antiviral therapy (a-IFN+Ribavirin) in Hepatitis C patient are - *(PGI Dec 04)*
a) tHCVRNA b) Age < 40 years
c) Genotype 1 d) Female sex
e) Patient is without cirrhosis

2459. Which is the usual marker for detection of hepatitis- *(CUPGEE95)*
a) HBs Ag b) HBs Ab
c) HBeAg d)HBcAb

2460. The most common type ofhepatitis associated with blood transfusion- *(CUPGEE 95)*
a) Hepatitis C b) Hepatitis B
c) Hepatitis A d) Hepatitis D

2461. The disease associated with hepatitis C virus -
a) Leprosy b) Lichen planus *(Karnat 99)*
c) Psoriasis d) Vitiligo

2462. All circulate in blood except- *(Karnat 99)*
a) HB Ag b)AntiHBC
c)$HBC_{\acute{e}}Ag$ d)$HBA_{\acute{s}}g$

2463. Hepatitis B virus is associated with- *(MP 2K)*
a) SLE
b) Polyarteritis nodosa
c) Sjogren's syndrome
d) Wegener granulomatosis

2464. All the following hepatitis viruses are transmitted by parenteral route except- *(UPSC 2001)*
a) Hepatitis B virus b) Hepatitis C virus
c) Hepatitis D virus d) Hepatitis E virus

2465. Cirrhosis of liver in adult population is commonly due to all of the following except - *(ICS 98)*
a) Hepatitis A b) Hepatitis B
c) Hepatitis C d) Hepatitis E

2466. The likehood of becoming an HbsAg carrier after acute HBV infection is high in- *(Kerala 2K)*
a) Neonates
b) Chronic hemodialysis patients
c) Persons with Down's syndrome
d) Persons with HIV infection
e) All of the above

2467. Acute liver injury associated with hepatitis B virus is due to- *(UPSC 97)*
a) Direct cytopathic effect of the virus
b) Sensitized cytolytic T-cells
c) Immune-complex mediated tissue damage
d) Vasculitis

2468. 'Histological scoring' of chronic hepatitis does not include - *(AMC 99)*
a) Periportal inflamation b) Portal fibrosis
c) Bridging necrosis d) Cholestasis

2448)d 2449)a 2450)c 2451)d 2452)b 2453)a 2454)a,b,c 2455)d 2456)a 2457)d 2458)e 2459)a 2460)b 2461)b 2462)a 2463)b 2464)d 2465)a,d 2466)e 2467)b 2468)d

2469. Highest chance of transmission after needle stick injury is for - *(J & K 2001)*
a) Hepatitis B b) Hepatitis C
c) Hepatitis D d) hepatitis G

2470. All the following statements regarding Hepatitis B are true except - *(Karnat. 96)*
a) Delta hepatitis can occur as a co-infection or superinfection
b) Hepatitis e antigen indicates that avtive viral replication
c) Steroids are the drug of choice in chronic Hepatits B
d) Can lead to Hepato Cellular Carcinoma

2471. In the treatment of Hepatitis - C inferferon is combined with which drug? *(Jipmer 03)*
a) Acyclovir b)Ribavarin
c) Lamivudine d) Indinavir

2472. Indicators of active multiplication of hepatitis B virus is - *(UPSC 04)*
a) HbsAg b) HbcAg
c) HbeAg d) Anti Hbs

2473. Which among the following anti-HTV drugs is also used to treat viral Hepatitis B ? *(COMED 09)*
a) Enfuviritide b) Lamivudine
c) Efavirenz d) Ritonavir

2474. Which one of the pair is not correct regarding hepatitis B management - *(AIIMS Nov 10)*
a) Supportive care - acute viral hepatitis B
b) Antiviral drugs - chronic viral hepatitis B
c) Supportive care - chronic viral hepatitis B
d) Antiviral drugs - acute viral hepatitis B

2475. All except one are true for hepatitis B -
a) Vertical transmission more important than horizontal *(AIIMS Nov 10)*
b) Age of onset determines prognosis
c) Period of communiciability lasts several months
d) Vims can be found in blood 1 month before jaundice

2476. Which one of the following is the correct sequence of appearance for the Hepatitis B virus serological markers- *(UPSC1I11)*
a) Anti-HBe, HBsAg, Anti-HBc, HBeAg
b) HBs Ag, HBeAg, Anti-HBc, Anti-HBe
c) Anti-HBc, HBsAg. Anti-HBe, HBeAg
d) HBeAg, Anti-HBe, Anti-HBc, HBsAg

2477. Acute liver failure is more common ■*vnthi'(NEET/*
a) Hep A b) Hep B *DNB Pattern)*
c) Hep C & vir* d)HepE *f, Hyl*

GALL BLADDER

2478. Most common causative organism for ascending cholangitis is - *(AIIMSDec 94)*
a) Streptococcus b) Proteus
c) E. coli d) Anaerobes

2479. Air in biliary tract is seen in all, Except -
a) Gall stone ileus *(AIIMS May 95)*
b) Sclerosing cholangitis
c) Carcinoma gall bladder
d) Endoscopic papillotomy

2480. Ingestion of arsenic causes - *(AIIMSMay 2001)*
a) Hepatic carcinoma
b) Hepatic adenoma
c) Noncirrhotic portal fibrosis
d) Hepatic cirrhosis

2481. Which of the following is the most common presenting symptom of non-cirrhotic portal hypertension ? *(AI06)*
a) Chronic liver failure
b) Ascites
c) Upper gastrointestinal bleeding
d) Encephalopathy

2482. A patient of esophageal varices with liver span of 19 cm. Likely causes - *(PGIDec 04)*
a) Haemochromatosis
b) Alcoholic liver disease
c) Veno- occlusive disease
d) Post necrotic cirrhosis
e) Budd- chiary syndrome

2483. Enlarged liver with Hepatocellular dysfunction seen in - *(PGI June 05)*
a) Wilson's disease b) Budd. Chiari syndrome
c) Alcoholic hepatitis d)NASH
e) Post necrotic cirrhosis

2484. The amount of GI bleed that can be detected by angiography - *(PGI Dec 04)*
a) 0.5 ml/min b) 0.1 ml/min
c) 0.05 ml/min d) 5 ml/min
e) 2 ml/min

2485. A patient presenting with jaundice the HIDA scan would be most useful for which of the following:-
a) Biliary atresia *(AIIMSMay 2002)*
b) Cholelithiasis
c) Bile duct carcinoma
d) Benign biliary disease

2486. Bland cholestasis is seen with - *(PGIDec 04)*
a) OCP b) Androgen
c) Chlorpromazine d) Erythromycin

2487. Risk factors for gall stones - *(PGIDec 04)*
a) Hormone replacement therapy
b) Female sex
c) OCP
d) Acute weight loss

2488. Granulomatous hepatitis may be seen with - *(AI96)*
a) Carbamazepine b)Allopurinol
c) Phenylbutazone d) All of the above

2489. Most common symptom of primary biliary cirrhosis is- *(AIIMS Sep 96)*
a) Pruritis b) Abdominal pain
c) Jaundice d) Bleeding

2469)a 2470)c 2471)b 2472)c 2473)b 2474)d 2475)a 2476)b 2477)b 2478)c 2479)b 2480)c 2481)c 2482) a,b,c,e 2483)a,b,c,d 2484) a 2485) a 2486) a,b 2487)a,b,c,d 2488) d 2489) a

2490. Primary sclerosing cholangitis, true are -
a) T Females *(PGIJune06)*
b) Associated with IBD
c) Involves intra & extrahepatic ducts
d) ERCP not helpful

2491. Which of the following statement are correct about cirrhosis - *(PGIDec 03)*
a) Antimitochondrial antibodies positive in primary biliary cirrhosis
b) In late stage of PSC treatment is liver transplantation
c) In advanced stages major blood supply is through hepatic vein
d) Elevated lipoprotein-X in PBC

2492. Gold standard investigation for stone in bile-duct is-
a) USG b) ERCP *(Rohtak 97)*
c) Cholangiography d) CT scan
e) MRI

2493. Lithogenic bile contains an increased amout of -
a) Bile acid b) Bile salt *(MAHE 01)*
c) Cholesterol d) Bilirubin

2494. Whenever there is stone in the bile duct which of the following raises - *(JIPMER 95)*
a) Bile salts b) Bilirubin
c) Amylase d) SGPT

2495. Which is the treatment for mucocele of gall bladder- *(CUPGEE 96)*
a) Cholecystectomy b) Cholecystostomy
c) Conservative treatment d) None

2496. Which of the following is a contraindication for medical management of Gall stones - *(AI11)*
a) Radioopaque stones
b) Radioluscent stones
c) Normal functioning gall bladder
d) Small stones

STOMACH

2497. All are true regarding Menetrier's disease, except-
a) Protein loss *(AIIMSDec94)*
b) Exophytic growth
c) Hypertrophy of gastric mucosa
d) Premalignant condition

2498. Which is not true about erosive gastritis -
a) Endoscopy is investigation of choice
b) Pain is absent *(AIIMSMay 95)*
c) It may be drug induced
d) Barium meal may clinch the diagnosis

2499. Endoscopic biopsy from a case of H.pylori related duodenal ulcer is most likely to reveal -
a) Antral predominant gastritis *(AIIMSNov04)*
b) Multifocal atrophic gastritis
c) Acute erosive gastritis
d) Gastric atrophy

2500. H. Pylori is known to cause all of the following except- *(AI 99)*
a) Gastric ulcer b) Duodenal ulcer
c) Gastric lymphoma d) Fundal gastritis

2501. TVue about mucosa associated lymphoma -
a) H. Pylori predisposes *(PGI June 05)*
b) Chemotherapy sensitive
c) Multiple lymphomas
d) Stromal polyp

2502. All are true regarding Helicobacter pylori except -
a) Less prevalent in developing countries
b) Toxigenic strains usually causes ulcers
c) Urea breath is positive
d) Gram negative organism

2503. Diagnostic tests for H. Pylori include all of the following except - *(AI 99)*
a) Urea-breath test
b) Rapid urease test
c) Gastric biopsy & Warthin-starry stain
d) SAFA test

2504. Epidemiological studies of H. Pylori are done by using - *(AI 99)*
a) Urea-breath test b) Serological markers
c) Culture d) Gastric-biopsy urease test

2505. A patient with H. pylori infection is treated with drugs. The best method to detect presence of residual H. pylori infection in this person is - *(AI 07)*
a) Rapid urease test
b) Urea breath test
c) Endoscopy and biopsy
d) Serum anti H. pylori titre

2506. Which drug is not effective against H.pylori-fyl*/ 95)*
a) Colloidal Bismuth b) Metronidazole
c) Amoxicillin d) Erythromycin

2507. All are used in treatment of Helicobactor pylori, EXCEPT- *(AUMSDec 97)*
a) Colloid bismuth b) Cisapride
c) Clarithromycin d)Metronidazole

2508. All of the following drugs are commonly used in regimens against H. pylori except - *(AI07)*
a) Oxytetracycline b) Amoxicillin
c) Bismuth subcitrate d) Omeprazole

2509. Which of the following statements about peptic ulcer disease is true - *(AIIMSMay 03)*
a) Helicobacter pylori eradication increases the likelihood of occurrence of complications.
b) The incidence of complications has remained unchanged.
c) The incidence of Helicobacter pylori reinfection in India is very low.
d) Helicobacter pylori eradication does not alter the recurrence ratio.

2510. All of the following are true regarding a patient with acid peptic disease except - *(AI 01)*
a) Misoprostol is the drug of choice in patients on NSAIDS
b) DU is preventable by the use of single night time H_2 blockers
c) Omeprazole may help ulcers refractory to H2 blockers
d) Mesoprostol is DOC in pregnant patients

2490)b,c 2491)a,b,d 2492)b 2493)c 2494)a,b 2495)a 2496)a 2497)b 2498)b,d 2499)a 2500)d 2501)a,b 2502) a 2503) d 2504) b 2505) b 2506) d 2507) b 2508) a 2509) b 2510)a,d

2511. Stress ulcers seen in burns are - *(PGIDec 2000)*
a) Curling' ulcer b) Cushing's ulcer
c) Meleney's ulcer d) Rodent ulcer

2512. Early gastric cancer generally indicates - *(AIIMS*
a) Gastric adencarcinoma detected early *Nov 04)*
b) Gastric adenocarcinoma confined to the mucosa
c) Gastric adenocarcinoma confined to the mucosa & submucosa
d) Gastric adenocarcinoma less than 1 cm. In size

2513. Cell present in large numbers in the peritonei fluid of Tuberculous peritonitis are- *(Karn 98)*
a) Eosinophils b) Polymorphs
c) Lymphocytes d) Monocytes

2514. Treatment of drug induced gastritis - *(JIPMER 99)*
a) Mesoprostol b) H_2 receptor blockers
c) Antacids d) Famotidine

2515. Ulcer in lesser curvature in 65 year old male biopsy negative for malignancy not healing after 6 weeks of H_2 blocker next treatment is - *(KERALA 95)*
a) Repeat biopsy
b) Total gastrectomy
c) Partial gastrectomy
d) Hydrogen blocker for another 6 weeks

2516. Least irritant fluid to peritoneum - *(DNB 01)*
a) Blood b) Urine
c) Bile d) Pancreatic fluid

2517. Progressive dysphagia is seen in- *(MAHE 05)*
a) Carcinoma esophagus b) Globus hystericus
c) Presbyesophagus d) Achalasia

2518. Stress ulcers seen in burns are - *(PGI 2000)*
a) Curling's ulcer b) Cushing's ulcer
c) Meleney's ulcer d) Rodent ulcer

2519. Most common cause of decrease in incidence of H.pylori in west is d/t - **(***SGPGI05)*
a) Change in the style
b) Increased use of PPI
c) Chemotherapy
d) Mutation in organism

2520. In the Forrest classification for bleeding peptic ulcer with a visible vessel or pigmented protuberance is classified as - *(J & k 05)*
a) FI b) F Ha
c) Fllb d) F lie

2521. Treatment of H. pylori is required in all of the following expect ? *(APPG 06)*
a) Gastro esophageal reflex disease
b) Gastric ulcers
c) Duodenal ulcers
d) Gastric lymphoma

2522. True regarding GERD is all except - *(Manipal 06)*
a) Avoid coffee & Tea
b) Transient lower esophageal relaxation
c) Lower esophageal sphincter length and its pressure is important
d) Proton pump inhibitor is the treatment of choice

2523. Eradication of helicobacter pylori has been proved to be beneficial in which of the following disorders of the stomach - *(Karnataka 06)*
a) Low grade malt lymphoma
b) Prosive gastritis
c) Carcinoma stomach
d) Gastroesophageal disease

2524. Gastic erosions are likely to be associated with the following conditions except - *(UPSC 0 7)*
a) Pernicious anaemia b) Cor pulmonale
c) Polycythemia rubra vera d) Hepatic cirrhosis

2525. Hydrogen breath test is/ae used for -*(PGIMay 10)*
a) Lactose intolerance
b) GERD
c) H.Pylori
d) Irritable bowel syndrome
e) Bacterial ovrgrowth syndrome

PANCREAS

2526. All the following are causes of Acute Pancreatitis except- *(AI94)*
a) Gall stones b) Alcohol
c) Hemochromatosis d) Hypercalcemia

2527. Somatostatin is secreted by - *(AIIMSFeb 97)*
a) D-cell b) A-cell
c) B-cell d)Dl-cell

2528. Ranson's critaria for prognosis in acute pancreatitis include all except - *(AI 98)*
a) WBC>16,000 cells/cumm b) Age over 55 years
c) AST>250U/l00ml d)S.amylase>350I.U.

2529. Ranson scoring for acute pancreatitis includes -
a) Age > 55 yr *(PGIMay 11)*
b) WBC> 16000/ 1
c) Sequestration fluid <3L
d) BUN> lOmg/dl
e) LDH>700IU/I

2530. Definitive diagnosis of acute pancreatitis is done by-
a) Amylase b) Lipase
c) S. alkaline phosphatase d) Increased Ca
e) Hyperglycemia

2531. Medical treatment of pancreatitis are all, except - *(AIIMS May 94)*
a) Cholestyramine b)Aprotinin
c) Calcium d) Glucagon

2532. Most common complication of acute pancreatitis is- *(AIIMS May 95)*
a) Pancreatic abscess b) Pseudocyst
c) Phlegmon d) Pleural effusion

2533. All are true about pseudopancreatic cyst of pancreas except -
a) Common after acute pancreatitis
b) Present as an abdominal mass
c) Serum amylase is increased
d) Most common site is in head of pancreas

251 l)a 2512)c 2513)c 2514)b,d 2515)d 2516)a 2517)a 2518)a 2519)a 2520)a 2521)a 2522)c 2523)a 2524) a 2525) a,d,e 2526) c 2527) a 2528) d 2529) a,b 2530) a,b 2531)a,b,d 2532) b 2533) d

2534. Raised serum amylase levels are used to diagnose -
a) Autoimmune disease b) Degenerative disease
c) Acute cholecystitis d) Acute pancreatitis

2535. Increased amylase may be seen in all of the following except- *(AI97)*
a) Pancreatic pseudocyst
b) Appendicitis
c) Perforated peptic ulcer
d) Ruptured ectopic pregnancy

2536. Serum amylase level is raised in A/E - *(PGI June 98)*
a) Blocked salivary duct b) Ruptured ectopic
c) Appendicitis d) Pancreatitis

2537. Cause of sudden loss of vision in alcoholic pancreatitis is - *(AIIMS June 99, AI 95 & 2000)*
a) Central retinal artery obstruction
b) Acute congestive glaucoma
c) Purstchner retinopathy
d) Sudden alcohol withdrawl

2538. Pancreatic cholera is characterized by all except -
a) Hypochlorhydria b) Hyokalemia *(AI 96)*
c) Glucose intolerance d) Hypocalcemia

2539. Hypergastrinemia with hypochlorhydria is seen in -
a) Zollinger Ellison Syndrome *(AI 02)*
b) VIPoma
c) Penicious anemia
d) Glucagonoma

2540. The triad originally described by Zollinger Ellison syndrome is characterized by - *(AI 02)*
a) Peptic ulceration, gastric hypersecretion, non beta cell tumour
b) Peptic ulceration, gastric hypersecretion, beta cell tumour
c) Peptic ulceration, achlorhydria, non beta cell tumour

2541. Zollinger Ellison syndrome is characterized by all of the following except -
a) Post bulbar ulcer
b) Recurrent duodenal ulcer
c) Severe diarrhoea
d) Massive HCL in response to histamine injection

2542. Most important investigation for diagnosis of Zollinger Ellison-syndrome is - *(AI 99)*
a) Ca** infusion test
b) Secretin injection test
c) ACTH stimulation test
d) Steroid assay

2543. All are true regarding Zollinger Ellison syndrome, except - *(AIIMS Dec 9 7)*
a) Diarrhoea
b) Recurrence after operation
c) Hypergastrinemia
d) Decreased ratio of BAO to MAO

2544. Drug of choice in Zollinger Ellison syndrome is -
a) Ranitidine b) Omeprazole *(AIIMS May 95)*
c) Antacids d) (3-blocker

2545. Treatment of choice for Zollinger Ellison syndrome (ZES)is- *(A107)*
a) PPI b) Somatostatin analogues
c) Streptozocin d) Sucralfate

2546. Insulinoma true are -
a) Present in pancreas
b) Mostly malignant
c) Surgical therapy indicated if diagnosed

2547. Gold standard investigation for diagnosis of insulinoma- *(AI 09)*
a) Blood glucose level less than 30 mg%
b) 72 hrs fasting
c) C peptide levels less than 32 r|m
d) Serum insulin levels

2548. Which of the following is not used in diagnosis of insulinoma - *(AI 2011)*
a) 72 hours fasting blood glucose levels
b) C peptide levels
c) Insulin/glucose ratio
d) D-xylose test

2549. Which of the following is NOT secreted in pancreatic tumour - *(AIIMS Sep 96)*
a) VIP b) Insulin
c) Somatostatin d)ACTH

2550. Selective protein loss is seen in - *(AIIMSMay 94)*
a) Celiac disease b) Giardiasis
c) Lymphangiectasis d) Tropical sprue

2551. Organism which causes pancreatitis - *(Assam 95)*
a) Mumps b) Measles
c) Candida d) Treponema

2552. Does not affect prognosis in acute pancreatitis -
a) Leucocytosis > 19000 *(JIPMER 99)*
b) Amylase > 8000IU
c) Albumin < 3.2 gm/dl
d) Age > 60 yrs.

2553. Best diagnosis of pancreatic cancer (head) is by -
a) Ultrasound b) ERCP *(PGI 78, DELHI 86)*
c) CAT scan d)PTC

2554. Ectopic ACTH syndrome is seen most commonly with- *(AI96)*
a) Renal cell carcinoma b) Lymphoma
c) Bronchogenic carcinoma d) Pituitary adenoma

2555. Carcinoma pancrease attains largest size when it is sited in - *(AIIMS 95)*
a) Head b) Ampulla
c) Body & tail d) Periampullary

2556. Increased C-peptide is seen in - *(AP97)*
a) Glucagoma b) Insulinoma
c) Gastrinoma d) Hepatoma

2557. Investigation of choice for pancreatic islet cell tumour is - *(J&K2001)*
a) CT scan b) MRI
c) Nuclear scan d)USG

2558. Serum amylase level is raised in all except -
a) Acute pancreatitis *(AI91)*
b) Perforation of stomach
c) Strangulated small intestine
d) Acute appendicitis

2534)d 2535)b 2536)c 2537) c 2538)d 2539)c 2540)a 2541)d 2542)b 2543)d 2544) b 2545)a 2546)a 2547)b 2548)d 2549)None 2550)c 2551)a 2552)b 2553)b 2554)c 2555)c 2556)b 2557)c 2558)d

2559. Which one of the following tyOpes of pancreatitis has the best prognosis - *(UPSC 95)*
a) Gall stone pancreatitis b) Alcoholic pancreatitis
c) Idiopathic pancreatitis d) Traumatic pancreatitis

2560. Raised serum amylase is not seen in - *(Kerala 97)*
a) Appendicitis
b) Pancreatitis
c) Blocked salivary duct
d) ectopic pregnancy ruptured

2561. Which one of the following is best avoided in the treatment of acute pancreatitis - *(UPSC 9 7)*
a) Antibiotics b) Nasogastric suction
c) Anti cholinergics d) Morphine

2562. The following can be associated with acute pancreatitis EXCEPT - *(UPSC 02)*
a) Hyperparathyroidism b) Hyperthyroidism
c) Hypercalcemia d)Hypertriglceridemia

2563. The most common hormone other than gastrin, contained in the gastric - secreting islet cell tumour is - *(KERALA 2K)*
a) ACTH
b) Glucagon
c) Melanocyte stimulating hormone
d) Growth hormone releasing factor
e) Insulin

2564. Most common tumor of pancreas is - *(SGPGI05)*
a) Insulinoma b) Gastrinoma
c) APUD's omas d) VTPoma

2565. Complications of chronic pancreatitis include the following except - *(UPSC 05)*
a) Portal hypertension
b) Obstructive jaundice
c) Duodenal obstruction
d) Renal artery aneurysm

2566. Most important screening test for acute pancreatitis is- *(KARANT05)*
a) Serum amylase b) Serum lipase
c) CT (Abdomen) d)ERCP

2567. Carcinoma pancrease attains largest size when it is sited in - *(Jipmer05)*
a) Head b) Ampulla
c) Body & tail d) Periampullary

2568. The triad of DM, gall stones and steatorrhoea is associated with which one of the following tumours?
a) Gastrinomas b) Somatostatinomas
c) VTPomas d) Glucagonomas *(Corned 07)*

2569. The triad of DM, gall stones and steatorrhoea is associated with which one of the following tumours? *(Corned07)*
a) Gastrinomas b) Somatostatinomas
c) VTPomas d) Glucagonomas

2570. Which of the following DOES NOT cause an increase in serum amylase - *(Corned08)*
a) Pancreatitis b) Carcinoma lung
c) Renal failure d) Cardiac failure

2571. * Best'testTor diagnosis of gastrinoma -
a) Ca*4" infusion test *(NEET/DNB Pattern)*
; v b) Secretm injection test *z&l % f - i*
c) ACTH stimulation test;
d) Steroid assay

2572. In Zollinger Ellison syndrome what is r aised-
a) Insulin b) VIP *(NEET/DNB Pattern)*
c) Gastrin d) Glucagon

2573 . Symptoms of VIPOMA- *(NEET/DNB Pattern)*
a) Gall stones b) Secretory diarrhoea
c) Fat malabsorption d) Flushing

DISORDER OF ABSORPTION

2574. Best test for Small intestine malabsorption of carbohydrates is - *(AT97)*
a) Lund meal test b) Shilling test
c) D-Xylose test d) Follacintest

2575. False positive D-xylose test is seen *in-(PGI June 01)*
a) Ascites b) Blindloop syndrome
c) Renal failure d) Aspirin
e) Hepatic failure

2576. False positive D-xylose test seen in - *(PGIDec 06)*
a) Blind loop syndrome b) Ascites
c) Renal failure d) Antibiotic therapy
e) Pyloric stenosis

2577. A person has history of steatorrhoea of long duration. D-sylose was ordered. 5 hour urine sample show <4.5 g excretion after giving 25g D-xylose. What is/are the probable diagnosis - *(PGI 09)*
a) Celiac disease b) Pancreatitis
c) Blind loop syndrome d) Heal disease
e) Intestinal lymphangiecgtasia

2578. A 41 year old patient presented with chronic diarrhoea for 3 months. A d-xylose absorption test was ordered to look for - *(AIIMS Nov 2002)*
a) Carbohydrate malabsorption due to mucosal disease
b) Carbohydrate malabsorption due to chronic pancreatitis
c) Fat malabsorption dure to mucosal disease
d) Fat malabsorption due to chronic pancreatitis

2579. A 12 year old girl has history of recurrent bulky stools and abdominal pain since 3 year of age. She has moderate pallor and her weight and height are below the 3rd percentile. Which of the following is the most appropriate investigation to make a specific diagnosis ? *(AIIMS Nov 2004)*
a) Small intestinal biopsy b) Barium studies
c) 24-hr- fecal fat estimation d) Urinary d-xylose test

2580. Diffuse specific lesions on intestinal biopsy are seen in- *(PGINov 09)*
a) Celiac sprue
b) Whipples disease
c) Agammaglobulinemia
d) Abetalipoproteinemal
e) Tropical sprue

2559)a 2560)a 2561)c 2562)b 2563)a 2564) a 2565)d 2566)a 2567)c 2568)b 2569)b 2570)d 2571)b 2572)c 2573) b 2574) c 2575) a,b,c 2576)a,b,c 2577) a,c 2578) a 2579) a 2580)b,c,d

2581. Absorptive function of the mucosa of intestine can be best assessed by - *(AI09)*
a) d-Xylose test b) NBT- PABA test
c) Stool fat estimation d) Urobilin levels

2582. Best Test for intestinal malabsorption-£4/ZMSMzy *10)*
a) D-xylose test b) NBT-PABATEST
c) Fecal fatestimation d) Schilling test

2583. In which of the following conditions of malabsorption, an intestinal biopsy is diagnostic - *(AIIMSMay 05)*
a) Celiac disease b) Tropical sprue
c) Whipple's disease d) Lactose intolerance

2584. Most common CNS manifestation of Whipple's disease is - *(AI 99)*
a) Cerebellar ataxia
b) Supranuclear ophthalmoplegia
c) Seizure
d) Dementia

2585. Which of the following is a histological feature of Whipple's disease - *(AIPGMEE 08)*
a) Infiltration of histocytes in the lamina propria
b) Granuloma in the lamina
c) Macrophages with PAS (+) material inside the lamina propria
d) Eosinophils in the lamina propria

2586. Proved association of celiac sprue is with-*(PGI Dec*
a) Dermatitis herpeitformis b) Scleroderma *2K)*
c) Pemphigus d) Pemphigoid

2587. Celiac disease asso. with - *(PGI Dec 06)*
a) Dermatitis herpetiforms b) Type 1 DM
c) Lymphoma d) Atrophic gastritis
e) IBD

2588. Celiac sprue diagnosed by - *(PGI DEC 02)*
a) Intestinal biopsy
b) Unequivocal response to gluten restriction
c) Finding of organism
d) Improveent on dapsome treatment
e) H/O fat malabsorption

2589. A 30 year old lady presents with features of malabsorption and iron deficiency anemia. Duodenal biopsy shows complete villous atrophy. Which of the following antibody is likely to be present.
a) Antiendomysial antibodies *(AIIMS Nov 05)*
b) Anti-goblet cell antibodies
c) Anti-Saccharomyces cerevisae antibodies
d) Antineutrophil cytoplasmic antibodies

2590. Biopsy finding (s) of celiac disease is/are all except:
a) Cryptitis *(PG109)*
b) Villous atrophy
c) Crypt hyperplasia
d) T ed Intraepithelial lymphocyte
e) Presence of Giardia lambalia

2591. Which of the following circulating antibodies has the best sensitivity and sepcificity for the diagnosis of celiac disease - *(AIIMS May 05)*
a) Anti-endomysial antibody
b) Anti-tissue transglutaminase antibody
c) Anti-gliadin antibody
d) Anti-reticulin antibody

2592. 30 year male with chronic diarrhoea, anemia, raised liver enzymes. Most likely associated with -
a) Antimitochondrial antibody *(AIIMSMay 07)*
b) Anti-endomysial antibody
c) Anti-smooth muscle antibody
d) Antinuclear antibody

2593. The grain which can be used safely in Celiac sprue is- *(PGI Dec 01)*
a) Com b)Rye
c) Soyabean d)Rice
e) Barely

2594. A patient presents with chronic small bowel diarrhea, Duodenal biopsy shows villous atrophy. Anti endomysial antibodies and IgA TTG antibodies are positive. What is the treatment of choice ?
a) Gluten free diet b) Antibiotics *(AI07)*
c) Loperamide d) 5-ASA

2595. What a patient with gluten hypersensitivity can consume - *(PGIDec 06)*
a) Rice b) Barley
c) Oat d)Com
e) Rye

2596. Which does not cause malabsorption in India -
a) Tropical sprue b)Amoebiasis *(PGI June 97)*
c) Giardiasis d) Intestinal TB

2597. All are complication of ileal resection, Except -
a) Megaloblastic anaemia *(AIIMS June 97)*
b) Iron deficiency anaemia
c) Gastric hyposecretion
d) Malabsorption syndrome

2598. The short bowel syndrome is characterized by all of the following except - *(AI 04)*
a) Diarrhea b) Hypogastrinemia
c) Weight loss d) Steatorrhoea

2599. Most specific change in biopsy is seen in-*(UP 2K)*
a) Tropical spme b) Giardiasis
c) Abetalipoproteinemia d) Malnutrition

2600. Antibiotics are useful in all of the following conditions except - *(SGPGI05)*
a) Whipple disease b) Tropical spme
c) Celiac disease d) Blind loop syndrome

2601. The following are causes of secretory diarrhoea except- *(UPSC 05)*
a) Vibrio cholerae
b) Inflammatory bowel disease
c) Lactose intolerance
d) Gastrinoma

2602. Treatment for portosystemic encephalopathy includes all excepts- *(MAHE 05)*
a) High protein diet b) Lactulose
c) Oral neomycin d) Enema

2603. Schilling Test is Abnormal in- *(NEET/DNB Pattern)*
a) Intrinsic factor deficiency
b) Amylase deficiency
c) Lipase deficiency
d) Pancreatic insufficiency

2581)a 2582)a 2583)c 2584) b 2585)c 2586)a 2587)a,b,c,d 2588)b 2589)a 2590)e 2591)a 2592)b 2593)a,d 2594)a 2595)a,d 2596)a 2597)b,c 2598)b 2599)c 2600)c 2601)b,c 2602) a 2603)a

INTESTINE

2604. A young girl presents with abdominal pain and a recent change in bowel habit, with passage of mucus in stool. There is no associated blood in stool and symptoms are increased with stress. The most likely diagnosis is - *(AI10)*
a) Irritable bowel syndrome b) Ulcerative colitis
c) Crohn's disease d) Amebiasis

2605. Which one of the following is not a feature of irritable bowel syndrome - *(AIIMS May 05)*
a) Abdominal pain b) Constipation
c) Rectal bleeding d) Bloating

2606. TVue about irritable bowel syndrome -
a) Associated with anxiety
b) Stress predisposes
c) Constipation
d) Diarrhea
e) Predisposes to malignancy in long term

2607. The most common site for amebiasis is - *(AI 95)*
a) Sigmoid colon b) Transverse colon
c) Cecum d) Hepatic flexure

2608. Investigation of choice for invasive amebiasis is -
a) Indirect heamagglutination *(AI 02)*
b) ELISA
c) Counter immune electrophoresis
d) Microscopy

2609. All are true regarding typhoid ulcer, except -
a) Ileum is common site *(AIIMSDec 95)*
b) Bleeding is common
c) Stricture is usual and causes obstruction
d) Perforation is common

2610. A patient present with lowe gastrointestinal bleed. Sigmoidoscopy shows ulcers inthe sigmoid. Biopsy from this area shows flask-shaped ulcers. Which of the following is the most appropriate treatment -
a) Intravenous ceftriaxone *(AIIMS Nov 05)*
b) Intravenous metronidazole
c) Intravenous steroids and sulphasalazine
d) Hydrocortisone enemas

2611. A 40 year old male presents with chronic diarrhea for one year. On investigation, the findings obtained were crypt abcess, crypt atrophy, cryptitis and mucositis. Most likely diagnosis is - *(AIPGMEE 08)*
a) Crohn's disease b) Ulcerative colitis
c) Microscopic colitis d) Collagenous colitis

2612. Drug effective in ulcerative colitis is -
a) 5 amino salicyclic acid(5-ASA) *(AIIMSFeb 97)*
b) Steroids
c) Salazopyrin
d) Antibiotics

2613. What is drug of choice for ulcerative colitis -*(AIIMS*
a) Salazopyrine b) Predinisolone *May 95)*
c) Sulphasalazine d) 5-amino salicylic acid

2614. A 41 year old male patient presented with recurrent episodes of bloody diarrhea for 5 years. Despite regular treatment with adequate doses of sulfasalazine, he has had several exacerbations of his disease and required several weeks of steroids for the control for flares. What should be the next line of treatment for him? *(AIIMS Nov 03)*
a) Methotrexate b) Azathioprine
c) Cyclosporine d)Cyclophospl

2615. Which one of the following conditions commonly predisposes to Colonic carcinoma ? *(AI 05)*
a) Ulcerative colitis b) Crohn's disease
c) Diverticular disease d) Ischaemic colitis

2616. The presence of anti-Saccharamyces cerevisae antibody is a surrogate marker of one of the following - *(AI 06)*
a) Celiac disease b) Crohn's disease
c) Ulcerative colitis d) Tropical sprue

2617. A 25 yrs women presents with bloody diarrhea & is diagnosed as a case of Ulcerative colitis. Which of the following condition is not associated - *(AI 02)*
a) Sclerosing cholangitisb) Iritis
c) Ankylosing spondylitis d) Pancreatitis

2618. Extra intestinal manifestations disease-(PG/ *June 05)*
a) Uveitis b) Sclerosing cholangitis
c) Osteoarthritis d) Skin nodules

2619. "Intestinal angina" is a symptom complex of the following - *(AIIMS May 06)*
a) Postprandial abdominal pain, weight loss, acute mesenteric vessel occlusion
b) Postprandial abdominal pain, weight loss, chronic mesenteric vessel occlusion
c) Preprandial abdominal pain, weight loss, chronic mesenteric vessel occlusion
d) Preprandial abdominal pain, weight gain acute mesenteric vessel occlusion

2620. A patient with leukemia on chemotherapy develops acute right lower abdominal pain associated with anemia, thrombocytopenia and leukopenia. Which of following is the clinical diagnosis - *(AI 06)*
a) Appendicitis b) Leukemic colitis
c) Perforation peritonitis d) Neutropenic colitis

2621. All of the following statements stand true for telengiectasis of colon except - *(AI 98)*
a) May be seen in person less than 40 years of age
b) May be seen in person more than 60 years of age
c) Common site is caecum
d) 50% involve rectum

2622. A 25-year old male had pigmented macules over the palm, sole and oral mucosa. He also had anemia and pain in abdomen. The most probable diagnosis is -
a) Albright's syndrome *(AIIMS May 05)*
b) Cushing's syndrome
c) Peutz-Jegher's syndrome
d) Incontinentia pigmenti

2604)a 2605)c 2606)a,b,c,d 2607)c 2608) b 2609)c 2610)b 261 l)a 2612)a 2613)d 2614)b 2615)a 2616)b 2617)d 2618)c 2619)b 2620)d 2621)d 2622)c

2623. Fatal gastroenteritis is caused by - *(TN 2002)*
a) Typhoid b)Amoebiasis
c) Anthrax d) Giardiasis

2624. All are true about short bowel syndrome except -
a) Intestinal transmit time is increased *(Jip. 95)*
b) Nutritional deficiency present
c) Site atorrhea present
d) None

2625. Punctuate yellow exudates in colon, found on endoscopic examiantion are indicative of -*(Jip. 95)*
a) Balantidium coli
b) Ulceratice colitis
c) Antibiotic colitis
d) Gluten induced enteropathy

2626. Acute appendicitis is best diagnosed by - *(TN95)*
a) History b) Physical examination
c) X-ray abdomen d)Bameal

2627. Rectal stricture is a common manifestation of-
a) Syphilis *(Karn. 96)*
b) Lymphogranuloma inguinale
c) Granuloma inguinale
d) Chancroid

2628. The most common cause of painless bleeding P.R. in a man is- *(CUPGEE95)*
a) Fissure-in-ano b) Diverticulosis
c) Piles d)None

2629. Non-propulsive peristalsis is a feature of -*(Karn 04)*
a) Paralytic ileus
b) Impacted faeces
c) Mesenteric vascular occlusion
d) Incarceration

2630. Pseudomyxoma peritonie is seen with -*(SGPGI05)*
a) Thecoma ovary
b) Mucin secreting ovarian carcinoma
c) Carcinoid appendix
d) Mesothelioma

2631. Meconium ileus is a manifestation of - *(SGPGI 05)*
a) Hirschprungs disease
b) Achalasia cardia
c) Fibrocystic disease of pancrease
d) Coeliac disease

2632. Earliest pathological change is X-ray in Ulcerative Colitis - *(NIMHANS 06)*
a) Loss of haustration
b) Aphthous ulcerattions
c) Mucosal granularity
d) Skip tensions

2633. Celiac sprue causes malabsorption syndrome due to- *(UPSC07)*
a) Coliform infection of small bowel
b) Lactase deficiency
c) Hypersensitivity to dietary gluten
d) Ischaemia of celiac artery

2634. The schilling test is performed to determine the cause of- *(UPSC07)*
a) Lactose malabsorption
b) Fatty acid malabsorption
c) Amino acid malabsorption
d) Cobalamin malabsorption

2635. All are features of irritable bowel syndrome except - *(Corned 07)*
a) Vomiting b) pain abdomen
c) Diarrhoea d) Constipation

2636. Antigliadin antibodies are delectable in -*(Corned 08)*
a) Tropical sprue b) Whipple's disease
c) Celiac disease d) Intestinal lymphoma

2637. Which of the following organs is not involved in Whipple's disease ? *(Delhi PG Mar. 09)*
a) Heart b)CNS
c) Lungs d)GI Tract

2638. Which of the following manifestation of CD not respond to treatment/occur after treatment -
a) Pyoderma gangrenosum *(PGIMay 10)*
b) Primary scleorosing colitis
c) Erythema nodosum
d) Nephrolithiasis
e) Ankylosing spondylitis

2639. Type (s) of Inflammatory bowel disease is/are -
a) Crohn's disease *(PGINov. 10)*
b) Ulcerative colitis
c) Toxic colitis
d) Amoebic colitis

2640. Which of the following is he most prominent feature of immunoproliferative small intestinal disease (IPSID) - *(AIIMS, May 12)*
a) Malabsorption b) Obstruction
c) Bleeding d) Abdominal pain

2641. Which of the following drugs is used for Irritable Bowel Syndrome of the constipating type - *(AI12)*
a) Lubiprostone b) Cholestyramine
c) Alosetron d)Rifaximin

2642. Secretory diarrhea is not seen in-*(NEET/DNB Pattern)*
a) Magnesium injection b)Celiac disease
c) Cholera d) Ulcerative colitis

2643. Antiemetic of choice in chemotherapy induced vomiting - *(NEET/DNB Pattern)*
a) Methclopramide b) Ondansetron
c) Prochlorperazine d) Nabilone

2644. Gastric motility decreases in - *(NEET/DNB Pattern)*
a) Diabetes b) Upper abdominal surgery
c) Head injury d) Hyperthyroid ■*/>

2645. Gastric motility decreases in *A!E-(NEET/DNB Pattern)*
a) Diabetes b) Upper abdominal surgery
c) Head injury d) Hyperthyroid

OESOPHAGUS

2646. Hamman's sign is seen in - *(Karn. 2001)*
a) Achalasia Cardia
b) Diffuse Oesophageal Spasm
c) Oesophageal perforation
d) Carcinoma Oesophagus

2623)a 2624)a 2625)c 2626)b 2627)b 2628)c 2629)c 2630)b 263l)c 2632)c 2633)c 2634)d 2635)a 2636)c
2637)c 2638)a,b,d,e 2639)a,b 2640)d 2641)a 2642)b 2643)b 2644)d 2645)d 2646)c

2647. Recurrence rate is highest with which modality of treatment for achalasia cardia - *(AI02)*
a) Pneumatic dilatation
b) Botulinum toxin injection
c) Heller's operation
d) Laparoscopic myotomy of sphincter

2648. Crack-Nut oesophagus seen in - *(HPU05)*
a) Carcinoma oesophagus
b) Cardiospam
c) Achalasia cardia
d) Barrett's oesophagus

2649. Which of the following viruses does not produce viral esophagitis ? *(Delhi PG Mar. 09)*
a) Herpes simplex b) Adenovirus
c) Varicella d)Cytomegalovirus

2650. Motility disorders of the oesophagus are best diagnosed by - *(UPSC-II09)*
a) Barium meal b) Manometry
c) Radiography d) Endoscopy

2651. True statement about GERD - *(PGIMay 10)*
a) Associated with H. pylori
b) Fundoplication is done
c) Smoking is protective
d) PPI is used in treatment
e) Bernstein test is done

2652. True about Mallory-Weis tear- *(PGINov. 10)*
a) >90% above GE junction
b) Surgery is mainstay treatment
c) Presents with hematemesis
d) Longitudinal tear near GE junction
e) Forceful vomiting is predisposing factor

SPLEEN

2653. Splenectomy is to be avoided in children because of-
a) Loss of blood forming tissue *(USPC 96)*
b) Increased risk of infection
c) Hypercoagulable state
d) Increased risk of lymhoma

2654. Splenectomy is most successful in - *(SGPGI05)*
a) Hereditary spherocytosis
b) Chronic myeloid leukemia
c) Idiopathic thrombocy topenic purpura
d) Aplastic anaemia

2655. Which one of the following does not cause post-splenectomy septicemia - *(UPSC 05)*
a) Streptococcus pneumoniae
b) Neisseria miningitides
c) Haemophilus influenza
d) Staphylococcus aureus

2656. All are indications for splenectomy, except:
a) Hereditary spherocytosis *(Delhi PG Feb. 09)*
b) Hairy cell leukemia
c) ITP
d) Chediak higashi syndrome

2657. Consider the following statements regarding splenectomy - *(UPSC-II 09)*
1. It corrects anemia in congenital hereditary splenocytosis.
2. Postponed until the age of 4 years if possible
3. Polyvalent pneumococcal vaccine to be administered to all before the surgery

Which of the statements given above are correct?
a) 1,2 and 3 b) 1 and 2 only
c) 2 and 3 onlyd) 1 and 3 only

KIDNEY

2658. Urinalysis shows RBC casts; likely source is -
a) Kidney b) Ureter*(AI01)*
c) Bladder d) Urethra

2659. Presence of which of the following correlates best with renal pathology - *(AIIMS June 2000)*
a) Hyaline castb) Coarse granular cast
c) Broad cast d) Epithelial cast

2660. RBC casts are found in - *(PGIMay 11)*
a) DM b) Wegeners Granulomatosis
c) SLE d) Ankylosing spondylitis
e) Acute glomerulonephritis

2661. Which of the following is pathognomonic of renal disease- *(AIIMS May 2001)*
a) Hyaline casts b) Coarse granular casts
c) Cystine Oxalate cells d) Epithelial cells

2662. In hematuria of glomerular origin the urine is characterized by the presence of all of the following except - *(AI 04)*
a) Red cell casts b) Acanthocytes
c) Crenated red cells d) Dysmorphic red cells

2663. Presence of which of the following in the urine is diagnostic of glomerular injury - *(AIIMS June 99)*
a) Bright red cells
b) 20% dysmorphic RBC's
c) 100RBC per high power field
d) Beta 2 micro globulin

2664. Features of glomerular haematuria -*(PGI June 05)*
a) Dysmorphic R.B.C.
b) Fragmeneted R.B.C.
c) Full of R.B.C. in high power field
d) Gross haematuria
e) R.B.C. cast

2665. In renal disease, Albumin is first to appear in urine because - *(AIIMS May 04)*
a) Of its high concentration in plasma
b) Has molecular weight slightly greater than the molecules normally getting filtered
c) High Albumin: Globulin ratio
d) Tubular epithelial cells are sensitive to albumin

2666. Glomerular range proteinuria differentiated by non glomerular protein urea by - *(PGI June 05)*
a) Proteinuria> 3.0 - 3.5 g/day
b) Globulin > albumin
c) Albumin to p_2 microglobulin ratio 100:1
d) Tamm Harsfall protein

2647)b 2648)b 2649)b 2650)b 2651)b,d,e 2652)c,d,e 2653)b 2654)a 2655)d 2656)d 2657)a 2658)a 2659)c 2660)b,c,e 2661)b 2662)b 2663)b 2664)a,e 2665)b 2666)a

2667. Proteinuria caused by tubule-interstitial renal disease is confirmed by excretion of - *(PGIMay 11)*
a) Albumin b) Light chain
c) Immunoglobulin A d) Tamm-Horsfall protein
e) P_2 microglubulin

2668. A patient presents with acute renal failure with normal ultrasound abdomen report Next most useful investigation is - *(AIIMS June 99)*
a) Intravenous pyelography
b) DTPA scan
c) Retrograde pyelography
d) X-ray abdomen and CT scan.

2669. In a child, non-functioning kidney is best diagnosed by- *(AIOS)*
a) Ultrasonography b)IVU
c) DTPA renogram d) Creatinine clearance

2670. The neotatal kidney achieves concertrating ability equivalent to adult's kidney by - *(A104)*
a) One year of age
b) Eighteen months of age
c) Three to six months of age
d) Just before puberty

2671. Iso osmolar urine is seen in - *(PGIDec 2000)*
a) ATN b) Severe dehydration
c) Diabetes insipidus d) PCKD

2672. Most unlikely cause of acute tubular necrosis amongst the following is - *(AI99)*
a) Severe bacterial infection
b) Massive bum
c) Severe cursh injury in the foot
d) Rupture of aortic aneurysm

2673. Causes of ATN - *(PGI June 07)*
a) Radiocontrasts b) Paraproteins
c) Amphotericin B d) Abruptio placentae

2674. Drugs causing ATN - *(PGI Nov 09)*
a) Calcineurin inhibitor b) Amphotericin B
c) Rifampicin d) Aminoglycosides

2675. 28 year old male met with an accident and sustained severe crush injury. He is most likely develop -
a) Acute renal failure *(AIIMS Nov 09)*
b) Hypophosphatemia
c) Hypercalcemia
d) Acute myocardial infarction

2676. Prerenal and renal azotemia is differentiated on the basis of - *(PGIDec 99)*
a) Creatinine clearance
b) Serum creatinine level
c) Sodium fraction excretion
d) Urine bicarbonate level

2677. Pre-renal azotemia is associated with one of the following characteristic feature - *(ARMSDec 98)*
a) Urinary Na+ <10 mmol/L
b) Renal failure index > 1
c) Osmolality < 500
d) Urinary creatinine/P. creatinine ratio < 20

2678. Which of the following values are suggestive of acute tubular necrosis - *(ARMS Nov 2000)*
a) Urine osmolality > 500
b) Urine sodium > 40
c) Blood urea nitrogen plasma creatinine > 20
d) Urine creatinine/plasma creatinine > 40

2679. In tubular necrosis, ratio of urine plasma creatinine is- *(PGI Dec 99)*
a) 20 b)40
c) 20-30 d) 30-40

2680. Plasma urea / creatinine ratio of 20:1 may be seen in- *(AI10)*
a) Rhabdomyolysis
b) Ureteric calculi
c) Pre-renal failure
d) Chronic glomerulonephritis

2681. Which differentiating prerenal azotemia with ATN features favoring pre-renal azotemia - *(PGIDec 02)*
a) Urine osmolality > 500 mosmol/kg
b) Sodium spot excretion <10 ml/L
c) Plasma transferrin/Ig ratio
d) Fractional excretion of sodium > 1
e) Plasma BUN/creatinine ratio < 20

2682. True about pre renal azotemia - *(PGI June 05)*
a) Urine output < 500 ml
b) Urinary cr. / Plasma cr. > 40
c) FeNa< 1
d) FeNa> 1
e) Urinary urea plasma urea > 3

2683. Fractional excretion of sodium < 1 is seen in -
a) Pre renal azotemia *(ARMS Nov 07)*
b) Acute tubular necrosis
c) Acute ureteral obstruction
d) Interstitial nephritis

2684. Pre-renal Azotemia is characterized by all of the following. Except - *(AI 10)*
a) Fractional excretion of Na< 1%
b) Urinary osmolality > 500 mosm/kg
c) Urinary sodium concentration > 40 meq/1
d) Reversible with replacement fluids

2685. True about acute tubular necrosis - *(PGI June 07)*
a) Urine specific gravity > 1.020
b) Urine osmolality > 300 mosmoles/kg
c) Urine Na< lOmeq/L
d) Blood urea: creatinine ratio < 20

2686. Disproportionately increased blood urea levels compared to serum creatinine (urea creatinine ratio 20:1) can be seen in the following except - *(AI 10)*
a) Prerenal failure b)CCF
c) Intrinsic renal failure d) Hypovolumia

2687. Oliguric phase of renal failure, all are TRUE, except- *(ARMS May 93)*
a) Hypercalcemia b) Hyponatremia
c) Anaemia d) Hyperkalemia

2667) b,c,d,e 2668) b 2669) c 2670) a 2671) a 2672) d 2673)a,b,c,d 2674)a,b,e 2675) a 2676) c 2677) a 2678) b 2679) a 2680) c 2681) a,b 2682)a,b,c 2683) a 2684) c 2685) d 2686) c 2687) a

2688. A patient had the following blood biochemical values. Calcium 6; uric acid 13; Phosphorus 12; Creatinine 6. Which could be the possible diagnosis -
a) Kraitbite *(PGIJune99)*
b) Uric acid nephropathy
c) Hypercalcemic nephropathy
d) Rickets

2689. Metabolic complication in CRF include all of the following except- *(AI98)*
a) Hyperkalemia b) Hypophosphatemia
c) Hypocalcemia d) Hypokalemia

2690. Central nervous system manifestion in chronic renal failure are a result of all of the following except -
a) Hyperosmolarityb) Hypocalcemia *(AI 03)*
c) Acidosis d) Hyponatremia

2691. Clinical feature of CRF - *(PGIJune 05)*
a) Broad cast in urineb) Hypomagnesemia
c) Hypokalemia d) Impotence
e) Decreased

2692. All the following indicates CRF w.r.t. to ARF -
a) Anaemia *(PGI Nov 09)*
b) Small kidneys
c) Creatinine > 7 mg%
d) Constrictive pericarditis
e) Peripheral neuropathy

2693. All are features of renal tubular acidosis type I except - *(Sep 96)*
a) Stone in kidney b) No anion gap
c) Hypokalemia d) Fanconi syndrome

2694. Proximal & distal renal tubular acidosis is differentiated by all except - *(AIIMS June 98)*
a) Stones in kidney
b) Hypokalemia
c) Daily acid secretion
d) Presence of Fanconi syndrome

2695. Type I RTAis characterized by- *(PGI May 11)*
a) High anion-gap acidosis
b) Low serum potasium
c) Nephrocalcinosis
d) Negative urine anion gap

2696. Feature of type 4 RTA- *(PGI May 11)*
a) Mild renal failure
b) Hyperkalemia
c) Hypochloremic acidosis
d) Occur in diabetic nephropathy
e) Salt wasting

2697. All are true of Nephrotic syndrome, except -*(AI 2K)*
a) RBC casts in urine b) Hypo-proteinemia
c) Oedema d) Hyperlipidemia

2698. All of the following are decrease in Nephrotic syndrome except - *(AI 97)*
a) Transferrin b) Ceruloplasmin
c) Fibrinogen d) Albumin

2699. Which is seen in nephrotic syndrome-fPG/*June 99)*
a) Low serum calciumb) Raised AT-III
c) Low lipid d) Platelet activation

2700. In nephrotic syndrome hypercoaguability occurs due to- *(PGINov 09)*
a) 1 Antithrombin III b) *i* Protein C
c) TFactors d)T Factor VIII
e) 1 Plasminogen

2701. Which of the following is not found in nephritic syndrome - *(PGI Dec 04)*
a) T LDL - Cholesterol b) t TG
c) t HDL - cholesterol d) *i* VLDL - cholesterol
e) iTG

2702. All of the following decrease in Nephrotic syndrome except- *(AI 94)*
a) Fibrinogen b) Thyroxin
c) Transferrin d) Albumin

2703. In Nephrotic syndrome, all serum proteins are reduced except - *(AIIMS Dec 95 & May 93)*
a) Transferrin b) Fibrinogen
c) Albumin d) Ceruloplasmin

2704. Reflux disease which cause proteinuria of nephrotic range - *(Aiims Nov 06)*
a) Membranous glomerulonephritis
b) Focal segmental glomerulosclerosis
c) Nodular glomerulosclerosis
d) Crescenteric glomerulonephritis
d) Low pitched murmur

2705. Most common cause of nephrotic range proteinuria in an adult is - *(AI 07)*
a) Diabetes Mellitus
b) Amyloidosis
c) Hypertensive nephropathy
d) Wegner's Granulomatosis

2706. Clinical feature of minimal change glomerulonephritis are all except - *(AI 96)*
a) Hypertension b) Edema
c) Selective proteinuria d) Fever

2707. A 7 year old boy presented with generalized edema. Urine examination revealed marked albuminuria. Serum biochemical examinations showed hypoalbuminaemia with hyperlipidemia. Kidney biopsy was undertaken. On light microscopic examination, the kidney appeared normal. Electron microscopic examination is most likely to reveal - *(AIIMS Nov 03)*
a) Fusion of foot processes of the glomerular epithelial cells
b) Rarefaction of glomerular basement membrane
c) Deposition of electron dense material in the basement membrane
d) Thin basement membrane

2708. True about light microscopy in minimal change disease is - *(AIIMSNov 01)*
a) Loss of foot process seen
b) Anti GBM Abs seen
c) IgA deposits seen
d) No change seen

2688)b 2689)b 2690)b 2691)a,c,d 2692)a,b,e 2693)d 2694)b 2695)b,c 2696)a,b,d,e 2697)a 2698)c 2699) a,d 2700)a,b,d,e 2701) a,b 2702) a 2703) b 2704) b 2705) a 2706) a 2707) a 2708) d

2709. A child had hematuria and nephrotic syndrome (minimal change disease) was diagnosed. True about it is- *(ARMS Nov 01)*
a) A type of focal segmental GN
b) IgA deposition on basement membrane
c) Foot process of glomerular membrane normal
d) Glomerular function is lost due to loss of poly charge on both sites of glomerular foot process.

2710. True about Light microscopic changes in Minimal Change Glomerulonephritis is - *(A195)*
a) No abnormality
b) Fusion of foot process
c) Absence of Immunoglobulins
d) Absence of complement

2711. Minimal change disease is/are caused by -
a) Rifampicin b)IFN-a *(PGlNov09)*
c) NS AIDS d) Gold
e) Mercury

2712. Minimal change glomerulopathy may be seen in association with all of the following except -
a) Hepatitis B *(AIIMS Nov 05)*
b) HIV
c) Drug-induced interstitial nephritis
d) Hodgkin's disease

2713. Renal vein thrombosis is most commonly associated with- *(AI02)*
a) Diabetic nephropathy
b) Membranous glomerulopathy
c) Minimal change disease
d) Membrano-proliferative glomerulonephritis

2714. Cause for renal vein thrombosis could be -
a) Membranous nephropathy *(PGIDecOl)*
b) Lupus nephritis
c) Membranoproliferative glomerulonephritis
d) Post streptococcal glomerulonephritis
e) Renal amyloidosis

2715. Renal vein thrombosis is/are caused by -
a) Nephrotic syndrome *(PGI Nov 09)*
b) Invasive renal cell carcinoma
c) Pregnancy
d) Dehydration
e) Trauma

2716. A10 year old child develops hematuria after 2 days of diarrhoea. Blood film shows fragmented RBCs & thrombocytopenia. Ultasound shows marked enlargement of both kidneys. The likley diagnosis is - *(PGI June 05)*
a) Acute pyelonephritis
b) Disseminated intravascular coagulopathy
c) Haemolytic uremic syndrome
d) Renal vein thrombosis

2717. Membranous glomerulonephritis is associated with-
a) Renal venous thrombosis *(PGI June 02)*
b) Hodgkin's disease
c) Sub epithelial immune deposits
d) Hematuria
e) Acute nephritis

2718. A patient with nephrotic syndrome on longstanding cortico-steroid therapy may develop all the following except- *(A102)*
a) Hyperglycemia
b) Hypertrophy of muscle
c) Neuropsychiatric symptoms
d) Suppression of hypothalemic pituitary adrenal axis

2719. All can cause R.P.GN. except - *(ARMS June 97)*
a) Minimal change glomerulonephrits
b) Poststreptococcal glomerulonephritis
c) Wegener granulomatosis
d) S.L.E.

2720. Following are features of acute GN except -
a) Polyuria b) Haematuria *(PGI June 97)*
c) Red cell cast d) Oliguria

2721. Crescent formation is characteristic of the following glomerular disease - *(ARMSDec 90)*
a) Minimal change disease
b) Rapidly progressive glomerulonephritis
c) Focal and segmental glomerulonephritis
d) Rapidly non progressive glomerulonephritis

2722. The prognosis of rapidly proliferating glomerulonephritis (Crescentric GN) depends upon - *(ARMS Nov 01)*
a) Number of crescents
b) Size of crescents
c) Shape of crescents
d) Cellularity of crescents

2723. RPGN occurs in A/E - *(ARMS Sept 96)*
a) SUE
b) Post streptococcal glomerulonephritis
c) Diabetic nephropathy
d) Good pastures syndromes

2724. Hypocomplementemia is seen - *(ARMS June 01)*
a) PSGN b) Membranous GN
c) Focal segmenalGN d)MPGN
e) Infective endocarditis

2725. Persistent low C3 complement level is not found in -
a) Post streptococcal glomerulonephritis
b) Mesangiocapillary glomerulonephritis
c) Cryoglobulinemia *(AiimsNov06)*
d) SLE

2726. All are non proliferative GN except - *(AIPGMEE 08)*
a) Membranous GN
b) Mesangiocapillary GN
c) Diabetic glomerulosclerosis
d) Amyloidosis

2727. Which of these does not cause crescentric glomerulonephritis - *(AIPGMEE 08)*
a) Rapidly progressive glomerulonephritis
b) Alport syndrome
c) Goodpasture syndrome
d) Henoch schonlein purpura

2709)d 2710)a 2711)A11 2712)a 2713)b 2714)a,c,e 2715)AH 2716)d 2717)a,c,d 2718)b 2719)a 2720)a 2721)b 2722)a 2723)c 2724)a,d,e 2725)a 2726)b 2727)b

2728. Post-infective glomerulonephritis present as-
a) ARF *(AI96)*
b) Nephrotic syndrome
c) Nephritic syndrome
d) Asymptomatic hematuria

2729. A 60 year old woman presents with generalized edema, skin ulceration and hypertension. Urine examination shows subnephrotic proteinuria (< 2gm) and microscopic haematuria. Serum complement levels are decreased and she is positive for anti-hepatitis c antibodies. The likely diagnosis is -
a) PSGN *(AI07)*
b) Essential mixed cryoglobulinemia
c) Membrano proliferative glomerulonephritis
d) Focal segmental glomerulosclerosis

2730. A 30 year old man presents with generalized edema and hypertension. Urine examination shows subnephrotic proteinuria (< 2gm) and microscopic hematuria. Serum complement levels are decreased and he is positive for antihepatitis C antibodies. The most likely diagnosis is - *(AI07)*
a) Post streptococcal Glomerulonephritis (PSGN)
b) Mixed cryoglobulinemia
c) Membranoproliferative glomerulonephritis (MPGN)
d) Focal symentat glomerular sclerosis (FSGS)

2731. Recurrent gross hematuria is seen in-*(PGIDec 2K)*
a) Alports's syndrome b) IgA nephropathy
c) Focal seg. GN d) DM

2732. True about Post-Streptococcal Glomerulonephritis is - *(AI2000)*
a) 50% of cases occur after pharyngitis
b) Early treatment of Pharyngitis eliminates the risk ofP.S.GN.
c) Glomerulonephritis, secondary to skin infection, is more common in summer
d) Recurrence is seen

2733. IgA-nephropathy is seen in - *(AIIMSJune 2000)*
a) Membranous glomerulonephritis
b) Mesangioproliferative glomerulonephrtis
c) Focal glomerulonephritis
d) Cresentic glomerulonephritis

2734. A female patient Nandini presents with upper respiratory tract infection. Two days after. She develops hematuria. Probable diagnosis is -
a) IgA nephropathy *(AIIMSJune 99)*
b) Wegener's granulomatosis
c) Henoch sholein purpura
d) Post streptococcal glomerulonephritis

2735. A child comes with hematuria following respiratory tract infection. He gives similar history about 5-10 months back also. All are true, except -
a) C_3 complement level normal *(AIIMSNov99)*
b) Progressive renal failure with each attack
c) Biopsy shows focal and diffuse proliferative change in 50% of patient
d) Anti streptococcal antibody titre may not rise after each attack

2736. A six year old male baby presents to a hospital with recurrent gross hematuria for 2 years. There is no h/o burning micturition or pyuria. Urine routine examination demonstrated no pus cells and urine culture was sterile. Serum C3 levels were normal. What is the most probable *diagnosis~(AIPGMEE 08)*
a) Wilm's tumour
b) IgA nephropathy
c) Post-streptococcal glomerulonephritis
d) Urinary tract infection

2737. 12 years old Shyam presented with gross hematuria with 80% dysmorphic RBC's 2 days after a attack of upper respiratory tract infection diagnosis is -
a) Microangiopathic thrombotic anaemia
b) IgA Nephropathy *(AIIMSNov 01)*
c) PSGN
d) H.S. purpura

2738. A young man develops gross hematuria 3 days after an attack of URTI; likely renal pathology is -*(AI 01)*
a) Acute glomerulonephritis
b) Minimal change disease
c) IgA nephropathy
d) Membranous glomerulonephritis

2739. A feature of Renal vasculitis in children is -
a) IgA raised *(AIIMS Sept 96)*
b) Antinuclear antibody in serum
c) Low complement level
d) Cytoplasmic antinuclear Ab in serum

2740. Marker for the renal vasculitis in children is -
a) Increased IgA level *(AI 98)*
b) Low complement level
c) T Antineutrophilic cytoplasmic antibody titre
d) Increase antinuclear antibody

2741. Good-pasture syndrome is characterized by -
a) Anti GBM antibody *(PGIJune 99)*
b) Crescents
c) Pulmonary haemorrhage
d) Diffuse alveolar damage

2742. A case of nephritis, presents with haematuria & hemoptysis, antinuclear membrane antibody are presents. Likely diagnosis is - *(AI 97)*
a) Good pasteur syndrome
b) Nephritic syndrome
c) Nephrotic syndrome
d) Gullian barre syndrome

2743. Goodpasture's disease is characterized by all except-
a) Glomerulonephritis *(AIIMS May 08)*
b) Leukocytoclastic vasculitis
c) Diffuse alveolar hemorrhage
d) Presence of antibodies to BM

2744. Which of these is the characteristic of membranoproliferative glomerulonephritis -
a) Sub epithelial deposits
b) Foamy cells
c) Splitting of glomerular basement membrane
d) Sub endothelial deposits

2728) c 2729) b 2730) c 273 l)b 2732) c 2733) b 2734) a 2735) c 2736) b 2737) b 2738) c 2739) a 2740) a 2741)All 2742) a 2743) b 2744) c>d

2745. All are steroid resistant except - *(AI96)*
a) Post-streptococcal glomerulonephritis
b) Minimal change glomerulonephritis
c) RPGN
d) Recurrent hematuria

2746. Salt losing nephropathy is seen in - *(AIIMSMay 94)*
a) Protein Energy malnutrition
b) Post streptococcal glomerulonephritis
c) Amyloidosis of kidney
d) Interstitial nephritis

2747. Salt losing nephritis is a feature of -*(ARMSDec 95)*
a) Interstitial nephritis b) Polycystic kidney
c) Lupus nephritis d) Renal amyloidosis

2748. Interstitial nephritis is seen with all except -
a) Beta lactam inhibitors *(ARMSMay 07)*
b) INH
c) Diuretics
d) Allopurinol

2749. Salt losing nephritis is feature of - *(AI97)*
a) Interstitial nephritis
b) Amyloidosis of kidney
c) Post streptococcal GN
d) PEM

2750. In acute intersitial nephritis, proteins associated -
a) Amyloid *(PGI June 06)*
b) Fibrinogen
c) Vitamin D binding protein
d) Albumin
e) Light chain

2751. Salt losing nephritis is a feature of - *{AI2000)*
a) Interstitial nephritis
b) Renal amyloidosis
c) Lupus nephritis
d) Post streptococcal Glomerulonephritis

2752. HIV associated nephropathy is a type of-
a) Membranous glomerulonephritis *(ARMS Nov 04)*
b) Immunotaetoid glomerulopathy
c) Collapsing glomerulopathy
d) Fibrillary glomerulopathy

2753. Most characteristic GN in HIV is - *(PGIDec 99)*
a) FSGN b)MPGN
c) MCD d)RPGN

2754. Collapsing glomerulopathy, features are -
a) Tuft necrosis *(ARMS Nov 07)*
b) Mesangiolysis
c) Parietal epithelial proliferation
d) Hypertrophy and necrosis of visceral epithelium

2755. Proliferative glomerular deposits in kidney are found in- *(AI2000)*
a) Amyloidosis
b) Diabetes millitus
c) IgA nephropathy
d) Membranous glomerulonephritis

2756. Pathological changes of diabetic nephropathy are all except- *(AI95)*
a) Fibrin caps and capsular drops
b) Intercapillary glomerulosclerosis
c) Focal sclerosis
d) Capillary basement membrane thickening

2757. Not a cause of granular contracted kidney -
a) Diabetes mellitis *(ARMS Dec 94)*
b) Chronic pyelonephritis
c) Benign nephrosclerosis
d) Chronic glomerulonephritis

2758. All of the following are causes of granular contracted kidney except - *(AI 9 7)*
a) Benign nephrosclerosis
b) Chronic pyelonephritis
c) Diabetes mellitus
d) Chronic glomerulonephritis

2759. Necrotizing papilitis is seen in all of the following except - *(ARMS May 02)*
a) Salicylate poisoning
b) Renal vascular thrombosis
c) PNH
d) Diabetes mellitus

2760. Which investigation should be avoided in a proven case of renal papillary necrosis - *(ARMS Nov 11)*
a) Urine acidification test
b) Sickling test
c) TB-PCR-urine
d) Bacterial culture of urine

2761. Cause of large kidney in CRF are a/e-(PG/*Dec2000)*
a) DM b) Amyloidosis
c) Benign nephrosclerosis d) Diffuse GN

2762. Which characteristic feature is seen in the kidney in Malignant hypertension - *(AI94)*
a) Hyaline necrosis b) Fibrinoid necrosis
c) Medial wall hyperplasia d) Micro-aneurysm

2763. Common pathological changes seen in kidney in benign hypertension are - *(AI 9 7)*
a) Fibrinoid necrosis b) Microaneurysm
c) Hyaline arteriosclerosis d) Thining of walls

2764. The most common cause of renal scaring in a 3 year old child is - *(AI 05)*
a) Trauma
b) Tuberculosis
c) Vesicoureteral reflux induced pyelonephritis
d) Interstitial nephritis

2765. Which of the following is the most common renal cystic disease in infants is - *(AI 05)*
a) Polycystic kidney
b) Simple renal cyst
c) Unilateral renal dysplasia
d) Calyceal cyst

2766. Adult polycystic kidney is inherited as - *(AI 97)*
a) Autosomal-co-dominant
b) Autosomal dominant
c) Autosomal recessive
d) X-linked dominant

2745) b 2746) d 2747) a 2748) b 2749) a 2750) a,e 275 l)a 2752) c 2753) a 2754) d 2755) c 2756) c 2757) a 2758) c 2759)c 2760)a 2761)c 2762)b 2763)c 2764)c 2765)c 2766)b

2767. Chromosomes involved in adult polycystic kidney disease (APKD) - *(PGI June 01)*
a) 6 & 11 b)4& 16
c) 7 & 17 d)4& 12
e) 4&17

2768. In adult polycystic kidney, all are true except -
a) Hypertension is rare *(AIIMSMayOl)*
b) Hematuria is a common symptom
c) Cysts are seen in liver spleen and pancreas
d) Autosomal dominant transmission is seen

2769. Which of the following is associated with adult polycystic kidney disease - . *(A1IMS Nov 01)*
a) Berry aneurysms in Circle of Willis
b) Saccular aneurysms of aorta
c) Fusiform aneurysms of aorta
d) Leutic aneurysms

2770. Which one of the following statements is wrong regarding adult polycystic kidney disease -
a) Kidneys are enlarged in size *(AIlMSMay04)*
b) The presentation is unilateral
c) Intracranial aneurysms may be associated
d) Typically manifests in the 3rd decade

2771. Polycystic disease of the kidney may have cysts in all of the following organs except - *(AI04)*
a) Lung b) Liver
c) Pancreas d) Spleen

2772. Which of the following is the common extrarenal involvement in autosomal dominant polycystic kidney disease - *(AIIMSNov 04)*
a) Mitral valve prolapse b) Hepatic cysts
c) Splenic cysts d) Colonic diverticulosis

2773. True about adult polycystic kidney disease is all, excpet - *(ARMS Nov 01)*
a) Autosomal dominant inheritance
b) Hypertension is rare
c) Can be associated with cysts in liver, lungs and pancreas
d) Pyelonephritis is common

2774. Which one of the following statements is wrong re garding adult polycystic kidney disease -
a) Kidney are enalrged in size *(AIIMS May 04)*
b) The presentation is unilateral
c) Intracranial aneurysms may be associated
d) Typically manifests in the 3rd decade

2775. An 8 year old child suffering from recurrent attacks of polyurea since childhood presents to the paediatrics OPD. On examination the child is short statured vitals and B.P. are normal. Serum Creatinine - 6 mg%, $HC0_3$ -16 meq, Na -134, K^+ 4.2 On USG bilateral small kidneys are seen. Diagnosis is - *(AIIMSMay 01)*
a) Reflux Nephropathy
b) Nephronophthisis
c) Polycystic kidney disease
d) Medullary cystic kidney disease

2776. Regarding medullary sponge kidney-fPG/ *June 02)*
a) Autosomal dominant b) Nephrocalcinosis
c) ARF d) Minimal proteinuria
e) More common in females

2777. A 12-year-old boy is referred for evaluation of nocturnal enuresis and short stature. The blood pressure is normal. The blood urea is 112 mg/dl, creatinine 6 mg/dl, sodium 119 mEq/1, potassium 4 mEq/1, calcium 7 mg/dl, phosphate 6 mg/dl and alkaline phosphatase 400 U/l. Urinalysis shows trace proteinuria with hyaline casts; no red and white cells are seen. Ultrasound shows bilateral small kidneys and the micturating cystourethrogram is normal. The most likely diagnosis is -
a) Alport's syndrome *(AIIMSNov 03)*
b) Medullary sponge kidney
c) Chronic glomerulonephritis
d) Nephronophthisis

2778. Which of the following is true - *(PGI June 01)*
a) HSP is associated with IgG deposition
b) HUS causes thrombocytopenia
c) Inulin clearance is best measure of GFR
d) PSGN is associated with increased complement

2779. Medullary cystic disease of the kidney is best diagnosed by - *(AI 02)*
a) Ultrasound b) Nuclear scan
c) Urography d) Biopsy

2780. Unilateral renal agenesis is associated with -
a) Polycystic disease of pancreas *(AIIMS May 95)*
b) Hiatus Hernia
c) Single umbilical artery
d) Hypogonadism

2781. Nephrocalcinosis is a feature of A/E -
a) Primary hyperparathyroidism *(PGI June 2000)*
b) Medullary sponge kidney
c) Vitamin D intoxication
d) Pseudo hypoparathyroidism

2782. Nephrocalcinosis is seen - *(PGIDec 05)*
a) Medullary sponge disease
b) Acute pyelonephritis
c) Acute glomerulonephritis
d) Chronic pyelonephritis
e) Hyperparathyroidism

2783. Nephrocalcinosis is seen in all except -
a) Sarcoidosis *(AIIMSMay 07)*
b) Distal RTA
c) Milk alkali syndrome
d) Medullary cystic kidney

2784. True of the following - *(PGI June 01)*
a) Interstitial nephritis is associated with salt losing nephropathy
b) Idiopathic hypercalciuria is a X-linked recessive disease
c) Calcitonin deficiency causes hyperphosphatemia
d) Idiopathic hypercalciuria commonly presents with hematuria

2767) b 2768) a 2769) a 2770) b 2771) a 2772) b 2773) b 2774) b 2775) b 2776)a,b,d 2777) d 2778) b,c 2779) d 2780) c 2781) d 2782) a,e 2783) d 2784) a

2785. All are features of Barters syndrome, except - *(AIIMS Dec 95)*
a) Polyuria b) Metabolic alkalosis
c) Periodic paralysis d) Hypertension

2786. Mutation in alpha 5 chain of collagen 4, the diagonisis - *(Aiims Nov 06)*
a) Alport's syndrome
b) Thin membrane disease
c) Nodular glomerulosclerosis
d) Good pasture syndrome

2787. Association of deafness & nephritis is seen in -
a) Pickwickian syndrome *(AIIMS May 93)*
b) Alport's syndrome
c) Fabry's disease
d) Lawrence Moon Biedl syndrome

2788. First manifestation of Alport syndrome is -
a) Microscopic haematuria *(AIIMSFeb 97)*
b) Proteinuria
c) Oliguria
d) Sensorineural deafness

2789. A man 25 yrs old presents with renal failure. His uncle died of renal failure 3 yrs ago. On slit lamp examination, keratoconus is present. Diagnosis is-
a) ADPCKD *(AIIMS Nov 10)*
b) ARPCKD
c) Aloport's syndrome
d) Denysh-Drash syndrome

2790. Rhabdomyolysis occurs in - *(PGI June 99)*
a) Volume depletion b) Cocaine intoxication
c) Hyperphosphatemia d) None of the above

2791. Which of the these can cause both rhabdomyolysis and myoglobinuria- *(PGI June 02)*
a) Hyperpyrexia b) Viper snake venom
c) Multiple hornet stings d) Prolonged coma
e) Anemia

2792. Which may cause rhabdomyolysis ? *(PGI June 07)*
a) Clostridium perffingens
b) Streptococcus
c) Clostridium difficile

2793. Rhabdomyolysis with myoglobinuria seen in -
a) Viper bite *(PGIDec 06)*
b) Heat stroke
c) Malignant hyperthermia
d) Multiple hornet stings

2794. 28 year old male met with an accident and sustained severe crush injury. He is most likely develop -
a) Acute renal failure *(AIIMS Nov 09)*
b) Hypophosphtemia
c) Hypercalcemia
d) Acute myocardial infarction

2795. True about Rhabdomyolysis - *(PGIDec 04)*
a) Hyperuricemia b) Hyperphosphatemia
c)TCa^{2+} d) T CPK - MB

2796. Feature of Rhabdomyolysis - *(PGI Dec 04)*
a) Present with acute muscular weakness
b) Calf muscles commonly ruptured
c) Myoglobinuria
d) Hemoglobinuria
e) Acute renal failure is most common

2797. Rhabdomyolysis is characterized by - *(PGI June 05)*
a) Proximal muscle weakness b) Increased Mg**
c) Increased Ca^ d) Urinary cast
e) Increased K^+

2798. True about rhabdomyolysis - *(PGI June 07)*
a) Hypocalcemia
b) Pain in calf muscles
c) Generalized body weakness
d) Coma

2799. In urinary system disease, GI symptoms appears because of - *(AIIMS June 98)*
a) Chemical reaction b) Renogastric reflex
c) Peritoneal reaction d) Reflux phenomenon

2800. Causes of sterile pyuria without UTI include -
a) Cortical abscess *(PGI June 02)*
b) Pyelonephritis
c) Gonococcal infection
d) Urolithiasis
e) Analgesic nephropathy

2801. Renal damage due to amphotericin B are all, except - *(AIIMS Nov 01)*
a) Azotemia
b) Renal tubular acidosis
c) Glomerulonephritis
d) Hypokalemia

2802. Urinary K^+ excrection is increased in -
a) Bronchiecstasis b) Meningitis *(AIIMS June 98)*
c) Osteomyelitis d) Hepatitis

2803. Disease, does not recur in the kidney after renal transplant is - *(AIIMS Feb 97)*
a) Alport syndrome
b) SLE with renal involvement
c) Good Pasteur's syndrome
d) Diabetic nephropathy

2804. Which one of the following gram positive organisms is the most common cause of urinary tract infection (UTI) among sexually active women - *(AIIMSNov 04)*
a) Staphylococcus epidermidis
b) Staphylococcus aureus
c) Staphylococcus saprophyticus
d) Enterococcus

2805. Which of the following is the drug of first choice for Non-Gonococcal Urethritis - *(AI04)*
a) Ceftriaxone b) Ciprofloxacin
c) Doxycycline d) Minocycline

2806. The most common infectious agent associated with chronic pyelonephritis is -
a) Proteus vulgaris
b) Klebsiella pneumonia
c) Staphylococcus aureus
d) Escherichia coli

2785) d 2786) a 2787) b 2788) a 2789) c 2790) a,b 2791) a,c 2792) a,b 2793) d 2794) a 2795) b 2796)a,b,c 2797) e 2798) a,b,c 2799) b 2800) e 2801) c 2802) d 2803) a 2804) c 2805) c 2806) d

2807. Organisms causing UTI - *(PGI June 06)*
a) Proteus vulgaris b) Chlamydia
c) Nocardia

2808. A boy is suffering from acute pyelonephritis. Most specific urinary finding will be - *(AIMSMay 07)*
a) W.B.C. casts b) Leucocyte esterase test
c) Nitrite test d) Bacteria in gram stain

2809. Sterile Pyuria is characteristically seen in -*(AI11)*
a) Renal Tuberculosis
b) Chronic Hydronephrosis
c) Wilm's Tumor
d) Neuroblastoma

2810. A young lady present with symptoms of Urinary Tract Infection. All of the following findings on a midstream urine sample support the diagnosis of 'Uncomplicated Acute Cystitis', Except - *(AI 11)*
a) Positive Nitrite Test
b) CFU count < 1000/ml
c) Detection of one bacteria/ field on Gram stain
d) > 10 WBC/HPF

2811. In case of renal transplant, most common infection within one month is - *(PGI June 97)*
a) Pneumococcus b) Gram-ve organism
c) Pneumocystis carinii d) Cryptococcus

2812. In chronic dialysis, most common CNS manifestation is - *(PGI June 97)*
a) Sensory loss b) Paralysis
c) Dementia d) Depression

2813. In a uremic patient, dialysis can reverse all these conditions except - *(AIMS Nov 08)*
a) Peripheral neuropathy b) Seizures
c) Pericarditis d) Myopathy

2814. All are true for transplanted kidney except -
a) Humoral antibody responsible for rejection
b) CMI responsible for rejection *(PGI Dec 99)*
c) Donor's antibody on transfusion can cause rejection
d) HLA identity similarity is seen in 1:100 people

2815. Which of the following drugs is not a part of the 'Triple Therapy' immunosuppression for post-renal transplant patients ? *(AI 06)*
a) Cyclosporine b)Azathioprine
c) FK506 d) Prednisolone

2816. Long term complication (>10yr) renal transplantation is/are - *(PGI June 05)*
a) Bacterial infection
b) Malignancy
c) Viral infection
d) Acute graft versus host reaction
e) Psychosis

2817. AI toxicity - *(PGI Dec 05)*
a) Dementia b) Bone disease
c) Cardiomyopathy d) Anemia

2818. Which drug is not used to prevent contrast nephropathy - *(AIMS Nov 10)*
a) Fenoldopam
b) N-acetylcysteine
c) Infusion of Hair normal saline
d) Hemodialysis

2819. Orthostatic proteinuria - *(PGI Dec 2000)*
a) Seen in recumbant position
b) Is benign
c) Future risk of nephrotic synd
d) > 300 mg/day

2820. Which of the following statements is incorrect with regard to heptorenal syndrome in a patient with cirrhosis - *(AIMSNOV2004)*
a) The creatinine clearance is > 40 ml/min
b) The urinary sodium is less than 10 mmol/L
c) The urine osmolality is lower than the plasma osmolality
d) There is poor response to volume expansion

2821. Hepatorenal syndrome feature are - *(PGI June 06)*
a) Urine sodium <10 mEq/L
b) Normal renal histology
c) Renal function abnormal even after liver become normal
d) Proteinuria <500 mg/day

2822. In renal vascular hypertension true is-
a) T Aldosterone b)T Renin *(PGI June 05)*
c) Hypokalemia d) 1 Angiotensin II
e) Hyponatremia

2823. Kidney lesions are common in - *(PGI June 06)*
a) PAN b) Type II DM
c) SLE

2824. Nail and half nail sign, seen in uremia is -
a) Due to melanin deposition *(AIMS May 07)*
b) Increased capillary density at the distal half of nails
c) Hypoproteinemia
d) Circulating toxin

2825. Restless leg syndrome seen in - *(AI09)*
a) Chronic renal failure b) hyperkalemia
c) Hypocalcemia d) Hyperphosphatemia

2826. A10 year old child develops hematuria after 2 days of diarrhoea. Blood film shows fragmented RBCs & thrombocytopenia. Ultrasound shows marked enlargement of both kidneys. The likely diagnosis is- *(AIMS June 99)*
a) Acute pyelonephritis
b) Disseminated intravascular coagulopathy
c) Haemolytic uremic syndrome
d) Renal vein thrombosis

2827. ACE inhibitors are contraindicated in bilateral renal artery stenosis because - *(AIMS 98)*
a) Angiotensin II is required for GFR
b) Hyperrenism which occurs in long term therapy is dangerous to the kidney which secondary damages kidney causing decreased renal bloodfoow
c) Bradykinin motabolism is affected
d) Prostaglandin levels are altered

2807)a,b 2808)a 2809)a 2810)? 2811)b 2812)c 2813)d 2814)c,d 2815)c 2816)b,c,e 2817)a,b 2818)a 2819)b 2820) a 2821) a,b 2822)a,b,c,d 2823) a,b,c 2824) b 2825) a 2826) d 2827) a

2828. Chronic renal failure is often complicated by all of the following except - *(UPSC 95)*
a) Myopathy
b) Haemolytic-uraemic syndrome
c) Peripheral neuropathy
d) Ectopic calcification

2829. All of the following are examples of tubulointerstitial disorder of the kidney except -
a) Hypercalcemic nephropathy *(UP 97)*
b) Lupus nephritis
c) Gouty mephropathy
d) Hypokalemic nephropathy

2830. Recurrent hematuria ina deaf mute is seen in- *(JIPMER98)*
a) Fanconis anemia b) Alport's syndrome
c) Renal cytes d) Nephrotic syndrome

2831. Polyuria is feature of all of the following except- *(UPSC97)*
a) Hypocalcemia b) Hypokalemia
c) Lithium toxicity d) ADH deficiency

2832. Investigation in a patient of oliguria revealed Urine osmolity 620 mosm/kg Urine sodium : 12mmol/L Urine /plasma urea ratio :13:1 - The most likely diagnosis is - *(UPSC97)*
a) Prerenal acute renal failure
b) Acute tubular recrosis
c) Acute cortical necrosis
d) Urinary tract obstruction

2833. Regarding fanconi syndrome all are correct except-
a) Usually presents by 6 months,but may present later *(AP 98)*
b) Linear growth is impaired
c) Uricosuria is a feature
d) Polyuria, polydipsia are features

2834. The anemia in CRF is due to - *(AMC 99)*
a) Decreased erythropoiesis
b) Increased haemolysis
c) Both
d) None

2835. Non-oliguric acute renal failure is commonly seen in- *(UPSC 2K)*
a) Pre-renal azotemia
b) Aminoglycoside toxicity
c) Acute glomerulonephritis
d) Septic shock

2836. All of the following are uremic manifestation improve with dialysis except - *(UPSC 2K)*
a) Metabolic acidosis
b) Osteodystrophy
c) Asterixis
d) Nausea,vommiting and anorexia

2837. RBC cast in the microscopic examination of the urine is an indicator of - *(UPSC 2K)*
a) Acute glomerulonephritis
b) Acute Pyelonephritis
c) Chronic glomerulonephritis
d) Nephrotic syndrome

2838. Microalbuminuria refers to urinary albumin excretion rate of - *(ICS 2K)*
a) 30-300mg/24hour b) 400-600 mg/24 hour
c) 700-900 mg/24 hour d) >1000 mg/24 hour

2839. Macroproteinuria is defined as protein excretion of-
a) < 350mg/d b) < 400mg/d *(KERELA 2K)*
c) <450mg/d d)>500mg/d
e) >550mg/d

2840. Which of the following values are suggestive of acute tubular necrosis -
a) Urine osmolarity >500
b) Urine sodium > 40
c) Blood urea nitrogen/plasma cratinine >20
d) Urine creatinine/plasma creatinine >40

2841. The absolute indications for dialysis include the following except- *(KERALA 2K)*
a) Persistent or severe hyperkalaemia
b) Congestive cardiac failure
c) Pulmonary odema
d) Hyperphosphataemia
e) Severe acidosis

2842. In type II RTA (Renal tubular acidosis) serum postassium level is - *(TN 2001)*
a) Low b) Normal
c) 5.7mEq d)>7mEq

2843. Young adult normotensive patient with painless gross hematuria, most likely diagnosis -
a) Minimal change disease *(MAHE 2001)*
b) IgA nephropathy
c) CresenticGN
d) Membrano proliferative

2844. A patient presents with multiple pulmonary cavities hematuria and red cells casts. The most likely diagnosis is - *(UPSC 2002)*
a) Anti GBM disease
b) Churg - Strauss allergic granulomatosis
c) Wegner's granulomatosis
d) Systemic lupus erthematous

2845. A 55 year old woman who has a history of severe depression and had radical mastectomy for carcinoma of breast one year back, develops polyuria noctiuria and excessive thirst -
Laboratory values are as follows *(UPSC 2001)*
Serum sodium 149 m Eq/L
Serum potassium 3.6 m Eq/L
Serum calcium 9.5 mg/dl
Glucose 110 mg.dl
Bun 30 mg/dl
Urine osmolatity 150 m Osm kg
The most likely clinical diagnosis would be -
a) Psychogenic polydipsia b) Renal glycosuria
c) Hypercalcicuria d) Diabetes insipidus

2846. Hyperkalemia is characterise of which type of Renal Tubular Acidosis - *(JIPMER 2002)*
a) Type I b) Type II
c) Type III d) Type IV

2828)b 2829) b 2830) b 2831) a 2832) a 2833) None 2834) a 2835) b 2836) b 2837) a 2838) a 2839) None
2840)b 2841)d 2842)a 2843)b 2844)c 2845)d 2846)d

2847. Acute tubular necrosis can be caused *by-(UPSC 01)*
a) Contrast media b) Hemolysis
c) Crush injury d) Shock

2848. In pyelonephritis the diagnostic urinary finidng is - *(KARNAT 96)*
a) Pus cell cast b) RBC cast
c) Pus cells d) RBCs

2849. All are decreased in Nephrotic syndrome except -
a) Albumin b)Tranferrin
c) Ceruloplasmin d) Fibrinogen

2850. Hypocomplementemia is seen in - *(A.P 97)*
a) Lupus nephritis
b) Focal glomerulonephritis
c) Minimal change disease
d) All

2851. Immume complex mediated gloomerular damage is seen in all except - *(Kerala 95)*
a) Membranoproliferative GN
b) Good pasture's syndrome
c) Crescentric GN
d) Focal segmental GN

2852. A child comes with abdomen pain, arthralgia, hematuria, hypertension diagnosis is -
a) Hemolytic uremic syndrome *(JIPEMR 98)*
b) Porphyria
c) Rheumatic fever
d) Dengue

2853. The accurate diagnostic aid in renal artery stenosis is - *(Karn 96)*
a) Selective renal angiography
b) Ultrasound
c) CT scan
d) MJ

2854. Recovery of renal functions after renal transplant usually takes - *(ROHTAK 97)*
a) 15 days b) 1 month
c) 3 months d) 6 months
e) 7 days

2855. Ultrasound and radionuclids studies are primary imaging modalities used for assessment of -
a) Renal trauma *(Orissa98)*
b) Renovascular hypertension
c) Renal tuberculosis
d) Renal transplant

2856. A pt. presents with hematuria of several days and dysmorphic RBS casts in urine. The site of origin is - *(SCTIMS01)*
a) Kidney b) Ureter
c) Bladder d) Urethra

2857. Renal tubular acidosis with hyperkalemia is seen in - *(Jipmer03)*
a) Type I b) Type II
c) Type III d) Type IV

2858. Most common cause of death in renal transplant patient in India - *(Orissa 04)*
a) Rejection b) Infection
c) Uremia d) Haemorrhage

2859. The term end stage renal disease (ESRD)[f] is considered appropriate when GFR falls *to-(UPSC 04)*
a) 50% of normal b) 25% of normal
c) 10-25% of normal d) 5 -10% of normal

2860. Normal sized to enlarged kidneys in a patient with chronic failure is indicative of - *(UPSC 04)*
a) Benign nephrosclerosis
b) Chronic glomerulonephritis
c) Chronic interstitial nephritis
d) Primary amyloidosis

2861. All are features of barters syndrome, except- *(Jipmer 04)*
a) Polyuria b) Metabolic alkalosis
c) Periodic paralysis d) Hypertension

2862. Kidney normally does not allow transglomercular passage of - *(SGPGI05)*
a) (3_2 microglobulin b) Lysozyme
c) Myoglobin d) Immunoglobin

2863. All are features of Acute Renal Failure (ARF) except- *(HPU05)*
a) Hypotension b) Metabolic acidosis
c) Hyperkalemia d) Hypertension

2864. The most specific marker of renal function is- *(UPSC05)*
a) Creatinine clearance b) Insulin clearance
c) Blood area d) Serum creatinine

2865. Nephrotic syndrome may be caused by the following except- *(UPSC05)*
a) Renal cell carcinoma
b) Minimal change nephropathy
c) Diabetes mellitus
d) Rheumatoid arthritis

2866. Regarding membranous glomerulonephritis, which of the following is not correct - *(ICS 05)*
a) Thickening of the basement membranes is usually present
b) A marked increase in cellular infiltrate within the glomerulus is usually present
c) This entity is most common in adults
d) Significant proteinuria is uaually present

2867. The most common cause of chronic renal failure is- *(J & k 05)*
a) Diabetes mellitus b) Hypertension
c) Glomerular diseases d) Interstitial diseases

2868. Renal damage due to amphotericin Bare all, except-
a) Azotemia *(MAHA05)*
b) Renal tubular acidosis
c) Glomerulonephritis
d) Hypokalemia

2869. A female patient Nandini presents with upper respiratory tract infection. Two days after, she develops hematuria. Probable diagnosis is -
a) IgA nephropathy *(MAHA05)*
b) Wegener's granulomatosis
c) Henoch scholein purpura
d) Post streptococcal glomerulonephritis

2847)All 2848)a 2849)d 2850)a 2851)b 2852)b 2853)a 2854)b 2855)d 2856)a 2857)d 2858)b 2859)d 2860)d 2861)d 2862)a 2863)d 2864)d 2865)d 2866)b 2867)a 2868)c 2869)a

2870. Salt losing nephritis is a feature of - *(MAHE 05)*
a) Interstitial nephritis
b) Renal amyloidosis
c) Lupus nephritis
d) Post streptococcal glomerulonephritis

2871. Hematuria with dysmorphic RBCs is a feature of which one of the follwing ? *(UPSC 06)*
a) Acute cystitis
b) Prostatitis
c) Hereditary nephritis
d) Cyclophosphamide toxicity

2872. All of the following are components of nephrotic syndrome except - *(COMED 06)*
a) Edema b) Hypercoagulability
c) Hypocholesterolemia d) Infection

2873. Nephrolithiasis occurs with the toxicity to -
a) Ritonavir b) Saquinavir *(COMED 06)*
c) Indinavir d)Nelfinavir

2874. Salt losing nephropathy - *(APPG06)*
a) Interstitial nephritis
b) Lupus nephritis
c) Amyloidosis
d) Post-streptococcal GN

2875. Consider the following conditions - *(UPSC 07)*
1. Central diabetes insipidus
2. Uncontrolled diabetes mellitus
3. Mannitol infusion
4. Post - obstructive diuresis

Which of the above result in solute diuresis?
a) 1 and 2 only b) 1,2 and 3
c) 2, 3 and 4 d) 1,3 and 4

2876. A patient presents with acute gastroenteritis in a dehydrated state. Which of the following conditions is highly suggestive of pre-renal renal failure ?
a) Urinary sodium > 40 m mol; Urine osmolality < 350 mosm/L *(UPSC 07)*
b) Urinary sodium > 40 m mol; Urine osmolality > 500 mosm/L
c) Urinary sodium < 20 m mol; Urine osmolality > 500 mosm/L
d) Urinary sodium < 20 m mol; Urine osmolality <350 mosm/L

2877. Chronic renal failure with inappropriately high haemoglobin levels may be seen with - *(UPSC 07)*
a) Hypertensive nephropathy
b) Ischaemic nephropathy
c) Diabetic nephropathy
d) Polycystic renal disease

2878. Which one of the following is not a feature of proximal renal tubular acidosis - *(UPSC 07)*
a) Growth failure b) Hypertonia
c) Acidic urine d) Polyuria

2879. Microalbuminuria is defined as protein levels os -
a) 100-150 mg/L b) 151-200 mg/L *(Corned 08)*
c) 201-300mg/L d)301-600mg/L

2880. Which of the following tests is most sensitive for detecting early diabetic nephropathy - *(Corned 08)*
a) Serum Creatinine b) Creatinine clearance
c) Microalbuminuria d) Ultra sonography

2881. Berger nephropathy disease is due to mesangial deposition of - *(Corned 08)*
a) Fibrin & C_3 b) IgD & C_3
c) IgE & C_3 d) IgA & C_3

2882. Which of the following is not a characteristic of Fanconi's anemia ? *(Delhi PG Feb. 09)*
a) Hematologic abnormalities in infancy
b) Pancytopenia
c) Skeletal anomalies
d) Chromosome fragility

2883. Common feature of Gitelman syndrome is:
a) Hyperkalemia *(Delhi PG Mar. 09)*
b) Metabolic alkalosis
c) Hypermagnesemia
d) High calcium excretion

2884. Serum C3 is persistently low in the following except- *(Manipal 09)*
a) Post streptococcal glomerulonephritis
b) Membranoproliferative glomerulonephritis
c) Lupus nephritis
d) Glomerulonephritis related to bacterial endocarditis

2885. Alport's syndrome is associated with all except-
a) Neuro-sensory deafness from birth
b) Posterior lenticonus *(Manipal 09)*
c) Peripheral retinal fleck
d) Haemorrhage nephritis

2886. A 20-year-old male is presented with end stage renal failure. Since 13 years of age, he has had progressive renal insufficiency initially with episodes of painless haematuria. He also has progressive deafness. His brother suffers from similar illness. What is the most likely diagnosis - *(UPSC-109)*
a) Alport syndrome
b) Henoch-Schonelin vasculitis
c) Familial lupus
d) Wegener's granulomatosis

2887. Hyperkalemia is observed in which one of the following conditions - *(UPSC-109)*
a) Type 1 renal tubular acidosis
b) Type 2 renal tubular acidosis
c) Type 4 renal tubular acidosis
d) Bartter's syndrome

2888. The following features are true about membranous glomerulopathy except - *(UPSC-109)*
a) Heavy proteinuria
b) Hyperlipidemia
c) Early onset of renal failure
d) Response to steroids

2889. In which one of the following conditions, is a renal biopsy contraindicated - *(UPSC-109)*
a) Acute renal failure
b) Uncontrolled hypertension
c) Nephrotic syndrome
d) Isolated hematuria

2870)a 2871)c 2872)c 2873)c 2874)a 2875)c 2876)c 2877)d 2878)b 2879)b 2880)c 2881)d 2882)a 2883)b 2884)c 2885)b 2886)b 2887) c 2888)c 2889)b

2890. Following the immunotherapy, in patients undergoing renal transplantation, the skin cancer most commonly seen is - *(UPSC-II09)*
a) Skin tumors b) Kaposi's sarcoma
c) Hepatomas d) Mycosis fungoides

2891. The commonest systemic abnormality associated with renal cell carcinoma is - *(COMED 09)*
a) Hypertension b) Polycythaemia
c) Elevated ESR d) Pyrexia

2892. The completeness of a 24-hour urine collection is best assessed by the simultaneous measurement of urinary- *(COMED 09)*
a) Volume b) Urea
c) Creatinine d)pH

2893. True about CF - *(PGIMay 10)*
a) Incidence is 1:2000
b) Positive Sweat test
c) Mutation in CFTR gene
d) May presents as meconium ileus
e) X-linked disorder

2894. Which drug is not used to prevent contrast nephropathy - *(AIIMS Nov 10)*
a) Fenoldopam
b) N-acetylcysteine
c) Infusion of Hair normal saline
d) Hemodialysis

2895. A patient is passing stones recurrently in urine for past few years. All are due to be restricted in diet except - *(AIIMS Nov 10)*
a) Protein restriction b) Calcium restriction
c) Salt restricted diet d) Phosphate restriction

2896. A man 25 yrs old presents with renal failure. His uncle died of renal failure 3 yrs ago. On slit lamp examination, keratoconus is present. Diagnosis is-
a) ADPCKD *(AIIMS Nov 10)*
b) ARPCKD
c) Aloport's syndrome
d) Denysh-Drash syndrome

2897. Sterile Pyuria is characteristically seen in - *(AI11)*
a) Renal Tuberculosis
b) Chronic Hydronephrosis
c) Wilm's Tumor
d) Neuroblastoma

2898. A young lady present with symptoms of Urinary Tract Infection. All of the following findings on a midstream urine sample support the diagnosis of 'Uncomplicated Acute Cystitis', Except - *(AI 11)*
a) Positive Nitrite Test
b) CFU count < 1000/ml
c) Detection of one bacteria/ field on Gram stain
d) > 10 WBC/HPF

2899. The most accurate measure of Glomerular Filtration Rate (GFR) can be obtained by - *(UPSC111)*
a) Creatinine clearance
b) Calculated urea clearance
c) Simultaneous determination of creatinine and urea clearance
d) Radioisotope ^I-iothalamate clearance

2900. Which one of the following is not a feature of renal artery stenosis? *(UPSC 111)*
a) Hypertension responds well to drugs
b) Kidneys may be asymmetrical
c) Atherosclerotic plaques are common
d) Serum creatinine may increase with ACE inhibitors

2901. Consider the following statements regarding membranous nephropathy - *(UPSC 111)*
1. Idiopathic membranous nephropathy has strong association with HLA - DRw3.
2. Microscopic haematuria is commonly detected in 60% of patients.
3. Hypertension is a common association.
4. Renal vein thrombosis may occur in nearly 50% of patients.

Which of the statements given above are correct?
a) 1,2 and 3 b)l,3and4
c) 1,2 and 4 d) 2, 3 and 4

2902. The following can lead to acute renal failure due to intrinsic renal disease except - *(UPSC 111)*
a) Systemic lupus erythematosus
b) Leptospirosis
c) Hepatoreanal syndrome
d) Hemolytic uraemic syndrome

2903. Consider the following categories of patients -
1. Young woman *(UPSC 111)*
2. Pregnant woman
3. Elderly woman
4. Post-renal transplant woman

Which of the above warrant active treatment for asymptomatic bacteriuria?
a) 1 and 2 b) 3 and 4
c) 1 and 3 d) 2 and 4

2904. Decreased fractional excreion of sodium is caused by - *(NEET/DNB Pattern)*
a) Prerenal azotemia b) Cortical ischemia
c) Glomerulonephritis d) Renal tubular acidosis

2905. In renal failure diuretic phase occur on -
a) 1st day b) 3rd day *(NEET/DNB Pattern)*
c) 28-35 day d) 14-18 day

2906. Most common cause of CRF in adults is -
a) TB b) HTN *(NEET/DNB Pattern)*
c) DM d) Scleroderma

2907. Azotemia occurs when - *(NEET/DNB Pattern)*
a) GFR 50% of normal
b) GFR 80% of normal
c) GFR 20% - 50% of normal
d) GFR 25% of normal

2908. What is not seen in CRF - *(NEET/DNB Pattern)*
a) Hypercalcemia b) Hyperkalemia
c) Hyperphosphatemia d) Hypocalcemia

2909. CRF with anemia best treatment - *(NEET/DNB Pattern)*
a) Iron b) Erythropoietin
c) Blood transfusion d) Folic acid

2890)a 2891)c 2892)c 2893)b,c,d 2894)a 2895)b 2896)c 2897)a 2898)b 2899)d 2900)a 2901)None 2902)c 2903) d 2904)a 2905) d 2906)c 2907)c 2908) a 2909)b

2910. Distal renal tubular acidosis is associated with-
a) Oxalate stones b) Citrate *(NEET/DNB Pattern)*
c) Calcium stones d) Uric acid stones

2911. The most common presentation of IgA nephropathy is - *(NEET/DNB Pattern)*
a) Nephritic syndrome
b) Nephrotic syndrome
c) Microscopic hematuria
d) Repeated gross hematuria

2912. HIV renal specific nephropathy-*(NEET/DNB Pattern)*
a) FSGS
b) Membrano proliferative
c) Mesangioproliferative G.N.
d) [illegible] hritis

2913. In Barter's Syndri ome, what is seen-
a) Metabolic Alkalosis *(NEET/DNB Pattern)*
b) Hypokalemia
c) Hyperkalemia
d) Decrease in urinary calcium

2914. Maximiy^siu^aa^rcapieter induced infection-
a) E.coli *(NEET/DNB Pattern)*
b) Pseudomonas
c) Staphy ioepccus epidermidis
d) Proteus

2915. Most common symptom of genitourinary TB - *(NEET/DNB Pattern)*
a) Renal colic b) [illegible]
c) Hematuria d) Painful micturition

2916. Kidney complication of renal transplant A/E -
a) Viral infection *(NEET/DNB Pattern)*
b) Graft Vs h(^tr^actidfc
c) Malignancy
d) Dementia

2917. Child with kidney transplant developed lympho-proliferative cancer. This is due to which viral infection- *(NEET/DNB Pattern)*
a) CMV b) Varicella
c) HPV d) EBV

2918. Post transplant lymphoma is most associated with -
a) EBV b) CMV *(AIIMS, May 12)*
c) Herpes simplex d) HHV-6

2919. Virus responsi Ml iro^p o s t|p:f ansplant lymphoproliferativ *(NEET/DNBPattern)*
a) HSV
c) CMV d) HIV

2920. Most ccunmou viral infection in kidney -
a) EBV b) HSV *(NEET/DNB Pattern)*
c) CMV d) HBV

2921. Most common }£& use lotcrdeai^^f|4i^f^5 patient - *(NEET/DNB Pattern)*
a) Cardiovascular b) Infection
c) Malignancy d) Anemia

2922. Indication of dialysis is all except-
a) Pericarditis *(NEET/DNB Pattern)*
b) Persistent hyperkalemia
c) Uremic encephalopathy
d) Severe volume overload

2923. Which drug is not used to prevent contrast nephropathy - *(NEET/DNB Pattern)*
a) Fenoldopam
b) N-acetylcysteine
c) Infusion of Hair normal saline
d) Hemodialysis

2924. True about hepatorenal syndrome-*(NEET/DNB Pattern)*
a) Seen in advanced stage of cirrhosis
b) Type II more serious prognosis than type I
c) Due to intense hypoperfusion of kidney
d) Renal insult is the primary injury

2925. Most common renal manifestation of leprosy -
a) Minimal change G.N. *(NEET/DNB Pattern)*
b) Crescentric G.N.
c) Mesangioproliferative G.N.
d) FSGS

2926. Treatment of renal crises in scleroderma is-
a) β-blocker *(NEET/DNB Pattern)*
b) Losartan
c) ACE inhibitor
d) Nitrates

CENTRAL NERVOUS SYSTEM

GENERAL

2927. UMN lesion is characterised by - *(AI99)*
a) Weakness & spasticity
b) Fasciculations
c) Rigidity
d) Localised muscle atrophy

2928. All are features of pyramidal tract lesion, Except -
a) Involuntary movement *(AI Sep. 96)*
b) Positive Babinski's sign
c) Spasticity
d) Increased deep tendon reflexes

2929. Features of UMN lesion - *(PGI June 06)*
a) Spasticity b) Rigidity
c) Babinski positive d) Hyperreflexia
e) Weakness

2930. Fasciculations are seen in - *(AI 95)*
a) Motor neuron disease
b) Duchenne's muscular dystrophy
c) Polymyositis
d) None of the above

2931. Fasciculation is seen in - *(PGIDec. 03)*
a) UMN type of lesion
b) LMN type of lesion
c) Myoneural junction
d) Peripheral neuropathy

2932. Which among the following does not cause exaggerated jaw jerk - *(PGI June 99)*
a) Multiple sclerosis b) Motor neurone disease
c) Pseudobulbar palsy d) Syringomyelia

2910)c 291 l)d 2912)a 2913)b 2914)a 2915)b 2916)d 2917)d 2918)a 2919)b 2920)c 2921)a 2922)d 2923)a 2924)c 2925)c 2926)c 2927)a 2928)a 2929)a,c,d,e 2930)a 2931)b 2932)d

2933. Bulbar palsy is seen in - *(PGI Dec 2000)*
a) Myesthania gravis b) M.N.D.
c) Arsenic poisoning d) Lead poisoning
e) Polio

2934. Spinal shock is characterised by - *(PGIJUNE 03)*
a) Spasticity b) Wasting
c) Sensory loss d) Urinary retention
e) Areflexia

2935. Spinal shock is characterized by all except- *(PGI 09)*
a) Spastic paralysis
b) Flaccid paralysis
c) Urinary bladder involvement
d) Areflexia
e) Sensory loss

2936. Which of the following signs is not suggestive of a cervical spinal cord injury -
a) Flaccidity
b) Increased rectal sphincter tone
c) Diaphragmatic breathing
d) Priapism

2937. Cervical cord injury does not cause - *(PGI June 99)*
a) Homer's syndrome
b) Loss of sensation over face
c) Spasticity of foot
d) Wasting with fasciculations of lower limb

2938. Painless burn in hand is a characteristic feature of-
a) Syrinyomgelia *(AI99)*
b) Thalamic syndrome
c) Cord compression
d) Systemic-lupus-erythematosis

2939. Feature (s) of syringomyelia is/are - *(PGI 09)*
a) Dissociated sensory loss
b) Wasting of small muscles of hand
c) Symmetrical involvement
d) Ascending weakness
e) Frequent bladder- bowel involvement

2940. Type of sensation lost on same side, in Brown sequard syndrome is- *(NOV 93)*
a) Pain b) Touch
c) Proprioception d) Temperature

2941. The following are components of Brown sequard syndrome except - *(AI 0 7)*
a) Ipsilateral extensor plantar response
b) Ipsilateral pyramidal tract involvement
c) Contralateral spinothalamic tract involvement
d) Contralateral posterior column involvement

2942. All except in brown sequard syndrome -
a) Ipsilateral pyramidal tract features
b) C/L dorsal column *(AIIMS Nov 11)*
c) C/L spinothalmic
d) Ipsilateral planter extensor

2943. All of the following statements about Conus syndrome are true except - *(AIPGMEE 08)*
a) Saddle anaesthesia is present
b) Flexor plantar response is seen
c) Knee and ankle jerks are absent
d) Bowel and bladder involvement is prominent

2944. All of the following statements about extramedullary tumours are true except - *(AIPGMEE 08)*
a) These can lead to brown sequard syndrome
b) Radicular pain is often prominent
c) Early sacral sensory loss occurs
d) Spastic weakness in the legs is early feature

2945. Dissociated sensory loss in a case of tumor of central spinal cord is due to lesion of - *(AIIMSNov 09)*
a) Dorsal column fibres
b) Anterior Spinothalmic tract
c) Decussating fibres of lateral spinothalmic tract
d) Cilio spinal centre of spinal cord

2946. Beevor sign is seen in - *(AIIMS May 09)*
a) Abdominal muscle b) Respiratory muscle
c) Facial muscle d) Hand muscle

2947. Which is not affected in lesion of posterior column of spinal cord ? *(PGI June 07)*
a) Romberg's sign b) Temperature sense
c) Vibration sense d) Ataxia

2948. Paraplegia lesion is located in - *(PGI June 08)*
a) Cervical b) Upper thoracic
c) Lower thoracic d) Lumbar
e) Lumbosacral

2949. Spinal shock is characterised by - *(PGIJUNE 03)*
a) Spasticity b) Wasting
c) Sensory loss d) urinary retention
e) Areflexia

2950. Which is pathognomic for motor neuron disease -
a) Fasciculation *(Dec 95)*
b) Bladder, bowel involvement
c) Pseudohypertrophy
d) Sensory loss in patchy manner

2951. Motor neuron disease, TRUE is - *(May 94)*
a) Sensory involvement
b) Ocular motility is impaired
c) Involvement of anterior and lateral columns of spinal cord
d) Intellectual improvement

2952. Spinomuscular atrophy is seen in lesion of- *(PGI Dec 98)*
a) Anterior horn b) Peripheral nerve
c) Neuromuscular junction d) Any of the above

2953. A middle aged man presents with progressive atrophy and weakness of hands and forearms. On examination he is found to have slight spasticity of the legs, generalized hyper-reflexia and increased signal in the cortico-spinal tracts on T2 weighted MRI. The most likely diagnosis is- *(AIIMSNov 2004)*
a) Multiple selerosis
b) Amyotrophic latetal sclerosis
c) Subacute combined degeneration
d) Progressive spinal muscular atrophy

2954. Pathology in motor neuron disease is at? *(AI 10)*
a) Anterior horn cells
b) Posterior column tracts
c) Spinothalamic tract
d) Peripheral nervous system

2933)a,b,e 2934)c,d,e 2935)a 2936)b 2937)b,d 2938)a 2939)a,b 2940)c 2941)d 2942)b 2943)c 2944)a
2945)c 2946) a 2947)b 2948)c,d,e 2949)c,d,e 2950) a 295l)c 2952) a 2953) b 2954) a

2955. Amyotrophic lateral sclerosis involve-(PG/ *June 03)*
a) Anterior horn cell b) Posterior horn cell
c) Dorsal root ganglia d) Ventral root ganglia
e) Myoneural junction

2956. Spastic paraplegia can be caused by the following except- *(AI09)*
a) Motor neuron disease
b) Chronic lead poisoning
c) VitaminBl2 deficiency
d) Cervical spondylosis

2957. Localised regional cerebral atrophy is seen in- *(PGIDec 02)*
a) Alzheimer's disease b) Frontotemporal dementia
c) PML d) C.J. disease
e) Friedreich's ataxin

2958. Earliest presentation of Friedrich's ataxia is-
a) Ataxia b) Seizures *(AIIMSNov 93)*
c) Optic atrophy d) Stuttering

2959. Absent ankle jerk and extensor plantar response is found in - *(PGD June 98)*
a) Friedreich's ataxia b) Tabes dorsalis
c) SACD d) Vit B deficiency

2960. 65 year old man presents with anaemia and posterior column dysfunction, the likely cause is - *(May 95)*
a) Bj-deficit b) B_{l2}-deficit
c) SSPE d) Multiple selerosis

2961. Subacute combined degeneration due to to Vit B_{12} deficiency mainly involves - *(PGIDEC 03)*
a) Peripheral nerve b) Corticospinal tract
c) Posterior column d) Spinocerebellar tract
e) Spinothalamic tract

2962. All are true about subacute combined degeneration of spinal cord except - *(AI 99)*
a) Due to deficiency of vitamin B_{12}
b) Posterior column involvement
c) Corrticospinal involvement
d) Absent deep tendon reflexes

2963. Bilateral loss of tendon jerk and extensor plantar response is seen in - *(AIIMSDec 98)*
a) Amyotrophic lateral sclerosis
b) Freidrich's ataxia
c) Tabes dorsalis
d) Lead poisoning

2964. All are features of tabes dorsalis, except -
a) Ataxia *(AIIMS Dec 97)*
b) Argyll Robertson's pupil
c) Bladder disturbances
d) Hyperreflexia

2965. Pyramidal tract involvement with absent arikle j erk is seen in - *(AIIMSMay 2001)*
a) Fredericks ataxia
b) Subacute combined degeneration of the spinal cord
c) Lathyrism
d) Tabes dorsalis

2966. Causes of facial palsy are - *(PGI Dec 2000)*
a) Bell's palsy b) Herpes infection
c) Ramsay Hunt syndrome d) Acoustic neuroma

2967. Most common cause of LMN facial palsy is- *(PGIJune97)*
a) Disseminated sclerosis b) Bell's palsy
c) DM d)Leprosy

2968. TRUE regarding upper motor neuron Vllth nerve paralysis is - *(AIIMS Dec95)*
a) Ipsilateral upper face paresis
b) Ipisilateral lower face paresis
c) Contralateral upper face paresis
d) Contralateral lower face paresis

2969. After a minor head injury a young patient was unable to close his left eye and had drooling of saliva from left angle of mouth. He is suffering from -
a) Vllth nerve injury *(AIIMSMay 2003)*
b) Vth nerve injury
c) IHrd nerve injury
d) Combined Vllth and IHrd nerve injury

2970. LMN type Facial palsies - *(PGIDec 02)*
a) Bell's palsy most common
b) Cornea should be protected
c) Bilateral paralysis is seen in Melkerson syndrome
d) Unilateral paralysis is seen in Mobius syndrome
e) Prognosis affected before repeated electric stimulation

2971. Facial nerve palsy at stylomastoid canal can cause -
a) Hperacusis *(AIIMS June 99)*
b) Loss of corneal reflex at side of lesion
c) Loss of lacrimalion at side of lesion.
d) Loss of taste sensation on anterior 2/3 of ipsilateral tongue

2972. Horner's syndrome. All true except-
a) Miosis *(AIIMS May 11)*
b) Anhydrosis
c) Hyperchromatic iris
d) Apparent exophthalmos

2973. Horner's syndrome is seen in all except -
a) Carotid artery aneurysm *(AIIMS Nov 10)*
b) Medial medullary syndrome
c) Can occur following surgery for raynaud's syndrome
d) Multiple sclerosis

2974. The condition where babinski sign is positive but deep tendon jerks are absent is- *(Delhi 96)*
a) Cerebral hemorrhage b) Cerebral palsy
c) Cerebral tumour d) Fredericks ataxia

2975. All of the following is used for gradation of coma in Glasgow coma scale except- *(UP 9 7)*
a) Eye opening b) Motor response
c) Verbal response d) Bladder function

2976. Ataxia is a complication of- *(Karnat 98)*
a) Chicken pox b) Measles
c) Mumps d) Glandular fever

2955)a 2956)b 2957)b 2958) a 2959)a 2960)b 2961)b,c 2962)d 2963)b 2964)d 2965) a 2966)All 2967)b 2968) d 2969) a 2970) a,b 2971) b 2972) d 2973) b 2974) d 2975) d 2976) a

2977. Cervical sympathetic lesion causes all except -
a) Miosis b) ptosis *(KeralaE 95)*
c) Enophthalmos d) Increased sweating

2978. Which herniation is the one that leads to brain stem injury- *(JIPMER 95)*
a) Cingulate b) Hippocampal
c) Subfalcine d) Cerebellar tonsils

2979. Which of the following causes pseudotumour cerebrii- *(TN 95)*
a) Chronic subdural hematoma
b) Cerebellar tumours
c) Hypervitaminosis A
d) Cerebral hemangiomas

2980. All of the following are recognised features of psuedotumour cerebrii, except - *(UP 97)*
a) Papilloedma
b) Absece of localizing neurological deficit
c) Increased protein content in the CSF
d) Normal sized ventricles on CT scanning

2981. Juvenile huntington's disease is marked by-
a) Chorea b) Athetosis
c) Tremors d)Tics

2982. Inverted lasegue sign is seen in lesions of-
a) LI b)L2 *(JIPMER95)*
c) 13 d)L4

2983. Meningioma arises from- *(JIPMER95)*
a) Extra dural arteries b) Extra cranial muscles
c) Venous sinuses d) Arachnoid cap cells

2984. A 40 year old female presents with a history of sudden onset of headache and nausea which passed off with rest and analgesics.Later she developed blurring of vision for a few days. On the day of admission she had developed third nerve palsy with neck rigidity. The temperature was 100°F.The most likely diagnosis is-
a) Acute attack of migraine *(UPSC95)*
b) Viral encephalitis
c) Sub-arachnoid haemorrhage
d) Severe hypertension

2985. Lesions of the posterior column causes- *(TN 95)*
a) Ataxia b) Anaesthesia
c) Rigidity d) Paralysis

2986. One of the characteristic bedside features of Korsakoff's psychosis is- *(UPSC 96)*
a) Astereogenesis b) Apraxia
c) Confabulation d) Hallucination

2987. Spironolactone bodies are seen in- *(Assam 95)*
a) Neuron b) Mitocnondria
c) Hippocampus d) None of the above

2988. In recent memory loss probable lesion is in- *(AMU95)*
a) Thalamus b) Temporal lobe
c) Frontal lobe d) None

2989. Flapping tremors are not seen in- *(UP 96)*
a) Wilson's disease b) Thyrotoxixosis
c) $C0_2$ narcosis d) Uremia

2990. Which is not a characteristic of paradoxical sleep-
a) High heart rate *(CUPGEE96)*
b) HighB.P.
c) High respiratory rate
d) Muscle hypertonia

2991. Unicinate fits are seen in tumours of the- *(UP 97)*
a) Frontal lobe b) Parietal lobe
c) Temporal lobe d) Occipital lobe

2992. An 80 year old person has started forgetting the names of familiar persons and places. There has been noconfabulation.He tends to forget whether he has had his meals.Clinical and neurological examination reveals no abnormality.CT scan of the brain showed symmetrical enlargement of lateral ventricles and wider sulci. The most likely diagnosis is- *(UPSC 97)*
a) Confusional state
b) Alzheimer's disease
c) Alcholol dementia
d) Chronic cerebrovascular insufficiency

2993. The most common cause of facial palsy is -*(AP97)*
a) Bell's palsy b) Cuillain-Bare syndrome
c) Parotid tumour d) Injury to the facial nerve

2994. Personality chages is seen in lesions of- *(MP 98)*
a) Temporal lobe lesions b) Parietal lobe
c) Frontal lobe d) Occipital lobe

2995. Pseudocoma results from infarction or haemorrhage in- *(ICS 98)*
a) Pons b) Mid-brain
c) Medulla d) Hypothalamus

2996. The most common physical sign of cerebral metastasis- *(Karnat 98)*
a) Epilepsy b) Focal neurological deficit
c) Papilloedema d) Visual defects

2997. Hang up knee jerk is seen in- *(Kerala 98)*
a) Chorea b) Cerebral palsy
c) Athetosis d)None

2998. All of the following are true of early onsets Alzheimer's disease except - *(Kerala98)*
a) Associated with chromosomal anomalies
b) Profound retardation seen
c) Necrosis of brain neurons seen
d) None

2999. Not given intrathecally- *(Kerala98)*
a) Methotrexate b)Taxol
c) 5FU d)Cyclophosphamide

3000. Arnold-Chiari malformation- All are true except-
a) Cerebellomedullary malformation *(SCTIMS 98)*
b) Almost always associated with severe spina bifida
c) There is obstruction to the flow of CSF
d) 4th ventricle lies above the level of formen magnum

3001. Senile plaques in brain is a feature of-*(JIPMER 2K)*
a) Multiple sclerosis b) Parkinsonism
c) Alzheimer's desease d) Wilson's disease

2977) d 2978) d 2979) c 2980)c 2981)a 2982)c 2983)d 2984)c 2985)a 2986)c 2987)d 2988)a,b 2989)b2990)d
2991)c 2992)b 2993)a 2994)c 2995)a 2996)b 2997)a 2998)d 2999)b 3000)d 3001)c

3002. Foster's test is used in the diagnosis of-
a) Spastic type of cerebral palsy *(JIPMER 2K)*
b) Hypotonic CP
c) Choreo athetotic CP
d) Myasthenia gravis

3003. Frenkel's exercise is done in case of-*(Calcutta 2K)*
a) MND b) Myopathy
c) Syringomyelia d) Tabes dorsalis

3004. Prosopagnosia is- *(Orissa R)*
a) Inability to recognise faces
b) Inability to know time
c) Inability to recognise places
d) None of the above

3005. Features of Balint's syndrome include which of the following? *(Kerala 2 K)*
a) Prosopagnosia b) Simultanagnosia
c) Visual object agnosia d) Construction apraxia
e) Dressing apraxia

3006. Intellectual detoriation in a 8 year boy with myoclonus is seen in- *(NIMHANS 2K)*
a) SSPE b) C-J disease
c) GSS d) Kuru

3007. Prosopongnoisa- *(NIMHANS 2K)*
a) Inability to do fine movement
b) Inability to recognise face
c) Seen in Baline syndrome
d) Associated with Grestman syndrome

3008. Brain death means loss of- *(DNB 2001)*
a) Cortical function b) Brain stem function
c) Spinal reflexes d) Corneal reflex

3009. Progressive multifocal leukoencephalopathy (PML) is characterised by all of the below except-
a) Caused by JC virus *(Karnataka 01)*
b) Late manifestation of AIDS
c) Cognitive impairment common
d) Brainstem can be involved

3010. Which of the following is not true about prion disease-
a) Infective proteins *(J & K 2001)*
b) Neurodegenerative disease
c) Brain biopsy is specific
d) Prions cannot be killed by routine methods

3011. In facial palsy, food accumulated in the mouth dueto paralysis of - *(NIMHANS 2001)*
a) Masseter b) Temporalis
c) Mentalis d) Buccinator

3012. Bilateral facial palsy is seen in- *(NIMHANS2001)*
a) Myaesthania gravis
b) GuillainBarre
c) Muscular dystrophy
d) Duchnene muscular dystrophy

3013. Golden hour in thrombolytic therapy for cerebral stroke- *(TN 2002)*
a) 3hrs b)6hrs
c) 12hrs d)24hrs

3014. Which IV fluid should not be used in a patient with head injury - *(SCTIMS 2K)*
a) 5% Dextrose b) Normal saline
c) Dextrose normal saline d) All of the above

3015. Investigation of choice in cerebral abscess is -
a) Plain X-ray b) Ultrasound *(SCTIMS 98)*
c) CTScan d)MRI

3016. NormalCSF pressure is- *(SCTIMS 98)*
a) 110-180 mm CSF b)180-300mm
c) 200-400 mm d) 5-10 mm

3017. Brain space occupying lesions causes death by -
a) Acute Hypertension (*Delhi 84, 86,*
b) Brain herniation *UPSC 82, PGI83, 87)*
c) Cushing syndrome
d) Hypotension

3018. A 10 year old boy presents with superior quadrantanopia and headache. Most likely diagnosis is - *(Jipmer 03)*
a) Temporal lobe tumour b) Optic atrophy
c) Pituitary adenoma d)Craniophara

3019. In hepatic encephalopathy the EEG shows- *{Jipmer 03)*
a) a - activity waves b) a (delta) - waves
c) e (theta) - waves d) Rapid a - waves

3020. In Balint syndrome all are seen *except-(Manipal 04)*
a) Simultagnosia b) Dysgraphia
c) Ataxia d) Apraxia

3021. Picket Fence Fever is seen in - *(Bihar 03)*
a) Lateral Sinus Thrombosis
b) Petrositis
c) Meningitis
d) Temporal lobe abscess

3022. Coast of California sign is seen in -
a) Neurofibromatosis b) Fibrous dysplasia
c) Tuberous sclerosis d) Sturge weber syndrome

3023. Examples of PRION disease include -
a) Creutzfeldt-Jakob disease *(Karnataka 04)*
b) Subacute sclerosing panencephalitis
c) Alzheimer's disease
d) None of the above

3024. The most common physical sign of cerebral metastasis - *(Jipmer 05)*
a) Epilepsy b) Focal neurological deficit
c) Papilloedema d) Visual defects

3025. In amyotrophic lateral sclerosis true statement is-
a) Present with seizures *(MAHE 05)*
b) Lesion in ant. horn cells
c) Corticospinal tract
d) Hyporeflexia

3026. All of the following are true about Frederich's ataxia except- *(SGPGI05)*
a) Autosomal recessive
b) Spinal cord, dorsal root ganglion cell are primarily involved
c) Weakness in lower limbs
d) Plantar flexor response

3027. All of the following are signs of cerebellar disease except - *(COMEDK 05)*
a) Resting tremors b) Past pointing
c) Nystagmus d) Ataxic gait

3002)a 3003)d 3004)a 3005)b 3006)a 3007)b 3008)a,b,d 3009)None 3010)None 3011)d 3012)b 3013)a 3014)a 3015)c 3016)a 3017)b 3018)a 3019)b,c 3020)b 3021)a 3022)a 3023)a 3024)b 3025)b,c,d 3026)d 3027)a

3028. In Alzheimer's disease which area of brain in involved- *(HPU05)*
a) Cerebral cortex b) Hippocampus
c) Cerebellum d) A+B

3029. Lesion is Alzheimer's disease are commonest at- *(HPU05)*
a) Amygdala b) Nucleus of Meynerts
c) Pineal gland d) Prefrontal sulcus

3030. Guillain-Barre syndrome is characterized by the presence of the following except - *(UPSC 05)*
a) Quadriparesis
b) Depressed/absent deep tendon jerks
c) Objective evidence of sensory loss
d) Albumino-cytological dissociation in CSF

3031. Isolated 3rd nerve palsy is seen in- *(Jipmer 05)*
a) Frontal lobe tumour
b) Webers syndrome
c) Diabetes
d) Lateral medullary syndrome

3032. Brain abscess in cyanotic heart disease is commonly located in - *(AI06)*
a) Cerebellar hemisphere b) Thalamus
c) Temporal lobe d) Parietal lobe

3033. The following treatment options are useful in the management of Guiilain-Barre Syndrome except -
a) Intra-venous immunoglobulin *(UPSC 06)*
b) Intra-venous methotrexate
c) Plasmapheresis
d) Physical medical rehabilitation

3034. Alzeihmer's disease is associated with -
a) Chr 21 b) Chr 19 *(NIMHANS 06)*
c) Chr.21 d) Chr. 22

3035. Senile plaques in Alzeihmer's diseasae are rich in-
a) Amyloid *(NIMHANS 06)*
b) Tau protein
c) ApoE
d) Neuroglia

3036. Earliest feature in Multiple sclerosis is -
a) Optic neuritis *(NIMHANS06)*
b) Inter nuclear ophthalmologia
c) Ataxia
d) Weakness

3037. Kluver - Bucy Syndrome is associated with lesion in- *(NIMHANS06)*
a) Hippocampus b) Amygdala
c) Mamillary body d) Cerebral cortex

3038. Single most common finding in Aphasic Patients is - *(NIMHANS06)*
a) Anomia b) Apraxia
c) Alexia d) Agraphia

3039. Astasia - Abasia is seen in - *(NIMHANS 06)*
a) Parkinsonism b) Alzeihmer's
c) Schizophrenia d) Hysterical conversion disorder

3040. The following are preventable risk factors for dementia - *(COMED 06)*
a) Hypertension b)ApoE4
c) Age d) Lowered Homocysteine

3041. The annual conversion rate to dementia in patients with mild congnitive impairment is - *(COMED 06)*
a) 10% b) 20%
c) 30% d) 40%

3042. Which of the following is true about multiple sclerosis except - *(APPG 06)*
a) Nystagmus on abducting eye
b) Nystagmus on adducting eye
c) One and half syndrome
d) Pendular nystagmus

3043. In cranial synostosis scaphyocephaly there is premature closure of which suture ? *(APPG 06)*
a) Sagittal suture b) Coronal suture
c) Lamdoid suture d) All above

3044. All of the following are true regarding progressive multifocal leukoencephalopathy except - *(Kam 06)*
a) Only manifestation of JC virus infection
b) Late manifestation of AIDS
c) Cerebellar involvements is unknown
d) Paradoxical worsening with anti-retroviral therapy

3045. Bilateral inter nuclear ophthalmoplegia is pathognomonic of- *(Kam 06)*
a) Multiple sclerosis
b) Pontine glioma
c) Lateral medullary syndrome
d) Pontine haemorrhage

3046. Werneks's encephalopathy is characterized by all except - *(NIMHANS06)*
a) Global confusionb) Ataxia
c) Aphasia d) Abducent nerve paralysis

3047. Following is a clinical feature of cerebellar disease-
a) Paralysis b) Sensory deficit *(Corned07)*
c) Ataxia d) Resting tremors

3048. Cortical lesions are usually accompanied by word blindness due to involvement of *(Corned07)*
a) Angular gyrus b) Laterla geniculate body
c) Occipital cortex d) Edinger-Westphal nucleus

3049. All of the following are signs of cerebellar disease EXCEPT- *(Corned07)*
a) Resting tremorsb) Past pointing
c) Nystagmus d) Ataxic gait

3050. Unilateral steppage gait occurs in all except -
a) L 5 radiculopathy *(Corned08)*
b) Sciatic neuropathy
c) Peroneal neuropathy
d) Distal polyneuropathy

3051. According to the Glasgow Coma Scale (GCS), a verbal score of 1 indicates - *(Delhi PG Feb. 09)*
a) No response
b) Inappropriate words
c) Incomprehensible sounds
d) Disoriented response

3028)d 3029) b 3030) c 303l)c 3032) d 3033) b 3034) a,b 3035) a 3036) a 3037) b 3038) a 3039) d 3040) a 3041) a 3042)b 3043)a 3044)c,d 3045)a 3046)b 3047)c 3048)a 3049)a 3050)b 3051)a

3052. Reduced blink reflex occurs in all except -
a) Alcohol intoxication *(Manipal 09)*
b) Parkinsonism
c) Progressive supranuclear palsy
d) Myasthenia gravis

3053. Features of tentorial herniation include -
a) Vomiting *(Manipal 09)*
b) Deterioration of consciousness
c) Dilated pupil
d) All the above

3054. The following are true about benign paroxysmal positional vertigo except - *(UPSC-109)*
a) Fatigability b) Good reproducibility
c) Habituation d) Latency

3055. All of the following are signs of cerebellar disease except - *(COMED 09)*
a) Resting tremorsb) Past pointing
c) Nystagmus d) Ataxic gait

3056. Treatment of increased ICT are - *(PGINov. 10)*
a) Loop diureticsb) Mannitol
c) Hypercarbia d) Ventriculostomy catheter
e) Hypertonic saline

HEADACHE

3057. A female aged 30 presents with episodic throbbing headache for past 4 years. It usually involves one half of the face and is associated with nausea and vomiting. There is no aura, most likely diagnosis is-
a) Migraine b) Cluster headache
c) Angle closure glaucoma d) Temporal arteritis

3058. A female has episodic, recurrent headache in left hemicranium with nausea and parasthesia on right upper and lower limbs, is most probably suffering from - *(AIIMS June 2000)*
a) Migraine
b) Glossopharyngeal neuralgia
c) Herpes zoster infection of trigeminal Nerve
d) Brain tumour

3059. Ophthalmoplegic migraine *means*-*(AIIMSMay 03)*
a) When headache is followed by complete paralysis of the III and VI nerve on the same side as the hemicrania
b) When the headache is followed by partial paralysis of the III nerve on the same side as the hemicrania without any scotoma.
c) Headache associated with III, IV and VI nerve paralysis
d) Headache associated with optic neuritis

3060. Ophthalmoplegic migraine is characterized by -
a) Transient diplopia *(AI11)*
b) Headache with vomiting episodes
c) Headache with benign recurrent 3rd N. palsy
d) Headache with complete vision loss

3061. Drugs used in management of migraine include the following except? *(AI 10)*
a) Valproate b) Ethosuximide
c) Topiramate d) Verapamil

3062. Drugs used for Prophylaxis of migraine include the following except? *(AI 10)*
a) Sumitriptan b) Valproate
c) Serotonergic drugs d) TCAs

3063. All of the following durgs are used in prophylaxis of migraine, except - *(AI11)*
a) Propanolol b) Flunarizine
c) Tapiramate d) Levetiracetam

3064. What is drug of choice for acute attack of migraine-
a) Methysergide b) Caffeine *(May 95)*
c) Amitryptiline d) Sumatriptan

3065. A 45-year old man presents with a daily headache. He describes two attacks per day over the past 3 weeks. Each attack lasts about an hour and awakens the patient from sleep. The patient has noted associated tearing and reddening of his right eye as well as nasal stuffiness. The pain is deep, excruciating, and limited to the right side of the head. The neurologic examination is nonfocal. The most likely diagnosis of this patient's headache is - *(AIIMSNov 99)*
a) Migraine headache b) Cluster headache
c) Tension headache d) Brain tumour

3066. A woman has bilateral headache that worsens with emotional stress : she has two children, both doing badly in school diagnosis is - *(AI 01)*
a) Migraine b) Cluster headache
c) Tension headache d) Trigeminal neuralgia

3067. A 64 year old lady Kamla complains of severe unilateral headache on the right side and blindness for 2 years. On examination there is a thick cord like structure on the lateral side of the head. The ESR is 80 mm/hr in the first hour. The most likely diagnosis is - *(AIIMSMay 2001)*
a) Temporal arteritis b) Migraine
c) Cluster headache d) Sinusitis

3068. A 35 year old lady Malti has unilateral headache, nausea, vomiting and visual blurring. The diagnosis is- *(AIIMS June 99)*
a) Cluster headache
b) Glaucoma
c) Subarachnoid haemorrhage
d) Posterior fossa cyst.

3069. A 45 years old hypertensive male presented with sudden onset severe headache, vomiting and neck stiffness. On examination he did't have any focal neurological deficit. His CT scan showed blood in the Sylvain fissure. The probable diagnosis is -
a) Meningitis *(AIIMS May 2003)*
b) Ruptured aneurysm
c) Hypertensive bleed
d) Stroke

3052) d 3053) d 3054) b 3055) a 3056)a,b,d,e 3057) a 3058) a 3059) b 3060) c 306 l)b 3062) a 3063) d 3064) d 3065)b 3066)c 3067)a 3068)b 3069)b

3070. Sudden excruciating headache is seen in- *(PG1 Dec.*
a) SAH b) Aneurysmal bleeding *02)*
c) Epilepsy d) Intracerebral hemorrhage
e) Hysteria

3071. A patient presented with thunder clap headache. Followed by unconsciousness with progressive 3rd cranial nerve palsy - *(AIIMS Nov 09)*
a) Extradual hemorrhage
to) Aneurysmal subarachnoid hemorrhage
c) Basilar migraine
d) Cluster Headache

3077!. A patient presented with thunder clap headache followed by unconsciousness with pregressive III ranial nerve palsy. Likely diagnosis is -
a) Extradural hemorrhage *(AIIMS Nov 10)*
b) Aneurysmal subarachnoid hemorrhage
c) Basilar migraine
d) Cluster headache

3073. A woman complains of headache associated with paresthesias of the right upper and lower limb : likely diagnosis is - *(AI01)*
a) Trigeminal neuralgia
b) Gossopharyngeal neuralgia
c) Migraine
d) Cluster headache

3074. An adolescent female has headache which is intermittent in episode in associated with tinnitus, vertigo and hearing loss. There is history of similar complains in her mother. Most likely diagnosis -
a) Basilar migraine *(AIIMS Nov 09)*
b) Cervical spondylosis
c) Temporal arteritis
d) Vestibular neuronitis

3075. A young girl presents with repeated episodes of throbbing occipital headache associated with ataxia and vertigo. The family history is positive for similar headaches in her mother. Most likely diagnosis is - *(AI 11)*
a) Vestibular Neuronitis b) Basilar migraine
c) Cluster headache d) Tension headache

3076. Prophylaxis for migraine - *(NIMHANS 05)*
a) Sumitriptan b) Amytriptiline
c) Nifidipine d) Diazepam

3077. A 35-year-old man presents with daily headache. He describes two attacks per day over the last 3 weeks. Each attack lasts about an hour and awakens him from sleep. The patient has noticed associated teatringand reddening of the right eye as well as nasal stuffness. The pain's deep, excruciating, and limiting to the right side of the head. The neurological examination is normal. What is the most likely diagnosis ? *(UPSC-109)*
a) Migraine headache b) Tension headache
c) Cluster headache d) Brain tumour

3078. All of the following drugs can be used for the prophylaxis of migraine except - *(COMED 09)*
a) Propranolol b) Sumatriptan
c) Armitriptyline d) Flunarizine

3079. TVue about migraine - *(PGINov. 10)*
a) U/Ipain
b) Throbbing type of pain
c) A/W Nausea & vomitting
d) A/W Photophobia
e) Movement cause aggregation of pain

3080. A patient presented with thunder clap headache followed by unconsciousness with pregressive III ranial nerve palsy. Likely diagnosis is -
a) Extradural hemorrhage *(ARMS Nov 10)*
b) Aneurysmal subarachnoid hemorrhage
c) Basilar migraine
d) Cluster headache

3081. A young girl presents with repeated episodes of throbbing occipital headache associated with ataxia and vertigo. The family history is positive for similar headaches in her mother. Most likely diagnosis is - *(AI11)*
a) Vestibular Neuronitis b) Basilar migraine
c) Cluster headache d) Tension headache

3082. All of the following durgs are used in prophylaxis of migraine, except - *(AI11)*
a) Propanolol b) Flunarizine
c) Tapiramate d) Levetiracetam

3083. Migraine is due to - *(NEET/DNB Pattern)*
a) Dilatation ot cramaTartenes
b) Constriction of cranial arteries
c) Cortical spreading dissociation
d) Meningial inflammation

3084. Most common cause of headache- *(NEET/DNB Pattern)*
a) Tension headache b) Migraine
c) Cluster headache d) Trigeminal neuralgia

EPILEPSY

3085. Absence seizures are seen in - *(AIIMS Dec. 98)*
a) Grand mal epilepsyb) Myoclonic epilepsy
c) Petitmal epilepsy d) Hyperkinetic child

3086. Absence seizures are characterized on EEG by -
a) 3 Hz spike & wave *(AI 03)*
b) 1-2 Hz spike & wave
c) Generalized poly spikes
d) Hypsarrythmia

3087. All of the following are features of absence seizures except - *(AIIMS May 2005)*
a) Usually seen in childhood
b) 3-Hz spike wave in EEG
c) Postictal confusion
d) Preciptation by hyperventilation

3070)a,b 307l)b 3072)b 3073)c 3074)a 3075)b 3076)b 3077)c 3078)b 3079)All 3080)b 308l)b 3082)d 3083)c 3084)a 3085)c 3086)a 3087)c

3088. All of the following are features of juvenile Myoclonic epilepsy, except - *(AIIMS May 2004)*
a) Myoclonus on awakening
b) Generalized tonic-clonic seizures
c) Automatism
d) Absence seizures

3089. True about juvenile mycoclonic epilepsy -
a) Focal seizure *(PGI Dec 03)*
b) Generalised seizure
c) Myoclonus
d) Responses to Sodium Valproate
e) Spike and waves in EEG

3090. Myoclonic seizure typically seen in - *(PGIDec 98)*
a) SSPE b) Cerebellar lesion
c) Pontine lesion d) Thalamic lesion

3091. Commonest type of seizure in newborn -
a) Clonic b) Tonic *(AIIMSNov 07)*
c) Subtle d) Myoclonic

3092. All of the following drugs are used for managing status epilepticus except - *(AIIMS Nov 2004)*
a) Phenytoin b) Diazepam
c) Thiopentone sodium d) Carbamazepine

3093. All of the following drugs are used for managing status epilepticus except - *(AIIMS 06)*
a) Phenytoin b) Diazepam
c) Thiopentone sodium d) Carbamazepine

3094. Generalized Tonic clonic Status epilepticus, Rx of choice -
a) Ethosuxamide b) Sodium valprorate
c) Lamotrigine d)Lorazepam
e) Vigabatrinf) Propofol

3095. All are used in status epUepticus, except-(yt//MS' *May 93)*
a) Phenytoin b) Carbamazepine
c) Diazepam d) Phenobarbitone

3096. The drug of choice for absence seizures-
a) Valproate b) Gabapentin *(AIIMS Nov 06)*
c) Carbamazepine d) phenytoin

3097. A15 year old boy with epilepsy on treatment with combination of valproate and phenytoin has good control of seizures. Levels of both drugs are in the therapeutic range. All of the following adverse effects can be attributed to valproate except - *(AI04)*
a) Weight gain of 5 kg
b) Serum alanine aminotransaminase 1501U/L
c) Rise in serum ammonia level by 20 g/dl
d) Lymphadenopathy

3098. A patient who is being treated for temporal lobe epilepsy (complex partial seizures) and who is having recurrent seizures on his chronic regimen of carbamazepine is given phenobarbital as a second drug. However, the seizures increase in frequency. What is the probable reason for the apparent deleterious effect df adding phenobarbital -
a) Intracerebral bleeding from worsening bone marrow supression *(AIIMS Nov 99)*
b) Decreased carbamazepine level
c) Decreased stability of CNS neuronal membranes
d) Hypokalemia

3099. The term post traumatic epilepsy refers to seizures occuring- *(ALUMS Nov. 02)*
a) Within moments of head injury
b) Within 7 days of head injury
c) Within several weeks to months after head injury
d) Many years after head injury

3100. A 4 month pregnant lady on treatment with valproate regularly asked for your advice regarding taking the drug during pregnancy. What is the best course of action - *(AIIMS Nov 11)*
a) Immediately tape off valproate and start lamotrigine
b) Change to carbamazepine
c) Continue valproate and monitor blood levels
d) Slowly tape dose of valproate

3101. All of the following are characterisitic features of petitmal siezures except - *(UP 97)*
a) Short duration of seizures
b) Absence of motor activity during the seizures
c) On set after the age of 14 years
d) 3 Hz spike and wave pattern in EEG

3102. Simple partial seizure is diagnosed by -
a) EBG b) BEAR *(NIMHANS 2K)*
c) CT scan d) MRI

3103. In case of hepatic porphyria the safe anti con Vulsant-
a) Phenytoinb) Carbamazepine
c) Valparate d) Paraldehyde *(NIMHANS 01)*

3104. Side effects of diphenyl hydantion may include alll EXCEPT- *(Karnataka 02)*
a) Gingival hyperplasia
b) Acute cerebellar syndrome
c) Inter - nuclear opthalmoplegia
d) Megaloblastic anemia

3105. Carbmazepine is the drug of choice in *(MAHE05)*
a) Absence attacks b) Partial compl ex siezures
c) Myoclonus d) Innantile spams

3106. All the following are indications for br ain imaging in epilepsy, except- *(J & k 05)*
a) Epilepsy starts after the age of 5 years
b) Seizures have focal features clinical
c) EEG shows a focal seizure source
d) Control of seizures is difficult

3107. Well-recognised side effects of prolonged[1] Phenytoin use include the following except - *{UPSC 06)*
a) Hirsutism b) Lymphadenopathy
c) Ataxia d) Hypoglycaemia

3108. Which is most epileptogenic - *(NIMHANS 06)*
a) Lacunar infarct b) Embolic stroke
c) Thrombotic stroke d) Haemorrhagic stroke

3109. Mesial temporal lobe epitepsy is associated with -
a) Simple partial *(NIMHANS 06)*
b) Generalised Tonic Clonic
c) Complex partial
d) Atonic seizures

3088)c 3089)b,c,d,e 3090)a 3091)c 3092)d 3093)d 3094)d 3095)b 3096)a 3097)d 3098)b 3099)c 3100>c 3101)c 3102)a 3103)d 3104)c 3105)b 3106)a 3107)d 3108)a 3109)c

3110. Gustatory hallucinations are most commonly associated with - *(Corned 08)*
a) Temporal lobe epilepsy b) Grand mal epilepsy
c) Anxiety disorders d) Tobacco dependence

3111. All are the features of absence seizures except -
a) Usually seen in childhood *(Manipal 09)*
b) 3-Hz spike wave in EEG
c) Postictal confusion
d) Precipitation by hyperventilation

3112. The following are common causes of seizures in adults older than 60 years of age except -
a) Cerebrovascular disease *(UPSC-109)*
b) Central nervous system neoplasia
c) Degenerative disease
d) Mesial temporal lobe sclerosis

3113. False statement about mesial temporal lobe epilepsy - *(PGI May 10)*
a) Respond well to medical treatment
b) Associated with Tonic clonic seizure
c) MRI should be done
d) Surgery is treatment of choice
e) Hippocampal sclerosis

3314. Tt/t of choice in status cpilepticus-jT^^ *T/DNB Pattern)*
a) Im/diazepam ; ; ; v " b) iv; diazepam
c) Im phenytoin d) i.v, p^nytoin

3115. Pronator drip is a sign of - *(NEET/DNBI attern)*
a) UMN lesion of upper limb
b) **,LMN** lesion - | |g § S
c) Dorsal syringomyelia
d) Carpel tunnel syndrome

3116. A ventrolateral cordotomy is performed to produce relief of pain from the right leg. It is effective because it interrupts the - *(AI12)*
a) Left Dorsal Column
b) Left Lateral Spinothalamic Tract
c) Right Lateral Spinothalamic Tract
d) Right corticospinal Tract

3117. A patient with traumatic paraplegia due to injury of the thoracic cord of ^{6}T3 level' is observed to have blood pressure of 210/120. What should be the initial management ? *(AI 12)*
a) Subcutaneous LMWH
b) Steroids
c) Nifedipine
d) Normal saline / Dextrose

3118. Unilateral high stepping gait is seen in -
a) L5 radiculopathy *(NEEI/DMBPattern)*
b) Distal, radiculopathy
c) Cauda ecjuina syndrome =-k
d)

3119. Friedrich's ataxia is caused by which type of mutation - *(NEET/DNB Pattern)*
a) Point mutation
b) Expanded trinucleotide reoeat
S H ^fissense mutation
d)i n version

CEREBROVASCULAR ACCIDENT

3120. Most common cause of cerebrovascular accident is - *(Sep. 96)*
a) Embolism b) Arterial thrombosis
c) Venous thrombosisd) Haemorrhage

3121. Commonest cause of cerebral infarction is -
a) Embolism b) Arteritis *(AI98)*
c) Thrombosis d) Cysticercosis

3122. Most common cause of intracranial haemorrhage is- *(ASMS Dec 98)*
a) Sub arachnoid haemorrhage
b) Intracerebral haemorrhage
c) Subdural haemorrhage
d) Extradural haemorrhage

3123. The commonest cause of Intracerebral Bleed is -
a) Thrombocytopenia b) Diabetes *(AI 95)*
c) Hypertension d) Berry aneurysm

3124. Which of the following is the most common location of hypertensive haemorrhage- *(AI03)*
a) Pons
b) Thalamus
c) Putamen/extemal capsule
d) Subcortical white matter

3125. Which of the following is the commonest location of hypertensive *hsiemorrhsige-(AIIMSMay03, Nov 02)*
a) Pons b) Thalamus
c) Putamen/extemal capsule d) Cerebellum

3126. The most common location of hypertensive intracranial hemorrhage is - *(AI06)*
a) Subarachnoid spaceb) Basal ganglia
c) Cerebellum d) Brainstem

3127. Most common site of intracranial hemorrhage in hepertensive hemorrhage is - *(AIIMSMay 07)*
a) Basal ganglia b) Brainstem
c) Cerebellum d) Hippocampus

3128. Most common cause of subarachnoid hemorrhage is- *(ASMS Dec 98)*
a) Hypertension
b) Berry aneurysm
c) Intracranial tumors
d) Arterio-venous malformations *(AVM)*

3129. Most common cause of spontaneous sub-arachnoid haemorrhage is - *(May93)*
a) Trauma
b) Hypertension
c) Berry aneurysm rupture
d) Raised intracranial tension

3130. Most common cause of subarachnoid hemorrhage is - *(AIIMS May 2004 & AI 98, AI 99)*
a) Hypertension
b) Aneurysm
c) Arterio-venous malformation
d) Bleeding disorders

3110)a 3111)c 3112)d 3113)a,b3114)b 3115)a 3116)b 3117)c 3118)a 3119)b 3120)a 3121)a 3122)b 3123)c 3124)c 3125)c 3126)b 3127)a 3128)b 3129)c 3130)b

3131. Which is least common site of berry aneurysm -
a) Basilar artery *(Dec 95)*
b) Vertebral artery
c) Anterior cerebral artery
d) Posterior cerebral artery

3132. The most common site of Berry aneurysm is -
a) Junction of anterior communicating artery with anterior cerebral artery *(AI94)*
b) Junction of posterior communicating artery with internal carotid artery
c) Bifurcation of middle cerebral artery
d) Vertebral artery

3133. Berry aneurysm - Defect lies in - *(AIIMSMay 11)*
a) Degeneration of internal elastic lamina
b) Deposition of mucoid material in media
c) Degeneration of media/muscle cell layer
d) Disturbance in vessel wall

3134. The common cause of subarachnoid hemorrhage is-
a) Arterio-venous malformation *(AI06)*
b) Cavernous angioma
c) Aneurysm
d) Hypertension

3135. A lesion in the paracentral lobule causes -
a) Contralateral foot weakness *(PGI June 99)*
b) Seizures only
c) Migraine
d) Cognitive Loss

3136. The characteristic feature of a frontal lobe tumor is -
a) Abnormal gait b) Aphasia *(AI 94)*
c) Distractibility d) Antisocial behavior

3137. Following sensory impairments occur in extensive damage to somatosensory area of cerebral cortex. EXCEPT- *(Dec 94)*
a) Pressure
b) Sensory localization
c) Exact weight determination
d) Pain

3138. In right handed person temporoparietal lobe injury leads to all, Except - *(AIIMSJune 98)*
a) Wernicke's aphasia
b) Urinary incontinence
c) Acalculia
d) Superior quadrantic anopsia

3139. A medial temporal lesion produces - *(PGI June 99)*
a) Visual amnesia only b) Auditory amnesia
c) Aparaxia d) Anterograde amnesia

3140. Hemiplegia is most commonly caused by thrombosis of- *(AIMS June 97)*
a) Anterior cerebral artery
b) Middle cerebral artery
c) Posterior cerebral artery
d) Basilar artery

3141. Hemiplegia is commonly associated with infarction of the area of distribution of the - *(AI 94)*
a) Anterior cerebral artery
b) Middle cerebral artery
c) Posterior cerebral artery
d) Anterior communication artery

3142. A patient being evaluated for aphasia is unable to repeat sentences correctly or to name objects properly. However the patient's speech is effortless and melodic. There are frequent errors in word choice and obvious difficulties in comprehension. The remainder of the patient's neurologic examination is normal. Damage in which area of the brain would account for this type of aphasia -
a) Posterior temporal and parietal lobes, dominant hemisphere *(AIIMS Nov 99)*
b) Frontal and parietal lobes, dominant hemisphere
c) Prefrontal and frontal regions, dominant hemisphere
d) Posterior parietal and temporal lobes, nondominant hemisphere

3143. Which of the following is not a feature of right middle cerebral artery territory infarct -
a) Aphasia *(AIIMS Nov 2002)*
b) Hemiparesis
c) Facial weakenss
d) Dysarthria

3144. Damage to categorical hemisphere usually leads to-
a) Normal speech *(AIIMSMay08)*
b) Increased speech
c) Decreased speech
d) Senseless, fluent speech

3145. Neuro-physiological defects present in right lobe involvement all, except - *(AIIMS May 09)*
a) Visuo-spatial defect b) Anosognosia
c) Dyscalculia d) Dysgraphia

3146. Which of the following is not a usual feature of right middle cerebral artery territory infarct -
a) Aphasia *(AIIMSMay 03)*
b) Hemiparesis
c) Facial weakness
d) Dysarthria

3147. Anterior cerebral artery occlusion can cause -
a) Urinary retention *(May 93)*
b) Contralateral lower leg weakness
c) Hemianaeshsia of opposite side of face
d) Hemianopia

3148. Following are features of ischemia in Anterior choroidal artery territory except- *(AI 2011)*
a) Hemiparesis
b) Hemisensory loss
c) Homonymous hemianopia
d) Predominant involvement of the anterior limb of internal capsule

313l)b 3132)a 3133)c 3134)c 3135)a 3136)c,d 3137)d 3138)b 3139)d 3140)b 3141)b 3142)a 3143)a 3144)d 3145)c 3146)a 3147)b 3148)d

3149. Memory impairment occurs in embolism of posterior cerebral artery because of damage to - *(Dec 94)*
a) Hipppocampal gyrus
b) Superior temporal gyrus
c) Prefrontal gyrus
d) Angular gyrus

3150. Which of the following sites is not involved in a posterior cerebral artery infarct - *(AI11)*
a) Midbrain b) Thalamus
c) Temporal lobe d) Anterior Cortex

3151. Anterior spinal artery throbosis is characterized by-
a) Loss of pain & touch *(PGI Dec 2000)*
b) Loss of vibration sense
c) Loss of power in lower limb
d) Sphincter dysfuction

3152. Lacunar infarcts are caused by - *(AI 01)*
a) Lipohyalinosis of penetrating arteries
b) Middle carotid artery involvement
c) Emboli to anterior circulation
d) None of the above

3153. Lacunar infarcts manifests as -
a) Pure sensory weakness b) Pure motor weakness
c) Ataxic paresis d) Dysarthria
e) Quadriparesis

3154. Manifestation of lacular infarcts are -
a) Pure motor loss b) Pure sensory loss
c) Ataxia d) Dysarthria
e) Quadriplegia

3155. Lateral medullary syndrome is caused by thrombosis of- *(Dec 95)*
a) Anterior inferior cerebral artery
b) Posterior interior cerebellar artery
c) Vertebral artery
d) Basilar artery

3156. Wallenberg's syndome does not involve -
a) IX b)X *(PGI June 99)*
c) XI d)XII

3157. Lesion of posterior inferior cerebellar artery at brain involves/affects - *(PGI DEC 03)*
a) Spinal tract of trigeminal nerve
b) Tractus Solitarius
c) Spinothalamic tract
d) Corticospinal tract

3158. Abdul Khan presents with pain, numbness and impaired sensation over half of the face along with ataxia, nystagmus, dysphagia and hoarseness of voice. His pain and thermal sensations over opposite half ane impaired Horner's syndrome is present. Likely cause of the disease is thrombosis of which vessel? *(AIIMS Nov 01)*
a) AICA (Anterior inferior cerebellar artery)
b) PICA (Posterior inferior cerebellar artery)
c) Basilar
d) Pontine vessels

3159. Lateral medullary syndrome (Wallenberg syndrome) is characterized by all, Except - *(June 97)*
a) Giddiness
b) Dysphagia
c) Crossed hemianaesthesia
d) Homer's syndrome is rare

3160. All are features of Wallenberg's syndrome, except- *(AIIMS Feb 97)*
a) Ipsilateral loss of pain and temperature
b) Ipsilateral loss of taste sensation
c) Ipsilateral loss of posterior column sensations
d) Ipsilateral involvement of lower cranial nerves.

3161. C/F of lateral medullary syndrome -
a) Ipsilateral numbness of arm, trunk
b) Ipsilateral 12th nerve palsy
c) Ipsilateral Homer's syndrome
d) Contralateral pyramidal tract sign.

3162. Lateral medullary syndrome, features are -
a) Ipsilateral numbness of face and trunk
b) Homer's syndrome *(PGIJune 07)*
c) Ipsilateral ataxia
d) Contralateral paralysis

3163. Pontine stroke is associated with all except - *(AI07)*
a) Bilateral pin point pupil b) Pyrexia
c) Vagal palsy d) Quadriparesis

3164. All of the following statements are true about Benedikt's syndrome except - *(AI 07)*
a) Contralateral tremor
b) 3rd nerve palsy
c) Involvement of the penetrating branch of the basilar artery
d) Lesion at the level of the pons

3165. Millard gubler syndrome includes the following except- *(AI 07)*
a) 5^{th} nerve palsy b) 6^{th} nerve palsy
c) 7^{th} nerve palsy d) Contralateral hemiparesis

3166. In Millard Gubler syndrome all are involved except - *(AIIMS May 08)*
a) 5^{th} cranial nerve b) 6^{th} cranial nerve
c) 7^{th} cranial nerve d) Contralateral hemiplegia

3167. A hypertensive individual had a sudden headache and became unconscious within a few minutes. On regaining consciousness, there was complete flaccid hemiplegia with no involvement of upper face, absence of tendon reflexes and a positive Babinski sign. Which one of the following arteries could have ruptured - *(AIIMS Nov 2003)*
a) Lateral striate branch of middle cerebral
b) Medial striate branch of anterior cerebral
c) Posterolateral branch from posterior cerebral
d) Posterior choroidal branch of posterior cerebral

3168. A 45 year old hypertensive male patient presented in the casualty with two hours history of sudden onset of severe headache associated with nausea and vomiting. On clinical examination the patient had necks stiffness and right sided ptosis. Rest of the

3149)a 3150)d 3151)a,c,d 3152)a 3153)a,b,c,d 3154)a,b,c,d 3155)c 3156)d 3157)a,b,c 3158)b 3159)d 3160)a 3161)a,c 3162)a,b,c 3163)c 3164)d 3165)a 3166)a 3167)a 3168)c

neurological examination was normal. What is the clinical diagnosis - *(AIIMS Nov 2003)*
a) Hypertensive brain haemorrhage
b) Migraine
c) Aneurysmal subarachnoid haemorrhage
d) Arteriovenous malformation haemorrhage

3169. Nerve compressed by aneurysm of posterior communicating artery is - *(AIIMS May 08)*
a) Occulomotor nerve b) Optic nerve
c) Hypophysis cerebri d) Trochlear nerve

3170. A 28 years old male, who was known case of mitral valvular heart disease developed weakness on right side of body which gradually recovered completely over a period of 2 weeks. Blood pressure of the patient was normal and laboratory studies did not reveal any significant abnormality. What is the diagnosis? *(AI10)*
a) TLA
b) Ischemic stroke
c) Hemorrhagic stroke
d) Cerebral salt wasting syndrome

3171. Most common cause of stroke in young women in India among OCP users - *(PGI Dec 98)*
a) Cortical vein thrombosis b) Moyamoya disease
c) Atherosclerosis d)HT

3172. A 62 year old diabetic patient presented with history of progressive right-sided weakness of one-month duration. The patient was also having speech dificulty. Fundus examination showed papilledema. Two months ago, she also had a fall in her bathroom and struck her head against a wall. The most likely clinical diagnosis is - *(AIIMS Nov 2004)*
a) Alzheimer's disease
b) Left parietal glioma
c) Left MCA territory stroke
d) Left chronic subdural haematoma

3173. Most common type of intracranial haemorrhage in boxers - *(Dec 95)*
a) Intra ventricularb) Extradural
c) Subdural d) Cerebellar

3174. A nondiabetic, non hypertensive adult male develops sudden severe headache with altered sensorium, likely diagnosis is - *(AI 99)*
a) Brain tumourb) Sub arachnoid haemorrhage
c) Encephalitis d) Meningitis

3175. A 25-years-old male had severe headache followed by unconsciousness. CSF tap revealed red blood cells. Most likely diagnosis is - *(Dec 94)*
a) Sub dural hematoma b) Embolism
c) Tumour d) Ruptured aneurysm

3176. 56 years female presents with severe headache and neck stiffness of abrupt onset. She tells she never had such a headache before. On further asking she tells she is nausceated and has photophobia. Diagnosis is - *(AIIMS May 09)*
a) Viral encephalitis b) Migraine
c) Sub arachnoid hemorrhage d) Hydrocephalus

3177. Subdural haematoma most commonly results from -
a) Rupture of intracranial aneurysm
b) Rupture of cerebral AVM *(AIIMS May 2004)*
c) Injury to cortical bridging veins
d) Hemophilia

3178. A 24 year old man falls on the ground when he is struck in the right temple by a baseball. While being driven to the hospital, he lapses into coma. He is unresponsive with the dilated right pupil when he reaches the emergency department. The most important step in initial management is - *(AI 02)*
a) Craniotomy
b) CT scan of the head
c) X-ray of the skull and cervical spine
d) Doppler ultrasound examination of the neck

3179. Transtentorial herniation causes all except -
a) Neck stiffness *(AIIMS May 2001)*
b) Post cerebral artery infarct.
c) Contralateral hemeiparesis
d) 3rd Nerve palsy with contralateral pupillary dilatation

3180. Duret hemorrhage seen in - *(PGI June 08)*
a) Brain b) Kidney
c) Heart d)Lung

3181. Which of the following is specifically used for grading of SAH? *(AI 10)*
a)
b) Glasgow coma scale
c) Glasgow scale
d) Hunt and Hess scale

3182. Which is true about carotid stenosis-*(PGI June 2K)*
a) Ipsilateral hemiplegia by embolism of MCA
b) Bruit indicates severity of stenosis
c) Common in External carotid artery
d) Aspirin reduces risk of TIA

3183. Which of the following is the most common cause of late neurological deterioration in a case of cerebro-vascular accident - *(AIIMS Nov 2000)*
a) Rebleeding b) Vasospasm
c) Embolism d) Hydrocephalus

3184. Lesion in which of the following structure leads to Kluver-Bucy syndrome - *(AIIMS May 2004)*
a) Amygdala b) Hippocampus
c) Hypothalamus d) Temporal lobe

3185. The only thrombolytic agent approved for the treatment of acute ischemic stroke is -
a) Tissue Plasminogen activator *(AIIMSMay 04)*
b) Streptokinase
c) Urokinase
d) Pro-urokinase

3186. Which one of the following agents has been associated with hemorrhagic stroke ? *(AI 06)*
a) Phenylpropanolamine b) Terfenadine
c) Quinidine d) Fenfluramine

3169)a 3l70)b 3171)a 3172)d 3173)c 3174)b 3175)d 3176)c 3177)c 3178)a 3179)a,d 3180)a 3181)d 3182)d 3183)b 3184)a 3185)a 3186)a

3187. Most common nerve involved in intracranial aneurysm is - *(AI98)*
a) Trochlear b)VII
c) VIE d) Occulomotor

3188. Diffuse axonal injury is characterized by all except-
a) Due to shearing force *(A1PGMEE 08)*
b) Predominant white matter haemorrhages, in basal ganglia and corpus collasoum
c) Increased intracranial tension is seen in all cases
d) Most common at junction of grey and white matter

3189. Damage to superior branch of middle cerebral artery results in - *(Delhi 96)*
a) Personality change b) Motor aphasia
c) Urinary incontinence d) Sensory aphasia

3190. The pheonomenon of "sparing of the macula" is due to the collateral circulation between- *(Kam 95)*
a) Middle and posterior cerebral arteries
b) Anterior and middle cerebral arteries
c) Anterior and posterior cerebral arteries
d) Anterior, middle and posterior cerebral artries

3191. All are sites of intracranial aneurysms except -
a) Post inferior cerebellar artery *(AP 96)*
b) Bifurcation of MCA
c) Junction of ICA & post, communicating artery
d) None

3192. Presence of hemiplegia with diminution of vision in the contralateral eye suggests occlusion of -
a) Middle cerebral artery *(UP 97)*
b) Basilar artery
c) Anterior cerebral artery
d) Internal carotid artery

3193. Hemianopia cortical blindness, amnesia and thalamic pain are associated with the occlusion of -
a) Anterior cerebral artery *(UPSC97)*
b) Middle cerebral artery
c) Posterior cerebral artery
d) Basilar artery

3194. Following is true regarding cerebral venousinuses
a) Transverse sinus is unequal *(NIMHANS 2K)*
b) CVT causes enophthalmos
c) CVT causes empty delta sign
d) Communicate with subdural space

3195. Lateral medullary syndrome is associated with -
a) Ipsilateral pain temp loss *(NIMHANS2K)*
b) Contralateral vibration loss
c) Contralateral pain and temp loss
d) Ipsilateral hemiplegia

3196. Sudden onset of hemiplegia with contra lateral ophthlamoplegia the probable lesion is in- *(NIMHANS01)*
a) Pons b) Lateral medulla
c) Mesencephalon d) Forebrain

3197. Visual cortex is supplied by - *(M.P 98)*
a) Anterior cerebral arerys
b) Medial cerebral artery
c) Posterior cerebral artery
d) Anterior inferior cerebellar artery

3198. Commonest site of aneurysm is - *(SCTIMS 98)*
a) Middle cerebral artery
b) Vertebrobasilar system
c) Anterior communicating artery
d) Internal carotid artery

3199. A 45 year old hypertensive male patient presented in the casualty with 2 hour history of sudden onset of severe headache associated with nausea and vomiting. On clinical examination the patient had neck stiffness and right sided ptosis. Rest of the neurological examination was normal. What is the clinical diagnosis ? -
a) Hypertensive brain haemorrhage
b) Migraine
c) Aneurysmal subarachnoid haemorrhage
d) Arterio venous malformation haemorrhage

3200. Most common nerve involved in intracranial aneurysm is- *(SGPGI05)*
a) mCN b)VICN
c) VCN d)VICN

3201. In adult male person presents with drowsiness, vertigo & unconsciousness which artery is involved-
a) Anterior cerebral artery *(AMU05)*
b) Middle cerebral artery
c) Posterior cerebral artery
d) Anterior choroidal artery

3202. All are predisposing causes of cerebral venous thrombosis except - *(COMEDK05)*
a) Hypotension b) Oral contraceptives
c) Pregnancy d) Aplastic anaemia

3203. In a patient with ischaemic stroke, intravenous recombinant tissue plasminogenactivator has mainly been found to be useful during the initial -
a) 3 hours b) 6 hours *(UPSC 07)*
c) 12 hours d) 24 hours

3204. Hemiparesis is NOT a feature of - *(Corned 08)*
a) Carotid artery occlusion
b) MCA occlusion
c) ACA occlusion
d) Vertebral artery occlusion

3205. A 20-year old male presents with severe headache, vomiting and altered sensorium of 2 days duration. Which of the following disease will not be considered in the differential diagnosis ? *(Delhi PG Mar. 09)*
a) Acute viral encephalitis
b) Subarachnoid hemorrhage
c) Migraine
d) Cortical venous thrombosis

3206. Angioid streaks occur in - *(Manipal 09)*
a) Sturge-Weber's syndrome
b) Sickle cell disease (SS)
c) Pseudoexfoliation syndrome
d) Septo-optic dysplasia

3187)d 3188)c 3189)b 3190)a 3191)a 3192)d 3193)c 3194)a,c 3195)c3196)c 3197)c,d 3198)c3199)c 3200)d 3201) c 3202) d 3203) a 3204) d 3205) c 3206) b

3207. In benign intracranial hypertension- *(Manipal 09)*
a) There is a restriction of upgaze
b) Normal ventricles is found in 50% of cases
c) Brain scan in important in young woman to exclude sagittal sinus thrombosis
d) Optic nerve fenestration should be performed early before the vision is affected

3208. Features of carotid-cavernous fistula include -
a) Dilated superior ophthalmic vein on CT scan
b) Blood in the Schlemm's canal *(Manipal 09)*
c) Proptosis of contralateral eye suggests bilateral carotid-cavernous fistula
d) Traumatic fistula rarely close spontaneously

3209. Cranial nerve most commonly involved in posterior communicating artery aneurysm is - *(UPSC-109)*
a) Oculomotor b) Facial
c) Optic d) Trigeminal

3210. Drugs associated with ischemic stroke include the following except - *(UPSC-109)*
a) Cocaine b) Oral contraceptives
c) Amphetamines d) Barbiturates

3211. Delayed neurological deficits in a case of aneurysmal rupture occurs due to - *(PGINov 10)*
a) Rerupture b) Vasospasm
c) Hypothermia d) Hyponatremia
e) Hypokalemia

3212. Berry aneurysm - Defect lies in - *(AIIMSMay 11)*
a) Degeneration of internal elastic lamina
b) Deposition of mucoid material in media
c) Defect in muscular layer
d) Disturbance in vessel wall

3213. All of the following are true about anterior choroidal artery syndrome except - *(A111)*
a) Hemiparesis
b) Hemisensory loss
c) Homonymous Hemianopia
d) Involvement of anterior limb of internal capsule

3214. Which of the following sites is not involved in a posterior cerebral artery infarct - *(AI11)*
a) Midbrain b) Thalamus
c) Temporal lobe d) Anterior Cortex

3215. Most common cause of spontaneous SAH - *(NEET/DNB Pattern)*
a) Trauma
b) Aneurysm
c) AV malformation
d) Hypertension

3216. Cerebral Ischemia occur when cerebral blood flow is less than- *(AI 12)*
a) 10 ml/1 OOg/minute b) 20 ml/1 OOg/minute
c) 40 ml/1 OOg/minute d) 50 ml/1 OOg/minute

3217. Following sensory impairments occur in extensive damage to somatosensory area of cerebral cortex. *(NEET/DNB Pattern)*
a) Pressure
b) Sensory localization
c) Exact weight determination
d) Pain

3218. Most common site of spontaneous SAH - *(NEET/DNB Pattern)*
a) Left inferior frontal b) Parietal
c) Temporal, occipital d) Cerebellum

3219. Unable to consolidate long term memory. Which lobe of the brain is involved - *(NEET/DNB Pattern)*
a) Frontal b) Parietal
c) Temporal d) Occipital

3220. Gerstmahs sy ndromeallexcepl- *(NEEI/DNB- Pattern)*
a) Acalculia b) Agraphia
c) Aphasia d) Agnosia

3221. Which of the following is most likely to be affected in an anuerysm of posterior cerebral artery (PCA)? *(AIIMS, May 12)*
a) Hypophysis cerebri
b) Trochlear nerve
c) Oculomotor nerve
d) Optic nerve

3222. Lateral medullary syndrome is caused by thrombosis of- *(NEET/DNB Pattern)*
a) Anterior inferior cerebellar artery
b) Posterior interior cerebellar artery
c) Vertebral artery
d) Basilar artery

3223. A patient with suspected subarachnoid haemorrhage presents with blood isolated in the fourth ventricle on a CT scan. Aneurysmal rupture is likely to have resulted from - *(AI 12)*
a) Posterior Inferior Cerebellar Artery Aneurysm
b) Anterior Communicating Artery Aneurysm
c) Posterior Communicating Artery Aneurysm
d) Basilar Artery Tip Aneurysm

3224. Pontine hemorrhage most common cause is - *(NEET/DNB Pattern)*
a) Hypertension
b) Diabetes
c) Trauma
d) Aneurysmal rupture

3225. An adult hypertensive male presented with sudden onset severe headache and vomiting. On examination, there is marked neck rigidity and no focal neurological deficit was found. The symptoms are most likely d/t - *(NEET/DNB Pattern)*
a) Intracerebral parenchymal hemorrhage
b) Ischemic stroke
c) Meningitis
d) Subarachnoid hemorrhage

PERIPHERAL NERVE AND MUSCLES

3226. All are true about peripheral-neuropathy except - *(AI 99)*
a) Glove and stocking anaesthesia
b) Poximal muscle weakness
c) Nerve-conduction deficit
d) Decreased reflexes

3227. Sensory motor neuropathy is caused by -
a) DM b) Lead poisoning *(PGI Dec. 02)*
c) Arsenic d) Leprosy
e) AIDS

3207)c 3208)c 3209)a 3210)d 3211)a,b,d 3212)b 3213)d 3214)d 3215)b 3216)b 3217)d 3218)c 3219)c 3220) c 3221) c 3222) c 3223) a 3224) a 3225) d 3226) b 3227)a,c,d,e

3228. All can cause peripheral neuropathy, Except -
a) Uraemia b) Porphyria (*June 97)*
c) Lead toxicity d) Hypothyroidism

3229. Dying back neuropathy is seen in all except -
a) Arsenic neuropathy *(AIPGMEE08)*
b) Gullain Barre syndrome
c) Diabetic neuropathy
d) Vasculitic neuropathy

3230. In small fiber neuropathy presents *as-(PGI June 08)*
a) Burning pain b) Tingling & numbness
c) Foot drop d) Burning sensation
e) Cramp

3231. Polyneuropathy is seen in -
a) Vitamin deficiency b) Osteoporosis
c) DM d)Myxoedema
e) Amyloidosis

3232. Neuropathy is not seen in- *(PGI June 03)*
a) Tuberculosis b)SLE
c) Diabetes Mellitus d) Polyarteritis nodosa
e) Sarcoidosis

3233. All of the following are predominant motor neuropathy except - *(AIIMS 06)*
a) Acute inflammatory demyelinating polyradiculo neuropathy
b) Porphyric neuropathy
c) Lead intoxication
d) Arsenic intoxication

3234. All of the following can cause neuropathies with predominant motor involvement except - *(AI04)*
a) Acute inflammatory demyelinating polyneuropathy
b) Acute intermittent porphyria
c) Lead intoxication
d) Arsenic intoxication

3235. Pure motor paralysis is seen in - *(AI 2000)*
a) Polio
b) Guillain Barre syndrome
c) Diabetes mellitus
d) Sub-Acute Combined Degeneration

3236. Predominantly sensory neuropathy is/are caused by- *(PGI June 01)*
a) Cisplatin b) Pyridoxineexcess
c) Suramin d)Diphtheria
e) Guillain-Barre syndrome

3237. Inflammation of nerve is seen in - *(PGI DEC 03)*
a) Leprosy b) Diabetes
c) Guillain Barre Syndrome d) Diphtheria

3238. All causes ascending motor paralysis, except -
a) Diabetes mellitus b) Diphtheria *(A12K)*
c) Guillain Barre syndrome d) Porphyria

3239. True about autonomic neuropathy are all except -
a) Resting tachycardia *(AIIMS May 08)*
b) Silent MI
c) Orthostatic hypotension
d) Bradyardia

3240. Episodic generalized weakness can occur due to all of the following acute electrolyte disturbances, EXCEPT- *(AIIMS May 06)*
a) Hypokalemia b) Hypocalcemia
c) Hyponatremia d) Hypophosphatemia

3241. Episodic muscular weakness is seen in -
a) lK^+ *(PGI June 03)*
b) Lambert Eaton syndrome
c) Myasthenia Gravis
d) Tuberculosis
e) Multiple sclerosis

3242. The differential diagnosis of Botulism includes all the following except - *(AI 95)*
a) Myasthenia Gravis
b) Guillain Barre syndrome
c) Polio
d) Clostridial myonecrosis

3243. All of the following can lead to trophic ulcers in the fingers EXCEPT - *(AIIMS Nov 2000)*
a) Cervical disc prolapse
b) Subacute combined degeneration of spinal cord
c) Leprosy
d) Syringomyelia

3244. Intestinal hypomotility is seen in all of the following except - *(AI 95)*
a) Diabetes b) Parkinsonism
c) Amyloidosis d) All of the above

3245. Trophic ulcers are seen in a/e - *(PGIDec 2000)*
a) Polio b) Syringomyelia
c) Leprosy d) TB. Meningitis

3246. Muscular weakness due to deficiency of magnesium is enhanced by presence of - **(***PGI June 97)*
a) Hyperkalemia b) Metabolic alkalosis
c) Metabolic acidosis d) Hypernatremia

3247. All are congenital myopathies except -
a) Central core myopathy *(AIIMS Nov 01)*
b) Nemaline myopathy
c) Z band myopathy
d) Centronuclear myopathy

3248. All are congential myopathies except-
a) Central Core myopathy *(AIIMS May 11)*
b) Centronuclearmyopathy
c) Z band myopathy
d) Nemalin myopathy

3249. Demyelination is seen in - *(PGI Dec 02)*
a) Multiple sclerosis b) AIDS
c) Human leukoencephalopathy d) Polio
e) Leukodystrophy

3250. Thymoma can be associated with all, except -
a) Superior mediastinum syndrome *(AIIMS Dec 95)*
b) Myasthenia gravis
c) Hypergammaglobulinemia
d) Pure red cell aplasia

3228) d 3229) b 3230) a,b 3231)a,c,d,e 3232) a 3233) d 3234) d 3235) a 3236) a,b 3237)a,c,d 3238) b 3239) d 3240) b 3241)a,b,c,e 3242) d 3243) b 3244) d 3245) a,d 3246) c 3247) c 3248) c 3249)a,b,c 3250) c

3251. Which of the following is not associated with thymoma- *(AI 01)*
a) Red cell aplasia
b) Myasthenia gravis
c) Hypergammaglobulinemia
d) Compression of the superior mediastinum

3252. Thymoma is associated with - *(AI2000)*
a) Myasthenia gravis
b) Scleroderma
c) Oesophageal atresia
d) Hypergammaglobulinemia

3253. All of the foilwing may be associated with thymoma, Except - *(AI 10)*
a) SIADH
b) Myaesthenia gravis
c) Hypogammaglobulinemia
d) Cushing's syndrome

3254. Thymoma is associated with - *(AI94)*
a) Myasthenia gravis
b) Scleroderma
c) Oesophageal atresia
d) Hypergammaglobulinemia

3255. Thymoma commonly presents with - *(A1PGMEE 08)*
a) Myasthenia gravis
b) Renal failure
c) Hepatic failure
d) Testicular fiminization

3256. Myasthenia gravis is associated with-
a) Decreased acetylcholine at nerve endings
b) Decreased myosin *(PGIDEC 01)*
c) Absent troponin C
d) Decreased myoneural junction transmission

3257. All are clinical features of myasthenia gravis, except - *(AIIMS Fed 9 7)*
a) Spontaneous remission
b) Absent deep tendon reflexes
c) Proximal muscle involvement
d) Worsen by exertion

3258. The most sensitive test for the diagnosis of myasthenia gravis is - *(AI 05)*
a) Elevated serum ACH-receptor binding antibodies
b) Repetitive nerve stimulation test
c) Positive edrophonium test
d) Measurement of jitter by single fibre electromyography

3259. 21 year old female presents with history of mild bilateral ptosis, proximal muscle weakness and easy fatiguability which among the following is best in diagnosing this condition - *(AIIMS Nov 09)*
a) Muscle biopsy
b) Edrophonium test
c) Repetitive nerve stimulation
d) Electro myography

3260. A Thirty five year old female has proximal weakness of muscles, ptosis and easy fatigability. The most sensitive test to suggest the diagnosis is -
a) Muscle Biopsy b)CPK levels *(AI11)*
c) Edrophonium test d) Single fiber EMG

3261. A thirty five year old female has proximal weakness of muscles, ptosis and easy fatigability. The most sensitive test to suggest the diagnosis is -
a) Muscle Biopsy b)CPK levels *(AI 11)*
c) Edrophonium test d)EMG

3262. True about myasthenia gravis - *(PGINov 09)*
a) Associated with thymomoa in % of cases
b) Incremental response seen with repetitive electric stimuli
c) Skeletal muscle function improve after rest
d) Edrophonium test negative
e) T Aceytylcholine receptor

3263. Drug of choice for myasthenia gravis- *(PGI Dec 99)*
a) Gallamine b) Succinylocholine
c) D. tubocurare d) Pyridostigmine.

3264. In myasthenia gravis, correct statement regarding thymectomy is -
a) Should be done in all cases
b) Should be done in cases with ocular involvement only
c) Not required if controlled by medical management
d) Should be done only in cases that are associated with thymoma

3265. Muscles supplied by following nerve is affected least by myasthenia gravis - *(PGI June 06)*
a) m b)rv
c) VI d)IX
e) xn

3266. Which one of the following is correct regarding Eaton-Lambert syndrome - *(AIIMS Nov 2004)*
a) It commonly affects the ocular muscle
b) Neostigmine is the drug of choice for this syndrome
c) Repeated electrical stimulation enhances muscle power in it
d) It is commonly associated with adenocarcinoma of lung

3267. True about polymyositis is - *(PGI June 99)*
a) Ocular muscle involvement
b) Pharyngeal involvement
c) Muscle atrophy
d) Brisk reflexes common

3268. Primary idiopathic polymyositis does not involve -
a) Pelvic girdle muscles *(AIIMSDec 97)*
b) Neck muscles
c) Ocular muscles
d) Pharyngeal muscles

3269. Which is NOT a feature of polymyositis -
a) Ocular muscle involvement *(AIIMSFeb 97)*
b) Gottron's rash
c) Proximal muscle involvement
d) Pain in limbs

325l)c 3252)a 3253)a 3254)a 3255)a 3256)d 3257)b 3258)c 3259)b 3260)d 3261)c 3262)c 3263)d 3264)a 3265)? 3266) c 3267) b,c 3268) c 3269) a,b

3270. In dermatomyositis which is not *seen-(AlIMSNov 09)*
a) Salmon patch b) Gottron's papules
c) Peringual telangiectasia d) Mechanic finger

3271. True about Dermatomyositis- *(PGI Nov 09)*
a) Gottron sign
b) ANA is positive in all cases
c) All cases a/w internal malignancy
d) Proximal muscle wasting
e) Steroid maintenance

3272. In idiopathic polymyositis, following are seen except-
a) Ocular muscles commonly involved
b) Pharyngeal muscles involved *(PGI June 97)*
c) Cutaneous manifestations
d) Proximal limb muscles invariably involved

3273. Which one of the following clinical findings excludes the diagnosis of polymyositis ? *(AI06)*
a) Neck muscle involvement
b) Extraocular muscle involvement
c) Dysphagia
d) Abdominal muscle involvement

3274. Gene for myotonic dystrophy is coded on chromosome number- *(AI 99)*
a) 19 b) 20
c)21 d)24

3275. Inverted champagne bottle muscle atrophy occurs in- *(May 93)*
a) Peroneal muscular atrophy
b) Duchenne's muscular dystrophy
c) Progressive muscular atrophy
d) Amyotrophic lateral sclerosis

3276. In Duchenne's muscular dystrophy, which muscle is not involved - *(AIIMS Feb 9 7)*
a) Gastrocnemius b) Vastus medialis
c) Brachioradialis d) Infraspinatus

3277. Which of the following is not a limb girdle dystrophy- *(AIIMS Nov 06)*
a) Sarcoglycan dystrophy
b) Dystrophin dystrophy
c) Dysferin dystrophy
d) Calpain dystrophy

3278. Which of the following is not a limb girdle dystrophy - *(AIIMS Nov 11)*
a) Sarcoglycan dystrophy
b) Dystrophin dystrophy
c) Dysferlin dystrophy
d) Calpain dystrophy

3279. In primary idiopathic polymyositis, the following group of muscles is almost never affected - *(UP 97)*
a) Proximal limb girdle muscles
b) Pharyngeal muscles
c) Extensor neck muscles
d) Ocular muscles

3280. Cardiac involvement is present in all except -
a) Fascio scapulo humeral dystrophy *(Jipmer 95)*
b) Ducchenes dystrophy
c) Fredreick's ataxia
d) Myotonic dystrophy

3281. Wading gait is seen in - *(TN 95)*
a) Bilateral dislocation of hip
b) Myopathies
c) Common peroneal nerve injury
d) Unilateral dislocation of the hip

3282. Duchennes pseudo muscular hypertrophy is inherited as - *(TN 95)*
a) Authosomal recessive
b) Autosomal dominant
c) X-linked dominant
d) X-linked recessive

3283. A raised serum creatinine phosphokinase level in unusual in - *(UPSC97)*
a) Acute alcoholic myopathy
b) Viral polymyositis
c) Myopathy of cushing's syndrome
d) Duchenne's muscular dystrophy

3284. In primary idiopatic polymyositis the following groups of muscles is almost never affected -
a) Proximal limb girdle muscles *(UP SC9 7)*
b) Pharyngeal muscles
c) Extensor neck muscles
d) Ocular

3285. Autonomic neuropathy has all except - *(N1MS 96)*
a) Gustatory sweating b) Tachycardia
c) Diarrhoea d) Pupillary dilatation

3286. Relapsing polyneuropathy is seen in - *(KERAL 97)*
a) Refsums disease
b) Acute intermittent porphyria
c) Diabetes mellitus
d) None of the above

3287. The cause of segmental peripheral neuropathy is - *(KERALA 97)*
a) Gullain-barre syndrome b) Amyloidosis
c) Syringomyelia d) Poliomyelitis

3288. High carbohydrate diet can precipitate -
a) Hypokalemic periodic paralysis *(JIPMER 98)*
b) Hyperkalemic periodic paralysis
c) Hysterical paralysis
d) Myasthenia gravis

3289. Mononeutritis multiplex is a major presenting feacture of - *(MP98)*
a) Systemic necrotising vasculitis
b) Wagner's granulomatosis
c) Hypersensitivity vasculitis
d) Mucocutaneaous lymphnode syndrome

3290. Aggravation of myasthenia is a feature of all the following drugs except - *(MAHE98)*
a) Gentamicin b) Neomycin
c) Edrophonium d) Succinyl

3291. Thymoma is associated with all except -
a) Graves disese *(JIPMER95)*
b) Hyper gamma globulinemia
c) Red cell aplasia
d) Thrombocytopenia

3270) a 3271)a,d,e 3272) a,c 3273) b 3274) a 3275) a 3276) b,d 3277) b 3278) b 3279) d 3280) a 3281)a,b
3282)d 3283)c 3284)d 3285)a 3286)b 3287)b 3288)a 3289)a 3290)c 3291)b

3292. All are true about patients with neuro fibromatosis except that they are prone for- *(Kerala 95)*
a) Gliomas b) Retinoblastoma
c) Swachonoma d) Meningioma

3293. Lisch nodules in neurofibromatosis are - *(IN98)*
a) Iris pearls b) Hamartomas
c) Granulomas d) None of the above

3294. Toxic focal myopathy is adverse affect of - *(JIPMER*
a) Aminoglycosides b) Narcotics *95)*
c) Insulin d) Penicillin

3295. The electromyogram (EMG) is least useful for the diagnosis of - *(Karnataka 03)*
a) Cerebral palsy
b) Spinal muscular atrophy
c) Charcot - Marie - Tooth disease
d) Myasthenia gravis

3296. Generally speaking, the distal, burning, painful dysesthesias with reduced pinprick and thermal sensation but with sparing of proprioception and motor functions is seen in - *(Karnataka 03)*
a) Small fibre neuropathy
b) Large fibre neuropathy
c) Neuromuscular junction disease
d) Anterior horn cell disease

3297. Most common presenting finding of multiple sclerosis is - *(UPSC 04)*
a) Intranuclear ophthalmoplegia
b) Optic neuritis
c) Transverse myelitis
d) Cerebellar ataxia

3298. Which one of the following is not true in the case of myotonic dystrophy ? *(UPSC 04)*
a) Cardiac defects b) Cataract
c) Enlarged testis d) Frontal baldness

3299. Antibody found in patients of myaesthenia gravis is directed against - *(SGPGI05)*
a) Acetycholine
b) Acetycholine receptors
c) Acetycholine vesicles in nerve terminal
d) Actin-myosin complex of the muscle

3300. All of the following are X-linked disorders except -
a) Emery-Dreifüss dystrophy *(SGPGI 05)*
b) Becker's dystrophy
c) Duchenne's dystrophy
d) Myotonic dystrophy

3301. Which of the following is not associated with peripheral neuropathy - *(SGPGI 05)*
a) Urticaria pigmentosa
b) Diabetes mellitus
c) Nitrofürantion
d) Infectious mononucleosis

3302. All are congenital myopathies except - *(MAHA 05)*
a) Central core myopathy
b) Nemaline myopathy
c) Z band myopathy
d) Centronuclear myopathy

3303. Lambert Eaton syndrome is associated with -
a) Thymoma *(MANIPAL06)*
b) Oat cell syndrome
c) Myasthenia gravis
d) Adenocarcinoma of lung

3304. Which one of the following is not a feature of Gullain Barre syndrome ? *(UPSC07)*
a) Albumino-cytological dissociation
b) Transient bladder disturbances
c) Areflexia
d) Babinski plantar response

3305. Serum creative kinase-3 (CK-3) is elevated in - *(Corned07)*
a) Muscular dystrophy b) Myocardial infarction
c) Alcoholic cirrhosis d) Brain tumours

3306. An increase in protein without pleocytosis in cerebrospinal fluid is seen in - *(Corned08)*
a) Froin's syndrome
b) Guillain Barre syndrome
c) Pyogenic meningitis
d) Tuberculous meningitis

3307. All of the following can cause neuropathies with predominant motor involvement except-
a) Acute inflammatory demyelinating polyneuropathy
b) Acute intermittent porphyria *(Manipal 09)*
c) Lead intoxication
d) Arsenic intoxication

3308. In which of the following conditions is cardiac involvement NOT a usual feature ? *(UPSC-109)*
a) Facio-scapulo-humeral dystrophy
b) Duchenne's muscular dystrophy
c) Friedreich's ataxia
d) Myotonic dystrophy

3309. The enzyme level used for evaluation of myopathies is - *(COMED09)*
a) Gamma glutamyl transferase (GGT)
b) Creatine kinase
c) Lactic dehydrogenase (LDH)
d) Alanine amino transferase (ALT)

3310. TVue aboutMG- *(PGlMay 10)*
a) Defect at myoneural junction
b) t Ach receptor
c) 1 Ach receptor
d) Thymoma occur
e) Autoimmune disease

3311. Feature of NF1 are- *(PGlMay 10)*
a) Axillary freckle b) Ash leaf macules
c) Optic glioma d) Acoustic neuroma
e) Family history

3312. A 9 yr old girl has difficulty in combing hairs and climbing upstairs since 6 months. She has Gower's sign positive and maculopapular rash over metacarphalangeal joints. What should be the next appropriate investigation to be done?
a) ESR b) RA factor *(AIIMS May 11)*
c) Creatine kinase d) Electromyography

3292)b 3293)b 3294)b 3295)a 3296)a 3297)b 3298)c 3299)b 3300)d 3301)a 3302)c 3303)b 3304)d 3305)a 3306)b 3307)d 3308)a 3309)b 3310)a,c,d,e 3311)a,c,e 3312)c

3313. All are congential myopathies except-
a) Central Core myopathy *(AIIMS May 11)*
b) Centronuclearmyopathy
c) Z band myopathy
d) Nemalin myopathy

3314. A Thirty five year old female has proximal weakness of muscles, ptosis and easy fatigability. The most sensitive test to suggest the diagnosis is -
a) Muscle Biopsy b)CPK levels *(AI11)*
c) Edrophonium test d) Single fiber EMG

3315. Which one of the following myopathies is correctly matched? *(UPSCI11)*
a) Facioscapulohumeral : Autosomal recessive
b) Limb girdle type : Autosomal dominant
c) Dystrophia myotonica : Autosomal dominant
d) Duchenne muscular dystrophy : X-linked recessive

3316. The most common finding associated with fibromyalgia syndrome is - *(UPSC111)*
a) HighESR
b) Muculoskeletal pain without local tenderness
c) Sontaneous resolution of symptoms
d) Tiredness and insomnia

3317. Conduction velocity of nerve is reduced in all of the following conditions, except- *(AI12)*
a) Acute Motor Axonal Neuropathy (AMAN)
b) Acute Inflammatroy Demyelinating Neuropathy (AIDP)
c) Hereditary Sencory Motor Neuropathy (HSM)
d) Multifocal Motor Neuropathy

3318. All of the following are classified as 'Small fiber' neuropathies except- *(AI 12)*
a) Vitamin B_{12} dificiency b) HTV Induced
c) Hansen's disease d) Amyloidosis

SSI **Sensory neuropathy is caused by all** *except-(NEET/*
a) Lead b) Pyridoxine *DNB Pattern)*
c) Cisplatin d) Paraneoplastic

3320. Thymoma is associated with -*(NEETf.DNB Pattern)*
a) Myasthenia gravis b) Polycythemia
c) Ectopic ACTH d) Polyarteritis nodosa

Wm Myasthenia gravis is associated withr *(NEET/DNB*
a) Antibodies against Ach receptors *Pattern)*
b) Decreased myosin
c) Absent troponin C
-^ I^cre^ed myoneural junction transmissipn g/. ?

3322. Most sensitive test for myaesthenia gravis-
a) Edrophonium test *hi* *(NEE f/DNB jpatt$rn)*
b) S^g)^fi|yelEMG' \Z \ V\
c) Multiple fibre EMG
d) Repetitivemeryp,stimulation

bu **Eaton Lambert syndrome is seen with -**
a) Ca breast b) Ca liver *(NEET/DNB Pattern)*
$)£& lung d) CNS tumors

3324. A young adult presents with proximal weakness of upper limbs, features of facial palsy and winging of scapula. The most likely diagnosis is- *(AI 12)*
a) Facio-Scapulo-Humeral Dystrophy
b) Limb-Girdle Dystrophy
c) Scapuloproneal Dystrophy
d) Duchene Muscular Dystrophy

3325. Lesion of globus pallidus causes-fA^/sT/DA^ *Pattern)*
a) Chorea b) Athetosis
i ?) Hemibalismus; f^d^lejgptiv dystotfia *(j*

3326. Which of the following is the most commonly used site for Deep Brain Stimulation to reduce frequency of Parkinsonism symptoms - *(AI12)*
a) Striatus b) Globus Pallidus
c) Subthalamic Nucleus d)Putamen

3327. Deep Brain Stimulation of which part of brain has been shown to reduce frequency of symptoms in Parkinsonism- *(AI12)*
a) Striatus b) Globus Pallidus Extemus
c) Subthalamic nucleus d)Putamen

3328. Which of the following areas of brain is most resistant to Neurofibrillary tangles in Alzeimer's disease -
a) Entorhinal cortex *(AI12)*
b) Hippocampus / Temporal lobe
c) Lateral Geniculate Body
d) Visual Association Area

3329. Which of the following regarding small vessel disease (SVD), cerebral amyloid angiopathy (CAA) and Alzheimer's disease (AD) is not true?
a) SVD is related to CAA *(AIIMS, May 12)*
b) SVD is not correlated to AD
c) SVD is related to AD
d) CAA is associated with AD

3330. Age related dementia has been associated with increased levels of - *(AI 12)*
a) Homocysteine b) Cysteine
c) Tourine d) Methionine

3331. A 60-year old female presented with decreased movements for the last 2 years with rigidity and vertical large square wave jerks. The most likely diagnosis is - *(AIIMS, May 12)*
a) Parkinson's disease
b) Lewy body dementia
c) Multisystem atrophy
d) Progressive supranuclear palsy

PARKINSONS DISEASE

3332. Chorea occurs due to lesion in -
a) Cerebellum b) Motor cortex
c) Caudate Nucleus d) Subthalamas

3333. Extrapyramidal symptoms are seen in all except -
a) Paralysis agitans *(AIIMS Nov 2000)*
b) Carbon monoxide poisoning
c) Cerebro vascular accident
d) Multiple sclerosis

3334. All are features of Parkinson's disease, except -
a) Resting tremors *(Sep 96)*
b) Brady or hypokinesia
c) Rigidity
d) Preserved postural reflexes

3313)c 3314)d 3315)b,c,d 3316)d 3317)a 3318)a 3319)a 3320)a 3321)a 3322)b 3323)c 3324)a 3325)b
3326) c 3327) c 3328) c 3329) c 3330) a 333 l)d 3332) c 3333) d 3334) d

3335. In Parkinsonism, what is not present - *(May 94)*
a) Tremors at rest b) Past pointing
c) Akinesia d) Rigidity

3336. Features of parkinsons disease- *(PGIJune 06)*
a) Decreased Blinking
b) Spasticity
c) On-off phenomenon
d) Objective 1 muscle power
e) Tremor

3337. Which of the following is not seen in parltinsonism-
a) Preserved postural reflexes *(AI96)*
b) Hypokinesia
c) Rigidity
d) Static tremors

3338. Parkinsonism is characterised by all of the following characteristic features except - *(AI 97)*
a) Rigidity b) Akinesia
c) Tremors at rest d) Past pointing

3339. Dinesh, a 56 yr aged man presents with complaints of slowness of movements, postural instability, tremors, rigidity and memory loss. Most likely diagnosis is - *(AI 01)*
a) Multi infarct dementia b) Alzheimer's disease
c) Parkinsonism d) None of the above

3340. Trinucleotide repeat sequence is seen in -
a) Huntington disease *(PGI June 03)*
b) Ataxia telengiectasia
c) Wiskott Aldrich syndrome
d) Spinocerebellar ataxia
e) Tuberous sclerosis

3341. A family consist of husband, wife and children wifes's father has huntington's chorea. Which statment is true- *(AIIMSNov 99)*
a) Chance of getting disease in child is 1:4
b) Can occur upto age of 50
c) If wife does not get disease till age 50 children are not affected
d) Huntingion's chorea is due to point mutation in gene

3342. Huntington's disease is due to the loss of -
a) Nigro striatal dopaminergic neurons
b) Intrastiatal cholinergic neurons
c) Intrastriatal GABA ergic neurons
d) Intrastriatal cholinergic and GABA ergic neurons

3343. All are true about Huntington's disease except -
a) Chorea *(AI01)*
b) Behavioral disturbance
c) Early onset of memory loss
d) Cog- wheel rigidity.

3344. The following is not a feature of Alzheimer's disease-
a) Neurofibrillary tangles *(AI 04)*
b) Senile (neuritic) plaques
c) Amyloid Angiopathy
d) lewy bodies

3345. Alzheimer's disease, which is involved ?
a) Frontal cortex *(AIIMS May 08)*
b) Cortical atrophy of temporoparietal cortex
c) Frontal and parietal cortex
d) Occipital cortex

3346. True about aetiopathogenesis of Alzheimers disease-
a) Absence of tau protein *(PGIJune 04)*
b) Involvement of Apolipoprotein E
c) Preseneline-1 and 2 involved
d) Mutation in chromosome 21
e) Preseneline 2 is not involved

3347. True about Alzheimer's disease - *(PGI June 03)*
a) Mutation in APP gene
b) Autoantibody
c) Aluminium is a risk factor
d) Viral infection has increased risk
e) Hereditary

3348. All of the following are known predisposing factors for Alzheimer's disease except - *(AI 99)*
a) Down-syndromeb) Low education level
c) Smoking d) Female sex

3349. Alzheimers disease, true is all except- *(PGIDec 98)*
a) Anterograde amnesia
b) Dysdiadochokinesia
c) Receptive aphasia
d) Recognition of familiar faces is absent

3350. A 80-year old female present with progressive loss of memory, difficulty in recalling names, difficulty in speech and irritability. Along with neurofibrillary tangles what will be found in brain - *(AIIMSMay 09)*
a) Beta amyloid b) Ceramidease
c) Lewy bodies d) Pick's bodies

3351. Which of the following is false about alzheimers disease - *(AIIMS Nov 11)*
a) Plaques are formed by amyloid protein
b) Neurofibrillary tangles can appear extra cellularly even before intracellular lesions
c) Neurofibrillary tangles are made of tau protein
d) Number of NF tangles correlates with dementia

3352. Which is not seen in Alzhiemer's disease -
a) Aphasia b) Apraxia *(AIIMSNov 11)*
c) Acalculia d) Agnosia

3353. A chromosomal anomaly associated with alzheimer's dementia is - *(AI 01)*
a) Trisomy 18 b) Patau syndrome
c) Trisomy 21 d) Turners syndrome

3354. Alzheimer's disease is associated with - *(AI99)*
a) Delerium b) Delusion
c) Dementia d) Depression

3355. All of the following casues subcortical dementia except - *(AIIMS May 09)*
a) Alzhimer's disease
b) Parkinsonism
c) HTV encephalopathy
d) Progressive supra nuclear palsy

3335)b 3336)a,c,e 3337)a 3338)d 3339)c 3340)a,b,d 3341)c 3342)d 3343)c 3344)d 3345)b 3346)b,c,d 3347) a,c,d 3348) c 3349) b 3350) a 3351) b 3352) d 3353) c 3354) c_5d 3355) a

3356. Elongated filaments in Pick's disease consist of -
a) Hyperphosphorylated tau *(AIPGMEE 08)*
b) Ubiquitin
c) Alpha-synuclein
d) Beta-synuclein

3357. Which of the following exclusively involve neurouns-
a) Spinocerebellar ataxia *(AIIMSNov06)*
b) Supranuclear palsy
c) Corticobasilar degeneration
d) Multiple system atrophy

3358. In which of the following conditions, neurons are exclusively affected - *(A1IMS Nov 11)*
a) Spinocerebellar ataxia
b) Supranuclear palsy
c) Corticobasal degeneration
d) Multisystem Atrophy

3359. TViad of normal-pressure hydrocephalus includes -
a) Tremor, aphasia dementia *(A199)*
b) Ataxia, aphasia, gait disorder
c) Gait disorder, urinary incontinence, dementia
d) Gait disorder, urinary incontinence, lower cranial nerve palsy

3360. Normal pressure Hydrocephalus is characterized by all except - *(A196)*
a) Aphasia b) Dementia
c) Ataxia d) Urinary incontinence

3361. Clinical features of normal pressure hydrocephalus include all of the following except - *(AI9 7)*
a) Dementia b) Aphasia
c) Gait disturbance d) Urinary incontinence

3362. A 60 years old alcoholic male presented with urinary incontinence and abnormal gait since 3 months. He also complains of loss of memory. What is the diagnosis? *(AI 10)*
a) Huntington's disease
b) Normal pressure hydrocephalus
c) Wernicke's encephalopathy
d) Cynocobalamine deficiency

3363. A 45 year old man presents with history of frequent falls. He has difficulty in looking down also. What is the most probable diagnosis - *(AIIMSNov 2000)*
a) Normal pressure hydro-cephalus
b) Parkinson's disease
c) Alzheimer's disease
d) Progressive supranuclear palsy

3364. In steel richardson syndrome following are seen except- *(PGIDEC97)*
a) Convulsion
b) Ataxia
c) Progressive supranuclear palsy
d) Dementia

3365. A 76 year old male comes with a history of frequent falls and difficulty in looking downwards and laterally. The diaganosis is - *(AlIMSMay 2001)*
a) Alzheimer's disease
b) Supranuclear palsy
c) Amyotropic lateral sclerosis
d) Oculomotor nerve nerve palsy

3366. Punch drunk state is associated with - *(PGIDec 99)*
a) Alcoholism b) Chorea
c) Parkinonism d)All

3367. Memory impairment is most likely to occur in -
a) Downs Syndrome *(A1IMS Nov 99)*
b) Alkaptonuria
c) Attention deficit disorder
d) Conduct disorder

3368. Impotence is a feature of which of the following-
a) Multiple sclerosis *(AIIMS Nove 2000)*
b) Poliomyelitis
c) Amyotropic lateral sclerosis
d) Meningitis

3369. Extrapyramidal symptoms is best treated with- *(J1PMER95)*
a) Procyclidine b) Metochlopramide
c) Haloperidol d) Trihexyphenidyl

3370. An acute syndrome of abnormal involuntary movements resembling tardive dyskinesia is associated with excessive dosage of - *(Kam 95)*
a) Reserpine b) Propranolol
c) Clonidine d) Levodopa

3371. Freqeuncy of Rest tremor in Parkinson's disease is - *(SCTIMS 98)*
a) 2/sec b) 14/sec
c) 4-6/sec d) 8/sec

3372. The first line of drug to be preferred for the treatment of akathesia is - *(Karnat 99)*
a) Benzhexol
b) Trihexy phenedyl hydrochloride
c) Promethazine
d) Propranolol

3373. Drug used to halt process of degeneration of dopaminegric neurons in nigrostrial pathway is - *(NIMHANS 2k)*
a) VitE b) VitA
c) Propranolol d) Levodopa

3374. 55 year old male with recurrent episode of fall, rigidity and autonomic insufficiency -
a) Railey day syndrome *(NIMHANS 2K)*
b) Shy-dragger syndrome
c) Basal ganglionic lesion
d) Parkinsonism

3375. A patient with parkinsonism suddenly presented with trembling, dizziness and upward reeling of eyes. It may be due to - *(CUP GEE 02)*
a) Oculygyric crisis b) Cholinergic crisis
c) Cerebrellar infarct d) Cerebral infarct

3376. Parkinsonism is induced by all drugs except -
a) Reserpine b) Metaclopramide *(AP 96)*
c) Chlorpromazine d) Amantadine

3377. Which one of the following drugs is most suitable for management of essential tremors-
a) Diazepam b) Levodopa*(COMEDK05)*
c) Metoprolol d) Propranolol

3356)a 3357)a 3358)a 3359)c 3360)a 3361)b 3362)b 3363)d 3364)a 3365)b 3366)c 3367)a 3368)a 3369)d 3370)a 3371)c 3372)d 3373)a 3374)b 3375)a 3376)d 3377)d

3378. All the following statements are true regarding Parkinsonism disease developing in people > 70 years of age, except - *(J & k 05)*
a) The long-term side effects of levodopa such as dyskinesia are less
b) They are more likely to develop autonomic disturbances
c) Cognitive changes and dementia are more common
d) Prognosis is worse

3379. All are true regarding progressive supranuclear palsy except - *(COMED 09)*
a) Tremors b) Unsteadiness
c) Dysarthria d) Gaze palsy

3380. Most common tumor associated with *(NEET/DNB Pattern)*
a) Optic glioma b) 2nd nerve schwannoma
c) Astrocytoma d) Bilateral acoustic neuroma

3381. Lisch Nodules are seen- *(NEET/DNB Pattern)*
a) Neurofibromatosis I
b) Sturge weber's syndrome
c) Tuberous sclerosis
d) Von hippel lindau syndrome

MENINGITIS

3382. CSF glucose level is - *(AIIMSjune 2000)*
a) Half the plasma glucose
b) 2/3 of plasma glucose
c) 1/3 of plasma glucose
d) Same as plasma glucose

3383. Acute meningitis in adolescents and young adults is caused by - *(PGI June 04)*
a) N. meningitidis b) H. Influenzae
c) Staphylococcus d) Streptococcus
e) E.coli

3384. True about meningitis is /are - *(PGI June 04)*
a) Epidemic is caused by H. influenzae
b) E.coli, Group B Streptococci is MC cause in neonatal period
c) Hib vaccine is effective in prevention of meningitis
d) Epidemics caused by meningococcus group B

3385. True about C.S.F. finding in pyogenic meningitis is- *(AI98)*
a) Protein T sugar *i* b) Protein *i* sugar T
c) Chloride T protein *i* d) *i* Protein *i* chloride

3386. True about CSF finding in pyogenic meningitis is -
a) CSF contains no organisms *(AI93)*
b) *i* Chloride *i* glucose
c) T Glucose T protein
d) T Chloride, *i* glucose

3387. Patient with fever had a lumbar puncture done as part of workup for fever. The CSF revealed high proteins with normal sugar and marked increase in lymphocytes. The diagnosis is likely to be -
a) Tubercular meningitis *(PGIDec 01)*
b) Bacterial meningitis
c) Viral meningitis
d) Partially treated pyogenic infection
e) Neurocysticercosis

3388. A patient's CSF report reads as follows sugar of 40, protein of 150. chloride of 550; lymphocytosis present: the picture is suggestive of - *(AI 01)*
a) Fungal meningitis b) Viral meningitis
c) TB meningitis d) Leukemia

3389. Aten year old girl presents with fever, convulsion, neck rigidity. CSF - Findings arc protein 150mg/dl. Sugar 40mg/dl. chloride 2500 meq/litre with lymphadenopathy - *(AIIMS Dec 98)*
a) Viral Meningitis
b) Pyogenic Meningitis
c) Cryptococcal Meningitis
d) Tubercular Meningitis

3390. Lab report CSF with N glucose, Tprotein and marked lymphocytosis diagnosis is - *(PGIDec 06)*
a) T.B. Meningitis
b) Viral meningitis
c) Partialy Rx pyogenic infection
d) Pyogenic infection

3391. The CSF findings in TB meningitis are all the following *except* - *(AI 95)*
a) Raised protein b) Low sugar
c) Low chloride d) High RBC count

3392. CSF picture in viral meningitis *(PGIDec 03)*
a) Lymphocytic pleocytosis
b) WBC count > 1500/mL
c) Sugar is normal
d) Sugar is very low
e) Protein is elevated

3393. Meningitis with normal glucose is seen in -
a) TB b) Cryptococcus *(PGI Dec 99)*
c) Coxsackie d) Listeria

3394. A15- year -female patient develops loss of appetite, cough followed by neck rigidity. CSF examination shows- glucose 40 mg%,protein 150mg%. chloride 52 meq/lit. with full of lymphocytes. The likely diaganosis is - *(AIIMS June 99)*
a) Tubercular meningitis b) Brain abscess
c) Bacterial meningitis d) Viral encephalitis

3395. Which of the following is the classical CSF finding seen in TBM ? *(AI 07)*
a) Increased protein, decreased sugar, increased lymphocytes
b) Increased protein, sugar and lymphocytes
c) Decreased protein, increased sugar and lymphocytes
d) Increased sugar, protein and neutrophils

3396. Neurological complications of meningitis include all of the following, except - *(AIIMS Nov 2002)*
a) Seizures.
b) Increased intra-cranial pressure
c) Cerebral hamartoma
d) Subdural effusions.

3378)d 3379)a 3380)a 3381)a 3382)b 3383)a 3384)b,c 3385)a 3386)b 3387)a 3388)c 3389)d 3390)a 3391)d 3392) a,c,e 3393) c 3394) c 3395) a 3396) c

3397. Acute Pyogenic Meningitis true is/are -
a) Purulent exudates within leptomeninges
b) CSF cloudy with PMN *(AIIMS Nov 02)*
c) Spreads to ventricle
d) Causes ventricular enlargements.

3398. Characteristic finding in CT in a TB case is -
a) Exudate seen in basal cistern *(AI01)*
b) Hydrocephalus is noncommunicating
c) Calcification commonly seen in umbellium
d) Ventriculitis is a common finding

3399. All are complications of tubercular meningitis except - *(PGI DEC 99)*
a) Hydrocephalus
b) Infarction
c) Obliterative endarteritis
d) Sinovenous thrombosis

3400. A 25 year old lady presented with fever of 1 month duration, ataxia and head ache. Brain imaging showed dilated ventricles with basal exudates. Which among the following is the most likely CSF finding - *(AIIMS Nov 11)*
a) Lymphocytosis, low glocose, high protein
b) Lymphocytosis, normal glucose, high protein
c) Lymphocytosis, low glucose, high protein

3401. Which of the following is true about TB meningitis-
a) Exudates are formed on the convexities of brain
b) CSF stored at 4°C in the time of transportation
c) Hydrocephalus is common sequalae
d) Meningoencephalitis is common manifestation

3402. Subdural empyema is most commonly caused by -
a) H. influenzae *(AI 2000)*
b) Staphylococus aureus
c) Streptococcus pneumoniae
d) E.Coli

3403. The most common cause of sporadic viral encephalitis is - *(AIIMS May 2004)*
a) Japanese B encephalitis
b) Herpes simplex encephalitis
c) Human immunodeficiency virus encephalitis
d) Rubeola encephalitis

3404. Most common cause of viral meningoencephalitis?
a) Enterovirus b) Arbovirus *(AI 10)*
c) Herpes virus d) CMV

3405. Commonest cause of sporadic encephalitis is -
a) Japanese B virus *(AI 03)*
b) Herpes Simplex virus
c) Human Immunodeficiency virus
d) Rubeola virus

3406. Which of the following viruses is not a common cause of viral encephalitis - *(AI 04)*
a) Herpes simplex virus type 2
b) Japanese encephalitis virus
c) Nipah virus
d) Cytomegalovirus

3407. True about HSV encephalitis is/are - *(PGI June 04)*
a) Caused by HSV-1
b) Haemorrhagic lesion seen
c) Frontal lobe lesion seen
d) Eosinophilic inclusion bodies seen
e) Xanthochromia not seen

3408. A young male develops fever, followed by headache, confusional state, focal seizures and right hemiparesis, the MRI performed shows bilateral frontotemporal hyperintense lesion. The most likely diagnosis is - *(AI 04)*
a) Acute pyogenic meningitis
b) Herpes simplex encephalitis
c) Neurocysticercosis
d) Carcinomatous meningitis

3409. A 24 year old male patient with h/o primary syphilis in the form of genital ulcer & mucocutaneous lesions, presents with features suggestive of neurosyphilis in the form of meningitis for which appropriate treatment was started. What will you do for monitoring of treatment - *(AIIMS Nov 10)*
a) Venereal disease Research Laboratory test (VDRL)
b) TPI
c) FTS-AB
d) ELISA

3410. Herpes simplex encephalitis is diagnosed by -
a) MRI *(PGI Dec 02)*
b) Biopsy
c) Corneal scrapping and culture
d) EEG periodic lateralised
e) CSF PCR of HSV DNA

3411. The drug of choice in Herpes Simplex Encephalitis is- *(AI94)*
a) Acyclovir b) Zidovudine
c) Amantadine d) Vidarabine

3412. The drug of choice in Cryptococcal Meningitis is -
a) Pentostatinb) Amphotericin B *(AI95)*
c) Clotrimazole d) Zidovudine

3413. An old patient of tubercular meningitis is not responding to treatment. A new combination of drugs has to be prescribed for a prolonged period.Which one of the following should not be prescribed in this case - *(ICS 98)*
a) Rifampicin b) Ofoxacin
c) Dehydrostreptomycin d) Pyraxinamide

3414. The most common fungus producing meningitis in immuno compromised host is - *(UPSC 2001)*
a) Cryptococcus b) Blastomycetes
c) Candida d) Histoplasma

3415. In TB meningitis which drug is not used in the treatment protocol - *(Jipmer 03)*
a) Streptomycin b) Rifampicin
c) Ethambutol d) Pyrazinamide

3397)All 3398)a 3399)d 3400)a 3401)b,c,d 3402)c 3403)b 3404)c 3405)b 3406)a 3407)A11 3408)b 3409)a 3410)a,b,d,e 3411)a 3412)b 3413)c 3414)a 3415)a

3416. Complications of tuberular meningitis include all except- *(DelhiPGMar. 09)*
a) Hydrocephalus
b) Cortical venous thrombosis
c) Cerebral Artery Thrombosis
d) Cranial Nerve Palsy

3417. Ayoung male develops fever, followed by headache, confusional state, focal seizures and a right hemiparesis. The MRI performed shows bilateral frontotemporal hyperintense lesion. The most likely diagnosis is - *(Manipal 09)*
a) Acute pyogenic meningitis
b) Herpes simplex encephalitis
c) Neurocysticercosis
d) Carcinomatous meningitis

3418. The typical CSF profile in cases of viral meningitis after 48 hours of onset is - *(UPSC-109)*
a) Lymphocytic pleocytosis, normal glucose level, normal or slightly elevated protein level
b) Neutrophilic pleocytosis, raised glucose level normal protein level
c) Lymphocytic pleocytosis, low glucose level, low protein level
d) Neutrophilic pleocytosis, normal glucose level, elevated protein level

3419. A 25-year-old man presents with fever and altered sensorium. The CSF analysis revealed-(T/RS·C-/ *09)*
Pressure : **Raised**
Appearance : Opalescent and on standing cobweb formation seen
Protein : 220 mg%
Sugar : 30 mg%
Cells : 1250 per field mostly lymphocytes
Globulin : Positive
Which one of the following is the most likely diagnosis ?
a) Meningococcal meningitis
b) Subarachnoid haemorrhage
c) Cryptococcal meningitis
d) Tuberculous meningitis

3420. Adenosine deaminase in CSF is significantly higher in- *(COMED09)*
a) Tuberculosis meningitis b) Bacterial meningitis
c) Viral meningitis d) Syphilitic meningitis

3421. CSF picture in viral *memñgiti$-(NEET/DNB Pattern)*
a) Lymphocytic pleocytosis b) WBCcdunt> 1500/mL
c) Sugar is reduced d) Protein is decreased

3422. Basal exudates, infarcts and hydrocephalus are findings observed in Brain imagine studies. The most likely diagnosis is - *(AI12)*
a) Tubercular Meningitis b) Viral Meningitis
c) Herpes encephalitis d) Cerebral Malaria

3423. A 45-year-old female is diagnosed as a case of pneumococcal meningitis. Her blood sample were sent for culture sensitivity. In the mean time best drug to start as an empirical treatment is -
a) Penicillin G *(AIIMS, May 12)*
b) Doxycycline
c) Streptomycin
d) Vancomyin + Ceftriaxone

3424. Penumococcal meningitis is associated with the following CSF findings - *(AI 12)*
a) Pleocytosis with low protein and low sugar
b) Pleocytosis with high protein and low sugar
c) Lymphocytosis low protein and low sugar
d) Lymphocytosis high protein and low sugar

smi ~ **In herpes encephalitis A/E -***(NEET/DNB Pattern)*
a) Focal symptoms common
b) Temporal lobe involved
c) MRI is diagnostic
d) CT scan better than MRI

3426. An elederly male presented with headache, fever and hemiparasis of right side. On further examination and investigation a diagnosis of brain abscess was made. Which of the following antibacterial/ antibacterials is effective in this patient -
a) Gentamycin *(AIIMS, May 12)*
b) Doxycycline
c) Streptomycin
d) A combination of Cephalosporin and Metronidazole

3427. Soap bubble appearance is seen in which meningo-encephalitis - *(NEET/DNB Pattern)*
a) Cryptococcus b) Mucormycosis
c) Tubercular d) HSV

3428. Commonestpresentattohofneurocysticef ocosis is-
a) Seizures *(NEET/DNB Pattern)*
1 ^ ;/b) jFocalneurolo^&Slffilfrc^P^^w^^S^Vj^^ :
c) Dementia
d) Radiculopathy

3429. Neurocysticercosis DOC- *(NEET/DNB Pattern)*
a) Praziquantel b) Albendazole
c) Niclosemide ,? v, *rt%* (<. d) Flubendazole ; .

APHASIA

3430. Jargon aphaisa is seen in- *(JIPMER2001)*
a) Wernicke's aphasia
b) Broca's aphasia
c) Conduction aphasia
d) Kosarkoff psychosis

3431. Crossed aphasia means- *(JIPMER2002)*
a) Right hemispherical lesion in right handed person
b) Right hemispherical lesion in left handed person
c) Left hemispherical lesion in left handed person
d) Left handed lesion in right handed person

3432. Broca's area : which is true - *(AP 96)*
a) Present bilaterally in brain
b) Supplied by MCA
c) Lesion causes laryngel palsy
d) Present in the temporal lobe

3433. Which is a feature of Normal Pressure hydrocephalus - *(NIMHANS 06)*
a) Gait Disturbance b) Aphasia
c) Global confusion d) Opthalmoplegia

3416)b 3417)c 3418)a 3419)d 3420)a 3421)a 3422)a 3423)d 3424)b 3425)d 3426)d 3427)a 3428)a 3429)b 3430)a 3431)a 3432)b 3433)a

DRUGS

3434. Drug avoided in patient with non-ketotic hyperglycemia with seizure is - *(NIMHANS 2K)*
a) Carbamazepine b)Valporate
c) Phenytoin d) Clobazam

3435. High oral: Parenteral activity ratio is seen with- *(TN 03)*
a) Morphine b) Diacetyl morphine
c) Oxymorphine d) Methadone

3436. Consider the following disorders - *(UPSCI11)*
1. Sydenham's chorea
2. Migraine
3. Mania
4. Obsessive compulsive disorder

Valproic acid is used in which of the above disorders?
a) 1 and 3 only b) 2 and 4 only
c) 1,2 and 3 d) 2,3 and 4

MISCELLANEOUS

3437. Most common Intracranial neoplasm in adults is- *(AIIMS May 93)*
a) Meningioma b) Astrocytoma
c) Posterior fossa tumor d) Ganglioneuroma

3438. Must common intacranial tumour *is-(AIIMSMay 94)*
a) Meningioma b) Giloma
c) Craniopharyngioma d) Metastasis

3439. Which of the following is the most common type of Glial tumors ? *(AI06)*
a) Astrocytomas b) Medulloblastomas
c) Neurofibromas d) Ependymomas

3440. In childern, most common posterior fossa tumour is-
a) Meningioms *(Dec 95)*
b) Astrocytoma
c) Medulloblastoma
d) Glioblastoma multiforme

3441. Tumor with best prognosis is - *(May 94)*
a) Ependymoma
b) Medulloblastoma
c) Cerebellar astrocytoma
d) Glioblastoma multiforme

3442. Most common site of sub ependymal astrocytoma (giant cell) - *(ARMS Nov 07)*
a) Trigone of lateral ventricle
b) Foramen of munro
c) Temporal horn of lateral ventricle
d) 4th ventricle

3443. Which of the following statement about astrocytoma is false- *(A1PGMEE08)*
a) Low grade tumors ae more common in children
b) These are mostly infratentorial in children
c) Pilocytic astrocytoma is most common childhood brain tumor
d) There are more common in males than females

3444. Which of the following brain tumors does not spread via CSF - *(AI04)*
a) Germ cell tumors b) Medulloblastoma
c) CNS lymphoma d) Craniopharyngoma

3445. Which is the most common childhood CNS tumor to metastasize outside brain? *(ARMSMay 10)*
a) Ependymoma
b) Glioblastoma multiforme
c) Choroid plexus tumor
d) Medulloblastoma

3446. Chang staging is used for - *(ARMSMay 10)*
a) Retinoblastoma b) Medulloblastoma
c) Ewing's sarcoma d)Rhabdomyos

3447. Absence of Corpus callosum leads to-
a) Hemiparesis *(ARMS Nov 07)*
b) Hemisensory loss
c) Astereognosis
d) No neurological manifestations

3448. Von Hippel Lindau is associated with all except -
a) Endo lymphatic sac tumors *(ARMSNov 07)*
b) Hemangioendotheliomas
c) Pheochromocytoma
d) Islet cell tumors

3449. All of the following tumors are malignant except -
a) Glioma *(AI 97)*
b) Astrocytoma
c) Hemangioblastoma
d) Ependymoma

3450. All of the following may cause metaststic tumour casusing spinal cord compressions except - *(AI 98)*
a) Lung carcinoma b) Breast carcinoma
c) Lymphoma d) Meningioma

3451. All the following are true of Craniopharyngioma except- *(AI 94)*
a) Derived from Rathke's pouch
b) Contains epithelial cells
c) Present in sella or intrasellar location
d) Causes visual disturbances

3452. A 6 year old boy has been complaining of headache, ignoring to see the objects on the sides for four months. On examination, he is not mentally retarded, his grades at school are good, and visual acuity is diminished in both the eyes. Visual charting showed significant field defect.CT scan of the head showed suprasellar mass calcification.Which of the following is the most probable diagnosis- *(ARMS Nov 04)*
a) Astrocytoma b)Craniophary
c) Pituitary adenoma d) Meningiona

3453. Most radiosensitive brain tumour is - *(Sep 96)*
a) Ependymoma b) Medulloblastoma
c) Glioblastoma multiforme d) Astrocytoma

3454. The diagnosis of a patient presenting with seizures, Mental retardation and Sebaceous adenoma is -
a) Hypothyroidism b) Tuberous sclerosis *(AI 95)*
c) Toxoplasmosis d) Down syndrome

3434)$_c$ 3435) d 3436) c 3437)b 3438) b 3439) a 3440) b 3441) c 3442) b 3443)d 3444) d 3445) d 3446)b 3447) d
3448)b 3449) c 3450) d 345l)c 3452) b 3453)b

3455. What is NOT a feature of Sturge Weber syndrome -
a) Rail track appearance *(Dec 94)*
b) Hemiatrophy of the brain
c) Convulsion
d) Empty sella

3456. Which of the following is the most common tumor associated with type I neurofibromatosis?
a) Optic nerve glioma. *(AHMSMay 2003)*
b) Meningioma.
c) Acoustic Schwannoma.
d) Low grade astrocytoma.

3457. Neurofibromatosis type-II is associated with -
a) B/L acoustic schwannoma *(PGl Dec 2000)*
b) Multiple cafe-au-let spots
c) Chromosome-22
d) Lisch nodule
e) Posterior subcapsular lenticular cataract

3458. True about neurofibromatosis is all the following except- *(AI09)*
a) Autosomal recessive b) Scoliosis
c) Cataract d) Neurofibromas

3459. Neurofibromatosis I is most commonly associated with- *(AIIMSNov 07)*
a) Brain stem gliomas
b) Optic pathway glioma
c) Sub ependymal pilocytic astrocytoma
d) Glioblastoma multiforme

3460. Brain tumour is associated with A/E - *(PGI Dec 99)*
a) Tuberous sclerosis
b) Von hippel lindau syndrome
c) Neurofibromatosis
d) Sturge weber syndrome

3461. CNS tumor seen in Von hippel lindau syndrome is- *(PDI Dec 99)*
a) Meningioma b) Cerebellar hemangioblastoma
c) CNS lymphoma d) Glioma

3462. Lhermitte duclos disease true is - *(AIIMSMay 08)*
a) Thickened cerebeller folli
b) Atrophic cerebeller folli
c) Vermian hypoplasia
d) Septum pelluidumagenesis

3463. A middle aged female presents with slowly progressive weakness of lower limbs, spasticity and recent onset hestancy of Micturition. On neurological examination there is evidence of dorsal myelopathy. MRI scan of spine reveals middorsal intradural contrast enhancing mass lesion diagnosis is- *(AIIMS Nov 11)*
a) Intradural lipoma b) Dermoid cyst
c) Meningioma d) Epidermoid cyst

3464. Investigation of choice for leptomeningeal carcinomatosis - *(AIIMS Nov 11)*
a) PET b) SPECT
c) Gd enhanced MRI d) CT scan

3465. Which of the following statement is true regarding Landry Guillian Barre Syndrome - *(PGI Dec 01)*
a) Facial nerve palsy occurs
b) Proximal muscle weakness
c) Areflexia
d) Pyramidal signs
e) Distal muscle weakness

3466. All are true regarding GB syndrome, Except -
a) Predominant motor involvement *(June 97)*
b) Absence of myelocytosis in CSF
c) Residual disability if treatment is delayed
d) Sparing of bladder function

3467. All the following are features of Guillain-Barre syndrome except - *(AI96)*
a) Predominant motor involvement
b) Residual disability
c) Absence of pleocytosis in CSF
d) Sparing of bladder function

3468. All of the following are true about Guillan Barre syndrome (GBS), except - *(AI 10)*
a) Ascending paralysis
b) Flaccid paralysis
c) Sensory level
d) Albumino-cytological dissociation

3469. Which of the following is LEAST suggestive of infection with polio virus - *(AIIMS Nov 99)*
a) Low grade fever and malaise with complete resolution in 2 to 3 days
b) Biphasic illness with several days of fever, then meningeal symptoms and asymmetric flaccid paralysis 5 to 10 days later
c) Descending motor paralysis with preservation of tendon reflexes and sensation
d) Failure to isolate a virus from the cerebrospinal fluid in the presence of marked meningismus

3470. Neuronophagia is seen in - *(AI 94)*
a) Amoebic encephalitis
b) Poliomyelitis
c) Tuberculer meningoencephalitis
d) Cerebral malaria

3471. Polio virus infection can result in all, except -
a) Anterior horn cell damage *(AIIMS Dec 94)*
b) Autonomic involvement
c) Respiratory involvement
d) Paralysis in > 70% of cases

3472. Kenny Packs were used in the treatment of- *(AIIMS May 2003)*
a) Poliomyelitis b) Muscular dystrophy
c) Polyneuropathies d) Nerve Injury

3473. Which of the following is the most common location of intracranial neurocysticercosis -
a) Brain parenchyma b) Subarachnoid space
c) Spinal cord d) Orbit

3474. Which of the following is the most common central nervous system parasitic *infestation-(AIIMSMay 03)*
a) Echinococcosis b) Sparganosis
c) Paragonimiasis d)Neurocysti

3454) b 3455) d 3456) a 3457) a,c,e 3458) a 3459) b 3460) d 346l)b 3462) a 3463) c 3464) c 3465)a,b,c,e 3466)c 3467)b 3468)c 3469)c 3470)b 3471)d 3472)a 3473)a 3474)d

3475. Neurocysticercosis is treated by all the following drugs, except - *(AIIMS May 93)*
a) Albendazoleb) Niclosamide
c) Flubendazole d) Praziquantel

3476. Commonest presentation of neurocysticerocosis is-
a) Seizures b) Focal neurological deficits
c) Dementia d) Radiculopathy *(AI03)*

3477. Treatment of Neurocysticercosis includes all of the following except - *(AI 98)*
a) Praziyuantelb) Albendazole
c) Niclosemided) Flubendazole

3478. IVue statement about neurocysticercosis is -*(AI01)*
a) Seizures due to neurocysticercosis are resistant to anti epileptic drugs
b) Albendazole is superior to praziquantel in the T/T of above condition
c) Common presentation is 6th CN palsy and hemiparesis
d) Steroids are used in the mangament of hydrocephalus

3479. Prion includes - *(AIIMS Nov 07)*
a) DNA and RNA b) Only RNA
c) Proteins d) Only DNA

3480. Which one of the following is not a prion associated disease - *(AIIMS Nov 2004)*
a) Scrapie
b) Kuru
c) Creutzfeldt-Jakob's disease
d) Alzheimer's disease

3481. All of the following statements about Creutzfeldt-Jakob disease are true, Except - *(AIIMSMay 2004)*
a) It is a neurodegenerative disease.
b) It is caused by infectious proteins
c) Myoclonus is rarely seen
d) Brain biopsy is specific for diagnosis.

3482. Fatal familial insomnia is associated with- *(AI99)*
a) Prion disease b) Degenerative disease
c) Neoplastic disease d) Vascular disease

3483. IVue about Creutzfeldt-Jacob's disease is -
a) Inheritable disease *(TGI June 02)*
b) Corneal implants can transmit disease
c) Caused by RNA containing organism
d) Caused by DNA containing organism
e) Arthropod borne disease

3484. Prions diseases are- *(PGI June 03)*
a) Alzheimer's disease
b) Gerstmann straussler Scheinkan syndrome
c) Familial Fatal insomnia
d) Frontotempotal dementia
e) Creutz- feldt Jakob disease

3485. All of the following statements are true regarding central nervous system infections, except-
a) Measles virus is the causative agent for subacute sclerosing pan encephalitis (SSPE)
b) Cytomegalo virus causes bilateral temporal lobe hemorrahagic infarction *(AIIMS Nov 04)*
c) Prions infection causes spongiform encephalopathy
d) JC virus is causative agent for progressive multifocal leucoencephalopathy

3486. All of the following statements regarding progressive multifocal leucoencephalopathy are true except - *(AIIMSNov 08)*
a) Patient commonly presents with visual disturbances and speech defects
b) It is most commonly seen in immunocompromised persons
c) Diagnosis is frequently suggested by MRI
d) It follows an indolent course and patient usually dies within 6 months

3487. Inclusions in oligodendrogliocytes is a feature of -
a) Creutzfeldt-J akob disease *(AIIMS Nov 10)*
b) CIDP
c) HSV
d) Progressive multifocal leukoencephalopathy

3488. A young female patient with long history of sinusitis presented with frequent fever along with personality changes and headache of recent origin. The fundus examination revealed papilledema. The most likely diagnosis is - *(AIIMS Nov 2004)*
a) Frontal lobe abscess
b) Meningitis
c) Encephalitis
d) Frontal bone osteomyelitis

3489. Regarding Progressive multifocal leucoence-phalopathy, all are true, except - *(PGI June 06)*
a) Caused by JC virus
b) Diffuse cortical matter involvement
c) Disease of white matter
d) Disease of grey matter

3490. A 60 yr old man with C/O progressive dementia for the past 6 months with intermittent jerky movement involving whole body from 2 days. EEG showed sharp bipolar spikes. Diagnosis is - *(AIIMS Nov 10)*
a) Alzheimer's
b) Creutzfeld Jakob disease
c) Lewy body dementia
d) Herpes simplex encephalitis

3491. A 60 year old man with progressive dementia of recent onset presents with intermittent irregular jerky movemets. EEG shows periodic sharp biphasic waves. The most likely diagnosis is - *(AI 11)*
a) Alzheimers's disease
b) Creutzfeldt Jakob disease
c) Lewy body dementia
d) Herpes simplex Encephalitis

3492. Sea saw nystagmus is seen in - *(AIIMS June 97)*
a) Anterior longitudinal fasiculus
b) Craniopharyngioma
c) Medullary lesion
d) GB. Syndrome

3475) b 3476) a 3477) c 3478) b 3479) c 3480) d 3481) c 3482) a 3483) a,b 3484)b,c,e 3485) b 3486) a 3487) d 3488) a 3489) a,c 3490)d 349l)b 3492)b

3493. Downbeat nystagmus is characteristic of -
a) Posterior fossa lesion *(PGIJune 97)*
b) Vestibular lesion
c) Labyrinthine lesion
d) Cerebellar lesion

3494. Metabolic encephalopathy presents with -
a) Broca's aphasia *(AIIMS June 99)*
b) Anomic aphasia
c) Transcortical sensory aphasia
d) transcortical motor aphasia.

3495. Narcolepsy is characterized by all of the folowing except - *(ARMS Nov 02)*
a) Sleep paralysis b) Cataplexy.
c) Hallucination. d) Snoring.

3496. Opso myoclonus is seen in - *(PGIDec 98)*
a) Neuroblastoma b) Nephroblastoma
c) Retinoblastoma d)Melanoma

3497. Opsoclonus is - *(PGI June 99)*
a) Arryhthmic conjugate eye movements
b) Conjugate chaotic movements
c) Conjugate, chaotic, continuous movements
d) Chaotic, disconjugate movements

3498. In metabolic encephalopathy, feature is- *(PGIJune 97)*
a) Tonic clonic seizures b) Chorea
c) Asterixis d) Paraplegia

3499. Which of these can cause 3rd nerve paralysis -
a) Posterior communicating artery (PCA) aneurysm
b) Tolosa-Hunt syndrome *(PGI June 02)*
c) Midbrain infarct
d) Pons infarct
e) Lateral medullary lasions

3500. A man with painful opthalmoplegia, cavernous sinus dilatation: diagnosis is - *(ARMSMay 08)*
a) Gradinego syndrome
b) Tolosa Hunt syndrome
c) Cavernous sinus thrombosis
d) Orbital pseudotumour

3501. Third nerve palsy with pupillary sparing is seen in-
a) Hypertension *(ARMSMay 95)*
b) Aneurysm of posterior communicating artery
c) Diabetes mellitus
d) Craniopharyngioma

3502. All the following are features of pseudotumor cerebri except- *(AI96)*
a) Normal-sized ventricles on CT scan
b) Increased protein in CSF
c) Papilledema
d) Absence of focal neurological deficit

3503. All the following are features of Pseudotumor cerebri except - *(AI94)*
a) Increased intracranial tension
b) Convulsions
c) Papilledema
d) Normal CT scan

3504. Brain abscess in cyanotic heart disease is commonly located in - *(AI 06)*
a) Cerebellar hemisphere b) Thalamus
c) Temporal lobe d) Parietal lobe

3505. Spinal segment in knee jerk include all of the following except - *(AI 9 7)*
a) LI b)L2
c) L3 d)L4

3506. All of the following are neurologic channelopathies except- *(ARMS May 04)*
a) Hypokalemic periodic paralysis
b) Episodic ataxias
c) Familial hemiplegic migraine
d) Huntington's disease

3507. All os the following are calcium channelopathies, except - *(ARMS May 05)*
a) Episodic ataxia-1
b) Spinocerebellar ataxia -6
c) Familial hemiplegic migraine
d) Hypokalemic periodic paralysis

3508. Pain insensitive structure - *(AI 09)*
a) Middle cerebral arteryb) Choroid plexus
c) Dural sheath d) Falx cerebri

3509. APACHE-II score includes - *(PGI June 08)*
a) Age b) Blood pressure
c) $Pa0_2$ d) Respiratory rate
e) Chronic medical abnormality

3510. Causes of acute flaccid paralysis - *(PGI June 08)*
a) Poliomyelitis
b) Tick paralysis
c) Acute inflammatory demylination polyneuropathy
d) ADEM

3511. Spontaneous CSF leak associated with all except -
a) Increased intracranial tension *(ARMS Nov 08)*
b) Partial or complete empty sella syndrome
c) Pseudotumour cerebri
d) Low risk encephalocoele

3512. Non-noxious stimulus is perceived as pain in -
a) Allodynia b) Hyperalgesia *(AIIMS May 08)*
c) Paraesthesia d) Hyperpathia

3513. Flapping tremors are seen in the following conditions except - *(ARMSMay 2005)*
a) Uremic encephalopathy
b) Parkinsonism
c) Hepatic encephalopathy
d) Carbon dioxide narcosis

3514. C/F of cerebello pontine angle tumours - *(PGI June 05)*
a) Tinitus b) Deafness
c) Loss of corneal reflex d) Vertigo

3515. The causes of systemic secondary insult to injured brain include all of the following except- *(ARMS 06)*
a) Hypercapnia b) Hypoxemia
c) Hypotension d) Hypothermia

3493) a,d 3494) b 3495) d 3496) a 3497) a 3498) c 3499)a,b,c 3500) b 3501) a,c 3502) b 3503) b 3504) d 3505)a 3506)d 3507)a 3508)b 3509)A11 3510)A11 3511)a 3512)a 3513)b 3514)b 3515)d

3516. A head injured patient, who opens eyes to painful stimulus, is confused and localizes to pain. What is his Glassgow coma Score - *(AIIMSNov 05)*
a) 7 b) 9
c) 11 d) 13

3517. A 45 year old woman, presenting with the history of diplopia and dysphagia worsening as the day progresses, can be diagnosed to *ha\e-(AUMSNov 05)*
a) Thyrotoxicosis b) Myastheniagravis
c) Musculardystrophy d) Brain tumor

3518. All of the following hereditary conditions predispose to CNS tumors, except - *(AIIMS May 2005)*
a) Neurofibromatosis 1 & 2
b) Tuberous sclerosis
c) Von-Hippel-Lindau syndrome
d) Xeroderma pigmentosum

3519. "Prosopagnosia" is characterized by - *(AI99)*
a) Inability to read b) Inability to identify faces
c) Inability to write d) Inability to speak

3520. Prosopagnosia is inability to - *(AIIMS June 2000)*
a) Recognise normal daily object by feel and touch
b) Correct grammatical mistakes
c) Smell properly
d) Read and write sentences

3521. Drug not used in multiple *sc\erosis-(AHMSNov 11)*
a) Interferon-P-la b) Interferon-(3-lb
c) Glatiramer acetate d) Mycophenolate

3522. Drug used in multiple sclerosis - *(AIIMSNov 11)*
a) Inferferon alpha b) Interferon beta
c) Interferon gamma d) Infliximab

3523. Treatment for multiple sclerosis - *(AIIMSNov 06)*
a) Interferon alpha b) Interferon beta
c) Infliximab d) Interferon gamma

3524. Increased ICT is characterised by *A/E-(PGIDec 02)*
a) Headache and vomiting b) Intellectual change
c) Tremors d) Papilloedema
e) Tachycardia

3525. Increased ICT is associated with all except - *(AI07)*
a) Paraparesis b) Abducent paralysis
c) Headache d) Visual blurring

3526. Regarding raised intracranial tension in adults, true is - *(AIIMS May 93)*
a) Sutural diastasis
b) No Papilloedema
c) May present with vomiting, headache and blurred vision
d) No systemic symptom

3527. Best method to monitor intracranial pressure is -
a) Intraventricular catheter *(AIIMSMay 07)*
b) Subarachnoid bolt
c) Intraparenchymal catheter
d) Epidural cathetar

3528. All of the following are used to decrease intracranial pressure, except - *(Sep 96)*
a) Frusemide b) Mannitol
c) Steroid d) Hyperventilation

3529. Indications of glucocorticoids in raised ICT-
a) Cerebral abscess b) Brain tumour *(PGI June 04)*
c) Head injury d) Cerebral Haemorrhage

3530. All the following are features of cerebellar disease except- *(AI 96)*
a) Intention tremors b) Past pointing
c) Hypertonia d) Ataxia

3531. Which of the following is not a feature of lateral cerebellar lesion? *(AI 10)*
a) Resting tremor
b) Dysarthria
c) Nystagmus
d) Loss of Co-ordination of movements

3532. Hypotonia, tremor and ataxia are seen in lesion or- *(PGI Dec 98)*
a) Basal gangliab) Medullary pyramid
c) Cerebellum d) Pons

3533. CNS tumor seen in Von Hippel Lindau syndrome is-
a) Meningioma *(PGI Dec 99)*
b) Cerebellar hemangioblastoma
c) CNS lymphoma
d) Glioma

3534. AD the following statements are true about Lambert Eaton syndrome except - *(AI 09)*
a) Positive tensilon test
b) Spares occulomotor nerve
c) Decremental response to repeated electrical stimulation
d) Associated with adenocarcinoma of lung

3535. NARP syndrome is a type of- *(AI 11)*
a) Mitochondrial function disorder
b) Glycogen storage disorder
c) Lysosomal storage disorder
d) Lipid storage disorder

3536. A patient presents with quadriparesis. CSF shows protein 1 g%, sugar 40 mg% and no cells. He should be treated with: *(Delhi PG Mar. 09)*
a) Antisnake venum
b) 5% dextrose
c) Intravenous immunoglobulin
d) I. V. Potassium chloride

3537. All the following are recognized association except - *(Manipal 09)*
a) Abetalipoproteinaemia and acanthocytosis
b) Refsum's disease is associated with cerebellar ataxia
c) Spinocerebellar ataxia in Friedrich's ataxia
d) Homocystinuria and recurrent deep vein thrombosis

3538. Which one of the foUowing is NOT a characteristic or tuberous sclerosis - *(UPSC-109)*
a) Seizures
b) Adenoma sebaceum
c) X-linked recessive inheritance
d) Shagreen patches

3516)c 3517)b 3518)d 3519)b 3520)None 3521)d 3522)b 3523)b 3524)c,e 3525)a 3526)c 3527)a 3528)a 3529) a,b 3530) c 3531) a 3532) c 3533) b 3534) a,c 3535) a 3536) c 3537) d 3538) c

3539. True statement about gliobastoma multiforme -
a) Common in 3rd decade *(PGIMay 10)*
b) Common in 6th decade
c) Most common location is supratentorial
d) Mostly located in posterior fossa
e) It has good prognosis

3540. *True* statement about Neurocysticercosis -
a) Caused by Taenia solium *(PGIMay 10)*
b) Caused by echinococcus granulosus
c) Albendazole is durg of choice
d) Thiabendazole is used
e) Demonstration of parasite in eye by fundoscopy is an absolute criteria for diagnosis of neurocysticercosis

3541. A young female has severe pain in abdomen, constipation, irrelevant talking, BP 160/110, heart rate 120/min, fever and +ive Watson-Schwartz test in urine. Which of the following drugs should not be used in this condition- *(PGINov 10)*
a) Na Valproate b) Alcohol
c) Propranolol d) Griseofulvin
e) Danazol

3542. Features of Variant Creutzfeldt-Jakob disease (vCJD) are - *(PGINov. 10)*
a) Viral disease
b) Prion disease
c) Occur d/t consumption of beef meat from cattle with bovine spongiform encephalopathy (BSE).
d) Manifest as dementia

3543. A 60 yr old man with C/O progressive dementia for the past 6 months with intermittent jerky movement involving whole body from 2 days. EEG showed sharp bipolar spikes. Diagnosis is - *(AIIMSNov 10)*
a) Alzheimer's
b) Creutzfeld Jakob disease
c) Lewy body dementia
d) Herpes simplex encephalitis

3544. A 24 year old male patient with h/o primary syphilis in the form of genital ulcer & mucocutaneous lesions, presents with features suggestive of neurosyphilis in the form of meningitis for which appropriate treatment was started. What will you do for monitoring of treatment - *(AIIMS Nov 10)*
a) Venereal disease Research Laboratory test (VDRL)
b) TPI
c) FTS-AB
d) ELISA

3545. Horner's syndrome is seen in all except -
a) Carotid artery aneurysm *(AIIMS Nov 10)*
b) Medial medullary syndrome
c) Can occur following surgery for raynaud's syndrome
d) Multiple sclerosis

3546. A girl aged 20 yrs complains of headache while studying. Her vision is found to be normal. All of the following should be further evaluated except -
a) Family history of headache *(AIIMS Nov 10)*
b) Menstrual history
c) Self worth
d) Her interest in studies

3547. Horner's syndrome. All true except- *(AIIMSMay 11)*
a) Miosis b) Anhydrosis
c) Hyperchromatic iris d) Apparent exophthalmos

3548. All of the following are true about delirium tremens, except- *(AI11)*
a) Visual Hallucinations
b) Tremors
c) Ophthalmoplegia
d) Clouding of consciousness

3549. A 60 year old man with progressive dementia of recent onset presents with intermittent irregular jerky movemets. EEG shows periodic sharp biphasic waves. The most likely diagnosis is - *(AI 11)*
a) Alzheimers's disease
b) Creutzfeldt Jakob disease
c) Lewy body dementia
d) Herpes simplex Encephalitis

3550. A thirty five year old female has proximal weakness of muscles, ptosis and easy fatigability. The most sensitive test to suggest the diagnosis is -
a) Muscle Biopsy b) CPK levels *(AI 11)*
c) Edrophonium test d)EMG

3551. NARP syndrome is a type of- *(AI 11)*
a) Mitochondrial function disorder
b) Glycogen storage disorder
c) Lysosomal storage disorder
d) Lipid storage disorder

3552. Which drug among the following can produce pseudotumour cerebri? *(UPSC 111)*
a) Nalidixic acid b)Ampicillin
c) Chloramphenirol d) Ceftriaxone

3553. Consider the following - *(UPSCI11)*
1. Diabetes mellitus and thallium poisoning
2. Guillain-Barre syndrome and Amyloidosis
3. Porphyria and Diabetes mellitus
4. Steele-Richardson-Olszewski syndrome and Amyotrophic lateral sclerosis

Autonomic dysfunction is a feature in which of the above?
a) 1 and 3 only b) 2 and 3 only
c) 1, 3 and4 only d) 1,2,3 and4

3554. A 37-year-old woman presents to her physician with the complaint of difficulty in reading and fatigue. She reports having had "pins and needles" feeling in her left arm several months ago that resolved without treatment. On examination, she has visual field deficits and mild hyperreflexia. The MRI examination confirms the suspected diagnosis. Which of the following is the underlying mechanism responsible for the patient's disease? *(UPSCI 11)*
a) Antibodies to acetylcholine receptors
b) Axonal degeneration
c) Demyelination of neurons
d) Posterior column degeneration

3539)b,c 3540)a,c,e 3541)a,b,d,e 3542)b,c,d 3543)d 3544)a 3545)b 3546)c 3547)d 3548)c 3549)b 3550)c 3551) a 3552)a 3553)d 3554)c

3555. Part of brain involved in narcolepsy -
a) Neocortex *(NEET/DNB Pattern)*
b) Hypothalamus
c) Cerebellum
d) Putamen

3556. Pseudotumor cerebri is seen in - *(AIIMS, May 12)*
a) Obese women in the age group 20-40 yrs.
b) Obese males 20-40 yrs.
c) Thin females 50-60 yrs.
d) Thin males 50-60 yrs.

3557. All the following arefeaturespfpseiidotumpE cerebri i;%:: except- *(9VEET/GNB Paiu-mj*
a) Normal-sized ventricles on CT scan
b) Increased protein in CSF
c) Papilledema
d) ogical deficit

3558. Most common c^userof pidural abscess -
a) Staphylococcus *(NEET/DNB Pattern)*
b) Streptococcus
c) Gram negativeEacillL
d) Microaerophilic anaerobic streptococci *WffmSk*

3559. Pt. is able to recognise person by name but not by face. Lesion is in - *(NEET/DNB*
a) Pos 1 parietal region
b) Fro
c) Th
d) Oc Jipito temporal art a

3560. Untoff phenomenon is- *(NEET/DNB Pattern)*
a) Worsening of symptom with cold
b) Relief of symptom with cold
c) Worsening of symptom with heat and exertion
d) palsy ot syniptom with heat and excretion

356L Whatis not#] feature of raised ICT- *(NEET/DNB*
a) Hypertension b) Tachycardia *Pattern)*
c) Vomiting d) Blurring of vision

3562. Dysmetria - *(NEET/DNB Pai&m)*
11 Cerebellum bKercbmm
c) Basal ganglia d) Thalamus

3563. Which of the following statements about Von-Hippel Lindau syndrome is true - *(AI12)*
a) Multiple tumors are rarely seen
b) Craniospinal hemangioblastomas are common
c) Superatentorial lesions are common
d) Tumors of Schwann cells are common

3564. All of the following are correctly metched except -
a) Neurofibromatosis - renal artery stenosis
b) Moyamoya disease - aortic aneurysm
c) Marfan's disease - dural ectasia *(AIIMS, May 12)*
d) Mulibreynanism - constrictive pericarditis

3565. Type of wave in Metabolic Encephalopathy -
a) Alpha b) Beta *(AIIMS, May 12)*
c) Gamma d) Delta

3566. Stimulation of which of the following areas of brain is experimentally used to control intractable pain - *(AI 12)*
a) Periaqueductal grey matter
b) Mesencephalon
c) Subthalmic nucleus
d) Medical fore brain bundle

3567. Which of the following is not involved in Wernicke's Korsakoff psychosis- *(AI 12)*
a) Mamillary body b) Thalamus
c) Periventricular Grey matter d) Hippocampus

3568. Which of the following sites is responsible for the amnestic defect in Wernicke's Korsakoff - syndrome- *(AI12)*
a) Mamillary body
b) Thalamus
c) Subthalmic nucleus
d) Medical fore brain bundle

3569. Criteria for Brainstem death includes- *(AI 12)*
a) Positive Doll's eye Reflex
b) Absent pupillary light reflex and delated pupils
c) Pinpoint pupils
d) Positive vestibulo-ocular reflex

3570. Frey's syndrome is associated with- *(NEET/DNB Pattern)*
4) Sympath etie fibres-of auriculo temporal nerve
3b) Pafasympahetic fibres of trigeminal nerve
c) Parasympathetic fibres of aurieuld temporal nerve
d) Motor fibres of facial nerve-

3571. Hypotonia with brisk tendon reflexes are seen in - *(NEET/DNB**&**aft<erri)*\
a) Hypotonic cerebral palsy b) G BS
pflS d) ;Spmal;nipscle atrdpy 1,, d) Infaritile tremor

3572. Maralgia paresthetica is not caused t y- *(NEET/DNB*
a) Ascites b) Alcohol consumption *Pattern)*
c) Obesity d) Pelvic surgery

3573. Shagreen patch is seen in - *(NEET/DNB Pattern)*
a) Tuberous sclerosis
b) Neurofibromatosis
c) Sturge weber syndrome
d) Neurofibromatosis I

3574. Diarrhoea with acantholysis in urine- *(NEET/DNB*
a) Whipples disease b) Celiac sprue *Pattern)*
c) Abetalipoproteinemia d) Ulcerative colitis

GENETICS

3575. Which of the following is an example of disorders of sex chromosomes ? *(AIIMS May 06)*
a) Marfan's syndrome
b) Testicular feminization syndrome
c) Klinefelter's syndrome
d) Down's syndrome

3576. All are causes of Gynaecomastia, except -
a) Cimetidine therapy *(AIIMS May 93)*
b) Androgen therapy
c) Leprosy
d) Small cell carcinoma lung

3577. Estimation of the following hormones is useful while investigating a case of gynaecomastia except -
a) Testosterone b) Prolactin *(AI04)*
c) Estradiol d) Lutenizing hormone

3555) b 3556) a 3557) b 3558) a 3559) a 3560) c 3561) b 3562) a 3563) b 3564) b 3565) d 3566) a 3567) d 3568) b 3569)b 3570)c 3571)a 3572)b 3573)a 3574)c 3575)c 3576)b 3577)b

3578. A combination of gynaecomastia, decreased serum testosterone and LH in a male patient is seen in- *(AUMS Dec 97)*
a) Testicular failure b) Sertoli cell tumor
c) Gonadotrophins d) Androgen resistant state

3579. A 30-year old male complains of loss of erection; he has low testosterone and high protecting level in blood; What is the likely diagnosis - *(AI01)*
a) Pituitary adenoma b) Testicular failure
c) Craniopharyngioma d) Cushing's syndrome

3580. A baby girl presents with bilateral inguinal masses, thought to. be hernias hut are found to be testes in the inguinal canals.Which karyotype would you expect to find in the child - *(AIIMS Nov 04)*
a) 46, XX b) 46,XY
c) 47,XXY d)47,XYY

3501, Prophylactic gonadectomy is done in -
a) Testicular feminising syndrome *(AIIMSDec 97)*
b) Klinefelter's syndrome
c) Kalman's syndrome
d) Down's syndrome

3582. True of testicular feminization syndrome is -
a) Testes are present *(PGIJune 02)*
b) Female Habitus
c) XY genotype
d) Secondary amenorrhea
e) Uterus present

3583. A 21 year old woman presents with complaints of primary amenorrhoea. Her height is 153 cms, weight is 51 kg. She has well developed breasts. She has no pubic or axillary hair and no hirsuitism. Which of the following is the most probable diagnosis-^ *04)*
a) Turner's syndrome
b) Stein-Leventhal syndrome
c) Premature ovarian failure
d) Complete androgen insensitivity syndrome

3584. Testicular feminising syndrome is characterised by-
a) 47 XX b) 47XY *(PGIJune 03)*
c) Ambiguous genitalia d) Female genitalia
e) Mullerian derivatives present

3585. True statement about Testicular feminization syndrome- *(PGI June 04)*
a) Absent uterus b) Absent vagina
c) Chromosome pattern 47 X Y d) Absent ovary

3586. 16 year old girl with primary amenorrhoea attends OPD, She has normal sexual development and normal breast but with absent public and axillary hair. Examination shows B/Linguinal hernias. USG shows absent uterus and blind vagina. Diagnosis will be - *(AIIMS May 0 7)*
a) Turner syndrome
b) Mullerian agenesis
c) Star syndrome
d) Androgen insensitivity syndrome

3587. All of the following statements about androgen insensitivity syndrome are true except -
a) It is an X linked disorder *(AIPGMEE 08)*
b) XY genotype is present
c) Affected individual has female phenotype
d) Abundant pubic hair are present

3588. All are true about XO chromosomal pattern, except-
a) All are hermaphrodites *(AIIMS May 94)*
b) Gonadal dysgenesis
c) Webbed neck
d) Congenital heart disease

3589. In Turner's syndrome which of the following is NOT seen - *(AIIMS June 2000)*
a) Short stature b) Widely spaced nipple
c) Webbed neck d) Mental retardation

3590. All are seen in Turner's syndrome, except -
a) XO pattern *(AIIMS May 93)*
b) Webbed neck
c) Short stature
d) Mental retardation

3591. A patient with XO chromosomes and short stature is likely to have - *(AIIMS June 2000)*
a) Klinefelter's syndrome b) Turner's syndrome
c) Condy syndrome d) Condy phenomenon

3592. True about Turner's syndrome - *(PGIDec 02)*
a) Primary amenorrhea b)45XO
c) Short stature patient d) Puberty usually late
e) Streak ovaries

3593. The following statements regarding Turner syndrome are true except - *(AIIMSMay2003)*
a) Occurence of Turner syndrome is influenced by maternal age.
b) Most patients have primary amenorrhoea.
c) Most patients have short stature.
d) Edema of hands and feet is an important feature during infancy.

3594. Kamlesh, a 2 year old girl has Down's syndrome. Her karyotype is 21/21 translocation. What is the risk of recurrence in subsequent pregnancies if the father is a balanced translocation carrier -
a) 100% b) 50% *(AI 02)*
c) 25% d)0%

3595. All the following are features of Down's syn drome except -
a) Brushfield spots in iris b) Simian crease
c) Mental retardation d) Hypertonicity

3596. Down's syndrome is associated with -*(PGI.DEC 02)*
a) Congenital heart disease
b) ***ALL.***
c) Early onset Alzheimer's disease
d) CNS tumour
e) Infection

3597. True about trisomies is - *(PGI June 08)*
a) Increased maternal age > 35 years
b) Downs causes MR
c) Most common trisomy is trisomy 21
d) Trisomy 21 is ameiosis-I error

3578) b 3579) a 3580)b 3581) a 3582)a,b,c 3583) d 3584) d 3585) a,d 3586) d 3587) d 3588) a 3589) d 3590) d 359l)b 3592)All 3593)a 3594)a 3595)d 3596)a,b,c,e 3597)a,c,d

3598. True about Down's syndrome are A/E -
a) Predisposed to acute leukemias *(PGIJune04)*
b) Associated with congenital heart disease
c) Increased risk of CNS tumours
d) Early onset Alzheimer's disease
e) Increased risk of infection

3599. 100% recurrence of disease in Down's syndrome -
a) Translocation of 15 + 21 chromsome
b) Mosaic pattern *(PGIJune 2000)*
c) Trisomy -(21,21 translocation)
d) Non Dysjunction

3600. In Down's syndrome - *(PGIDec 06)*
a) Gap (sandle gap) b)Antimongoloid slant
c) Cliodactyly d) Hypotonia

3601. Cardiac abnormality seen with Noonan's syndrome is- *(AIIMS May 95)*
a) VSD b)ASD
c) Pulmonary stenosis d) Coarctation of aorta

3602. All are components of Laurence Moon Biedl syndrome, except - *(AIIMS May 93)*
a) Digital anomaly b) Asthenic built
c) Mental retardation d) Hypogonadism

3603. True is Klinefelter's syndrome - *(AI98)*
a) Short stature b) Pituitary adenoma
c) Subnormal intelligence d) Breast adenoma

3604. Males who are sexually underdeveloped with rudimentary testes and prostate glands, sparse pubic and facial hair, long arms and legs and large hands and feets are likely to have the chromosome complement of- *(AI 04)*
a) 45XYY b)46XY
c) 46XXY d)46X

3605. Klinefelter's syndrome is associated with-*(PGI June*
a) XXY genotype b) Male habitus *02)*
c) Infertility d) Azoospermia
e) Barr body absent

3606. Fragile X-syndrome is characterized by all of the following except - *(AI 99)*
a) Long face b) Large ear
c) Large nose d) Large testis

3607. Genetic abnormality in fragile x *syndrome-fPGIJune*
a) Trinucleotide repeats b) Point mutation *07)*
c) Not inheritable d) Deletion

3608. All are present in Fragile X syndrome - *(PGI June*
a) .MR b) Microorchidism *08)*
c) Large facies d) Small ear

3609. A young, tall, thin male with arachnodactyly has ectopia lentis in both eyes. The most likely diagnosis is- *(AIIMSNov 05)*
a) Marfan's Syndrome
b) Marchesani's Syndrome
c) Homocystinuria
d) Ehler's Danlos syndrome

3610. The diagnosis of a patient presenting with familial Polyostosis, Precocious puberty and Pigmentation is- *(AI 95)*
a) Tuberous sclerosis
b) McCune Albright syndrome
c) Klinefelter syndrome
d) SLE

3611. Rokitansky kuster hauser syndrome is associated with- *(AI 01)*
a) Ovarian agenesis b) Absent fallopian tube
c) Vaginal atresia d) Bicomuate uterus

3612. Absent radius is seen in all except - *(PGI June 08)*
a) Haltoram b) Fanconi anaemia
c) Trisomy 13 d) Ectodermal dyplasia

3613. Late onset of puberty inmale is defined as -
a) Puberty onset after 16 years *(AIIMS May 94)*
b) Puberty onset after 17 years
c) Puberty onset after 18 years
d) Puberty onset after 21 years

3614. All of the following statements about HRT (hormone replacement therapy) are true except -
a) It increases the risk of coronary artery disease
b) It increases bone mineral density *(AIIMS May 05)*
c) It increases the risk of breast cancer
d) It increases the risk of endometrial cancer

3615. Salt losing Hydroxylase deficiency is characterized by- *(PGI June 01)*
a) Hyponatremia b) Hyperkalemia
c) Hypoglycemia d) Hypocalcemia

3616. Virilisation of female is present in all, except -
a) 17-â hydroxylase deficiency *(AIIMS May 93)*
b) 21 -a hydroxylase deficiency
c) 11 -a hydroxylase deficiency
d) 11-â hydroxysteroid deficiency

3617. Which of the following statement about congenital adrenal hyperplasia is not true - *(AIPGMEE 08)*
a) 21-alpha hydroxylase deficiency is the most common cause
b) Males present with precocious puberty
c) Females present with ambiguous genitilia
d) Hypokalemic alkalosis is seen

3618. A female child with virilization, hypertension with low plasma renin diagnosis is - *(AIIMSMay 07)*
a) 21 a hydroxylase deficiency
b) lip hydroxylase deficiency
c) 3'P hydroxylase deficiency
d) Conn's syndrome

3619. The most common cause of ambiguous genitalia in a new born - *(AI 02)*
a) 21 a hydroxylase deficiency
b) lip hydroxylase deficiency
c) 17 a hydroxylase deficiency
d) 3 p - hydroxysteroid deficiency

3598)None 3599)c 3600)a,c,d 3601)c 3602)b 3603)c 3604)bore 3605)a,c,d 3606)c 3607)a 3608)a,e 3609)a 3610)b 3611)c 3612)d 3613)a 3614)d 3615)a,b,c 3616)a 3617)d 3618>b 3619)a

3620. Pseudohermaphroditism in a female child is most commonly due to - *(AI94)*
a) 21 a hydroxylase deficiency
b) 17 a hydroxylase deficiency
c) 11 (3 hydroxylase deficiency
d) 3 p Hydroxysteroid dehydrogenase deficiency

3621. A baby girl with ambiguous genitalia is found to have 21a hydroxylase deficiency of the salt-wasting type. Which of the following karyotypes would you expect to find - *(AIIMS May 04)*
a) 46, XX b) 46, XY
c) 47,XXY d)47,XYY

3622. Which one of the following is an autosomal dominant disorder - *(AIIMS 96)*
a) Duchenne's muscular dystrophy
b) Fragile X syndrome
c) Fanconi's anemia
d) Huntington's chorea

3623. Which one of the following is Autosomal recessive - *(AI 98)*
a) Homocysteinuria b) G - 6 PD deficiency
c) Mytonic dystrophy d) Otospongiosis

3624. All of the following are X - linked except - *(AI 98)*
a) G - 6 PD deficiency b) Hemophilia A
c) Von - willebrand's disease d) Fragile X syndrome

3625. Most common trisomy among following is - *(AI98)*
a) 18 b)21
c) 13 d) 5

3626. Most common group of diseases following mendelian inheritance are - *(AI 99)*
a) Autosomal dominant b) Autosomal recessive
c) X-linked dominant d) X-linked recessive

3627. Which of the following is Autosomal Dominant-
a) Retinoblastoma *(AI2K)*
b) Ataxia telangiectasia
c) Bloom's syndrome
d) Xeroderma pigmentosa

3628. Which one of the following is an Autosomal Dominant disorder - *(AI 02)*
a) Cystic fibrosis
b) Hereditary spherocytosis
c) Sickle cell anemia
d) G-6PD deficiency

3629. RNA fragments are sequenced by - *(AI 99)*
a) Eastern-blot b) Western blot
c) Northern blot d) Southern-blot

3630. Which one of the following diseases is an autosomal dominant disorder - *(AIIMSMay 2005)*
a) Hemochromatosis
b) Phenylketonuria
c) Maturity onset diabetes of the young
d) Glucose-6 phosphate dehydrogenase deficiency

3631. Single gene autosomal recessive disease is -
a) Wilson's disease *(PGIDEC99)*
b) Tuberous sclerosis
c) Huntington's disease
d) Schizophrenia

3632. Mutation leading to sickle cell anemia - *(PGI June*
a) Crossover mutation b)Frameshift *01)*
c) Deletion d) Nondysjunction
e) Point mutation

3633. Most common chromosomal syndromė \&-*(AIIMS* ***Dec***
a) Fragile X syndrome b) Trisomy 17 *94)*
c) Trisomy 21 d) Trisomy 13

3634. Which condition is Autosomal dominant -
a) HemophiliaA *(AIIMSNOV93)*
b) Duchenne muscular dystrophy
c) Wilson's disease
d) Adult polycystic kidney disease

3635. Alpha-fetoprotein in maternal serum and/or amniotic fluid is increased in all except - *(AIIMS May 2005)*
a) Fetal neural tube defects b) Down's syndrome
c) Anencephaly d) Encephalocele

3636. True about Transgenic process is - *(PGI June 01)*
a) Removing DNA from a cell
b) Inserting DNA into a cell
c) Tumor carcinogenesis can be studied
d) In "Knock out" animals a specific gene is targeted for inducing mutation or inactivation

3637. Glucose-6-phosphate dehydrogenase deficiency is- *(UPSC95)*
a) Autosomal recessive b) Autosomal dominant
c) Sex-linked recessive d) Sex-linked dominant

3638. Short stature with widely spread nipples and webbing of neck is seen in- *(TN 95)*
a) Down's syndrome b) Turner's syndrome
c) Klinefelter's syndrome d) Edward's infarction

3639. Disease where gene therapy has been attempted or considered include- *(Kerala 2K)*
a) Adenosine deaminase deficiency
b) hemophilia A
c) Cystic fibrosis
d) Hypercholesterolemia
e) All of the above

3640. Regarding Genome therapy all are true except -
a) Gene also considered as drug *(Manipal 04)*
b) Has been tried in cystic fibrosis
c) It is used for cloning
d) None

3641. Which is X - linked dominant condition? -*(Manipal*
a) Phosphate diabetes b) Hemophilia *04)*
c) Gaucher disease d) Cystic fibrosis

3642. All of the following are chromosomal breakage syndromes except - *(Karnataka 04)*
a) Fanconi's anaemia b) Ehler-Danlos syndrome
c) Bloom syndrome d) Ataxia telengiectasia

3643. Which one of the following neurological conditions is not inherited in autosomal dominant pattern -
a) Neurofibromatosis *(UPSC 05)*
b) Friedreich's ataxia
c) Marfan's syndrome

3620)a 3621)a 3622)d 3623)a 3624)c 3625)b 3626)a 3627)a 3628)b 3629)c 3630)c 3631)a 3632)e 3633)c 3634)d 3635)b 3636)b,c,d 3637)c 3638)b 3639)e 3640)a 3641)a 3642)b 3643)b

3644. DNA analysis can be done from all except -
a) Monocyte b) Lymphocyte *(MAHE 05)*
c) Fibroblast d) Amnion cell

3645. Gene mutations in Cystic fibrosis occurs at -
a) Short arm of chromosome 7 *(J & K 05)*
b) Long arm os chromosome 5
c) Long arm of chromosome 7
d) Short arm of chromosome 3

3646. Which one of the following is an autosomal dominant type of genetic disorder - *(UPSC 0 7)*
a) Colour - blindess b) Haemophilia
c) Phenylketonuria d) Tuberous sclerosis

3647. The following are autosomal dominant disorders except - **(***Corned 0 7)*
a) Mytonic dystrophy b) Von Willebrand disease
c) Haemochromatosis d) Marfan's syndrome

3648. Which is X-linked dominant conditions ?
a) Phosphate diabetes *(Delhi PG Feb. 09)*
b) Hemophilia
c) Gaucher's disease
d) Cystic fibrosis

3649. Which of the following is/are an example/examples of non-Mendelian inheritanc*el (Delhi PG Mar. 09)*
a) Genomic imprinting
b) Uniparental disomy
c) Mitochondrial inheritance
d) All of the above

3650. Which one of the following is NOT an autosomal recessive disorder - *(UPSC-109)*
a) Leber's hereditary optic atrophy
b) Finnish nephropathy
c) Renal tubular acidosis
d) Haemochromatosis

3651. Which of the following correctly describes gene therapy? *(UPSC-II09)*
a) Synthesis of DNA probes with specific sequence
b) Mapping and isolation of gene sequence
c) Introduction of gene sequence into a cell
d) Use of polymerase chain reaction technique

3652. Northern blotting is used for analysis of-
a) DNA b) RNA *(COMED 09)*
c) Proteins d) Polysaccharides

INFECTION

VIROLOGY

3653. Reverse transcriptase sequence in HIV is best described as - *(AI2000)*
a) RNA-DNA-RNA b) DNA - RNA
c) RNA-DNA-RNA d) RNA-DNA

3654. HIV infects most commonly- *(AIIMS June 2000)*
a) CD4+helper cells b) CD8+cells
c) Macrophage d) Neutrophil

3655. HIV affects characteristically - *(AIIMSDec 98)*
a) CD_4 cells +macrophages
b) CD_4 Lymphocytes only
c) Natural killer cells
d) Helper cells

3656. Which one of the following is true regarding HIV infection - *(AI 04)*
a) Following needle stick injury infectivity is reduced by adminsitration of nucleoside analogues
b) CD4 counts are the best predictors of disease progression
c) Infected T cells survive for a month in infected patients
d) In latent phase HIV has minimal replication

3657. True about HIV in pregnancy - *(PGI June 01)*
a) Perinatal transmission common
b) LSCS increases chances of transmission significantly
c) Zidovudine does not decrease risk if given to baby bom to HIV positive mother
d) Less than 5% chance of transmission
e) Pregnancy predisposes to HIV infection

3658. All are true about perinatal transmission of HIV Except- *(AIIMS June 98)*
a) Cannot be diagnosed by routine confirmatory test.
b) Post natal transmission is not possible.
c) Infant transmission rate is <50%
d) Vims can be isolated from mother's milk

3659. The chance that a health worker gets HIV from an accidental needle prick is - *(PGI June 99)*
a) 1 % b) 10%
c) 95% d) 100%

3660. A patient develops hepatosplenomegaly, lymphadenopathy following sexual contact, 3 weeks back. The best test to rule out HIV infection is -
a) ELISA b) Western blot *(AIIMS June 99)*
c) p24 Ag d) Lymph node biopsy

3661. A patient comes to hospital with a history of sore throat, diarrhoea and sexual contact 2 weeks before. The best investigation to rule out HIV is - *(AI2000)*
a) P24 antigen assay b) ELISA
c) Western blot d) Lymph node biopsy

3662. "Window period" in HIV is defined as -
a) Period between onset of infection^T/MS*Nov 07)* and clinically detectable level of antibodies
b) Period between infection and appearance of symptoms
c) Time between HFV positivity to AIDS
d) CD4 count < 200

3663. Major signs included by WHO for AIDS diagnosis -
a) Chronic diarrhea > 1 month *(PGI June 06)*
b) Chronic cough > 1 month
c) Chronic fever > 1 month
d) Weight loss of at least 10% of body weight
e) Generalized Lymphadenopathy

3644) b 3645) c 3646) d 3647) c 3648) a 3649) d 3650) a 365 l)c 3652) b 3653) a 3654) a 3655) a 3656) a 3657) a 3658) b 3659) a 3660) c 3661) a 3662) a 3663)a,c,d

3664. False positive ELISA for HTV - *(PGIDec 02)*
a) Multiple myeloma
b) Lepromatous leprosy
c) SLE

3665. In the HIV positive patient with tuberculosis, all are true except - *(AIIMS May 01)*
a) Decreased cavitation in lungs
b) Increased sputum positively forAFB
c) Highly variable tuberculin tests
d) Decreased fibrosis

3666. Presentation of TB in AIDS patients is/are -
a) t sputum positivity *(PGI June 04)*
b) Atypical CXR
c) Less tolerance to ATT
d) t ed cavitary lesion
e) Ted extra pulmonary manifestation

3667. True about TB in HIV infection- *(PGI June 07)*
a) Less susceptibility to ATT
b) Same susceptibility to ATT
c) Faster progression of ATT
d) TB more common in AIDS

3668. Commonest presentation of tuberculosis is AIDS -
a) Infection with high organism (+) *(PGI June 06)*
b) Sputum smear positive
c) Negative tuberculin
d) Reactive Caseous necrosis seen
e) Extra pulmonary TB is common

3669. True about Tuberculosis HIV patients - *(PGI09)*
a) T Sputum positivity
b) INH prophyaxis prevent development of T.B
c) Lack characteristics feature of T.B
d) Highly positive PPD reaction
e) Atypical radiological features

3670. A 30-year old HIV positive patient presents with fever, dyspnoea and non-productive cough. Patient is cyanosed. His chest X-ray reveals bilateral, symmetrical interstitial infiltrates. The most likely diagnosis is - *(AI03)*
a) Tuberculosis
b) Cryptococcosis
c) Pneumocystis carinii pneumonia
d) Toxoplasmosis

3671. Multifocal tumour of vascular origin in a patient of AIDS is- *(AI2000)*
a) Kaposi's sarcoma
b) Astrocytoma
c) Gastric carcinoma
d) Primary CNS lymphoma

3672. A patient with HIV has diarrhoea with AFB +ve organism in stool. The most likely organism is -
a) Mycobacterium avium intracellulare *(AI2000)*
b) Mycobacterium tuberculosis
c) Mycobacterium leprae
d) Mycoplasmas

3673. A HIV patient complains of visual disturbances. Fundal examination shows bilateral retinal exudates and perivascular haemorrhages. Which of the following viruses are most likely to be responsible for this retinitis - *(AI 04)*
a) Herpes simplex virus
b) Human herpes virus 8
c) Cytomegalovirus
d) Epstein-Barr (EB) virus

3674. Which of the following is not seen in HTV Patient with CD_4 count less than 100 Per micro litre, who has non productive cough - *(AIIMS June 99)*
a) Mycobacterium tuberculosis
b) Pneumocystis carinii
c) Mycoplasma pneumonae
d) Cryptococcal infection

3675. All are true regarding HIV infection with osteomyelitis, except - *(ARMSDec 97)*
a) Commonly caused by Staphylococcus aureus
b) New periosteal bone formation
c) Usually bilateral
d) Necrosis is not seen

3676. A HIV positive female presents with an indurated ulcer over the tongue. Laboratory findings show growth in cornmeal agar at 20 degree celcius, microscopy showing hyphae and growth in human serum at 37 degree celcius show budding yeasts. The probable cause is - *(AIIMSMay 2001)*
a) Candida albicans b) Histoplasmosis
c) Blastomycosis d) Coccidiodomycosis

3677. DOC in esophageal candidiasis in HIV- *(PGI June 2K)*
a) Fluconazole b) Miconazole
c) Amphotericin-B d) Griseofulvin

3678. A known sputum positive pulmonary tuberculosis patient currently on INH, rifampicin, pyrizinamide and ethambutol is found to be HIV positive. His CD4 count was 100/ L and viral load was more than 50,000 copies/ml. Which of the following antiretroviral drug should be avoided - *(AI04)*
a) Indinavir b)Lamivudin
c) Ritonavir d)Efavirenz

3679. Which tumor is not seen in AIDS - *(ARMSDec 97)*
a) Kaposi sarcoma
b) GI adeno carcinoma
c) Non Hodgkin's lymphoma
d) Astrocytoma

3680. All are HIV associated malignancies except-*(PGIDec 99)*
a) Kaposi's sarcoma b) Lung carcinoma
c) NHL d) Anogenital CA

3681. Cutaneous marker of HTV is - *(PGIDec 98)*
a) Seborrhoea b) Vesicular rash
c) Oral candidiasis d) Photosensitivity

3682. The most common late CNS complication of HIV is -
a) Dementia b) Ataxia *(ARMS May 01)*
c) Seizures d) Deliruim

3664)c 3665)b 3666)b,e 3667)b,d 3668)e 3669)c,e 3670)c 3671)a 3672)a 3673)c 3674)c 3675)d 3676)a 3677)a 3678)c 3679) d 3680)b 3681)a 3682)a

3683. AIDS asso malignancy/neoplasms - *(PGIDec 06)*
a) NHL b) Kaposis sarcoma
c) Primary CNS lymphoma d)Ca cervix

3684. Pathologic features of brain in ADDS are ail, except-
a) Perivascular giant cell invasion *(AIIMSNov 01)*
b) Microglial nodules
c) Vasculitis
d) Temporal lobe infarction

3685. All of the following statments regarding primary effusion lymphoma are true except - *(AI06)*
a) It generally presents in elderly patients
b) There is often an association with HHV-8
c) The proliferating cells are NK cells
d) Patients are commonly HIV positive

3686. Primary cerebral lymphoma - *(PGIDec 05)*
a) It is most common formed of T cells
b) It is Usually solitary
c) Multifocal-lesion are seen
d) It is seeen in immunosuppressed patient
e) Chemosensitive

3687. Which of the following antiretroviral drugs is a non-nucleoside reverse transcriptase inhibitor *
a) Zidovudine b) Efavirenz*(A I IMS May 05)*
c) Saquinavir d) Stavudine

3688. Which of the following is not a nucleoside reverse transcriptase inhibitor - *(AI 04)*
A)Zalcitabine b) Lamivudine
c) Nevirapine d) Didanosine

3689. A doctor was accidentally exposed to HIV by a needle stick injury while sampling HIV positive patient. Drug prescribed to him would be - *(AIIMSMay 02)*
a) Zidovudine + Lamivudine + Indinavir for 4 weeks
b) Zidovudine + Lamivudine + Navirapine for 4 weeks
c) Zidovudine + Stavudine for 4 weeks
d) Zidovudine + Lamivudine for 4 weeks

3690. The following are the complications of the HIV infection except - *(AI 09)*
a) Cardiac tamponade c) Pericardial effusion
c) Thromboembolism d) Cardiomyopathy

3691. The most common cause of seizures in a patient of AIDS is- *(UPSC2K)*
a) Toxoplasmosis
b) Cryptococcal meningitis
c) Progessive multifocal leucoencephalopathy
d) CNS lymphoma

3692. Commonest oppurtunistic infection in AIDS is- *(AIMS 92)*
a) Tuberculosis b) Cryptococcosis
c) Aspergillosis d) Candidasis

3693. Opportunistic lung infection in AIDS is due to- *(NIMHANS88)*
a) Pneumocystis carini b) Klebsiella
c) Mucormycosis d) Mycoplasma

3694. Which vaccine is not useful in a patient with AIDS-
a) OPV b) DPT *(AIMS 92)*
c) BCG d) Measles

3695. Most common CNS manifestation of HIV infection is - *(JIPMER 93)*
a) Vacuolar myelopathy b) Encephalopathy
c) Acute meningitis d) Dementia

3696. The most common ophtalmic lesion in AIDS is- *(AIMS80, PGI81)*
a) Hard exudates b) Cotton wool spots
c) Angioid streaks d) Microaneurysms

3697. Homosexual men with AIDS are most likely to exhibit- *(AIMS 78)*
a) Antibodies to HLV- II
b) Pneumocystitis carini penumoniae
c) Elevation of inducer/helper T cells
d) All of the above

3698. In tuberculosis in an AIDS patient the chest X-ray looks like- *(Delhi 92)*
a) Miliary shadow b) Cavity
c) Consolidation d) Collapse

3699. Most common opportunistic infection in AIDS is- *(AIMS 92)*
a) Cryptococcosis b) Tuberculosis
c) Candidiasis d) Aspergillosis

3700. ADDS infect - *(Kerala 94)*
a) B cells b) Helper T cells
c) Killer T cells d) Regular T cells

3701. ADDS was first diagnosed in patients suffering from-
a) CrytococcUs neoformans meningitis *(TN95)*
b) Pneumocystis carini
c) Kaposi sarcoma
d) Tuberculosis

3702. The most specific test for AIDS is- *(CUPGEE 95)*
a) Western blot b) Southern blot
c) ELISA d) None

3703. In patients of acquired immunodeficiency syndrome, the commonest cause of space occupying lesion in brain is - *(UPSC97)*
a) Non Hodgkin's lymphoma
b) Cytomnegalovirus infection
c) Cryptoccosis
d) Toxoplasmosis

3704. Which of the following is AIDS defining illness - *(UPSC 97)*
a) Mycobacterium tuberculosis meningitis
b) Cryptococcus neoformans meningitis
c) Cytomegalovirus meningitis
d) Histoplasma capsulatum meningitis

3705. True statement ragarding neurological manifestation of AIDS is - *(MAHE 98)*
a) Dementia and delerium are the most common CNS manifestations
b) Neurological lesions do not develop until 2-3 years after HIV infection
c) 25% of AIDS patients show sub-normal infelligence on clinical examination
d) Convulsions may be the presenting symptoms

3683) All 3684) c 3685)c 3686)c,d 3687)b 3688)c 3689)a 3690)c 3691)a 3692)None 3693)a 3694)a
3695)b,d 3696)b 3697)b 3698)a 3699)None 3700)b 3701)b 3702)a 3703)d 3704)A11 3705)d

3706. In an AIDS patient presenting with fever cough a diagnosis of pnemocystis carinii pneumonia is best established by- *(MAHE 98)*
a) Transtracheal biopsy
b) Broncho alveolar lavage
c) Staining of intranuclear inclusion and silver staining
d) Aspiration and culture

3707. In early AIDS infection of ELISA is negative what should be done - *(Kerala 98)*
a) p24 antibody b) gp 120 antibody
c) gp 120 antigen d) p 24 antigen

3708. All are used for AIDS except- *(JIPMER 99)*
a) Fanciclovir b) Ritonavir
c) Stavudine d) Indinavir

3709. The minimum period required for post exposure chemo prophylaxis for HIV is- *(UPSC 2K)*
a) 4 weeks b) 6 weeks
c) 8 weeks d) 12 weeks

3710. ELISA test for AIDS is- *(ICS 2K)*
a) More sensitive but less specific
b) More specific but less sensitive
c) Highly sensitive and specific
d) Neither specific nor sensitive

3711. Diffuse lymphadenopathy in AIDS patient indicates - *(J&K2001)*
a) Lymphoma b)TB
c) No specific infection d) Fungal infection

3712. All are used in AIDS except- *(Kerala 2001)*
a) Zidovudine b) Stavudine
c) Ribavarin d)Lamivudine

3713. A patient with HIV infection complains of rapidly progressive painless visual loss.Fundus shows exudates and haemorrhage especially along blood vessels. In this case, the treatment of choice would be- *(UPSC 2002)*
a) Amphotericin B b) Pentamidine
c) Acyclovir d) Ganciclovir

3714. Side effects of zidovudine- **(***TN 99)*
a) Headache b) Myalgia
c) Granulocytopenia d) Rashes

3715. Tuberculous Infection most common in AIDS- *(JIPMER91)*
a) M.Avium Intracellulare b) M.Scrofulaceum
c) M. Ulcerans d) M.Tuberculosis

3716. Commonest mode of AIDS transmission in india is by - *(Kamat96)*
a) Vertical transmission
b) I.V drug abuse.
c) Heterosexual promiscuity
d) Homosexual promiscuity.

3717. Risk of HIV transmission is not seen with -
a) Whole blood *(NIMS96)*
b) Platelets
c) Plasma derived Hepatitis
d) Leucocytes Vaccines

3718. AIDS is not transmitted by - *(Kerala. 97)*
a) Blood transfusion b) Cryoprecipitate
c) Breast milk d) Plasma

3719. In AIDS, kaposi sarcoma may respond to -
a) Interleukin-2 infusion b) Azathioprine
c) Alpha interferon d) Any of the above

3720. HIV selectivly infects and destroys - *(PGI81)*
a) T_4 cells b)T_3cells
c) K cells d) T_{10} cells

3721. HTLV-II has been implicated in the etilogy of- *(JIPMER 80,AIIMS 81)*
a) AIDS b) Adult T cell lymphoma
c) Zinc deficiency d) Hairy cell leukemia

3722. If a parenteral needle stick injury occurs in a health care worker dealing with AIDS patient which of the following are necessary - *(KARN 94)*
a) Serial serological testing of the source person
b) Serial serological testing of the health worker
c) Zidovudine (AZT) prophylaxis to health care worker
d) Wash the part with soap and water
e) Wash the part with gloutaraldehyde

3723. The most common cause of death in Kaposi's Sarcoma is - *(Karnatak 96)*
a) Dissemination
b) AIDS
c) Massive pulmonary haemorrhage
d) Diabetes mellitus

3724. The following are true about CDC classification of AIDS except - *(Jipmer 03)*
a) Hairy cell leukoplakia included
b) Recurrent salmonellosis
c) Secondary cancer like Kaposi sarcoma
d) CD_4 cell count taken into consideration

3725. A resident doctor sustained a needlestick injury while sampling blood of a patient who is HIV positive. A decision is taken to offer him post-exposure prophylaxis. Which one of the following would be the best recommendation? -
a) Zidovudine + Lamivudine for 4 weeks
b) Zidovudine + Lamivudine + Nevirapine for 4 weeks
c) Zidovudine + Lamivudine + Indinavir for 4 weeks
d) Zidovudine + Stavudine + Nevirapine for 4 weeks

3726. Which of the following allows binding of HIV to CD4 cells - *(Kerala 04)*
a) gp 120
b) gp41
c) Proteins formed by expression of gag gene
d) ccR5

3727. TB in HIV infection causes pulmonary disease resembling post primary disease in normal individuals when it occurs during_____stage of HIV infection - *(Kerala 04)*
a) Stage of viraemia
b) Middle third of window period
c) Last third of window period
d) Full blown AIDS

3706)b 3707)d 3708)a 3709)a 3710)a 3711)c 3712)c 3713)d 3714)c 3715)a 3716)c 3717)c 3718)None 3719) c 3720) a 3721) d 3722) c,d 3723) c 3724) None 3725) c 3726) a 3727) a

3728. HIV induced nephropathy is more common in which of the following subsets of HIV patients -
a) Homosexuals b) Hetrosexuals
c) Intravenous drug abusers d) Congenital HIV

3729. Full blown immunodeficiency syndrome is characterized by - *(SGPGI05)*
a) High viral titres with low CD_4 count
b) Low viral titres with low CD_4 count
c) High viral titres with high CD_4 count
d) High CD_4 and high CD_g

3730. Which vaccine is not given in AIDS patients -
a) DPT b)BCG *(HPU05)*
c) Rabies d) Measles

3731. All are major feature of AIDS except - *(HPU 05)*
a) Fever > 1 month
b) Diarrhea > 1 month
c) Loss of> 10% of Body Wt.
d) Cough > 1 month

3732. Which one of the following is not a AIDS defining condition - *(UPSC 05)*
a) CMV retinitis
b) Cryptococcal minigitis
c) Pneumocystis carinii pneumonia
d) Hodgkin's lymphoma

3733. A patient comes to hospital with a history of sore throat, diarrhoea and sexual contact 2 weeks before. The best investigation to rule out HIV is -
a) P24 antigen assay b) ELISA *(MAHE 05)*
c) Western blot d) Lymph node biopsy

3734. The most common ophtalmic lesion in AIDS is - *(Jipmer 05)*
a) Hard exudates b) Cotton wool spots
c) Angioid streaks d) Microaneurysms

3735. Zidovudine toxicity is increased by all except -
a) Azithromycin b) Probencid *(APPGE 05)*
c) Cisplatin d) Cyclophosphamide

3736. Reserve transcriptase sequence in HIV is best described as - *(MAHE 05)*
a) RNA-DNA-RNA b) DNA-RNA
c) DNA-RNA-DNA d) RNA-DNA

3737. Which drug is recommended for prevention of mother to child transmission of HIV infection ?
a) Didanosine b) Nevirapine *(UPSC 06)*
c) Indinavir d) Nelfmavir

3738. A patient with HIV disease is on Highly Active Anti-Retroviral Therapy (HAART). He develops tuberculosis. Which one of the following anti-tubercular drugs interferes with HAART ?
a) Isoniazid b) Ethambutol *(UPSC 06)*
c) Pyrazinamide d) Rifampicin

3739. Which one of the following statements is correct ? Opportunistic infections in HIV infected individual occur when CD_4 cell count fall below - *(UPSC 06)*
a) 200/cumm. b)400/cumm.
c) 600/cumm d)800/cumm

3740. Most common cause of pleural effusion in HIV patients - *(NIMHANS 06)*
a) Kaposi sarcoma b) Lymphoma
c) P.carinii d) Mycobacterium tuberculosis

3741. Life time risk of TB in HIV Patients -*(COMED 06)*
a) 20% b)50%
c) 10% d) 5%

3742. Characteristic fat distribution seen in HTV patient is? *(APPG06)*
a) Cheek b) Abdomen
c) Temple d) Buffalo hump

3743. Most common GI manifestation in HIV infection is -
a) Amebiasis *(Manipal06)*
b) Cryptosoporidiosis
c) Giaridiasis
d) Hook Worm infestation

3744. Oral lesions in Immunocompromised state -
a) Lichen planus *(Manipal06)*
b) Lichenoid eruption
c) Oral hairy leukoplakia
d) Erythroplakia

3745. Epstein-Barr virus is considered responsible for all the following conditions except- *(UPSC 96)*
a) Burkitt's lymphoma
b) Infectious mononucleiosis
c) Nasopharyngeal carcinoma
d) T-Cell lymphoma

3746. All are true about rabies virus except - *(MP 2K)*
a) It is a DNA virus
b) Vaccine virus has fixed incubation period
c) Negri bodies are found in hippocampus
d) All bites on fingers with laceration are class three injuries

3747. Herpes simplex encephalitis affects.....lobe-
a) Temporal b) Parietal *(NIMHANS 01)*
c) Occipital d) Frontal

3748. Japanese encephalitis is caused by- *(UPSC 95)*
a) Human retrovirus b) Enteroviruses
c) Arboviruses d)Cytomegaloviru

3749. Epstein-Barr virus infection is usually associated with the following disease states except- *(UP 9 7)*
a) T-cell lymphoma
b) Incectious mononucleosis
c) Nasopharyngeal carcinoma
d) Meningoencephalitis

3750. Drug of choice for cytomegalovirus - *(JIPMER 98)*
a) Acyclovir b) Amantadine
c) Ganciclovir d) Idoxuridien

3751. In varicella infection which is not tru^-*(Kerala 97)*
a) Scabs are highly infective
b) Caused by herpes virus
c) Transmitted by oro-pharyngeal secretions
d) Vesicles are centripetal in distribution

3728) c 3729) a 3730) b 373 l)d 3732) d 3733) a 3734) b 3735) a 3736) a 3737) b 3738) d 3739) a 3740) a 3741)b 3742) b 3743) b 3744) c 3745) None 3746) a 3747) a 3748) c 3749)None 3750) c 3751) a

3752. Dengue haemorrhage fever (DHF) is suspected if ail of the following are present EXCEPT-
a) Fever of over 10 dyas duration *(UPSC 2K)*
b) Evidence of bleeding
c) Thrombocytes count less than l ,00,000/cmm
d) Evidence of lymph adenopathy

3753. Most common complication of rubella- *(IN2002)*
a) Polyarthritis b) Encephalitis
c) Orchitis d) Thromobocytopenia

3754. Child with agammaglobinemia with respiratory tract infection and diarrhoea is most likely having infection- *(TN 97)*
a) Cocksackie virus b) Rota Virus
c) Shigella d) None of the above

3755. Sternal edema is seen in - *(TN 98)*
a) Measles b) Mumps
c) Diphtheria d) Varicella

3756. Respiratory syncytial virus causes all except-(7W*89)*
a) Cold in children b) Coryza in adults
c) Pneumonia in elderly d)ARDS

3757. Oesophagitis in immuno compromised person is caused by all except is - *(CALCUTTA 2K)*
a) HSV b)HTV
c) Varicella d)CMV

3758. Dengue fever is transmitted by - *(Karnataka 04)*
a) Tiger mosquito b) Jackal mosquito
c) Wolf mosquito d) Lion mosquito

3759. All of the following are true regarding influenza except- *(Kerala 04)*
a) Point mutations in hemagglutinin gene cause antigenic drift
b) Acquisition of completely new hemagglutin in gene cause antigenic shift
c) Amantidine is active against influenza B only
d) Amantidine Shortnes the illness

3760. Acute viral hepatitis - A is diagnosed by -
a) Hepatic injury related with transaminase level
b) Variable increase in transaminase level*(SGPGI05)*
c) IgG anti HAV used for diagnosis
d) No rise of transaminase at all

3761. Hand foot mouth disease is characterized by -
a) Cause miniepidemic in school
b) **I.P. -3-10 Days**
c) Transmitted by virus
d) C/F similar test seen in cows

3762. All of the following is complications of mumps expect ? *(APPG 06)*
a) Meningoencephalitis b)Myocarditis
c) Pancreatitis d)Myositis

3763. What is the most common opportunistic infection in AIDS? *(UPSC07)*
a) Tuberculosis b) Cryptococcosis
c) Pneumocystitis carinii d)Histoplasmosis

3764. All of the following are true of Reye's syndrome, except - *(Delhi PG Feb. 09)*
a) It frequently complicates viral infections
b) Prothrombin time is prolonged
c) Disease may be precipitated by salicylates
d) Deep jaundice is present

3765. The following are true about measles-(Mzm/?a/ *09)*
a) It is an RNA virus
b) Causes Koplik's spots on the conjunctiva
c) Acute catarrhal conjunctivitis is a known features
d) All the above

3766. Consider the following statements with regard to sexual transmission of HTV - *(UPSC-109)*
1. Male-to-female transmission is many timed more efficient than female-to-male transmission
2. Non-ulcerative inflammatory STDs such as those caused by Chlamydia trachomatis and Trichomonas vaginalis do not increase the risk of transmission of HIV infection.
3. Infections with Treponema pallidum, Haemophilus ducreyi and HSV increase the risk of transmission of HIV infection.
4. Oral sex is a much less efficient mode of transmission of HIV than is receptive anal intercourse.

Which of the statements given above are correct ?
a) 1 and 3 only b) 1,3 and 4 only
c) 2 and 4 only d) 1,2,3 and 4

3767. What is the drug of choice for CMV (cytomegalovirus) retinitis in patients with AIDS -
a) Acyclovirb) Ganciclovir *(UPSC-I09)*
c) Pentamidined) Cotrimoxazole

3768. A patient with HIV disease presents with fever, malaise and headache of acute onset. CSF examination reveals 20 cells with 80% lymphocytes, protein 100 mg/dl, sugar 35 mg/dl, and a positive India ink preparation. CT head is normal What is the most appropriate therapy in this patient -*(UPSC-109)*
a) Amphotericin-B b) Amoxycillin
c) Acyclovir d)Antitubercular drugs

3769. A patient with fever from 3 days, severe joint pain & retroorbital pain is admitted in hospital. His initial Hb and Hct are normal and platelet count is 96000, which drops to 48000 on 3rd day. Fever has responded incompetely to paracetamol. Futher management includes - *(PGINov. 10)*
a) Liberal fluids
b) NS AID
c) Acyclovir
d) Prophylactic platelet transfusion
e) D-dimer assay

3770. Resided Zidovudine and Lamivudine, which of the following drugs is a reverse transcriptase inhibitor used in the treatment of HTV infection?
a) Saquinavir b) Indinavir *(UPSC 111)*
c) Abacavir d) Ritonavir

3752)d 3753)a 3754)b 3755)b 3756)d 3757)b 3758)a 3759)c 3760)b 3761)a,c 3762)d 3763)a 3764)d 3765)d 3766) b 3767) b 3768) a 3769) a 3770) c,d

3771. With which of the following group of anti-retroviral drugs are dyslipidemia, insulin resistance, diabetes mellitus with abdominal obesity and skeletal wasting linked? *(UPSCI11)*
a) Reverse transcriptase inhibitors
b) Integrase inhibitors
c) Protease inhibitors
d) Entry inhibitors

3772. Nituzoxomide in AIDS - *(NEET/DNB Pattern)*
a) Cryptococcosis b) Cryptosporidiosis > K
' A'f &fc^piSfoplasmosis. jd) Candidiasis # ; *:&i*

3773. Not a site for primary lymphoma in *AIDS-(NEET/*
a) CNS b) Stomach* *DNB Pattern)*
c) Kidney d) Bone marrow

3774. Lymp ***kojmmHP/Uf*** *yi^::b^MEEf^PN3^atterri)*
a) Immunoblastic? / *
b) Marginal B cell lymphoma
c) Hodgkins lymphoma
d) Mantle cell lymphoma

3775. Most common fungal infection in II.I.V. - *(NEET/*
a) Histoplasmosis b) Candida *ONE Pattern)*
s w * -■«) Cryptosporidium^ .. d) ,Cryptococcus' ■ .iw *M*ftt/;

3776 Prophyla xis for HI V is optimally effective if started unto.. .. hrs of exposure - *(NEET/DNBPattern)*
a) 1 b) 2
c) 4 d) 12

3777. Which of the following provide protection against malaria all except - *(NEET/DNB P ttern)*
a) Duffy blood group b) Sickle cell anem a
0 e) Thalas semia d) PNH1 **gj**

3778. Not to be given in malignant malaria is - *(NEET/*
a) Quinolone b) Quinine *DNB Pattern)*
c) Chloroquine d) Artesunate

3779. Fever blisters can occur due to - *(AIMS,May 12)*
a) HHV6
b) Varicella
c) Primary HSV-1 infection
d) Reactivation of HSV-1

3780. Drug of choice for listeria -*(NEET/DNB Pattern)*
a) Cephalosporin b) Ampicillin: ,
c) Ciplox d) Amikacin

3781. Drug of choice for cholera - *(NEET/DNB Pattern)*
It% *W* a) Tetracycline \ %1Sp *i*
b) Penicillin
c) Clindamycin
d) Trimethoprim sulfomethonazole

3782. First symptom of leprosy - *(NEET/DNB Pattern)*
a) Decreased vibration & position sense .
, b) Decreased .pain
c) Decreased temperature
d) Decreased light touch

3783. Best diagnostic modality for rotavirus diarrhea -
a) Isolation virus from, stool culture *(NEET/DNB*
b) Detection of antigen in serum *Pattern)*
c) Detection of antigen in stool
d) Detection of antibody in serum

3784.30,^riOldn^jyhi<'hismorth^ ely organism causing K- v$_{i.1}$ 4n&ction of epididypgg$ *(NEET/DNB Pattern)*
a) E.coli b) Gonococci
c) Chlamydia d) Ureaplasma ureolyticum

3785. Chyluria is due to- *, (NEEI/DNB Pattern)*
a) Carcinoma b) Tuberculosis
c) Filaria d) Malaria

3786. Reactive bradycardia with fever- *(NEET/DNB Pattern)*
a> Typhoid b)Malaria 7;;
c) Tuberculosis d) Brucellosis

3787. Treatment of tetanus A/E- *(NEET/DNB Pattern)*
a) Clindamycin b) Doxycycline'
- wA c)' Metronidazole d)Penicillin *l*/^1

3788. What can represent as a medical emergency in an aspleenic patient - *(NEETYDNB Pattern)*
a) Cat bite b) Dog bite
c) Fish bite d) Human bite

3789. Which of the following cause tropical spastic paraplegia - *(NEET/DNB Pattern)*
a) EBV b) CMV
c) HTLV-I d) HSV

BACTERIOLOGY

3790. A farmer from central asia persents with an acute onsetr of swinging pyrexia, rigor sweating and monoartucular arthritis of the hip. He also complained of headache and insommia -
On examination he is found to have a small firm splenomegaly and hepatomegaly. His counts showed leucopenia with relative lymphocytosis The most likely diagnosis is - *(ICS 98)*
a) Brucellosis b) Bagassosis
c) Byssionosis d) Chikungunya fever

3791. Poisoning of food by which of the organisms has the shortest incubation period - *(CUPGEE 96)*
a) S. aureus b) Salmonella
c) Botulism d) CL perfringesn

3792. Reactive arthritis is usually caused by- *(Kerala 95)*
a) Shigella flexineri b) Shigella boydli
c) Shigella shiga d) Shigella dysentriae

3793. Which of the following statements regarding plague are correct - *(UPSC95)*
a) There is no man to man transmission of disease
b) Bubonic plague may evolve into septicaemic form of disease
c) Fleas survive in the wall of dwellings for 2 to 4 weeks
d) Domestic rat is infected from wild rodents

3794. Which of the following is not associated with streptococcus- *(UP96)*
a) Rheumatic fever b) Scarlet fever
c) Acute GN. d) Scalded skin syndrome

3795. Streptolysin 'O' acts through- *(UP96)*
a) N- muraminidase b) Teichoic acid
c) Muramicacid d) Cytochrome oxidase

3771)c 3772)b 3773)c 3774)a 3775)b 3776)a 3777)d 3778)a 3779)d 3780)b 3781)a 3782)b 3783)b 3784)c
3785)c 3786)a 3787)d 3788)b 3789)c 3790)a 3791)a 3792)a 3793)b 3794)d 3795)b

3796. All are seen in diphtheric outcome except-
a) Pseudomembrane formation *(JIPMER 98)*
b) Cardiomyopathy
c) Endotoxemia
d) Polyneuropathy

3797. In primary syphillis the lesion seen is- *(MP 98)*
a) Indurated ulcer b) Multiplicity of lesion
c) Painful ulcer d) Bleeding ulcer

3798. Young famale presents with myalgia fever, headache, diarrhoea and an erythematous rash which first appeared in the groin. Most likely diagnosis is- *(MAHE 98)*
a) Toxic epidermal necrolysis
b) Staph, scalded skin syndrome
c) Toxic shock syndrome
d) Epidermolysis bullosa

3799. Consider the following statements- *(ICS 98)*
Helicobacter pylori is
1) The causative organism in 80% of the cases of peptic ulcer-
2) Present in 80% of normal Indian population
3) Responsible for relapse of peptic ulcer
4) Incidentally present in 80% of the cases of peptic ulcer
Of these statement -
a) 1 and Three are correct b) 3 and 4 are correct
c) 1,2 and 3 are correct d) 1 and 4 are correct

3800. A farmer from central Asia presents with an acute onset of swinging pyrexia, rigor, sweating and monoarticular arthritis of the hip. He also complained of headache and insomnia. On examination he is found to have a small, firm splenom egaly and hepatomegaly. His counts showed leucopenia with relative lypmhocytosis. The most likely diagnosis is- *(ICS 98)*
a) Brucellosis b) Bagassosis
c) Byssinosis d) Chikungunyafever

3801. Pneumococcal vaccine advocated for all except-
a) Diabetes mellitus b) Sickle cell anaemia
c) Renal failure d) Cystic fibrosis

3802. Hutchinson's teeth involves- *(Karanat 99)*
a) Incisors b) Premolars
c) Molars d) Canine teeth

3803. A patient in the post opreative ICU with intravenous catheter developed spikes of fever. The causativeorvanism is - *(Karant 99)*
a) E.Coli
b) Coagulase negative staphylococci
c) Pseudomonas
d) Streptococcus agalactiae

3804. True about pneumococcal vaccine is - *(MP2K)*
a) Not given if age is less than 2 years
b) Not given in splenectomy patients
c) Polyvalent
d) Derived from capsular protein

3805. Bronchopneumonia complication in measles is due to- *(ICS2K)*
a) Aspiration b) Sinusitis
c) Bronchiolar obstruction d) Immuno-modualtion

3806. Among the toxins produced by Clostridium botulinum the non-neurotoxic one is - *(Kerala 2K)*
a) A b)B
c) Cl d)C2
e) D

3807. Botulinum toxin is used in treatment of-
a) Facial dystonia and tics *(NIMHANS 2K)*
b) Tetanus
c) GB. syndrome
d) Botulinism

3808. Method of choice to confirm H. Pylori eradication is
a) Urea breath test b) Culture *(J& K O1)*
c) Serology d) Microscopy

3809. All of the following are spirochetal infection except-
a) Bejel b)Yaws *(CIP01)*
c) Pinta d) Relapsing fever
e) *l£N*

3810. A 48 year old male presents with non-itchy generalised papulo-nodular lesion of three months duration. Physical examination does not show any other abnormaly.Slit smear from a nodule does not show AFB. Blood VDRL is reactive 1:2 dilution.The most likely diagnosis is- *(UPSC 95)*
a) Drug eruption
b) Lepromatous leprosy
c) Post kalaazar dermal leishmaniasis
d) Secondary syphilis

3811. H. pylori causes - *(JPMER 99)*
a) Chronic atrophic gastritis
b) Eosinophlic gastritis
c) Lymphomatoid gastritis
d) Chronic non atrophic gastritis

3812. H. Pylori does not cause - *(J & K 2001)*
a) Gastric ulcer b) Duodenal ulcer
c) Lymphoma d) Leiomyoma

3813. Crepitus in a wound is produced by - *(Kerala 97)*
a) Staph aureus b) Clostridium tetani
c) Clostridium welchii d) Pseudomonas

3814. In cystic fibrosis, pseudomonas aeroginosa is most common arganism. The next most common is -
a) Steptococci *(JIPMER 95)*
b) Klebsiella
c) Pnuemococci
d) Staphylococcus aureus

3815. Actinomycosis is commonly seen in - *(ICS 98)*
a) Tibia b) Mandible
c) Scapula d) Femur

3816. False positive veneral desease research laboratories (VDRL) test have been associated with all thefollowing except - *(KARNA T 96)*
a) Narcotic addiction b) Atypical pneumonias
c) Old age d) Diabetes mellitus

3796) c 3797) a 3798) c 3799) c 3800) a 3801)d 3802) a 3803)b 3804)a,c 3805)d 3806) d 3807) a 3808) a 3809) e 3810)d 381 l)a 3812)d 3813)c 3814)d 3815)b 3816)d

3817. Urinary tract infection by a gram +ve organism in a young sexually active female is due to - *(MAHE 98)*
a) B. Subtilis b) E. coli
c) Staph. Saprophyticus d) Strept. pyogenos

3818. Bilateral epitrochlear adenopathy is seen in all except- *(JIPMER 95)*
a) Syphilis b) Tularemia
c) Toxo Plasmosis d) Sarcoidosis

3819. In a contaminated, puctured wound of the leg of a non-immune child of 10, which one of the following measures would give the best protection against the development of tetanus - *(UPSC 9 7)*
a) Active immunization and antibiotics
b) Active immunization, antibotics and immobilisation
c) Active immunization, wound excision and primary closure
d) Active and passive immunization along with antibiotics

3820. Best way to treat street wounds- *(KERALA 97)*
a) Immediate suturing
b) Cleaning with saline and debridement
c) Oral antibiotics
d) Leave it alone

3821. Bartenellosis is caused by - *(CMC 98)*
a) Staphylococcus b) Streoticiccus
c) Anaerobes d) Gonococci
e) Coccobacillus

3822. Best treatment to prevent gas gangrene - *(TN99)*
a) Thorough debridement b) Anti serum
c) Vaccnation d) Antibiotics

3823. All of the follwing drugs are used for eradication of Helcobacter pylori except - *(UPSC 95)*
a) Bismuth subcitrate b) Sucralfate
c) Metronidazole d) Amoxycillin

3824. Which one of the following statements about H. pylori is NOT true - *(UPSC)*
a) Its prevalence increases with age
b) Its prevalence is inversely related to socio-economic status
c) Commonly fundus is the site of colonization
d) It is implicated in duodenal ulcer, gastric ulcer and gastric carcinoma

3825. lyphoral vaccine is recommended after-*(Jipmer 03)*
a) 4 years b) 6 years
c) At birth d) After puberty

3826. Carrier stage is not seen in - *(Jipmer 03)*
a) Diphtheria b) Typhoid
c) Hepatitis - B d) Whooping cough

3827. In a patient with enteric fever bone and joint infection is seen specially in children having - *(UPSC 04)*
a) Aplastic anemia b) HIV disease
c) Sickle cell disease d) HbsAg + ve hepatitis

3828. All are complication of diphtheria, excep *t-(Jipmer 04)*
a) Myocarditis b) Occular muscle palsy
c) Cerebellar ataxia d) Hepatic failure

3829. Characteristic feature of early congenital syphilis is - *(U.PP.GM.E.E. 04)*
a) Microcephaly
b) Saddle nose
c) Interstitial keratitis with sabre skin
d) Vesicular rash with bulla over palms and soles

3830. All of the following are true regarding whooping cough except - *(Kerala 04)*
a) Spread by droplet infection
b) 90% of cases occur in children under 5 years of age
c) The whoop stage is more infection than catarrhal stage
d) Blood count shows lymphocytosis

3831. All of the following are true regarding diphtheria except- *(Kerala04)*
a) Tonsillar membrane cab be easily wiped off
b) There may be swelling of neck causing bull neck appearance
c) With high degree of immunity a membrane may never appear
d) In laryngeal diphtheria, tracheostomy may be needed to relieve respiratory obstruction

3832. Which one of the following is not a feature of leptospirosis - *(UPSC05)*
a) More than 10 fold rise of transaminases
b) Elevated creatinine phosphokinase
c) Hepatorenal syndrome
d) Thrombocytopenia

3833. A four-fold increase in the titre obtained in Weil-Felix reaction is diagnostic of - *(UPSC05)*
a) Rickettsial infection b) Fungal infection
c) Spirochetal infection d) Viral infection

3834. Rx of latent syphilis - *(PGI June 05)*
a) Penicillin b) Erythromycin
c) Tetracycline d) Ciprofloxacin

3835. Metronidazole is indicated in the treatment of which one of the following ? *(UPSC 06)*
a) Traveller's diarrhea
b) Escherichia coli-induced diarrhoea
c) Cryptosporidium-induced diarrhea
d) Helicobacter pylori infection

3836. H.Pylori causes which of the following anemia -
a) Iron deficiency anemia *(APPG06)*
b) Sideroblastic anemia
c) Hemolytic anemia
d) Aplastic anemia

3837. Generalized paresis of Insane is seen in- *(Manipal 06)*
a) Primary stage ,b) Secondary stage
c) Teritiary stage d) Congenital syphilis

3838. Loss of lateral l/3rd of eyebrow is seen in - *(Manipal 06)*
a) Lepromatous leprosy b) Taenia capitis
c) Tuberculosis d) Tetanus

3839. Diagnostic method in TB is all excep*t-(Manipal 06)*
a) Biopsy b) Chest X-ray
c) Montaux, test d) FNAC

3817)c 3818)None 3819)d 3820)b 3821)None 3822)a 3823)b 3824)c 3825)b 3826)d 3827)c 3828)d 3829)d 3830) c 3831) a 3832) c>a 3833) a 3834) a,c 3835) d 3836) a 3837) c 3838) a 3839) a

3840. Ghon's complex is not characterised by- *(UPSC 07)*
a) Hilar lymph nodes
b) Pleural effusion
c) Prominent draining lymphatics
d) Subpleural focus

3841. The drug of choice for the treatment of chlamydial infection is - *(UPSC 07)*
a) Ampicillin
b) Third generation cephalosporins
c) Metronidazole
d) Doxycycline

3842. With reference to leprosy, consider the following statements- *(UPSC 07)*
1. In lepromatous leprosy, lepromin test is always positive
2. Polyclonal hypergammaglobinemia is a common feature of lepromatous leprosy.
3. Secondary amyloidosis may occur in long-standing lepromatous leprosy

Which of the statements given above are correct ?
a) 1,2 and 3 b) 1 and 2 only
c) 1 and 3 only d) 2 and 3 only

3843. Which is the commonest site for extrapulmonary TB? *(Corned 07)*
a) Pleura b) Lymph node
c) Intestine d) Meninges

3844. Drug of choice in methicillin-resistant Staphylococcus aureus - *(Corned 07)*
a) Ceftriaxone b) Ceftazidime
c) Ampicillin d) Vancomycin

3845. In acquired syphilis- *(Manipal 09)*
a) Interstitial keratitis is a recognised feature
b) The infection is most infectious in the secondary stage
c) Causes secondary uveitis
d) May present with a rash which is highly infectious

3846. Secondary syphilis is characterized by the following except - *(UPSC-109)*
a) Occurs 6-8 weeks after development of chancre
b) Painful and itchy maculopapular lesions
c) Constitutional features are present
d) Meningitis, hepatitis, glomerulonephritis and uveitis may occur

3847. Clinical signs and symptoms in tetanus are a result of- *(UPSC-II09)*
a) Endotoxins
b) Exotoxins fixed to motor nerve endplates
c) Circulating exotoxins
d) Both endotoxins and exotoxins

3848. The drug of choice for the treatment of gonorrhoea in a pregnant patient allergic to beta-lactum antibiotics is - *(COMED 09)*
a) Piperacillin b) Ceftriaxone
c) Spectinomycin d) Ciprofloxacin

3849. Which among the following is the drug of choice for Clostridium difficile-induced colitis - *(COMED 09)*
a) Gentamicin b) Ciprofloxacin
c) Metronidazole d)Linezolid

3850. Which of the following antitubercular drugs is safe in hepatitis ? *(Delhi PG Mar. 09)*
a) Isoniazid b) Rifampicin
c) Pyrazinamide d)Ethambutol

3851. Steroids are indicated in all of the following forms of tuberculosis except - *(Delhi PG Mar 09)*
a) Meningitis b) Pericarditis
c) Ileo-Caecal tuberculosis d) Adrenal involvement

3852. Investigstions in a clinically suspected case of tuberculosis is done by - *(PGIMay 10)*
a) Mantoux test (in children) b) Sputum AFB
c) QuantiFERON-TBGold d) Bactec
e) T-SPOT-TB

3853. A patient from Himachal Pradesh presents with fever from 5 days, altered sensorium, increased JVP, maculo-papular rash & erythema on back with black necrotic tissue. Treatment includes -
a) Aminoglycosides b) Ceftriaxone *(PGINov 10)*
c) Chloramphenicol d) Doxycycline
e) Tetracycline

3854. In leptospirosis, the following clinical features are seen except - *(UPSC 111)*
a) Jaundice which may be intense
b) Haemorrhage
c) Hepatomegaly
d) Massive splenomegaly

3855. Which of the following is not associated with Acute Food Poisoning - *(UPSC II11)*
a) Onset with vomiting
b) Tenesmus
c) Leucocytosis
d) High skin surface temperature

ENDOCARDITIS

3856. Which of the following statements are NOT true of right sided infective endocarditis- *(Kamat 96)*
a) Unlikely in the absence of murmur
b) It is commonly seen in drug addicts
c) Emboli to organs other than the lung is rare
d) Can occur following septic abortion

3857. Commonest complication of infective endocarditis is- *(TN95)*
a) CCF b) Embolisation
c) Regurgitation d) Sudden death

DRUGS

3858. Ketocanozole is useful in all except - *(Kerala 95)*
a) T. cruris b) T.versicolor
c) T.capitis d) T.corpoiris

3840)b 3841)d 3842)d 3843)b 3844)d 3845)c 3846)b 3847)b 3848)c 3849)c 3850)d 3851)c 3852)A11
3853)a,c,d,e 3854) d 3855) c 3856) a 3857) b 3858) c

3859. Which one of the following therapies would be safe in a patient with pulmonary tuberculosis having markedly abnormal liver function - *(UPSC 95)*
a) Streptomycin + isoniazid
b) Ethambutol + isoniazid
c) Rifampicin + isoniazid
d) Streptomycin + ethambutol

3860. Which one of the following is effective in the treatment of brucellosis - *(UPSC 95)*
a) Rifampicin b) Amphotericin
c) Ketoconazole d)Pencillin

3861. All of the following are true of pyrazinamide EXCEPT- *(Karn95)*
a) It kills intracellular organisms
b) It is contraindicated in pregnancy
c) It crosses blood brain barrier
d) Is is must in short course chemotherapy

3862. Drug of choice in pseudomonas septicemia is -
a) Methicillin b) Ceftazidime *(PGI95)*
c) Moxalatum d) Piperacillin

3863. Drug of choice for pseudomembranous colitis - *(JIPMER98)*
a) Penicillin b) Metronidazole
c) Ciprofloxacin d) Vancomycin

3864. Worldwide accepted minimum dose of penicillin in latent syphilis- *(AP97)*
a) 4.8 mega units b) 6.0 mega units
c) 7.0 mega units d) 10 units

3865. All of the following are Hepatotoxic except- *(AP 97)*
a) Erythromycin b) Tetracycline
c) Choloroquine d) Rifampicin

3866. In ethambutol toxicity defect is seen in - *(MP 2K)*
a) Red vision b) Green vision
c) Yellow vision d) Blue vision

3867. Safest anti TB drug in renal diseas - *(Orissa R)*
a) Steptomycin b) Capreomycin
c) Rifampicin d) Ethambutol

3868. Drug of choice for Leptospirosis- *(JIPMER 98)*
a) Penicillin b) Tetracycline
c) Suplhonamide d) Erythromycin

3869. Post - translation modification is seen with -
a) Streptomycin b) Penicillin *(TN03)*
c) Sulphonamides d) Cephalosporins

3870. Quinine given to a patient of falciparum malaria caused sweating and plapitation, the likely cause is- *(VPP.GM.E.E. 04)*
a) Cinchonism b) Hyperglycemia
c) Hypoglycemia d) Hypoklemia

3871. Chimeric human / murine monoclonal antibody are- *(PGINov.10)*
a) Adalimumab b) Rituximab
c) Muromonab d) Trastuzumab
e) Infliximab

3872. IVue about Dextrain - *(PGINov. 10)*
a) Cause Rouleaux formation
b) Impair factor VIIIO function
c) *i* Sugar level
d) Improve microcirculation
e) Can cause anaphylaxis

FUNGUS

3873. Which one of the following is the drug of choice for treating systemic fungal infection ? *(UPSC 06)*
a) Griseofulvin b) Amphotericin B
c) Ketoconazole d) Co-trimoxazole

3874. The definitive diagnosis of Pneumocystis carinii pneumonia is - *(Corned07)*
a) Serological test
b) Chest X-ray
c) Finding cysts in tissue specimens
d) CT scan of thorax

PARASITOLOGY

3875. Drug of choice for treating schistosoma haematobium is- *(JIPMER 95)*
a) Metronidazole b) Praziquantel
c) Pyrantel pamoate d) None of the above

3876. Resistant kala-azar is defined by the persistance of the following feature despite adequate therapy-
a) Fever *(UPSC95)*
b) Non-regression of splenomegaly
c) L.D. bodies in more than 5% cells in bone marrow
d) Hyperglobulinaemia

3877. P. falciparum does not present with - *(CUPGEE 95)*
a) Hyperglycaemia b)Hypoglycaemia
c) Hypotension d) Fever

3878. Asiatic cholangitis is caused by - *(AP96)*
a) Schistosoma hematobium
b) Paragonimus Westermani
c) Clonorchis sinensis
d) Amoebiasis

3879. All of the following drugs have been used in the treatment of Kala-azar, except - *(UP 9 7)*
a) Sodium stibogluconate b) Clindamycin
c) Amphotericin B d) Pentamidine

3880. The diagnositc test for cerebral cysticercosis -
a) MRI *(TN 98)*
b) Non contrast CT scan
c) Contrast CT scan
d) Plain x-ray

3881. Which is not true - *(Kerala 97)*
a) Plasmodium vivax affects immature RBC
b) Plasmodium falciparum affect all stages of RBC
c) Plasmodium malaria affects senescent RBC
d) All of the above

3859)d 3860)a 3861)b 3862)d 3863)b 3864)c 3865)c 3866)b 3867)c 3868)a 3869)a 3870)c 3871)b,e 3872)a,b,d,e 3873)b 3874)c 3875)b 3876)c 3877)a 3878)c 3879)b 3880)b 3881)None

3882. The treatment of choice in Taenia saginata and taenia solium infections is - *(UPSC 97)*
a) Metronidazole b) Niclosamide
c) Praziquantel d) Albendazole

3883. All of the following are effective in giardiasis except-
a) Co-trimoxazole b) Furazolidine *(AP 97)*
c) Metronidazole d)Tinidazole

3884. True statement regarding amoebic dysentry -
a) Incubation period 7-10 days *(MAHE 98)*
b) Profuse, watery diarrhoea
c) Diagnostic mucosal lesion most common in rectum
d) Diagnostic mucosal findings on sigmoidoscopy

3885. True statements regarding falciparum malaria are all the following durgs except - *(MAHE 98)*
a) Haemoglobinuria and renal failure
b) Hypoglycemia
c) Cerebral malaria
d) Adequately prevented with chroloquine therapy

3886. Which one of the following immunoglobulins is characteristically elevated in filariasis -*(UPSC 2K)*
a) IgA b) IgE
c) IgG d) IgM

3887. A patient presents with subcutaneou nodules over Rt. iliac crest. Lymph node as well as skin smear shows microfilariae. Patient also has eye manifestatons .Most common filarial species involved - *(AIIMS 01)*
a) Brugis timori b) Onchocerca volvulus
c) LoaLoa d) Mansonelle ozaradi

3888. Which is true about post ftansfusion malaria -
a) Caused by plasmodium malaria *(JIPMER95)*
b) Radical chemotherapy is required
c) Transmitted by needles
d) Caused by P ovale

3889. All of the following are seen in cerebral malaria except - *(UPSC 9 7)*
a) Hyperglycaemia
b) Thrombocytopaenia
c) Acute respiratory distress syndrome
d) Heavy parasitemia

3890. Drug of choice in cerebral cysticercosis is -
a) Piperazine b)Pyrvinium *(JIPMER01)*
c) Thiabendazole d) Mebendazole

3891. Tachyzoites are seen in - *(U.P 97)*
a) Toxocara canis b) Toxoplasma gondii
c) Leishmania d) Trypanasoma

3892. A tick borne fever, where organism attacks RBC's -
a) Typhus b) Babesiosis *(JIPMER 98)*
c) Dengue d) Malaria

3893. The parasite which is transmitted sexually-
a) Strongyloides stercoralis *(TN 98)*
b) Necator americanus
c) Ankylostoma duodonale
d) Trichura

3894. Treatment of uncomplicated hydatid cyst in lung is -
a) Marsupialisation *(PGI89)*
b) Lobectomy
c) Enucleation
d) Extended tube drainage

3895. Chaga's disease does not involve - *(JIPMER 90)*
a) Pancreas b) Duodenum
c) Esophagus d) Colon

3896. Winter bottom's sign is typically seen in -
a) Muconium peritonitis *(JIPMER 81, AIIMS 80)*
b) KalaAzar
c) American trypanosomiasis
d) African trypanosomiasis

3897. In plasmodium vivax malaria, relapse is caused by -
a) Sporozoite b) Schizent *(Jipmer 03)*
c) Hypnozoite d) Gametocytes

3898. Which one of the following statment is false -
a) The presence of ingested erythrocytes is seen only in Entamoeba histolytica
b) Young adult males of low socio - economic status are most commonly affected by invasive amoebiasis
c) A low iron content in the diet predisposes to invasive
d) The pathogenic and non pathogenic strains of E. histolytica can be differentiated by electrophoretic study of desmosomes

3899. Duffy antigen on erythrocytes are receptors for -
a) P. falciparum b) P. vivax *(UPSC 04)*
c) P. ovale d) P. malariae

3900. "String test" in which jejunal mucus is examined, is done for diagonos is of - *(Kerala 04)*
a) Amoebiasis b) Stronglyoidiasis
c) Giardiasis d) Cyclosporiasis

3901. Visceral leishmaniasis is predisposed by -
a) Sickle cell anemia *(Kerala 04)*
b) Renal transplantation
c) G6PD deficiency
d) AIDS

3902. Peripheral blood smear in Plasmodium falciparum infection may show all of the following except - *(SGPGI05)*
a) Male gametocyte b) Trophozoite
c) Female gamatocyte d)Schizont

3903. Malarial relapse is seen in - *(ICS 05)*
a) P. falciparum and P. vivax
b) P. falciparum and P. malariae
c) P. ovale and P. malariae
d) P. vivax and P. ovale

3904. Toxoplasmosis in the foetus can be best confirmed by- *(MAHA 05)*
a) IgM antibodies against Toxoplasma in the mother
b) IgM antibodies against Toxoplasma in the foetus
c) IgG antibodies against Toxoplasma in the moter
d) IgG antibodies against Toxoplasma in the foetus

3882)c 3883)a 3884)d 3885)d 3886)b 3887)b 3888)a,c,d 3889)a 3890)None 3891)b 3892)b 3893)None 3894)c 3895)a,b 3896)d 3897)c 3898)c 3899)b 3900)c 3901)c 3902)d 3903)c 3904)b

3905. A patient present with lower gastrointestinal bleed. Sigmoidoscopy shows ulcers in the sigmoid. Biopsy from this area shows flask-shaped ulcers. Which of te following is the most appropriate treatment- *(AIMS NOV 05)*
a) Intravenous ceftriaxone
b) Intravenous metronidazole
c) Intravenous steroids and sulphasalazine
d) Hydrocortisone enemas

3906. Regarding falciparam malaria, consider the following statements - *(UPSC 07)*
1. The mortality rises steeply when the proportion of infected erythrocytes increases increases above 3 pet cent.
2. The patient may develop hypoglycemia even when not treated with quinine.

Which of the statements given above is/are correct?
a) 1 only b) 2 only
c) Both 1 and 2 d) Neither 1 nor 2

3907. Duffy blood group antigen negativity confers protection against infection by - *(Corned 08)*
a) Plasmodium falciparum b) Plasmodium ovale
c) Plasmodium vivax d) Plasmodium malariae

3908. Which maturation stage of RBCs is infected by Plasmodium falciparum - *(UPSC-109)*
a) Reticulocyte stage only b) Normoblast stage
c) OldRBC d) RBC of all ages

3909. A Bone marrow transplant recipient patient developed chest infection. On HRCT 'Tree in bud appearance' is seen. Most likely causative agent is- *(AIMS Nov 10)*
a) Klebsiella b) Pneumocystis
c)TB d)RSV

3910. Giardiasis may result in the following except -
a) Ill health *(UPSC 111)*
b) Diarrhea
c) Steatorrhoea
d) Gastrointestinal bleeding

3911. A pregnant woman has contracted malaria. Which of the following drugs should not be used by her?
1. Chloroquine *(UPSC 111)*
2. Primaquine
3. Quinine
4. Mefloquine

Select the correct answer using the code given below-
a) 1 only b) 1 and 3 only
c) 2 and 4 only d) 1,2 and 3

MISCELLANEOUS

3912. TRUE statements concerning malaria include-
a) Malaria caused by each of the four plasmodial species can relapse after initial illness *(AIMS Nov 99)*
b) Red cells negative for the Duffy blood group antigen are resistant to Plasmodium vivax
c) Renal impairment is a grave prognostic sign in falciparum malaria
d) Plasmodium malariae can cause immune-mediated nephropathy

3913. In severe malaria following are seen - *(PGIDec 03)*
a) Coma b)Thrombocyto
c) Lactic acidosis d) pH <7.5
e) Hyperglycemia

3914. Which is not a feature of cerebral malaria -
a) Perivascular demyelination *(PGIJune 99)*
b) Durck granuloma
c) Prolifereated glial cells arranged radially
d) Lesion is not related to parasite

3915. In complication of falciparium malaria, which drug is not given - *(PGI June 97)*
a) Phenobarbitone b) Dexmethosone
c) Quinine d) Blood transfusion

3916. True about fluorescent antibody detection test in diagnosis of plasmodium falcifarum are all except ? *(AIMS Nov 08)*
a) It is an immunochromatographic test
b) Detection of histidine rich protein 1
c) Detection of lactate dehydrogenase antigen
d) Detection of glutamate dehydrogenase antigen

3917. True about cerebral malaria is children -
a) Quinine is drug of choice *(PGIDEC2000)*
b) Hypoglycemia
c) Good prognosis
d) Caused by P. vivax

3918. All of the following clinical syndroms are produced by leishmaniasis, except - *(AIMS Nov 99)*
a) Splenomegaly
b) Pancytopenia
c) Dysphagia, chest pain and pyrexia with cough
d) Diffuse skin lesions

3919. True about toxoplasmosis is all except -
a) In adults toxoplasmosis is usually asymptomatic
b) IgG antibodies are diagnostic in Congenital toxoplasmosis *(AIMS Nov 01)*
c) Is a antroponotic disease
d) Encephalitis is uncommon (rare) in immunocompetent individuals

3920. Toxoplasmosis in the foetus can be best confirmed by- *(AIMS May 2002)*
a) IgM antibodies against Toxoplasma in the mother
b) IgM antibodies against Toxoplasma in the Foetus
c) IgG antibodies against Toxoplasma in the mother
d) IgG antibodies against Toxoplasma in the foetus

3921. Kala-azar is not responding to primary treatment. The treatment should now consist of - *(AI97)*
a) Double dose of antimony b) Amphotericin - B
c) Ketoconazole d) Splenectomy

3905)b 3906)c 3907)c 3908)d 3909)b 3910)d 3911)c 3912)b,d 3913)a,b,c,d 3914)d 3915)b 3916)b 3917)a,b 3918)c 3919)b 3920)b 3921)b

3922. Most common lesion in fetal toxoplasmosis is - *(Dec 95)*
a) GI involvement b) Chorioretinitis
c) Pulmonary involvement d) Encephalitis

3923. Which is not a manifestation of congenital toxoplasmosis - *(AIIMS May 95)*
a) Chorioretinitis b) Hydrocephalus
c) Intracranial calcification d) Cerebellar atrophy

3924. A 56 years old man has painful rashes over his right upper eyelid and forehead for the last 48 hours. He underwent chemotherapy for Non Hodgkin's lymphoma one year ago. His tepmperature is 98° F, blood pressure 138/76 mm Hg and pulse is 80/ minute. Examination shows no other abnormalities. Which of the following is the most likely diagnosis - *(AIIMS Nov 2002)*
a) Impetigo b) Herpes zoster
c) Pyoderma gangrenosum d) Erysipelas

3925. An 18-year-old male presented with acute onset descending paralysis of 3 days duration. There is also a history of blurring of vision for the same duration. On examination, the patient has quadriparesis with areflexia. Both the pupils are non-reactive. The most probable diagnosis is -
a) Poliomyelitis *b)Botu\ism(AIIMS06)*
c) Diptheria d) Porphyria

3926. Botulism characterised by - *(PGI DEC 02)*
a) Seizure
b) Fever
c) Ascending paralysis
d) Descending symmetrical paralysis
e) Blurring of vision

3927. Botulinum toxin is used in - *(PGIDEC98)*
a) Focal dystonia b) Myasthenia gravis
c) Cerebellare ataxia d) Hypotonia

3928. In Botulinism all are seen except - *(PGIDEC 99)*
a) Diplopia b) Diarrhoea
c) Dysphagia d) Abd. pain

3929. Which of the following cause dysentery- *(PGI DEC 2K)*
a) Giardiasis b) Entaemoeba histolytica
c) Balantidium coli d) Cyclosporiasis

3930. A 42-year-old engineer developed redness of the glans and radial fissuring of the prepuce 2 weeks ago. A Potassium hydroxide preparation of scrapings from the glans showed pseudohyphae and buds. Which one of the following systemic illness should he be screened for - *(AIIMSMay 04)*
a) Pulmonary tuberculosis b) Diabetes mellitus
c) Systemic Candidiasis d) Chronic renal failure

3931. Regarding Candida true are - *(PGI June 06)*
a) Commensal in skin
b) Oral candidiasis common in pregnancy
c) In AIDS at early stage
d) Gram's Staining done
e) Bladder candidiasis treated by Amphotericin by catheter

3932. The single most common cause of pyrexia of unknown origin is - *(AIIMS 06)*
a) Mycobacterium tuberculosis
b) Salmonella typhi
c) Brucella spp
d) Salmonella paratyphi A

3933. The endotoxin of the following gram-negative bacteria does not play any part in the pathogenesis of the natural disease - *(AIIMS 06)*
a) Escherichia coli b) Klebseilla spp.
c) Vibrio cholerae d) Pseudomonas aeruginosa

3934. Salmonella typhi is the causative agent of typhoid fever. The infective dose of S. typhi is - *(AIIMS 06)*
a) One bacillus b) 10^8-10^{10} bacilli
c) 10M0^5 bacilli d) 1-10 bacilli

3935. SARS true are - *(PGI June 06)*
a) Severe acute respiratory syndrome
b) Documented respiratory route spread
c) Effective vaccine available
d) Cause atypical pneumonitis
e) Group coronavirus

3936. Features of Giardiasis - *(PGI June 06)*
a) Mai absorption
b) Cyst with 4 nuclei
c) Trophozoite with four nuclei
d) Common in hypogammaglobulinemia

3937. Antibiotic associated diarrhea is caused by -
a) CI. difficile b) Cholera *(PGI June 05)*
c) Salmonella d) Klebsiella
e) E.Coli

3938. Clindamycin is the drug of choice in - *(PGI June 05)*
a) Methicillin resistance Staph. Aureus
b) Mycoplasma pneumoniae
c) Bacteroidis fragilis
d) Pseudomonus infection
e) Enterobacterium

3939. A 15 year old boy presents to you with history of fever, altered sensorium and purpuric rash for two days. On examination, the patient is found stuporous. He has a BP of90/60 mmHg and extensive palpable purpura over the legs. Which of he following would be the most appropriate initial choice of antibiotic -
a) Vancomycin b) Pencilline G *(AIIMS Nov 03)*
c) Ciprofloxacin d) Gentamicin

3940. Hand foot mouth disease is characterized by -
a) Cause miniepidemic in school *(PGI June 05)*
b) J.P - 3 -10 days
c) Transmitted by virus
d) CIF similar to teSt seen in cows

3941. Acute intravascular hemolysis can be caused by infection due to all of the following organisms except- *(AIIMS Nov 03)*
a) Clostridium tetani
b) Bartonella bacilliformis
c) Plasmodium falciparum
d) Babesia microti

3922) b 3923) d 3924) b 3925) b 3926) d,e 3927) a 3928) b 3929) b,c 3930) b 3931) a,d,e 3932) a 3933) c 3934) c 3935) a,b,d,e 3936) a,b,d 3937) a 3938) c 3939)b 3940) a,c 3941) a

3942. Pneumococcal vaccine is given in - *(PGI June 06)*
a) HIV
b) Spienectomised patients
c) Sickle cell anemia
d) Corticosteroids therapy
e) Chemotherapy

3943. Complications of shigella infections -*(PGI June 06)*
a) HUS b) Reactive arthritis
c) Sepsis

3944. Diseases caused by Chlamydia - *(PGIJune 06)*
a) LGV
b) Trachoma
c) Granuloma inguinale
d) Nonspecific cervicitis

3945. Most common cause of amoebic lung abscess is -
a) Aspiration *(AI97)*
b) Direct spread form liver
c) Hematogenous spread from liver
d) Hematogenous spread form gut

3946. Diagnostic test of extra intestinal invasive amoebiasis is - *(AIIMS June 2000)*
a) Counter immuno-electrophoresis
b) Complement fixation test
c) ELISA
d) Indirect haemagglutination test

3947. The characteristic "sulfur grains" of actinomycosis are composed chiefly of -
a) Organisms *(AIIMSNov 99)*
b) Neutrophils and monocytes
c) Monocytes and lymphocytes
d) Eosinophils

3948. All are true regarding Helicobacter pylori except -
a) Less prevalent in developing countries
b) Toxicogenic strains usually causes ulcers
c) Urea breath test is positive *(AIIMSFeb 97)*
d) Gram negative organism

3949. Helicobacter pylori is not associated with -
a) Gastrointestinal lymphoma *(AIIMS Nov 03)*
b) Gastric cancer
c) Gastric leiomyoma
d) Peptic ulcer

3950. A 10-year-old school girl has recurrent episodes of boils on the scalp. The boils subside with antibiotic therapy but recur after some time. The most likely cause of the recurrences is - *(AIIMS May 05)*
a) Primary immunodeficiency syndrome
b) Juvenile diabetes mellitus
c) Pediculosis capitis
d) HTV infection

3951. All the features of peripheral neuritis in a patient with Hansen's disease except - *(AIIMSMay 01)*
a) Predominant sensory involvement
b) Decreased tendon reflexes
c) Mutilations
d) Peripheral nerve thickening

3952. Which of the following is true of lepromatous leprosy-
a) Bacterial index + to + + *(PGI Dec 01)*
b) Involvement of earlobes
c) Symmetrical involvement
d) Only a few bacilli are seen in the lesion
e) Loss of eyebrows

3953. In leprous neuritis, there is - *(PGIDec 01)*
a) Intracutaneous thickening of the nerve
b) Facial palsy
c) Occurs in warm and moist areas
d) Palpable peripheral nerves are present
e) > 10 lesions may be found

3954. A patient of borderline tuberculoid leprosy on treatment develops reaction. What will be the best next line of management - *(AIIMS Nov 99)*
a) Stop dapsone immediately'
b) Stop dapsone now and restart after some time
c) Continue dapsone and give steroids
d) Stop dapsone forever

3955. Clinical features of Erythema nodosum Leprosum -
a) Fever b) Hepatitis *(PGI June 04)*
c) Joint pain d) Pancreatitis
e) Skin eruptions

3956. A 30 year old male, Kallu, with a history of sexual exposure comes with a painless indurated ulcer over the penis with everted margins. The diagnosis is -
a) Syphilis *(AIIMS May 2001)*
b) Chancroid
c) Lymphogranuloma venerum
d) Granuloma inguinale

3957. A patient has multiple necrotic ulcers over glans penis with tender inguinal lymphadenopathy. The likely diagnosis is - *(AIIMS Dec 94)*
a) Haemophilous ducreyi
b) Chlamydia trachomatis
c) Herpes simplex
d) Candida albicans

3958. Features of secondary syphilis are/is-*(PGI DEC 2K)*
a) Condyloma accuminata
b) Condyloma lata
c) Mulberry/moon molar
d) Lesions over palms/sales

3959. Young male with painless induration of penis, enlarged non tender genital lymph nodes. Cause is - *(AIIMS May 94)*
a) Chancroid b) Herpes genitalis
c) Primary syphilis d) Donovanosis

3960. All are true about FTA-ABS in Syphilis, except -
a) FTA - ABS becomes negative after treatment
b) Present in secondary syphilis *(AI 2000)*
c) It is a specific test
d) May be positive in Lyme's disease

3942)All 3943) a,b,c 3944)a,b,d 3945) b 3946) c 3947) a 3948) a 3949) c 3950) c 395 l)b 3952)b,c,e 3953)a,b,d,e 3954) c 3955) a,b,c 3956) a 3957) a 3958) b,d 3959) c 3960) a

3961. False + ve VDRL, is seen in - *(AI2000)*
a) Lepromatous Leprosy
b) Infectious mononucleosis
c) HIV
d) Pregnancy

3962. 30-year old Basanti presents with light brown lesions involving both her cheeks. The lesions had never been erythematous. Which of the following is the most probable diagnosis - *(AlIMSNov 2000)*
a) SLR
b) Chloasma
c) Air borne contact dermatitis
d) Photo sensitive reaction

3963. A female developed brown macule on the cheek, forehead and nose after exposure to light following delivery of a baby, the diagnosis is-*(AIIMS June 2K)*
a) SLR b) Chloasma
c) Photodermatitis d) Acne rosacea

3964. Mycobacterium causing lung infection are -
a) Mycobacterium Tuberculosis *(PGIJUNE03)*
b) Mycobacterium Kansasii
c) Mycobacterium Fortuitum
d) Mycobacterium avium intracellularae
e) Mycobacterium Scrofuloceuml

3965. Chance of developing T.B. is high when mantoux test positive in patients with - *(PGIDEC 02)*
a) Taking adrenal steroid b) HIV
c) DM d) Alcoholism

3966. All the following may be used in the prophylaxis of Meningococcal infection except - *(AI 96)*
a) Penicillin b) Sulphonamides
c) Erythromycin d)Rifampicin

3967. All of the following are sexually transmited, except-
a) Candida albicans *(AI 02)*
b) Echionococcus
c) Molluscum contagiosum
d) Group B streptococcus

3968. Infectivity of chicken pox is seen- *(AIIMS June 2000)*
a) Till last scab falls off
b) 3 days after the appearance of rash
c) 6 days after the appearance of rash
d) As long as the fever lasts

3969. Which of the following is true regarding chicken pox- *(PGIDec 01)*
a) CNS complications are seen
b) Reye's syndrome can occur
c) Prevented by giving immunoglobulins
d) It is infectious for first 2 weeks
e) Childhood infection is more severe than adult

3970. True about measles is/are - *(PGI June 01)*
a) Incubation period (I.P.) is 10-12 days
b) Confunctivitis common
c) Rash starts on abdomen
d) Fever disappears —> rash appears
e) Koplik spots are seen on fundus examination

3971. A 9 years old Raju develops sudden loss of vision in both eyes, following an attack of measles. The probale cause is - *(AIIMS June 99)*
a) B/L optic neuritis b) Encephalitis
c) Keratonealacia d) Raised intraocdura pressure

3972. Most common complication of Mumps is -
a) Polyarthritis *(AIIMS May 94)*
b) Orchitis
c) Meningoencephalitis
d) Nerve deafness

3973. All are true regarding Mumps, except -
a) Incubation period 18-21 days *(AIIMSNO V93)*
b) Extensive tissue damage
c) Multiplies in respiratory epithelium
d) Spreads through Stenson's duct to Parotid gland

3974. Which of the following is NOT seen in furious Rabies - *(AIIMS Dec 94)*
a) Hyperexcitability b) Aerophobia
c) Hypertension d) Constriction of pupil

3975. True about Rabies - *(PGI June 03)*
a) Bats Transmit disease in some parts of the world
b) Brainstem encephalitis is characteristic
c) Negri bodies commonly found in thalamus and anterior pituitary
d) Paraesthesia is not seen
e) Recovery is the usual course

3976. All are true about Neisseria gonorrhea except -
a) Gram positive cocci *(AIIMS May 2001)*
b) Causes stricture urethra
c) Involves seminal vesicals and spreads to epididymis
d) Drug of choice is Ceftriaxone

3977. The commonest cause of non-gonococcal urethritis is- *(AI96)*
a) Chlamydia b) Ureaplasmaurealyticum
c) E. coli d) Proteus

3978. Treatment of choice of penicilline resistant gonococcol infection is - *(AIIMS Sep 96)*
a) Spectinomycin b) Ceftriaxone
c) Penicillin d) Ceftazidime

3979. A 32 year old male, Kallu, who recently visited a sea coast presented with ulcer over the left leg. The probable cause is - *(AIIMSMay 2001)*
a) Pasturella multocida
b) Micrococcus halophillus
c) Vibrio vulnificus
d) Neisseria gonorrhea

3980. There has been an outbreak of infections caused by methicillin resistant Staphylococcus aureus in the surgical intensive care unit. The most effective means of limiting the spread is - *(AIIMSNov 99)*
a) Treatment with cephalosporins to which most strains are sensitive
b) Treatment with naficillin and gentamicin, which have a synergistic effect
c) Use of high-dose naficillin alone and isolation
d) Treatment with glycopeptide

3961)b 3962)b 3963)b 3964)a,b,d 3965)a,b,c 3966)c 3967)b 3968)c 3969)a,b,c 3970)a,b 3971)a 3972)b
3973) d 3974) d 3975) a,b 3976) a 3977) a 3978) a 3979) c 3980) d

3981. Treatment of choice of thoracic actinomycosis is- *(AIMS Dec 97)*
a) Amphotericin B b) Cotrimoxazole
c) Penicillin d) Itraconazole

3982. All are complication of diphtheria, except - *(AIMS June 9 7)*
a) Myocarditis b) Ocular muscle palsy
c) Cerebellar ataxia d) Hepatic failure

3983. Drug of choice for diphtheria carrier is -*(AIMSDec*
a) Penicillin b) Erythromycin*95)*
c) Procaine penicillin d) Tetracycline

3984. In an ICU patient is on invasive monitoring, All are causes of bacterial sepsis except - *(AIMS May 01)*
a) Orotracheal intubation
b) Intra arterial line
c) Humidified air
d) Central venous catheter

3985. True regarding presentation of primary T.B. is -
a) B/L pleural effusion with negative Tuberculin test. *(AIMSDec 98)*
b) U/L hilar lymphadenopathy
c) Sustained chronic pyrexia
d) B/L pelural effusion with positive tuberculin test.

3986. Period of isolation in salmonella infection is till -
a) 72 hours after chemotherapy *(AIMS June 98)*
b) Widal negative
c) 3 consecutive stool cultures are negative
d) Urine culture is negative twice

3987. Acute intravascular hemolysis can be caused by infection due to all of the following organisms except-
a) Clostridium tetani *(AIMS Nov 2003)*
b) Bartonella bacilliformis
c) Plasmodium falciparum
d) Babesia microti

3988. Neurotropism is shown by - *(PGIDEC2000)*
a) C. neoformans b) Polio virus
c) Coxsackievirus d)C.albicans

3989. Treatment of choice for tropical splenomegaly is -
a) Chloroquine 6 months *(AIMSJune 97)*
b) Mefloquine 3 months
c) Proguanil
d) Pyrimethamine + sulphadoxine X 1 month

3990. Which of the following statement concerning infections with intestinal nematodes is correct - *(AIMS Nov 99)*
a) A relatively small number of organisms typically produce severe clinical symptoms
b) Ascaris larvae enter the body via migration through dermal capillaries
c) Hookworm infections result from swallowing of hook worm eggs
d) Strongyloides infection is associated with recurrent urticaria

3991. Cysticercosis present as - *(PGIDEC 03)*
a) Seizure b) Neuropathy
c) Encephalitis d) Muscular hypertrophy
e) Encephalitis

3992. Kallu a 30 year old man, presented with subcutaneous itchy nodules over the left iliac crest. On examination they are firm, non tender and mobile. Skin scrapping contains microfilaria and adults worms of - *(AIMS May 2001)*
a) Loa Loa b) Onchocerca volvulus
c) Brugia malayi d) Mansonella persutans

3993. A 38-year old gay man who is known to be infected with the HIV virus presents with a week of fever and tachypnea. Chest X-ray reveals bilateral alveolar infiltrates. Arterial blood gas determination reveals a $Pa0_2$ of 55 mmHg on room air. A bronchoalveolar lavage is positive for methenamine silver staining material. Which of the following statement is correct concerning the current clinical situation - *(AIMS Nov 99)*
a) Transbronchial biopsy should be carried out to confirm the diagnosis
b) Pentamidine therapy by the aerosolized route would be appropriate if the patient has a known allergy to sulfa drugs.
c) Trimethoprim-sulfamethoxazole and pentamidine should be administered in combination
d) Trimethoprim-sulfamethoxazole alone should be administered

3994. Giant cell (Hecht's) pneumonia is due to -
a) CMV b) Measles*(PGI DEC 98)*
c) Malaria d) P. carinii

3995. Most common fùngal infection in febrile neutropenia is- *(AI01)*
a) Aspergillus niger b) Candida
c) Mucormycosis d) Aspergillusfumigatu

3996. Infection causing CAD - *(PGIJUNE 03)*
a) Chlamydia pneumonae
b) Streptococcus
c) Proteus
d) Uroplasma ureolyticum

3997. True about H. Pylori is all except - *(PGI June 2000)*
a) It splits urea & produces ammonia to survive
b) Produces Gastric Ca
c) Gram-ve curved rods
d) Cag-A gene is not associated with-risk of duodenal ulcer

3998. Pneumococcal vaccination is indicated in -
a) Postsplenectomy *(PGIDec 02)*
b) Sickle cell anemia
c) mv
d) After radiotherapy

3999. While handling a febrile neutropenic patient all are essential except - *(AI98)*
a) Repeated hand washing of hospital person
b) White cell infusion
c) Prophylactic antibiotic
d) Colony stimulating factor for macrophages

3981)c 3982)d 3983)b 3984)c 3985)b 3986)c 3987)a 3988)a,b,c 3989)c 3990)d 3991)a,b,e 3992)b 3993)d 3994) b 3995) b 3996) a 3997) d 3998) a,b,c 3999) b

4000. Chemotherapy induced agranulocytopenia is treated with- *(PGIDec 06)*
a) GM-CSF b) G-CSF
c) Packed cells d) Platelets

4001. Dengue hemorrhagic fever - *(PGI June 2000)*
a) Most common in previously affected patients
b) DHF-2 most common cause
c) Immunosuppressed
d) Incubation period 7-14 days

4002. Features of bronchiolitis are - *(PGI June 01)*
a) Caused by R.S.V.
b) Wheeze present
c) Pulmonary edema common
d) Seen in immunocompromised hosts
e) Common age groups is from 5 to 15 years age

4003. TVue about Roseola infantum - *(PGI June 03)*
a) Also called 5 th disease
b) Caused by HHV 6 & 7
c) Rash appears in trunk
d) Defeverse, rash begins

4004. *True* statements is/are - *(PGI June 04)*
a) Kaposi's sarcoma is caused by HHV-6
b) EBV causes lymphomatous lymphoma
c) Bronchiolitis is caused by RS V
d) Erythema infectiosum have 'slapped cheek' appearance
e) Roseola infantum is caused by parvovirus

4005. Most common catheter induced blood infection is due to- *(ARMS May 07)*
a) Staphylococcus aureus
b) Coagulase negative staphylococci
c) Gram negative bacilli
d) Candida

NUTRITION

4006. Deficiency of which trace element causes perioral rash, gonadal atrophy, neuritis and pigmentation in skin creases - *(ARMS Nov 93)*
a) Cobalt b) Zinc
c) Magnesium d) Selenium

4007. Zinc deficeincy result in - *(PGI Dec 02)*
a) Loss of libido b) Poor weight gain
c) Poor wound healing d) Sexual infantilism

4008. Zinc deficiency is characterized by - *(PGI June 04)*
a) Sexual infantilism b) Poor growth
c) Cardiomyopathy d) Poor wound healing
e) Loss of libido

4009. Zinc deficiency causes - *(PGI June 06)*
a) Cardiomyopathy b) Reduced growth
c) Mental Retardation d) Gonadal atrophy

4010. Copper deficiency is characterized by - *(PGIDec 04)*
a) Cardiomyopathy b) Anaemia
c) Osteopenia d) Growth retardation

4011. Cu deficiency manfest as - *(PGI June 05)*
a) Anaemia b) Cardiomyopathy
c) Hepatomegaly d) Growth retardation

4012. Manganese deficiency features - *(PGI Dec 05)*
a) Anemia b) Alopecia
c) Ataxia d) Gonadal atrophy
e) Taste alteration

4013. Mg is useinRxof- *(PGI June 05)*
a) Diarrhea b) Tetani
c) Intractable seizure d) Cardiac arrest
e) Premature labour

4014. Decreased level of serum Vit B6 is seen in -
a) CRF b) CHF *(PGI Dec 04)*
c) INH therapy d) Alcohol

4015. Vitamin B6 deficiency is associated with all of the following except - *(AI95)*
a) Penicillamine b) INH
c) Cyclosporin d) Cycloserine

4016. Thiamine deficiency is known to occur in all of the following except - *(AI 03)*
a) Food Faddist
b) Homocystenemia
c) Chronic alcoholic
d) Chronic heart failure patient of diuretics

4017. Obesity is associated with all of the following except-
a) Osteoarthritis b) Hypertension *(AI97)*
c) Gall stones d) Pancreatitis

4018. Obesity is associated with - *(PGIDec 03)*
a) Cushing's syndrome b) Pheochromocytoma
c) Insulinoma d) Hypothalamic lesion
e) Hyperthyroidism

4019. True statement about obesity - *(PGIDec 04)*
a) Dexenfluramine is drug of choice
b) Sibutramine is only or epinephrine uptake inhibitor
c) Common risk factor for all cancers
d) According to WHO body mass index greater then 25 is overweight
e) Long term effect of orlistat is known

4020. Drug used for obesity - *(PGI June 08)*
a) Orlistat b)Rivatat
c) Nitousoxide d) Phenylephrine

4021. Which of the following is not a common feature of Anorexia Nervosa - *(AI 06)*
a) Binge eating
b) Amennorhea
c) Self perception of being 'fat'
d) Under weight

4022. All the following are features of Anorexia Nervosa except- *(AI 94)*
a) Predominantly seen in females
b) There is loss of weight at the time of presentation
c) Amenorrhea is rare
d) Avoidance of high caloric foods

4023. The most appropriate drug for the treatment of bulimia nervosa is - *(ARMSMay 2005)*
a) Amitriptyline b) Lithium
c) Fluoxetine d) Sertraline

4000)a,b 4001)a 4002)a,b 4003)b,c 4004)b,c,d 4005)b 4006)b 4007)A11 4O08)a,d,e 4009)b,d 4010)b,c,d
4011)a,d 4012)c 4013)All 4014)c,d 4015)c 4016)b 4017)d 4018)a,c,d 4019)d 4020)a 4021)a 4022)c 4023)c

4024. Following diseases or disorders are associated with iodine deficeiency - *(PGI DEC 03)*
a) Abortions b) Major depression
c) Goitre d) Squint

4025. In a patient of total parenteral nutrition daily monitoring is done with - *(PGIDec 04)*
a) Body weight b) Plasma protein
c) CBC d) Plasma osmolality
e) Coagulation profile

4026. True about the nutrition in a patient of sepsis - *(PGIDec 03)*
a) Protein requirement is 0.5-1 gm/kg/day
b) Energy should be derived from fat only
c) Caloric intake is 22 K cal/kg/day

4027. A. patient on enteral nutrition develops diarrhea. Which of the following statements is/are true -
a) Diarrhea seen in > 30% cases *(PGIDec 04)*
b) More in duodenal nutrition than jejunal nutrition
c) MC cause is contamination of food
d) In persistent diarrhea Clostridium difficile should be excluded
e) It is self-limiting

4028. The amino acid which is associated with atherosclerosis is - *(AIIMSMay 06)*
a) Lysine b) Homocystein
c) Cysteine d) Alanine

4029. A 36 yrs old female who is chronic alcoholic feels that she can hear voices commanding her to do thing and has difficulty in falling sleep. Diagnosis is -
a) Delirium tremens *(AIIMS June 2000)*
b) Depression
c) Alcoholic hallucinosis
d) Wernicke's encephalopathy

4030. Which of the following drug is given for detoxification of alcohol in chronic alcoholics -
a) Haloperidol *(AIIMS June 2K)*
b) Naltrexone
c) Chlordiazepoxide
d) Buprenorphine

4031. Drugs used in alcohol abstinence - *(PGI June 07)*
a) Disulfiram b)Nalterxone
c) Chordiazepoxide d) Morphine

4032. All are associated with Wernicke's encephalopathy, except - *(AIIMS Dec 95)*
a) Cog-wheel rigidity
b) Alteration in mental function
c) Vlth nerve palsy
d) Ataxia

4033. Characteristic feature of korsakoff psychosis is -
a) Disorientation b) Delirium *(PGIDec 98)*
c) Coarse tremor d) Amnesia

4034. A female taking alcohol is more prone to develop toxicity and cirrhosis compare with male when same amount of alcohol taken due to - *(PGIDec 02)*
a) *i* ed alcohol dehydrogenase in stomach
b) t ed absorption
c) Congenital
d) Genetic factor
e) Large body size

4035. A chronic alcoholic presented to the casualty with altered sensorium. His blood sugar level was normal. Which of the following is the treatment to be given - *(AIIMS May 02)*
a) Inj. Vitamin B1 b) IV dextrose 5%
c) IV dextrose 50% d) IV Normal saline

4036. True Statement about nutrition in adult is are -
a) Daily calorie intake in a sedentary adults is 40-45 kcal/kg/day *{PGI June 04)*
b) Daily calorie intake in a sedentary adult is 120-150 kcal/kg/day
c) Nitrogen requirement is lgm/kg
d) one gram nitrogen yields 6 gm of protein

4037. Smoking predisposes to carcinoma *of-(PGIDEC 01)*
a) Bladder b) Ovary
c) Buccal mucosa d) Breast
e) Stomach

4038. Which of the following statement is incorrect - *(AIIMSNov 08)*
a) Selenium deficiency causes cardiomyopathy
b) Zinc deficiency causes pulmonary fibrosis
c) Increased calcium intake cause iron deficiency
d) Vit a deficiency occurs after 6 months to 1 year of low Vit A diet

4039. Which of the following is not correct - *(A109)*
a) Zinc deficiency can cause severe pulmonary problems
b) Milk alkali syndrome can cause hypercalcemia
c) Selenium deficiency can cause cardiac problem
d) Iodine deficiency can cause thyroid problems

4040. Which is false about acrodermatitis enteropathica?
a) Triad of diarrhoea, dementia and dermatitis
b) Low serum zinc levels *(AIIMSNov 08)*
c) Symptoms improve with zinc supplementation
d) Autosomal recessive

4041. Atkin's diet is - *(AIIMSMay 07)*
a) Protein restricted low calorie diet
b) Carbohydrate restricted low calorie diet
c) Fat restricted low calorie diet
d) Mineral restricted low calorie diet

4042. Pellagra like dermatitis occures in - (,*JIPMER95)*
a) Dermato myositis b) Carcinoid syndrome
c) SLE d) Lymphoma

4043. A negative nitrogen balance is observed -
a) During normal pregnancy *(UPSC95)*
b) during convalescence
c) In malnutrition
d) During normal child growth

4044. Oro-oculo-genital syndrome occurs due to -
a) Vit. A deficiency *(UPSC96)*
b) Vit. Bj deficiency
c) Vit. B_2 dificiency
d) Nicotininc acid dificiency

4024) a,c,d 4025) a 4026) None 4027) a,d 4028) b 4029) c 4030) c 4031)a,b,c 4032) a 4033) d 4034) a 4035) a 4036) a,d 4037)a,c,e 4038) b 4039) a 4040) a 4041) b 4042) b 4043) c 4044) c

4045. Zinc deficiency causes - *(Kerala 96)*
a) Hypo gonadism b) Diarrhoea
c) Pegmentation d) Psychosis
e) Defective carbohydrate metabolism

4046. Which is not seen in anorexia nervosa - *(CUPGEE*
a) Bradycardia b) Lanugo hair *96)*
c) Ammenorrhoea d) Weight Loss

4047. Which of the following is least characteristic of anorexia nervosa - *(Kerala 96)*
a) Lowered vital signs when the weight is low
b) Decreased physical activity
c) history of obestity
d) Denial of illness

4048. Obesity Predisposes to all except - *(AP 96)*
a) Hypoventilation b) Hypertension
c) Hyperventilation d) Diabetes Melitus

4049. Pellegra can cause all of the following except -
a) Depression *(UP97)*
b) Skin lesions
c) Spastic paretic syndrome
d) Acute heamorrhagic disseminated encephalomyelitis

4050. Which one of the following is not true of folic acid-
a) It prevents megaloblastic anaemia *(ICS 98)*
b) Its deficiency is detected by Schilling test
c) Its administration should be started in early pregnancy
d) Its deficiency causes neural tube defect in foetus

4051. Generalised edema can be produced by deficiency of- *(Karnatak98)*
a) VitA b) Thiamine
c) Vit D d) Folic acid

4052. Trace element not needed is - *(JIPMER 99)*
a) Chromium b) Molybdenum
c) Magnesium d) Cesium

4053. Thiamine deficiency causes - *(AMC99)*
a) Peripheral neuropathy b) Cardiomyopathy
c) Ophthalmoplegia d)All

4054. Keshan disease is a cardiomyopathy endemically seen in which of the following - *(Kerala 2K)*
a) Low calcium areas b) Low magnesium areas
c) Low fluoride areas d) Low zinc areas
e) Low selenium areas

4055. Condition associatedwith obesity are all except- *(UP2K)*
a) Pheochromocytoma b) Hypothyroidism
c) Insulinoma d) Cushing's syndrome

4056. The likely metabolic complications of total parenteral nutrition within the first two weeks of therapy would include all of the following -
a) Cardiopulmonary failure *(UPSC 97)*
b) Hyperosmolar non-ketotic hyperglycaemia
c) Zinc deficiency
d) Hypophosphataemia

4057. Parenteral nutrition is best given through - *(JIPMER2K)*
a) Femoral vein b) Saphenous vein
c) Subclavian vein d) Cephalic vein

4058. Which of the following is a goitrogeus -(*Kerala 97)*
a) Brinjal b) Turnip
c) Cabbage d) Sweet potato

4059. Angular oral fissures is treated with- *(SGPGI05)*
a) Riboflavin b)Pyridoxine
c) Cynocobalamine d) Vitamin C

4060. Keshan disease is due to deficiency of - *(UPSC 05)*
a) Selenium b) Chromium
c) Copper d) Manganese

4061. Cu deficiency manifest as - *(PGI June 05)*
a) Anemia b) Cardiomyopathy
c) Hepatomegaly d) Growth retardation

4062. An individual is said to be 'overweight' if his BMI is in the range of - *(J &k 05)*
a) 24.0-26.9 b) 24.0-27.9
c) 25.0-28.9 d) 25.0-29.9

4063. A 35 year old alcoholic presents with diarrhoea and scaly rash on his neck, hands and feet. He will improve if he is treated with which one of the following ? *(UPSC 06)*
a) Vitamin A b) Thiamine
c) Folic acid d) Nicotinic acid

4064. Cancer can be prevented by ingestion of -*(Kam 06)*
a) Beta carotene b) Vitamin C & E
c) Selenium d) All the above

4065. The principal polypeptide that increase food intake are the following except - *(Corned 08)*
a) Neuropeptides-Y b) Leptin
c) Orexin-A d) B-endophrin

4066. A 23-year-old individual who believes in megavitamins therapy develops severe headche, fundoscopy reveals papilloedema. The likely cause for this problem is - *(UPSC-109)*
a) Vitamin B_{12} intoxication
b) Vitamin A intoxication
c) Vitamin E intoxication
d) Vitamin K intoxication

4067. Pyridoxine hypervitaminosis causes - *(UPSC-I09)*
a) Polyneuropathy b) Hypercalcemia
c) Liver damage d) Renal failure

4068. Disease not due to Vit. B deficiency -*(PGINov. 10)*
a) Scurvy b) Acrodermatitis
c) Beri-Beri d)Nightblindness
e) Pellagra

4069. Cu deficiency manifests as - *(PGINov. 10)*
a) Hepatic fibrosis b) Hemolytic anaemia
c) Mental retardation d) Growth retardation
e) T ed Pigmentation

4070. Rx of choice in chronic alcoholic with normal RBS. s? normal BHN^bu#4lteL _ ed sensorium - g®
a) Vit. B_1 injection IM *(I JEET/BNB pattern)*
b) Dextrose 50%
c) Dextrose 10%
d) -Normal saline

Calorie restrictionincreases longevity through -
a) Sirtruins b). Albumin *(NEETwmmgatt n)*
c) Amyloid d) Carotene

4045)a,b 4046)None 4047)b,c 4048)c 4049)d 4050)b 4051)b 4052)d 4053)d 4054)e 4055)a 4056)a,b,d 4057)c 4058)a,b 4059)a 4060)a 4061)a,b,d 4062)d 4063)d 4064)d 4065)b 4066)b 4067)a 4068)a,b,c 4069) a,b,d 4070) a 4071) a

TOXICOLOGY

4072. A housewife ingests a rodenticide white powder accidentally. She is brought to hospital where the examination shows generalized, flaccid paralysis and an irregular pulse. ECG shows multiple ventricular ectopics, generalized changes with ST. Serum potassium is 2.5 mE/1. The most likely ingested poison is - *(AIIMSMay 06)*
a) Barium carbonate b) Superwarfarins
c) Zinc phosphide d) Aluminium phosphide

4073. A young girl has consumed barium carbonate with suicidal intent She complains of generalized muscle weakness. The most likely electrolyte is - *(A106)*
a) Hyponatremia b) Hypocalcemia
c) Hypokalemia d) Hypomagnesemia

4074. A 2 year old boy presents with fever for 3 days which responded to administration of paracetamol. Three days later he developed acute renal failure, marked acidosis and encephalopathy. His urine showed plenty of oxalate crystals. The blood anion gap and osmolal gap were increased. Which of the following is the most likely diagnosis - *(A1IMS Nov 05)*
a) Paracetamol poisoning
b) Diethyl glycol poisoning
c) Severe malaria
d) Hanta virus infection

4075. A 7 years girl, parent gave history of fever for which she was treated with Paracetamol following which the fever subsided. Later she developed seizures and altered sensorium. The urine examination revealed oxalate crystals on microscopy, Blood anion gap and osmolality were increased. The diagnosis is -
a) Lactic acidosis *(AIIMSMay 02)*
b) Ethylene glycol
c) Renal tubular acidosis
d) Paracetamol poisoning

4076. A person who has drunk the anti-freeze of his car is likely to have - *(PGI June 99)*
a) Metabolic alkalosis with normal anion gap
b) Metabolic acidosis with increased anion gap
c) Metabolic alkalosis
d) Respiratory alkalosis

4077. Oxalate crytals in urine is seen in - *(PGI Dec 06)*
a) Ethylene glycol poison b) Di glycol poison
c) Alcohol d)Indivavir

4078. A 25 year old woman presents with recurrent abdominal pain and anemia. Peripheral blood smear shows basophilic stippling of the red blood cells. What is the most likely diagnosis - *(AIIMSNov 05)*
a) Coeliac disease b) Hookworm infestation
c) Sickle cell disease d) Lead poisoning

4079. The pathogenesis of hypochromic anemia in lead poisoning is due to - *(AIIMS Nov 02)*
a) Inhibition of enzymes involved in heme biosynthesis
b) Binding of lead to transferrin, inhibiting the transport of iron
c) Binding of lead to cell membrane of erythroid precursors
d) Binding of lead to ferritin inhibiting their breakdown into hemosiderin

4080. Lead poisoning is characterised by - *(PGIDec 02)*
a) Eosinophilic stippling of WBC
b) Normochromic normocytic anaemia
c) Hypochromic normocytic anaemia
d) lFe^{2+}
e) Microcytic anaemia

4081. Non-irritant gas producing systemic toxicity is - *(PGI June 02)*
a) Ammonia b) Hydrogen chloride
c) Carbon monoxide d) Chlorine

4082. CO poisoning is characterized by - *(PGI June 03)*
a) Lt. shift of 0_2 dissociation curve
b) $IPaC0_2$
°) $|^{P}_{5}o$
d) $i\ 0_2$ Content
e) Smoking is a predisposing factor

4083. $P0_2$ level is 4. in - *(PGI Dec 02)*
a) Anaemia b) CO poisoning
c) Methaemoglobinemia d) KCN poisoning
e) Hypoventilation

4084. Arsenic causes - *(AI2000)*
a) Basal cell carcinoma
b) Malignant melanoma
c) Mesothelioma
d) Sezary Syndrome

4085. Arsenic causes - *(AI2000)*
a) Portal hypertension
b) Cirrhosis
c) Extra hepatic portal vein obstruction
d) Hepatic carcinoma

4086. All are true about aspirin poisoning except -
a) Acidosis b) Hypothermia *(PGI Dec 99)*
c) Dehydration d) Oliguria

4087. Which is seen in opioid poisoning - *(PGI Dec 99)*
a) Hyperventilation b) Raised BP
c) Slow shallow respiration d) Dyspnea

4088. Penicillamine is commonly used in the management of following heavy metal poisoning except -
a) Arsenic b) Copper *(PGI June 2000)*
c) Lead d) Mercury

4089. An 8 year old boy, Raju, is brought to the casuality with a history of consuming something while playing outside in the playground. On examination, there was altered sensorium, hyperpyrexia, dilated pupils. Most probable cause is - *(AIIMS May 01)*
a) Dhatura poisoning
b) Organophosphorus poisoning
c) Partheniun poisoning
d) Barbiturate poisonig

4072) a 4073) c 4074) b 4075) b 4076) b 4077) a 4078) d 4079) a 4080) a,e 4081) c 4082)a,d,e 4083) e 4084) a 4085) a 4086) b 4087) c 4088) a 4089) a

4090. Tricyclic antidepressants cause all except -
a) Coma *(AIIMS Dec 98)*
b) Prolongation of QRS complexes
c) Myoclonic jerks
d) Metabolic alkalosis

4091. A-65, year old farmer presents with sweating, hypothermia and pulse rate of <50/min treatment is- *(AIIMS Dec 98)*
a) Physostigmine b) Neostigmine
c) Atropine d) Pilocarpine

4092. Haemoglobinuria does not occur in - *(ARMSFeb 97)*
a) $CuS0_4$ poisoning
b) Snake bite
c) Mismatched blood transfusion
d) Thalassemia

4093. All of the following can cause cyanosis, except -
a) Decompensated hepatic cirrhosis *(ARMSDec 94)*
b) Sulfhemoglobin
c) Carboxyhemoglobin
d) Methemoglobin

4094. 10 year old girl bought with acute paracetamol overdose management is - *(PGIJune 08)*
a) N-acetylecysteine
b) PT monitoring
c) Measurement of hepatic enzymes
d) Char col i.v., given
e) S. Bilirubin measurement

4095. On exposure to air urine colour changes to olive green in poison in - *(PGI June 08)*
a) Carbolic acid b) Cyclophosphamide
c) Phenopthalein d) Ethelene glycol

4096. When a 11 year old child was siphoning kerosene onto a tin, he had a bout of cough. In a few hours he developed severe respiratory distress and was hospitalised. He was treated with oxygen, Antibiotics, steroids and IV fluids. Over the next two days, his condition deteriorated. Both lung apices were resonant and both bases were dull to precussion. There was shifting dullness in the chest. Air entry was poor. The temperature varied between 102 F and 102 F and there was profuse sweating and circulatory callapse. Deterioration on the third day was likely due to - *(UPSC 97)*
a) Belateral haemo-pneumothorax
b) Bilateral pyo-pneumothorax
c) Bilateral hydrothorax
d) Cardiac tamponade

4097. Treatement of organophosphorus compound poisoning is - *(CMC 98)*
a) Atropine b)PAM
c) Neostigmine d) Adrenaline
e) None

4098. The following are used in the treatment of dapsone poisoning, except - *(JIPMER 02)*
a) Methylene blue b) Ascorbic acid
c) Hemodialysis d) Echange transfusion

4099. Which organ failure is seen in iron poisoning-
a) Kidney b) Liver *(TNPSC2K)*
c) Spleen d) Heart

4100. Most specific test for organophosphorous poiso ning is- *(JIPMER 2002)*
a) RBC cholinesterase level
b) Plasma cholinesterase level
c) RBC uroporphyrin level
d) Measurement of serum levels of organopho sphorous

4101. Amotivation syndrome seen with - *(APPG03)*
a) Cannabis b) LSD
c) Cocaine d) Amphetamine

4102. The following statements are true for lead poisoning except- *(SGPGI05)*
a) Only inorganic compounds are absorbed through the skin
b) 90% of ingested lead is excreted in faeces
c) Lead has mainly CNS toxicity
d) Urine lead levels of more than 0.8 mg/I indicate lead absorption

4103. Which of the following is the most approprate therapy for an individual who has ingested an overdose of aspirin - *(UPSC 05)*
a) Acetazolamide b) Sodium Bicarbonate
c) Flumazani d)Allopurinol

4104. Choline toxicity results in - *(NIMHANS 06)*
a) Fishy colour b) Constipation
c) Dry mouth d) Hypertension

4105. Consider the following - *(UPSC-109)*
1. Kerosene poisoning
2. Organo-phosphorus poisoning
3. Corrosive poisoning
4. Iron poisoning

In which of the above is gastric lavage contraindicated?
a) 1 only b) 1 and 3 only
c) 2 and 4 only d) 1,2,3 and 4

4106. Pulseless electrical activity of heart can be seen in poisoning with drug- *(COMED 09)*
a) Flumaznil b) Naloxone
c) Propoxyphene d) Glucagon

4107. A 24 year old male presents with altered sensorium and rapid shallow breathing. ABG showsrpH 7.2, sodium 140, bicarbonate 10 and chloride 98. Probable diagnosis is - *(PGINov 10)*
a) Renal tubular acidosis
b) DKA
c) Ethylene glycol poisoning
d) Amphetamine toxicity

4108. Haemodialysis is useful in the management of overdosage/poisoning of the following drugs except-
a) Lithium *(UPSC 111)*
b) Theophylline
c) Chloramphenicol
d) Salicylates

4090)d 4091)c 4092)d 4093)c 4094)A11 4095)a 4096)b 4097)a,b 4098)c 4099)b,d 4100)a 4101)a 4102)a 4103)b 4104)a 4105)b 4106)c 4107)b,c 4108)c

ONCOLOGY

GENERAL

4109. Increase in alpha-fetoprotein is seen in - *(AHMSJune 2K)*
a) Hepatoblastoma b) Neuroblastoma
c) Thymoma d) Angiosarcoma

4110. Which of the following statements is not true regarding (Xrfetoprotein - *(A199)*
a) High levels are seen in fibrolamellar hepatic carcinoma
b) Pre-operative high level indicates worse prognosis
c) High level are seen in stomach carcinoma
d) Levels may be increased in Hapatitis

4111. Maximum increase in a-fetoprotein increased is seen with - *(A199)*
a) Hepato-cellular-carcinoma
b) Benign-mature teratoma
c) Chorio-carcinoma
d) Teratoma

4112. All are correctly matched, except-
a) CA ovary - CA 125 *(AHMSJune 2K)*
b) Choriocarcinoma - CEA
c) Prostatic carcinoma - PSA
d) Meig's syndrome - HCG

4113. Specific Ihmor marker is seen in - *(PGIDec05)*
a) Ca breast b) Ca lung
c) Ca liver d) Ca ovary
e) Ca colon

4114. Natural elements having anticancer properties -
a) Nitrosoamines b) Vit. C *(PGI June 06)*
c) Vit. D d) Carotene
e) Selenium

4115. Natural prevention of cancers are/is-(PG7 *JUNE 04)*
a) Nitrosaminesb) Ascorbic acid
c) Beta carotene d) a-Tocopherol

4116. Chemo prevention trials shown effective in reducing of- *(PGI Dec 04)*
a) Lymphoma b) Breast Ca
c) Pancreatic Ca d) Ca urinary bladder
e) Aero digestive tract

4117. Smoking predisposes to all of the following cancers except- *(AI99)*
a) Carcinoma larynx b) Carcinoma bladder
c) Carcinoma stomach d) Lymphoma

4118. Autopsy of lung of an old man shows that the bronchi are lined by stratified squamous epithelium. What is this change - *(AIIMS Nov 2001)*
a) Metaplasiab) Dysplasia
c) Hyperplasia d) Hypertrophy

4119. Which is the most common site of metastatic disease-
a) Lung b)Bone *(AIIMS May 2005)*
c) Liver d) Brain

4120. Which of the following is involved in tumor metastasis cascade - *(AIIMS May 2002)*
a) Fibronectin b)E~Cadherin
c) Type IV collagenase d) Tyrosine kinase

4121. Which one of the following is not a non-metastatic complication of malignancies - *(AIIMSMay 2005)*
a) Cushing's syndrome
b) Cerebral cortical degeneration
c) Cerebellar digeneration
d) Polymyositis

4122. All are associated with paraneoplastic syndromes except - *(AIIMS May 01)*
a) Cerebeller degeneration
b) Progressive multifocal leucoencephalopathy
c) Amyotropic lateral sclerosis
d) Opsoclonus myoclonus

4123. Ramesh 40 yrs male patient presenting with polyuria, pain abdomen, nausea, vomitting, altered sensorium was found to have bronchogenic carcinoma. The electrolyte abnormality seen in him would be - *(AIIMS May 2002)*
a) Hypokalemia b) Hyperkalemia
c) Hypocalcaemia d) Hypercalcemia

4124. Non-metastatic manifestation of Ca lung - *(PGI June 03)*
a) Cushing Synd b) Diabetes Mellitus
c) Carcinoid Synd d) Jaundice
e) Hypercalcemia

4125. Lung to lung metastasis is seen in - *(AIIMSMay 05)*
a) Adenocarcinoma of lung
b) Squamous cell carcinoma
c) Small cell carcinoma
d) Neuroendocrine tumor of lung

4126. All following secreted by Bronchogenic Ca except -
a) Nor adrenaline b) PTH *(PGI June 2K)*
c) ACTH d)ADH

4127. TCa^{+} 2 in Ca lung is seen in Ca - *(PGIDEC97)*
a) Adeno b) Squamous
c) Small cell d) Large cell

4128. Mycosis fungoides syndrome, treatment is -
a) 5-FU *(PGI DEC 98)*
b) Adriamycin
c) Electron beam therapy
d) Interferon

4129. Cancer caused by chronic parasitic infection -
a) Cholangiocarcinoma *(PGIJUNE 98)*
b) Hepatic cell Ca
c) CaGB
d) Ca pancreas

4130. TVue about Gardner's syndrome is except-
a) CNS tumor b) Osteoma *(PGIJune 2K)*
c) Dermoid tumour d) Colonic polups

4131. Followings are the symptoms of carcinoid symptoms-
a) Wheezing b) Flushing *(PGI Dec 02)*
c) Cyanosis d) Clubbing
e) Diarrhoea

4132. Radio resistant tumours are - *(PGI June 04)*
a) Melanoma b)HD
c) Seminoma d) Ewing's sarcoma
e) Chondrosarcoma

4109)a 4110)a,c 4111)a 4112)d 4113)None 4114)b,d,e 4115)c,d,e 4116)b,e 4117)d 4118)a 4119)c 4120)b 4121)b 4122)b 4123)d 4124)a,c,e 4125)a 4126)a 4127)b 4128)c,d 4129)a 4130)a 4131)a,b,e 4132)a,e

4133. A patient presents with secondaries to the adrenals. The most common site of primary is - *(AI 2K)*
a) Lung b) Kidney
c) Breast d) Stomach

4134. Lung cancer predisposing factors - *(PGI June 03)*
a) Cigerette smoking
b) Bidi smoking
c) Passive smoking
d) Active smoking
e) Rurals have higher invidence than urbans

4135. All of the following conditions are premalignant except- *(AI99)*
a) Ulcerative colitis b) Crohn's disease
c) Bronchiectasis d) Paget disease of bone

4136. Multiple submucosal neuromas is most likely associated with - *(ARMS May 2005)*
a) Medullary carcinomos of the thyroid
b) Ovarian carcinoma
c) Testicular teratoma
d) Pancreatic beta cell carcinoma

4137. Most common site of rhabdomyosarcoma in children is- *(ARMS June 2000)*
a) Genito urinary area b) Head and neck region
c) Trunk d) Extremities

4138. Hypoglycemia is associated with all, except -
a) Fibroma *(ARMSDec 97)*
b) Soft tissue sarcoma
c) Small cell carcinoma of lung
d) Hepatocellular carcinoma

4139. Hyperkeratosis of palm and sole is seen in -
a) Carcinoma colon *(ARMSDec 97)*
b) Hepatoma
c) Adenocarcinoma lung
d) CA oesophagus

4140. Lymph node metastasis is common in -
a) Osteosarcoma *(ARMSDec 95)*
b) Fibrous histiocytoma
c) Angiosarcoma
d) Rhabdomyosarcoma

4141. Most common tumor of the anterior mediastinum tumour is - *(AI99)*
a) Thymoma b) Lymphoma
c) Neurogenic tumour d) Vascular cyst

4142. Commonest lesion in middle mediastinum is -
a) Lipoma b) Aneurysm *(AI 98)*
c) Congenital cyst d) Germ cell tumour

4143. All the following can cause GIT cancers except -
a) Hepatitis B virus b)EBV *(A12K)*
c) HIV d) H. pylori

4144. A 25-year old male had pigmented macules over the plam, sole and oral mucosa. He also had anemia and pain in abdomen. The most probable diagnosis is -
a) Albright's syndrome *(ARMSMay 2005)*
b) Cushing's syndrome
c) Peutz-Jegher's syndrome
d) Incontinentia pigmenti

4145. Migratory necrolytic erythema is seen in -
a) Glucagonoma syndrome *(ARMS May 2005)*
b) Peutz-Jeghers syndrome
c) Sarcoidosis
d) Amyloidosis

4146. The most common side-effect of chemotherapy administration is - *(ARMS May 2005)*
a) Nausea b) Alopecia
c) Myelosuppression d) Renal dysfunction

4147. The commonest side effect of cisplatinum in a patient using it for esophageal carcinoma is -
a) Acute tubular necrosis *(ARMS May 2001)*
b) Thrombocytopenia
c) Hepatic failure
d) Cardiomyopathy

4148. Tkmors most amenable (cured with) to chemotherapy-
a) Chorjo Ca *(PGI Dec 06)*
b) Embryonal rhabdomyosarcoma
c) Hepatocellular Ca
d) Thyroid Ca

4149. Chemotherapy is useful in all, except- *(ARMS Dec*
a) Ewing's sarcoma b) Germ cell tumor *97)*
c) Secondaries d) Carcinoma cervix

4150. Patient presents with Hb-5 g%, TLC-9000/cc, DLC-Neutrophils-3%,Lymphoblasts-75% and fever for 1 mth. Drug used is - *(PGI June 07)*
a) iv Ciprofloxacin
b) Colony stimulating factor
c) Packed cell transfusion
d) Oral Ciprofloxacin

4151. Drug of choice for cisplatin induced emesis is- *(ARMS May 95)*
a) Metoclopramide b) Domperidone
c) Ondansetron d) Octreotide

4152. Whole body radiation is indicated in - *(PGI June 04)*
a) Advanced head & neck tumours
b) BM transplantation
c) Medulloblastoma
d) Mycosis fungoides
e) Histiocytosis-x

4153. Commonest site of metastases is - *(Assam 95)*
a) Lung b) Brain
c) Liver d) Kidney

4154. Kaposi's sarcoma is caused by- *(J&K2001)*
a) HHV-5 b)HHHV-5
c) HHV-7 d)HHV-8

4155. On post mortem, metastasis are usually found in which organ - **(***CUPGEE 96)*
a) Liver b) Kidney
c) Brain d) Bones

4156. AD of the foUowing are carcinogenic except-
a) H. pylori b) Hepatitis B virus *(Orissa **R**)*
c) E.B. virus d) Campylobacter

4157. Chemotherapy may be used in - *(KERALA 96)*
a) Osteosarcoma b) Ewings sarco
c) Wilms tumour d) Neuroblastoma
e) Chriocarcinoma

4133)a 4134)a,b,c,d 4135)c 4136)a 4137)b 4138)c 4139)d 4140)c,d 4141)a 4142)c 4143)a 4144)c 4145)a 4146)a 4147)a 4148)a,b 4149)d 4150)a,b,c 4151)c 4152)b,d 4153) c 4154)d 4155)a 4156)d 4157)All

4158. All are premalignant except - *(MP 98)*
a) Arsenic poisoning
b) Zn deficiency
c) Utraviolent radiation exposure
d) Bowens disease

4159. Radiotherapy is not used in - *(KERALA 98)*
a) Ca oesophagus b) Ca cervix
c) Ca stomach d) Brain tumour

4160. Lalloo 50 yrs, a chronic smoker presents with history of hemoptysis. He was having truncal obesity and hypertension. He had an elevated ACTH level which was not suppressible with high does dexamethasone. What would be the most probable diagnosis - *(AIIMS 2K)*
a) Bilateral aderal hyperplasia
b) Ademal adenoma
c) Pictuitary tumor
d) EctopicACTH producing lung cancer

4161. The most common hormone other than gastrin, contained in the gastrin-secreting islet cell tumor is - *(Kerala 2K)*
a) ACTH
b) Glucagon
c) Melanocyte stimulating hormone
d) Growth hormone releasing factor
e) Insulin

4162. Long arm chromosome 5 deletion is seen in- *(MAHE 2001)*
a) Crohn's disease b) Ulcerative colotis
c) Polyposis coli d)Pheochromocytoma

4163. Arsenic is assocaited with increased risk of -
a) Mesothelioma *(UP 2K)*
b) Melanoma
c) Basal cell carcinoma
d) Squamous cell carcinoma

4164. Carcinomas of all of following sites metastasize to vertebral column except - *(DELHIPG 96)*
a) Breast b) Bronchus
c) Prostate d) Esophagus

4165. Galactorrhoea due to ectopic prolactin is seen in
a) Malignant thymoma *(MP 2K)*
b) Bronchogenic carcinoma
c) Medullary carcinoma thyroid
d) Hypernephroma

4166. All of the following is used in pleurodesis except -
a) C. parvum *(TN 95)*
b) Clotrimazole
c) Mustine Hcl
d) Tetracycline

4167. Tylosis is associated with - *(CUPGEE 96)*
a) Oesophageal Ca b) Uterine Ca
c) Gastric Ca d) Prostatic Ca

4168. Currently all of the following malignancies are curable except - *(Karnatak 96)*
a) Chriocarcinoma b) Wilm's tumour
c) Acute Myeloid leukemia d) Hairy cell leukemia

4169. All of the following are potentially cured by chemotherapy except - *(AP 96)*
a) Hodgkins b)ALL
c) Wilm's tumour d) Chondrosarcoma

4170. All of the following are recognised tumor-markers except- *(UP 97)*
a) BetaHCG b) Beta 2 microglobin
c) Acid phosphatase d) Alpha foeto protein

4171. Intra op radiation is given to - *(AIIMS 98)*
a) Pancreas b) Breast
c) Cervix d) Thyroid

4172. Which of the following maliganat diseases of children has the best prognosis ? -
a) Wilm's tumour
b) Neuroblastoma
c) Rhabdomyosarcoma
d) Primitive neuroectodermal tumour

4173. Prophylactic radiotherapy to neck given in which malignancy with palpable swelling - *(APPG 03)*
a) Nasopharyngeal carcinoma
b) Laryngeal carcinoma
c) Sinuses malignancy
d) Tongue carcinoma

4174. Commonest cancer in which metastasis is seen in the brain is - *(NIMHANS 05)*
a) Breast b)Lung
c) Kidney d) Intestines

4175. Radiation can causes - *(JIPMER05)*
a) Non Hodgkin lymphoma
b) Hodgkins lymphoma
c) Acute leukemia
d) Papillary carcinoma thyroid

4176. Commonest type of bronchogenic carcinoma is -
a) Adenocarcinoma *(MAHE 05)*
b) Oat cell carcinoma
c) Squamous cell carcinoma
d) Large cell carcinoma

4177. Lymphnode metastasis is seen with - *(NIMHANS 05)*
a) Liposarcoma b) Neurofibrosarcoma
c) Histiocytoma d) Angiosarcoma

4178. All of the following are carcinogenic except-
a) H. pylori b) Hepatitis B virus
c) E.B. virus d) Campylobacter *(Jipmer05)*

4179. Which of the following in involved in tumor metastasis cascade - *(MAHA 05)*
a) Fibronectin b)E-Cadherin
c) Type IV collagenase d) Tyrosine kinase

4180. Imatinib mesylate is most useful in the treatment of- *(COMED 09)*
a) Chronic lymphoid leukaemia
b) Chronic myeloid leukaemia
c) Acute myeloid leukaemia
d) Acute lymphoid leukaemia

4158)b 4159)c 4160)d 4161)a 4162)c 4163)c,d 4164)d 4165)b,d 4166)b 4167)a 4168)None4169)d 4170)b 4171)a 4172)a 4173)a 4174)b 4175)c 4176)a 4177)d 4178)d 4179)b 4180)b

4181. All are true about Glomus body tumor except -
a) Also k/a chemodectoma *(PGIMay 10)*
b) Also k/a paraganglinoma
c) Common in older age
d) Brain Metastasis is common
e) Usually benign tumor

4182. True about PEComa (perivascular epithelioid cell tumour) - *(PGI May 10)*
a) Melanin & HMB45 are markers
b) Malignant melanoma variant
c) Contain perivascular epithelioid cells
d) Angiomyolypoma (AML) is a subtype

4183. True about malignant melanoma - *(PGIMay 10)*
a) Lymphatic spread
b) Lymph node biopsy is always done
c) Biopsy to be done when sentinel node is involved
d) Microsatellitism seen

4184. The most common site of skeletal metastases in carcinoma of the breast is - *(UPSC II11)*
a) Pelvis b) Skull
c) Lumbar vertebrae d) Thoracic vertebrae

4185; Pyogenic granulom truq A/E:·n, *0f^M^/P^P[attem]*
a) Bacterial infection
; f^Bieedh^
c) Benign tumour
d) Capillary hemangioma

4186. TTiorium indued tumor- *(NEE f/DNB(Pattern)*
a) Angiosarcoma of liver b) Renal ceflbarcinbma
c) Lymphoma d) Astrocytoma

iisfi **Most common caiisepf ectopic ACTH production -**
a) Renal cell carcinoma *(NEEf/i>NB\ Pattern)*
b) IHepatoqellular carchfohife?
c) Small cell carcinoma lung
d) Pheochromacytopiar^^

4187. jSiftiiliiiiSI II IBill

BRAIN

4188. Most common tumour of the posterior cranial fossa is - *(MAHE 05)*
a) Glioma b) Medulloblastoma
c) Meningioma d) Oligodendroglioma

CARCINOID

4189. Which of the following about carcinoids is not true-
a) 80 % occur in appendix and ileum *(TN95)*
b) Most of them metastatise to liver
c) 90 % of them cause carcinoma symptoms
d) They can occur in the lungs

TESTIS

4190. Radical retroperitoneal lymphnode dissection is indicated for all the following testicular tumours exscept - *(TN 99)*
a) Choriocarcinoma b) Teratoma
c) Teratocarcinoma d) Seninoma

4191. Stage I seminoma tl2estis. t/t of choice is - *(TN 01)*
a) High inguinal orchidectomy
b) High inguinal orchidectomy and radiotherapy
c) Radiotherapy and Chemotherapy
d) Trans-scrotal orchidectomy

LUNG

4192. Superior vena cava syndome is due to which type of lung carcinoma - *(MP 2K)*
a) Small cell b) Squamous cell
c) Adeno carcinoma d) Undifferentiated

4193. Which one of the following cell type of lung cancers is most frequently associated with hypercalcaemia -
a) Small cell b) Large cell *(UPSC 95)*
c) Squamous cell d) anaplastic

4194. The feature of benign nature of solitary pulnonary nodule- *(AP 96)*
a) 6cm size
b) Acute onset
c) Small speckts of calcification
d) Popcorn calcification

4195. All are true of pancoast's tumor except- *(AP97)*
a) Deltoid muscle atrophy
b) Treated with radiotherapy & chemotherapy
c) Homer's syndrome
d) Pain along the ulnar border of the forearm

4196. Paraneoplastic manifestation of Bronchogenic carcinoma includes all, except - *(Delhi PG Feb. 09)*
a) Dermatomyositis
b) Acanthosis nigricans
c) Cerebellar degeneration
d) Hyperkeratosis of palm and soles

4197. Treatment of SVC syndrome due to Small Cell Carcinoma Lung is - *(Delhi PG Mar. 09)*
a) Radiotherapy b) Chemotherapy
c) Surgery d) No treatment

PANCREAS

4198. Which of the following is the most common functioning pancreatic islet cell tumour ?
a) Gastrinoma b) Glucagonoma *(Manipal 06)*
c) Insulinoma d) Vipoma

4199. The triad of diabetes, gallstones and steatorrhoea is associated with which one of the following tumours ? *(COMED 09)*
a) Gastrinomas b) Somatostationomas
c) VIPomas d) Glucagonomas

4200. All are true about Zollinger Ellison syndrome except - *(PGI May 10)*
a) Surgery is done b) Exocrine tumour
c) Endocrine disorder d) Secretory diarrhoea
e) Metastasis occurs

4181)d 4182)a,c,d 4183)A11 4184)d 4185)a 4186)a 4187)c 4188)a 4189) a,c 4190) d 4191)b 4192)a,b 4193)c 4194) c,d 4195) a,b 4196)d 4197)b 4198)c 4199)b 4200)b

4201. Which of the following tests is not used in the diagnosis of insulinoma - *(AI11)*
a) Fasting blood glucose b) Xylose test
c) C- peptide levels d) Insulin/Glucose Ratio

4202. All of the following statements about Nesidioblastosis are true, Except - *(AI 11)*
a) Hypoglycemic episodes may be seen
b) Occurs in adults more than children
c) Histopathology shows hyperplasia of islet cells
d) Diazoxide may be used for treatment

COLON

4203. Which of the following is not precancerous condition to colon - *(J1PMER 95)*
a) Irritable bowel syndrome b) Ulcerative colitis
c) Familial polyposis d)All

4204. Risk factor for Ca colon is/are - *(PG1 Nov. 10)*
a) Male sex b) Crohn's disease
c) Lynch syndrome d) Animal fat
e) NSAIDS

KIDNEY

4205. Worst prognosis in renal cell carcinoma is assocaited with - *(MAHE 98)*
a) Haematuria
b) Size>5cm
c) Invasion of renal vein
d) Pulmonary secondaries

LIVER

4206. The following are risk factors for developing cholangiocarcinoma except - *(UPSC-109)*
a) Choledochal cyst
b) Cholelithiasis
c) Liver flukes
d) Working in the rubber industry

MISCELLANEOUS

4207. B cell prolymphocytic leukemia patients differ from those with B cell chronic lymphocytic leukemia in -
a) Presenting at a younger age *(AI 06)*
b) Having a lower total leucocyte count
c) Having prominent lymphadenopathy
d) Having a shorter survival

4208. AML transformation common in - *(PGIJune06)*
a) Aplastic anemia
b) MDS
c) Megakaryocytic thrombocytopenia

4209. Haemopoietic malignancy is been in - *{PGI June 05)*
a) HTLV-1 b)EBV
c) ParvoB19 d)HHV-8
e) CMV

4210. Charcot's joint seen in A/E- *(PGIJune06)*
a) Syringomyelia b) Diabetes
c) Hydrocephalus d) Amold-chiari malformation
e) Leprosy

4211. Alpha chain disease is detected by - *(PGIJune 98)*
a) M component in serum
b) Jejunal biopsy
c) Light chain in lumen of jejunum
d) All of the above

4212. Which of the following collagen disorder is NOT commonly associated with pulmonary fibrosis -
a) SLE *(AlIMSDec 94)*
b) Progressive systemic sclerosis
c) Dermatomyositis
d) Rheumatoid arthritis

4213. Plasmapheresis is treatment of choice for-
a) Henoch scholien purpura *(ARMSNov 2001)*
b) Wegener's granulomatosis
c) Good Pasture's syndrome
d) Acute renal transplant rejection

4214. Congenital syndrome associated with lymphoproliferative malignancy - *(PGI June 05)*
a) Bloom syndrome
b) Fanconi's anemia
c) Turner syndrome
d) Chediak Higashi syndrome
e) Ataxia telangiectasia

4215. Find the correct matches - *(PGI June 02)*
a) ANCA-Takayasu's arteritis
b) Antihistone antibodies-SLE in newborn
c) Naproxen-Pseudoporphyria
d) Antimitochondrial antibodies-primary biliary cirrhosis

4216. A female presents with H/O rash and polyarthritis. It may be associated with - *(PGI June 02)*
a) ANA b)RA factor
c) Bad obsteric history d) Increased APTT
e) HLA-B27

4217. Complication of long-term hemophilia -
a) Joint deformity *(PGI June 05)*
b) Transfusion transmitted disease
c) Renal calculi
d) Severe iron deficiency anemia

4218. All are features of accidental hypothermia, EXCEPT-
a) Lactic acidosis *(ARMS Nov 93)*
b) Bradycardia
c) Hypoglycemia
d) Increased number of FFA

4219. True about phacomelia is/are - *(PGI June 01)*
a) Tragedy in 1961
b) By Teratogenic drugs
c) Rigid drug restriction during pregnancy
d) Thalidomide
e) Overdose of the drug during pregnancy is main cause

4201)b 4202)b 4203)a 4204)b,c,d 4205)d 4206)d 4207)d 4208)a,b 4209)a,b,d 4210)None 421 l)b 4212)c 4213)c 4214)d,e 4215)c,d 4216)a,b,c,d 4217)a,b 4218)d 4219)a,b,c,d

4220. Which of the following statements is true of Rabies-
a) Fluorescent antibody is the test of choice *(AI96)*
b) HDCV is a live attenuated vaccine
c) Vaccine is given deep IM in the buttock
d) Local wound care is of no use

4221. WHO Ladder is for the rationale titration of- *(AIIMSMay 05)*
a) Oral analgesia b) Chemotherapy
c) Radiotherapy d) Antidepressants

4222. For comparison grading of pain the scale used is- *(AIIMS May 02)*
a) Face's scale b)CHEOPES
c) Numerical charts d) Visual scale

4223. Infliximab is directed against - *(AIIMSMay 05)*
a) Tumor necrosis factor-a (TNF - cc)
b) Interleukin -1 (IL - 1)
c) Interleukin -12 (IL -12)
d) Intercellular adhesion molecule (ICAM)

4224. Which of the following drugs can be safely prescribed in pregnancy - *(AIIMSMay 05)*
a) Warfarin b) ACE inhibitors
c) Heparin d) Beta-blockers

4225. Low doses of aspirin therapy is essentially advised for all of the following conditions except - *(AI 9 7)*
a) SEE
b) KJGR
c) Post myocardinal infarction
d) Pre ecclampsia

4226. Interferon is used in - *(PGIJune03)*
a) CML
b) Multiple myeloma
c) Small cell Ca of lung
d) Non small cell Ca of lung
e) Renal cell Ca

4227. In non immune hydrops which of the following is NOT seen - *(AIIMS June 2000)*
a) skin oedema b) ascites
c) large placenta d) cardiomegaly

4228. Iron overload occurs in all, except - *(AIIMS Sep 96)*
a) Thallassemia
b) Myelodysplastic syndrome
c) Polycythemia vera
d) Sideroblastic anaemia

4229. Hyperbaric oxygen is used in - *(PGIJune02)*
a) Co poisoning b)ARDS
c) Anerobic infection d) Septicemia
e) Pneumonia

4230. Raynaud's phenomenon is seen in - *(PGIDec 01)*
a) Scleroderma b) Reiter's disease
c) Rheumatoid arthritis d) Behcet's syndrome
e) Mixed connective tissue disease

4231. Macroglossia is seen in following except - *(PGI June*
a) Amyloidosis b) Acromegaly *97)*
c) Hyperthyroidism d) Down's syndrome

4232. Tache noires is seen in - *(PGIDec 97)*
a) Emphysema b) Diphtheria
c) Boutoneuse fever d) Bronchial asthma

4233. Oxygen content of the arterial blood is reduced in all except - *(PGI June 9 7)*
a) Methemoglobinemia
b) Fallot's tetralogy
c) Carbon monoxide poisoning
d) Fibrosing alveolitis

4234. Imipenem, a newer antibiotic with a broad antibacterial spectrum, is coadministered with cilastin because - *(AIIMS Nov 99)*
a) The combination of these antibiotics is Synergistic against Pseudomonas species
b) Cilastin aids the gastrointestinal absorption of the active moiety, imipenem
c) Cilastin inhibits a Beta-lactamase that destroys imipenem
d) Cilastin inhibits an enzyme in the kidney that destroys imipenem

4235. Rheumatoid arthritis pericarditis is - *(PGIDec 98)*
a) Serous b) Fibrinous
c) Serofibrinous d) Adhesives

4236. Cyclosporine inducced HTN is treated by -
a) Clonidine b)Enalapril *(PGI June 03)*
c) Nifedipine d) Methyl dopa

4237. Acanthosis nigricans is caused by which drug- *(PGI June 2K)*
a) Amphotericin-B b) Ketoconazole
c) Nicotinic acid d) Nalidixil acid

4238. Radiotherapy is treatment of choice in -
a) Sarcoidosis *(AIIMSJune 97)*
b) Tuberculosis
c) Monoclonal hypogammaglobulinemia
d) Sarcomas

4239. Blood culture is indicated in all, except -
a) Enteric fever *(AIIMS June 97)*
b) Sub acute bacterial endocarditis
c) Septicemia
d) Malaria

4240. Which of the following drugs can be safely prescribed in pregnancy - *(AIIMSMay 05)*
a) Warfarin b) ACE inhibitors
c) Heparin d) Beta-blockers

4241. Enzyme replacement therapy is available for the treatment of the following disorder -*(AIIMSNov 03)*
a) Gaucher's disease
b) Niemann-Pick disease
c) Hunter syndrome
d) Phenylketonuria

4242. After contrast media injection in the Radiology department, a patient develops severe Hypotension, bronchospasm and cyanosis. Which one of the following drugs should be used for treatment -
a) Atropine b) Aminophylline
c) Dopamine d) Adrenaline *(AIIMSMay 04)*

4243. Serum total lactate dehydrogenase level will NOT be raised in - *(AI 03)*
a) Muscle crush injury b) Stroke
c) Myocardial infarction d) Hemolysis

4220) a 4221) a 4222) d 4223) a 4224) c 4225) a 4226)a,b,e 4227) d 4228) c 4229) a,c 4230)a,c,e 423 l)c 4232) c 4233) a,c 4234) d 4235) b 4236) b,c 4237) c 4238) c 4239) d 4240) c 4241) a 4242) d 4243) b

4244. Palpable purpura could occur in the following conditions, except - *(ai 05)*
a) Thrombocytopenia
b) Small-vessel vasculitis
c) Disseminated gonococcal infection
d) Acute meningococcemia

4245. Purpura is a feature of- *(PGIJune 2000)*
a) Disseminated Intravascular Coagulation
b) Henoch Schonlein Purpura
c) Meningococcemia
d) Schamberg's disease

4246. Enzyme defect in acute intermittent porphyria - *(PGI June 05)*
a) HMB synthase b) ALA dehydratase
c) URO I synthase d) URO **II** synthase
e) Ferrochelatase

4247. Goldenhar's syndrome - *(PGI Dec 04)*
a) Micrognathia b) Malformed ear
c) Preauricular tags d) Malar hypoplasia

4248. Mycotic abscesses are due to - *(AI 06)*
a) Bacterial infection b) Fungal infection
c) Viral infection d) Mixed infection

4249. TVeatment of tobacco addiction - *(PGI June 05)*
a) Nicotine b) Bupropion
c) Mecanylate d) Dopamine
e) Adenine

4250. All reduce lactation except - *(PGI June 06)*
a) Maternal anxiety b) Retracted nipple
c) Dehydration d) Diabetes
e) Antibiotics

4251. Vertical transmission of antibody can occur in all of the following, Except - *(AIMS Sep 96)*
a) Rh incompatibility
b) Isoimmune thrombocytopenia
c) Neonatal toxic erythema
d) Neonatal myasthenia gravis

4252. Antibodies for the following conditions may be transmitted from mother to fetus except - *(AI 98)*
a) Rh-incompatibility
b) Isoimmune thrombocytopenia
c) Toxic erythema
d) Myaesthenia gravis

4253. Humoral immunodeficiency is suspected in a patient and he is under investigation. Which of the following infections would not be consistent with the diagnosis-
a) Giardiasis *(AIMS Nov 2004)*
b) Pneumocystis carinii pneumonia
c) Recurrent sinusitis
d) Recurrent subcutaneous abscesses

4254. The type of Allergic reaction seen in Allergic fungal sinusitis is - *(AIMS Nov 2004)*
a) Type 1 and Type 2 b) Type 2 and Type 3
c) Type 1 and Type 3 d) Type 4 and Type 1

4255. All are features of Wiskott Aldrich syndrome, except- *(AIMS Dec 97)*
a) Descreased IgM level
b) Elevated IgE level
c) Decreased IgA level
d) Decreased ratio of CD_4 and CD_g cells

4256. Immune tolerance can be induced *by-(AIMSMay 95)*
a) Excess antigen
b) Excess antibody
c) Excess complement level
d) Neonatal thymectomy

4257. The commonest cause of death in a patient with primary amyloidosis is - *(AIMS May 2003)*
a) Renal failure b) Cardiac involvement
c) Bleeding diathesis d) Respiratory failure

4258. Severe Laxity of joints - *(PGI June 05)*
a) Marfan's syndrome
b) Ehler Danlos
c) RA
d) Osteogenesis imperfecta
e) OA

4259. A 25 year old male presented with pigmentation of nose and pinna. After voiding, his urine becomes dark. His spine is most likely to show- *(AIMS Nov 05)*
a) Atlantoaxial subluxation b) Spondyloptosis
c) Basilar invagination d) Calcification of disc

4260. History of dislike for sweet food items is typically present in - *(AIMSNov 03)*
a) Diabetes mellitus
b) Glycogen storage disease
c) Hereditary fructose intolerance

4261. A 40 year old male patient is suffering from type H diabetes mellitus and hypertension. Which of the following antihypertensive drugs should not be used in such patients - *(AIMS Nov 03)*
a) Lisinopril b) Hydrochlorthiazide
c) Losartan d) Trandolopril

4262. A one year old boy presented with hepatosplenomegaly and delayed milestones. The liver biopsy and bone marrow biopsy revealed presence of histiocytes with PAS-positive Diastase-resistant material in the cytoplasm. Electron-microscopic examination of these histiocytes is most likely to reveal the presence of- *(AIMS Nov 03)*
a) Birbeck granules in the cytoplasm
b) Myelin figures in the cytoplasm
c) Parallel rays of tubular structures in lysosomes
d) Electron dense deposit in the mitochondria

4263. Which deleterious effect is least likely to occur in hypothermia - *(AIMS Nov 06)*
a) Cardiac arryhthmia
b) Decreased peripheral resistance
c) Reversible coagulation
d) Renal failure

4244) a 4245) a,b,c 4246) a 4247)All 4248)b 4249)a,b 4250)c,d,e 425l)c 4252) c 4253)b 4254)c 4255)c
4256) a 4257) b 4258) a,b 4259) d 4260) c 4261) b 4262) c 4263) b

4264. A young male patient presents with LDL 600 mg/dl, triglycerides 160 mg/dl. What would be the most likely finding on physical examination -
a) Tendon xanthoma *(AIIMSNov 06)*
b) Lipemia retinalis
c) Eruptive tuberous xanthomas
d) Xanthelesma

4265. A man takes peanut and develop stridor, neck swelling, tongue swelling and hoarseness of voice. Most probable diagnosis is - *(AIIMS May 07)*
a) Foreign body bronchus
b) Parapharyngeal abscess
c) Foreign body larynx
d) Angioneurotic edema

4266. Not true about angioneurotic edema - *(AI09)*
a) Pitting edema of face, lips and mucous membrane
b) Cl esterase inhibitor deficiency can cause it
c) Extreme temperature exposure can provoke it
d) Known with ACE inhibitors

4267. Necrotising lymphadenitis is seen with -
a) Kimura disease *(AIIMS Nov 09)*
b) Kikuchi disease
c) Castle Man disease
d) Hodgkin's lymphoma

4268. Respiratory centre depression is caused by all except- *(AIIMS Nov 10)*
a) Opium b) Strychnine
c) Barbiturates d) Gelsemium

4269. Acronym 'POEMS' stand for - *(PGIMay 11)*
a) Oesophageal dysmotility
b) Polyneuropathy
c) Endocrinopathy
d) M-protein
e) Scleroderma

4270. Carney triad consists of - *(PGIMay 11)*
a) Gastric Ca b) Paraganglioma
c) Pulmonary chordoma d) Carcinoma bronchus
e) Chondromatosis

4271. Paroxysmal hypotension is seen in - *(J1PMER 95)*
a) Carcinoid syndrome
b) Lymphoma
c) Leukemia
d) Infectious mononucleosis

4272. All of the following statements regarding mast cells are true except - *(UPSC 95)*
a) They contain heparin proteoglycan
b) Their number is increased in patients with bronchial asthma
c) Disodium cromoglycate brings about their degranulation
d) They receptors for F_c portion of I E

4273. Plasmapheresis is recommended in all of the following except - *(UPSC 97)*
a) Hyperviscosity syndrome
b) Macroglobulinaemia
c) Immune complex glomerulonephritis
d) Chronic active hepatitis

4274. 20 year old female on OCPs resented with behaviour changes & abdominal pain most probable diagnosis is - *(PGI 96)*
a) SUE b) Acute intermittent porphyria
c) Pancreatitis d) Aortic aneurysm

4275. Sree chitra Tirunal institute (SCT) is under the ministry of - *(SCTIMS 98)*
a) Family welfare
b) Human resources and development
c) Science and technology
d) Government of India

4276. Which of the following has the worst prognosis -
a) Cholecystectomy *(J & K 01)*
b) Splencetomy
c) Nephrectomy
d) Appendicetomy

4277. Wing beating tremor is seen in - *(NIMHANS 2K)*
a) Huntington disease b) Wilson disease
c) Parkinsonism d) Thyrotoxicosis

4278. Imipenem, a newer antibiotic with a broad antibacterial spectrum is coadministered with cilastin because - *(UPSC 99)*
a) The combination of these antibiotics is Synergistic against Pseudomonas species
b) Cilastin aids the gastrointestinal absorption of the active moiety, imipenem
c) Cilastin inhibits a Beta-lactamase that destroys imipenem
d) Cilastin inhibits an enzyme in the kidney that destroys imipenem

4279. Cause of death which is common in case of coma -
a) Tongue falling back and obstructing airway
b) Secretions obstructing airway *(TN 03)*
c) Cardiac arrest
d) Epilepsy

4280. Erynimyer's flask deformity is seen in - (*Bihar 03)*
a) Gaucher's disease b)Hemophilia
c) Rickets d) Scurvy

4281. Specific role of endoplasmic reticulum -*(Kerala 04)*
a) Lipid biosynthesis
b) Lipid catabolism
c) Maintenance of calcium store
d) Pentose phosphate pathway

4282. Postural hypotension is not seen in - *(MAHE 05)*
a) Diabetes b) Hypoglycemia
c) Tabes dorsalis d) Anti hypertensive drugs

4283. Thromboangitis obliterans involves which vessels - *(HPU05)*
a) Ant and Post tibial b) Femoral
c) Aortoiliac d) Popliteal

4284. Injury caused by biopsy taken for scalene lymph node - *(HPU05)*
a) Injury to phrenic nerve
b) Injury to vagus nerve
c) Injury to apex to lung
d) Injury to trachea

4264)a 4265)d 4266)a 4267)b 4268)b 4269)b,c,d 4270)a,b,c 4271)a 4272)c 4273)d 4274)b 4275)c 4276)b 4277)b 4278)d 4279)b 4280)None 4281)a 4282)b 4283)a 4284)c

4285. Abbey's flap is used for reconstruction of- *(HPU05)*
a) Breast repair b) Upper lip repair
c) Cheek repair d) Nose repair

4286. Carotid massage causes - *(HPU 05)*
a) It increases vagal tone
b) Decreases sympathetic discharge
c) It decrease vagal tone
d) Causes tachycardia

4287. TViage means - *(MAHE05)*
a) Sorting out of cases on availability of medical resources and severity of patients condition
b) Patients are divided into 3 groups
c) Severely injured patients are attended first in military camps
d) None of the above

4288. All the following metabolic may cause chronic or recurrent abdominal pain, except - *(J&k 05)*
a) Acute intermittent prophyria
b) Addison's disease
c) Hypercalcemia
d) Hyperkalemia

4289. Which is not a pyrogen - *(NIMHANS 06)*
a) IFN-a b) TNF - a
c) IL-4 d)IL-18

4290. Consider the following - *(UPSC 07)*
1. Malnutrition
2. Lithostatin (pancreatic stone protein) deficiency
3. Cassava tuber
4. Oxidant stress (heightened cytochrome P-450 activity)

Which of the above produce tropical calcific pancreatitis (fibrocalculous pancreatic diabetes) ?
a) 1,2 and 3 only b) 2,3 and 4 only
c) 1 and 4 only d) 1,2,3 and 4

4291. Match List I with List II and select the correct answer using the code given below the lists - *(UPSC07)*

List I (Laboratory investigation)	**Listn** (Disease condition)
A. Alkaline urine pH	1. Lactose intolerance
B. Elevated sweat chloride	2. Renal tubular acidosis
C. Reducing substance in urine	3. Cystic fibrosis
D. Reducing substance in stool	4. Galactosemia

Code:

	A	B	C	D
a)	2	4	3	1
b)	2	3	4	1
c)	1	4	3	2
d)	1	3	4	2

4292. Neutrophilic leucocytosis is seen in all except -
a) Sepsis *(Corned 07)*
b) Myocardial infarction
c) Pyogenic osteomyelitis
d) Hay fever

4293. Refeeding edema is due to increased release of- *(Corned 08)*
a) Growth hormone b) Glucocorticoids
c) Insulin d) Thyroxine

4294. Mucin clot test is done to detect - *(Corned 08)*
a) Mucin in stool
b) Protein in CSF
c) Hyaluronate in Synovial fluid
d) Protein in pleural fluid

4295. Emporiatrics deals with the health of the-
a) Farmers b) Travellers *(Corned 08)*
c) Industrial workers d) Mine workers

4296. Ghrelin is responsible for - *(Corned 08)*
a) Stimulation of appetite
b) Suppression of appetite
c) Stimulation of of sleep
d) Suppression of sleep

4297. All are true of cerebral salt wasting except -
a) Increased urine output *(Corned 08)*
b) Low intravascular volume
c) Low uric acid in serum
d) Decreased vasopressin levels

4298. The estimation of 3 methyl histidine in urine is used to study - *(Corned 08)*
a) Status of folate in the body
b) Renal disease
c) Skeletal muscle mass
d) Protein absorption in the gut

4299. Sympathomimetic drugs are useful in the therapy of all of the following conditions except-
a) Acute decompensated heart failure *(Manipal 09)*
b) Hypotension
c) Hypertension
d) Erective dysfunction

4300. Consider the following statements - *(UPSC-109)*
1. Thalidomide is the drug of choice for erythema nodosum leprosum
2. It is an immunomodulatory and anti-inflammatory drug

Which of the statements given above is/are correct?
a) 1 only b) 2 only
c) Both 1 and 2 d) Neither 1 nor 2

4301. High serum uric acid, high serum phosphates and high serum creatinine in a patient will be observed in : *(Delhi PG Mar. 09)*
a) Chronic lymphocytic leukemia
b) Obstructive jaundice
c) Status epilepticus
d) Typhoid

4302. Albinism- *(Manipal 09)*
a) Hair bulb for tyrosine positivity test is useful only when the child is 5 years old
b) Is associated with platelets abnormality especially with aspirin
c) Complete decussation is invariable in all albinism
d) Is associated with thrombosis under general anaesthesia

4285)b 4286)c 4287)a 4288)d 4289)d 4290)a 4291)b 4292)d 4293)c 4294)c 4295)b 4296)a 4297)c 4298)c 4299)c 4300)c 4301)a 4302)b

4303. Sulphas alazine is NOT used for the treatment of -
a) Crohn's disease *(UPSC-109)*
b) Rheumatoid arthritis
c) Sarcoidosis
d) Ulcerative colitis

4304. Paradoxical undressing occurs with - *(COMED 09)*
a) Heatstroke b) Hypothermia
c) Hyperthermia d)Hyperpyrexia

4305. Purple toe syndrome is associated with which of the following drugs ? *(COMED 09)*
a) Warfarin b) Phenytoin
c) Theophylline d) Thalidomide

4306. All are true about congenital erythropoetic porphyria except - *(PGIMay 10)*
a) Can occur from infancy to adult
b) Erythrodontia
c) Ferrochelase deficiency
d) Corporophyrins III in urine
e) Uroporphyrin in urine

4307. Benefits of Enteric feeding Vs parenteral feeding are- *(PGI Nov. 10)*
a) T Cost
b) *l* Morbidity
c) Preferred in acute pancreatitis
d) Preserve GIT function
e) Maintain immunological function

4308. Lithium is the drug of choice for the treatment of- *(UPSCI11)*
a) Bipolar disorder b)Dysthymia
c) Anxiety neurosis d) Schizophrenia

4309. Restless legs syndrome in chronic renal failure may respond to- *(UPSCI11)*
a) Quinine b) Clpnazepam
c) Vitamin E d) Vitamin D

4310. Consider the following medical conditions -
1. Recent myocardial infarction *(UPSC 111)*
2. Cerebrovascular accident
3. Artificial heart valve
4. Retinal detachment

Electroconvulsive therapy is contraindicated in -
a) 1 and 3 only b) 2 and 4 only
c)i 2,3 and 4 d) 1,2 and 4

4311. Drug used for smoking cessation *AJE-(NEET/DNB*
a) Naltrexone b) Bupropion *Pattern)*
c) Buprenorphine d) Methadone

4312. Poland syndrome all of the following are seen except - *(NEET/DNB Pattern)*
a) Absence of pectoralis major
b) Absence of pectoralis major
c) Syndactyly of digits
d) Short index fingers

4313. Angioid streak is seen in- *(NEET/DNB Pattern)*
a) Tuberous sclerosis
b) Pseudoxanthoma elasticum
c) Sturge weber syndrome
d) Septo optic dysplasia

4314. All are true about Erythema multiforme except - *(NEET/DNB Pattern)*
a) Target lesion
b) Does not involve mucosa
c) Associated with HSV
d) Extensor involvement

4315. Richner-Hanhart syndrome is- *(NEET/DNB Pattern)*
a) Autosomal dominant
b) Occular and cutaneous ulcers
c) Associated with abnormality in lipid metabolism
d) Normal mental function

4316. Odd pair - *(NEET/DNB Pattern)*
a) Erythema marginatum-rheumatic fever
b) Erythema gyrens ripens-malignancy
c) Necrotic acral eiythema-HCV

43f7t Muir toyre syndrome shows- *(NEET/DNB Pattern)*
a): Sebaceous keratomas
b) Lisch nodules
c) Intestinal polyp
d) Hyperelastic joints

4318. Daily temperature variation in remmitent fever is-
a) < 0.5 C b) >1.0 C *(NEET/DNB Pattern)*
c) < 1.0 C d) >2 C

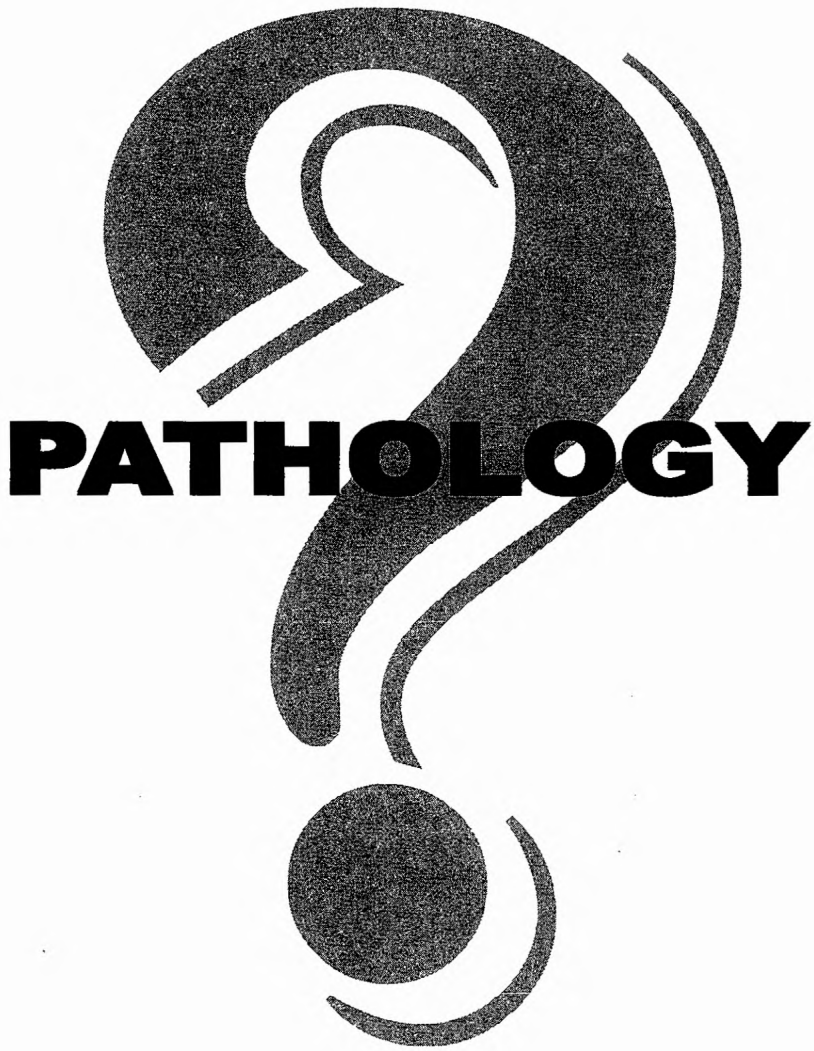
4319. Hyperthermia - *(NEET/DNB Pattern)*
a) Temperature > 41.5
b) > 40 with autonomic dysfunctuion
c) No change in hypothalamic thermostat
d) One which normalises with anti pyretic

4320. Fabry's disease affects - *(NEET/DNB Pattern)*
a) ER b) Lysosome
c) Mitochondria d) Cell membrane

4321. Calcium homeostasis disturbance is seen in -
a) Malignant hyperthermia *(NEET/DNB Pattern)*
b) DMD
c) Tibial muscular dystrophy
d) Limb girdle muscle dystrophy

* * *

4303)c 4304)b 4305)a 4306)c,d 4307)a,d,e 4308)a 4309)b 4310)d 431 l)b 4312)a 4313)b 4314)b 4315)b 4316)b 4317)a 4318)? 4319)? 4320)b 4321)a


PATHOLOGY

CELLULAR PATHOLOGY

1. **Hypertrophy is a type of-** *(A192)*
   a) Cell injury b) Cellular adaptation
   c) Carcinoma d) Cell aging
2. **What is hyperplasia -** *(PGI99)*
   a) Decrease in cell size
   b) Increase in cell size
   c) Increase in cell number
   d) Decrease in cell number
3. **Hypertrophy is-** *(NEET/DNB Pattern)*
   a) Increase in cell number b) Increase in cell size
   c) Decrease in cell number d) Decrease in cell size
4. **In comparison to hyperplasia, hypertrophy involves-**
   a) Increase in cell size and number *(AIIMS 91)*
   b) Increase in cell size without increase in number
   c) Increase in cell number without increasing in size
   d) Increase in cell size and decrease in number
5. **Physiological hyperplasia and hypertrophy are seen simultaneously in -** *(PGI May 10)*
   a) Uterus in pregnancy
   b) Skeletal muscle in atheletes
   c) Breast at puberty
   d) Thyroid gland during pregnancy
6. **Both hyperplasia and hypertrophy is found in-**
   a) Pregnancy uterus *(AIIMS May 09)*
   b) Cardiac muscle in cardiomegaly
   c) Skeletal muscle in athelete
   d) Breast development in puberty

||§ **Decrease in cell size refers to-** *(NEETMNB Pattern)*
   a) Atrophy b) Metaplasia
   c) Hyperplasia d) Hypertrophy

8. **Replacement of columinar epithelium of respiratory tract to squamous epithelium is -** *(PGI 99)*
   a) Hyperplasia b) Metaplasia
   c) Hypoplasia d) None of the above
9. **Cell injury occurs due to -** *(PGI June 08)*
   a) 1 ATP
   b) T Cytosolic Cal ^{4*}
   c) Membrane damage
   d) Mitochondrial dysfunction
   e) T intracellular K^+
10. **All of the following statements are true regarding reversible cell injury except -(AI05, ARMS Nov 06)**
    a) Formation of amorphous densities in the mitochondrial matrix.
    b) Diminished generation of adenosine triphosphate (ATP)
    c) Formation of blebs in the plasma membrane
    d) Detachment of ribosomes from the granular endoplasmic reticulum
11. **Which finding on electron microscopy indicates irreversible cell inj ury -** *(ARMSMay 12, Nov. 02)*
    a) Dilatation of endoplasmic reticulum
    b) Dissociation of ribosomes from rough endoplasmic reticulum
    c) Flocculent amorphous densities in the mitochondria
    d) Myelin figures
12. **Irreversible cell inj ury is in dicated by -** *(AI 00)*
    a) Accumulation of calcium in mitochondria
    b) Myelin figures
    c) ATP depletion
    d) Shifting of ribosomes
13. **Irreversible cell injury -** *(NEET/DNB Pattern)*
    a) Mitochondrial densities b) Cellular swelling
    c) Blebs d) None
14. **All are reversible injury of cell, except -**
    a) Vacuole *(ARMS Dec 98)*
    b) Karyorrhexis
    c) Fat accumulation
    d) Cell wall swelling
15. **Enzyme level in tissue inj ury is due to-** *(PGI 98)*
    a) Lysis of cells b) Enzyme secretion
    c) No inhibitor in serum d) All of the above
16. **: In cell death, myelin figures are derived from -** *(NEET/DNBPattern)*
    a) Nucleus b) Cell membrane
    c) Cytoplasm d) Mitochondria
17. **The Fenton reaction leads to free radical generation when -** *(ARMS Nov 02)*
    a) Radiant energy is absorbed by water
    b) Hydrogen peroxide is formed by Myeloperoxidase
    c) Ferrous ions are converted to ferric ions
    d) Nitric oxide is converted to peroxynitrite anion
18. **Enzyme that protects the brain from free radical injury is -** *(AI 01)*
    a) Myeloperoxidase b) Superoxide dismutase
    c) MAO d) Hydroxylase
19. **Organelle where H_20_2 is produced and destroyed is-** *(ARMS May 94)*
    a) Peroxisome b) Lysosome
    c) Golgi body d) Ribosome
20. **Necrosis of cells is due to -** *(ARMS Nov 99)*
    a) Ca^{2+}efflux in cell
    b) Fat deposition in cells
    c) Water imbibition in cells
    d) Enzymatic digestion
21. **Coagulative necrosis is due to '•** *(NEET/DNB Pattern)*
    a) Denaturation of protein
    b) Enzymatic digestion
    c) Infection
    d) None
22. **Mlisatype of-** *(UP 10)*
    a) Coagulative necrosis b) Liquefactive necrosis
    c) Caseous necrosis d) Fat necrosis
23. **Coagulative necrosis is seen in A/E -** *(ARMSMay 95*
    a) M.I. b)T.B. *AI97)*
    c) Thermal d) Zenker's degeneration
24. **Coagulative necrosis is seen in -** *(ARMSMay 10)*
    a) T.B. b) Sarcoidosis
    c) Cryptococcal infection d) Gangrene

l)b 2)c 3)c 4)b 5)a>c 6)a 7)a 8)b 9)a,b,c,d 10)a ll)c 12)a 13)a 14)b
15)a 16)b 17)c 18)b 19)a 20)d 21)a . 22)a 23)b 24)d>a

25. Coagulative necrosis is seen in - *(AI09)*
a) Tuberculosis b) Fungal infection
c) Sarcoidosis d) Wet gangrene

26. Caseous necrosis in granuloma not found in -
a) Tuberculosis b) Leprosy *(PGI June 06)*
c) Histoplasmosis d)CMV
e) Wegener's granulomatosis

27. Fat necrosis is common in - *(NEET/DNB Pattern)*
a) Omentum b) Breast
c) Retroperitoneal fat d) All of the above

28. Fibrinoid necrosis may be observed in all of the following except - *(AI 05)*
a) Malignant hypertension
b) Polyarteritis nodosa
c) Diabetic glomerulosclerosis
d) Aschoff's nodule

29i **Programmed cell death is known as-**
a) Cytolysis *(AIIMS Nov 05,NEET/DNB Pattern)*
b) Apoptosis
c) Necrosis
d) Proptosis

30. Chemotherapeutic drugs can cause-
a) Only necrosis *(AIMS May 05)*
b) Only apoptosis
c) Both necrosis and apoptosis
d) Anoikis

31. True about apoptosis is all, except-*(AIIMS Nov 01)*
a) Considerable apoptosis may occur in tissues before it becomes apparent in histology
b) Apoptotic cells appear round mass of the intensely eosinophillic cytoplasm with dense nuclear chromatin fragments
c) Apoptosis of cells induce inflammatory reaction
d) Macrophages phagocytose the apoptotic cells and degrade them.

32. Characteristic feature of apoptosis - *(AI 10)*
a) Cell membrane intact
b) Cytoplasmic eosinophilia
c) Nuclear moulding
d) Cell swelling

33. The characteristic feature of apoptosis on light microscopy is - *(AI 10)*
a) Cellular swelling
b) Nuclear compaction
c) Intact cell membrane
d) Cytoplasmic eosinophlia

34. True about Apoptosis are all except-*(AIIMSMay 0 7)*
a) Inflammation is present
b) Chromosomal brekage
c) Clumping of chromatin
d) Cell shrinkage

35. All of the following are features of apoptosis, except-
a) Cellular swelling *(AI 10)*
b) Nuclear compaction
c) Intact cell membrane
d) Cytoplasmic eosiophilia

36. Example of Apoptosis is? *(DNB Dec 09)*
a) Councilman Bodies b) Gamma Gandy Body
c) Russell bodies d) None

37. Apoptotic bodies are - *(NEET/DNB Pattern)*
a) Clumped chromatin bodies
b) Pyknotic nucleus without organelles
c) Cell membrane bound with organelles
d) No nucleus with organelles

38. Which of the following organelles plays a pivotal role in apoptosis? *(AIIMS May 10, AI 11, 09)*
a) Mitochondria b) Endoplasmic reticulum
c) Nucleus d) Golgi apparatus

39. Cytosolic cytochrome C plays an important function in - *(AIIMS Nov 06)*
a) Apoptosis b) Cell necrosis
c) Electron transport chain d) Cell division

40. In apoptosis, Apaf-1 is activated by release of which of the following substances from the mitochondria ?
a) Bel-2 b)Bax *(AI05)*
c) Bel - XL d) Cytochrome C

41. In apoptotic permeabilization of membrane occurs in- *(PGI Nov 10)*
a) Nuclear membrane b) Cytoplasmic membrane
c) Lysosome d) Ribosome
e) Mitochondrial membrane

42. In apoptosis, cytochrome C acts through - *(NEET/DNB Pattern)*
a) Apaf 1 b) Bcl-2
c) FADD d) TNF

43. Which is activated for nuclear fragmentation in apoptosis - *(PGI June 07)*
a) Caspases b)Apaf-1
c) Oxygen free radicals

44. In apoptosis which is/are involved - *(PGI June 08)*
a) Apaf-1 b)Bcl2
c) Caspases d) Programeed cell death

45. Caspases are involved in - *(AIIMSNov 07, AI 10)*
a) Apoptosis b) Cell signaling
c) Pinocytosis d) Cell injury

46. Caspases are associated with - *(AIIMSMay 10)*
a) Organogenesis
b) Hydropic degeneration
c) Collagen hyalinization

47. The following is an antiapoptotic gene -
a) Bax b) Bad *(AIIMS Nov 06)*
c) Bcl-X d) Bim

48. Which of the following is an antiapoptotic gene -
a) C-myc b) P53 *(AI 04,2000)*
c) bcl-2 d) bax

49. Ladder pattern of DNA electrophoresis in apoptosis is caused by the action of the following enzyme -
a) Endonuclease b) Transglutaminase
c) DNAse d) Caspase *(AIIMS Nov 04)*

50. Internucleosomal cleavage of DNA is characteristic of- *(AIIMS Nov 05)*
a) Reversible cell injury b) Irreversible cell injury
c) Necrosis d) Apoptosis

25) a 26)b,d,e 27) d 28) c 29) b 30) c 31) c 32) a 33) b 34) a 35) a 36) a 37) c 38) a
39) a 40) d 41) e 42) a 43) a 44)a,b,c,d 45) a 46) a 47) c 48) c 49) a 50) d

51. **True about apoptosis -** *(PGI May 10)*
a) Increase in lysosomal enzyme
b) Increase in caspases
c) Phosphatidyl serine has important role
d) Intemucleosomal cleavage of nucleus

52. **True about apoptosis-** *(PGI June 03)*
a) Migration of Leukocytes
b) End products are phagocytosed by macrophage
c) Intranuclear fragmentation of DNA
d) Activation of caspasses
e) Annexin V is marker of apoptopic cell

53. **Starting point of apoptosis for programme cell death is-** *(PGI Dec 97)*
a) Activation of endonuclease
b) Release of *enzyme*
c) Accumulation of calcium
d) Destruction by macrophages

54. **Annexin Y is a marker of-** *(NEET/DNB Pattern, AIIMS May 09)*
a) Apoptosis b) Necrosis
e) Artherosclerosis d) Inflammation

55. **Which of the following diseases have an underlying mitochondrial abnormality-** *(PGI 01)*
a) Krabbe's disease b)Fabry's disease
c) Mitochondrial myopathy d)Oncocytoma
e) Fanconi syndrome

56. **Cellular and flagellar movement is carried out by all of the following except -** *(AI05)*
a) Intermediate filaments b)Actin
c) Tubulin d) Myosin

5® **Steatosis means -** *(NEET/DNB Pattern)*
a) Fatty change
b) Accumulation of triglyceride
c) Accumulation of glycogen
d) Accumulation of pigment

58. **Which of the following pigments are involved in free radical injury -** *(AIIMS Nov 06)*
a) Lipofuscin b) Melanin
c) Bilirubin d) Hematin

59. **The light brown perinuclear pigment seen on H & E staining of the cardiac muscle fibres in the grossly normal appearing heart of an 83 year old man at autopsy is due to deposition of -** *(AIIMS May 03)*
a) Hemosiderin b) Lipochrome
c) Cholesterol metabolite d)Anthracotic pigment

60. **Dystrophic calcification means-** *(PGIDec 9 7)*
a) Calcification in destroyed tissue with normal calcium level in blood
b) T level of Ca^ deposits
c) Calcification in normal tissue seen in hyperparathyroidism
d) Calcification in destroyed tissues with hyper calcemia

61. **Dystrophic calcification is seen in -** *(AI 95)*
a) Milk alkali syndrome b) Atheromatous plaque
c) Hyperparathyroidism d) Vitamin A intoxication

62. **Which of the following is not a common site for metastatic calcification -** *(AIIMS Nov 05)*
a) Gastric mucosa b) Kidney
c) Parathyroid d)Lung

53. **True about metastatic calcification -** *(AIIMSMay 09)*
a) Serum ca level is normal
b) Occurs in dead/dying tissue
c) Occurs in damaged heart valves
d) Calcification starts in mitochondria

64. **Dystrophic calcification is seen in all except-** *(NEET/DNBPattem)*
a) Lymphnode b) Lungs
c) Kidneys d) Rheumatic valves

65. **Calcification of soft tissues without any distrubance of calcium metabolism is called -** *(AIIMSNov 04)*
a) Ionotrophic calcification
b) Monotrophic calcification
c) Dystrophic calcification
d) Calcium induced calcification

66. **Heterotopic calcification occurs in -**
a) Ankylosing spondylitis *(PGIDec 01, June 07)*
b) Reiter's syndrome
c) Forrestier's disease
d) Rheumatoid arthritis
e) Gouty arthritis

m **True about Psammoma bodies are all except -**
a) Seen in meningioma *(NEET/DNB Pattern)*
b) Concentric whorled appearance
■Sf¡ c)^ontains^Calciiyn"deposits
d) Seen in teratoma

68. **True about cell ageing -** *(AIIMSNov 01)*
a) Free radicals injury
b) Mitochondria are increased
c) Lipofuscin accumulation in the cell
d) Size of cell increased

69. **All of the following are associated with increased aging, except -** *(AI 09)*
a) Increased cross linkages in collegen
b) Increased superoxide dismutase
c) Increased accumulation of free radicals
d) Accumulated mutation in somatic cells

70. **Which of the following is associated with aging -**
a) Reduced cross linkages in collagen
b) Increased free radical injury *(AIIMSMay 10)*
c) Decreased Somatic mutations in DNA
d) Increased superoxide dismutase levels

71, **All of the following statements are true for cell aging except:** *(AI 9 7)*
a) Enlargement of telomere
b) Decrease number of mitochondria
c) GlycolysationofDNA
d) Glycolysation of RNA

72. **Which of the following has a direct role in apoptosis?**
a) Nitric oxide b)Adenylcyclase *(DNBDec 11)*
c) cAMP d) Cytochrome C

51)b,c,d 52)b,c,d,e 53) None 54) a 55)c,d 56) a 57) a,b 58) a 59)b 60) a 61) b 62) c 63) d
64) b,c 65) c 66) a,c 67) d 68) a,c 69) b 70) b 71) a 72) d

73. **Annexin V is associated with?** *(DNB Dec 11)*
a) Necrosis b) Apoptosis
c) Atherosclerosis d) Inflammation

74. **True about Caspases is?** *(DNB June 11)*
a) Involved in apoptosis
b) Cause necrosis
c) Involved in pain pathway
d) Are cytokines inhibitor

75. **Oncocytes are found in all except -** *(DNB June 11)*
a) Thyroid b) Panereus
c) Pituitary d) Pineal

76. **True about Apoptosis all EXCEPT -** *(DNB June 10)*
a) Annexin 5 is marker
b) Inflammation is present
c) Cell shrinkage
d) Clumping of chromatin

77. **Which of the following is a pathological calcification ?**
a) Suprasellar calcification *(DNB June 10)*
b) Basal ganglia calcification
c) Pineal body calcification
d) Choroid calcification

78. **Brown atrophy is due to accumulation of -**
a) Melanin b) Hemosiderin *(DNB Dec 09)*
c) Hematin d)Lipofuscin

79. **Annexin V is a marker of -** *(DNB Dec 09)*
a) Apoptosis b) Necrosis
c) Artherosclerosis d) Inflammation

80. **Example of Apoptosis is?** *(DNB June 09)*
a) Councilman Bodies b) Gamma Gandy Body
c) Russell bodies d) None

81. **True about Apoptosis is?** *(DNB June 09)*
a) Requires energy
b) Cell self-initiated
c) Swelling of cytoplasm
d) Loss of membrane integrity

82. **Organelle that plays a pivotal role in apoptosis -**
a) Endoplasmic reticulum *(DNB Dec 08)*
b) Golgi complex
c) Mitochondria
d) Nucleus

83. **Apoptosis is inhibited by -** *(DNB Dec 08)*
a) p53 b)N-myC
c) RAS d) BC1-2

84. **Psammoma bodies show which type of calcification-**
a) Metastatic b) Dystrophic *(DNB June 08)*
c) Secondary d) Any of the above

85. **Liquefactive necrosis is seen in -** *(DNB June 08)*
a) Heart b) Brain
c) Lungs d) Spleen

86. **Apoptosis is inhibited by -** *(DNB Dec 07)*
a) bcl-2 b)p53
c) ras d)c-myc

87. **Metastatic calcification is most often seen in -**
a) Lymphnodes b) Lungs *(DNB Dec 07)*
c) Spleen d) Liver

88. **Which of the following is the hallmark of programmed cell death ?** *(DNB Dec 07)*
a) Apoptosis b) Coagulation necrosis
c) Fibrinoid necrosis d) Liquefaction necrosis

89. **Psammoma bodies shows which type of calcification -** *(DNB June 07)*
a) Metastatic b) Dystrophic
c) Secondary d) Any of the above

90. **Oncocytes are seen in all of the following except-**
a) Pitutary b) Thyroid *(A1IMS83)*
c) Pancreas d) Thymus

91. **Most common type of cell death due to sudden occlusion of blood suply-** *(Kerala 96)*
a) Coagulation necrosis b) Caseation necrosis
c) Liquefactive necrosis d) Gangrene

92. **Which of the following is not a coagulative necrosis-**
a) Myocardial infarct *(DPGEE 08)*
b) Kidney infarct
c) Brain infarct
d) Adrenal infarct

93. **Pyogenic infection and brain infarction associated with-** *(UP 08)*
a) Coagulative necrosis
b) Liquefaction necrosis
c) Caseous necrosis
d) Fat necrosis

94. **Intracellular calcification begin in** *the-(JIPMER 91)*
a) Mitochondria b) Endoplasmic reticulum
c) Golgi bodies d) Intracellular vocuoles

95. **Dystrophic calcification occur in all except-***(Al 90)*
a) Rheumatic heart disease
b) Lymph node
c) Normal kidney
d) Aneurysm

96. **Dystrophic calification is seen in -** *(DPGEE 08)*
a) Paget disease b) Renal osteodystrophy
c) Atheroma d) Milk Alkali syndrome

97. **Metastatic calcification is most commonly seen in-** *(JIPMER 91)*
a) Cornea b) Extensor tendon
c) Lungs d) Renal tubules

98. **Calcification in necrotic tissue is called -**
a) Metastatic calcification *(JIPMER 95)*
b) Dystrophic calcification
c) Calcinosis
d) Tumoral calcinosis

99. **Metastatic calcification is not seen in -**
a) Kidney tubules *(JIPMER 86, Delhi 86)*
b) Fundal glands of stomach
c) Alveoli of lungs
d) Media of Monkeberg degeneration

100. **The following are example of apoptosis except-**
a) Graft versus host disease *(JIPMER 2002)*
b) Menstrual cycle
c) Pathological atrophy following duct obstruction
d) Tumour necrosis

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73) b 74) a 75) d 76) b 77) a 78) d 79) a 80) a 81) a,b 82) c 83) d 84) b 85) c 86) a
87) b 88) a 89)b 90)d 91)a 92)c 93) b 94)a 95)c 96)c 97) c 98)b 99)d 100)None

101. CD - 95 in apoptosis; the death receptors initiated through - *(UP 08)*
a) Induces apoptosis when it engaged by fas ligand system
b) Cytochrom C binds to a protein Apoptosis activating (Apaf-1) factor -1
c) Apoptosis may be initiated by caspase activation
d) Apoptosis mediated through DNA damage

102. Apoptosis is inhibited by - *(MH11)*
a)p53 b)NMYC
c)RAS d) Bcl-2

103. The gene for apoptosis is - *(MAHA 05)*
a) BC1-2 b) BRAC
c) RET d)All

104. The process of programmed gene directed cell death characterized by cell-shrinkage, nuclear condensation and fragmentation is known as -
a) Necrosis b) Chromatolysis *(ICS 05)*
c) Pyknosis d) Apoptosis

105. One of the following is an apoptosis inhibitor gene-
a) p53 b) Bcl-2 *(SGPGI04)*
c) Rb d) c-Myc

106. Lipid peroxidation as a cause of ageing and injury of cells is - *(KERALA 2001)*
a) Free redical theory
b) Apoptosis theory
c) Enzyme cascade theory
d) Cell destruction theory

107. Lipofuscin, the golden yellow pigment is seen in heart muscle - *(TN 95)*
a) Hypertrophy b) Atrophy
c) Hyperplasia d) Infarction

108. Wear and tear pigment in the body refers to-
a) Lipochrome b) Melanin *(Karn 06)*
c) Anthracotic pigment d) Haemosiderin

109. The patient with the following show the maximum deposits of lipofuscin in - *(PGI82)*
a) Gaucher's disease b) Tay sach's disease
c) Acute Enteric fever d) Severe malnutrition

110. The following pigment is not derived from hemoglobin - *(Karnataka 02)*
a) Hematin b) Hemosiderin
c) Lipofuscin d) Bilirubin

111. Cloudy swelling is due to - *(TN 91)*
a) Accumulation of water intracellularly
b) Fat accumulation intracellularly
c) Lysozyme degeneration
d) Glycogen accumulation intracellularly

112. Which one of the following acts to increase the release of Ca^{2+} from endoplasmic reticulum-
a) Inositol triphosphate *(Jipmer 05)*
b) Parathyroid hormone
c) 1,25-dihydroxy cholecalciferol
d) Diacylglycerol

INFLAMMATION AND TISSUE REPAIR

113. All are 'celsus' signs of inflammation except -
a) Pain b) Swelling *(PGI 92)*
c) Cyanosis d) Redness

114. The following host tissue responses can be seen in acute inflammation, except - *(A102)*
a) Exudation b) Vasodilation
c) Margination d) Granuloma formation

115. In acute inflammation due to the contraction of endothelial cell cytoskeleton, which of the following results - *(AIIMS Nov 11, 06)*
a) Delayed transient increase in permeability
b) Early transient increase in permeability
c) Delayed permanent increase in permeability
d) Early permanent increase in permeability

116. In acute inflammation due to the retraction of endothelial cell cytoskeleton, which of the following results - *(AIIMS Nov 11)*
a) Delayed transient increase in permeability
b) Early transient increase in permeability
c) Delayed prolonged increase in permeability
d) Early permanent increase in permeability

117. All of the following vascular changes are observed in acute inflammation, except - *(AI05)*
a) Vasodilation
b) Stasis of blood
c) Increased vascular permeability
d) Decreased hydrostatic pressure

118. Most characteristic feature of acute inflammation:
a) Vasoconstriction *(AI 11, AIIMS May 10)*
b) Vascular stasis
c) Vasodilatation and increased vascular permeability
d) Margination of leucocytes

119. Delayed prolonged bleeding is caused by - *(AI 08)*
a) Histamine b) Leukocyte dependent injury
c) IL-1 d) Direct injury to endothelial cells

120. All of Which is family of selectin, except - *(NEETZ DNE Pattern)*
a) P selectin b) L selectin
c) A selectin d) E selectin

121. True about integrin is - *(PGIDec 97)*
a) Used in binding
b) Oncogene
c) Anti oncogene
d) Component of basement membrane

122. Role of P-selectin in inflammation - *(MH 11)*
a) Rolling b) Adhesion
c) Homing d) Transmigration

123. Endothelium, leukocyte integration during inflammation is mediated by/due to - *(PGI June 03)*
a) Selectin b) Integrin
c) Defesins d)Endothelin

124. Cell-matrix adhesions are mediated by? *(NEET/DNB Pattern)*
a) Cadherins b) Integrins
c) Selectins d) Calmodulin

101)a 102) d 103) a 104)d 105)b 106)a 107)b 108)a 109)d 110)c lll)a 112)a 113)c 114)d
115) b 116) c 117) d 118) c 119)d 120)c 121)a 122)c 123)a,b 124)b

125. Diapedesis is - *(AIIMS Nov 01)*
a) Immigration of leucocytes through the basement membrane
b) Immigration of the leucocytes through the vessel wall to the site of inflammation
c) Aggregation of platelets at the site of bleeding
d) Auto digestion of the cells.

126. Most important for *diapedesis?(NEET/DNB Pattern)*
a) RECAM b) Selectin
c) Lategrin d) Mucin like glycoprotein

127. Earliest transient change following tissue injury will be- *(AI07)*
a) Neutropenia b) Neutrophilia
c) Monocytosis d) Lymphocytosis

128. Chemotaxis in response to activation of cells results in - *(PGI2002, AIIMS May 10)*
a) Random multidirectional movement
b) Unidirectional motion
c) Adhesion to endothelium
d) Augmeted oxygen dependent bactericidal effect
e) Phagocytosis

129. Commonest variety of acute inflammation is -
a) Purulent inflammation
b) Serous inflammation
c) Catarrhal inflammation
d) Necrotic inflammation
e) Fibrinous inflammation

130. All occurs in chronic inflammation except - *(AI91)*
a) Infiltration of macrophages
b) Fibrosis
c) Infiltration of neutrophils
d) Angiogenesis

131. Granulomatous inflammatory reaction is caused by all, except - *(AIIMS Nov 01)*
a) M. Tuberculosis b) M. Leprae
c) Yersinia pestis d) Mycoplasma

132. Necrotizing epitheloid cell granulomas are seen in all, except - *(DELHIPG Mar. 09)*
a) Tuberculosis
b) Wegener's granulomatosis
c) Cat's Scratch disease
d) Leprosy

133. Epithelial granuloma is caused by - *(PGI Dec 02)*
a) Neutrophil b) Cytotoxic T-cells
c) Helper T-cells d)NK cells

134. The epitheloid cell and multinucleated gaint cells of Granulomatous inflammation are derived from -
a) Basophils *(AI 02)*
b) Eosinophils
c) CD 4 - T lymphocytes
d) Monocytes - Macrophages

135. Not characteristic feature of granuloma -
a) Chronic inflammatory infiltrate *(AIIMSMay 95)*
b) Epitheloid cell
c) Giant cell
d) PMN's with fibrinoid necrosis with cellular infiltrates

136. Epitheloid granuloma may by seen in all of the following conditions except - *(AI 98)*
a) Sarcoidosis b) Tuberculosis
c) Pneumocystic carinii d) Hodgkin's lymphoma

137. Non caseating granulomas are seen in all of the following except - *(AIIMS May 01)*
a) Byssinosis b) Hodgkin's Lymphoma
c) Metastatic Ca lung d) Tuberculosis

138. Macrophages are found in - *(AIIMSDec 97)*
a) Phase of scar formation
b) Phase of repair
c) Late phase of inflammation
d) Early phase of inflammation

139. Secondary granules in neutrophil is- *(AIIMS June 98)*
a) Lactoferrin b) Proteolytic enzymes
c) Nucleotidase d) Catalase

140. In an inflammatory response, Macrophages are usually derived from - *(AI 94)*
a) Monocytes b) Reticuloendothelial cells
c) Neutrophils d) Lymphocytes

141. All are macrophages except - *(AIIMSFeb 97)*
a) Histocytes b) Kupffer cells
c) Osteoclasts d) Lymphocytes

142. Maj or Basic Protein is formed by - *(AIIMSMay 94)*
a) Lymphocyte b) Basophil
c) Neutrophil d) Eosinophil

143. The most important source of histamine- *(NEET/DNB Pattern)*
a) Mast cells b) Eosinophil
c) Neutrophil d) Macrophages

144. Life-span of Neutrophil - *(PGI June 2000)*
a) 15 days b) 6 hours
c) 6 days d) 10 days

145. All of the following are mediators of acute inflammation except - *(AIIMS Nov 05)*
a) Angiotensin b) Prostaglandin E2
c) Kallikrein d) C 3a

146. All of the following are mediators of inflammation except - *(AIIMS May 05, Nov 10)*
a) Tumour necrosis factor-a (TNF-oc)
b) Interleukin-1
c) Myeloperoxidase
d) Prostaglandins

147. Vasoactive amines, involved in inflammation are -
a) Histamine b) Renin *(PGI June08)*
c) Angiotensin d) Serotonin
e) Endothelin

148. Prostacyclin is mainly produced *by-(AIIMSMay 93)*
a) Platelet b) Vascular endothelium
c) Prostate d) Testis

149. Which of the following is/are the products (s) of lipoxygenase pathway - *(PGIMay 10)*
a) PG b) TXA_2
c) Leukotrienes d)Lipoxin
e) Hepoxilins

125) b 126) a 127)b 128)b 129)c 130)c 131)d 132)d 133)c 134)d 135)d 136)c 137)c 138)c
139) a 140) a 141)d 142)d 143)a 144)b 145)a 146)c 147)a,d 148)b 149)c,d,e

150. To which of the following family of chemical mediators of inflammation, the lipoxins belong -
a) Kinin system *(AI04)*
b) Cytokines
c) Chemokines
d) Arachidonic acid metabolites

151. Isoprostanes are formed from archidonic acid by -
a) Cycloxygenase *(Rohtak 09)*
b) Lipoxygenase
c) Epoxide hydrolase
d) Non-enzymatic free radical peroxidation

152. C-C beta chemokine includes - *(AIIMSNov 06)*
a) IL-8 b) Eotaxin
c) Lymphotactin d) Fractalkine

153. Pro inflammatory Cytokines include all of the following except -
a) Interleukin 1 b) Interleukin 2
c) Interleukin 6 d)TNF-Alpha

154. Pro-inflammatory cytokines are - *(PGINov 10)*
a) IL-1 b) IL-2
c) *TLA* d)IL-6
e) IL-8 ....

155. Which is not a pro-inflamatory cytokine -
a) 1L~8 b) IL-11 *(NEET/DNB Pattern)*
c) IL-1 d) PAF

156. Which of the following chemical mediators of inflammation is an example of a C-X-C or alpha chemokine- *(AIIMS Nov 03)*
a) LipoxinLXA4
b) Interleukin IL-8
c) Interleukin IL-6
d) Monocyte Chemoattractant Protein MCP-1

157. Which of the following best denotes classical complement pathway activation in immunoinflammatory condition - *(ARMS 04)*
a) C_2, C_4 and C_3 decreased
b) C_2 and C_4 normal, C_3 is decreased
c) C_3 normal and C_2 C_4 decreased
d) C_2, C_4, C_3 all are elevated

158. C3 convertase acts on - *(Manipal 06)*
a) C4b2b b)C4b2B3a
c)C_{4b} d)C_3

159. Factor present in the final common terminal complement pathway is - *(AI 0 7)*
a)C_4 b)C_3
c) C_5 d) Protein B

160. Both antibody dependent and independent complement pathway converge on which complement component - *(ARMS Nov 08)*
a)C_3 b)C_5
c)C_{lv} d)C_8

161. The complement is fixed best by which of the following immunoglobulins - *(ARMSMay 02)*
a) IgG b)IgM
c) IgA d) IgD

162. Complement responsible for activation of bacterial lysis is - *(NEET/DNB Pattern)*
a) c_{3a} b) c_{3b}
C) c_{5-9} d) c_{1-3}

163. All of following are correct about Thromboxane A_2 except- *(AI01)*
a) Low dose aspirin inhibits its synthesis.
b) Causes vasoconstriction in blood vessels.
c) Causes broncoconstriction
d) Secreted by WBC

164. Increased capillary permeability is caused by all of the following except - *(AI97)*
a) Anaphylatoxin b) 5 hydroxytryptamine
c) Renin d) Histamines

165. Actions of bradykinin include all of the following, except- *(AI10)*
a) Vasodilatation
b) Bronchodilatation
c) Increased vascular permeability
d) Pain

166. What is the most important role of bradykinin in acute inflammation - *(ARMS May 12, AI 10)*
a) Increase in vascular permeability
b) Vasodilatation
c) Mediation of pain
d) Bronchoconstriction

167. Bradykinin Causes - *(AI 08)*
a) Vasoconstriction
b) Pain at the site of inflammation
c) Bronchodilatation
d) Decreased Vascular bermeability

168. What is hot caused by platelet activating factor?
a) Vasoconstriction *(NEET/DNB Pattern)*
b) Bronchodilation
c) Causes platelet aggregation
d) transmits signals between cells

169. Phagocytic cells in brain - *(ARMSSep 96)*
a) Oligodendrocytes b) Macrophages
c) Microglia d) Astrocytes

170. Phagocytosis is the function of - *(AI 98)*
a) Astrocytes b) Oligodendrocytes
c) Microglia d) Schawan cells

171. Oxygen dependent killing is done through- *(AI07)*
a) NADPH oxidase b) Superoxide dismutase
c) Catalase d) Glutathione peroxidase

172. Most effective bacterial system within phagocytes is- *(AI 09)*
a) Lysozyme mediated
b) Lactoferrin mediated
c) Reactive oxygen metabolite mediated
d) Cationic basic protein mediated

173. Which of the following helps in generating reactive 02 intermediates in neutrophils-
a) NADPH Oxidase *(AI 08, ARMS Nov 08)*
b) Superoxide dismutase (SOD)
c) Catalase
d) Glutathione peroxidase

150) d 151) d 152)b 153)None>b 154)A11 155)d 156)b 157)a 158)d 159)c 160)b 161)b 162)c
163) d 164)c 165) b 166)a 167)b 168)a 169)c 170)c 171)a 172)c 173)a

174. All of the following enzymes may contribute in generating free oxygen radicals within neutrophils for killing intracellular bacteria, except - *(AI11)*
a) Superoxide dismutase b) Fenton's reaction
c) NADPH oxidase d) Glutathione peroxidase

175. Which of the following enzymes are responsible for generating 'oxygen burst' within neutrophils for killing intracellular bacteria? *(AI 11)*
a) Superoxide dismutase b) Glutathione peroxidase
c) Oxidase d) Catalase

176. The process increasing the ability for phagocytosis of foreign bodies by body is called - *(PGI 95)*
a) Cross reactivity b) Opsonisation
c) Immune Tolerance d) Immune Surveillance

177. Basement membrane degeneration is mediated by -
a) Metalloproteinases b) Oxidases*(AI 08)*
c) Elastases d) Hydrocylases

178. All are components of basement membrane except -
a) Nodogen b) Laminin *(AIIMSNov 07)*
c) Entactin d) Rhodopsin

179. The most abundant glycoprotein present in basement membrane is - *(AI 04, 95)*
a) Laminin b) Fibronectin
c) Collagen type 4 d) Heparan sulphate

180. Triple helix is found in - *(AI 98)*
a) Cystine b) Collagen
c) Pectin d)DNA

181. Articular cartilage is made up of- *(PGI79JIPMER 81)*
a) Type I collagen b) Type II collagen
c) Type III collagen d) Type IV collagen

182. Collagen most abundant in Hyaline cartilage -
a) Type I b) Type II *(AIIMSNov 07)*
c) Type III d) Type IV

183. Which are not labile cells- *(AI 93)*
a) Bone marrow b) Intestitial mucosa
c) Epithelium of skin d) Hepatocytes

184. True about stem cells - *(PGI June 03)*
a) Found in yolk sac
b) Used in gene therapy
c) Terminally matured cells
d) Found in peripheral circulation

185. Which of the following statements is not correct regarding stem cell? *(DPG11)*
a) Developmental elasticity
b) Transdifferentiation
c) Can be harvested from embryo
d) Knock out mice made possible because of it

186. OVAL cells seen in stem cells of -*(NEET/DNB Pattern)*
a) Skin b) Cornea
c) Liver d) Bone

187. Stem cells are taken from all except - *(NEET/DNB Pattern)*
a) Liver b) Bone marrow
c) Blood d) Adiposetissue

188. Hematopoetic stem cell differ from progenitor stem cell in that they can - *(AIIMSMay 12)*
a) Form terminally differentiated cells
b) Long term reconstitution of bone marrow
c) Produce growth factors
d) Have receptors for anchoring proteins

189. Characteristic of protective epithelium is -
a) Regeneration of membrane *(AIIMS May 94)*
b) Microvilli
c) Thinness
d) Pinocytic vesicle

190. Formation of granulation tissue is due to -
a) Thrombosed vessels *(AIIMSDec 97)*
b) Budding of new capillaries
c) Mucosal proliferation
d) Infiltration of cells.

191. Wound contraction is mediated by - *(AI 00)*
a) Myofibroblasts b) Epithelial cells
c) Collagen d)Elastin

192. The normal tensile strength of tissue at the site of wound is gained after - *(AIIMS 81)*
a) One week of wound healing
b) Two weeks of wound healing
c) Two months of wound healing
d) Two years of wound healing

193. Fibroblast is derived from - *(PGIDec 98)*
a) Local mesenchyme b) Macrophage
c) Endothelium d) Vessels

194. Maximum collagen in wound healing is seen at -
a) End of first week *(NEET/DNB Pattern)*
b) End of second week
c) End of third week
d) End of 2 months

195. Acid phosphatase is specific to which of the following cells - *(AIIMS Nov 06)*
a) Monocyte b) Tlymphocyte
c) B lymphocyte d) Myelocytes

196. Febrile response in CNS is mediated by-
a) Bacterial toxin b)IL-l *(PGIDec 03)*
c) *TLr6* d) Interferon
e) TNF

197. **Fever occurs due to -** *(NEET/DNB Pattern)*
a) EL 1 b) Endoephin
c) Enkephalin d) Histamine

198. All of the following are pyrogenic cytokines, Except- *(AI 12)*
a) Interleuken 18 (IL-18)
b) Interleuken 6 (IL-6)
c) Tumor Necrosis Factor (TNF)
d) Interferon a (IFN-a)

199. Acute phase reactants of inflammation are-fPG/ *08)*
a) Haptoglobin
b) C-reactive protein (CRP)
c) Transferrin
d) Prostaglandins
e) Fibrinogen

174)d>a 175) c 176)b 177) a 178) d 179) a 180)b 181)b 182)b 183)d 184)a,d 185) a 186)c 187) a
188)b 189)a 190)b 191)a 192)None 193)a 194)c 195)a 196)All 197)a 198)a 199) a,b,c,e

200. The foreign body giants cells - *(AIMS87, AI88)*
a) Has 60-100 nuclei
b) Arranged at the periphery of the cell
c) Associated with TB, syphilis, leprosy
d) In TB they are called Langhans Giant cells

201. Touton Giant cells are seen in - *(PGI96)*
a) Cat scatch disease b) Sarcoidosis
c) Xanthomas d) Neurofibroma

202. Complete wound strength is gained by?
a) Never regained b) 1 month *(DNBDec 11)*
c) 6 months d) 1 year

203. Interleukin responsible for pyrexia is?
a) IL1 b) IL6 *(DNB June 11)*
c) INF gamma d)IFN alpha

204. Which among the following is not an adhesion molecule? *(DNB Dec 10)*
a) Integrin b) Selectin
c) Interferon d) Transferrin

205. Resolution of inflammation caused by -
a) TNF Alfa, EL-1 and CRP *(DNB Dec 10)*
b) TNF beta, IL-6 and CRP
c) TNF Alfa, IL 10 and IL 1 receptor antagonist
d) TNF gamma

206. Histamine causes all except - *(DNB June 10)*
a) Arteriolar dilatation
b) Increased permeability of venules
c) Constriction of large arteries
d) Platelet aggregation

207. C in CRP stands for - *(DNB June 10)*
a) ConcanavalinA
b) Chondrotin sulfate in series with ARP, BRP
c) Capsular polysaccharide of pneumococcus
d) Cellular

208. Most characteric features of acture inflammation is- *(DNB Dec 09)*
a) Vasoconstriction
b) Vascular stasis
c) Vasodilation and increased vascular permeability
d) Margination of leukocytes

209. Which of the folloiwng is not a labile cell -
a) Bone marrow *(DNB Dec 08)*
b) Epidermal cells
c) Small intesting mucosa
d) Hepatocytes

210. Which of the following is not an acute phase reactant - *(DNB Dec 08)*
a) CRP b) Fibrinogen
c) Tissue factor d) Serum amyloid A

211. Rubor in inflammation is due to - *(DNB Dec 08)*
a) Dilation of arterioles
b) Increased vascular permeability
c) Increased viscocity of blood
d) Edema

212. Principal cell in granuloma is - *(DNB June 07)*
a) Lymphocyte b) Histiocyte
c) Langhyans d) Giant cell

213. Rubor in inflammation is due to - *(Jipmer 11)*
a) Dilation of arterioles
b) Increased vascular permeability
c) Increased viscocity of blood
d) Edema

214. Exudation of plasma and Leucocytes in acute inflamation is from the - *(PGI 89)*
a) Venules b) Capillaries
c) Arterioles d) Arterioles and capillaries

215. Immediate transient type of increase vascular permeability in acute inflammation - *(Orissa 98)*
a) Venules b) Capillaries
c) Arterioles d) None

216. Epitheloid cell is a modified - *(NIMS 96)*
a) Lymphocyte b) Macrophage
c) Mast cell d) Eosinophil

217. The nuclei of langerhan's giants cells - *(AIMS 86)*
a) Are present at the centre
b) Form a network
c) Are arranged radially
d) Are arranged around the periphery
e) Are fused to form single mass

218. Epitheloid like giant cells are seen in all the following except- *(JIPMER93)*
a) Leprosy b) Ulcerative Colitis
c) Crohns disease d) Brucellosis

219. Immune granulomas are not seen in - *(Kerala 97)*
a) Tuberculosis b) Syphilis
c) Silicosis d) Berryliosis

220. When leukocytes are arranged along the endothelium of blood vessels it is called - *(AMU 05)*
a) Diapedesis b) Adhesion
c) Margination d) Chemotaxis

221. The complex process of leukocyte movements through the blood vessels are all EXCEPT - *(UP 08)*
a) Rolling b) Adhesion
c) Migration d) Phagocytosis

222. The 4 classical features of inflammation are described by - *(TN 95)*
a) Celsus b) Hippocrates
c) Aristotle d) Galen

223. Macrophages are seen in - *(CUPGE97)*
a) Early inflammation b) Late inflammation
c) Wound repair d) Healing

224. Bradykinin is a clevage product of - *(TNPSC2K)*
a) Kininogen b) Prekallikrein
c) Kallikrien d) Histamine

225. Vascular dilation in the inflammatory response is mediated by all the following EXCEPT -
a) Prostaglandins b) C3a *(Karnat99)*
c) Leukotrienes d)C5a

226. Which leukotriene is the adhesion factor for the neutrophil on the cell surface to attach to endothelium- *(JIPMER 2001)*
a) B4 b)C4
c) m d)E4

200)a,c 201)c 202)a 203)a>b 204)d 205)None>c 206)d 207)c 208) c 209)d 210)c 211)a 212)b
213)a 214)a 215)a 216) b 217)d 218)c 219)c 220)c 221)d 222)a 223)b 224)a 225)c 226)a

227. Chemotaxis is promoted by the all except - *(AI89)*
a) Lymphokine b) Kallikerine
c) Serotonin d) Complement factor c_5

228. Chemotaxis is mediated by- *(ICS98)*
a) Histamine
b) Leukotriene B4 and C5a
c) Leukotriene C4 and C3a
d) Bradykinin

229. The most important meditor of chemotaxis among following is - *(Delhi 96)*
a) C3b b) C5a
c) C567 d)C2

230. Endogenous chemoattractants are all except -
a) C5a b)Integrins *(MH10)*
c) LIB4 d)IL8

231. In Lipooxygenase pathway, the formation of the arachidonic acids products which of the following helps in the promote platelet aggregation and vasoconstriction - *(UP 08)*
a) C5a b) Thromboxane A_2
c) Leukotriene B_4 d) C_f activators

232. Phagocytosis is not done by - *(MP 2K)*
a) NK cells b) Histiocytes
c) WBC d) Macrophages

233. Opsninsis- *(APPG2006)*
a) C3a
b) lgM
c) Carbothydrate binding proteins
d) Selections

234. Most important inflammatory mediator- *(IN 99)*
a) TNF b) IL2
c) Interferon d)PAF

235. In acute inflammation pain is mediated by -
a) Serotonin b) Histamine *(TN03)*
c) Bradykinin d) Cytokines

236. Phagocytic cells elaborate - *(JIPMER 01)*
a) Prostaglandins b) Thromboxane A
c) Leukotrienes d) All of the above

237. The Eosinophils secrets all EXCEPT - *(UP 07, 05)*
a) Major basic protein
b) Hydrolytic enzyme
c) Reactive form of 0_2
d) Eosinophilic chemotactic factor

238. In genetic deficiency of MPO the increased susceptibility to infection is due to - *(DELHIPG Feb. 09)*
a) Defective production of Prostaglandins
b) Defective rolling of neutrophils
c) Inability to produce hydroxyl-halide radicals
d) Inability to produce hydrogen peroxide

239. Integrins include all the following Receptor except -
a) Fibronectin *(Karnat 99)*
b) Glycoprotein on platelet surface
c) Leukocyte adhesion molecule
d) Platelet derived growth factor

240. Regeneration is replacement of lost tissue by -
a) Surface epithelium *(SGPGI05)*
b) Granulation tissue
c) Living tissue of any kind
d) Living tissue of similar kind

241. Myofibroblast is seen in - *(JIPMER 90)*
a) Normal connective tissue
b) Muscle septa
c) Wound margin
d) Bronchus

242. Angiogenesis is - *(UP 07)*
a) Formation of the new blood vessels
b) Repair by connective tissues
c) Formation of the blood clot
d) All of the above

243. Which occurs first in wound healing - *(HP2006)*
a) Thin continuous epithelial cover appears
b) Fibroblasts lay down collagen fiber
c) Granulation tissue fills the wound
d) Neutrophils line the wound edge

244. The tensile strength of the wound starts and increase after - *(DELHIPG Feb. 09)*
a) Immediate suture of the wound
b) 3 to 4 days
c) 7 to 10 days
d) 6 months

245. Laminin is present in - *(KERALA98)*
a) Lens b) Basement membrane
c) Liver d) Lungs

246. Laminin and fibronectin are involved in all the following cell function except - *(Karnat 99)*
a) Adhesion b) Migration
c) Apoptosis d) Differentiation

247. Keloid scars is made up of - *(JIPMER 98)*
a) Dense collagen b) Loose fibrous tissue
c) Granulamatous tissue d) Loose areolar tissue

248. Highest concentration of hydroxy proline is seen in- *(JIPMER98)*
a) Elastin b) Collagen
c) Fibrous tissue d) Gelatin

249. Wound healing is the summation of following processes except - *(UPSC02)*
a) Coagulation b) Matrix synthesis
c) Angiogenesis d) Fibrolysis

250. Complete restoration of tensile strength of the wound comparable to normal tissue takes as long as-
a) Two weeks b) Six weeks *(UPSC 02)*
c) Six months d) Two years

HEMODYNAMICS

251. Oedema is caused by fall in plasma protein below
a) 0.5% b) 5% *(DNB88)*
c) 15% d)50%
e) 85%

227)c 228)b 229)b 230)b 231)b 232)a 233)a 234)a 235)c 236)a,c 237)b,d 238)c 239)d 240)d
241) c 242) a 243) d 244) c 245) b 246) c 247) a 248) b 249) d 250) None 251) d

252. Increased blood volume in a tissue is known as -
a) Hypermia b) Edema *(PGI Dec 07)*
c) Congestion d) Purpura
e) Petechiae

253. Following injury to a blood vessel; Immediate haemostasis is achieved by - *(NEET/DNB Pattern)*
a) Fibrin deposition b) Vasoconstriction
c) Platelet adhesion d) Thrombosis

254. All the following occur in hemostasis except -
a) Vasospams of blood vessel *(PGI June 08)*
b) Platelet plug formation
c) Dissolution of clot by plasmin
d) Formation of fibrin clot

255. The blood in the vessels normally does not clot because - *(AI 04)*
a) Vitamin K antagonists are present in plasma
b) Thrombin has a positive feedback on plasminogen
c) Sodium citrate in plasma chelates calcium ions
d) Vascular endothelium is smooth and coated with glycocalyx

256. All endothelial cells produce thrombomodulin except those found in- *(NEET/DNBPattern, AI 05)*
a) Hepatic circulation
b) Cutaneous circulation
c) Cerebral microcirculation
d) Renal circulation

257. Platelet aggregation in vivo is mediated by -
a) Swelling *(PGI Dec 03)*
b) Ig mediators
c) Interaction among the leukocyte
d) Interaction among the platelets
e) Macromolecules

258. Thromboxane *(PGIDec 07)*
a) Formed by platelets b) Formed from PGG^PGFL,
c) Prothrombotic d) Vasoconstrictor
e) Vasodilator

259. Which of the following is a procoagulation protein -
a) Thrombomodulin b) Protein C *(AI04)*
c) Protein S d) Thrombin

260. All of the following are true about blood coagulation, except- *(AI 11)*
a) Factor X is part of both intrinsic and extrinsic pathways
b) Extrinsic pathway is activated by contact with negatively charged surfaces
c) Intrinsic pathway can be activated in vitro
d) Calcium is required in several steps of coagulation

261. Fibrin is degraded by- *(NEET/DNB Pattern)*
a) Plasminogen b) Thromboplastin
c) Plasmin d) FD

262. Virchow's triad for thrombosis include all except -
a) Stasis *(AI 97, AIIMS Nov 08)*
b) Endothelial injury
c) Hypercoagulability
d) platelet thrombis

263. Arterial thrombosis is seen in - *(PGI June 03)*
a) Homocystinemia
b) Anti phospholipid synd
c) Protein S deficiency
d) Protein C deficiency
e) Antithrombin III deficiency

264. Inherited coagulation disorder - *(PGIDec 05)*
a) Protein C deficiency b) Protein S deficiency
c) Leiden factor d) Lupus anticoagulant
e) Anti cardiolipin

265. Predisposing factor for venous thrombosis -
a) AT III deficiency *(PGIDec 04)*
b) Protein S deficiency
c) Protein C deficiency
d) Dysfibrinogenemia

266. Inherited coagulation defect with T coagulation is found in - *(PGIDec 07)*
a) Protein C deficiency
b) Protein S deficiency
c) Antithrombin III deficiency
d) Protein C resistance
e) Dysfibrinogenemia

267. All of the following conditions may predispose to pulmonary embolism except - *(AI 03)*
a) Protein S deficiency b) Malignancy
c) Obesity d) Progesterone therapy

268. Hypercoagulability due to defective factor V gene is called - *(AIIMS Nov 03)*
a) Lisbon mutation
b) Leiden mutation
c) Antiphospholipid syndrome
d) Inducible thrombocytopenia syndrome

269. Which of the following present with recurrent episodes of upper limb thrombosis - *(AIIMS June 98)*
a) Prostatic Ca.
b) Pancreatic Ca.
c) Osteo Sa.
d) Acute promyelocytic leukemia

270. All are predisposing factors of Deep Vein thrombosis,except- *(NEET/DNB Pattern)*
■ a) Cushing's syndrome b) Hip surgery
.VI* c) Lower limbfrauiha d) Subungualmelanoma

271. All of the following are risk factors for deep vein thrombosis (DVT) except - *(AI 03)*
a) Duration of surgery more than thirty minutes
b) Obesity
c) Age less than 40 years
d) Use of oestrogen - progesterone contraceptive pills

272. All are hypercoagulable states, except -
a) Protein C resistance *(AIIMS June 98)*
b) Protein S deficiency
c) Antiphospholipid antibody
d) Polycythemia

252)a,c 253)b 254)None 255)d 256)c 257)b,d,e 258)a,b,c,d 259)d -260)b 261)c 262)d 263)a,b
264) a,b,c 265) All 266) All 267) d 268) b 269)a,b,c 270) d 271) c 272) None

273. All increase the chances of Deep Vein Thrombosis except- *(A100)*
a) Oral contraceptive pills
b) Hypertension
c) Superficial thrombophlebitis
d) Myocardial Infaction

274. A patient with cirrhosis of liver has the following coagulation parameters, Platelet count 2,00,000, Prothrombin time 25s/12s, Activated partial thromboplastin time 60s/35s, thrombin time 15s/ 15s. In this patient - *(AIIMS May 04)*
a) D-dimer will be normal
b) Fibrinogen will be < 100 mg
c) ATIII will be high
d) Protein C will be elevated

275. The most common source of embolism - *(NEET/DNB Pattern)*
a) DVT b) Trauma
c) Infection d) Surgery

276. Which of the following is true of fat embolism -
a) Thrombocytopenia *(PGIJune05)*
b) Macroglobulinemia
c) Prothrombin time increased
d) Fat globules in urine

277. Leiden factori&tg *(tiMT/DM 'PuttemJj*
a) Factor VIb) Factor VHI
c) Factor IV d) Factor V

278. Pale infarcts are seen at all of the following sites except- *(AIIMSNov 10, AI97)*
a) Heart b) Spleen
c) Kidney d) Lung

279. Pale infarct is seen in following except -
a) Lung b) Liver *(AIIMS Nov 10)*
c) Kidney d) Brain

280. On sectioning of an organ at the time of autopsy, a focal, wedge-shaped firm area is seen accompanied by extensive hemorrhage, with a red appearance. The lesion has a base on the surface of the organ. This findings is typically of - *(AIIMSMay 03)*
a) Lung with pulmonary thromboembolism
b) Heart with coronary thrombosis
c) Liver with hypovolemic shock
d) Kidney with septic embolus

281. White infact is seen in - *(NEET/DNB Pattern)*
a) Lung b) Intestine
c) Liver d) Ovary

282. Haemorrhagic infarct may be seen in - *(AI99)*
a) Brain b)Lung
c) Spleen d) Heart

283. In shock, characteristic feature is - *(PGI97)*
a) Cardiac failure b) Poor perfusion of tissues
c) Cyanosis d) Oedema

284. True about shock - *(PGI99)*
a) In early stage cardiac output and BP are maintained
b) There is decreased sympathetic activity
c) Renin secretion may be increased
d) Aldosterone secretion is decreased

285. Severe hypovalemic shock occurs when blood volume less is - *(AI94)*
a) >10% b)>20%
c) >30% d) > 40 %

286. Endotoxin shock is initiated by - *(AIIMSNov 10)*
a) Endothelial injury
b) Peripheral vasodilation
c) Increased vascular permeability
d) Cytokines action

287. In gram negative septicemia, early findings setting before shock of florid is - *(AI 99)*
a) T Cardiac output, T Total peripheral resistance
b) T Cardiac output, -*l* Total peripheral resistance
c) -*l* Cardiac output, T Total peripheral resistance
d) *i* Cardiac output, -*l* Total peripheral resistance

288. Early sepsis is characterized by a/e - *(PGI June 01)*
a) Confusion & restlessness
b) Bradycardia
c) Hypotension
d) Sweating
e) Cold extremities

289. Cytokines are secreted in sepsis and Systemic inflammatory Response syndrome (SIRS) by -
a) Neutrophils b) Adrenal *(PGIDEC 01)*
c) Platelets d) Collecting duct
e) Renal cortex

290. In cardiac shock - *(PGIDec 02)*
a) SBP<90mmofHg
b) DBP < 80 mm of Hg
c) Urine output < 20 ml/hr
d) Cardiac index <3.5
e) Stroke volume 70 ml

291. Peripheral resistance is decreased in which type of shock- *(PGI2000)*
a) Hypovolemic shock b) Neurogenic shock
c) Septic shock d) Cardiogenic shock

292. The histological features of shock includes-
a) ATN *(PGI June 02)*
b) Pulmonary congestion
c) Depletion of lipids in adrenal cortex
d) Hepatic necrosis
e) Depletion of lymphocytes

293. Platelet Dens granules contain all except -
a) ADP b) 5-HT *(DNB June 11)*
c) Calcium d)VwF

294. White infarcts are seen in the following, except -
a) Liver b) Kidney *(DNB June 09)*
c) Spleen d) Heart

295. Oedema is caused by fall in plasma proteins below -
a) 0.5% b) 5% *(DNB June 08)*
c) 15% d) 50%

296. The commonest site of thrombosis is-
a) Vein b) Artery *(DNB June 07)*
c) Heart d) Capillary

273) c 274) a 275) a 276) a,d 277) d 278) d 279) a 280) a 281) c 282) b 283) b 284) a,c 285) d 286) d 287)b 288)b,d,e 289)a 290)a 291)b,c 292)a,b,c,d 293)d 294)None 295)d 296)a

297. Organ most vulnerable to ischaemic due to shock-
a) Lungs b) Adrenals *(DNB June07)*
c) Kidney d) Heart

298. Cells most sensitive to hypoxia are - *(Kara. 94)*
a) Myocardial cells b) Neurons
c) Hepatocytes d) Renal tubular epithelial cells

299. Which is the least resistant to 0_2 depletion -
a) Liver b) Heart *(Kerala03)*
c) Kidney d) Spleen

300. Primary causes of non- inflammatory oedema include all of the following except - *(KARN. 94)*
a) Increase in intra - vascular hydrostatic pressure
b) Increased vascular permeability
c) Diminished plasma colloid oncotic pressure
d) Lymphatic obstruction

301. Lines ofZahn occur in- *(AI90)*
a) Postmortem clot b) Infarct
c) Embolus d) Coralline thrombus

302. Migratory thrombophelibitis is seen in - *(UP 07)*
a) Dissaminated cancer
b) Rheumatic heart disease
c) Libman - sacks endocarditis
d) All of the above

303. All of the following are true of red infarction, except-
a) Occurs with venous occlusion *(J &K 05)*
b) Seen in loose tissues
c) Occurs in end arterial occlusion
d) Occurs in previously congested tissue

304. Red infarction is seen in - *(KERALA 94)*
a) Kidney b) Brain
c) Small instestine d) Heart

305. Following pathogenetic mechanisms operate in septic shock except - *(KARN. 84)*
a) Increased peripheral vascular resistance
b) Veno constriction
c) Direct toxic endothelial injury
d) Activation of complement

306. The first effect of endotoxin is - *(TN99)*
a) Endothelial damage b) Perivascular necrosis
c) DIC d) All the above

307. Which one of the following factors is labelled as cytokine in the pathogenesis of systemic inflammatory response syndrome (SIRS) ?
a) Nitric oxide b) Complements *(UPSC-II08)*
c) Leukotrienes d) Tumor Necrosis factor

308. All predispose to thrombosis except - *(ICS 98)*
a) Homocystinuria b)PNH
c) Polycythemia d) Hypomagnesemia

309. Thrombomodulin thrombin complex prevents clotting because - *(DPG11)*
a) Thrombomodulin inhibits prothrombin activator
b) The complex activates antithrombin III
c) Thrombomodulin-thrombin complex activates heparin
d) The complex removes thrombin and also activates protein kinase **'C'** which inactivates factors V & VIII

IMMUNITY

310. Features of innate immunity A/E - *(PG1 June 06)*
a) Recognizes foreign antigen in blood
b) C reactive protein
c) Complement protein is a part of innate immune system
d) Includes phagocytes and natural killer cells

311. Which is conerned with cell mediated immunity -
a) B-Lymphocytes b) T-Lymphocytes *(AI98)*
c) Eosinophils d) Monocytes

312. CD8 cell - *(NEET/DNB Pattern)*
a) T-cells b)B-cells
c) Null cells d) Macrophages

313. All of the following are functions of CD 4 helper cells, except - *(AIIMS May 11,10, AI 09)*
a) Immunogenic memory
b) Produce immnoglobulins
c) Activate macrophages
d) Activate cytotoxic cells

314. Primary role of T-Lymphocytes is - *(PGI Dec 98)*
a) Antibody formation
b) Delayed hypersensitivity
c) Complement production
d) All of the above

315. The following interleukin is characteristically produced in a T_H1 response - *(NEET/DNB Pattern, AIIMS Nov 04)*
a) JLr2 b)RA
c) IL-5 d) IL-10

316. Interleukin produced characteristically by THj -
a) Interleukin 2 b) IL 5 *(PGI June 06)*
c) IL y d) INF y
e) IL10

317. Plasma cells are derived from - *(AI 99)*
a) T cells b) B cells
c) Macrophages d) Neutrophils

318. IgE is secreted by - *(PGI 02)*
a) Mast cell b) Basophils
c) Eosinophils d) Plasma cells
e) Neutrophils

319. Following injection of lymphokines, the same class of immunoglobulin are produced. This is to be referred as - *(AIIMS May01)*
a) Group switching b) Clonal selection
c) Hybridisation d) Class switching

320. Natural killer cells attacks which of the following cells- *(AIIMS Nov06)*
a) Cells which express MHC 1
b) Cells which are not able to express MHC 1
c) MHC cells which express MHC 2
d) Cells which are not able to express MHC

321. Apart from T & B lymphocytes, the other class of lymphocytes is - *(PGI 2002)*
a) Macrophages b) Astrocytes
c) NK cells d) Langerhanscells

297) d 298) b 299) b 300) b 301) d 302) a 303) c 304) c 305) a 306) a 307) d 308) d 309) d 310) a
31 l)b 312)a 313)b 314)b 315)a 316)a,d 317)b 318)d 319)b 320)b 321)c

322. All of the following statements about NK cells are true except - *(AI03)*
a) They are derived from large granular cells.
b) They comprise about 5% of human peripheral lymphoid cells.
c) They are MHC restricted cytotoxic cells
d) They express IgG Fc receptors

323. The following feature is common to both cytotoxic T - cells and NK cells - *(AI 02)*
a) Synthesize antibody
b) Require antibodies to be present for action
c) Effective against virus infected cells
d) Recognize antigen in association with HLA class n markers

324. NK cells express - *(NEET/DNB Pattern)*
a) CD 15,064111 b)CD16,C6561 p 8|f
c) CD 16,CD 57 d) CD21 CD 66

325. Immunity against cancer cells - *(NEET/DNB Pattern)*
a) Basophills b) EosinopliiLs
c) NK cells d) Neutrophils

326. NK cell CD marker is - *(NEET/DNB Pattern)*
a)16 b) 60
c) 32 d) 25

327. Antigen presenting cells are - *(PGI June 06)*
a) Langerhans cell b) Macrophage
c) Cytotoxic T cells d) Helper T cells
e) B lymphocyte

328. Most potent stimulator of Naive T-cells - *(NEET/DNB Pattern, AIIMS Nov 08, 05)*
a) Mature dentritic cells
b) Follicular dentritic cells
c) Macrophages
d) B-cell

329. Antigen presenting cells are all of the following except - *(ARMS May 02)*
a) Astrocytes b) Endothelial cells
c) Epithelial cells d) Langerhans cells

330. All are antigen presenting cells except - *(AI 08)*
a) Langerhan's cell b) Dendritic cells
c) T-cells d)B-cells

331. Before sensitizing T-cells slight modification in antigen is induced by - *(PGI June 06)*
a) Langerhans cell
b) NKcell
c) Dendritic cells

332. Langerhan's cells are - *(AI 98, 97, 96)*
a) Phagocytic cells
b) Antigen presenting cells
c) Seen in auto immune conditions
d) Seen in chronic infection

333. Toll like receptors, recognize bacterial products and stimulates immune response by - *(AIIMSNov 06)*
a) Perforin and granzyme mediated apoptosis
b) FADD ligand apoptosis
c) Transcriptions of nuclear factor mediated by NFKb which recruits cytokines
d) Cyclin

334. Which toll like receptors are involved in action of bacterial endotoxins - *(PGI June 07)*
a) I b) II
c) m d)IV
d) V

335. Which of the following is not true regarding super-antigens- *(AI08)*
a) Bind T cells irrespective of antigen specificity of TCR
b) Bind directly to both MHC II and T cell receptor causing T cell activation
c) Bind to cleft (or antigen binding groove) in the MHC II molecule
d) Binds directly to lateral aspect of T cell receptor

336. MHC class HI genes encode - *(AI 03)*
a) Complement component C3
b) Tumor necrosis factor
c) Interleukin 2
d) Beta 2 microglobulin

337. Cell type which lacks HLA antigen is - *(ARMSMay 05)*
a) Monocyte b) Thrombocytes
c) Neutrophil d) Red blood cell

338. HLA is located on - *(AIIMSNov 09, 08)*
a) Short arm of chr-6 b) Long arm of chr-6
c) Short arm of chr-3 d) Long arm of chr-3

339. The HLA class III region genes are important elements in - *(AI 03)*
a) Transplant rejection phenomenon
b) Governing susceptibility to autoimmune disease
c) Immune surveillance
d) Antigen presentation and elimination

340. MHC restriction is a part of all except -
a) Antiviral cytotoxic T cell *(ARMS May 09)*
b) Antibacterial helper T cell/cytotoxic cells
c) Allograft rejection
d) Autoimmune disorder

341. Mixed lymphocyte culture is used to indentify -
a) MHC class I antigen *(ARMS Nov 02)*
b) MHC class II antigen.
c) B lymphocytes
d) T helper cells

342. HLA typing is useful in - *(PGI June 06)*
a) Disputed paternity b) Thanatology
c) Organ transplant d) Dactylography

343. True about MHC-class H - *(PGI June 06)*
a) Not involved in innate immunity
b) Cytotoxic T-cell involved
c) Present in nucleated cells
d) Present in B-Cells

344. MHC class I represented on - *(NEET/DNB Pattern)*
a) All cells b) All nucleated cells
c) RBCs d) None

345. True statements are all except - *(AI 00)*
a) Chromosome 6 harbours the gene for MHC.
b) Genes encoding compliments are located adjacent to class-1 molecules
c) Monocytes have MHC class II antigens on their surfaces
d) Class III MHC does not encode complement

322) c 323) b 324) b 325) c 326) a 327)a,b,e 328) a 329)a,b,c 330) c 331)a,c 332) b 333) c 334) b,d
335) c 336) b 337) d 338) a 339) b 340) d 341) b 342) a,c 343) a,d 344) b 345) d

346. HLA - B27 is associated with - *(AI01)*
a) Ankylosing spondylitis
b) Rheumatoid arthritis
c) Chronic active hepatitis
d) Diabetes

347. HLA B27 is not seen in - *(NEET/DNB Pattern)*
a) SLE b) Ankylosing spondylitis
c) Reiter^ syndrome d) Psoriotic arthritis.

348. HLA associated with rheumatoid arthritis -
a) DR1 b) DR2 *(PGI May 10)*
c) DR3 d)DR4
e) DR5

349. Which of the following surface glycoproteins is most often expressed in human hematopoietic stem cell -
a) CD 22 b) CD 40 *(AIIMSNov 05)*
c) CD 15 d) CD 34

350. Not a B-cell marker - *(AIIMSNov 09)*
a) CD 19 b) CD 20
c) CD 134 d)CD 10

351. All are B cell marker except - *(AIIMSMay 07)*
a) CD-15 b)CD-19
c) CD-21 d) CD-23

352. The marker for B lymphocyte is - *(AI 00)*
a) CD 19 b) CD 68
c) CD 34 d)CD4

353. Memory T cells can be identified by using the following marker - *(AI 03)*
a) CD45RA b)CD45RB
c) CD45RC d) CD45RO

354. Which of the following is a pan-T lymphocyte marker - *(AI 03)*
a) CD2 b)CD3
c) CD19 d) CD25

355. CD-95 has a major role in - *(AIIMS Nov 03)*
a) Apoptosis b) Cell necrosis
c) Interferon activation d) Proteolysis

356. CD - 95 is a marker of - *(NEET/DNB Pattern)*
a) Death receptor ;b) MHC coritplex^:';; y ;
c) T helper cells d) NK cells;

357. Which of these is false regarding cytokines -
a) Mediators of inflammation *(AIIMS Dec 97)*
b) Produced by macrophages
c) Are soluble proteins
d) Does not mediate specific reactions

358. Cytokines - *(PGI Dec 05)*
a) Includes interleukins
b) Produce only in sepsis
c) Are polypeptide (complex protein)
d) Highly specific action

359. Interleukin secreted by macrophages, stimulating lymphocytes is - *(AIIMS May 01)*
a) INF alpha b) TNF alpha
c) EL-1 d)IL-6

360. IL-2 is secreted by- *(AIIMS Feb 97)*
a) CD4 lymphocytes b) CD8 cells
c) Macrophages d) Neutrophils

361. Eosinophils are activated by • *(NEET/DNB Pattern)*
a) IL1, b)IL5
c) IL4

362." Type I hypersensitivity is mediated by which of the following immunoglobulins ? *(AI 07, 05)*
a) IgA b) IgG
c) IgM d)IgE

363. The most important cells in type I hypersensitivity -
a) Macrophages b) Mast cells *(AI92)*
c) Neutrophils d) Lymphocytes

364. Mast cell synthesize and/or secrete - *(PGI June 03)*
a) Adrenaline b)Ach
c) Histamine d) Heparin

365. Ram Devi presented with generalized edema sweating and flushing tachycardia and fever after bee sting. This is - *(AIIMS Nov 01)*
a) T cell mediated cytotoxicity
b) IgE mediated reaction
c) IgG mediated reaction
d) IgA mediated hypersensitivity reaction

366. A15 year old healthy boy with no major medical problem complaints that he breaks out with blocky areas of erythema that are pruritic over skin of his arm, leg and trunk every time within an hour of eating sea foods. The clinical features are suggestive of- *(AI 03)*
a) Localised immune - complex deposion
b) Cell modulatedhypersensitivity
c) Localized anaphylaxis
d) Release of complement C3b

367. Type H hypersensitivity is mediated by -
a) Immune complex b) Ig G *(PGI June 08)*
c) IgM d)Complement
e) IgE

368. Immune complex mediated reaction - *(AI99)*
a) Type I b) Type II
c) Type III d) Type IV

369. Type IV hypersensitivity is - *(AI 9 7)*
a) IgE mediated b) Immune complex mediated
c) Cell mediated d) Antibody mediated

370. Epithelial granuloma is caused by- *(PGI 02)*
a) Neutrophil b) Cylotoxic T-cells
c) Helper T-cells d)NK cells

371. All combinations are true, except - *(AIIMSNov 93)*
a) Erythema nodosum leprosum-Type III hypersensitivity
b) Post streptococcal glomerulonephritis -Type III hypersensitivity
c) Schick test - delayed hypersensitivity
d) Mismatched blood transfusion - Type II hypersensitivity

372. Which of the following immune hypersensitivity reaction is resonsible for Myasthenia Gravis -
a) Type I Hypersensitivity *(AI 12)*
b) Type II Hypersensitivity
c) Type III Hypersensitivity
d) Type IV Hypersensitivity

346)a 347)a 348)b>a,c 349)d 350)c 351)a 352)a 353)d 354)b 355) a 356)a 357)d 358)a,c,d 359)c 360)a 361)b 362)d 363)b 364)c,d,e 365)b 366)c 367)a,c,d 368)c 369)c 370)c 371)c 372)b

373. Example of Type IV hypersensitivity is -
a) Serum sickness *(AIIMSDec94)*
b) Granulomatous reaction
c) Schwartzmann reaction
d) Arthus reaction

374. A 40 year old man has chronic cough with fever for several months. The chest radiograph reveals a diffuse reticulondular pattern. Microscopically on transbronchial biopsy there are focal areas of inflammation containing epitheloid cell granuloma, Langhans giant cells, and lymphocytes. These findings are typical for which of the following type of hypersensitivity immunologic responses -
a) Type I b) Type II *(AIIMSMay 03)*
c) Type III d) Type IV

375. Type IV Hypersensitivity- *(PGIJune06)*
a) Farmer's lung
b) Contact hypersensitivity
c) Immediate hypersensitivity
d) Myasthenia gravis

376. Type H hypersensitivity - *(PGI June 06)*
a) Blood transfusion reaction
b) Arthus reaction
c) Hay Fever
d) Glomerulonephritis

377. Delayed type of hypersensitivity is seen in following except - *(PGIDec 9 7)*
a) Arthus phenomenon b) Contact dermatitis
c) Tuberculin test d) Graft vs host reaction

378. Arthus reaction is what type of hypersensitivity reaction - *(AI07)*
a) Localized immune complex
b) Ag - Ab reaction
c) Compliment mediated
d) Ab mediated

379. Cell mediated immune response is which type of hypersensitivity - *(NEET/DNB Pattern)*
,a)F b) II
c) m d) IV

380. Which is not a type III hypersensitivity reaction -
a) TB b) Rheumatoid arthritis *(AI 95)*
c) SLE d) Arthus reaction

381. Alio graft is between - *(PGIDec 99)*
a) Individuals of same genetic constitution
b) Individuals of same species with different genetic identity
c) Twins
d) Members of different species

382. Most important antigen initiating graft rejection -
a) HLA- Antigen b) MHC - molecule
c) Polysaccharide d) DHA *(PGI Dec 08)*

383. T cell recognize which antigen in graft rejection -
a) MHC H b) MHC I *(AI 98)*
c) Both MHC I & II d) None

884. Preforme&alitibc^^^ause - *(NEET/DNB Pattern, PGI June 06)*
a) Hyperacute rejection
b) Acute rejection
c) Chronic rejection
d) Acute humoral rejection

385. Histology of acute rejection of renal transplant are-
a) Arteriolar hyalinosis *(PGI June 05)*
b) Eosinophilic infiltration
c) Glomerular vasodilation
d) Neutrophilic infiltration
e) Nectrotising vasculitis

386. GVHD- *(PGIDec 05)*
a) Associated with solid organ transplantation
b) Graft must contains immunocompitant T-cell
c) It is seen in immunosupressed persons

387. All are affected in Graft-Versus host reaction -
a) Skin b)GI.T *(AIIMSMay 07)*
c) Liver d)Lung

388. Which of the following statements about graft versus host disease is least correct - *(AI 08)*
a) Occurs when host is immunocompromized
b) Occurs when donor cells are immunocompromized
c) Is also called runt disease
d) A common cause is stem cell transplantation

389. Not true about graft versus host reaction -
a) Lymphocytic infiltration of portal tract
b) Bile duct damage *(PGI Nov 09)*
c) Intrahepatic cholestasis
d) Require liver biopsy for confirmation
e) Endothelitis - lymphocyte in portal vein

390. Autoimmunity can be caused due to all of the following except - *(AIIMS May 05)*
a) The pressure of forbidden clones
b) Expression of cryptic antigens
c) Negative selection of T-cells in the thymus
d) Inappropriate expression of the MHC proteins

391. Which of the following is organ specific - *(AI 9 7)*
a) SLE b)RA
c) Good pasture's syndrome d) PAN

392. All of the following are autoimmune disease except?
a) SLE b) Grave's disease *(AI11)*
c) Myasthenia gravis d) Sickle cell disease

393. Characteristic feature of SLE is - *(PGIDec 99)*
a) Uveitis b) Joint deformity
c) Polyserositis d) Cavitating lesion islung

394. Shrinking lung is a feature of - *(PGI June 99)*
a) SLE b) Rheumatoid arthritis
c) Scleroderma d) Sarcoidosis

395. In which of following arthritis erosions are not seen -
a) Rheumatoid arthritis *(AIIMS May 05)*
b) Systemic lupus erthematosus (SLE)
c) Psoriasis
d) Gout

373)b 374) d 375)b 376) a 377) a 378) a 379) d 380) a 381)b 382) a,b 383) a 384) a 385) d,e 386) a,b,c 387)d 388)b 389)None 390)c 391)c 392)d 393)c 394)a 395)b

396. What is TRUE about antinuclear antibody (ANA) - *(AIIMS May 1993)*
a) Anti-RNA antibody is specific for SLE
b) Double stranded Anti-DNA is specific for SLE
c) ANA normally present in 80%
d) None of the above

397. Speckled pattern is seen in - *(PGI97)*
a) Anti Sm antibody
b) Anti ds DNA antibody
c) Anti histone antibody
d) Anti chromatin antibody

398. Wire loop thickening of glomerular basement membrane is seen in - *(AIIMS May 1993, AI00)*
a) Systemic lupus erythematosus (SLE)
b) Non Insulin Dependent Diabetes Mellitus
c) Rapidly progressive glomerulonephritis
d) Malignant hypertension

399. Characteristic of SLE of Kidney - *(PGI 98)*
a) Wire loop lesion b) Focal sclerosis
c) Focal necrosis d) Generalized sclerosis

400. Which of the following is associated with double stranded DNA antibody - *(AIIMS Dec 94)*
a) Juvenile rheumatoid arthritis
b) SLE
c) Systemic sclerosis
d) Dermatomyositis

401. A 30 year old lady presents to the outpatient department with an Erythematous butterfly rash on her checks. Which of the following antibodies should be assayed initially for her suspected condition - *(AI 12)*
a) Anti-Ds-DNA
b) Anti-Ro-Antibody
c) Anti-Centromere-Antibody
d) Anti-mitochondrial-Antibody

402. Antinuclear antibody specific for SLE is -
a) Anti ds DNA *(PGIDec 97)*
b) Anti nuclear antibodies
c) Anti centromere antibody
d) Anti histone Ab

403. Drug induced lupus antibodies are found in -
a) Anti-Rho b)Ds-DNA *(AIIMSDec 98)*
c) Anti-Sm d) Anti-histone antibody

404. L.E. cell is a - *(JIPMER 85)*
a) Lymphocyte b) Neutrophil
c) Basinophil d) Eosinophil
e) Monocyte

405. Hemotoxylin bodies are seen in ? *(AIIMSMay 08)*
a) SLE b) PAN
c) RA d) Wegners granulomatosis

406. Features of systemic sclerosis are -*(PGI June 03)*
a) Calcinosis
b) Sclerodactyly
c) Raynaud's phenomena
d) Melanin deposition
e) Occurs in old ages

407. All of the following are features of scleroderma except- *(AI95)*
a) Dysphagia
b) Raynaud's phenomenon
c) Skin contracture
d) Calcification in long bones

408. A 35 year old lady complains dysphagia, Raynaud's phenomenon, sclerodactyly. Investigations show antinuclear antibody. The likely diagnosis is -
a) Systemic lupus erythematosis *(AIIMS June 99)*
b) Systemic sclerosis
c) Mixed connective tissue disorder
d) Rheumatoid arthritis

409. Anticentromere antibodies are most commonly associated with- *(AI 06)*
a) Diffuse cutaneous systemic sclerosis
b) Mixed connective tissue disease
c) CREST syndrome
d) Polymyositis

410. Sicca syndrome is associated with all except -
a) Midline granuloma *(AIIMS Feb 97)*
b) Chronic active hepatitis
c) Rheumatoid arthritis
d) Scleroderma

411. All are seen in primary extraglandular Sjogren syndrome except - *(PGI Dec 99)*
a) Rheumatoid arthritis
b) Raynaud's phenomena
c) Lymphoma
d) Splenomegaly

412. Uveoparotitis is seen in - *(PGI June 98)*
a) SLE b) Sjogren's syndrome
c) Rheumatoid arthritis d) Sarcoidosis

413. Auto antibody in Sjogrens syndrome is?
o a) Anti centromere antibody *(NEET/DNB Pattern)*
b) Anti Ro & anti La
c) Anti dsJ3$A.' 'J'f * * * * * ' ' 1
d) Anti RNP 4 - % ^ v * ' *

414. In an immunocompromised patient, what is correct - *(AIIMS May 94)*
a) Complement deficit causes parasitic infection
b) T-cell deficit causes pyogenic bacterial infection
c) B-cell deficit causes capsulated bacterial infection
d) All of the above

415. Lack of leucocyte adhesion molecules (LAM) is associated with - *(AI 98)*
a) Delayed closure of umblical cord
b) Normal chemotaxis
c) Compliment opsinization
d) Neutropenia

416. Which one of the following statements is correct regarding chronic granulomatous disease -
a) It is an autosomal dominant disease
b) It is characterized *(AIIMS Nov 04)* by abnormal bacterial phagocytosis
c) Recurrent streptococcal infections are usual in this disease
d) Nitroblue tetrazolium test is useful for screening

396) b 397) a 398) a 399) a 400) b 401) a 402) a 403) d 404) b,e 405) a 406)a,b,c 407) d 408) b 409) c 410)a 411)a 412)d 413)b 414)b,c 415)a 416)d

417. Nitroblue tetrazolium test is used *for-(AIIMS Nov 08)*
a) Phagocytes b) Complement
c) T cell d) B cell

418. All are true regarding agammaglobulinemia except-
a) Loss of germinal centre in lymph node
b) Normal cortical lymphocytes *(PGI01)*
c) Normal cortical lymphocytes in paracortex and medulla
d) Decreased red pulp in spleen
e) Immunodeficiency (cell mediated)

419. The commonest Primary immunodeficiency is -
a) Common variable immunodeficiency *(AI94, PGI*
b) Isolated IgA immunodeficiency *June 05)*
c) Wiskott-Aldrich syndrome
d) AIDS

420. Which is found in DiGeorge's syndrome - *(PGI 01)*
a) Tetany
b) Eczema
c) Mucocutaneous candidiasis
d) Absent B and T cells
e) Total absence of T cells

421. Thymic hypoplasia is seen in -*(NEET/DNB Pattern)*
a) Wiskott-Aldrich syndrome
b) Digeorge syndrome
c) IgA deficiency
d) Agammaglobulinemia

422. Wiskott Aldrich not true is - *(AIIMS 97)*
a) Raised IgE b) Raised IgM
c) Reduced IgA d) CD4 and CD8 defect

423. IgG is normal or slightly reduced in A/E -*(PGI 97)*
a) Wiskott aldrich syndrome
b) Selective IgA deficiency
c) Di George syndrome
d) Common variable deficiency

424. Adenosine deaminase deficiency is seen in the following- *(AI01, 05)*
a) Common variable immunodeficiency.
b) Severe combined immunodeficiency
c) Chronic granulomatous disease
d) Nezelof syndrome

425. All of the following is true except- *(A1IMS Nov 10, May 09)*
a) NADPH oxidase acts via superoxide ions
b) Chediak-Higashi syndrome is due to defective phagolysosome formation
c) In Brutons agammaglobulinemia opsonisation is not affected
d) Myeloperodixase action is mainly due to OCI-

426. Common variable hypogammaglobulinemia shows-
a) Decreased B cell count *(NEET/DNB Pattern)*
b) Increased B cell count
c) Normal B cell count
d) Absent B cells

427. Which of these is characteristic of amyloidosis- *(AIIMS Dec 98)*
a) Beta pleated, metachromasis, PAS +ve
b) Congophilic, beta pleated, PAS +ve
c) Beta pleated, fibrillary, congophillic
d) Alpha pleated, small fibrils

428. Major fibril protein in Primary Amyloidosis is -
a) AL b)AA *(AI95)*
c) Transthyretin d) Procalcitonin

429. In multiple myeloma-amyloid is - *(PGI June 2000)*
a) AL b) AA
c) ATTR d)Ap_2m

430. Amyloidosis is found in the following except -
a) Multiple myeloma *(PGI June 97)*
b) Hypernephroma
c) Thymoma
d) Lymphoma

431. AA amyloid chain is found in - *(PGIDec 07)*
a) Multiple myeloma
b) Rheumatoid arthritis
c) Gout
d) Familial mediterranean fever
e) Alzheimer disease

432. Which of the following is (are) Heredofamilial amyloidosis - *(PGIMay 10)*
a) Alzheimer's disease
b) Multiple myeloma
c) Familial mediterranean fever
d) RA
e) Systemic senile amyloidosis

433. True regarding amyloidosis are, A/E -
a) Massive proteinuria *(AIIMS June 98)*
b) Mild hypertension
c) Normal kidney size
d) Urinary cast present

434. All of the following statements regarding amyloidosis are true except - *(AI 97)*
a) Multiple myeloma - shows AL type deposits
b) Secondary amyloidosis - shows AA type deposits
c) Renal amyloidosis - shows AA type deposits
d) Renal amyloidosis commonly presents with mild proteinuria

435. Lardaceous spleen is due to deposition of amyloid in- *(AIIMS Nov 02)*
a) Sinusoids of red pulp. b) White pulp,
c) Pencilary artery. d) Splenic trabeculae

436. What is most common cause of death in amyloidosis?
a) Cardiac failure b) Renal failure *(NEET/DNB*
c) Sepsis d) None *Pattern)*

437. Best investigation for diagnosing amyloidosis -
a) Rectal biopsy *(AIIMS May 10, AI 07)*
b) Colonoscopy
c) CT scan
d) Upper GI endoscopy

438. On electron microscopy amyloid characteristically exhibits - *(AIIMS Nov 05)*
a) (J-pleated sheat b) Hyaline globules
c) 7.5-lOnm fibrils d) 20-25 nm fibrils

417) a 418)b,c,d 419) b 420) a,c 421)b 422) b,c 423) a 424) b 425) c 426) c 427) c 428) a 429) a 430) c 431)b,d 432) c,e 433) None 434) c 435) a 436) a 437) a 438) c

439. Amyloid deposits stain positively with all of the following except - *(AIIMS May 06)*
a) Congo-red b) Crystal violet
c) Methenamine silver d) Thioflavin T

440. Stains used in amyloidosis - *(PGIMay 10)*
a) Congo red b) Thioflavin
c) Reticulin d) Grains Iodine
e) PAS

441. Which one of the following stains is specific for Amyloid? *(AI97, 05)*
a) Periodic Acid schif (PAS) b)Alzerianred
c) Congo red d) Von - Kossa

442. A diabetic patient is undergoing dialysis. Aspiration done around the knee joint would show - *(AI07)*
a) A beta 2 microglobulin b)AA
c) AL d)Lactoferrin

443. A 60 year old female is suffereing from renal failure and is on hemodialysis since last 8 years. She developed carpal tunnel syndrome. Which of the following will be associated? *(AIIMSNov 11)*
a) AL b) AA
c) ATTR d) Beta 2 microglobulin

444. Hemodialysis associated with amyloid pattern - *(NEET/DNB Pattern)*
a) AA b) AL
c) Beta - 2- microglobulin d)ATTR

445. Correctly matched pairs in Amyloids-(PG/ *June 06)*
a) Multiple myeloma - light chain
b) Chronic inflammation - AA
c) Cardiac-ATTR
d) Neural - p_2 microglobuliln

446. Familial amyloidotic polyneuropathy is due to amyloidosis of nerves caused by deposition of -
a) Amyloid associated protein *(AIIMS Nov 02)*
b) Mutant Calcitonin
c) Mutant Transthyretin
d) Normal transthyretin

447. True about senile systemic amyloidosis -
a) Systemic involvement present *(PGINov 09)*
b) P amyloid
c) AA amyloid
d) Heart failure is predominant presentation
e) Transthyretin

448. Which type of Amyloidosis is caused by mutation of the transthyretin protein ? *(NEET/DNB Pattern)*
a) Familial Mediterranean fever
b) Familial amyloidotic polyneuropathy
c) Dialysis associated amyloidosis
d) Prion protein associated amyloidosis

449. Amyloidosis is most common seen in - *(NEET/DNB Pattern)*
a) Maturity onset DM
b) Type I DM
c) Type II DM
d) HTN

450. In amyloidosis Beta pleated sheet will be seen in -
a) X-ray crystallography *(AIIMS Nov 06)*
b) Electron microscope
c) Spiral electron microscope
d) Congo red stain

451. Amyloid is found in - *(PGI June 99)*
a) Medullary carcinoma thyroid
b) ALL
c) Cirrhosis
d) Budd chiari syndrome

452. Bone marrow in AL amyloidosis shows - *(AI 07)*
a) Bone marrow plasmacytosis
b) Granulomatous reaction
c) Fibrosis
d) Giant cell formation

453. In hemodialysis associated amyloidosis, which of the following is seen *(AI 08)*
a) Transthyretin b) B_2 microglobulin
c) SAA d) a_2 microglobulin

454. Senile cardiac amyloidosis associated protein is -
a) Transthyretin *(AIIMS Nov 07)*
b) ANP
c) Beta2microglobin
d) Gelsolin

455. Which of the following amyloid forms is seen in secondary amyloidosis associated with chronic diseases - *(AI 12)*
a) Amyloid Associated Protein
b) Amyloid light chain
c) Beta 2 Amyloid
d) ATTR

456. Most common cause of death in primary amyloidosis is? *(DNB June 11)*
a) Respiratoryfailure b) Cardiac failure
c) Renal failure d) Septicemia

457. Rh incomatibility is - *(DNB June 11)*
a) Type I hypersensitivity
b) Type II hypersensitivity
c) Type III hypersensitivity
d) Type IV hyperseninsitivity

458. Confirmatory test for the diagnosis of Amyloidosis is- *(DNB Dec 10)*
a) Diagnostic peritoneal lavage
b) Tongue biopsy
c) Rectal biopsy
d) Whole body CT scan

459. The primary function of Toll like Receptors is?
a) Vasodilation *(DNB Dec 10)*
b) Activation of Immune System
c) Regulation of Calcium channel
d) Second Messenger

460. Best marker of SLE? *(DNB June 10)*
a) Anti Sm antibodies
b) Anti-ds DNA antibodies
c) Anti-Histone antibodies
d) Anti Ro (SS-A) antibodies

439)c 440)a,b,e 441)c 442)a 443)d 444)c 445)a,b,c 446)c 447)e 448)b 449)c 450)a 451)a 452)a 453) b 454) a 455) a 456) b 457) b 458) c 459) b 460) b

461. HLA is present on - *(DNB June 10)*
a) Short term of chromosomes 3
b) Short arm of chromosomes 6
c) Long arm of chromosomes 3
d) Long arm of chromosomes 6

462. Anti Ul-RNP antibody is seen in? *(DNB Dec 09)*
a) SLE b) Scleroderma
c) MCTD d) Dermatomyositis

463. Granulomatous inflammation is which type of hypersensitivity? *(DNB Dec 09)*
a) Type I b) Type II
c) Type III d) Type IV

464. Staining characteristic used for demonstration of Amyloid is? *(DNB June 09)*
a) Apple green with Congo red under ordinary light
b) Apple green with Congo red under polarized light
c) Pink with Congo red under ordinary light
d) None

465. Immune complex deposition is - *(DNB Dec 08)*
a) Type I HS b) Type II HS
c) Type III HS d) Type IV HS

466. Diffuse proliferative glomerulonephritis, in Lupus nephritis falls under - *(DNB Dec 08)*
a) Class II b) Class III
c) Class IV d) Class V

467. Congo-red with amyloid produces -*(DNB June 08)*
a) Dark brown colour b) Blue colour
c) Brilliant pink colour d) Khaki colour

468. Onion peel appearance of splenic capsle is seen in- *(DNB Dec 07)*
a) SUE b) Scleroderma
c) RA d) Sjogrens

469. Lardaceous spleen is due to deposition of amyloid in- *(DNBDec 07)*
a) Sinusoids of red pulp b) White pulp
c) Penicillary artery d) Splenic trabeculae

470. Amyloid (AA) originates from - *(DNBDec 07)*
a) RBC b) Plasma cell \
c) Reticulo-endothelial cell d) Lymphocytes

471. Secondary (AA) amyloid is seen in all except -
a) RA b) TB *(DNB Dec 07)*
c) Multiple myeloma d)RCC

472. Most commonly amyloidoisis is secondary to -
a) Chronic suppuration *(DNB June 07)*
b) Acute inflammation
c) Cellular necrosis
d) Hyaline degeneration

473. Congo-red with amyloid produces - *(DNB June 07)*
a) Dark brown colour b) B lue colour
c) Brilliant pink colour d) Khaki colour

474. 'Lardaceous' spleen is seen in - *(DNB June 07)*
a) CML b)Hodgkin's lymphoma
c) Amyloidosis d) Malaria

475. Biopsy of the parotid gland in a patient with Sjogren's syndrome shows - *(DNB June 07)*
a) Neutrophils b) Lymphocytes
c) Eosinophils d) Basophils

476. Which of the following cells do not act as antigen presenting cells. ? *(Karnataka 2006)*
a) T-cells b)B-cells
c) Macrophages d) Osteoclasts

477. Antitumor activity is shown by all except -
a) Cytotoxic T lymphocytes *(DELHIPG Feb. 09)*
b) Natural killer cells
c) Basophils
d) Macrophages

478. Large antigen - antibody reaction is required to cause - *(TN 89)*
a) Serum sickness b) Arthus reaction
c) Urticaria d) Anaphylactic-reaction

479. Hemolytic disease of newborn is an example of -
a) Type III hypersensitivity *(DPG11)*
b) Type II hypersensitivity
c) Arthus reaction
d) Type IV hypersensitivity

480. Immune complex depostion is - *(Jipmer 11)*
a) Type I HS b)TypeIIHS
c) Type III HS d) Type IV HS

481. Mast cells release interleukin - *(A.P.98)*
a) 1 b) 2
c) 3 d)4

482. Which of the following do not play role in production, maintainance & activation of lymphocytes? *(MH11)*
a) *JL-l* b)IL-2
c) IL4 d)IL-12

483. Which of following antigen cell does not express MHC Class II - molecules - *(KERALA 2K)*
a) Follicular cells thyroid
b) Microglia of brain
c) Langerhan's cells of skin
d) Dendritic cell of Lymphoid cells
e) Fibroblasts of connective tissue

484. All of the following are immune complex diseases except- *(GUPGEE99)*
a) Serum sickness b) Farmer's lungs
c) SIB d) Graft rejection

485. Commonest fungal infection in neutropenia -*(UP 2K)*
a) Aspergillus Fumigatus b) Candida
c) Aspergillus calvus d) Mucormycosis

486. A patient with recurrent bacterial infections is diagnosed to have a genetic deficiency in myeloperoxidase. The cause of increased susceptibility to infections is - *(MAHA 05)*
a) Defective neutrophil degranulation
b) Defective production of prostaglandins
c) An inability to produce hydroxyhalide radicals
d) Decreased oxygen consumption after phagocytosis

487. Pre-B cells and B cells are produced in -
a) Bone marrow *(JIPMER 79, PGI80)*
b) Thymus
c) Tonsils
d) Gut associated lymphoid tissue

461) b 462) c 463) d 464)b 465)c 466)c 467)c 468)a 469)a 470)c 471)c 472)a 473)c 474)c
475)b 476) a 477)c 478)b 479)b 480)c 481)a,c,d 482)d 483)a 484)d 485)b 486)c 487)a

488. Th 1 type of cells are most dependent on -
a) IFN-y b) EL-4 *(SGPGI05)*
c) ID5 d)IL-6

489. Humoral graft rejection is characterised by-
a) Intense mononuclear infiltration *(Kerala 94)*
b) Neovascularisation of grafted tissue
c) Thrombosis of the blood vessels and ischemic necrosis
d) Monocytic infiltration

490. The type of immunological reaction seen in endothelial corneal graft rejection is - *(SGPGI05)*
a) Type II b) Type IV
c) Type III d) Type I

491. In the rejection phenomenon after kidney transplant, the primary target for early immunological attack is- *(PGI81,82 UPSC88)*
a) Vascular endothelium b) Renal papillae
c) Glomeruli d) Proximal tubules

492. Acute humoral renal transplant rejection is characterized by the following except -
a) Presence of anti-donor antibodies
b) Interstitial and tubular mononuclear cell infiltrate
c) Necrotizing vasculitis *(DELHIPG Mar. 09)*
d) Acute cortical necrosis

493. Acute graft versus host disease reaction occurs in all except - *(UP 0 7)*
a) Liver b) Adrenal
c) Gut d)Skin

494. The LE cell in Romanowsky stained preparation is a/an- *(COMED09)*
a) Monocyte b) Neutrophil
c) Eosinophil d) Lymphocyte

495. Anti nuclear antibodies in SLE causz-*(Kerala 96)*
a) Arthritis b)LE cells
c) Endocarditis d)CNS lesions
e) Skin rashes

496. The most diagnostic test for SLE is -
a) Complement fixation test *(AIIMS 78, DELHI 93)*
b) Antibodies against ANA cell
c) Antibodies against DNA
d) Antibodies against nucleus

497. The most sensitive test for SLE - *(Kama, 96)*
a) Anti ds DNA b)ANA
c) Anti histone d) Complement C levels

498. Urine findings in SLE - *(TN 86)*
a) Proteinuria b)RBC cells
c) LE cells d)None

499. Renal pathology in SLE includes all EXCEPT -
a) Focal glomerulonephritis *(UP 08)*
b) Diffuse glomerulonephritis
c) Membranous glomerulonephritis
d) Lipoid nephrosis

500. What is the most common histological type of nephritis seen in systemic lupus erythematosus (SLE)- *(UPSC-109)*
a) Mesangial b) Focal proliferative
c) Diffuse proliferative d) Membranous

501. Diffuse proliferative glomerulonephritis, in Lupus nephritis falls under - *(Karri 11)*
a) Class II b) Class III
c) Class IV d) Class V

502. A20 year old female has an erythematous rash over her face on both cheeks and across the bridge of her nose.This rash is made worse by sunlight exposure when she is outdoors. Along with the rash, she has had muscle and joint pain for several month. However, radiographs of the joints does not show any abnormalities, and she has normal joint mobility without deformity. Which of the following laboratory test findings is most characteristic of the disease-
a) Elevated anti-streptolysin O (ASO) titer
b) HLA-B27 genotype *(MAHA 05)*
c) Markedly decreased serum level ofimmuno-globulin G (IgG)
d) Antibodies to double-standed DNA

503. Erosive arthritis occurs in all except - *(UP 2K)*
a) SLE b) Osteoarthritis
c) Gout d) Psoriatic arthritis

504. Antitopoismerase I is mark of - *(JIPMER 99)*
a) Systemic sclerosis
b) Classic Polyarteritis nodosa
c) Nephrotic syndrome
d) Rheumatoid arthritis

505. A 55 years male presented with dry mouth, & rheumatoid arthritis with high titre of anti SS-A and SS-B antibodies, diagnosed a case of minor salivary gland tumour. The earliest histologic finding in - *(UP 08)*
a) Endothelial cells b) Basophils
c) Lymphocyte d) Eosinophils

506. Anti fibrillarin antibodies are met with -
a) Rheumatoid Arthritis *(KarnatOl)*
b) Systemic Lupus Erythematosis
c) Mixed Connective Tissue disease
d) Systemic scerosis
e) None

507. Antinuclear antibodies are seen in - *(PGI 8 7)*
a) SLE b) Systemic sclerosis
c) Morphea d) Pemphigus vulgaris

508. NANAantibody is seen in- *(HPU05)*
a) Sarcoidosis b) Tuberculosis
c) Leprosy d) Carcinoid

509. Chediak Higashi syndrome is characterised by the following except - *(MH11)*
a) Neutrophilia
b) Defective degranulation
c) Delayed microbial killing
d) Giant granules

510. Biopsy of the parotid gland in a patient with Sjogren's syndrome shows - *(Jipmer 11)*
a) Neutrophils b) Lymphocytes
c) Eosinophils d) Basophils

488) a 489) c 490) b 491) a 492) b 493) b 494) a,b 495) b 496) c 497) b 498) a,b 499) d 500) c 501) c
502) d 503) a 504) a 505) c 506) d 507)a,b,c 508) a 509) a 510) b

511. Amyloidosis most commonly affects - *(AI88)*
a) Liver b) Tongue
c) Colon d) Heart

512. The etiology of amyloidosis is - *(TN 86)*
a) Automimmune b) T-cell mediated
c) B cell mediated d) Unknown

513. Amyloidosis of kidney may be seen in the following except - *(UPSC 05)*
a) Enteric fever b) Ulcerative colitis
c) Suppurative lung disease d) Hansen's disease

514. Amyloid is best identified by - *(KERALA 87, AI88)*
a) Staining with methyl violet
b) Secondary fluorescence in UV light with riboflavin
c) Congo red
d) Green birefringence of stained amyloid when viewed by polarizing microscope

515. AL type of amyloid is seen in - *(PGI89)*
a) Medullary caracinoma thyroid
b) Primary amyloidosis
c) Multiple myeloma
d) Familial amyloidosis

516. Congo-red with amyloid produces - *(ALIMS 78,83)*
a) Dark brown colour b) Blue colour
c) Brilliant pink colour d) Red colour
e) Khaki colour

517. Which is not true regarding amyloid-*(CUPGEE 95)*
a) Intra cellular accumulation of fibrillar protein
b) Red-green birefringence seen when amyloid materal is under polarized light
c) A good method of diagnosis is abdominal fat pad biopsy
d) All of the above

518. Amyloid stroma is seen in - *(PGI88)*
a) Papillary ca. thyroid
b) Follicular ca. thyroid
c) Anaplastic ca. thyroid
d) Medullary ca. thyroid

519. AE type of amyloid is seen in - *(PGI 89)*
a) Medullary carcinoma thyroid
b) Primary amyloidosis
c) Multiple myeloma
d) Familial amyloidosis

520. Deposition of protein ^{6} A beta 2m' is seen in which clinicopathologic category of amyloidosis -
a) Familial Mediterranean fever *(Karnll)*
b) Hemodialysis associated
c) Senile cerebral
d) Systemic senile

521. The most reliable investigation in amyloid disease is- *(PGI 88)*
a) Rectal biopsy b) Immunoglobulin assay
c) Ultrasound d) Urine examination

522. Which of these is characteristic of amyloidosis -
a) Beta pleated, metachromosis, PAS + ve
b) Congophilic, beta pleated, PAS +ve *(MAHE 05)*
c) Beta pleated, fibrillary, congophilic
d) Alpha pleated, small fibrils

523. Sago spleen is seen in - *(Karnataka 02)*
a) Gaucher's disease b) Malaria
c) Amyloidosis d) Felty's disease

524. Lordaceous spleen is seen in - *(PGI 79, AMU 84)*
a) Alcoholic hepatitis
b) Chronic active hepatits
c) Focal amyloidosis
d) Diffuse amyloidosis

525. Gingival biopsy is useful in the diagnosis of -*(UPSC*
a) Sarcoidosis b) Amyloidosis *97,DPG10)*
c) Histoplasmosis d) Scurvy

526. Serum amyloid associated protein, found in -
a) Alzheimer's disease *(UP 07)*
b) Chronic inflammatory states
c) Chronic renal failure
d) Malignant hypertension

527. Hemodialysis associated amyloid is deposited in -
a) Knee joint b) Large intestine *(Kerala 94)*
c) Liver d) Tongue

528. Macroglosia is seen in - *(AP 96)*
a) Amyloidosis
b) Folic acid deficiency
c) Motor neurone disease
d) None

529. Raji cell assay are used to quantitate - *(DPG11)*
a) Complement levels b) Immune complexes
c) T-cells d)IFN levels

GENETICS

530. The approximate number of genes contained in the human genome is - *(ALIMS Nov 02)*
a) 40,000 b) 30,000.
c) 80,000 d) 1,00,000.

531. Mutation leading to sickle cell anemia- *(PGI June 01)*
a) Crossover mutation b)Frameshift
c) Deletion d) Nondysjunction
e) Point mutation

532. Genetic polymorphism include - *(PGI Nov 10)*
a) SNP b) Microsatellites
c) Mutations d) Translocation
e) Mini satellites

533. Single gene disorder is- *(NEET/DNB Pattern)*
a) Glycogen storage disease b) Retinoblastoma
c) DM djHT ;

534. Which of the following is an automsomal dominant metabolic disorder - *(AI 04)*
a) Cysticfibrosis
b) Phenylketonuria
c) a-1 antitrypsin deficiency
d) Familial hypercholestrolemia

535. The chances of having an unaffected baby, when both parents have achondroplasia, are- *(AIIMS,May 04*
a) 0% b) 25% *AI05)*
c) 50% d) 100%

511)d 512)d 513)a 514)d 515)b,c 516) c 517)a 518)d 519)a 520)b 521)a 522)c 523)c 524)d
525) b 526) b 527) a 528) a 529) b 530) b 531)e 532)a,b,e 533) a,b 534) d 535) b

536. Female is affected, male is not Disease is autosomal dominant, what is the chance in children? *(NEET/DNB Pattern)*
a) 50%, affected b) 25% affected
c) 75% affected d) All affected

537. Disease having autosomal recessive inheritance - *(PGIMay 10)*
a) Cystic fibrosis
b) Hydrocephalus
c) Duchene muscular dystrophy
d) Albinism
e) Vitamin D resistant ricket

538. A parent is homozygous and a parent heterozygous for an autosomal recessive gene. What will be the outcome - *(AIIMSMay 94)*
a) 75% children affected
b) No child affected, but all are carriers
c) 50% children affected, rest are carriers
d) 25% children affected, rest are carriers

539. Cystic fibrosis is inherited as an autosomal recessive condition. A normal couple has one daughter affected with the disease. They are now planning to have another child. What is the chance of her sibling being affected by the disease - *(AI10)*
a) 0 b) %
c) % d)%

540. An albino girl gets married to a normal boy, What are the chances of their having an affected child and what are the chances of their children being carriers?
a) None affected, all carriers *(AI03)*
b) All normal
c) 50% carriers
d) 50% affected, 50% carriers

541. If both parents are sickle cell anemia patients then the likelyhood of offsprings having the disease is-
a) 10% b)25% *(NEET/DNB Pattern)*
c) 50% d) 100%

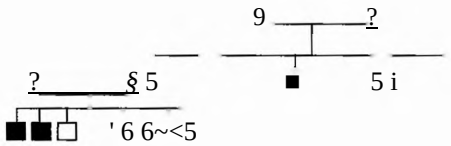
542. A couple, with a fimily history of beta thalassemia major in a distant relative, has come for counseling. The husband has HbA2 of 4.8% and the wife has HbA2 of 2.3%. The risk of having a child with beta thalassemia major is - *(AI03)*
a) 50% b) 25%
c) 5% d) 0%

543. Kinky hair desease is disorder where an affected child has peculiar white stubby hair, does not grow, brain degeneration is seen and dies by age of two years. Mrs A is hesitant about having children because her two sisters had sons who had died form kinky hair disease. Her mother's brother also died of the same condition. Which of the following is the possible mode of inheritence in her family - *(AI 04)*
a) X-linked recessive b) X-linked dominant
c) Autosomal recessive d) Autosomal dominant

544. True statement about inheritence of an X linked recessive trait is - *(NEET/DNB Pattern)*
a) 50% ofboysofcarriermother are affected
b) 50% of girls of diseased father are carrier
c) Father transmits disease to the son
d) Mother transmits the disease to the daughter

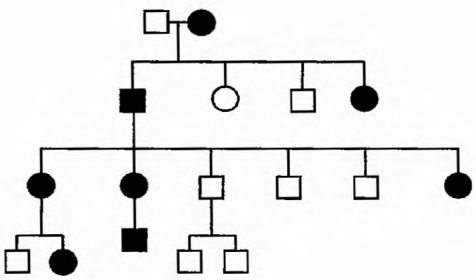
545. Males are more commonly affected than females in-
a) Autosomal dominant *(AI 10)*
b) Autosomal recessive
c) X - linked dominant
d) X - linked recessive

546. Study the following carefully - *(AI 05)*



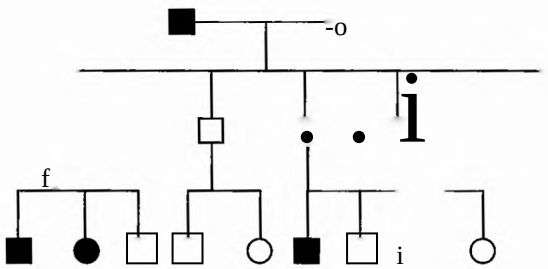
Read the pedigree. Inheritance pattern of the disease in the family is -
a) Autosomal recessive type
b) Autosomal dominant type
c) X-Linked dominant type
d) X-linked recessive type

547. The most likely inheritance pattern depicted in the following pedigree is - *(AIIMS Nov 03)*



a) Autosomal dominant b) X-linked recessive
c) X-linked dominant d) Autosomal recessive

548. Which of the following is the most likely inheritance pattern in the pedigree given below - *(AIIMS May 04)*



a) Autosomal dominant b) Mitochondrial
c) Autosomal recessive d) X-linked dominant

549. Autosomal dominant inheritance-
a) Albinism *(NEET/DNB Pattern)*
b) Sickle cell anaemia
c) Thallesemia
d) Hereditary spherocytosis

550. Neurofibromomatosis 1 is - *(NEET/DNB Pattern)*
a) AD b) AR
c) X linked recessive d) X linked dominant

536) a 537) a,d 538) c 539) c 540) a 541) d 542) d 543) a 544) a 545) d 546) d 547) c 548) d 549) d 550) a

551. Hemophilia is associated with- *(NEET/DNB pattern)*
a) X chromosome b) Y chromosome
c) Chromosome 3 d) Chromosome 16 ;

552. Inheritance of Huntington's chorea-.
a) a d b) AR *(NEET/DNB Pattern)*
c) x r y,•;. ?; d) XD

553. An Autosomal Dominant condition is - *(AI95)*
a) Albinism b) Huntigton's chorea
c) Hurler's syndrome d) Hunter's syndrome

554. The inheritance pattern of familial Retinoblastomas is- *(AIIMS Nov 05)*
a) Autosomal recessive b) Autosomal dominant
c) X-linked dominant d) X-linked recessive

555. Which of the following is not X linked condition-
a) Duchenne muscular dystrophy *(NEET/DNB*
b) Emery-Dreifuss muscular dystrophy* *p/ Pattern)*
c) Facioscapulohumeral muscular dystrophy
d) Becker muscular dystrophy

556. Duchenne muscular dystrophy is inherited as - *(NEET/DNB Pattern)*
a) X linked - b) Autosomal dominant
c) Autosomal recessive d) Codominant

557. Male to male transmission is seen in -*(NEET/DNB*
a) Autosomal dominant diseases *Pattern)*
b) Autosomal recessive
c) X-linked dominant ? / ■
d) Mitochondrial disease

558. All of the following are autosomal dominant disorders, except- *(AI 12)*
a) Gardner's syndrome b) Ataxia Telengisctasia
c) Neurofibromatosis d) Peutz-Jeghers syndrome

559. Multifactorial inheritance is most likely to play a signifant role in the appearance of - *(PGI98)*
a) Achondroplasia b) Lysosomal storage disease
c) Cleftlipd) Huntington disease

560. Abnormal chromosomal number which is exact multiple of the 23 - *(PGI 99)*
a) Euploidy b)Aneuploidy
c) Mosaicism d) Trisomy

561. Pataus syndrome due to - *(AIIMS 86)*
a) Trisomy 21 b) Trisomy 18
c) 18P d) Trisomy 13
e) 18Q

562. Edwards syndrome is- *(NEET/DNB Pattern)*
a) Trisomy 21 b) Trisomy 18 *flpf-* '? v'^ 1 *f:*
c) Trisomy 13 d) 5 P

563. The following diseases have defect in DNA repair mechanism except for - *(AIIMS Nov 05)*
a) Xeroderma Pigmentosa
b) Fanconi syndrome
c) Huntington's disease
d) Hereditary non polyposis colon cancer

564. DNA repair defect is associated with - *(AIIMSNov*
a) Xeroderma pigmentosum *09, NEET/DNB*
b) Icthyosis *Pattern)*
■ ' c); 'Angelman syn^timefe^l^
d) DiGeorge's syndrome

565. Gene instability associated with malignancy is seen in- *(AIIMSNov 09)*
a) Klippel fiel syndrome b) Ataxia telangiectasia
c) Marfan's syndrome d)EDS

566. Single gene disorder which does not follow mendelian inheritance - *(PGI 93)*
a) Sickle cell anemia b) Down syndrome
c) Fragile X-syndrome d) Retinoblastoma

567. Premutation is seen in: *(UP 08)*
a) Genomic imprinting
b) Trinucleotide repeat mutation
c) Mitochondrial mutation
d) Gonadal mosaicism

568. i^tic^aj^niss^-^ **en in -** *(^ET/Dmmttern)*
a) Translocation
b) Chromosome breaking
c) Trinucleotide-repeat expansion Pi
*M&IM^* **Mitpchoiiddal mutation** *M*

569. True about fragile-X syndrome - *(PGI June 09)*
a) Triple nucleotide repeat sequence
b) Chromosome breaking
c) Mitochondrial mutation
d) Centrachrome absent

570. All are true about Fragile X syndrome except -
a) Large head b) Large nose *(AI 99)*
c) Large ear d) Large testis

571. Differential expression of same gene depending on parent of origin is referred to as - *(AI05, 08)*
a) Genomic imprinting b) Mosaicism
c) Anticipation d) Nonpenetrance

572. Genomic imprinting is associated with- *(PGI 01)*
a) Silencing of paternal chromosome
b) Silencing of maternal chgromosome
c) Angelman syndroma
d) Prader Willi syndrome
e) Gonadal mosaicism

573| **One of the following disorders is due to maternal disomy of chromosome 15-** *(NEET/DNB Patlern,*
a) Prader Willi syndrome *AIIMSj/fpv ip)*
b) Angelman syndrome ■■*'VH* -(vis
c) Hydatidiform mole
!&>>£d) Klinefelter's syndrome 1 | S

574. When a functional gene is inherited from one parent only, the condition is known as - *(AI 09)*
a) Genomic imprinting b) Mosaicism
c) Alleles d)Chimerism

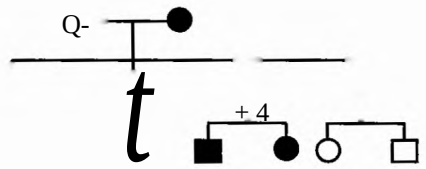
575. True about genomic imprinting - *(PGI Nov 10)*
a) Different expression of gene depending on parent of origin
b) Prader-Willi syndrome is maternal deletion of chromosome 15
c) Angelman syndrome is due to paternal deletion of chromosome 15
d) Uniparental disomy is other name of genomic imprinting

551) a 552) a 553) d 554) b 555) c 556) a 557) a 558) b 559) c 560) a 561) d 562) b 563) c 564) a
565) b 566) c 567) b 568) c 569) a 570) b 571) a 572)a,b,c,d 573) b 574) a 575) a

576. Two siblings with osteogenesis imperfect, but their parents are normal. Mechanism of inheritance is- *(AIIMS May 10)*
a) Anticipation b) Genomic imprinting
c) Germ line mosaicism d) New mutation

577. Genomic imprinting is seen *in-(NEET/DNB Pattern)*
a) Prader willi syndrome
b) Marfan syndrome
c) EDS
d) Osteogenesis imperfecta

578. Pedigree analysis - Analyze the following pedigree and give the mode of inheritance - *(PGI May 10)*
a) Autosomal recessive
b) Autosomal dominant
c) Mitochondrial inheritance
d) X linked dominant



579. NARPisa- *(AIIMS Nov 09)*
a) Lipid storage disorder
b) Glycogen storage disorder
c) Mitochondrial disorder
d) Lysosomal storage disorder

580. TVue about mitochondrial diseases - *(PGINov 10)*
a) Paternal inheritance
b) LHON & CPEO are typical examples
c) Most common abnormality shown is neurological
d) Li-Fraumeni syndrome is a mitochondrial disease
e) Common mode of inheritance

581. Mitochondrial abnormalities are seen *m-(PGIMay 10)*
a) Oncocytoma b) Keam-Sayre syndrome
c) Faber disease d) Mitochondrial myopathy
e) Leigh's disease

582. Mitochondrial chromosomal abnormaity leads to -
a) Lebers hereditary optic neuropathy
b) Angelman syndrome *(NEET/DNB Pattern)*
c) Prader villi syndrome
d) Myotonic dystrophy

583. Karyotyping is done with all, *except-(AHMS June 98)*
a) Blood lymphocyte b) Blood monocyte
c) Amnion d) Fibroblast

584. Which of the following procedures as routine technique for karyotyping using light microscopy -
a) C-banding b) G-banding *(AI03)*
c) Q-banding d) Brd V-staining

585. Karyotyping is useful in diagnosis of - *(AI09)*
a) Autosomal recessive disorders
b) X-linked recessive disorders
c) Chromosomal abnormalities
d) Biochemical abnormalities

58<fc Karyotyping is done in which phase of cell cycle-
siii a) Anaphase b) Metaphase *(NEET/DNB*
c) Telophase d) S phase *Pattern)*

587. In-situ DNA nick end labeling can quantitate -
a) Fraction of cells in apoptotic pathways *(AI 05)*
b) Fraction of cells in S phase
c) p53 gene produce
d) bcr/abl gene

588. Which of the following techniques is used in gene therapy- *(PGI 01)*
a) Electroporation
b) Electrofocusing
c) Selectively targeted recombination
d) Intranuclear injection

589. Palindromic DNA implies - *(PGI 01)*
a) Short stretches of DNA
b) Recognised by specific restriction endonuclease
c) Codes for bacterial resistance
d) Complementary strands
e) Rifampicin acts

5910; Microarray is - *(NEET/DNB Pattern)*
a) Study of multiple genes
b) Study of diseas e
c) Study of organisms
d) Study of blood group Mills

591. Which is not true about Down's syndrome -
a) Decreased humerus length. *(AIIMS Nov 99)*
b) Decreased nuchal fold thickness.
c) Decreased femur length.
d) Duodenal atresia.

592. Down's syndrome is associated with *-(PGI DEC 02)*
a) Congenital heart disease
b) A.L.L.
c) Early onset Alzheimer's disease
d) CNS tumour
e) Infection

593. Down syndrome is due to -
a) Trisomy 21 b) Translocation 13-15/21
c) Translocation 22/21 d) All of the above

594. Which of the following is not associated with Down's syndrome? *(AIIMS Nov 11)*
a) Trisomy 21
b) Mosaic 21
c) Translocation t (15,21), t (21,21)
d) Deletion of 21

595. Down's syndrome is most commonly caused by -
a) Maternal nondisjunction *(AI 10)*
b) Paternal nondisjunction
c) Translocation
d) Mosaicism

596. A married middle aged female gives history of repeated abortions for the past 5 years. The given below is conceptions pre-natal karyogram. This karyogram suggests the following - *(AI 03)*
a) Klinefelter's syndrome b) Turner's syndrome
c) Down's syndrome d) Patau's syndrome

576) c 577) a 578) c 579) c 580) b,c 581)a,b,d,e 582) a 583) b 584) b 585) c 586)b 587) a 588)a,c,d 589)a,b,d 590)a 591)b 592)a,b,c,e 593)d 594)d 595)a 596)c

597. A nineteen year old female with short stature, wide spread nipples and primary amenorrhoea most likely has a karyotype of - *(AI03)*
a) 47,XX+18 b) 46, XXY
c) 47,XXY d)45 X

m- **Thrner no of chromosomes -** *(NEET/DNB\Pattem)*
a) 45 b) 47
c) 46 d)42 •;£!£&

599. Which of the following is true of Kleinefelter's syndrome - *(PGIDec 01)*
a) Chromosome pattern is 47 XXY
b) Mental retardation is present
c) Hypogonadism occurs
d) Increased FSH level
e) Eunuchoid proportions

600. Males who are sexually under developed with rudimentary testes and prostate galnds, sparse pubic and facial hair, long arms and legs and large hands & feet are likely to have the chromosome - *(AI 04)*
a) 45,XYYb) 46,XY
c) 46, XXY d) 46, X

601. Klinefelter no of chromosomes-(7VEEr/DJV8 *Pattern)*
a) 47 b) 46
c) 45 d)44

602. Barr body is absent in- *(PGIDec 98)*
a) Kleinefelter's syndrome b) Turner's syndrome
c) Super female d)None

603. TVansport of lipids from the intestine to other tissues is by- *(AI94)*
a) Chylomicrons b) LDL
c) HDL d)VLDL

604. Reverse cholesterol transport is mediated by -
a) HDL b)VLDL *(PGI97)*
c) LDL d)IDL

605. Increased risk of coronary heart disease is seen in-
a) Type I hyperlipidemia *(AI 99)*
b) Type II hyperlipidemia
c) Type IV hyperlipidemia
d) Type V hyperlipidemia

606. Receptors of LDL is/are - *(PGI June 05)*
a) B100 b)B48
c) APOA1 d) APOA11
e) APOC-11

607. Hypertriglyceridemia is seen in - *(AI 9 7)*
a) LDL receptor defect
b) Dysbetalipoprotenemia
c) Abetalipoproteinemia
d) all of the above

608. Tendon xanthomas are seen in - *(AIIMSJune 98)*
a) Familial hyper cholesterolemia
b) Familial hyperlipidemica
c) Familial dysbetalipoproteinemia
d) Familial lipoprotein lipase deficiency

609. In marfan syndrome, the defect is in - *(NEET/DNB*
a) Fibrillin I b) Fibrillin II *Pattern)*
c) Collegen d) Elastin

610. In Marfan's syndrome, Aortic aneurysm occurs most commonly in- *(AI 95)*
a) Ascending aorta b) Descending aorta
c) Abdominal aorta d) Arch of aorta

611. Hypermability of joint and hyperelasticity is seen in-
a) Marfan syndrome *(PGI 99)*
b) Ehlers danlos syndrome
c) Fragile X-syndrome
d) Angelman syndrome

612. Osteogenesis imperfect defect in - *(NEET/DNB*
a) Collagen type I b) Elastin *Pattern)*
c) Collagen type IV d) basement membrane

613. Gauchers disease is due to - *(PGI 88)*
a) Glucocerebrosidse deficiency
b) Accumulation of glucocerebroside
c) Sphingomyelin deposition
d) Glycogen deposition

614. A one year old boy presented with hepatosplenomegaly and delayed milestones. The liver biopsy and bone marrow biopsy revealed presence of histiocytes with PAS-positive Diastase-resistant material in the cytoplasm. Electron-microscopic examination of these histiocytes is most likely to reveal the presence of -
a) Birbeck granules in the cytoplasm
b) Myelin figures in the cytoplasm
c) Parallel rays of tubular structures in lysosomes
d) Electron dense deposit in the mitochondria

615. Father has a blood groupB: Mother hasAB: Children are not likely to have the following blood group -
a) O b)A *(AI01)*
c) B d)AB

616. A baby's blood group was determined as O Rh negative. Select the blood group the baby's mother or father will not have - *(AIIMS Nov 02)*
a) A, Rh Positive b) B, Rh Positive
c) AB, Rh Negative d) O, Rh positive

617. The gene that regulates normal morphogenesis during development is - *(AIIMSNov 02)*
a) FMR-1 gene b) Homeobox gene.
c) P-16 d)PTEN.

618. A couple has two children affected with tuberous selerosis. On detailed clinical and laboratory evaluation (including molecular studies) both parents are normal. Which one of the following explains the two affected children in this family ?
a) Non penetrance *(AIIMS May 06)*
b) Uniparental diasomy
c) Genomic imprinting
d) Germline mosaicism

619. Gene for retinoblastoma is located on - *(UP 09)*
a) Chromosome 13 b) Chromosome 1
c) Chromosome 10 d) Chromosome 5

620. Karyotype in Klinefelter's syndrome is?
a) 47XXY b) 45X0 *(DNB Dec 11)*
c) 46XXY d) 45XXX

597) d 598) a 599)A11 600)c 601)a 602)b 603)a 604)a 605)b 606)a 607)b 608)a 609)a 610)a
611)b 612)a 613)a,b 614)c 615)a 616)c 617)b 618)d 619)a 620)a

621. Mutation in Marfan's syndrome *is?(DNB June 11)*
a) Collagen I b) Collagen IV
c) Fibrillin I d) Fibrillin II

622. Which of the following is a DNA repair defect?
a) Bloom syndrome *(DNB Dec 10)*
b) Incontinentia pigmenti
c) Aplastic Anemia
d) Tuberous sclerosis

623. In Xeroderma Pigmentosum, defect is in?
a) Methylation
b) Nucleotide Excision Repair
c) DNA replication
d) Protein folding

624. All the following are characteristic of Turner Syndrome EXCEPT- *(DNB Dec 10)*
a) Webbing of Neck b) Cubitus valgus
c) Umbilical Hernia d) Coarctation of Aorta

625. Which of the following procedures as routine technique for karyotyping using light microscopy-
a) C-banding b)G-banding *(DNB Dec 10)*
c) Q-banding d) Brd V-staining

626. Which of the following is inherited as autosomal recessive form? *(DNB June 10)*
a) Sickle cell anemia
b) Hemophilia
c) Hereditary spherocytosis
d) Glucose 6-P04 dehydrogenase deficiency

627. Gaucher's disease is inherited as? *(DNB June 10)*
a) Autosomal recessive
b) Autosomal dominant
c) X-linked recessive
d) X-linked dominant

628. Which of the following procedures as routine technique for karyotyping using light microscopy -
a) C-banding b) G-banding *(DNB Dec 09)*
c) Q-banding d) Brd V-staining

629. Inheritance pathern of ABO blood group system is- *(DNB Dec 08)*
a) Pseudodominanceb) Autosomal dominant
c) Autosomal recessive d) Codominance

630. The chromosomal karyotype in Patau syndrome is - *(DNB Dec 08)*
a) 47XX,+21 b) 46XX/47XX,+18
c) 45XX,der(14;21) d) 47XX,+13

631. Deficiency of enzyme hexosaminidase, n subunit causes - *(DNB Dec 08)*
a) Tay-Sachs disease b) Hurler syndrome
c) Fabry disease d) Pompe disease

632. The following are single gene disorders except - *(COMED 09)*
a) Haemochromatosisb) Cystic fibrosis
c) William's syndrome d) Huntington's disease

633. Multifactorial inheritance is known in -
a) Neurofibroma *(COMED 09)*
b) Haemophilia
c) Cardiac septal defects
d) Hypophosphataemic rickets

634. One of the following is due to point mutation-
a) Colour blindness *(JIPMER 92)*
b) Sickle cell anemia
c) Diabetes
d) Pophyria

635. Autosomal dominant gene is one which is expressed in- *(MAHE98)*
a) Homozygous state b) Heterozygous state
c) Both d) All of the above

636. Chances of an offspring being affected when one parent is autosomal dominant heterozygote -
a) 25% b) 50% *(Manipal 08)*
c) 100% d) None

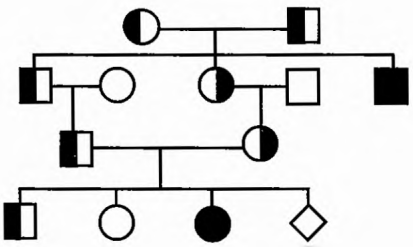
637. The following are sex linked inherited disease -
a) G6 PD deficiency
b) Hypogamma globuinemia
c) Downs syndrome
d) Diamond blackfan disease
e) hemophilia

638. Which one of the following disorders is autosomal recessive ? *(UPSC-108)*
a) Homocystinuriab) G6PD deficiency
c) Myotonic dystrophy d) Otospongiosis

639. All of the following are autosomal dominant disorders except - *(UPSC 95)*
a) Tuberous sclerosisb) Polyposis coli
c) Cystic fibrosis d) Myotonic dystrophy

640. Which of the following is an autosomal dominant metabolic disorder - *(Manipal 09)*
a) Cystic fibrosis
b) Phenylketonuria
c) Alpha-I anti-trypsin deficiency
d) Familial hypercholesterolemia

641.



Examine the above pedigree chart Which one of the following diseases is the most likely for this situation ? *(UPSC-108)*
a) Neurofibromatosis b) Beta-thalassemia
c) Colourblindness d) Vitamin D resistant rickets

642. Mitochondrial DNA (mt- DNA) is known for all except - *(DPG 11)*
a) Maternal inheritance
b) Heteroplasmy
c) Leber hereditary optic neuropathy is the prototype
d) Nemaline myopathy results due to mutations in mt- DNA

621) c 622) a 623) b 624) c 625) b 626) a 627) a 628) b 629) d 630) d 631) a 632) c 633) c 634) b
635)b 636)b 637)a,e 638)a 639)c 640)d 641)b 642)d

643. A10 year old male, although mentally retarded, is able to carry out activities of daily living, including feeding and dressing himself. On physical examination, he has branchycephaly and oblique palpebral fissures with prominent epicanthal folds. On the palm of each hand is seen a transverse crease. On auscultation of the chest, there is a grade ni/IV systolic murmur. Which of the following diseases will be most likely have by the age of 20 -
a) Acute leukemia *(MAHA 05)*
b) Hepatic cirrhosis
c) Chronic renal failure
d) Acute myocardial infarction

644. Which is not a feature of Downs syndrome -
a) Clinodactyly *(AIIMS 91)*
b) Pigmented birth marks
c) Hypotonia
d) Respiratory tract Infections

645. Nuchal fold thickness is used to dignose - *(UP 2K)*
a) Down's syndrome b) Cri-du-chat sundrome
c) Durpan's syndrome d) Paul-Bunnel sundrome

646. The chromosomal karyotype in Patau syndrome is -
a) 47XX,+21 *(Karn 11)*
b) 46XX/47XX,+18
c) 45XX,der(14;21)
d) 47XX,+13

647. True about fragile X syndrome are all except -
a) Large testes b) Large nose *(UP 2K)*
c) Large head d) Large ear

648. False statements about fragile- X syndrome is -
a) Breakage in long arm of X chromosome
b) Common genetic disorder *(CUPGEE 99)*
c) Micro-orchidism
d) Long face

649. Increasing severity of mental retardation of male members over generations is a result of -
a) Mitochondrial DNA mutation
b) Frameshift mutation *(DELHIPG Feb. 09)*
c) Y linked disorder
d) Trinucleotide repeat mutation

650. The following are the features of Marfan's syndrome except- *(UPSC-108)*
a) Arachnodactyly
b) Reduced joint mobility
c) Dislocation of the lens
d) Mitral regurgitation

651. Watson and C rick are associated with -
a) Discovery of helical structure of DNA
b) Association of Helicobacter pylori with chronic gastritis *(Manipal 08)*
c) Discovery of HIV virus
d) None of the above

652. Fuelgen reaction is a cytochemical test for- *(AIIMS*
a) M.RNA b) T. RNA *84, JIPMER 79)*
c) DNA d) All of the above

653. Supratemporal lental subluxation is seen in -
a) Weil's marchasani syndrome *(AI89)*
b) Marfans
c) Hunters
d) Homocystinuria

654. Splenic macrophages in Gaucher's disease differ from those in ceroid histiocytosis by staining positive for - *(Manipal 09)*
a) Lipids b) Phospholipids
c) Acid fast stain d) Iron

655. Chances of an offspring being affected when one parent is autosomal dominant heterozygote -
a) 25% b) 50% *(MAHE07)*
c) 100% d) None

656. Inheritance pattern of ABO blood group system is- *(MH11)*
a) Pseudodominance b) Autosomal dominant
c) Autosomal recessive d) Codominance

NEOPLASIA

657. Tdmor containing cells of all three germ layers is called- *(AI98)*
a) Leiomyoma b) Squamous cell carcinoma
c) Adenocarcinoma d) Teratoma

658. What are hamartomas - *(AI 89)*
a) Hemangiomas
b) Development malformations
c) Hematomas
d) Antibioma

659. Overgrowth of a skin structure at a localised region - *((^EEPj DNB- Pattern)*
a) Hamartoma b) Malignant tumor
c) Choriostoma d) Polyp

660. All are benign mesenchymal tumours of stomach except- *(PGI98)*
a) Leiomyoma b) Adenoma
c) Fibroma d) Lipoma

661. Lack of differentiation is called - *(PGI95)*
a) Anaplasia b) Dysplasia
c) Metaplasia d) Hyperplasia

662. Reversible loss of polarity with abnormality in size and shape of cells is known as - *(AIIMS Nov 01)*
a) Metaplasia b) Dysplasia
c) Hyperplasia d) Anaplasia

663. How do you differentiate C_A in situ from invasive C_A- *(PGI June 98, 97)*
a) Penetration of Basement membrane
b) Number of mitotic cells
c) Metastasis
d) Nuclear plemorphism

664. When stem cells transforms to form cells characteristic of other tissues, the process is called as- *(AIIMSNov 07)*
a) De-differentiation b) Re-differentiation
c) Trans-differentiation d) Sub-differentiation

643) a 644) b 645) a 646) a 647) b 648) c 649) d 650) b 651) a 652) c 653) b 654) a 655) b 656) d
657) d 658) b 659) a 660) b 661) a 662) b 663) a 664) c

665. The term "tumour progression" means -
a) Spread of cancer to distant site *(PGIJune 08)*
b) Rate of growth of tumour
c) Ability of cancer cells to resemble their normal counterpart
d) Sequential appearance of features of increasing malignancy

666. The most reliable feature of malignant tumor-^47*99)*
a) Local invasion b) Metastasis
c) Rapid growth d) Poor differentiation

667. Morphologically diagnostic feature of cancer cells - *(PGIJune 98)*
a) T Size b) t Mitotic activity
c) T Cytoplasm d) T Lysosomes

668. It is true that sarcoma - *(AI89)*
a) Are malignant tumours of mesenchyme origin
b) Usualy spread by vascular invasion
c) Metastasise frequently to regional lymph node
d) Are only loosely invasive

669. Cancer cells derive energy from - *(AIIMS 2001)*
a) Glycolysis b) Oxidative metabolism
c) Increased mitochondria d)None

670. The correct sequence of cell cycle is - *(AI 03)*
a) G0-G1-S-G2-M b)G0-Gl-G2-S-M
c) G0-M-G2-S-G1 d) G0-G1-S-M-G2

671. During which phase of the cell cycle the cellular content of DNA is doubled - *(AIIMS Nov 05)*
a) Mitotic phase b) G_l phase
c) G_2 phase d) S phase

672. Centrosome duplication takes place in-(*7VEET/DNB Pattern)*
a) M phase b) GO phase
c) S phase d) G2 phase

673. Transition from G2 to M phase of the cell cycle is controlled by - *(AIIMS Nov 03)*
a) Retinoblastoma gene product
b) p53 protein
c) CyclinE
d) CyclinB

674. Which of the following is not a cyclin dependent kinase (CDK) inhibitor - *(AIIMS Nov 03)*
a) p21 b)p27
c) p53 d)p57

675. All of the following are inhibitors of cell cycle except-
a) P21 b) P 27 *(PGIDec 07)*
c) pl61NK4a d)CDK2

676. The tumor suppressor gene p 53 induces cell cycle arrest at - *(NEET/DNB Pattern, AIIMS Nov 05)*
a) G_2- M phase b)S-G_2 phase
c) G_r S phase d)G_0phase

677. Regarding oncogonesis - *(PGI02)*
a) Topoisomerase causes breaks in strands
b) P53 is the most common oncogene mutation causing malignancy in humans
c) At G2-M-phase there is loss of inhibitors controlling cell cycle
d) Decrease of telomerase activity cause antitumor effects

678. True regarding Oncogenes are all except -
a) Derived from protooncogenes *(AIIMS June 98)*
b) Oncogenes code for specific protein
c) Causes in vitro cell variation in animals
d) Multiple growth factors govern the gene

679. True about protooncogene - *(PGIJune 06)*
a) Important for normal cell growth
b) Oncogenesis
c) C - myc overexpression causes lympnoma
d) Mutation causes Retinoblastoma
e) Deletion cause Sickle cell disease

680. MYC gene is - *(NEET/DNB Pattern)*
a) Protein kinase inhibitor
b) Growth factor inhibitor % t $
c) GTPase
d) Transcription activator

681. In the mitogen activated protein kinase pathway, the activation of RAS is counteracted *by-(AIIMSMay 04)*
a) Protein kinase C
b) GTPase activating protein
c) Phosphatidyl inositol
d) Inositol triphosphate

682? Amplification of N myc is associated with which tumour? *(NEET/DNB Pattern)*
a) Neuroblastoma b) Retinoblastoma
c) Osteosarcoma d) Neuroma

683. The expression of the following oncogene is associated with a high incidence of Medullary carcinoma of thyroid - *(AIIMS Nov 05)*
a) P53 b) Her 2 neu
c) RET protooncogene d) Rb gene

684. RET gene mutation d is associated with which malignancy- *(NEET/DNB Pattern)*
a) Pheochfomocytoma
b) Medullary carcinoma thyroid
c) Lymphoma
d) Renal cell carcinoma

685. The normal cellular counterparts of oncogenes are important for the following functions, except -
a) Promotion of cell cycle progression *(AI06)*
b) Inhibition of apoptosis
c) Promotion of DNA repair
d) Promotion of nuclear transcription

686. An example of a tumour suppressor gene *is-(NEET/DNB Pattern, AI 05)*
a) myc b) fos
c) ras d)RB

687. Which is not a tumor Suppressor gene -
a) WT-1 b)RB *(AIIMS May 08)*
c) P53 d)RAS

1882 **Endometrial carcinoma: which of the following tumor suppressor gene occur -** *(NEET/DNB Pattern)*
a) P53 b) Rb
c) PTEN d)APC

689. Growth factor oncogen is - *(AI 08)*
a) myc b) fos
c) sis d)jun

665) d 666) b 667)b 668)a 669)a 670)a 671)d 672)c 673)d 674)c 675)d 676)c 677)A11 678)d
679) a,b 680) d 681)b 682) a 683) c 684) b 685) c 686) d 687) d 688) c 689) c

690. Increased susceptibility to breast cancer is likely to be associated with a mutation in the following gene- *(AIIMS May 08)*
a) p53 b) BRCA-1
c) Retinoblastoma (Rb) d)H-Ras

691. Which of the following mutations in a tumour suppressor agent causes breast carcinoma -
a) p43 b) p53 *(AIIMSMay 02)*
c) p73 d)p83

692. Which of the following is known as the "guardian of the genome" - *(ARMS May 05)*
a) p53 b)Mdm2
c) pl4 d) ATM

693. The following statements are true about Tumour Suppressor Gene p53 except - *(ARMSNov 04)*
a) It regulates cetain genes involved in cell cycle regulation
b) Its increased levels can induce apoptosis
c) Its activity in the cells decreases following UV irradiation and stimulates cell cycle
d) Mutations of the p53 gene are the most common genetic alteration seen in human cancer

694. True statements about P53. gene are all except -
a) Arrest cell cycle at G1 Phase
b) Product is 53 KD protein *(AI08, ARMS Nov 09)*
c) Located on chromose 17
d) Wild/non-mutated form is associated with increased risk of child-hood tumors.

695. Why fetal cells continue to divide but terminally differentiated adult cells do not divide -*(ARMSNov 06)*
a) There are many cyclin inhibitors which prevent cell to enter into S phase in adult
b) Phosphatase absent in fetal cells
c) Proteinase is absent in fetus
d) Absence of CD kinase

696. True about p53 - *(PGI May 10, Nov 09)*
a) Tumor suppressor gene b) Protooncogene
c) Proapoptotic d) Encodes 53 kD
e) Arrest cell cycle in G

697. Tumorogenesis in agin^ is due to -*(ARMSMay 09)*
a) Telomerase reactivation
b) Telomerase inactivation
c) Increased apoptosis
d) Suppression of proto-oncogenes

698. Telomerase - *(NEET/DNB Pattern)*
a) RNA polymerase
b) Causes :carcinogenesis
c) Presentin somatic cells
d) Absent in germ cells

699. E cadherin gene deficiency is seen in - *(NEET/DNB Pattern)*
a) Gastric ca b) Intestinal ca
c) Pancreatic ca

700. All of the following is involved in tumor metastasis cascade except - *(ARMS May 02)*
a) Fibronectin b)E-cadherin
c) Type IV collegenase d) Tyrosine kinase

701. Essential for tumor metastasis is - *(ARMS Nov 08)*
a) Angiogenesis
b) Tumorogenesis
c) Apoptosis
d) Inhibition of tyrosine kinase

702. Which is the most common site of metastasis -
a) Lung b)Bone *(ARMS May 05)*
c) Liver d) Brain

703. Li frumani syndrome is due to mutation of which gene - *(NEET/DNB Pattern)*
a) P 21 b) P 53
c) P 41 d) P 43

704. All of the following constitute familial cancer syndrome except - *(AI 99)*
a) Xeroderma-pigmentosum b) Retinoblastoma
c) Neurofibromatosis d)MEN-I

705. Which of the following is not associated with malignancy - *(ARMS June 97)*
a) Fragile X syndrome b) Fanconi's syndrome
c) Down's syndrome d) Bloom syndrome

706. BRA Cl Gene is located on - *(ARMS Nov 08)*
a) Chromosome 13 b) Chromosome 11
c) Chromosome 17 d) Chromosome 22

707. Genifor Wilms tumor is located on- *(NEET/DNB Pattern)*
a) Chromosome 1 b) Chromospine 10
c) Chromosome 11 d) Chromosome 12

708. Hereditary retinoblastomas develop the following chromosomal deletion - *(AI 03)*
a) 13ql4 b)13pl4
c) 14pl3 d) 14pl3

709. Which of the following condition has increased risk of malignancy - *(PGI June 08)*
a) Metaplasia b) Dysplasia
c) Hyperplasia d) Inflammation
e) Hypertrophy

CARCINOGENTIC FACTORS

710. Which of the following statements about carcinogenesis is false ? *(ARMS May 06)*
a) Asbestos exposure increases the incidence of lung cancer
b) Papilloma viruses produce tumours in animals but not in humans
c) Exposure to aniline dyes predisposes to cancer of the urinary bladder
d) Hepatitis B virus has been implicated in hepatocellular carcinoma

711. Benzopyrene change to carcinogen in animal occurs due to all except - *(ARMS Nov 09)*
a) Epoxide formation
b) p53 activation
c) Cytochrome C activation
d) By inducing metabolism of cyt p450

690) a >b 691)b 692) a 693) c 694) d 695) a 696)a,c,d,e 697) a 698) b 699) a 700) d 701) a 702) c 703) b
704) a 705) a 706) c 707) c 708) a 709)a,b,c,d 710) b 711)c

712. Which of the tumours are of viral origin -
a) Laryngeal papilloma *(PGIDec03)*
b) Naspharyngeal carcinoma
c) Lymphoma
d) Kaposi's sarcoma

713. Virus causing hemopoietic carcinoma are -
a) EBV b) HTLV -1 *(PGIJune 05)*
c) HHV-8 d)CMV
e) Kaposi sarcoma

714. Uses of tumor marker are - *(PGI Dec 2000)*
a) Screening of a cancer
b) Follow up of a cancer patient, esp. for knowing about recurrance
c) Confirmation of a diagnosed cancer
d) For monitoring the treatment of a cancer

715. HMB 45 is a tumor marker for - *(AJ08)*
a) Neuroblastoma b) Neurofibroma
c) Malignant melanoma d) Angiosarcoma

716. Which one of the following is not used as a tumor marker in testicular tumours ? *(AI05)*
a) AFP b)LDH
c) HOG d)CEA

7jfj* Carcinoma of lung, breast m^rker is - I[p|fSlj
a) CEA b) AFP *(NEET/DNB Pattern)*
c) h o g d) CA-15-3 J

718. A testicular tumor marker is - *(AI 96)*
a) a-Fetoprotein b) Ectopic hormones
c) CEA d) Testosterone

719. Which is not a tumour marker - *(AIIMSNov94)*
a) Carcinoembryonic antigen (CEA)
b) Human Chorionic Gonadotropin (hCG)
c) p_2 Microglobulin
d) a Fetoprotein (AFP)

720. True about carcinoembryonic antigen (CEA) -
a) Useful for screening of Ca. colon *(PGI June 01)*
b) Gives confirmative evidence of Ca. colon
c) Helpful for follow-up after resection
d) Levels decrease immediately after resection of tumor
e) Tumour size correlates with CEA level

721. True regarding carcino embroyonic antigen are A/E- *(AIIMS Dec 97)*
a) Is a glycoprotein
b) Helps in knowing recurrence after resection
c) Increases in Ca colon associated with only liver metastasis
d) Usually associated with malignancies of GI tract

722. True about tumour marker is - *(PGI June 08)*
a) P.S.A. is used for CA prostrate
b) Tumour marker is used to diagnose residual recurrence of disease
c) Can be used for diagnosis of cancer
d) CA-19-9 is used for colon cancer

723. alpharfetoprpteinisdetectedincmof-^ *:ET/DNB*
a) Hepatocellular Ca *Pattern, AIIMS Dec 95,*
b) Colonic cancer *May 93)*
c) Tuberculoma
d) Renal cell Ca.

724. Serum alpha feto protein level is raised in -
a) Teratoma *(AIIMS Feb 97)*
b) Seminoma
c) Endodermal sinus tumor
d) HOG

725. AFP is raised in- *(PGI Nov 10)*
a) Yolk sac tumor b) Seminoma
c) Teratoma d) Endodermal sinus tumor
e) Cirrhosis

726. All of the following are examples of tumor markers, except - *(AIIMS Nov 04)*
a) Alpha-HCG(a-HCG) b)Alpha-Fetoprotein
c) Thyroglobulin d) p_2 - microglobulin

727. For which one of the following tumours Gastrin is a biochemical marker - *(AIIMS May 05)*
a) Medullary carcinoma of thyroid
b) Pancreatic neuroendocrine tumour
c) Pheochromocytoma
d) Gastrointestinal stromal tumor

728. CD-99 is for- *(AIIMS May 08)*
a) Ewing's sarcoma
b) SLL
c) Dermatofibroma protruberans
d) Malignant histiocytic fibroma

729. Elevated CA-125 are seen in - *(PGI Nov 10)*
a) Abdominal TB b) Ca cervix
c) Endometriosis d) Ovarian ca
e) Endometrial ca

730. An undifferentiated malignant tumour on immunohistochemical stain shows cytoplasmic positivity of most of the tumor cells for cytokeratin. The most probable diagnosis of the tumor is - *(AIIMS May 06,AI97, 95)*
a) Sarcoma b) Lymphoma
c) Carcinoma d) Malignant Melanoma

731. Squamous cell carcinciBo^^ipa^ker-isf^ *(N0ET/£)NB*
a) Vimentin b) Cytokerafjh *fPaitew)*
c) Desmin d) Myogenin

732. Which amongst the following a marker of carinoma- *(AI 12)*
a) Cytokeratin b) Vimentin
c) Calretinin d)CD45

733. Poorly differentiated carcinoma express- *(NEET/DNB*
a) Cytokeratin b) Vimentin *Pattern)*
c) LCA . d) desniin f

734. A 56 year old Chronic smoker, mass in bronchus resected. Most useful immunohistochemical marker to make a proper diagnosis would be -
a) Cytokeratin *(AIIMS Nov 09)*
b) Vimentin
c) Epithelial membrane cadherin
d) Leucocyte common antigen

712)a,b,c,d 713)a,b 714)a,b,d 715)c 716)d 717)a 718)a 719)c 720)a,c,e 721)c 722)a,b,d 723)a 724)a,c 725)a,c,d,e 726)a 727)b 728)a 729)A11 730)c 731)b 732)a 733)a 734)a

735. CD 34 is a tumor marker used for -
a) Ewings sarcoma *(NEET/DNB Pattern)*
b) Myofibrosarcoma
c) Alveolar soft part sarcoma
d) Inflammatory myofibroblastic tumor

736. SYT-SSX1 gene is associated with-*(NEET/DNB Pattern)*
a) Liposarcoma b) Rhabdomyosarcoma
c) Synovial sarcoma d) Ewiings sarcoma

737. Paraneoplastic syndrome is associated with- *(PGI*
a) Renal ca b) Oesophageal ca *Dec 03)*
c) Breast ca d) Testicular ca
e) Small cell carcinoma of lung

738. Migratory thrombophlebitis is associated with all of the following except - *(AI08)*
a) Prostate b)Lung
c) GIT d) Pancrease

739. Ectopic ACTH production is seen in - *(AI 96)*
a) Small cell carcinoma is lung
b) Anaplastic carcinoma of lung
c) Squamous cell carcinoma of lung
d) Adenocarcinoma of cerebellum

740. In tumour lysis syndrome all of the following are seen except - *(AIIMS May 02)*
a) Hypernatremia b) Hypercalcemia
c) Hyperkalemia d) Hyperphosphatemia

741. Retinoblastoma is associated *with-(NEET/DNB Pattern)*
a) Osteosarcoma b) Hepatoceliular ca
c) SCC d) Osteoclastoma

742. A simple bacterial test for mutagenic carcinogens is - *(AI 05)*
a) Ames test b) Redox test
c) Bacteriophage d) Gene splicing

743. The following is not a feature of malignant transformation by cultured cells - *(AI 05)*
a) Increased cell density
b) Increased requirement for growth factors
c) Alterations of cytoskeletal structures
d) Loss of anchorage

744. The following parasitic infections predispose to malignancies- *(NEET/DNB Pattern)*
a) Pargibunuasus b) Guinea worm infection
c) Clonorchiasis d) Schistosomiasis

745. Antibody against tumor cells - *(PGI June 08)*
a) MHC-I b) MHC-II
c) Anti viral d) Differentiatedantigen

746. Loss of hetrozygosity associated with -
a) Acute myeloid leukemia *(AIIMS May 08)*
b) ALL
c) Retinoblastoma
d) Promyelocitic leukemia

747. All are malignant tumors except - *(AI 08)*
a) Chloroma b) Fibromatosis
c) Askins tumor d) Liposarcoma

748. Conventional cytogenetics are difficult in solid tumors especially in case of carcinoma cervix -
a) High mitotic rate *(ARMS Nov 10)*
b) Bacterial contamination of the specimen
c) Good metaphase activity
d) Inadequate biopsy specimen

749. Which of the following tumors show increased c-kit - *(NEET/DNB Pattern)*
a) Yolk sac tumor b) Embryonal carcinoma
c) Choriocarcinoma d) Seminoma

750. High risk of malignancy is seen in? *(DNB June 11)*
a) Simple hyperplasia with atypia
b) Simple hyperplasia without atypia
c) Complex hyperplasia with atypia
d) Complex hyperplasia without atypia

751. All the following are angiogenic factors EXCEPT -
a) VEGF b) PDGF *(DNB Dec 10)*
c) IFN d)TGF/3

752. Which of the following is not a tumor marker -
a) CEA *(DNB Dec 10)*
b) Tyrosinase
c) Human leucocyte antigen A2
d) AFP

753. Which among the following pairs of Oncogenes is activated by Translocation? *(DNB Dec 10)*
a) SIS & HST-1 b) HGF & L-MYC
c) TGF & CDK4 d) ABL & C-MYC

754. False about p53 is - *(DNB June 10)*
a) It is present on chromosomes 17
b) It evauses cell cylce arrest in G1
c) 53 KDa
d) Non mutated wild p53 is associated with neoplasm in childhood

755. A 67 year male smoker presents with haemoptysis and cough. Bronchoscopic biopsy revealed undifferentiated tumour. The immunohistochemical marker that can be most helpful is- *(DNB June 10)*
a) Calretinin b) Vimentin
c) Cytokeratin d)GGt

756. Elevated AFP levels are seen in all of the following except - *(DNB June 10)*
a) Hepatoblastoma b) Seminoma
c) Teratoma d) None of the above

757. HMB 45 is a marker for - *(DNB June 10)*
a) Sarcoma b) Melanoma
c) Carcinoma d) None of the above

758. Marker of malignant melanoma is? *(DNB June 09)*
a) HMB45 b)S-100
c) Synaptophysin d) Both A and B

759. S 100 is a marker of ? *(DNB June 09)*
a) Melanoma b) Schwannoma
c) Histiocytoma d) All of the above

760. Essential for tumor metastasis is -*(DNB Dec 08)*
a) Angiogenesis
b) Tumorogenesis
c) Apoptosis
d) Inhibition of Tyrosine kinase activity

735)c 736)c 737)a,c,e 738)a 739)a 740)b 741)a 742)a 743)b 744)c,d 745)a 746)c 747)b 748)b,d
749) d 750) c 751)c 752) c 753) d 754) d 755) c 756) b 757) b 758) a,b 759) d 760) a

761. BRCA-1 gene lies on Chromosome-(Z>iVB *Dec 08)*
a) 17 b) 18
c) 20 d) 21

762. Ectopic rest of normal tissue is known as -
a) Choristoma b) Hamartoma*(DNB Dec 08)*
c) Pheudotumor d) Lymphoma

763. Raised AFP's is typically seen in - *(DNB Dec 08)*
a) Hepatitis b) Semnoma
c) HCC d) All of the above

764. All of the following are tumour markers, except -
a) p-microglobulin b)HCG *(DNB June08)*
c) a-feto protein d)CEA

765. Squamous cell carcinoma spreads commonly via -
a) Implantation *(DNB June08)*
b) Hematogenous spread
c) Lymphatic spread
d) Trancoelomic spread

766. An example of a tumour suppressor gene is -
a) myc b) fos *(DNB Dec 07)*
c) ras d)Rb

767. Hereditary factor are important in -f*DNB Dec 07)*
a) Retinoblastoma b) Breast carcinoma
c) Bronchogenic carcinoma d) Pancreatic tumor

768. N-MYC amplification is associated with which tumor? *(DNB June 07)*
a) Burkitt lymphoma
b) Squamous cell carcinoma lung
c) Astrocytoma
d) Neuroblastoma

769. Migratory superficial thrombophlebitis is seen in - *(DNB June 07)*
a) Carcinoma pancreas b) Astrocytoma
c) Renal carcinoma d)All

770. Ectopic rest of normal tissue is known as- *(MH11)*
a) Choristoma b) Hamartoma
c) Pseudotumor d) Lymphoma

771. Basal cell carcinoma commonly spreads by- *(MAHE*
a) Lymphatics b) Haematogenous *07, 08)*
c) Direct spread d) All the above

772. Pseudomyxoma peritonei is seen with - *(AI89)*
a) Mucinous cystadenocarcinoma ovary
b) Carcinoid appedix
c) Endometrial carcinoma
d) Ileal carcinoid

773. The most important prognostic indicator of mesenchymal tumour is - *(AIIMS 91)*
a) Type of primary b) Grade
c) Size d) Site

774. Commonest carcinoma in elderly male is -
a) Stomach b) Lung *(JIPMER 88)*
c) Esophagus d) Prostate

775. The incidence of which of the following cancers has increased in the past 4 decades - *(PGI83)*
a) Carcinoma of pancreas
b) Carcinoma of stomach
c) Carcinoma of lung
d) Carcinoma of colon

776. Which of the following has propensity to metastasize through lymph nodes ? *(APPG 08)*
a) Alveolar rhabdomyosarcoma
b) Osteosarcoma
c) Both
d) None

*111***. Choristoma is -** *(TN04)*
a) Normal tissue in abnormal site
b) Normal tissue in excess at noimal site
c) Abnormal tissue at any site
d) None of the above

778. All are precancerous except - *(Manipal 08)*
a) Lichen planus b)Verrucous carcinoma
c) Submucous fibrosis d) Leukoplakia

779. Inherited cancer syndrome include all except-
a) Retinoblastom *(Kerala 2001)*
b) Neurofibroma
c) Xeroderma pigmentosa
d) Familial polyposis coli

780. The following hereditary disorders show an abnormally high predispostition to malignancy except - *(JIPMER 78, ROHTAK 86)*
a) Xerderma pigmentosum b) Bloom's syndrome
c) Fanconi's anaemia d) Ataxia telangiectasia
e) Cystinuria

781. Chromosome associated with familial polyposis colon? *(APPG 08)*
a) Chromosome 5 b) Chromosome 6
c) Chromosome 11 d) Chromosome 13

782. The best example of a proto-oncogene activated by point mutation is - *(ICS 98)*
a) Ras b)N-myc
c) L-myc d) Abl

783. N-MYC amplification is associated with which tumor? *(Kam11)*
a) Burkitt lymphoma
b) Squamous cell carcinoma lung
c) Astrocytoma
d) Neuroblastoma

784. Philadelphia chromosome is an example of - *(ICS 98)*
a) Balanced translocation b) Deletion
c) Non-dysjunction d) Duplication

785. Cancer suppressor gene is important in which malignancy - *(TN99)*
a) Retinoblastoma b) Malignant melanoma
c) Liver carcinoma d) Lung cancer

786. Which of the following functions is associated with the oncogenic L 'MYC' in lung cancer -*(Kama! 99)*
a) Proteine kinase
b) GTP binding protein
c) Nuclear binding portein
d) Growth factor

787. Malignancy with familial inheritence - *(AI99)*
a) Ca breast b) Ca ovary
c) Ca testis d) Ca panreas

761)a 762)a 763)c 764)None 765)c 766) d 767)a>b 768)d 769)a 770)a 771)c 772)a 773)b 774)d
775) c 776) a 777) a 778) b 779) b 780) e 781) a 782) a 783) d 784) a 785) a 786) c 787) a,b

788. The tumor suppressor gene P53 induces cell arrest at- *(UP 08)*
a) G_2 - M phase b) S - G_2 phase
c) Gj - S phase d) G_0 - phase

789. DNA probe is of great value in the identification of gene in all of the following neoplasms except -
a) Neuroblastoma b) Breast cancer *(ICS 98)*
c) Lymphomas d) Gliomas

790. A child is born with a single functional copy of a tumor suppressor gene. At the age of 5 years, the remaining normal allele is lost through mutation. As a result, the ability to control the transition from G1 to the S phase of the cell cycle is lost. Which of the following neoplasms is most likely to arise by means of this mechanism - *(MAHA 05)*
a) Retinoblastoma
b) Breast carcinoma
c) Adenocarcinoma of colon
d) Cerebral astrocytoma

791. Alpha fetoprotein is genetically and structurally related to - *(Corned 08)*
a) Albumin b) Transferrin
c) Fibrinogen d) Growth hormone

792. Keratin is a tumour market for - *(AI92)*
a) Carcinoma cervix b) Neurofibroma
c) Rhabdoyosarcoma d) Chorio carcinoma

793. C.E.A. (Carcinoma embryonic antigen) is elevated in all except - *(TN 97)*
a) Alcoholic Cirrhosis b)Ca-colon
c) Ulcerative Colitis d) Emphysema

794. Tumour marker for a highly vascular tumour -
a) Desmin b) Keratin *(Kerala 97)*
c) Sa200 d) Alpha-feto protein

795. Disticntion between a poorly differentiated carcinoma and a lymphoma can be made by immunoperoxidase staining of the tumour tissue with antibodies directed against - *(ICS2K)*
a) Desmin b) Myoglobin
c) Vimentin d) Cytokeratin

796. A chronic alcoholic has an elevated serum alpha fetoprotein levels. Which of the following neoplasms is most likely - *(DELHIPG Feb. 09)*
a) Prostatic adenocarcinoma
b) Multiple myeloma
c) Hepatocellular carcinoma
d) Glioblastoma multiforme

797. Raised AFP is typically seen in - *(MHII)*
a) Hepatitis b) Seminoma
c) HOC d) All of the above

798. All of the following are examples of tumor markers, except - *(Jipmer 05)*
a) Alpha-HCG (ocHCG) b) Alpha-Feto protein
c) Thro globulin d) P2-microglobulin

799. Ca 125 is used in diagnosis of - *(C. U.P.GE.E. 02)*
a) Ovarian cancer b) Gall bladder cancer
c) Carcinoids d) Bronchogenic cancer

800. In exocrine pancreatic cancer, the commonest tumour marker to be elevated as - *(COMED 09)*
a) CA-125 b) CEA
c) CA-15-3 d) CA-19-9

801. Increased susceptibility to breast cancer is likely to be associated with a mutation in the following gene -
a) P^{53} b) BRCA-1 *(Jipmer 05)*
c) Retinoblastoma (Rb) d)H-Ras

802. Major contribution to cachexia with advanced cancer-
a) Clathrin b) Histamine *(HP 2006)*
c) Interferon d) Tumor-necrosis-factor (TNT)

803. A 65 years old male diagnosed by biopsy a case of lung carcinoma, with paraneoplastic syndrome and increased PTH. Probable cause is- *(UP 08)*
a) Parathyroid b) Parathyroid related peptide
c) Calcitonin d) Calcitonin related peptide

804. Exfoliative cytology is useful in - *(Kerala 90)*
a) Carcinoma stomach b) Carcinoma bronchus
c) Carcinoma cervix d) All of the above

805. Following are spontaneous resolution tumours except - *(UP 08)*
a) Malignant melanoma b) Osteogenic sarcoma
c) Cholangio carcinoma d) Retinoblastoma

CARDIOVASCULAR SYSTEM

BLOODVESSELS

806. What one structural feature do all blood capillaries have in common - *(PGI95)*
a) Absence of intracellular fenestrations in the endothelial cells
b) Presence of intracellular fenestrations
c) A discontinuous basement membrane
d) A continuous basement membrane
e) Remain patent in the healthy subject

807. The following factors are derived from the endothelial cell except - *(AI 94)*
a) Thrombomodulin b) ProteinS
c) Prostacyclin d) Thromboxane A2

808. Neointimal hyperplasia causes vascular graft failure as a result of hypertrophy of - *(AI 06)*
a) Endothelial cells b) Collagen fibers
c) Smooth muscle cells d) Elastic fibers

809. Medial calcification is seen in *~(NEET/DNB Pattern)*
a) Atherosclerosis b) Arteriolosclerosis
c) Monckebergs sclerosis d) Dissecting aneurysm

810. Atheroma resulting in angina has following characteristic except - *(AIIMS June 2000)*
a) Thin fibrous cap
b) Thick fibrous cap
c) Lack of macrophage
d) Lack of smooth muscle cell

811. Atherosclerosis initiation by fibroblast plaque is mediated by injury to - *(PGI Dec 98)*
a) Smooth muscle b) Media
c) Adventitia d) Endothelium

788) c 789) d 790) a 791) a 792) a 793) d 794) b 795) d 796) c 797) a,c 798) a 799) a 800) d 801) a,b 802) d 803) b 804)d 805)b,c 806)None 807)d 808)c 809)c 810)d 811)d

812. In atherosclerosis, increased LDL in monocyte macrophage due to - *(PGI June 99)*
a) LDL receptors on macrophage
b) LDL receptors on endothelium
c) Lipids in LDL get oxidized
d) All of the above

813. Atheromatous changes of blood vessels affects early in - *(NEET/DNB Pattern)*
a) Kidney b) Heart
c) Liver d) Spleen

814.Which of the following increases the susceptibility to coronary artery disease - *(AI 03)*
a) Type V hyperlipoproteinaemia
b) Von willebrand's disease
c) Nephrotic syndrome
d) Systemic lupus erythematosus

815. Raised serum level of lipoprotein-a is a predictor of- *(AI03)*
a) Cirrhosis of liver b) Rheumatic arthritis
c) Atherosclerosis b) Cervical cancer

816. CAD predisposing factors- *(PGIDec 02)*
a) Homocysteinemia b) 1 Lipoprotein B
c) T Fibrinogen d) THDL
e) T plasminogen activator inhibitors 1

817. Infective agent causing *ztherosc\erosis~(NEET/DNB*
a) M. pneumoniae b) C. Pneumoniae *Pattern)*
v *s3)* H.influenza ^ d$r6. Bipfheriae p ^ f

818. Major change occurring in blood vessels in hypertensio n - *(AIIMS Dec 94)*
a) Atherosclerosis
b) Hyaline arteriosclerosis
c) Multiple small aneurysms
d) Fibrinoid necrosis

819. Commonest histological finding in benign hypertension is - *(NEET/DNB Pattern, ARMS May 11)*
a) Proliferating endarteritis
b) Necrotising arteriolitis
c) Hyaline arteriosclerosis
d) Cystic medial necrosis

820. In malignant HTN, seen is - *(PGIDec 97)*
a) Hyalinised arterioles
b) Replacement by necrotizing arteriolitis
c) Calcification
d) Atherosclerosis

821. In malignant hypertension hyperplastic arteriosclerosis is seen n all except - *(AHMSMay 01)*
a) Heart b) Kidney
c) Pericardial Fat d) Peripancreatic fat

822. In malignant hypertension, hallmark is - *(PGIDec 98)*
a) Fibrinoid necrosis b) Hyperplastic arterioles
c) Hyalinization d) All of the above

823. All are seen in malignant hypertension except -
a) Fibrinoid necrosis *(AI 08)*
b) Hyaline arteriolosclerosis
c) Necrotizing glomerulonephritis
d) Hyperplastic arteriolosclerosis

824. Most common cause of aortic aneurysm is - *(AI 98)*
a) Syphilis b) Marfan's syndrome
c) Atherosclerosis d) Congenital

825. Most common cause of Abdominal aneurysm is -
a) Atherosclerosis b) Trauma *(AI94)*
c) Marfan's syndrome d) Congenital

826. 70 year old man has abdominal pain with mass in abdomen. Angiography reveals aneurysm of aorta. Most likely cause is - *(AIIMS Nov 01)*
a) Trauma b) Atherosclerosis
c) Syphilis d) Congenital

827. Syphilitic aneurysm mostly involve - *(AI 88)*
a) Arch of aorta
b) Descending aorta
c) Abdominal aorta above the renal arteries
d) Abdominal aorta below the renal arteries

828. Visceral aneurysm is most commonly seen in -
a) Splenic b) Renal *(NEET/DNB Pattern)*
c) Hepatic d) Coronary

829. In aortic dissection blood enters in - *(PGI 92)*
a) Intima b) Media
c) Adventitia d) Any of the above layer

830. Most common cause of Aortic dissection -
a) Hypertension b)DM *(AIIMS 98)*
c) Trauma d) Mafan syndrome

831. Most common cause of dissecting hematoma is because of - *(NEET/DNB Pattern)*
a) Hypertension b) Marfan's
c) Iatrogenic d) Kawasaki

832. Cystic medial necrosis responsible for aortic dilatation and rupture is seen in - *(PGI June 09)*
a) Syphilitic aneurysm b) Takayasu arteritis
c) Atherosclerosis d) Marfan syndrome
e) Ehler Danlos syndrome

833. Cystic medical necrosis is seen in- *(NEET/DNB*
a) Marfans b) Friedrichs ataxia *Pattern)*
c) Downs d) Kawasaki

VASCULITIS

834. Small vessel vasculitis are - *(PGIDec 2000)*
a) Classical PAN b) Wegner's granulomatosis
c) Giant cell arteritis d)HSP
e) Churg-strauss syndrome

835. Large vessel vasculitis is/are: *(PGIDec 07)*
a) Takayasu disease b) Temporal arteritis
c) PAN d) Giant cell arteritis
e) Wegner granulomatosis

836. Which is associated with vasculitis of medium . size vessels - *(NEET/DNB Pattern)*
a) Temporal areritis b) Wegners granulomatosis
c) Classic PAN d) Tuberous sclerosis

837. Granuloma is seen in all except - *(AIIMSNov 01)*
a) Giant cell arteritis
b) Microscopic polyangitis
c) Wegner's granulomatosis
d) Churg-strauss disease

812)c 813) b 814) c 815)c 816)a,c,e 817)b 818)b,d 819)c 820)b,d 821)a 822)a,b 823)b 824)c
825)a 826)b 827)None 828)a 829)b 830)a 831)a 832)d,e 833)a 834)b,d,e 835)a,b,d 836)c 837)b

838. All of the following condition are associated with granulomatous pathology, except - *(AI10)*
a) Wegner's granulomatosis (WG)
b) Takayasu arteritis (TA)
c) Polyarteritis nodosa (Classic PAN)
d) Giant cell arteritis (GCA)

839. pANCA is sensitive and specified *ior-(AIIMSDec 98)*
a) Post streptococcal glomerulonephritis
b) Idiopathic cresentic glomerulonephritis
c) Diffuse glomerulosclerosis
d) Diffuse glomerulosclerosis

840. ANC A positive vasculitis are - *(PGI June 09)*
a) Churg-strauss syndrome
b) Polyarteritis nodosa
c) Wegener granulomatosis
d) Takayasu arteritis
e) Henoch-schonlein purpura

841. ANCA positive is - *(A1IMS Nov 09)*
a) Good pasture syndrome
b) Wegner's granulomatosis
c) Sjogren syndrome
d) Relapsing polychondritis

842. Vasculitis is seen in- *(PGIDec 02)*
a) Burger's disease b) HSP
c) Gout d) Reiteres disease
e) Behcets syndrome

843. All of the following are true about temporal arteritis except - *(AI 96, AIIMS May 95)*
a) Polymyalgia rheumatica b) Anemia
c) LowESR d) Sudden blindness

844. All is true about Giant cell arteritis except -
.-7>^tInvoLves large to small sized areteries 4 „ ,
b) Granulomatous inflammation *(NEET/DNB Pattern)*
c) Most commonly involved artery is abdominal aorta
*l*fd) ^%pientM natute of the^mstolyemefeL J?§ g *i*

845. Pulseless disease is - *(AI 98)*
a) Giant cell arteritis b) Takayasu arteritis
c) Kawasaki disease d) Polyarteritis nodosa

846. In PAN, **cysts are seen in all excepts** *f(NEEJ7DNB*
: a) Lung ^ b) Pancreas *Pattern, AI00, 95)*
c) Liver d) Heart

847. Muscle biopsy in PAN shows - *(PGI June 98)*
a) Necrotising arteritis b) Atrophy
c) Granulomatous lesions d) Ring lesions

848. Kawasaki disease is associated with all except -
a) Erythema *(AI 96, AIIMS Feb 97)*
b) Posterior cervical lymphadenopathy
c) Thrombocytopenia
d) Conjuctivitis

849. Kawasaki disease is associated with all except -
a) Thrombocytopenia *(AIIMS Dec 98)*
b) Cervical lymphadenopathy
c) Redeye
d) Rash

850. Feature of microscopic poly angitis is -*(PGIDec 99)*
a) IgG deposits in kidney b) Bronchospasm
c) Renal involvement d) All of the above

851. Wegener[f]s granulomatosis involve- *(PGIDec 03)*
a) Lung b) Liver
c) Kidney d) Upper respiratory tract
e) Heart

852. A patient presents with respiratory symptoms i.e. cough, hemoptysis and glomerulonephritis. His C-ANC A levies in serum were found to be raised. The most likely diagnosis is - *(AIIMS Nov 02)*
a) Goodpasteur's syndrome
b) Classic polyarteritis nodosa
c) Wegener's granulomatosis
d) Kawasaki syndrome

853. In Wegeners glomerulonephritis characteristic feature seen in - *(AIIMS Nov 10, Nov 09)*
a) Granuloma in the vessel wall
b) Focal necrotizing glomerulonephritis
c) Nodular glomerulosclerosis
d) Interstitial granuloma

854. Wegner's granulomatosis - *(PGIDec 06)*
a) Involve lung
b) Involve nose
c) Involve kidney
d) Treated with cytotoxic and steroids

855. Which is not a characteristic of wegeners granulomatosis - *(NEET/DNB Pattern)*
a) Granuloma in vessel; wall
b) Focal; necrotising glomerulonephritis
c) Positive for cANCA
d) Involves large vessels

856. Lung is characteristically involved *in-(PGI June 2K)*
a) Churg-Strauss syndrome b) HSP
c) PAN d)ITP

857. Henoch-Schonlein purpura is characterized by the deposition of the following immunoglobulin around the vessels - *(AIIMS Nov 05)*
a) IgM b)IgG
c) IgA d)IgE

858. All are seen in Henoch schonlein purpura except -
a) Thrombocytopenia *(AI 94)*
b) Glomerulonephritis
c) Arthralgia
d) Abdominal pain

859. Frequency of renal involvement in HSP -
a) 20-40% * - ! b) >80% *(NEEWDNB Pattern)*
c) 40-60% d) 10%

860. TVue about Henoch-schonlein pupura *-(PGI June 09)*
a) Palpable pupura
b) Thrombocytopenia
c) C-ANCA positive
d) Kidney commonly affected
e) Thrombocytosis

861. Hypersensitivity angitis is seen in - *(TN 86)*
a) SLE
b) Polyarteritis nodosa
c) Henoch schonlein purpura
d) Buergers disease

838) c 839) b 840) a,c 841) a,b 842)a,b,d,e 843) c 844) c 845)b 846) a 847) a 848) c 849) a 850) c
851)a,c,d,e 852)c 853)b>a 854)a,b,c,d 855)d 856)a 857)c 858)a 859)c 860)a,d,e 861)c

862. Hypersensitivity vasculitis is seen most commonly in - *(AIIMS Nov 08, May 09)*
a) Post capillary venules b) Arterioles
c) Veins d) Capillaries

863. Burger disease is associated with - *(AI98)*
a) Alcoholism b) Smoking
c) Trauma d) Cold environment

864. Raynaud's phenomenon is seen in - *(PGIMay 10)*
a) SLE b) Systemic sclerosis
c) DM d) Hypertension

865. Raynaud's phenomenon what change is seen in vessels initial stage - *(NEET/DNB Pattern)*
a) No change (Fibrinoid, Thrombosis)
b) Thrombosis
c) Fibrinoid necrosis
d) Hyaline sclerosis

TUMORS

866. Spontaneous regression can occur *vt\t)i-(MH 10, 07)*
a) Cavernous hemangioma b) Strawberry angioma
c) Nevus flemes d) None of the above

867. Most common site of lymphangioma is-*(PGI Dec 08)*
a) Axilla b) Head and Neck
c) Groin d) Heart

868. True about pyogenic granuloma are-(PG7 *June 09)*
a) Vascular pathology
b) Bleeds rarely
c) In pregnancy incidence increases
d) Local excision is done
e) Recurrent and malignant

869. Pathological feature of pyogenic granuloma -
a) Epitheloid cells *(NEET/DNB Pattern)*
b) Cavernous hemangioma
c) Granulation tissue
d) Giant cells

870. The tissue of origin of the Kaposi's sarcoma is -
a) Lymphoid b) Vascular *(AIIMS May 05)*
c) Neural d) Muscular

871. Kaposi sarcoma associated with gut may be seen in- *(AI99)*
a) Nonhodgkin's lymphoma b) HIV - infection
c) Fungal infection d) Keratoacanthosis

872. Kaposis sarcoma is seen with -*(NEET/DNB Pattern)*
a) HCV b)HPV
c) HSV d)HHV

873. Features of essential hypertension- *(PGI Dec 02)*
a) Concentric hypertrophy of LV
b) Ted heart size
c) t ed size of the heart muscles
d) Myohypertrophy
e) Myohyperplasia

874. Concentric hypertrophy of left ventricle is seen in- *(PGIDec 98)*
a) Cong, bicuspid aortic valve b) MS
c) AR d) HOCM

875. Concentric hypertrophy of heart is associated -
a) Systemic Hypertension *(AIIMS97)*
b) Mitral regurgitaion
c) Hypertrophic cardiomyopathy
d) Mitral stensis

876. Left ventricular stress is maximum in- *(AIIMS 89)*
a) MS with MR b)MSwithAR
c) MR with AR d)ASwithAR

877. Heart failure cells are - *(PGI 87)*
a) Lipofuscin granules in cardiac cells
b) Pigmented alveolar macrophages
c) Pigmented pancreatic acinar cells
d) Pigment cells seen in liver

878. Commonest cause of right ventricular failure is -
a) Corpulmonale *(AIIMS 89)*
b) Pulmonary involvement
c) Endomyocardial fibrosis
d) Left ventricular failure

879. Heart failure cells are seen in *(NEET/DNBpattern)*
a) Kideny b) Heart
c) Lungs d) Braih

880. Best indicator for coronary artery disease -
a) HDL b)LDL *(AIIMS Nov 10)*
c) VLDL dj Chlomicron

881. Which one of the following sets of components of Cigarette smoke is a casual agent of coronary artery disease - *(NEET/DNB Pattern)*
a) Tar.and nicotine
b) Nicotine and carbon monoxide and tar
c) Gbrbonmonooxide and Tar
d) Carbon dioxide

882. Coronary heart disease may manifest as all, except-
a) Angina on effort b) Cardiomyopathies
c) Myocardial infarction d) Sudden death

883. The critical narrowing of coronary vessels to cause angina is - *(AIIMS 80, PGI 78)*
a) More than 50% b) More than 60%
c) More than 70% d) More than 80%

884. Vasospasm is the cause of - *(AI 97)*
a) Stable angina b) Unstable angina
c) Variant angina d) Classical angina

885. The most common site for myocardial infarction is -
a) Left atrium b) Left ventricle *(AI 96)*
c) Right atrium d) Right ventricle

886. Most common site of artery of atherosclerosis -
a) LAD b) RCA *(NEET/DNB Pattern)*
c) LCX d) Diagonal branch of LAD

887. Most common site of myocardial infaction is -
a) Anterior wall of left ventricle *(AI 98)*
b) Posterior wall of left ventrilce
c) Posterior wall of right ventrilce
d) Inferior wall of left ventricle

888. Inferior wall MI - *(NEET/DNB Pattern)*
a) Post interventricular artery
b) Ant interventricular artey
c) Atrial branch
d) Nodal branch

862) a 863) b 864) a,b 865) a 866) b 867) b 868)a,c,d 869) c 870) b 871)b 872) d 873)a,b,c,d 874) a
875)a 876) d 877)b 878)d 879)c 880)b 881)b 882)b 883)c 884)c 885)b 886)a 887)c 888)a

889. The most common site of Myocardial infarction is -
a) Anterolateral b) Interventricular septum
c) Posterior wall d) Inferior wall *(AI94)*

890. All of the following statements regarding subendocardinal infarction are true, except - *(AI06)*
a) These are multifocal in nature
b) These often result from hypotension or shock
c) Epicarditis is not seen
d) These may result in aneurysm

891. Reversible inj ury in myocardium occurs at -
a) 2 minutes b) 30 minutes *(PGI99)*
c) 2 hours d) 5 hours

892. A 60 year old male presented with acute chest pain of 4 hours duration. Electrocardiographic examination revealed new Q wave with ST segment depression. He succummed to his illness within 24 hours of admission. The heart revealed presence of a transmural haemorrhagic area over the septum and anterior wall of the left ventricle. Light microscopic examination is most likely to reveal -
a) Edema in between normal myofibres *(AI04)*
b) Necrotic myofibres with presence of neutrophils
c) Coagulative necrosis of the myocytes with presence of granulation tissue
d) Infiltration by histocytes with haemosiderin laden macrophages

893. A 45 year old male had severe chest pain and was admitted to the hospital with a diagnosis of acute myocardial infarction. Four days later he died and autopsy showed transmural coagulative necrosis. Which of the following microscopic features will be seen on further examination? *(AUMSMay 11,AI09)*
a) Fibroblast and collegen
b) Granulation tissue
c) Neutrophilic infiltration surrounding coagulative necrosis
d) Granulomatous inflammation

894. Autopsy finding after 12hrs in a case of death due to ML- *(AIIMSNov 99)*
a) Caseous necrosis b) Coagulative necrosis
c) Fat necrosis d) Liquefactive necrosis

895. Average time taken for myocardial infarction to heal completely is - *(AIIMS May 04)*
a) 3 weeks b) 6 weeks
c) 12 weeks d) 15 weeks

896. A mylocardial infarct showing early granulation tissue has most likely occured - *(AI 02)*
a) Less than 1 hours b) Within 24 hrs
c) Within 1 week d) Within 1 month

897. The cells seen after 72 hours in the infarcted area in MI are- *(NEET/DNB Pattern)*
a) Neutrophils b) Lymphocytes
c) Macrophages d) Monocytes

898. Troponin-T is a marker of - *(AIIMS May 04)*
a) Renal diseases b) Muscular dystrophy
c) Cirrhosis of liver d) Myocardial infarction

899. In MI, which enzyme is raised in 4 to 6 hrs and decreases in 3 to 6 days - *(AIIMS June 98)*
a) SGOT b)LDH
c) CPK d) SGOT

900; 7 day old MI the most sensitive biochemical marker-
a) Troponin I T b) CPK MB *(NEET/DNB*
c) LDH d) Myoglobin *Pattern)*

901. Post MI daiy 10 which enzyme is raised r-
a) LDH b) CPK *(NEET/DNB Pattern)*
c) Troponin d) Myoglobin

902. In stable angina - *(AIIMS Nov 03)*
a) CK-MB is elevated
b) Troponin T is elevated
c) Myoglobin is elevated
d) The level of cardiac markers remain unchanged

903. Troponin-T is preferable to CPK-MB in the diagnosis of acute MI in all of the following situations except- *(AI 03)*
a) Bedside diagnosis of MI b) After CABG
c) Reinfarction after 4 days d) Small infarct

904. Recurrent ischemic events following thrombolysis has been patho-physiologically linked to which of the following factors - *(AI 03)*
a) Antibodies to thrombolytic agents
b) FibrinopeptideA
c) Lipoprotein A
d) Triglycerides

905. Fatal arrythmias are seen if myocardial infarction is - *(NEET/DNB Pattern)*
a) Posterior b) Inferior
c) Anterolateral d) Subendodardial

906. TVue about Dressler'syndrome is all, except -
a) Occurs within hours after myocardial infarction
b) May be due to early use of anticoagulant
c) Chest pain is common *(AIIMS June 98)*
d) Responds well to salicylates

RHEUMATIC FEVER

907. TVue about Rheumatic heart disease and Rheumatic fever is/are - *(PGI June 04)*
a) Caused by group 'A' streptococci
b) Caused by group 'B' streptococci
c) Carrier have high risk of developing RF
d) Carrier have low risk of developing RF
e) M-5 protein cross reacts

908. What is the mechanism of acute rheumatic fever -
a) Cross reactivity with endogenous antigen
b) Innocent by slender effect *(AIIMS May 10)*
c) Due to toxin secretion by streptococci
d) Release of pyrogenic cytokines

909. A10 year old boy, Pappu, died of acute rheumatic fever. All the following can be expected at autopsy except - *(AI02)*
a) Ashoff nodules b) Rupture of chordae tendinae
c) Me Callum patch d) Fibrinous pericarditis

889) a 890) d 891)b 892)b 893)c 894)b 895)b 896)d 897)c 898)d 899)c 900)a 901)a 902) d
903) c 904) b 905) b 906) a 907)a,d,e 908) a 909) b

910. Aschoff's nodules are seen in - *(AI05)*
a) Subacute bacterial endocarditis.
b) Libman - Sacks endocarditis
c) Rheumatic carditis
d) Non - bacterial Thrombotic endocarditis

911. Valve usually not involved in rheumatic fever -
a) Mitral b) Aortic *(DNB Dec 08)*
c) Pumonary d) Tricuspid

912. True about acute rheumatic fever - *(PGIDec 02)*
a) Chorea
b) Erythema nodosum
c) Arthritis
d) Caused by antecedent a-hemolytic streptococcus infection
e) Carditis

913. Which is not major criteria for diagnosis of rheumatic fever ? *(NEET/DNB Pattern)*
a) Carditis b) Subcutaneous nodules
c) Increased ASLO d) Arthritis

914. Content of Aschoff's nodules are *AJE-(AIIMSJme 97)*
a) Histiocytes b) Langhan's giant cell
c) Fibrinoid deposition d) Aschoff's cells

915. Aschoff bodies in Rheumatic heart disease show all of the following features, except - *(AIIMS Nov 02)*
a) Anitschkow cells b) Epitheloid cells
c) Giant cells d) Fibrinoid necrosis

91i5. Me Calluih's patch is diagnostic of,-
a) Infective endocarditis *(NEET/DNB Pattern)*
'/ b) Rheumahcendcfca|d^J
• v c) Myocardial infarctiphl^|
d) Tetralogy of FaUot(ToF)

917. Characteristic feature of Rheumatic carriiiis is -
a) Pericarditis b) Endocarditis *(AI 99)*
c) Myocarditis d) Pancarditis

918. Diagnostic feature in rheumatic heart disease is -
a) Aschoff's nodule *(AI 97)*
b) Me Callumn patch
c) Bread & butter pericarditis
d) Shaggy vegetation

ENDOCARDITIS

919. Bacterial endocarditis is most commonly caused by-
a) a-Hemolytic streptococci *(PGIDec 03)*
b) (3 -Hemolytic streptococci
c) Staphylococcus aureus
d) Cardiobacterium
e) Staph epidermidis

920. The risk of developing infective endocarditis is the least in patient with - *(AIIMSMay 03)*
a) Small VSD
b) Severe aortic regurgitation
c) Severe mitral regurgitation
d) Large ASD

921. Non-sterile vegetations are seen in - *(PGI 99)*
a) Rheumatic fever
b) Infective endocarditis
c) Non bacterial thrombotic endocarditis
d) Libman sack's endocarditis

922. Which of these statements is FALSE about infective endocarditis in I.V. drug abusers- *(AIIMS June 2000)*
a) Candida is a common cause.
b) Pulmonary valve is commonly involved
c) Staphylococeus aureus is commonest organism
d) Tricuspid valve is most commonly involved

923. Which of the following is not a complication of infective endocarditis - *(AIIMS Nov 03)*
a) Myocardial ring abscess
b) Suppurative pericarditis
c) Myocardial infarction
d) Focal and diffuse glomerulonephritis

924. Flat vegetations in pockets of valves are due to -
a) Rheumatic heart disease *(AI 00)*
b) Libman sacks Endocarditis
c) NBTE
d) Infective endocarditis

925. Which type of endocarditis has vegetation on both Sides of the valves - *(NEET/DNB Pattern)*
a) Infective endocarditis
b) Libmah Sack's endocarditis *i'Mh*
c> Kf
lAsi d) None

926. Which of these is TRUE regarding Libman sach's lesion - *(AIIMS June 2000)*
a) Causes perforation of valves
b) Involves mulitple valves
c) Consists of large vegetation
d) Vegetations on the surface of valve spreads to mural endocardium

927; **Vegetations in libman sacendqcarditis are -** *(NEET/DNB Pattern)*
a) Large and fragile
b) Small warty along the line of closure of valve
c) Small or medium sized on either or both sides of valve
d) Small bland vegetations ^ ^

928. Vegetations below the AV valves are present in -
a) Libman sach's endocarditis *(AIIMSDec 97)*
b) Chronic rheumatic carditis
c) Acute rheumatic carditis
d) Non thrombotic endocarditis

929. In which of the following vegetation are friable and easily detachable from the cardiac valves - *(AI 10)*
a) Rheumatic fever b) Rheumatoid heart
c) SLE d) Infective endocarditis

930. Firm warty vegetations along the line of apposition of heart valves is present in - *(AIIMS Dec 98, AI 00)*
a) NBTE
b) Bacterial endocarditis
c) Rheumatic heart disease
d) Libman Sach's endocarditis

910)c 911)c 912)a,c,e 913)c 914)b 915)b 916)b 917)d 918)a 919)c 920)d 921)b 922)b
923) None orb 924) b 925) b 926) d 927) c 928) a 929) d 930) c

931. Site of lesion in endocarditis of rheumatic heart disease - *(PGI97)*
a) Along lines of closure of valves
b) Free margin of valves
c) Both sides of valves
d) Valve cusps

932. Which of the following is associated with.destruction of valves ? *(NEET/DNB Pattern)*
a) infective endocarditis
b) Libman sach's endocarditis
c) Rheumatic Heartdisease
d) All

933. Cardiomyopathy may be seen in all except -
a) Duchenne muscular dystrophy *(A1IMS May 06)*
b) Friedrich's ataxia
c) Type II glycogen storage disease
d) Alkaptonuria

934. Alcohol causes - *(PGI 99)*
a) Dilated cardiomyopathy b) HOCM
c) Restrictive cardiomyopathy d) None

935. IVue regarding cardiomyopathy - *(PGI Dec 08)*
a) RV dilatation is present
b) May result from thyroxicosis
c) Secondary to alcohol
d) Good prognosis
e) Aortic valve calcification is seen

936. All are true about hypertropic obstructive cardiomyopathy except - *(AI95)*
a) Assymmetric septal hypertrophy
b) Dilatation of atria
c) Dilatation of ventricles
d) Outflow obstruction

937. Which one of the following is not a cause for restrictive cardiomyopathy - *(ARMS May 04)*
a) Alcohol b) Hemochromatosis
c) Amyloidosis d) Sarcoidosis

938. Causes of restrictive cardiomyopathy are -
a) Amyloid b) Sarcoidosis *(PGI Nov 09)*
c) Viral myopathy d) Alcohol
e) Storage disease

939. Which worm causes *myocarditis-(NEET/DNBPattern)*
a) Trichuris b) Trichinella
c) Enterobius d) Strohgyioides

940. Myocarditis can be cuased by - *(PGI 88)*
a) Pertussis b) Measles
c) Diphtheria d) Scorpionsting

941. The causes of pericarditis are -
a) Infection b) Trauma
c) Neoplasia d) Acute mycardial infarction
e) Any of the above

942. Hemorrhagic pericarditis is seen in - *(PGI 96)*
a) Uremia b) TB
c) Neoplasm d)All

943. Causes of constrictive pericarditis is/are -
a) T.B. b) SLE *(PGI Nov09)*
c) Brucellosis d) Histoplasmosis
e) Hydralazine

944. Type of pericarditis in tuberculosis - *(ARMS 91)*
a) Hemorrhagic b) Constrictive
c) Fibrinous d) Serofibrinous

945. Hemopericardium is seen in -
a) Chest injury b)MI
c) Ruptured Aortic aneurysm d) All

946. Most common tumour of heart *is-(NEET/DNB Pattern, AI 99, 94)*
a) Myxoma b) Rhabdomyosarcoma
c) Fibroma c) Leiomyosarcoma

947. TVue about myxoma is - *(AI 99)*
a) Mostly seen in left atrium
b) Can metastasize to other sites
c) Rarely recurs after removal
d) Most often seen in right atrium

948. Characteristic pathological finding in carcinoid of heart- *(AI 10)*
a) Fibrous endocordial thickening of right ventricle andtricuspid valve
b) Collagen deposition in wall of right ventricle and tricuspid valve
c) Interstitial fibrous thickening of right ventricle and pulmonic valve
d) Mononuclear inflammatory infiltrate in the wall of right atrium

949. Which carcinoma metastases to heart?
a) Ca breast b) Ca stomach *(PGI May 10)*
c) Ca lung d) Ca urinary bladder
e) Osteosarcoma

MISCELLANEOUS (CVS1

950. Tigered effect in myocardium is due to -
a) Malignant change *(NEET/DNB Pattern)*
b) Fat deposition
c) Seen in rheumatic fever
d) Associated with myocarditis

951. What does "cardiac polyp" mean? *(ARMSMay 11)*
a) Acute infarct b) Cardiac aneurysm
c) Benign tumor d) Fibrinous clot

952. True about subendocardial hemorrhage is all except-
a) May be seen after head injury *(ARMS Nov 10)*
b) Involves RV wall
c) Continous pattern of sheet like
d) Flame shaped hemorrhages

953. Calcification of the aortic valve is seen in - *(AI 95)*
a) Aortic stenosis b) Aortic regurgitation
c) Marfan's syndrome d) Hurler's syndrome

954. Nicoladoni sign is also known as - *(ARMSNov 08)*
a) Branham sign b) Murray sign
c) Frei's sign d) Darrier's sign

955. In MVPS mitral valve HPE shows - *(ARMSNov 07)*
a) Hyaline degeneration
b) Elastic degeneration
c) Myxomatous degeneration
d) Fibrinoid necrosis

931) a 932) a 933) d 934) a 935)a,b,c 936) c 937) a 938)a,b,e 939) b 940) b,c 941) e 942) d 943)a,b,d,e
944)a,b 945)d 946)a 947)a 948)a 949)a,c 950)b 951)d 952)b 953)a 954)a 955)c

956. A young female patient came for routine examination. On examination a mid systolic click was found. There is no history of RHD. The histopathological examination is most likely to *show-(AIIMSMay 12)*
a) Myxomatous degeneration and prolapsed of the mitral valve
b) Fibrinous deposition on the tip of papillary muscle
c) Rupture of chordae tendinae
d) Aschoff nodule on the mitral valve

957. The most common cause of SVC syndrome is -
a) Thrombosis *(AJ 95, 94)*
b) Extrinsic compression
c) Mediastinal lymphoma
d) Teratoma

958. Which one of the following is not a cause for restrictive cardiomyopathy - *(DNB Dec 11)*
a) Alcohol b) Hemochromatosis
c) Amyloidosis d) Sarcoidosis

959. Flat vegetations in pockets of valves are due to -
a) Rheumatic heart disease *(DNB Dec 11)*
b) Libman sacks Endocarditis
c) NBTE
d) Infective endocarditis

960. Factor responsible for Cardiac Hypertrophy is?
a) ANF b) TNF alpha *(DNB Dec 10)*
c) c-myc d)TGFbeta

961. Libmann sacks endocarditis is associated with?
a) SLE b) NBTE *(DNB June10)*
c) Rheumatic d) Fungal

962. Which of the following is not a common cause of vasculitis in adults - *(DNB June 10)*
a) Giant cell artheritis
b) Kawasaki disease
c) Henoch schonlein purpura
d) Polyarteritis nodosa

963. Onion skin thickening of arteriolar wall is seen in - *(DNB June 10)*
a) Atherosclerosis
b) Median calcific sclerosis
c) Hyaline arteriosclerosis
d) Hyperplastic arteriosclerosis

964. Takayasu disease most commonly affects?
a) Coeliac axis b) Coronaries *(DNB Dec 09)*
c) Radial artery d) Renal artery

965. Hypersensitivity vasculities seen in - *(DNB Dec 09)*
a) Capillaries
b) Arterioles
c) Post capillary venules
d) Medium sized vessels

966. Which of the following condition(s) are associated with raised ANCA except - *(DNB June 09)*
a) Wegener's granulomatosis
b) Polyarteritis Nodosa
c) Microscopic Polyangitis
d) Churg-Strauss syndrome

967. Ascending aorta involvement is the commonest site of which aneuryam - *(DNB June 09)*
a) Syphilitic b) Atherosclerotic
c) Mycotic d) None of the above

968. Onion skin thickening of arteriolar wall is seen in- *(DNB Dec 08)*
a) Atherosclerosis
b) Median calcific sclerosis
c) Hyaline arteriosclerosis
d) Hyperplastic arteriosclerosis

969. MC valve involved in Rheumatic fever -
a) Mitral b) Aortic *(DNB Dec 08)*
c) Pulmonary d) Tricuspid

970. In myocardial infarction, microscopic picture of coagulationnecrosis with neutrophillic infiltration is seen in - *(DNB Dec 08)*
a) 4-12 hrs b) 12-24 hr
c) 1-3 days d) 3-7 days

971. Approximate time, at the end of which the quantity, of ATP within ischemic cardiac myocytes is reduced to 10% of original is - *(DNB Dec 08)*
a) <2 minutes b) 10 minutes
c) 20 minutes d) 40 minutes

972. Hypersensitivity vasculitis is seen *in-(DNBJune 08)*
a) Postcapillary venules b) Arterioles
c) Veins d)Capillaries

973. Heart failure cells are found in - *(DNB June 08)*
a) Myocardium b) Lungs
c) Liver d) Spleen

974. In Wegener's granulomatosis cytoplasmic anti neutrophilic antibodies are directed against - *(DNB*
a) Proteinase 1 b) Proteinase 2 *June 08)*
c) Proteinase 3 d) Proteinase 4

975. The common primary tumor of heart is- *(DNB June 08)*
a) Rhabdomyoma b) Fibroma
c) Myxoma d) Lipoma

976. Atrial myxoma commonly arises from-
a) Left ventricle b) Left atrium*(DNB June 08)*
c) Right ventricle d) Right atrium

977. ASLO Titres are used in the diagnosis of -
a) Acute rheumatoid arthritis *(DNB June 08)*
b) Acute rheumatic fever
c) Ankylosing spondylitis
d) Osteoarthritis

978. Most common cause of aortic aneurysm is -
a) Atherosclerosis b) Syphilis *(DNB June 08)*
c) Trauma d) Congenital

979. Mitral valve vegetations do not embolise usually to -
a) Brain b) Liver *(DNB Dec 07)*
c) Spleen d) Lungs

980. Most common site of myocardial infarction is -
a) Ant. wall of left ventricle *(DNB Dec 0 7)*
b) Post, wall of right ventricle
c) Post, wall of left ventricle
d) Inf. wall of left ventricle

956) a 957) b 958) a 959) b 960) c 961) a 962) b>c 963) d 964) d 965) c 966) b 967) a 968) d 969) a
970) c 971)d 972) a 973)b 974)c 975)c 976)b 977)b 978)a 979)d 980)a

981. Following are major criteria of rheumatic fever, except - *(DNB Dec 0 7)*
a) Chorea b) Arthritis
c) Carditis d) Prolonged P-R interval

982. Fibrinoid necrosis is seen in following except -
a) PAN *(DNB Dec 07)*
b) Diabetes mellitus
c) Malignant hypertension
d) SLE

983. Commonest histological finding in benign hypertension is - *(DNB June 0 7)*
a) Proliferating endarteritis
b) Necrotising arteriolitis
c) Hyaline arteriosclerosis
d) Cystic medial necrosis

984. The probable interval between throat infection and onset of rheumatic fever is - *(DNB June 07)*
a) 2-4 hours b) 2-4 days
c) 2-4 weeks d) 2-4 months

985. Ascoff's bodies are seen in - *(DNB June 07)*
a) Rheumatic myocarditis
b) Rheumatic arthritis
c) Bacterial endocarditis
d) Marantic endocarditis

986. Large warty vegetation are characteristic of-
a) SLE b) SABE *(DNB June 07)*
c) Both d)None

987. Cells seen in MI at 48 hours are - *(DNB June 07)*
a) Polymorphs b) Fibroblasts
c) Lymphocytes d) Macrophages

988. Endothelial cells have - *(Bihar 03)*
a) Weibel-Palad bodies b) Gamma-gandy bodies
c) Both d) None

989. In which of the following locations would you least except to find significant atherosclerotic lesions in a patient with risky* factors of smoking, hypertension, diabetes mellitus, and serum cholesterol level of 280 mg/dl - *(MAHA 05)*
a) Left main coronary artery
b) Aortic bifurcation
c) Circle of Willis
d) Pulmonary artery trunk

990. Most accepted theory of atheroscerosis is -
a) Lipid infiltration of intima *(KERALA 95)*
b) Reaction to endothelial injury
c) Due to smoking
d) Hyperlipidemia

991. Medial calcification is seen in - *(TN 90)*
a) Atherosclerosis b) Arteriolosclerosis
c) Monckebergs sclerosis d) Dissecting aneurysm

992. Which of the following is the least common site of atherosclerotic lesions - *(DELHIPGMar 09)*
a) Aortic bifurcation
b) Pulmonary arterial trunk
c) Common carotid artery
d) Middle cerebral artery

993. Monckenbergs sclerosis invloves - *(Jipmer 95)*
a) Intima b) Media
c) Externa d) All the layers

994. Leu tic aneurysms are common in all except -
a) Ascending aorta *(AIIMS81)*
b) Arch of aorta
c) Descending thoracic aorta
d) Abdominal aorta

995. Tree bark like calcification in chest X-ray is seen in- *(JIPMER93)*
a) Syphilitic aneurysm b)Aorto-Arteritis
c) Neurofibromatosis d) Atherosclerosis

996. Dissecting haematoma is a clinical complication occurring in - *(COMED09)*
a) Turner's syndrome b) Klinefelter's syndrome
c) Down syndrome d) Marfan syndrome

997. Onion skin thickening of arteriolar wall is seen in-
a) Atherosclerosis *(Corned08)*
b) Median calcific sclerosis
c) Hyaline arteriolosclerosis
d) Hyperplastic arteriolosclerosis

998. Kaposi sarcoma occurs with infection due to -
a) HHV8 b)HHV4 *(IN04)*
c) HHV2 d)HHVl

999. Characterstic CVS leison in syphils is - *(CMC 98)*
a) Aneurysm of arch of aorta b) AR
c) Aortic ring dilatation d)AS
e) Medial necrosis

1000. PAN is associated with - *(DPGEE 08)*
a) Hepatitis A b) Hepatitis B
c) Hepatitis C d) Hepatitis E

1001. The follow is true of Endothelins- *(BIHAR 03)*
a) Secreted by endothelium
b) Most potent vasoconstrictor
c) Both
d) None

1002. Atherosclerosis in the coronary circulation most commonly affects - *(MAHE 98)*
a) Left anterior descending artery
b) Left circumflex
c) Right coronary
d) All of the above

1003. In atherosclerosis, increased LDL in monocyte macrophage due to - *(DPG10)*
a) LDL receptors on macrophage
b) LDL receptors on endothelium
c) Lipids in LDL get oxidized
d) All of the above

1004. Coronary occlusion is caused by the following except - *(JIPMER 80, AMU 85)*
a) Atheromatous narrowing of vessel
b) Haemorrhage in to an atheromatous plaque
c) Rupture of atheromatous plaque in to the lumen
d) Organization of thrombus
e) Calcification of atheroma

981)d 982)b 983)c 984)c 985)a 986) b 987)a 988)a 989)d 990) b 991)c 992)b 993)b 994)d
995) a 996) d 997) d 998) a 999) c 1000) b 1001) a 1002) a 1003) c 1004) d,e

1005. Approximate time, at the end of which the quantity, of ATP within ischemic cardiac myocytes is reduced to 10% of original is - *(Karn 11)*
a) <2 minutes b) 10 minutes
c) 20 minutes d) 40 minutes

1006. In myocardial infarction the infarct accquires hyperemic rim with an yellow centre at -
a) 3-7 days b) 10-20 days *(JIPMER95)*
c) 7-14 days d) 1-2 hours

1007. In myocardial infarction, light microscopic changes are evident by - *(Kerala 03)*
a) 1 hour b) 1/2 hour
c) 6 hours d) 24 hours

1008. In myocardial infarction, early light microscopic change is - *(BIHAR 03)*
a) Waviness of fibres b) Necrosis of fibres
c) Round cell infiltration d) None

1009. Autopsy finding after 12 hrs in a case of death due to MX - *(MAHE 05, DPG10)*
a) Caseous necrosis b) Coagulative necrosis
c) Fat necrosis d) Liquefactive necrosis

1010. In myocardial infarction, microscopic picture of coagulation necrosis with neutrophilic infiltration is seen in - *(Corned 08)*
a) 4-12 hrs b) 12-24 hrs
c) 1-3 days d) 3-7 days

1011. The infarcted myocardium is replaced by scar tissue is in - *(JIPMER 78, PGI80)*
a) 2 weeks b) 4 weeks
c) 6 weeks d) 10 weeks

1012. Enzyme appearing last in MI is - *(ASSAM 95)*
a) CPK b)LDH
c) SGOT d) SGPT

1013. Me callums patch is seen in the - *(PGI86)*
a) Right atrium b) Left atrium
c) Left ventricle d) Right ventricle

1014. The most characteristic histological finding of acute rheumatic carditis is- *(Kerala 89)*
a) Fibrinous pericarditis
b) Vegetations on mitral valve leaflets
c) Aschoff bodies in myocardium
d) Increased vascularity of the valves

1015. All are true of actue rheumatic fever except -
a) Aschoff nodule in mycoacardium *(AI90)*
b) Focal myocardial fiber necrosis
c) Microthrombi in arteriole
d) Lymphocytic myocarditis

1016. Features of rheumatic carditis are all except -
a) Aschoff nodule *(PGI 89)*
b) Lymphatic infiltration
c) Myocardial fibrosis
d) Intramyocardial microemboli

1017. The commonest type of pericarditis in acute rheumatic fever is - *(AI 91)*
a) Serous b) Fibrinous
c) Serofibrinous d)Purulant

1018. Exudate in rheumatic fever is - *(JIPMER 95)*
a) Serous b) Purulent
c) Fibrinous d) Myxomatous

1019. In Rheumatic fever, fibrinoid necrosis occurs in
a) Mycardium b) Collagen *(TN91)*
c) Perciardium d) Endocardium

1020. The % of coincidence between sore throat and acute rheumatic fever is - *(JIPMER 95)*
a) 3% b) 5%
c) 7% d)9%

1021. Aschoff cells are - *(JIPMER 95)*
a) Fibroblastsb) Monocytes
c) Neutrophils d) Lymphocytes

1022. Pathognomic features of acute rheumatic fever is - *(DELHIPG Feb. 09)*
a) Pericarditisb) Myocarditis
c) Mitral stenosis d) Aschoffs nodules

1023. Characterstic of acute rheumatic fever- *(JIPMER 98)*
a) Endocarditisb) Mycocarditis
c) Pericarditis d) Pancarditis

1024. Ascoff's bodies are seen in - *(Jipmer 11)*
a) Rheumatic myocarditis
b) Rheumatic arthritis
c) Bacterial endocarditis
d) Marantic endocarditis

1025. True about vegetation in rheumatic fever is -
a) Soft & friable b) Large & firm *(UP 96)*
c) Soft & firm d) Large & friable

1026. Causative organism in acute bacterial endocarditis is - *(UPSC 85, 87, Kerala 88)*
a) Staphylococcus aureus
b) Streptococcus viridans
c) Pneumococcus
d) Streptococcus pyogenes

1027. Myocardial abscess is most common in acute endocarditis caused by- *(Kerala 2K)*
a) Streptococcus viridans b) Enterococci
c) Streptococcus pneumoniae d) Listeria
e) Staphylococcus aureus

1028. Bactrial endocarditis can cause all except - *(AI90)*
a) Cerebral infarct
b) Focal glomerulamephritis
c) Meninigitis
d) Subcutaneous nodules

1029. Large warty vegetation are characteristic of-
a) SLE b) SABE *(CUPGEE96)*
c) Both d) None

1030. Commonest complication of infective endocardities is- ***(AI 89)***
a) Thromboembolism b) Mycotic aneurysm
c) Fibrinous pericarditis d) Mycardial abscesses

1031. Which of the folloeing true about libman sac's endocarditis- *(Manipal 2006)*
a) It is along the line of closure
b) On either side of valve
c) It is friable
d) Organism are seen

1005) d 1006) a 1007)b 1008)a 1009)b 1010)c 1011)c 1012) b 1013)b 1014)c 1015)c 1016)d 1017)b 1018)c
1019)b 1020) a 1021)b 1022)d 1023)d 1024)a 1025)c 1026)a 1027)e 1028)d 1029)b 1030)d 1031)b

1032. Libman Sach's **endocarditis is associated with -**
a) Rheumatic heart disease b) SLE *(MH11)*
c) Carcinoma d)None

1033. All are true about hypertropic obstructive cardiomyopathy except - *(KERALA 95)*
a) Assymmetric septal hypertrophy
b) Dilatation of atria
c) Dilatation of ventricles
d) Outflow obstruction

1034. Which of the following findings expected on microscopic examination of biopsy from heart showing ventricular hypertrophy with asymmetric septal thickening - *(HP 2006)*
a) Aschoff bodies
b) Disorganisation of myofibrils
c) Infiltration by inflammatory cells
d) Localised fibrous scarring

1035. All are the causes of myocarditis except -
a) Trichinosis *(Karnat 05)*
b) Mycobacterium tuberculosis
c) Corenybacterium diphtheria
d) Systemic lupus erythromatosis

1036. Myocarditis can be caused by - *(Maharashtra 10)*
a) Schistosomia
b) Ankylostoma duodenale
c) Trichuris trichura
d) Trichinella spiralis

1037. Bloody pericardial effusion can be due to -
a) Uremic pericarditis *(CMC 87)*
b) Tuberculosis pericarditis
c) Tumour infiltration
d) All of the above

1038. The substance that accumulates in cardiac myxoma is - *(JIPMER 95)*
a) Mucopolysaccharides
b) Sialo mucin
c) Gelatin
d) Glycoprotein

1039. Metastasis to heart are mostly from - *(SGPGI04)*
a) Breast b) Prostate
c) Ovary d)All

1040. Commonest complication of prosthetic valve is -
a) Embolism *(Kerala 91)*
b) Subacute bacterial endocarditis
c) Rejection
d) Infarction

HEMATOLOGY RBC

1041. Progenitor hematopoetic stem cells originate in-
a). Bone Marrow *(NEET/DNB Pattern)*
b) Thymus
c) Lymph node
d) Spleen

1042. Which of the following statement(s) is/are about reticulocyte? *(PGI Dec 08)*
a) Smaller than RBC
b) t in hemolytic anemia
c) Staining is done by Romanowsky stain
d) Contain nucleus
e) Chromatin is densly condensed

1043. Ineffective erythropoiesis occurs in- *(PGI01)*
a) Myelodysplastic syndrome
b) Megaloblastic anemia
c) Leukemia
d) Aplastic anemia
e) Iron deficiency anaemia

1044. The size of the red blood cells is measured by -
a) MCV b) MCHC *(PGI 07)*
c) ESR d)MCH

1045. Reticulocytosis is seen in - *(NEET/DNB Pattern)*
a) Hemolytic anemia b) Megaloblastic anetnia
c) Aplastic anemia d) Iron deficiency

1046. Macrocytosis in CBC can be diagnosed by -
a) I MCV b)lMCHC *(PGI Dec 06)*
c) 1 Hematocrit d) Red cell width

ANEMIA

1047. All are features of Intravasular hemolysis except-
a) Thrombocytopenia *(AIIMS Dec 95)*
b) Hemosiderinuria
c) Decreased haptoglobin
d) Raised indirect bilirubin

1048. Extravascular hemolysis causes - *(AI94)*
a) Hemoglobinemia b) Hemosiderinuria
c) Jaundice d) Hemoglobinemia

1049. Intravascular hemolysis occurs in - *(PGIDec 2K, June 05)*
a) Hereditary spherocytosis
b) Acute G6PD
c) Sickle cell ds
d) Thalassemia
e) PNH

1050. Low serum haptoglobin in hemolysis is masked by -
a) Pregnancy *(AIIMS Nov 09)*
b) Liver disease
c) Bile duct obstruction
d) Malnutrition

1051. Which of the following causes hemolytic anemia -
a) Hereditary spherocytosis *(PGIDec 07)*
b) Infection
c) Iron deficiency
d) Sickle cell anemia
e) Copper deficiency

1052. Osmotic fragility is increased in -
a) Sickle cell anaemia > *(NEET/DNB Pattern)*
b) Thalassemia
c) Hereditary; spherocytosis
a) Chronic lead poisoning

1032) b 1033) c 1034)b 1035)b 1036)d 1037)d 1038)a 1039)a 1040)a 1041)a 1042)b 1043)a,b,e 1044)a 1045) a 1046) c,d 1047)a 1048)c 1049)b,c,e 1050)c 1051)a,b,d 1052)c

1053. Unconjligated hyperbilirubinemia with increased urobilinogen is seen in - *(AI10)*
a) Hemolytic anemia b) Liver cirrhosis
c) Bile duct obstruction d) Sclerosing chalangitis

1054. Shape ofRBC is biconcave due to? *(DNBDec09)*
a) Ankyrin b) Spectrin
c) Band protein d) Glycophorin-C

1055. Hereditary spherocytosis is due to.....deficiency -
a) Spectrin b)Invertin *(PGIJune2K)*
c) Cytokeratin d) All of the above

1056. The following protein defects can cause hereditiary spherocytosis except - *(AI 07)*
a) Ankyrin b)Palladin
c) Glycophorin C d) Anion transport protein

1057. Involved in Hereditary spherocytosis- *(PGI June 09)*
a) Spectrin b) Ankyrin
c) Pyrin d) Band 4.2
e) Actin

1058. Hereditary spherocytosis is due to - *(PGIDec 97)*
a) Spectrin deficiency b) Integrin defect
c) Collagen defect d) Defect with glycoprotein

1059. The peripheral smear of Hereditary spherocytosis will show spherocytes - *(PGIDec 06)*
a) Usually of same size b) Reticulocytosis seen
c) Smaller size d) Anemis is negligible
e) Always a/w T MCHC

1060. Bite cells are seen in - *J0[EET/mB Pattern)*
a) G6PD deficiency: b) SCA
c) Hereditary spherocytosis d) Trauma

1061. Spherocytosis in blood smear seen in- *(PGI June 04)*
a) Haemoglobin-C
b) Mechanical trauma
c) Hereditary spherocytosis
d) Hereditary elliptosis

1062. Maximum spherocytes is seen *in-(NEET/DNB Pattern)*
a) Autoimmune haemolytic anemia
b) VitB 12 deficiency
c) Aplastic anemia
d) None

1063. Spherocytosis of RBC's is a common feature in - *(PGI June 99)*
a) G-6P-D deficiency b) Sickle cell anemia
c) CML d)All

1064. A 23-year-old female presented with jaundice and pallor for 2 months. Her peripheral blood smear shows the presence of spherocytes. The most relevant investigation to arrive at a diagnosis is - *(AIIMS May 12)*
a) Reties count b) Osmotic fragility test
c) Coombs test d) Tests fro PNH

1065. Defect leading to thalassemia lies in -*(PGIDec 97)*
a) Haemoglobin b) Osmotic fragility
c) RBC membrane d) Platelets

1066. HbA2 is - *(NEET/DNB Pattern)*
a) Alpha2 Beta 2 b)Alpha 2 Gamma2
c) Beta 2 Gamma 2 d) Alpha 2 Delta 2

1067. The primat^ defect which leads to sickle cell anemia is - *(NEET/DNB Pattern, AI 03)*
a) An abnormality in porphyrin part of hemoglobin
b) Replacement of glutamate by valine in |}-chain'of HbA
c) A nonsence mutation in the P-chain of HbA
d) Substitution of valine by glutamate in the a-chain of HbA

1068. Sickle cell mutation is - *(NEET/DNB Pattern)*
a) Point mutation b) Select mutation
, c) Frame shift mutation d) Nonsense mutation

1069. True about Sickle cell anaemia except -
a) Commonly seen in black *(PGI June 04)*
b) R.B.C. size is altered
c) V for G in p-chain globin
d) Deletion of gene

1070. Factors affecting sickling in sickle cell anemia are - *(PGI June 08)*
a) HbS concentration b) HbA
c) pH d) Oxygenation

1071. Sickle cell trait patient do not have manifestations as that of Sickle cell disease, because-
a) 50% HbS is required for occurrence of sickling
b) HbA prevents sickling *(AIIMS Nov 01)*
c) 50% sickles
d) HbA prevents polymerazitation of Hbs

1072. Which one of the following statements about Hemoglobin S (HbS) is not true - *(AIIMSNov 04)*
a) Hemoglobin HbS differs from hemoglobin HbA by the substitution of Val for Glu in position 6 of the beta chain
b) One altered peptide of HbS migrates faster towards the cathode (-) than the corresponding peptide of HbA
c) Binding of HbS to the deoxygenated HbA can extend the polymer and cause sickling of the red blood cells
d) Lowering the concentration of deoxygenated HbS can prevent sickling

1073. In sickle cell trait, number of bands found in Hb-
a) 2 b) 1 *(PGI June 98)*
c) 4 d) 5

1074. In sickle cell anaemia true is - *(PGI June 2000)*
a) Autosplenectomy due to thrombosis &infarction
b) Microcytosis
c) Microcardia
d) Splenomegaly

1075. Following are the findings in sickle cell Anemia, except - *(PGI June 98)*
a) Fish vertebra
b) Enlarged heart
c) Splenomegaly usually seen
d) Leukocytosis

1053) a 1054) b 1055)a 1056)c 1057)a,b,d 1058)a 1059)b,c,d 1060)a 1061)b,c,d 1062)a 1063)a 1064)c
1065) a 1066) d 1067)b 1068)a 1069)d 1070)A11 1071) a 1072) c 1073)a 1074)a 1075)c

1076. Crew haircut appearance in X-ray skull and Gandy gamma bodies are seen in - *(AIIMSNov 93)*
a) G-6-PD deficiency
b) Hodgkin's lymphoma
c) Hereditary spherocytosis
d) Sickle cell anaemia

1077. Heterozygous sickle cell anemia gives protection against- *(AI10)*
a) G6PD b) Malaria
c) Thalassemia d) Dengue fever

1078. Thalassemia occurs due to which mutations -
a) Mis sense b) Splicing*(PGI Dec 2K)*
c) Transition d) Frame-shift
e) Truncation

1079. In Beta thalassemia, there is - *(AIIMSMay 01)*
a) Increase in beta chain, decrease in alpha chain
b) Decrease in beta chain, increase in alpha chain
c) Decrease in beta chain, decrease in alpha chain
d) Increase in beta chain, increase in alpha chain

1080. |3-thalasemia trait; true about - *(PGI June 04)*
a) THbF b)THbA2
c) Microcytosis d) Severe anaemia

1081. Hb A 2 concentration in thalassemia trait is -
a) 1 b) 1-2.5 *(PGI June 99)*
c) 2.5-3.5 d)>3.5

1082. HbA2 is raised in - *(NEET/DNB Pattern)*
a) Beta thal trait
b) Sickle cell anemia
c) Hereditory spherocytosis
d) None

1083. The peripheral blood smear of a patient shows features of thalasemia, also presented with anaemia. Family history is also +ve. The investigation done to establish the diagnosis is - *(AIIMS June 99)*
a) ESR estimation
b) Blood spherocyte estimation
c) Bone marrow aspiration
d) Hb-electrophoresis

1084. NESTROFT test is used in screening of -
a) Thalassemia *(AIIMS Nov 11)*
b) Autoimmune hemolytic anemia
c) Spherocytosis
d) G6PD deficiency

1085. In a-thalassemia - *(NEET/DNB Pattern)*
a) Excess a-chain b) No a-chain
c) Excess β-chain d) No β-chain

1086. HbH is associated with - *(AI 11)*
a) Deletion of 3 alpha genes
b) Deletion of 4 alpha genes
c) Deletion of 3 beta genes
d) Deletion of 4 beta genes

1087. Paroxymal noctural hemoglobinuria is due to -
a) Acquired red cell defect *(NEET/DNB Pattern)*
b) Cpngential red cell defect
^SSl&c) Auto immune defect
slits d) Lead poisoning

1088. Which is not a feature of paroxysmal nocturnal hemoglobinuria - *(AIIMS 93)*
a) Increased LAP score b) Thrombosis
c) Thrombocytopenia d) Hemolysis

1089; Ham test is done for - *(NEET/DNB Pattern; PGI98)*
a) PNH b) Megaloblastic anemia
'iikM': **q)^Sicfcle ce^ ^aqinia ^^ d) Th^lassejnia i ,**

1090. An abnormal Ham test is most likely associated with which of the following ? *(AIIMSNov 11)*
a) Defect in spectrin
b) Defective GPI anchor
c) Defect in complement
d) Mannose-binding residue defect

1091. PNH is associated with a deficiency of - *(AI 10)*
a) DAF b)MIRL
c) GPI anchored protein d) All of the above

1092. Mutation of which of the following gene is most important in paroxysmal nocturnal hemaglobinuria-
a) Decay accelerating factor (DAF) *(AI 10)*
b) Membrane inhibitor of reactive lysis (MIRL)
c) Glycosyl phosphatidyl inositol (GPI)
d) CD8 binding protein

1093. Coomb's positive hemolysis is seen in - *(PGIDec 97)*
a) TTP b)SLE
c) ITP d) PNH

1094. Cold agglutinin is - *(NEET/DNB Pattern)*
a) IgCi b)JgM
c) IgA clHgD

1095. Donath landsteiner antibody is seen in-
a) PNH *(PGI June 99)*
b) Waldenstrom's macroglobulinemia
c) Paroxysmal cold hemoglobinuria
d) Malaria

1096. Cold haemagglutinin is associated with - *(AI 08)*
a) Anti Ig M b) Anti Ig G
c) Anti Ig A d) Donath Landsteiner antibody

1097. All of the following are associated with coombs positive hemolytic anemia except - *(AI 09)*
a) Thrombotic thrombocytopenia purpura (TTP)
b) Scleroderma
c) SLE
d) PAN

1098. Coombs positive hemolytic anemia is associated with
a) TTP b)PAN *(AI09)*
c) SLE d)HUS

1099. Non immune hemolytic anemia occurs in - *(PGI June 98)*
a) SEE b) P. vivax infection
c) CLL d)CML

1100. Autoimmune haemolytic anemia is seen in - *(AI 01)*
a) ALL b)AML
c) (XL d)CML

1101. Microangiopathic hemolytic anemia is seen in -
a) HUS *(PGI June 02, 01)*
b) ITP
c) Malignant hypertension
d) Prosthetic valves
e) TTP

1076)d 1077) b 1078)b,d 1079)b 1080)a,b,c 1081)d 1082)a 1083)d 1084)a 1085)b 1086)a 1087)a 1088)a 1089) a 1090)b 1091)d 1092)c>a 1093)b 1094)b 1095)c 1096)d 1097)a 1098)c 1099)b 1100)c 1101)a,c,d,e

1102. In microangiopathic hemolytic anemia, cells seen are - *(PGI June 98)*
a) Fragmented RBC's b) Schistocytes
c) Splierocytes d) Anisocytes

1103. Cause of fragmented RBC in peripheral blood -
a) Microangiopathic hemolytic anemia
b) D.I.C. *(PGI June 05)*
c) Hemophilia-A
d) Malignant hypertension
e) HELLP syndrome

1104. Microangiopathic hemolytic anemia -
a) F T P b) I T P *(NEET/DNB Pattern)*
a - S ^ c) 1 e purpura d) CML

1105. Iron is absorbed from - *(A193)*
a) Small intestine b) Stomach
c) Large intestine d) None

Iron is stored in- *(NEET/WDN^ Patterti)*
;a) Bone marrow ; *y)* Livers*% x hi*!' *"0 1* ,
c) Spleen d) AUofth&above *0

1107. Iron absorption is decreased by A/E- *(AUMSJune 97)*
a) Calcium b) Tetracycline
c) Phytate d) Ascorbic acid

1108. Iron deficiency anemia seen in - *(PGI Dec 06)*
a) CRF b) Billroth II operation
c) Hookworm d) Celiac sprue
e) Carcinoma colon

1109. True about iron deficiency anemia - *(PGI June 05)*
a) Microcytic hypochromic anemia
b) Decreased TIBC
c) Increased ferritin
d) Bone marrow iron decreased earlier than serum iron

The earliest sign of iron deficiency anaemia -
(NEET/DNB Pattern, AJIMS Feb 97 ,AI 97)
a) Increase in iron binding capacity
b) Decrease in serum ferritin level
c) Decrease in serum iron level
d) All the above

1111. Which is not seen in iron deficiency anaemia -
a) Hyper-segmented neutrophils *(AI 00)*
b) Microcytosis preceeds hypochromia
c) MCHC<50%
d) Commonest cause of anaemia in India

1112. Best test for assessment of iron status is - *(AI01)*
a) Transferrin b) Ferritin
c) Serum iron d) Hemoglobin

1113. True about iron deficiency anemia *is/are-(PGIJune 09)*
a) Howel jolly bodies b) Anisocytosis
c) Polychromasia d) Volume of cell 88 fl
e) Volume of cell 120 fl

1114. A 40 year male has Hb-10 gm%, MCV-65 fL, RDW-16%, platelet count 4.5 lac/pL. Additional finding are- *(PGIJune 09)*
a) Low S. transferrin b) t Iron binding capacity
c) t Hb A_2 d) t Serum copper
e) t S. ferritin

1115. Response to iron in iron deficiency anemia is denoted by - *(DNB Jun e 09)*
a) Restoration of enzymes
b) Reticulocytosis
V* c) Increase in iron binding capacity
d) Increase in hemoglobin

1116. Microcytosis is seen in - *(PGI June 04)*
a) Thalassemia b)HbLepore
c) Hb barfs

1117. A 30 years old female, RBC Counts 4.5 million, MCV 55 fl, Tc 8000, no history of blood transfusion?
a) Iron deficiency anemia *(AIIMS May 08)*
b) Thalassemia major
c) Thalassemia minor
d) Megaloblastic anemia

1118. A patient with microcytic hypochromic anemia. Hb-9%, serum iron-20 micro/dl, ferritin level-800mg/ml, transferrin percentage saturation-64. What is possible diagnosis? *(AIIMS Nov 10)*
a) Atransferrinemia b) Iron deficiency anemia
c) DMT 1 mutation d) Hemochromatosis

1119. Anemia of chronic disease is due to -
a) $VitB_{12}$ deficiency *(NEET/DNB Pattern)*
b) Folate deficiery
c) Decreased utilization of stored iron
d) Chronic blood loss

1120. Anemia of chronic disorder is characterized by -
a) T Sideroblast b) t TIBC *(PGIJune 98)*
c) t Bone marrow iron d) t Protoporphyrin

1121. In contrast to iron deficiency anemia in anemia of chronic disease, TIBC - *(AI 99)*
a) Decreases b) Increases
c) Normal

1122. A 25 year old lady on treatment for rheumatoid arthritis has following lab findings: Hb-9gm/dl, MCV- 55fl, serum iron-30microgm/dl, feritin-200ng/ml, TIBC- 298 microgm/dl. What is the most probable diagnosis? *(AIIMSNov 11)*
a) Thalassemia minor
b) Thalassemia major
c) Anemia of chronic disease
d) Iron deficiency anemia

1123. Anaemia in CRF is due to - *(PGIDec 06)*
a) *lEPO* b) *i* RBC survival
c) *i* Folate d) B.M. hypoplasia
e) Iron deficiency

1124. True regarding anaemia of chronic ds. are -A/E -
a) Decreased TIBC *(AUMSJune 99)*
b) Increased macrophage iron in marrow
c) Decrease serum ferritin level
d) Decreased serum iron levels

1125. Decrease in serum iron, decrease TIBC is seen in-
a) Iron deficiency anemia *(NEET/DNB Pattern)*
bj **Th^lasefni^^ -**
c) Anemia of chronic disease
d) Sideroblastic anemia

1102) a,b 1103)a,b,d,e 1104)a 1105)a 1106) d 1107)d 1108)A11 1109)a,d 1110)b llll)a 1112) b 1113) b,d
1114) b 1115) b 1116)a,b,c 1117)c 1118)a 1119)c 1120)c 1121)a 1122)c 1123)A11 1124)c 1125)c

1126. Not present in Sideroblastic anaemia is -
a) Microcytic anaemia *(AI1MSFeb 97)*
b) Decreased transferrin saturation
c) Sideroblast cells in blood smear film
d) Ineffective erythropoesis

1127. Sideroblastic anemia is caused by all except - *(NEET/DNB Pattern)*
a) Collegen vascular disease
b) Iron deficit
c) Lead poisoning
d) Cutaneous, porphyria

1128. 33 years old alcoholic on ATT presents with increased serum iron & increased transferrin saturation. Diagnosis ? *(Jipmer11)*
a) Iron deficiency anemia
b) Sideroblastic anemia
c) Megaloblastic anemia
d) Anemia of chronic disease

1129. Sideroblast seen in - *(PG1 Dec 05)*
a) Thalassemia b) Myelofibrosis
c) Alcoholism d) Iron overload

1130. Ringed Sideroblasts are seen in - *(AI08)*
a) Iron deficiency anemia
b) Myelodysplastic syndrone
c) Thalassemia
d) Anemia of chronic disease

1131. Which does not cause sideroblastic anaemia-
a) INH *(ARMS 94)*
b) Chloramphenicol
c) Myelodysplastic anaemia
d) Mercury

1132. Megaloblastic anemia is due to - *(PGI99)*
a) Defect in DNA synthesis
b) Defect in RNA synthesis
c) Defect in protein synthesis

1133. Hypersegmented neutrophils are seen in - *(NEET/DNB Pattern, AI98)*
a) Microcytic hypochronic anemia
b) Sideroblastic anemia
c) Megaloblastic anemia
d) Hemolytic anemia

1134. Which is the true statement regarding megaloblasitc anemia - *(PGI Dec 01)*
a) Megaloblastic precursors are present in bone marrow
b) Mean corpuscular volume is increased
c) Serum LDH is increased
d) Thrombocytosis occurs
e) Target cells are found

1135. Deficiency of the 'intrinsic factor of Castle' causes - *(NEET/DNB Pattern)*
a) Megaloblastic anemia b) Pernicious anemia
c) Cooley's anemia d) Aplastic anemia

1136. Schilling's test is false +ve in - *(PGI June 08)*
a) Celiac sprue
b) Renal insufficiency
c) Short bowel syndrome
d) Diverticulosis
e) Chronic pancreatitis

1137. Correct statement(s) regarding schilling test is/are-
a) Detect cause of cobalamin malnutrition
b) Normal in terminal ileal resection *(PGI Nov 09)*
c) Abnormal in pernicious anemia
d) Normal in bacterial overgrowth syndrome

1138. Causes of Vit. B_{12} deficiency megaloblastic anemia-
a) Fish tap worm infestation *(PGI June 05)*
b) Dilantin therapy
c) Gastrectomy
d) Ileal resection
e) Methotrexate

1139. Macrocytic anemia may be seen in all of these except - *(PGI June 02)*
a) Liver disease b) Copper deficiency
c) Thiamine deficiency d) Vitamin B_{12} deficiency
e) Ortic aciduria

1140. Megaloblastic anemia is seen in - *(PGI June 08)*
a) ileal resection
b) Crohn's disease
c) Intestinal lymphatic ectasia
d) Mentrier's disease
e) Pancreatic disease

1141. Megaloblastic anemia is/are not caused by -
a) Vitamin B_{12} deficiency *(PGI June 09)*
b) Folic acid deficiency
c) Sodium valproate
d) Aplastic anaemia
e) Alcohol

1142. All of the following cause macrocytic anaemia, except- *(ARMSFeb 97)*
a) Primaquine b) Methotrexate
c) Trimethoprin d) Azathioprine

1143. Differential diagnosis for pancytopenia with cellular bone marrow include the following except -
a) Megaloblastic anemia *(ARMSNov 07)*
b) Myelodysplasia
c) Paroxysmal Nocturnal Hemoglobinuria
d) Congenital dyserythropoietic anemia

1144. Pancytopemia is caused by - *(PGIDec 02)*
a) Aplastic anemia
b) MDS
c) Megaloblastic anaemia
d) Hairy cell leukaemia
e) Diamond Blackfan syndrome

1145. True about aplastic anemia - *(PGI June 05)*
a) Splenomegaly
b) Nucleated RBC in peripheral blood
c) Reticulocytopenia
d) Thrombocytopenia
e) Neutropenia

1146. Aplastic anemia can progress to - *(PGIDec 01)*
a) AML
b) Myelodysplastic anemia
c) Pure red cell aplasia
d) Paroxysmal nocturnal hemoglobinuria
e) Myelofibrosis

1126) b 1127) b 1128) b 1129)b,c,ci 1130)b 1131)d 1132)a 1133)c 1134)a,b,c 1135)b 1136)b 1137)a,c 1138)a,c,d 1139) b 1140)a,b,e 1141)c,d 1142) a 1143) a 1144)a,b,c,d 1145)c,d,e 1146)a,b,d

MISCELLANEOUS (RBC)

1147. The anaemia associated with leukaemia is -
a) Iron deficiency *(NEET/DNB Pattern)*
b) Megaloblastic type
c) Myelophthisic type
d) All of above

1148. A 40 year old male had undergone splenectomy 20 years ago. Peripheral blood smear examination would show the presence of - *(A103)*
a) Dohle bodies
b) Hypersegmented neutrophils
c) Spherocytes
d) Howell-Jolly bodies

1149. Howel-Jolly bodies may be seen after - *(Al 99)*
a) Hepatectomy b) Splenectomy
c) Pancreatectomy d) Cholecystectomy

1150. Which of the following is seen in the peripheral smear of a patient who has underwent splenectomy - *(PG1 Dec 01)*
a) Howell-Jolly bodies b) Eosinophilia
c) Macrocytosis d) Thrombocytopenia
e) Neutrophilia

1151. Cabot's ring in RBC is seen in? *(DNB Dec 09)*
a) Acquired hemolytic anemia
b) Hemochromatosis
c) Thalassemia
d) After splenectomy

1152. A 60 yr old female with history 8 blood transfusions in 2yrs. Her Hb-60g/L, TLC-5800, platelet- 3.4 lakhs, MCV-60, RBC-2.1 lakhs/mm3. She is having hypochromic microcytic anemia. Which investigation is not needed? *(AlIMSNov 10)*
a) Evaluation for pulmonary hemosisderosis
b) Urinary hemosiderin
c) Bone marrow examination
d) GI endoscopy

1153. The pathogenesis hypochromic anemia in lead poisoning is due to - *(AIIMS Nov 02)*
a) Inhibition of enzymes involved in heme biosynthesis
b) Binding of lead to transferrin, inhibiting the transport of iron.
c) Binding of lead to cell membrane of erythroid precursors.
d) Binding of lead to ferritin inhibiting their breakdown into hemosiderin.

1154. Lead causes following except - *(NEET/DNBPattern)*
a) Uroporphyrinuria b) Sideroblastic anemia
c) Basophilic stippling d) Macrocytic anemia

1155. Which of these are seen on Romanowsky stain - *(PG1 June 02)*
a) Reticulocytes b) Basophilic stippling
c) Heinz bodies d) Ho well-Jolly bodies
e) Cabot ring

1156. Bone marrow iron is increased in- *(PGIDec 03)*
a) Thalassemia
b) Iron deficiency anaemia
c) Anaemia in chronic disease
d) PNH
e) Megaloblastic anaemia

1157. Schistocyte is/are found in - *(PGIMay 10)*
a) TTP
b) DIC
c) Severe iron deficiency
d) March hemoglobinuria

1158. Helmet cells are characteristic of anemia of-
a) Hemolytic uremic syndrome
b) Polysplenia *(NEET/DNB Pattern)*
c) Spherocytosis
d) Acanthocytosis

1159. Which of the following regarding Bombay blood group is false? *(AIIMSMay 12)*
a) Lack of H, A and B antigen on RBCs
b) Lack of H, A and B substance in saliva
c) Lack of antigens of several blood group systems
d) H, A and B antibody will always be present in serum

1160. Most common cause of hereditary spherocytosis?
a) Spectrin b) Glycophorin *(DNB Dec 11)*
c) Ankyrin d) Band 4

1161. Adding glucose to stored blood causes?
a) Prevent hemolysis *(DNB Dec 11)*
b) Gives nutrition to cells
c) Increase acidosis of blood
d) Prevent Hyperkalemia

1162. All are seen in sickle cell anemia EXCEPT -
a) Target cells b) Jaundice *(DNB June 11)*
c) Reticulocytosis d) High hematocrit

1163. Common site of haematopoiesis in fetus is -
a) Liver b) Spleen *(DNB June 11)*
c) Bone marrow d)Gut

1164. In hereditary spherocytosis mutation not seen is?
a) Ankyrin b) Spectrin *(DNB Dec 10)*
c) Band-3 d) Na^+ Cl^- channel protein

1165. Warm antibody hemolytic anemia is seen in?
a) Methyldopa b) Penicillin *(DNB June 10)*
c) Quinine d) Stibophen

1166. Macrocytic anemia is seen in all EXCEPT -
a) Vitamin B12 deficiency *(DNB June 10)*
b) Hemolytic anemia
c) Post hemorrhagic anemia
d) Anemia of chronic disease

1167. Macrocytic anemia not seen in? *(DNB June 10)*
a) Folate deficiency
b) Anemia of chronic disease
c) Previous ileum resection
d) Regional enteritis

1147)c 1148) d 1149) b 1150)a 1151)a 1152)a 1153)a 1154)d 1155)a,b,d,e 1156)a,c,e 1157)A11 1158)a
1159) c 1160)c 1161) b 1162) d 1163)a 1164)d 1165)a 1166)d 1167)b

1168. Autosplenectomy is seen in? *(DNB June 10)*
a) Hereditary spherocytosis
b) G6 PD deficiency
c) Sickle cell anemia
d) Thalassemia major

1169. Pappenheimer bodies are composed of?
a) Copper b)Zinc *(DNB June10)*
c) Iron d)Lead

1170. Low serum haptoglobin in hemolysis is masked by - *(DNB June 10)*
a) Bile duct obstruction b) Liver disease
c) Malnutrition d) Pregnacy

1171. Gamma Gandy bodies contains hemosiderin and -
a) Na+ b) Ca++ *(DNB June10)*
c)Mg++ d)Cl-

1172. ABO antigens are not found in - *(DNB June 10)*
a) CSF b) Plasma
c) Saliva d) Semen

1173. Color of hemosiderin is? *(DNB Dec 09)*
a) Black b) Brown
c) Blue d) Yellow

1174. Sideroblastic anemia is seen in chronic poisoning of - *(DNB June 09)*
a) Lead b) Arsenic
c) Copper d) Mercury

1175. Echinocytes are types of- *(DNB June 09)*
a) RBC's b) Lymphocytes
c) Monocytes d) Platelets

1176. In sickle cell anaemia defect is in which chain -
a) a-chain b) p-chain *(DNB June 09)*
c) Both the chains d) None of these

1177. AH are true regarding Thrombotic Thrombocytopenia Purpurs (TTP), except -
a) Normal complement levels *(DNB Dec 08)*
b) Microangiopathic hemolytic anemia
c) Thrombocytopenia
d) Thrombosis

1178. How long can blood be stored with CPD-A -
a) 21 days b) 28 days *(DNB June 08)*
c) 35 days d) 42 days

1179. Blood when stored at 4°C can be kept for -
a) **7** days b) 14 days *(DNB June 08)*
c) 21 days d) 28 days

1180. Gamma Gandy bodies contains hemosiderin and -
a) Na^+ b) Ca^ *(DNB June08)*
c) **Mg^{++}** **d)cr**

1181. All are features of hemolytic anemia, except -
a) Hemoglobinuria *(DNB June 08)*
b) Jaundice
c) Increased haptoglobulin
d) Hemosiderinuria

1182. Sideroblastic anemia is seen in chronic poisoning of- *(DNB Dec 07)*
a) Lead b) Arsenic
c) Copper d) Mercury

1183. Burr cell is seen in - *(DNB Dec 07)*
a) Uremia
b) Hepatocellular carcinoma
c) Gastric carcinoma
d) Ovarian carcinoma

1184. What type of RBC seen in chronic renal failure?
a) Microcytic b) Macrocytic *(DNB Dec 07)*
c) Normocytic d)None

1185. Microspherocytosis in peripheral blood smear are seen in - *(DNB Dec 07)*
a) Sickle cell anemia
b) Autoimmune acquired haemolytic anaemia
c) Thalassemia
d) All of the above

1186. Thalassaemia major manifests in- *(DNB June 07)*
a) Childhood b) Puberty
c) Adolescence d) Middleage

1187. Which of the following indicates hemolysis? *(DNB*
a) Target cells b) Schistocytes*June 07)*
c) Acantocytes d) Basophilic stippling

1188. Blood when stored at 4°C can be kept for -
a) 7 days b) 14 days *(DNB June 07)*
c) 21 days d) 28 days

1189. Normal myeloid erthyroid ratio is - *(AIIMS87)*
a) 2:1 b) 1:1
c) 3:1 d)4:l

1190. Largest number of bone marrow cells are -*(J1PMER*
a) Promyelocytes b) Meta myelocytes *95)*
c) Erythroid cells d) Myelocytes

1191. Best method for hemoglobin estimation is -
a) Sahli's hemoglobinometer *(PGI89)*
b) Cyanmethaemoglobin method
c) Calorimetric method
d) None of the above

1192. The stain used for the demonstration of reticulocyte is - *(COMED 09)*
a) Wright stain b) Brilliant cresyl blue
c) Alcianblue d) Glemsa stain

1193. Malaria protection comes from all except -
a) G6PD deficiency b) Thalassemia *(JIPMER 99)*
c) Sickle cell anemia d) Acanthocytosis

1194. The normal total iron binding capacity *is-(UPSC88)*
a) 0.5-1 Omg/litre b) 1.5-2.5 mg/litre
c) 1.0-1.5mg/litre d) 2.54 mg/litre

1195. The size of the red blood cells is measured by -
a) MCV b) MCHC *(UP07)*
c) ESR d)MCH

1196. The blood indices which reflects iron deficiency more accurately is - *(IN 03)*
a) MCV b)MCH
c) MCHC d)PCV

1197. Erythropoiesis in adults occur in - *(IN91)*
a) Flat bones b) Spleen
c) Long bones d) Kidneys

1168) c 1169) c 1170) a 1171)b 1172) a 1173)b 1174) a 1175)a 1176) b 1177)None>a 1178)c 1179)c 1180)b
1181) c 1182) a 1183) a 1184)c 1185)b 1186)a 1187)b 1188) c 1189)c 1190) b 1191)b 1192)b 1193)d
1194) None 1195)a 1196)c 1197)a

1198. Which of the following is a cause of extravascular hemolysis - *(DPGEE 08)*
a) Falciparum malaria
b) Sickle cell disease
c) Mismatched blood transfusion
d) Microthrombi in circulation

1199. Direct coombs test is positive in hemolytic anaemia due to - *(AIIMS 8 7)*
a) Paroxysmal cold hemoglobinuria
b) Paroxysmal nocturnal hemoglobinuria
c) Hereditary spherocytosis
d) Idiopathic thrombocytopenic prpura

1200. Direct coomb's test detects - *(UP 08)*
a) Antigen in serum
b) Antibodies in RBC surface
c) Antigen in RBC surface
d) Antibodies in serum

1201. Intrinsic cell wall defect of RBCs is feature of-
a) Paroxysmal nocturnal hemoglobinuria *(MH11)*
b) Sickle cell anemia
c) Herediatary sperocytosis
d) All of the above

1202. Heinz bodies are seen in - *(MH 11)*
a) Thalassemia
b) G6PD deficiency
c) Herediatary spherocytosis
d) Paroxysmal nocturnal hemoglobinuria

1203. Decrease in osmotic fragility cause hemolysis in -
a) Thalassemia b) P-Thalassemia *(TN 99)*
c) Sickle cell anemia d) Methhemoglobinemia

1204. In P- thalassemia - *(TN 99)*
a) Excess chain b) No p chain
c) No chain d) Normal chains

1205. Test for P-thalassemia trait - *(AI89)*
a) HbA_2 b) HbF
c) Fragility test d) Coomb's test

1206. Hereditary spherocytosis is characterised by -
a) Membrane skeleton abnormalities *(KARN 84)*
b) Microtubule defect
c) Accumulation of intermediate filament
d) None of the above

1207. The most common structural red cell defect without Hb abnormality is - *(TN95)*
a) Elliptocytosis b) Spherocytosis
c) Poikilocytosis d) Sickle cell disease

1208. Hereditory spherocytosis is dueto deficiency of- *(SGPGI05)*
a) Ankyrin b) Spectrin
c) Selectin d) Integrin

1209. In Hereditary spherocytosis an inherited abnormality is seen in which of the following red blood cell component - *(DELHIPG Mar. 09)*
a) A-globin chain
b) a-globin chain
c) Phosphatidylinositol glycan A
d) Spectrin

1210. Which of the following statements is true of hereditary spherocytosis - *(SGPGI 05)*
a) About 50% of affected infants have moderately severe neonatal jaundice
b) Diagnosis can be made in neonatal period easily by examination of a blood film
c) Intra vascular hemolysis is a common feature
d) The disorder is usually due to autosomal recessive inheritance

1211. In sickle cell anaemia, the mutational event responsible for the mutation for beta chain is -
a) Crossing over b) Point mutation *(Corned 07)*
c) Insertion d) Deletion

1212. Dithionite test is done for assessing - *(JIPMER 80,*
a) HbF b)HbE *AMC84)*
c) HbA d)HbC
e) HbS

1213. All are true in megaloblastic anaemia except -
a) Microcytes *(KERALA95)*
b) Megakaryocytes
c) Decrease in Platelets
d) Neurological symptoms

1214. Macropolycyte in peripheral smear is a feature of- *(Karnataka04)*
a) Hereditary sherocytosis
b) Iron deficiency anaemia
c) Sickle cell anaemia
d) Megaloblastic anaemia

1215. Which of the following is not the cause of macrocytic anaemia ? *(APPG08)*
a) Orotic aciduria
b) Abetalipoproteinemia
c) Lesh nyhan disease
d) Transcobalamine deficiency

1216. Microspherocytosis in peripheral blood smear are seen in - *(Kamat05)*
a) Congenital spherocytosis
b) Autoimmune acquired haemolytic anaemia
c) Thalassemia
d) All of the above

1217. Aplastic anemia can progress to all except -
a) AML *(DPG10)*
b) Myelodysplastic anemia
c) Pure red cell aplasia
d) Paroxysmal nocturnal hemoglobinuria

1218. Schistocytes are - *(Orissa05)*
a) Material parasite b)WBC
c) Broken RBC d)Schizont

1219. Which of the following indicates hemolysis?
a) Target cells b) Schistocytes *(Jipmer 11)*
c) Acantocytes d) Basophilic stippling

1220. Spur cell is seen in - *(Jharkand 03)*
a) Uremia
b) Hepatocellular carcinoma
c) Gastric carcinoma
d) Ovarian carcinoma

1198)b 1199) a 1200)b 1201)a 1202)b 1203)b 1204)b 1205)a 1206)a 1207)b 1208)a>b 1209)d 1210)a
121 l)b 1212) e 1213)a 1214)d 1215)c 1216)d 1217)c 1218)c 1219)b 1220)None

1221. Bite cells are characteristic of - *(Jipmer 05)*
a) G6PD deficiency
b) Thallasemia
c) Hereditary spherocytosis
d) Sideroblastic anaemia

1222. What type of RBC seen in chronic renal failure ?
a) Microcytic b) Macrocytic *(APPG 08)*
c) Normocytic d)None

1223. A 22-year old female has a congenital anemia that required multiple transfusions of red blood cells for many years. She now has no significant findings on physical examination. However, her liver function test results are abnormal. Which of the following findings would most likely appear in a liver biopsy - *(MAHA 05)*
a) Steatosis in hepatocytes
b) Bilirubin in canaliculi
c) Glycogen in hepatocytes
d) Hemosiderin in hepatocytes

1224. A 29 year old female who has hereditary spherocytosis and mild anemia has developed a low-grade fever with malaise. After a week she feels very tired and appears pale. Her hematocrit drops from the usual value of 36% to 28%. There is no change in the appearance of red cells morphology. Reticulocytes are absent from the following events has most likely occurred - *(MAHA 05)*
a) Development of anti-red cell antibodies
b) Disseminated intravascular coagulopathy
c) Accelerated extravascular hemolysis in the spleen
d) Reduced erythropoiesis from parvovirus infection

1225. Raised serum ferritin is seen in - *(JIPMER 93)*
a) Leukemia b) CRF
c) Rheumatoid arthtitis d) All of above

1226. Which of the following proteins binds with free hemoglobin in the plasma - *(Karn. 95)*
a) Albumin b) Haptoglobin
c) Pre-albumin d) Ceruloplasmin

1227. When osmotic fragility is normal, RBC's begin to hemolyse when suspended in saline -
a) 0.33 % b) 0.48 *% (PGI81, DNB 89)*
c) 0.9% d) 1.2%

1228. The best suited anticogulant for osmotic fragility testis- *(AIIMS 86)*
a) Heparin b)EDTA
c) Trisodium citrate d) Potassium oxalate

1229. Gandy gamma bodies are seen in - *(AI88)*
a) Sickle cell anemia
b) Thalassaemia
c) Hereditary spherocytosis
d) Vit.B_{12} deficiency

1230. Gamma gandy bodies are seen in all except -
a) Cirrhosis with portal hypertension *(JIPMER 92)*
b) Chronic myeloid leukemia
c) Sickle cell anemia
d) Thalassemia

HEMATOLOGY COAGULATION DISORDERS

1231. Vitamin K-dependent factor is - *(NEET/DNB Pattern)*
a) n b)ffl
c) IV d)VI

1232. Hemophilia manifest clinically as rise in -
a) APTT b) PT *(PGI June 97)*
c) CT d) FDP

1233. A 9 year old boy with elevation in both PT and A PTT. What is the diagnosis? *(AIIMS Nov 10)*
a) Defect in extrinsic pathway
b) Defect in intrinsic pathway
c) Platelet function defect
d) Defect in common pathway

1234. Bleeding disorders with t APTT and t PT:
a) Factor 13 deficiency *(PGI June 09)*
b) Severe liver disease
c) Immune thrombocytopenic purpura
d) Leiden (Factor V) deficiency

1235. True regarding prothrombin time measurement?
a) Platelet rich plasma is required *(AIIMSNov 11)*
b) Activate with kaolin
c) Should be measured within 2 hours
d) Immediate refrigenation to preserve coagulation factor viability

1236. Major source of Von willebrand factor (vWF) -
a) Erythrocytes b) Neutrophils *(AI98)*
c) Endothelial cells d) Monocytes

1237. Von wiUebrands disease all are true except -
a) Factor VIIIC deficiency *(AIIMS 97)*
b) B.T. Prolonged
c) Normal Ristocetin test
d) Defective aggregation

1238. The commonest mode of inheritance of Von Willebrand's diasease - *(AIIMS Nov 2000)*
a) Codominant b) Autosomal recessive
c) Autosomal dominant d) X linked recessive

1239. Hemophilia A has following except - *(AI97)*
a) 1VIII factor b)tPTT
c) tPT d) Normal BT

1240. Hemophilia manifest clinically as rise in- *(PGI97)*
a) APTT b) PT
c) CT d)FDP

1241. Bleeding disorder with Ta PTT is/are -
a) Hemophilia A
b) Hemophilia B
c) Henoch-schonlein purpura
d) Bemard-soulier syndrome
e) Von-Willebrand disease

1242. Hemophilia B is due to deficiency of - *(NEET/DNB Pattern)*
■ ^ a) Factor VIII b) Factor VH
c) Factor DC d) factor X

1221) a 1222) c 1223)d 1224)d 1225)d 1226)b 1227)b 1228)a 1229)a 1230)d 1231)a 1232)a 1233)d 1234)b,d 1235) c 1236) c 1237) a,c 1238) c 1239)c 1240)a 1241)a,b,e 1242)c

1243. In thromboasthenia there is a defect in - *(AI91)*
a) Platelet aggregation
b) Platelet adhesion
c) Decreased ADP release
d) Desordered platelet secretion

1244. Which is not true regarding Bernard Soulier syndrome - *(AI11)*
a) Ristocetin aggregation is normal
b) Aggregation with collagen and ADP is normal
c) Large platelets
d) Thrombocytopenia

1245. Glanzmans disease is - *(NEET/DNB Pattern)*
a) Congenital defect of platelets
b) Congential defect of RBd,s;,-
c) Defect of neutrophils
d) Clotting factor deficiency

1246. A newborn baby presented with profuse bleeding from the umbilical stump after birth. Rest of the examination and PT, APTT are within normal limits. Most of probable diagnosis is -
a) Factor X deficiency *(AIIMS May 12)*
b) Glanzmann thrombasthenia
c) Von willebrand disease
d) Bemad soulier disease

1247. Which of the following statements about platelet function defects is true? *(AI 11)*
a) Normal platelet count with prolonged bleeding time
b) Thrombocytopenia with prolonged bleeding time
c) Thromobocytosis with prolonged bleeding time
d) Normal platelet count with normal bleeding time

1248. All of the following can cause megakaryocytic thrombocytopenia, except - *(AIIMS Nov 04)*
a) Idiopathic thrombocytopenic purpura
b) Systemic lupus erythematosus
c) Aplastic anemia
d) Disseminated intravascular coagulation (DIC)

1249. All the following conditions cause thrombocytopenia except- *(NEET/DNB Pattern)*
a) Giant hemangioma
b) Infectious mononucleosis
c) HIV infection
d) Iron deficiency anemia

1250. Normal platelet count is/are seen in - *(PGI Nov 10)*
a) DIC
b) Shaken baby syndrome
c) Microangiopathic hemolytic anemia
d) Spleenomegaly
e) Kasabach-Merritt syndrome

1251. Thrombocytopenia is caused by: *(PGIDec 08)*
a) Heparin
b) Acyclovir
c) DIC
d) Henoch-schonlein purpura (HSP)
e) Hemolytic uremic syndrome (HUS)

1252. The presence of small sized platelets on the peripheral smear is characteristic of - *(AIIMS Nov 03)*
a) Idiopathic thrombocytopenic purpura.
b) Bernard soulier syndrome
c) Disseminated intravascular coagulation
d) Wiskott Aldrich syndrome

1253. Cause of ITP is - *(AIIMSFeb 97)*
a) Vasculitis
b) Antibody to vascular epithelium
c) Antibody to platelets
d) Antibody to clotting factors

1254. IVue about Thrombocytopenic pupura is-
a) Haemolysis is extravasular *(PGI June 98)*
b) Normal renal function test
c) Thrombosis in cerebral blood vessels
d) Immediate cure following plasmapheresis

1255. Hemolytic Uremic Syndrome is characterized by -
a) Microangiopathic haemolytic anaemia
b) iedLDH *(PGI Dec 03)*
c) Thrombocytopenia
d) Renal failure
e) Positive Coomb's test

1256. All are features of haemolytic uremic syndrome, except - *(AIIMSDec 95)*
a) Hyperkalemia
b) Anaemia
c) Renal microthrombi
d) Neuro psychiatric disturbances

1257. True about HUS - *(PGIDec 07)*
a) Thrombocytopenia
b) Schistocytes seen in peripheral blood
c) Caused by E coli
d) Renal failure is seen

1258. The following condition is not associated with an Anti- phopholipid syndrome - *(AI 02)*
a) Venous thrombosis
b) Recurrent foetal loss
c) Thrombocytosis
d) Neurological manifestations

1259. All are true regarding lupus anticoagulant except - *(AIIMS Sep 96)*
a) Increased PT b) Increased abortion
c) Rashes d) Arterial thrombosis

1260. Lupus anticoagulants may cause all of the following except- ***(AI98)***
a) Recurrent abortion
b) False +ve VDRL results
c) Increase prothrombin time
d) Arterial thrombosis

1261. Which of the following antibodies is most frequently seen in Antiphospholipid Syndrome ? ***(AI 11)***
a) Beta 2 microglobulin antibody
b) Anti-nuclear antibody
c) Anti-centromere antibody
d) Anti- beta 2 glycoprotein antibody

1243) a 1244) a 1245)a 1246)b 1247)a 1248)c 1249)d 1250)b 1251)a,c,e 1252)d 1253)c 1254)c 1255)a,c,d 1256) d 1257) a,b,c,d 1258)c 1259)None 1260)None 1261)d

1262. Conditions associated with incoagulable state -
a) Abruption placentae *(PGI Dec 04)*
b) Acute promyelocytic leukaemia
c) Severe falciparum malaria
d) Snake envenomation
e) Heparin overdose

1263. Bleeding in DIC is most closely related to -
a) Raised fibrin degradation products level in blood
b) Prolong prothrombin time *(AIIMS June 98)*
c) Low serum fibrinogen level
d) Raised thrombin time

1264. In DIC, which is/are seen - *(PGI June 05)*
a) Normal APTT b) Increased PT
c) Increased factor VIII d)Decreased fibrinogen
e) Decreased platelets

1265. Disseminated intravascular coagulation (DIC) differs from thrombotic thrombocytopenic purpura. In this reference the DIC is most likely characterized by - *(AI04)*
a) Significant numbers of schistocytes
b) A brisk reticulocytosis
c) Decreased coagulation factor levels
d) Significant thrombocytopenia

1266. In DIC, following are seen except -
a) Fibrinogen decreased *(NEET/DNB Pattern)*
b) Thrombocytopenia
c) Normal APTT
d) PT elevation

1267. The following carcinomas are associated with DIC except - *(AI95)*
a) Stomach b) Pancreas
c) Prostate d) Breast

1268. Causes for DIC are- *(PGI Dec 05)*
a) Anaerobic sepsis b) Malignancy
c) Lymphoma d) Leukemia
e) Massive blood transfusion

1269. Incoagulable states are - *(PGI Dec 08)*
a) Snake envenomation
b) Acute-promyelocytic leukemia
c) Abruptio placenta
d) Heparin overdose
e) Severe falcipanm malaria

1270. What is hot associated with DIC -
a) Thrombocytopenia *(NEET/DNB Pattern)*
b) Increased PT
c) Hyperfibrinogenemia
d) Increased FDP|feS^:M

1271. True about fresh frozen plasma - *(PGIDec 2000)*
a) Used for treatment of antithrombin-3 deficiency
b) Used for treatment of Vit-K deficiency
c) Used for replacing factor VIII & IX, if deficiency
d) Best alternative for platelet

1272. Platelet are stored in - *(PGI Dec 02)*
a) 22 ± 2°C b) - 4°C
c)-2°C d) - 20°C
e) 37°C

1273. Although more than 400 blood groups have been identified, the ABO blood group system remians the most important in clinical medicne because -
a) It was the first blood group system to be discovered *(AIIMS Nov 02)*
b) It has four different blood groups A,B, AB, O (H).
c) ABO(H) antigens are present in most body tissues and fluids
d) ABO(H) antibodies are invariably present in plasma when persons RBC lacks the corresponding antigen

1274. Not true regarding fresh frozen plasma -
jjggPP Supplier mmj or* coa'giilatiotr factors
b) ABO match not required *(NEET/DNB Pattern)*
pgp|p -c) Bbould *I* be^hsed in vfeplacement- ^f ^factors in *, DIC/trauma
d) To be used within 30 minutes of having trauma

1275. Increased PT and Normal PTT are found in?
a) Von Willibrand's disease *(DNBDec 11)*
b) Factor 7 deficiency
c) Factor 8 deficiency
d) Thrombin deficiency

1276. The best screening test for hemophilia -
a) PT b) CT *(DNBDec 11)*
c) PTT d)BT

1277. In Von willebrand disease, there is - *(DNB June 11)*
a) Factor VII deficiency
b) Factor VIIIC deficiency
c) Factor X deficiency
d) vWF

1278. Prologed PT and Normal PTT may be seen in -
a) Thrombocytopenia *(DNB June 11)*
b) DIC
c) Vit. K deficiency
d) Aspirin toxicity

1279. All are to access platelet functions except -
a) Prothrombin time *(DNB June 10)*
b) Bleeding time
c) Clot retraction time
d) Prothrombin deactivation

1280. A patient is having deficiency of Von Willebrand factor. What abnormalities he will present with?
a) Increased PTT, increased PT *(DNB Dec 09)*
b) Decreased PT, Increased PTT
c) Normal PT, Normal PTT
d) Normal PT & Increased PTT

1281. Thrombocytopenia due to increased platelet destruction is seen in - *(DNB Dec 09)*
a) Aplastic anemia
b) Cancer chemotherapy
c) Acute leukemia
d) Systemic lupus erythematosus

1282. Bleeding time is prolonged in - *(DNB Dec 07)*
a) Von Willebrand's disease b) Christmas disease
c) Haemophilia d) Polycythemia

1262) All 1263) c 1264)b,d,e 1265) c 1266) c 1267) d 1268)a,b,d 1269) All 1270) c 1271) a,b 1272) a 1273) d 1274) d 1275) b 1276)c 1277)d 1278)None 1279)a,d 1280)d 1281)d 1282)a

1283. The following are essential components of the intrinsic coagulation system - *(PGI84)*
a) Pre-kailikrein b) High molecular weight kininogen
c) Factor VII d) Tissue factor
e) Factor XI

1284. Platelet function can be assessed by - *(JIMPER 88)*
a) Prothrombin time
b) Fibrinogen degradation products
c) Clotting time
d) Bleeding time

1285. Coagulation time is prolonged in all except -*(TN90)*
a) Hemophilia b) Von Willebrand's disease
c) Christmas disease d) ITP

1286. Hess test is done to assess - *(Delhi 83)*
a) Bleeding time b) Capillary fragility
c) Clotting time d) Prothrombin time

1287. Bleeding time is prolonged in - *(Kerala 94)*
a) Von Willebrand's disease
b) Christmas disease
c) Haemophilia
d) Polycythemia

1288. Patients with hemophilia a have bleeding disorder because of - *(DELHI PG Mar. 09)*
a) Lack of platelet aggregation
b) Lack of reaction accelerator during activation of factor X in coagulation cascade
c) Neutralization of antithrombin III
d) Release of Thromboxane A_2

1289. Von Willebrand's factor is synthesized in which one of the following - *(UPSC-109)*
a) Vascular endothelium b) Macrophages
c) Liver d) Eosinophils

1290. Anti-thrombin III levels in disseminated intravascular coagulation - *(UPSC 02)*
a) Are decreased b) Are increased
c) Remain Same d) Are variable

1291. Not a causes for DIC - *(TN 99)*
a) Septicemia b) Visceral carcinoma
c) Cholera d) Antepartum hemorrhage

1292. DIC is seen with all except - *(AIIMS 91)*
a) Accidental hemorrhage
b) Black water fever
c) Amniotic fluid embolism
d) Overdosage with Vitamin K

1293. Feature common to carcinoma pancreas, lungs, stomach is - *(TN 99)*
a) Retinoblastoma b) Migratory thrombophlebitis
c) Ascites d)DIC

HEMATOLOGY WBC

LYMPHOMA

1294. The type of Hodgkin's lymphoma *inc\ude-(PGIDec 01)*
a) Nodular sclerosing b) Lymphocyte depletion
c) Mixed cellularity d) Mantle cell lymphoma
e) Lymphoplasmacytic

1295. The subtype of Hodgkin's disease, which is histogentically distinct from all the other subtypes, is- *(AI05)*
a) Lymphocyte predominant
b) Nodular sclerosis
c) Mixed cellularity
d) Lymphocyte depleted

1296. Reed sternberg cells are found in-*(NEET/DNB Pattern)*
a) Hodkin's-disease b) Sickle cell anaemia
c) Thalassemia d) CML

1297. The lymphocytic and histiocytic variant of Reed-Sternberg cell is seen in - *(AIIMS Nov 05)*
a) Follicular center lymphoma
b) Lymphocyte depleted Hodgkin's disease
c) Nodular sclerosis Hodgkin's disease
d) Lymphocyte predominant Hodgkin's disease

1298. All of the following are the good prognostic features for Hodgkin's disease except - *(AI04)*
a) Haemoglobin > 10 gm/dl
b) WBC count < 15000/mm^3
c) Absolute lymphocyte count < 600/ 1
d) Age < 45 yrs

1299. Best prognostic type of Hodgkin's lymphoma is -
a) Lymphocytic predominant *(AIIMS June 98)*
b) Lymphocytic depletion
c) Mixed cellularity
d) Nodular sclerosis

1300. Which of the following malignancy is associated with underlying progression and spreads characteristically in a stepwise fashion and hence staging the disease is an important prognostic factor? *(MH11)*
a) Hodgkin's lymphoma b) Multiple myeloma
c) Mature T cell NHL d) Mature B cell NHL

1301. Which Hodgkin's disease is associated with best prognosis - *(NEET/DNB Pattern)*
a) Lymphocytic predominance
b) Lymphocyte depletion
c) Mixed cellularity
d) Nodular sclerosis

1302. Most common type of hodgkin's lymphoma in India is - *(AI98)*
a) Nodular sclerosing
b) Lymphocyte predominance
c) Mixed cellularity
d) Lymphocyte depletion

1303. Histological features of classical hodgkin's disease - *(PGIJune 05)*
a) Mixed cellularity seen in the background
b) Neoplastic cells more than non-neoplastic cells.
c) Both neoplastic & non-neoplastic cells are seen
d) CD 15 & CD 34 seen
e) Reed stemberg cells are seen

1304. Classical markers for Hodgkin's disease - *(AI08)*
a) CD 15 and CD 30 b)CD 15 andCD22
c) CD 15 and CD 20 d) CD 20 and CD 30

1283)a,b,e 1284)d 1285)d 1286)b 1287)a 1288)b 1289)a 1290)a 1291)c 1292)d 1293)a,b,d 1294)a,b,c 1295) a 1296) a 1297) d 1298) c 1299) a 1300) a 1301) a 1302) c 1303)a,c,e 1304) a

1305. True about nodular lymphocytic predominant Hodgkin's lymphoma - *(PGINov 10)*
a) Consists predominantly of classical RS cells
b) CD 15 & CD 30 positive
c) Made up of T lymphocytes
d) EBV positive
e) Have good prognosis

1306. AD of the following are true about nodular sclerosis of Hodgkin's disease except - *(PGI Dec 07)*
a) Well formed fibrous stands
b) CD 15 +
c) CD 20 +
d) Infiltration by plasma cells

1307. Which ceD is not seen in Hodgkin lymphoma -
a) Reed Sternberg cell b) Lacunar cell
c) L&Hcell d)Langerhancell
e) Hodgkin cell *(PGI June 03)*

1308. 'Popcorn-cells' are seen in which variety of hodgkin's disease - *(PGI Dec 2000)*
a) Nodular sclerosis
b) Mixed cellularity
c) Lymphocyte predominance
d) Lymphocyte depletion

1309. Lacunar cells are seen in which type of Hodgkin's lymphoma - *(NEET/DNB Pattern)*
^ a) Lymphocyte predominance
b) Lyphocyte depletion
c) Nodular sclerosing
d) Mixed cellularity

1310. Which of the foHowing statements on lymphoma is not True - *(AIIMSMay 06)*
a) A single classification system for Hodgkin's disease (HD) is almost universally accepted
b) HD more often tends to remain localized to a single group of lymph nodes and spreads by contiguity
c) Several types of non Hodgkin's lymphoma (NHL) may have a leukemic phase
d) In general follicular (nodular)NHL has worse prognosis compared to diffuse NHL

1311. The classification proposed by the International Lymphoma Study Group for non - Hodgkin's lymphoma is known as - *(AI05)*
a) Kiel classification
b) REAL classification
c) WHO classification
d) Rappaport classification

1312. 'Intermediate form' of Non hodgkin's lymphoma is -
a) Small noncleaved cell *(AI 99)*
b) Diffuse, small cleaved cell
c) Lymphoblastic
d) Large cell immunoblastic

1313. Most malignant form of NHL is- *(AI 98)*
a) Diffuse large cell
b) Small cell lymphocytic lymphoma
c) Follicular cleavage
d) Large cell follicular

1314. International prognostic index for lymphomas includes the foDowing prognostic factors, except -
a) Stage of disease *(AIIMS May 11)*
b) Number of extralymphatic sites involved
c) LDH
d) Hemoglobin and albumin

1315. A 48 year old woman was admitted with a history of weakness for two months. On examination, cervical lymph nodes were found enlarged and spleen was palpable 2 cm below the costal margin. Her hemoglobin was 10.5 g/dl, platelet count 2.7 X10^9/ L and total leukocyte count 40 X 10^9/ L, which included 80% mature lymphoid cells with coarse clumped chromatin. Bone marrow revealed a nodular lymphoid infiltrate. The peripheral blood lymphoid ceHs were positive for CD 19, CD5, CD20 and CD23 and were negative for CD 79 B and FMC-7.
The histopathological examination of the lymph node in this patient wifi most likely exhibit effacement of lymph node architecture by - *(AI 05)*
a) A pseudofollicular pattern with proliferation centers
b) A monomorphic lymphoid proliferation with a nodular pattern.
c) A predominantly follicular pattern
d) A diffuse proliferation of medium to large lymphoid cells with high mitotic rate.

1316. Autoimmune hemolytic anemia is seen in - *(PGI99)*
a) CML b)CLL
c) ALL d)AML

1317. Mantle cell lymphomas are positive for all of the foDowing, except - *(AI 06)*
a) CD 23 b) CD 20
c) CD 5 d) CD 43

1318. A 63-year old man presented with massive splenomegaly, lymphadenopathy and a total leucocyte count of17000 per mm^3. The flow cytometery showed CD 23 negative and CD 5 positive monoclonal B-cells with bright kappa positively comprising 80% of the peripheral blood lymphoid cells. The most likely diagnosis is - *(AI 03)*
a) Mantle cell lymphoma
b) Splenic lymphoma with villous lymphocytes
c) Follicular lymphoma
d) Hairy cell leukemia

1319. Mantle cell ca shows - *(NEET/DNB Pattern)*
a) CD5 +, CD25 - b) CD 5 +, CD 10 +
c) CD 5+, CD23+ d) CD 5+, CD 23 -

1320. CD 5 lymphocyte is found in- *(AIIMS2001)*
a) Hairy cell leukemia b) Burkitt lymphoma
c) Follicular cell lymphoma d) Mantle cell lymphoma

1321. In Burkitts lymphoma, translocation seen is chromosome - *(AI 10, AIIMS May 01)*
a) 12-14 translocation b) 8 -14 translocation
c) 4 - 8 translocation d) 12-18 translocation

1305) e 1306)c 1307)d 1308)c 1309)c 1310)d 1311)b 1312)b 1313)a 1314)d 1315)d 1316)b 1317)a 1318)a 1319) d 1320) d 1321) b

1322. All are true about follicular lymphoma except:
a) CD 20+ *(PGIJune 09)*
b) CD 5+
c) Bel-1 positive in follicular lumphoma where as Bcl-2 positive in mantle cell lymphoma
d) Translocation of (14:18)

1323. Starry sky appearance is seen in -
a) Burkitts lymphoma *(NEET/DNB Pattern)*
b) CLL
xj[Dffuise large B celllyinphotna
d)ALCL'

1324. Burkitt's lymphoma is - *(PGIJune 02)*
a) B cell lymphoma
b) 6,14 translocation
c) Can present as abdominal mass
d) Radiotherapy is used in treatment

1325. t (2;8) is characteristically seen with - *(AI10)*
a) Pre B cell lymphoma
b) Pre T cell lymphoma
c) Burkitt's lymphoma
d) Montel cell lymphoma

1326. About Burkitt's lymphoma, true is- *(AIIMSNov 09)*
a) CD34 + ve & Surface Ig+ve
b) CD34 + ve & Surface Ig -ve
c) CD34 - ve & Surface Ig -ve
d) CD34 - ve & Surface Ig +ve

1327. Post transplant lymphoma occurs due to proliferation of which of the following cells - *(AIIMSNov 06)*
a) T cell b) B cell
c) NKcell d) Monocyte

1328. Which of the following is true - *(AIIMS Nov 09)*
a) BCL-6: Burkitts lymphoma
b) BCL-2: Follicular & mantle cell lymphoma
c) CD-10 : Mantle cell lymphoma
d) CD 34: Diffuse large B cell lymphoma

LEUKEMIA

1329. CD marker specific for myeloid series -
a) CD34 b)CD45 *(AIIMS May 10)*
c) CD99 d) CD 117

1330. Most of the ALLs have - *(PGI98)*
a) B - cell origin b) T-cell origin
c) NKcell origin d)None

1331. A 17-year-old boy presented with TLC of 138 x 10^9 / L with 80% blasts on the peripheral smear. Chest X-ray demosnstrated a large mediastinal mass. Immunophenotyping of this patient's blasts would most likely demonstrate - *(AIMMS May 06)*
a) No surface antigens (null phenotype)
b) An immature T cell phenotype (Tdt/D34/CD7 positive)
c) Myeloid markers, such as CD 13, CD33 and CD15
d) B cell markers, such as CD 19, CD20 and CD22

1332. B ALL is due to - *(NEET/DNB Pattern)*
a) T cells b) Immature B cells
c) Immature T cells d) Both T & B cells

1333. Poor prognostic indicator of ALL is-*(AIIMS May 02)*
a) Female sex b) Leukocyte count < 50,000
c) Age greater than 1 year d) Hypodiploidy

1334. All of the following are good prognostic factors for ALL except - *(AIIMS Nov 08)*
a) Age of onset between 2-8 years
b) Initial WBC count less than 50000
c) Hyperdiploidy
d) t (9:22), t (8 :14), t (4:11)

1335. Good prognosis of ALL - *(NEET/DNB Pattern)*
a) Hyperdiploidy b) Hypodiploidy
c) T cell line d) Philadelphia chromosome

1336. ALL L_3 morphology is a malignancy arising from which cell lineage - *(AI 07)*
a) Mature B cell b) Precursor B cell
c) Immature T cell d) Mixed B cell & T cell

1337. A four year old boy was admitted with a history of abdominal pain and fever for two months maculopapular rash for ten days, and dry cough, dyspnea and wheezing for three days. One examination liver and spleen were enlarged 4 cm and 3 cm respectively below the costal margins. Jjps hemoglobin was 10.0 g/dl, platelet count 37 * 10*/L and total leukocyte count 70 x 10 /L, which included 80% eosinophils Bone marrow examination revealed a cellular marrow comprising of 45% blasts and 34% Eosinophils and eosinophilic precursors. The blasts stained negative for myeloperoxidase and non-specific esterase and were positive for CD19, CD10, CD22 and CD20. Which one of the following is the most likely diagnosis - *(AIIMS NO V2004)*
a) Biphenotypic acute leukemia (lymphoid and eosinophil lineage)
b) Acute eosinophilic leukemia
c) Acute lymphoblastic leukemia with hyper-eosinophilic syndrome
d) Acute myeloid leukemia with eosinophilia

1338. A four year old boy was admitted with a history of abdominal pain and fever for two months maculopapular rash for ten days, and dry cough, dyspnea and wheezing for three days. On examination liver and spleen were enlarged 4 cm and 3 cm respectivley below the costal margin. His hemoglobin was 10.0 g/dl, platelet count 3.7 x 10^9/L and total leukocyte count 70 x 10^9/L, which included 80% eosinophils Bone marrow examination revealed a cellular marrow comprising of 45% blasts and 34% Eosinophils and eosinophil precursors. The blasts stained negative for my eloperoxidase and non-specific esterase and were positive for CD19, CD10, CD22 and CD20. Which one of the following statements is not true about disease? *(AI 05)*
a) Eosinophils are not part of the Neoplastic clone
b) t (5:14) rearrangement may be detected in blasts
c) Peripheral blood eosinophilia may normalize with chemotherapy
d) Inv (16) is often detected in the blasts and the eosinophils

1322)b,d 1323) a 1324)a,c 1325)c 1326)d 1327)b 1328)a 1329)c 1330)a 1331)b 1332)b 1333)d 1334)d 1335) a 1336) a 1337)c 1338)d

1339. The biochemical marker of lymphocytic leukemia is- *(AIIMSDec 90)*
a) Enolase b) Peroxidase
c) Choline exterase d) Periodic acid schiff

1340. Non specific esterase in present in - *(PGIDec 97)*
a) Megakaryocytic leukaemia
b) Lymphocytic leukaemia
c) Erythroleukaemia
d) AML

1341. Non specific esterase is positive in all the categories of AML except- *(Al 07)*
a) M3 b)M4
c)M5 d)M6

1342. What is the chromosomal translocation in AML M3 - *(NEET/DNB Pattern)*
a) T(18,21) b) T (15,17)
c) T (8, 21) d) T (9,11)

1343. Chloroma is due to - *(PGI99)*
a) AML b)CLL
c) ALL d) Non Hodgkin's lymphoma

1344. AML with gum infiltration, hepatosplenomegaly -
a) ALL b) M3
c) M2 d)M4

1345. A 15-year-old boy presented with one day history of bleedig gums, subconjunctival bleed and purpuric rash. Investigations revealed the following results :Hb-6.4 gm/dL; TLC-26,500/mm3 Platelet 35,000 mm3; prothrombin time-20 sec with a control of 13 sec; partial thromboplastin time-50sec; and Fibrinogen lOmg/dL. Peripheral smear was suggestive of acute myeloblastic leukemia. Which of the following is the most likely - *(AIIMS May 06)*
a) Myeloblastic leukemia without maturation
b) Myeloblastic leukemia with maturation
c) Promyelocytic leukemia
d) Myelomonocytic leukemia

1346. All of the following immunohistochemical markers are positive in the neoplatic cells of granulocytic sarcoma, except - *(AI06)*
a) CD45RO b) CD 43
c) Myeloperoxidase d) Lysozyme

1347. Marker for granulocytic Sarcoma- *(AIIMSMay 08)*
a) CD33 b)CD38
c) CD117 d) CD 137

1348. A 42 -year old man was referred with a 2 week history of fever weakness and bleeding gum. Peripherial smear showed pancytopenia. The bone marrow examination revelaed 26% blasts frequently exhibiting Auer rods and mature myeloid cells. An occasional neutrophil with pseudo Pelger-Huet anomaly was also noted : Which of the following cytochemical stains is most likely to be positive - *(AIIMS Nov 02)*
a) Acid phosphatase b) Non specific esterase
c) Myeloperoxidase d) Toluidine blue

1349. AML is characterized by - *(NEET/DNB Pattern)*
a) Philadelphia chromosome b) Auer rods
c) Hemolytic anemia d) Dohle bodies

1350. D.I.C. is seen in - *(AIIMS May 07, PGI Dec 2K, NEET/DNB Pattern)*
a) Acute promyelocytic leukemia
b) Acute myelomonocytic leukemia
c) CMC
d) Autoimmune hemolytic anemia

1351. AML with worst prognosis - *(AIIMS may 07)*
a) 8/12 translocation b) Inversion 16
c) Normal cytogenetics d) Monosomy 7

1352. A10 year old child presents with pallor & history of blood transfusion 2 months back. On investigation, Hb -4.5gm, total count 60000, platelet count- 21akhs and CD 10(+) ve, CD 19 (+)ve, CD 117 (+) ve, MPO (+) ve & CD 33(-)ve. What is the most likely diagnosis? *(AIIMS Nov 11)*
a) ALL
b) AML
c) Undifferentiated leukemia
d) Mixed phenotypic acute leukemia

1353. In a patient with acute leukemia, immunophenotype pattern is CD 19+ve, CD 10+ve, CD33+ve, CD 13+ve. He may probably have - *(AIIMS May 04)*
a) Biphenotypic leukemia b)ALL
c) AML- M_2 d)AML-M_0

1354. Plasmacytoid lymphomas may be associated with -
a) IgG b) IgM *(AI10)*
c) IgA d)IgE

1355. Leukemoid reaction is seen in - *(PGI87)*
a) Acute infection b) Myelomatosis
c) Hemorrhage d) Erythroleukemia
e) Bronchogenic carcinoma

1356. 'Hairy cell leukemia' is a neoplastic proliferation of- *(AI 99)*
a) T.cells b)B.cells
c) Myeloid cells d) Macrophages

1357. All of the following statements about Hairy cell leukaemia are true except - *(AI 04)*
a) Splenomegaly is conspicuous
b) Results from an expansion of neoplastic T lymphocytes
c) Cells are positive for Tartarate Resistant Acid phosphatase
d) The cells express CD25 consistently

1358. Compared to the other leukemias, hairy cell leukemia is associated with which of the following infections- *(Maharashtra 10)*
a) Parvovirus D19
b) Mycoplasma
c) Atypical mycobacteria
d) Salmonella

1339) d 1340)d 1341)d 1342)b 1343)a 1344)d 1345)c 1346)a 1347)c 1348)c 1349)b 1350)a 1351)d 1352)d 1353) a 1354)b 1355) a,c 1356) b 1357)b 1358)c

1359. Which of the following statement pertaining to leukemia is correct - *(AI05)*
a) Blasts of acute myeloid leukemia are typically Sudan black negative
b) Blasts of acute lymphoblastic leukemia ae typically myeloperoxidase positive.
c) Low leucocyte alkaline phosphatase score is characteristically seen in blastic phase of chronic myeloid leukemia.
d) Tartarate resistant acid phosphatase positivity is typically seen in hairy cell leukemia.

1360. Specific stain for myeloblasts is- *(NEET/DNB Pattern)*
a) Sudan black b) PAS
c) Myeloperoxidase d) LAP

1361. Sezary syndrome is included in category of-
a) T cell leukaemia *(PGIDec97)*
b) Lymphoma
c) B cell leukaemia
d) Pigmented disorder of skin

1362. Which is the most common cytogenetic abnormaltiy in adult myelodysplastic syndrome (MDS) - *(AI 04)*
a) Trisomy 8b)20q-
c) 5q- d) Monosmy 7

1363. Least likely to be Pre-leukemic condition is -
a) Paroxysmal nocturnal hemoglobinuria
b) Paroxysmal cold hemoglobinuria
c) Aplastic anemia *(AIIMSNov 11)*
d) Myelodysplastc syndrome

1364. Which of the following statements is true -
a) Chronic myeloid leukemia occurs beyond 50 years of age *(AIIMS May 12)*
b) Hairy cell leukemia in less than 50 years has a good prognosis
c) Acute lymphoid leukemia in less than 1 year has a poor prognosis
d) Chronic lymphocytic leukemia occurs in less than 50 years of age

MYELOPROLIFERATIVE DISORDERS

1365. Which of the following is not a myeloproliferative disease - *(AIIMS Nov 2000)*
a) Polycythemia vers
b) Acute myeloid leukemia
c) Chronic myeloid leukemia
d) Essential thrombocytosis

1366. A peripheral smear with increased neutrophils, basophils, eosinophils, and platelets is highly suggestive of - *(AIIMS May 06)*
a) Actute myeloid leukemia
b) Acute lymphoblastic leukemia
c) Chronic myelogenous leukemia
d) Myelodysplastic syndrome

1367. A 60 year old man presented with fatigue, weight loss and heaviness in left hypochondrium for 6 months. The hemogram showed Hb. lOgm/dL, TLC 5 lakhs/mm^3, platelet count 4 lakhs/mm^3, DLC; neutrophil 55%, lymphocutes 4%, monocytes 2%, basophils 6%, metamyelocytes 10%, myelocytes 18%, promyelocytes 2% and blasts 3%. The most likely cytogenetic abnormality in this case is -
a) t (1; 21) b) t (9; 22) *(AIIMSMay 03)*
c) t(15; 17) d)Trisomy21

1368. Which one of the following is not a criterion for making a diagnosis of chronic myeloid leukemia in accelerated phase - *(AIIMS Nov 04)*
a) Blasts 10-19% of WBC's in peripheral blood
b) Basophils 10-19% of WBC'S in peripheral blood
c) Increasing spleen size unresponsive to therapy
d) Persistent thrombocytosis (>1000 x 10^9/L) unresponsive to therapy

1369. Diagnostic criteria ofCML are- *(PGIJune04)*
a) Auer rods
b) Basophilia
c) *i* LAP score
d) Bone marrow fibrosis
e) Chromosomal abnormality seen (t 9:22)

1370. Which of these is true regarding *CML-(AIIMSJune 99)*
a) Size of splenomegaly indicates prognosis
b) Phagocytic activity of WBC is reduced
c) Sudan black stain is specific for myeloblast
d) Myeloblast, granuloblast and lympohblast are PH chromosome +ve.

1371. Which of the following is not compatible with a diagnosis of chronic myelomonocytic leukemia -
a) Peripheral blood monocytosis more than 1T0^9/L. *(AIIMS Nov 03)*
b) Absence of Philadelphia chromosome
c) More than 20% blasts in blood or bone marrow
d) Absent or minimal dysplasia in myeloid lineages

1372. Which of the following is not compatible with a diagnosis of juvenile myelomonocytic leukemia - *(AIIMS Nov 05)*
a) Peripheral blood monocytosis, more than 1 x 10^9/L
b) Increased hemoglobin F levels for age
c) Presence of bcr/abl fusion gene
d) GM-CSF hypersensitivity of myeloid progenitors in vitro

1373. Which is not seen in polycythemia vera -
a) Increased Vit B_{12} binding capacity
b) Increased erythropoietin level
c) Increase RBC count *(NEET/DNB Pattern)*
d) Ocular congestion

1374. All are true about Polycythemia vera except -
a) Increased vit B_{12} *(AIIMS Nov 2000)*
b) Decrease LAP score
c) Leucocytosis
d) Increased platelets

1359) d 1360)c 1361)a 1362)d 1363)b 1364)c 1365)b 1366)c 1367)b 1368)b 1369)e 1370)a,d 1371)c,d 1372)c 1373)b 1374)b

1375. A patient has the following findings -splenomegaly, low RBC count, normal WBC, and platelet count and peripheral blood smear shows target cells. Repeated BM aspiration is unsuccessful. The probable diagnosis is - *(AIIMS JUNE 99)*
a) Thalassemia
b) Chronic myeloid leukemia
c) Iron deficiency anaemia
d) Myelofibrosis

1376. A patient presents with a platelet count of 700 x 10^9/L with abnormalitites in size, shape and granularity of platelets. WBC count of 12 x 10^9 L, hemoglobin of llg/dl and the absence of the Philadelphia chromosome. The most likely diagnosis would be- *(AIIMSMay 06)*
a) Polycythemia vera
b) Essential thrombocythemia
c) Chronic myeloid leukemia
d) Leukemoid reaction

MULTIPLE MYELOMA

1377. The cell mass in multiple myeloma is formed by- *(PGI Dec 01)*
a) Clonal expansion of terminally matured B cells
b) Preformed B cells are seen in the marrow
c) Circulating B cells settle in BM
d) B-cells turn malignant and secrete light chains
e) Specialised T-cells

1378. Multiple myeloma is characterized by all except
a) Presence of light chains *(PGI 2000)*
b) Monoclonal gammopathy
c) Polyclonal gammopathy
d) Hypergammaglobulinemia

1379. Not a feature of multiple myeloma - *(AIIMSMay 05)*
a) Hypercalcemia
b) Anemia
c) Hyperviscosity
d) Elevated alkaline phosphatase

1380. True about Multipal Myeloma - *(PGI2000)*
a) Bence Jones protein in urine
b) Hypogammaglobulinemia
c) Amyloidosis
d) Plasmacytosis <10 %
e) Renal failure

1381. Commonest site of lytic lesion in multiple myeloma is - *(NEET/L>NB Pattern)*
a) Vertebral column b) Femur
c) Clavicle d) Pelvis

1382. Which of the following is not a major criteria for diagnosis of multiple myeloma ? *(AI06)*
a) Lytic bone lesions
b) Plasmacytoma on tissue biopsy
c) Bone marrow plasmacytosis > 30%
d) 'M' spike > 3g% for Ig G, > 2g% for IgA

1383. Which of the following is not a minor diagnositic criteria for multiple myeloma? *(ARMSNov 10, 08)*
a) Lytic bone lesions
b) Plasmacytosis greater than 20%
c) Plasmacytoma on biopsy
d) Monoclonal globuline spike on serum electrophoresis of > 2.5 g/dl for IgG, > 1.5 g/dl for IgA

1384. All of the following are true about multiple myeloma except - *(A 194)*
a) Osteolytic bone disease
b) t (18-14) translocation
c) Light chain proliferation
d) Bence-Jones proteins in urine

1385. What is the best prognostic indicator of multiple myeloma at the time of diagnosis -
a) Number of myeloma cells in the marrow
b) Beta 2 microglobulin *(ARMS Nov 2000)*
c) Alkaline phosphatase level
d) Hypercalcemia

1386. A70-year-old male has a pathologic fracture of femur. The lesion appears a lytic on X-rays film with a circumscribed punched out appearance. The curetting from fracture site is most likely to show which of the following - *(ARMSMay 06)*
a) Diminished and thinned trabecular bone fragments secondary to osteopenia
b) Sheets of atypical plasma cells
c) Metastatic prostatic adenocarcinoma
d) Malignant cells forming osteoid bone

1387. Russell bodies are found *in-(NEET/DNB Pattern)*
a) Multiple Myeloma b) Gonadal tumor >•,
c) Parkinsonism d) Intracranial neoplasms

1388. Russell's body is found in - *(AI 95, ARMS June 97)*
a) WBC b)RBC
c) Mast cell d) Plasma cell

1389. Which of the following statement is not tru *e-(AI 05)*
a) Patients with IgD myeloma may present with no evident M-spike on serum electrophoresis
b) A diagnosis of plasma cell leukemia can be made if circulating peripheral blood plasma blasts comprise 14% of peripheral blood white cell count of $1X10^9$ / L and platelet count of 88 X 10^9/ L
c) In smoldering myeloma plasma cells constitute 10 - 30% of total bone marrow cellularity.
d) In a patient with multiple myeloma, a monoclonal light chain may be detected in both serum and urine

1390. True about multiple myeloma except - *(PGI Dec 98)*
a) t Uric acid b) T Urea
c) t Ca++ d) t Aik. phoshatase

1391. Not true regarding waldenstorms macro-globulinemia is - *(PGI June 99)*
a) Lymphadenopathy is usually present
b) Blood viscosity increased
c) IgM immunoglobulin increased
d) Hypercalcemia

1375)d 1376)b 1377)d 1378)c 1379)d 1380)a,b,c,e 1381)a 1382)a 1383)c 1384)b 1385)b 1386)b 1387)a 1388) d 1389)b 1390)d 1391)d

1392. Paraproteinemias associated with - *(PGIDec 04)*
a) Pathological fractureb) Visual disturbances
c) Peripheral neuropathyd) T Ca^{+2}
e) Platelet hypofunction

1393. Hyperviscosity is seen in - *(PGIDec 03, 04)*
a) Cryoglobulinemia b) Multiple myeloma
c) MGUS d) Lymphoma
e) Macroglobulinaemia

1394. TVue about Bence-Jones protein: *(PGIDec 07)*
a) Made of light chain
b) Reappears at 100°C
c) Dissolve at 100°C
d) Amyloid light chain in urine
e) AA type amyloid protein

1395. Histiocytosis X is seen in except- *(PGIDec 97)*
a) Hand schuller Christian disease
b) Eosinophilic granuloma
c) Letter-siwe syndrome
d) Torres syndrome

1396. A 2 year old child presents with scattered lesions in the skull. Biopsy revealed Langerhans giant cells. The most commonly associated is marker with this condition will be - *(AI12, 10, AIIMS Nov 0 7)*
a) CD la b) CD 57
c) CD 3 d) CD 68

1397. Shape of berbicks granules is - *(NEET/DNB Pattern)*
a) Hockey stick b) Bat
c) Ball d) Tennis racket

1398. A child presented in the OPD with multiple permeating lesions involving all the bones of the body which of the following is the most probable diagnosis - *(AIIMS Nov 2000)*
a) Neuroblastoma
b) Metastasis from osteosarcoma
c) Histiocytosis X
d) Metastasis from Wilm's tumour

1399. Langerhans cell histiocytosis true is all except -
a) Peak incidence less than 3 years of age
b) Radiosensitive *(AIIMS May 09)*
c) Diffuse form is known as litter-sewe-disease
d) Gonadal involvement occurs

1400. Features of histocytosis are all except -
a) Antigen processing *cells (NEET/DNB Pattern)*
b) CDla marker present
c) GDI 27 marker
d) Osteolytic lesions

1401. CD marker of histiocytosis is - *(NEET/DNB Pattern)*
a) CD1A b)CD IB
c) CD 1C d)CDlD

MISCELLANEOUS (WBC)

1402. In an ablated animal, myeloid series cells are injected. Which of following is sen after incubation period - *(AIIMS May 12)*
a) RBC b) Fibroblast
c) T lymphocytes d) Hematopoetic stem cell

1403. Generalized necrotising lymphadenopathy *(AI 11)*
a) Kimura disease
b) Kukuchi disease
c) Non-Hodgkin's lymphoma
d) Castleman's disease

1404. Eosinophilic abscess in lymph node is characteristically seen in - *(DPG11)*
a) Kimura's disease b) Hodgkin's lymphoma
c) Tuberculosis d) Sarcoidosis

1405. Massive splenomegaly with pancytopenia-fPG/*Dec 05)*
a) CLL b) Pure red cell aplasia
c) CML d) Myelofibrosis
e) Hairy cell leukemia

1406. Absolute lymphocytosis is seen in - *(PGI June 03)*
a) SLE b)T.B.
c) CLL d) Brucellosis

1407. Maximum magnitude of lymphocytosis is seen with-
a) Pulmonary Koch's *(AIIMSMay 1993)*
b) Typhoid
c) Bacterial pneumonia
d) Infectious mononucleosis

1408. Causes of eosinophilia - *(PGI June 04)*
a) Hodgkin's disease b) Filariasis
c) MI d) HTV infection

1409. Highest LAP score is seen in - *(PGI June 03)*
a) CML b) Polycythemiavera
c) PNH d) Pregnancy
e) Lymphoma

1410. Leucocyte alkaline phosphatase (LAP) is raised in A/E- *(AIIMSDec 95)*
a) Myelofibrosis b) Essential thrombocythemia
c) Polycythemia d) Chronic myeloid leukemia

1411. Splenic infarction is associated with - *(AIIMS 92)*
a) Typhoid
b) Infectious mononucleosis
c) CML
d) Paroxysmal nocturnal hemoglobinuria

1412. A patient presents with mediastinal mass with sheets of epithelial cells giving arborizing pattern of reactivity alongwith interspersed lympoid cells. The apt diagnosis would be - *(AIIMS May 08)*
a) Thymoma
b) Thymic carcinoid
c) Primary mediastinal lymphoma
d) Non-Hodgkin lymphoma

1413. Dohle bodies are seen in - *(NEET/DNB Pattern)*
a) Multiple myeloma
b) May-Hegglinanomaly
c) Waldenstorm Macroglobulinemia
d) Lymphoma

1414. Dohle bodies - *(NEET/DNB Pattern)*
a) Dilated Endoplasmic Reticulum in Neutrophils
b) Mitochondria
c) Golgi apparatus
d) Lysosomes

1392)A11 1393) a,b,d,e 1394)a,c,d 1395)d 1396)a 1397)d 1398)c 1399)d 1400)c 1401)a 1402)a 1403)b 1404) a 1405) d,e 1406)b,c,d 1407)d 1408)a,b,d 1409)b 1410)d 1411)b,c 1412)a 1413)b 1414)a

1415. All of the following stem cell populations are found within the bone marrow, except> *(AI12)*
a) Endothelial Progenitor cells
b) Myoblast Progenitor cells
c) Mesenchymal stem cells
d) Hematopoetic stem cells

1416. Chromosomal translocation seen in CML is?
a) 2:8 b)8:14 *(DNB Dec11)*
c) 9:22 d) 15:17

1417. All are markers of Mantle cell lymphoma except -
a) CD5 b) CD 19 *(DNB Dec11)*
c) CD 20 d) CD 23

1418. Burkitt's lymphoma arises from - *(DNBDec 10)*
a) Tcell b)Bcell
c) PreBcell d)NKcell

1419. DIC is seen most commonly seen in which AML type? *(DNB Dec 10)*
a) M2 b) M3
c)M4 d)M5

1420. Most Common extranodal site of Lymphoma in HIV is? *(DNB Dec 10)*
a) CNS b)GH
c) Retroperitoneum d) Mediastinum

1421. Necrotizing lymphadenitis is seen in -*(DNB June 10)*
a) Hodgkin's disease b) Kikuchi disease
c) Kimura disease d) Sarcodiosis

1422. Poor prognostic indicator in ALL- *(DNB June 10)*
a) Age < 2 year
b) TLC 4000-10,000
c) Presence of testicular involvement at presentation
d) Presence of blasts in peripheral smear

1423. All of the following are B cell markers except -
a) CD 10 b) CD 19 *(DNB June 10)*
c) CD 20 d) CD 34

1424. Periodic acid schiff stain shows block positiveity in- *(DNBDec 09)*
a) Myeloblasts b) Lymphoblasts
c) Monoblasts d) Megakaryoblasts

1425. Marker for hairy cell leukaemia is?
a) CD 30 b) CD 103 *(DNB June 09)*
c) CD1 d)CD4

1426. Burkitt's lymphoma shows which translocation?
a) 8:14 b) 9:22 *(DNB June09)*
c) 11:14 d) 14:18

1427. BCR ABL gene mutation is seen in? *(DNB June 09)*
a) CML b)AML
c) CLL d)ALL

1428. Chromosomal translocation seen in CML is?
a) 2:8 b)8:14 *(DNB June09)*
c) 9:22 d) 15:17

1429. Mycosis fungoides is? *(DNB June 09)*
a) T cell lymphoma b) B cell lymphoma
c) Mixed d) Plasma cell tumour

1430. Which of the following metabolic abnormality is seen in multiple myelona - *(DNB Dec 08)*
a) Hyponatremia b) Hypokalemia
c) Hypercalcemia d) Hyperphosphatemia

1431. Which of the following malignancy is associated with underlying progression and spreads characteristically in a stepwise fashion and hence staging the disease is an important prognostic factor? *(DNB Dec 08)*
a) Hodgkin's lymphoma b) Multiple myeloma
c) Mature T cell NHL d) Mature B cell NHL

1432. Russel bodies are seen in - *(DNB June 08)*
a) Lymphocytes b) Neutrophils
c) Macrophages d) None of the above

1433. The low grade non-Hodgbkins lymphoma is -
a) Follicular b) Large cell *(DNB June 08)*
c) Diffuse large cell d) Lymphoblastic

1434. CD-10 is seen in - *(DNB Dec 07)*
a) ALL b)CLL
c) HCL d)CML

1435. Abnormally high LAP score is seen in -*(DNB Dec 07)*
a) Polycythemia vera b)CML
c) PNH d)All

1436. CLL is characterised by following except -
a) Small lymphocytes in peripheral smear
b) Hepatosplenomegaly *(DNB Dec 07)*
c) Age > 50 years and usually females
d) ZAP-70 is a marker

1437. Birbeck granules in the cytoplasm are seen in -
a) Mast cells *(DNB Dec 07)*
b) Langerhan's cells
c) Thrombocytes
d) Myelocytes

1438. Multiple myeloma is diagnosed by - *(DNB June 07)*
a) 24 hours urine protein
b) Kidney biopsy
c) > 10%plasmacytosis
d) Rouleaux formation in blood

1439. Chloromaisatumorof- *(AP 92)*
a) Soft tissue b) Bone
c) Hemopoeitic cell d) Ovary

1440. Most common extranodal site for non-hodkin's lymphoma is - *(DNB June 07)*
a) Stomach b) Brain
c) Intestines d) Tonsils

1441. Progressive transformation of germinal centers (PTGC) is a precursor lesion of - *(DPG11)*
a) Hodgkins lymphoma, nodular sclerosis
b) Hodgkins lymphoma, mixed cellularity
c) Hodgkins lymphoma, lymphocytic predominant
d) Peripheral T cell lymphoma

1442. Hilar lymphadenopathy is seen in which type of Hodgkin's desease - *(JIPMER 80, PGI81)*
a) Lymphocyte predominent b) Mixed type
c) Lymphocyte depleted d)Nodular sclerosis

1443. Commonest type of Hodgkins lymphoma is- *(AP 84)*
a) Nodular sclerosis
b) Lymphocytic depletion
c) Lymphocytic predominant
d) Mixed cellularity

1415)b 1416) c 1417) d 1418)b 1419)b 1420)a 1421)b 1422)a 1423)d 1424)b 1425)b 1426)a 1427)a 1428)c 1429)a 1430)c 1431)a 1432)d 1433) a 1434)a 1435)a 1436)c 1437)b 1438)c 1439)c 1440)a 1441)c 1442)d 1443) a

1444. All are true about Hodgkins lymphoma except -
a) Less aggressive than NHL *(KERALA 95)*
b) Single node involvement common
c) Spread in continuity
d) Systemic involement more common than NHL

1445. All are true of Hodgkins lymphoma except -
a) Bimodal age pattern *(JIPMER93)*
b) Females less common
c) Contiguous spread
d) Osteolytic metastasis

1446. Which of the following features is shared in common between lymphocyte - rich and lymphocyte predominant types of Hodgkin's lymphoma -
a) Paucity of diagnostic RS cells *(MH10)*
b) EBV is associated
c) RS cells are CD 20 positive
d) Good prognosis

1447. "Working Formulation" in staging of NHL is based on- *(TN97)*
a) Survival characteristics of cells
b) Morphology of cells
c) Cells of origin
d) None of the above

1448. Non Hodgkin's lymphoma----------diffuse,large cell type----------belongs to- *(ORISSA 99)*
a) Low gradeb) Intermediate grade
c) High grade d) None of the above

1449. Most common extranodal site for non - hodkin's lymphoma is - *(TN 03)*
a) Stomach b) Brain
c) Intestines d) Tonsils

1450. In Non-Hodgkin's lymphoma early involvement of bone marrow is typical of which variety -
a) Diffuse *(AIIMS 78,81,83)*
b) Nodular
c) Lymphocytic well differentiated
d) Lymphocytic poorly differentiated

1451. Most common translocation in follicular lymphomas - *(TN 99)*
a) 14«18b) 17«19
c) 11« 14 d) 22 «9

1452. "Stary sky" appearance is seen in - *(UP 07)*
a) Burkitt's lymphoma
b) Mantle cell lymphoma
c) Extra nodal marginal Zone B-cell lymphoma of MALT type
d) Chronic myeloid leukemia

1453. Mantle cell lymphomas are positive for all of the following except - *(DPG10)*
a) CD23 b) CD20
c) CD5 d) CyclinDl

1454. Dilantoin sodium may cause - *(PGI82, AP 91)*
a) Follicular hyperplasia
b) Paracortial hyperplasia
c) Sinus histiocytosis
d) Atrophy of lymph nodes

1455. NHL presenting as a localised disease is usually -
a) Nodular poorly differentiated *(PGI 95)*
b) Diffuse
c) Nodular well differentiated
d) None

1456. Conditions predisposing to leukemia include all except- *(JIPMER88)*
a) Ionising radiation
b) Myelofibrosis
c) Inflections mononucleosis
d) Polycythemia vera

1457. Auer bodies are seen in - *(PGI 89)*
a) Mj-AML b)M_3-AML
c) M_6-AML d)ALL

1458. Chromosomal abnormality seen in promyelocytic leukemia - *(PGI 80,92)*
a) 17-15t b)21-9t
c) 22-9t d) None of the above

1459. Acute promyelocytic leukaemia (AML-M3) includes which of the following subtypes-(Kera/a *2K)*
a) Hyper granular and hypo granular type
b) Hyper granular and hyper segmented
c) Hyper granular and micro granular type
d) Hypo granular and micro granular type
e) Hypo granular and inclusion type

1460. Non specific esterase in present in - *(PGI 97)*
a) Megakaryocytic leukaemia
b) Lymphocytic leukaemia
c) Erythroleukaemia
d) AML

1461. The stain used for demonstrating Auer rods in blasts is- *(J&K05)*
a) Periodic Acid Schiff (PAS)
b) Myeloperoxidase
c) Leucocyte alkaline phosphatase
d) Non-specific esterase

1462. The difference between leukemia and leukemoid reaction is done by - *(DPGEE 08)*
a) Leukocyte alkaline phosphatase
b) Immature cells
c) Total leukocyte count
d) E.S.R

1463. Which of the following combinations of cytogenetic abnormality and associated leukemia/lymphoma is incorrect - *(Jipmer 05)*
a) t (8:14) Burkitt's lymphoma
b) t(15:170)AML-M3
c) t (9:22) CML
d) t (0:20) ALL

1464. bcl_2 in B-cell lymphoma the translocation involving-
a) t (8 :14) b)t(8:12) *(UP 08)*
c) t (14:18) d) t (14:22)

1444) d 1445) d 1446)d 1447)b 1448)b 1449)a 1450)b 1451) a 1452)a 1453)a 1454)b 1455)c 1456)c 1457)a,b
1458) a 1459)c 1460)d 1461)b 1462)a 1463)d 1464)c

1465. CD 19 positive, CD22 positive, CD 103 positive monoclonal B-cells with bright kappa positivity were found to comprise 60% of the peripheral blood lymphoid cells on flow cytometric analysis in a 55 year old man with massive splenomegaly and a total leucocyte count 3.3 x 10^9/L. Which one of the following is the most likely diagnosis - *(Jipmer 05)*
a) Splenic lymphoma with villous lymphocytes
b) Mantle cell lymphoma
c) B-cell prolymphocytic leukemia
d) Hairy cell leukemia

1466. Basophillic leucocytosis occurs in - *(UP 07)*
a) AML b)ALL
c) CML d)CLL

1467. CML is characterised by all except - *(JIPMER 91)*
a) Leukocytosis
b) Thrombocytosis
c) Increased Leukocyte alkaline Phosphatase
d) Increased serum Vitamin B_{J2}

1468. Philadelphia chromosome is - *(AIIMS 85, UPSC 86)*
a) Translocation from chromosome 22 to chromosome 9
b) Seen in CML
c) SeeninCLL
d) A good prognostic indication
e) All the correct

1469. Translocation of bcr-abl gene is characteristically seen in - *(UPSC-108)*
a) Chronic myeloid leukemia
b) Acute myeloid leukemia
c) Chronic lymphatic leukemia
d) Acute lymphatic leukemia

1470. BCL-2 is the marker for - *(DPGEE 08)*
a) Follicular lymphoma b) Mycosis fungoides
c) B-Cell lymphoma d) Mantle cell lymphoma

1471. In Philadelphia chromosome the defect is in -
a) Short arm of chromosome 22 *(Kerala 90)*
b) Long arm of chromosome 22
c) Short arm of chromosome 9
d) Chromosome 21

1472. The type of lymphocyte which is predominent in chronic lymphatic leukemia - *(Delhi 86)*
a) T lymphocyte b) B lymphocyte
c) K cells d) Helper T lymphocyte

1473. In which of the following conditions that cause polycythemia is the serum erythropoietin extremely low - *(MAHA 05)*
a) Dehydration b) Renal cell carcinoma
c) Renal cell carcinoma d) Polycythemia vera

1474. In CLL basically which cell predominates -
a) T cell b)Bcell *(HPU01)*
c) Lymphocyte d) Monocyte

1475. Following are of B Cell origin *e\cept-(JIPMER 92)*
a) OL b)ALL
c) Sezary syndrome d) Burkitt's Lymphoma

1476. All are B cell lymphomas except - *(APPGE 05)*
a) Burkitt's lymphoma
b) Mycosis fungoides
c) Mantle cell lymphoma
d) Follicular cell lymphoma

1477. Which is incorrect about Burkitts lymphoma ?
a) High mitotic activity *(APPG08)*
b) High Apoptotic cell death
c) Small nuclei proliferation
d) None

1478. Which of the following conditions is most likely to lead to a dry tap during bone marrow aspiration -
a) Acute lymphoblastic leukemia *(J &K 05)*
b) Multiple myeloma
c) Megaloblastic anaemia
d) Idiopathic myelofibrosis

1479. Confirmation of myelofibrosis is by -
a) Bone marrow aspiration *(JIPMER 80,86)*
b) Peripheral smear
c) Leuocytes alkaline
d) Splenic puncture phosphatase in neutrophils
e) Bone marrow biopsy

1480. The Myleoproliferative Syndrome of demeashak include all of the following except - *(AIIMS 81,86)*
a) Angiogenic myeloid metaplasia
b) Thrombocythemia
c) Erythroleukemia
d) Megaloblastic hyperplasia

1481. Most common postoperative complication in polycythemia vera - *(Jipmer 11)*
a) Infection
b) Cardiopulmonary complication
c) Hemolysis
d) Uremia

1482. Inpelgerhuetanomaly- *(AIIMS82)*
a) Most of the neutrophils are bilobed
b) Lymphocytic nucleus becomes indented
c) Monocytic nuclei lose their notch
d) Neutrophils become hypersegmented

1483. Thrombocytosis is a recognised feature of-
a) Myelofibrosis *(UPSC 97)*
b) Systemic lupus erythematosis
c) Azidothymidine therapy
d) Myelodysplastic syndrome

1484. Russel bodies are - *(NIMHANS 86, AP 85)*
a) Intracellular accumulation of protein
b) Homogenous eosinophilic deposits
c) Seen in multiple myeloma
d) All of the above

1485. Bence Jones Protein are - *(AIIMS 91)*
a) Heavy chains b) Heary & light chain
c) Light chain d) Immunoglobulin

1486. Flame cells are seen in - *(JIPMER 95)*
a) Multiple myleoma b) Ewings sarcoma
c) Luekemia d) Osteosarcoma

1465) d 1466) c 1467)c 1468)a,b 1469)a 1470)a 1471)b 1472)b 1473)d 1474)b 1475)c 1476)b 1477)b 1478)d 1479) e 1480) c 1481)None>? 1482) a 1483) a,d 1484) d 1485) c 1486) a

1487. Which of the metabolic abnormality is seen in multiple myeloma? *(DPG11)*
a) Hyponatremia b) Hypokalemia
c) Hypercalcemia d) Hyperphosphatemia

1488. Which one of the following is the most common immunologic type of multiple myeloma?
a) IgG, Kappa light chain *(UPSC-108)*
b) IgA, Kappa light chain
c) IgD, Lambda light chain
d) IgM, type

1489. Multiple myeloma is diagnosed by - *(Jipmer 11)*
a) 24 hours urine protein
b) Kidney biopsy
c) > 10%plasmocytosis
d) Rouleaux formation in blood

1490. X-bodies called Birbeck granules are characteristically seen in - *(Kerala 2K)*
a) Granulomatous vasculitis
b) Pulmonary alveolar proteinosis
c) Langerhan's cells granulomatosis
d) Idiopathic pulmonary alveolar proteinosis
e) Amyloidosis

1491. The histologic hallmark of langerhan cells is-
a) Dendritic cell processes *(JIPMER 79, PGI80)*
b) Giant mitochondria
c) Birbeck granules
d) Eosinophilic granules

1492. Most common site of eosinophilic granuloma -
a) Radius b) Femur *(MP98)*
c) Skull d) Lumbar vertebrae

1493. Solitary eosinophilic granuloma, commonest in the-
a) Femur b) Skull *(ARMS 86, 89)*
c) Radius d) Lumbar vertebra

1494. All are histicytosis except - *(AP96)*
a) Letter seiwe syndrome
b) Chloroma
c) Handschuller-christian triad
d) Eosinophilic granuloma

1495. Bone marrow biopsy is useful in the diagnosis of -
a) CML b) ALL *(PGI 89)*
c) Aleukemic leukemia d) Hodgkins disease
e) ITP

1496. Bone marrow aspiration is not indicated in:
a) Thalassemia major *(DELHIPGFeb. 09)*
b) Megaloblastic anaemia
c) Idiopathic thrombocytopenic purpura
d) Pure red cell aplasia

1497. Following splenectomy which cell increased earliest - *(MP 2K)*
a) Lymphocytes b) Monocytes
c) Neutrophils d) Plateles

1498. Alkaline phosphatase is specific to which type of following cells - *(UP 08)*
a) Eosinophils b) Neutrophils
c) Polymorphs d) Basophils

1499. Leucocytosis is not seen in - *(AI89)*
a) Typhoid b)MI
c) Appendicitis d) Measles

1500. Leukocytosis is seen in all except - *(DPG 10, JIMPER91)*
a) Brucellosis b) Acute MI
c) Typhoid d)Diptheria

1501. Downey cell is seen in - *(COMEDK 05)*
a) Myeloma b) Chronic myeloid leukemia
c) Hairy cell leukemia d) Infectious mononucleosis

1502. Which of the following surface glycoproteins is most often expressed in human hematopoietic stem cell?
a) CD22 b)CD4D *(DPG10)*
c) CD15 d) CD34

1503. A 50 years old male presents with massive spleenomegaly. His differential diagnosis will include, except - *(DPG 11)*
a) CML b) Polycythemia vera
c) Hairy cell leukemia d) Aplastic anemia

RESPIRATORY SYSTEM

1504. Which of the following is not component of acinus-
a) Pulmonary lobule *(PGI 83)*
b) Respiratory bronchioles
c) Alveolar ducts
d) Alveolar sac

1505. Clara cells are seen in - *(ARMS June 98)*
a) Alveoli b) Bronchus
c) Trachea d) Bronchiole

1506. Collapse of lung is called - *(NEET/DNB Pattern)*
a) Emphysema b) Bronchiactasis
c) Atelectasis d) Bronchitis

1507. Characteristic histopathological finding in SHOCK LUNG- *(AI 12, ARMS Nov 07,May 08)*
a) Diffuse alveolar necrosis
b) Interstitial pulmonary edema
c) Diffuse interstitial inflammation
d) Intra-cellular debris

1508. Acute lung injury is caused by all of the following except- *(ARMSMay 02)*
a) Aspiration
b) Toxic gas inhalation
c) Cardiopulmonary bypass with heart lung machine.
d) Lung contusion

1509. In hyaline membrane disease the pathology in the lung consists of - *(NEET/DNB Pattern)*
a) Albumin and complement b) Fibrin
c) Precipitated surfactant d) Mucus *t*

1510. Which of the following is an obstructive lung disease- *(AI97)*
a) Interstitial fibrosis b) Obesity
c) Emphysema d) Kyphosis

1511. The following are seen in chronic obstructive pulmonary disease (COPD) Except - *(AI 95)*
a) Hemoptysis b) Cor Pulmonale
c) Pneumothorax d) Aplastic anemia

1487) c 1488) a 1489)c 1490)c 1491)c 1492)c 1493)b 1494)b 1495)c 1496)a 1497)d 1498)b 1499)a 1500)c
1501) d 1502)d 1503) d 1504)a 1505)d 1506)c 1507)a 1508)None 1509)b 1510)c 1511)d

1512. Emphysema pathologically involves beyond the-
a) Bronchi
b) Terminal bronchiole
c) Respiratory bronchiole
d) Alveolar Sac

1513. Commonest type of emphysema is-
a) Centriacinar b) Obstructed
c) Irregular d)Panacinar

1514. Antitrypsin deficiency is associated with-
a) Restrictive lung pathology *(PGIDec 99)*
b) Cystric fibrosis
c) Emphysema
d) Carcinoma

1515. (Xj-antitrypsin deficiency is associated with -*(AI99)*
a) Centriacinar emphysema
b) Panacinar-emphysema
c) Paraseptal-emphysema
d) Irregular-emphysema

1516. Reid index is useful in - *(AI 12)*
a) Glomerulonephritis b) Chronic bronchitis
c) Cirrhosis d)MI

1517. Bronchial asthma is characterized - *(PGI June 05)*
a) Inflammatory disease of airway
b) Allergic disease of air way
c) Hyporesponsiveness of airway
d) Hyperresponsiveness of airway
e) Treatment is mostly inhaled steroid

1518. Curshmann's crystals are seen in - ***(PGI****Dec 98)*
a) Bronchial asthma
b) Bronchiectasis
c) Chronic bronchitis
d) Wegners granulomatosis

1519. Creola bodies are seen in - *(NEET/DNB Pattern)*
a) Bronchial asthma b) Chronic bronchitis
c) Emphysema d) Bronchiectatsis

1520. Bronchiectasis means…….of bronchi - *(NEET/DNB Pattern)*
a) Inflammation b) Dilatation
c) Cavitation d)All

1521. Bronchiectasis is most common in which lobe -
a) Right upper lobe *(AIIMS May 95)*
b) Right middle lobe
c) Left upper lobe
d) Left lower lobe

1522. Which of the following is NOT a complication of bronchiectasis - *(AIIMS Sep 96)*
a) Lung abscess b) Lung cancer
c) Amyloidosis d) Empyema

1523. Kartagener's syndrome includes - *(PGI June 01)*
a) Situs inversus b)Bronchiectasis
c) Sinusitis d) Male infertility
e) Cystic fibrosis

1524. True about kartagener's syndrome - *(PGIDec 04)*
a) Dextrocardia b) Infertility
c) Mental retardation d) Bronchiectasis

1525. False about cystic fibrosis - *(PGI June 09)*
a) Associated with CFTR gene
b) Autosomal recessive inheritance
c) Associated with 7p chromosome
d) Recurrent respiratory tract infection
e) Sweat Cl^- and Na^+ concentration increased

1526. Cystic fibrosis is associated with all except -
a) Infertility *(NEET/DNB Pattern)*
b) Azoospermia
c) Nasal polyps

1527. Which of the following is characteristically not associated with the development of interstitial lung disease? *(AIIMS May 06)*
a) Organic dusts
b) Inorganic dusts
c) Toxic gases e.g. chlorine, sulphur dioxide
d) Inhalation of tobacco smoke

1528. A female presents with history of progressive breathlessness. Histology shows heterogenous patchy fibrosis with several fibroblastic foci. The most likely diagnosis is - *(AI 10)*
a) Cryptogenic organizing pneumonia
b) Non specific interstitial pneumonia
c) Usual interstitial pneumonia
d) Desquamative interstitial pneumonia

1529. The dangerous particle size causing pneumoconiosis varies from -
a) 100-150 m b) 50-100 m
c) 10-50 m d)l-5 m

1530. Anthfacosis is due to inhalation of- *(NEET/DNB Pattern)*
a) Coal dust b) Asbestos dust
c) Silica dust d) Berylium dust

1531. True Statement about silicosis - *(PGIDec 04)*
a) Produces pleural plaque
b) Associated with tuberculosis
c) Lower lobe infiltration
d) Hilar adenopathy

1532. All of the following features are seen in asbestosis except- *(AIIMSNov 02)*
a) Diffuse pulmonary interstitial fibrosis.
b) Fibrous pleural thickening.
c) Emphysema.
d) Calcific pleural plaques

1533. Ferruginous bodies are seen in - *(AI08)*
a) Silicosis b) Bysinosis
c) Asbestosis d) Baggassosis

1534. Asbestosis of the lung is associated with all of the following except - *(AIIMSMay 02)*
a) Mesothelioma
b) Progression of lesion even after stopping exposure to asbestos
c) Nodular lesions involving upper lobe
d) Asbestos bodies in sputum

1512)b 1513) c 1514)c 1515)b 1516)b 1517)a,b,d,e 1518)a 1519)a 1520)b 1521)d 1522)b 1523)a,b,c,d 1524)a,b,d 1525)c 1526)d 1527)d 1528)c 1529)d 1530)a 1531)b,d 1532)c 1533)c 1534)c

1535. All of the following are seen in asbestosis except -
a) Diffuse alveolar damage *(Al 02)*
b) Calcify pleural plaques
c) Diffuse pulmonary interstitial fibrosis
d) Mesotheliomas

1536. Asbestosis is associated with - *(PGIDec 07)*
a) CaLung b) Ascites
c) Adenocarcinoma d) Mesothelioma
e) Carcinoma colon

1537. Which of the following is associated with hypersensitive pneumonitis - *(AIIMSMay 02)*
a) Silicosis b) Asbestosis
c) Byssnosis d) Berylliosis

1538. Hypersensitivity pneumonitis is classically described as a - *(Al 09)*
a) Type I hypersensitivity reaction
b) Type II hypersensitivity reaction
c) Type III (Immune complex) hypersensitivity
d) Type IV (cell mediated) hypersensitivity

1539. Bilateral hilar lymphadenopathy with non caseating granuloma is seen in - *(AIIMSMay 94, Al 97)*
a) TB b) Lymphoma
c) Sarcoidosis d) All of the above

1540. A young lady presented with bilateral nodular lesions on shins. She was also found to have bilateral hilar lymphadenopathy on chest X-ray. Mantoux test reveals indurations of 5 mms. Skin biopsy would reveal - *(AIIMS May 02)*
a) Non caeseating Granuloma
b) Vasculitis
c) Caseating Granuloma
d) Malignant cells

1541. The most common source of pulmonary embolism is- *(AIIMS May 95)*
a) Amniotic fluid embolism
b) Renal artery embolism
c) Large veins of lower limb
d) Cardiothoracic surgery

1542. Pulmonary infarction occurs with all except -
a) Saddle embolus at bifurcation
b) Blockage of 2hd and 3rd gen end arteries
c) Arterioles are blocked *(NEET7DNB Pattern)*
d) None

1543. The percentage of pulmonary emboli, that proceed to infraction, is approximately - *(Al 06)*
a) 0-5% b)5-15%
c) 20-30% d) 30-40%

1544. All are the histological features of Pulmonary hypertension - *(PGI June 04)*
a) Capillaritis of alveolar septa
b) Saddle thrombi in pulmonary trunk
c) Thrombi in pulmonary vasculature
d) Veno-occlusive disease
e) Arterial wall thicken

1545. Pulmonary infarction and pulmonary edema is differentiated by- *(PGI June 97)*
a) Heart failure cells
b) Necrotising alveolar sac
c) Capillary congestion
d) Pulmonary wedge pressure

1546. Heart failure cells contain - *(NEET/DNB Pattern)*
a) Hemosiderin b) Lipofuschin
c) Myoglobin d) Albumin

1547. Good pasture's syndrome is characterised by -
a) Necrotisting hemorrhagic interstitial pneumonitis
b) Alveolitis *(JIPMER 88)*
c) Patchy consolidation
d) Pulmonary edema

1548. Good-pasture syndrome is not characterized by -
a) Anti GBM *(PGI June 99)*
b) Crescents
c) Pulmonary hemorrhage
d) Diffuse alveolar damage

1549. The most common causative organism for lobar pneumonia is - *(AIIMS Nov 04)*
a) Staphylococcus aureus
b) Streptococcus pyogenes
c) Streptococcus pneumoniae
d) Haemophilus influenzae

1550. In the stage of Grey hepatization -
a) WBC's fill the alveoli *(NEET/DNB Pattern)*
b) RBC's fill the alveoli
c) Organisms fill the alveoli
d) Accumulation of fibrin

1551. The most common termination of lobar pneumonia is-
a) Consolidation b) Resolution
c) Abscess formation d) Empyema

1552. All of the following features are seen in the viral pneumonia except - *(Al 05)*
a) Presence of interstitial inflammation
b) Predominance of alveolar exudates
c) Bronchiolitis
d) Multinucleate gaint cells in the bronchiolar wall

1553. Atypical pneumonia can be caused by the following microbial agents except ? *(Al 05)*
a) Mycoplasma pneumoniae
b) Legionella peumophila
c) Human corona virus
d) Klebsiella pneumoniae

1554. The commonest cause of lung abscess -
a) Tuberculosis *(AIIMSMay 95)*
b) Congenital
c) Hematogenous
d) Aspirated oropharyngeal secretion

1555. Predisposing factors of Lung abscess-
a) Altered sensorium *(PGI Dec 03)*
b) Dental sepsis
c) Aggressive treatment of pneumonia
d) Subpulmonic effusion
e) Endobronchial obstruction

1535) a 1536)a,b,d,e 1537)c 1538)c>d 1539)c 1540)a 1541)c 1542)d 1543)b 1544)c,d,e 1545)a 1546)a
1547) a 1548)d 1549)c 1550)d 1551)b 1552)b 1553)d 1554)d 1555)a,b,d,e

1556. Most common type of carcino^lungi^ 5
a) Small cell carcinoma *(NEET/DNB Pattern)*
b) Adenocarcinoma
U § lg|| Squamoms cell oarcmQmaie - 1
d) Large cell carcinoma

1557. Commonest type of lung carcinoma in nonsmokers is- *(AI97)*
a) Squamous cell C_A b) Small cell C_A
c) Adeno C_A d) Alveolar cell C_A

155$. Most common histoligical types of lung carcinoma in India is - *(AI99)*
a) Squamous cell C_A b) Adeno carcinoma
c) Small cell C_A d) Large cell C_A

1559. A 56 year old chronic smoker, mass in bronchus resected. What is the possible marker-
a) Cytokeratin *(AIIMS Nov 09)*
b) Vimentin
c) Epithelial membrane Cadherin
d) Leukocyte

1560. True about adenocarcinoma of lung - *(PGIJune 05)*
a) More common in female
b) Smoking is not associated with
c) Central cavitations
d) Upper lobe involvement is most common
e) Peripheral involvement

1561. Histopatholoty of a lung cancer shows[6]clara cells' probable diagnosis is -
a) Squamous cell cancer
b) Bronchio alveolar cancer
c) Large cell cancer
d) Papillary carcinoma

1562. Bronchoalveolar carcinoma variants are -
a) Clara cell *(PGI June 09)*
b) Adenosarcoma
c) Mucinous type
d) Type II pneumocyte
e) Neuroendocrine

1563. Lung to lung metastasis is seen in -
a) Adenocarcinoma of lung *(AIIMS May 05)*
b) Squamous cell carcinoma
c) Small cell carcinoma
d) Neuroendocrine tumor of lung

1564. Hyperscretory granules seen in with lungCa -
a) Adeno Ca *(PGI Dec 06)*
b) Small cell Ca
c) Large cell Ca
d) Bronchoalveolar Ca
e) Squamous cell carcinoma

1565. Marker of small cell cancer of lung is -
a) Chromogranin *(NEET/DNB Pattern)*
b) Cytokeratin **n§**
c) Desmin
d) Vimentin

1566. Which of the following histological type lung carcinoma has worst prognosis - *(AI 99)*
a) Squamous cell CA b) Adenocarcinoma
c) Alveolar-carcinoma d) Small cell carcinoma

1567. Chronic smoker develops cough, hemoptysis. Doctor tells him that he is having most malignant type of bronchogenic carcinoma. The type is - *(AIIMS 01)*
a) Squamous b) Small cell
c) Large cell d) Adenomatous

1568. True about lung carcinoma - *(AI 10)*
a) More than 75% of lung cancers are squamous cell type
b) Oat cell carcinoma frquently show cavitation
c) Lung calcification is characteristically seen in oat cell carcinoma
d) Oat cell carcinoma is commonly associated with bilateral hilar lymphadenopathy

1569. True about lung carcinoma - *(PGI Dec 05)*
a) Squamous cell ca is most common carcinoma
b) Squamous cell ca cause myopathy
c) Small cell ca has best prognosis
d) Bronchoalveolar ca involves proximal airways

1570. Lung carcinomas most frequently metastasize to -
Hill a) Brain b) Liver *(NEET/DNB Pattern)*
c) Adrenal d) Bone

1571. Which paraneoplastic syndrome is nojt^efn^wi^ small cell ca lung - *i (NEET/DNB Pafterh)*
a) PTH b) ACTH
c) ADH d) Carcinoid syndrome

1572. Neuroendocrine lesions of lung are - *(PGIJune 04)*
a) Carcinoid tumor b) Alveolar carcinoma
c) Hamartoma d) Asthma

1573. Neuroendocrine lesions of lung are: *(PGI Dec 08)*
a) Carcinoid
b) Benign tumourlets
c) Bronchoalveolar carcinoma
d) Chondroid hemartoma
e) Atypical carcinoid

1574. Bronchial adenoma commonly present as - *(AI 98)*
a) Recurrent hemoptysis b) Cough
c) Dysponea d) Chest pain

1575. Following is true about bronchial carcinoids -
a) Highly radiosensitive *(Jipmer 11)*
b) Metastasis common
c) Carcinoid syndrome does not manifest
d) Commonly arise from terminal bronchioles

1576. Carcinoid tumor develops from -
a) Enterochromaffin cells *(NEET/DNB Pattern)*
b) Neuroectoderm •*m* gsgsHs?
*?) *y* cells"
d) Goblet cells

1577, Normal amount of pleural fluid is approximately
a) 5 ml b) 15 ml *(PGI 81, AIIMS 84)*
c) 50mL d) 100 ml

1578, Pleural effusion in cirrhosis all are true except -
a) *i* Pleural LDH serum LDH *(PGI Dec 98)*
b) Protein lOg/L
c) Glue 80 mg
d) S.G below 1.012

1556) b 1557) c 1558)a 1559)a 1560)a,b,e 1561)b 1562)a,c,e 1563)a 1564)b 1565)a 1566)d 1567)b 1568)d 1569) None 1570)a 1571)a 1572)a 1573)a,b,e 1574)a 1575)c 1576)a 1577)b 1578)b

1579. B/L Exudative pleural effusion seen in - *(PGIDec 06)*
a) SLE b) Lymphoma
c) CCF d) Nephrotic syndrome
e) Ascites

1580. Primary pleural tumor is- *(AI94)*
a) Mesothelioma b) Myxoma
c) Lipoma d) Fibroma

1581. Pleural fibroma is differentiated from mesothelioma by the presence which of the following in the former-
a) CD14 b) CD24 *(PGI June 05)*
c) Cytokeratin absence d) Erb positive
e) CD34

1582. Which of the following is a finding in biopsy of mesothelioma of pleura- *(PGI Dec 01)*
a) Myelin figurers b) Desmosomes
c) Wiebel-Palade bodies d) Microvillin invasion
e) Intense fibrosis

1583. **Pleural mesothelioma is associated with-(PGI** Dec 05)
a) Asbestosis b) Berylliosis
c) Silicosis d)Beryliosis
e) Baggosis

1584. On biopsy, characteristic finding of malignant mesothelioma is - *(PGIMay 10)*
a) Myelin b) Desmosin
c) Weibel-palade bodies d) Branching microvilli
e) Fibrosis

1585. Popcorn calcification on chest X-ray is seen in:
a) Hamartoma b) Granuloma *(PGIDec 07)*
c) Metastasis d) sarcoidosis
e) Pneumonia

1586. Lung granuloma found in A/E- *(PGI June 04)*
a) Berylliosis b) Asbestosis
c) SLE d) Sarcoidosis

1587. End stage Lung disease seen in - *(PGIJune 04)*
a) Sarcoidosis
b) Interstitial lung disease
c) Langerhans cell histiocytosis
d) Aspergillosis
e) Asbestosis

1588. Bronchogenic sequestration is seen in which lobe- *(NEET/DNB Pattern)*
a) Left lower lobe b) Right upper lobe
c) Left puddle lobe d) Xeiuppgr lpBe

1589. Sequestrated lobe of lung is commonly supplied by-: *(NEET/DNB Pypp*
a) Pulmonary artery b) Intercostal artery
c) Descending aorta d) Bronchial artery

1590. Bronchogenic cysts occurs commonly in *(AJ^4S94)*
a) Post mediastinum b) Sup mediastinum
c) Carina d) Periphery of lung.

1591. Which tumour is not seen in the anterior mediastinum-? *(NEET/DNB Pattern)*
a) Teratoma b) Thymic tumours
c) Lymphomas d) Neurofibroma

1592. Commonest mass in the middle mediastinum is -
a) Lipoma b) Aneurysm *(AIIMS Sep 96)*
c) Lymph node mass d) Congenital cysts

1593. Most common mediastinal tumor is- *(NEET/DNB Pattern)*
a) Neurogenic tumor b) Pericardial cyst
c) Hernia d). Teratoma N

1594. Asteroid bodies are seen in? *(DNB Dec 11)*
a) Sarcoidosis b) Syphilis
c) Chromoblastomycosis d) Sporotrichosis

1595. Reid's Index is? *(DNB Dec 10)*
a) Increased in Chronic Bronchitis
b) Decreased in Chronic Bronchitis
c) Increased in Bronchial Asthma
d) Decreased in Bronchial Asthma

1596. Asteroid bodies are seen in? *(DNB June 10)*
a) Sarcoidosis
b) Syphilis
c) Chromoblastomycosis
d) Sporotrichosis

1597. Cut surface of lungs in Silicosis shows?
a) Pleural thickening *(DNB June 09)*
b) Hard collagenous scars
c) Nodules
d) All of the above

1598. The following does not occur with asbestosis -
a) Methaemoglobinemia *(DNB Dec 08)*
b) Pneumoconiosis
c) Pleural mesothelioma
d) Pleural calcification

1599. Schaumann bodies are seen in - *(DNB Dec 08)*
a) Sarcoidosisb) Chronic bronchitis
c) Asthma d) Syphilis

1600. The most common type of emphysema associated with a-1 antitrypsin deficiency - *(DNB Dec 08)*
a) Centriacinarb) Panlobular
c) Paraseptal d) Distal acinar

1601. Gray hepatization of lungs is seen on day -
a) 1 b)2-3 *(DNB June 08)*
c) 3-5 d)5-7

1602. Which is associated with Ca lung - *(DNB June 08)*
a) Chromiumb) Berrylium
c) Asbestos d) Nickel

1603. The lung carcinoma most common in non-smokers is - *(DNB Dec 07)*
a) Sq. cell b) Large cell
c) Adenocarcinoma d) Small cell

1604. All of the following malignancies are seen in anterior mediastinum except - *(Delhi PGI 86)*
a) Teratoma b) Thymoma
c) Lymphoma d) Neuroentericcyst

1605. Hyaline membrane in the lung is seen in -
a) Respirtory distress syndrome *(PGI 87)*
b) Pulmonary edema
c) Pneumococcal Pneumonia
d) Acute viral hepatitis

1579) a 1580) a,d 1581)c,e 1582)e 1583)a 1584)d 1585)a 1586)b,c 1587)a,b,c,e 1588)a 1589)c 1590)c 1591) d 1592)c 1593) a 1594)a 1595)a 1596)a 1597)d 1598)a 1599)a 1600)b 1601)d 1602)c>a,d 1603)c 1604)d 1605) a

1606. The following is not characterstic of ARDS -
a) Dyspnoea *(PGI89)*
b) Ability to maintain $Pa0_2$ on 100% oxygen
c) Bilateral crepts
d) Bilateral opacities on X-ray

1607. Which of the following statements about pulmonary emboli is not correct ? *(DELHIPGMar 09)*
a) 60-80% pulmonary embolism are clinically silent
b) In more than 95% cases venous emboli originate form deep leg veins
c) Embolic obstruction of pulmonary vessels almost always cause pulmonary infarction
d) Embolic obstruction of medium sized arteries may result in pulmonary haemorrhage

1608. Alpha I antitrypsin deficiency occurs in - *(TN91)*
a) Emphysema b) Bronchiectasis
c) Empyema d) Bronchogenic carcinoma

1609. Potato nodes are a characterstic feature of -
a) Sarcoidosis b) Lymphoma*(JIPMER 92)*
c) Carcinoid d) Tuberculosis

1610. Laminated concretions of calcium and proteins are-
a) Schaumann's bodies *(Maharashtra 10)*
b) Ferrugenious bodies
c) Asteroid bodies
d) Gamma Gandy bodies

1611. In sarcoidosis the following is true - *(Jipmer 98)*
a) Epitheloid cells showing caseation
b) Epitheloid cell- with no caseation
c) Histocytic cells-with caseation
d) Well differenciated histiocytic cells

1612. Sputum from an asthma patient may show -
a) Numerous eosinophils *(AIIMS 85)*
b) Curschmann's spirals
c) Charcot-Leyden crystals
d) All of the above

1613. Schaumann bodies are seen in - *(MH11)*
a) Sarcoidosis b) Chronic bronchitis
c) Asthma d) Syphilis

1614. Difference between bronchial asthma and COPD is?
a) Reversible bronchoconstriction *(Jipmer 11)*
b) Hyperventilation on chest X ray
c) Acute exacerbation by URTI
d) Decreased FVC1/FVC

1615. Pathological study of status asthmaticus reveals -
a) Suppurative endobronchial exudates *(Kerala 03)*
b) Mucous plugs of small bronchioles
c) Necrosis of bronchi
d) None

1616. The alveoli are Riled with exudate the air is displaced converting the lung into a solid organ. This description suggests- *(AMU 85)*
a) Chronic bronchitis b) Bronchial asthma
c) Bronchiectasis d) Lobar pneumonia

1617. Classical demonsrtable fibrinous inflammation is seen in which one of the following stages of lobar pneumonia - *(ICS 2K)*
a) Hyperemia b) Red hepaization
c) Grey hepatization d) Resolution

1618. In lobar pneumonia, the presence of flbrinosuppurative exudates with disintegration of red cells is seen in the stage of - *(COMED 09)*
a) Congestion b) Red hepatization
c) Grey hepatization d) Resolution

1619. Which is not an inflammatory stage in pneumonia -
a) Organisation b) Congestion*(Jipmer 03)*
c) Resolution d) Hepatisation

1620. Lung abscess is common following... pneumonia -
a) Streptococcal b) Staphyloccocal
c) Viral d) Klebsiella *(UPSC88)*

1621. Characteristic feature of viral pneumonias is -
a) Interstitial mononuclear infiltration *(Delhi 96)*
b) Intra-alveolar proteinaceous exudate
c) Hyaline membrane lining alveoli
d) Fibrotic septa

1622. In primary atypical pneumonia inflammatory cells accumulate in - *(Orissa R)*
a) Alveolar lumen b) Bronchioles
c) Alveolar wall d) Pleural space

1623. Mycoplasma infection simulates-
a) Pneumococcal pneumonia *(PGI81, DNB 91)*
b) Viral pneumonia
c) Hypersensitivity pneumonia
d) Aspiration pneumonia

1624. Which of the following type hypersensitivity reactions occurs In Farmer's lungs - *(UP 08)*
a) Type I b) Type II
c) Type III d) Type IV

1625. Which of these types of asbestos is LEAST associated with mesothelioma - *(COMED 09)*
a) Chrysolite b) Crocidolite
c) Amosite d)Tremolite

1626. The following does not occur with asbestosis -
a) Methaemoglobinemia *(DPG11)*
b) Pneumoconiosis
c) Pleural mesothelioma
d) Pleural calcification

1627. Beryllium exposure is associated with-
a) Pulmonary fibrosis *(COMED 09)*
b) Granulomatous lung disease
c) Lung cancer
d) Chronic bronchitis

1628. Which of the following inhaled occupational pollutant produces extensive nodular pulmonary fibrosis ? *(DELHIPG Mar. 09)*
a) Silica b) Asbestos
c) Wood dust d) Carbon

1606)b 1607)c 1608) a 1609)a 1610)a 1611)b 1612)d 1613)a 1614)a 1615)b 1616)d 1617)c 1618)c 1619)a 1620)d 1621) a 1622)c 1623)b 1624)c,d 1625)a,c 1626)a 1627)b 1628)a

1629. Sudden death, right sided heart failure (cor pulmonale or cardiovascular collapse occur when -
a) Small pulmonary embolism *(AMU 05)*
b) Massive pulmonary embolism
c) 60% or more of pulmonary artery is obstructed with emboli
d) End artery obliteration

1630. Sarcoidosis is mimicked by chronic poisoning with- *(COMEDK05)*
a) Mercury b) Beryllium
c) Aluminium d)Lead

1631. Which one of the following is NOT a feature of Kartagener' s syndrome - *(UPSC-109)*
a) Bronchiectasis b) Ciliary dyskinesia
c) Pancreatic insufficiency d) Situs inversus

1632. D-dimer is the most sensitive test for- *(DPG11)*
a) Pulmonary embolism
b) Acute pulmonary edema
c) Cardiac tamponade
d) Acute MI

1633. Pulmonary neoplasm associated with smoking is -
a) Oat cell carcinoma
b) Squamous cell carcinoma
c) Adenocarcinoma
d) None of the above

1634. Bronchogenic carcinoma commonly metastasise to which endocrine organ - *(PDI87)*
a) Ovaries b) Testes
c) Thyroid d) Adrenals

1635. Small cell cancer commonly metastasizes to -
a) Brain b) Liver *(Orissa04)*
c) Bone d) Kidney

1636. Histopatholoty of a lung cancer shows 'clara cells' probable diagnosis is - *(JIPMER 2002)*
a) Squamous cell cancer
b) Bronchio alveolar cancer
c) Large cell cancer
d) Papillary carcinoma

1637. Scar carcinoma of lung is seen most commonly following - *(Delhi 96)*
a) Tuberculosis b) Irradiation
c) Infarct d) Lung abscess

1638. PTH like substance is produced by which type of lung malignacy - *(Jipmer 90)*
a) Squamous cell carcinoma
b) Oat cell carcinoma
c) Adeno carcinoma
d) Large cell carcinoma

1639. Which of the following is not true about Bronchoalveolar carcinoma - *(Maharashtra 10)*
a) Adenocarcinoma
b) Stromal invasion with desmoplasia
c) Preservation of alveolar structure
d) Grows along pre-existing anatomical structures

1640. Bronchoalveolar carcinoma presents as - *(TN 91)*
a) Hemoptysis b) Collapse
c) Effusion d)All

1641. Most common lung malfomation - *(Jipmer 95)*
a) Hypoplasia of lung b) Congenital cyst
c) Vascular anamolies d) Lobar sequestration

1642. Mesothelioma is- *(DELHI 83)*
a) Benign b) Rarely malignant
c) Mostly malignant d) Always malignant

1643. Long term complication of bronchopulmonary dysplasia is - *(MAHE 98)*
a) Decreased factional residual capacity
b) Small airway disease
c) Large airway disease
d) Interstitial lung disease

URINARY TRACT

1644. PodoCytes are, seen in - *(NEET/DNB Pattern)*
a) Bowman's capsule
b) §tg Proximal cony^JptedtuJjule! H U§
c) Distal convoluted tubule
d) Collecting tubule of the kidney

1645. The protein in glomerular basement membrane responsible for charge dependent filtration is -
a) Albumin b) Collagen type IV
c) Proteoglycan d) Fibronectin

1646. In renal disease, Albumin is first to appear in urine because - *(AIIMS May 04)*
a) Of its high concentration in plasma
b) Has molecular weight slightly greater than the molecules normally getting filtered
c) High Albumin: Globulin ratio
d) Tubular epithelial cells are sensitive to albumin

1647. In glomerular disease which of the following is mainly excreted in Urine - *(PGIDec 03)*
a) Albumin b) Globulin
c) Light chain d) Heavy chain
e) Tamm-Horsfall protein

1648. Uremia occurs when total GFR is reduced by -
a) 25% b) 50% *(NEET/DNB Pattern)*
c) 60% d) 80%

1649. Urine analysis of a patient with hematuria & hypercalciuria is most likely to reveal?
a) Isomorphic RBCs *(AIIMSNov 11)*
b) RBC casts
c) Nephrotic range proteinuria
d) Eosinophiluria

1650. TanmiHbrefanproteifis^du<^by-(ilZ]&^Vov93
a) Ureter b) Collecting duct *NEET/DNB*
c) Loop of Henle d) Distal tubule *Pattern)*

1651. Cast is produced due to damage to- *(PGI Dec 98)*
a) Nephron b) Tubule
c) PCT d)DCT

1652. Broad cast is characteristic of - *(PGI June 97)*
a) CRF b)AcGN
c) ARF d) Renal TB

1629)c 1630)b 1631)c 1632)a 1633)a,b 1634)d 1635)a 1636)b 1637)a,b,c 1638)a 1639)b 1640)a,b 1641)b 1642)c 1643)a,b,d 1644)a 1645)c 1646)b 1647)a 1648)a 1649)a 1650)c 1651)d 1652)a

1653. The cause of oedema in Nephritic syndrome is - *(NEET/DNB Pattern)*
a) Decreased in plasma protein concentration
b) Increased in plasma protein concentration
c) Reduced plasma osmotic pressure
d) Sodium and water retention

1654. Most common cause of nephritic syndrome in adults -
a) Membranoproliferative glomerulonephritis
b) FSGN
c) Membranous glomerulonephritis
d) Minimal change disease

1655. Maximum endocapillary proliferation is a feature of-
a) Membranous GN *(AI98)*
b) Measangio proliferation GN
c) Focal sclerosis
d) Post streptococcai GN

1656. Sub-epithelial humps are characteristic of-
a) Minimal change glomerulonephritis
b) Membranous glomerulonephritis
c) Membranoproliferative glomerulonephritis
d) Post-steptococcal glomerulonephritis

1657. All of the following statements is/are true about post streptococcal glomerulonephritis except -
a) Early treatment of streptococcal pharyngitis prevents glomerulonephritis *(PGI June 09)*
b) All cases of streptococcal infection lead to glomerulonephritis
c) Hump sign may be present
d) Immune complex deposits are seen
e) Commonly presents with cresent formation

1658. PSGN (post strept. GN) asso. with - *(PGIDec 06)*
a) Subepithelial deposits
b) Nephritis along with acute Renal failure
c) Low complement levels
d) HTN and protenuria
e) Normal complements

1659. Acute diffuse proliferative glomerulonephritis will have all of the following features, except -
a) Microscopic haematuria *(AIIMS Nov 05)*
b) Raised blood urea level
c) Raised serum creatinine level
d) Hypoalbuminaemia

1660. RPGN occurs in A/E- *(AIIMS Sep 96)*
a) SLE
b) Post streptococcal glomerulonephritis
c) Diabetic nephropathy
d) Good pastures syndrome

1661. Focal glomerulonephritis can be seen in all, except-
a) Hypertension *(AIIMS Nov 93)*
b) Wegener's granulomatosis
c) Infective endocarditis
d) IgA nephropathy

1662. Which of the following conditions are associated with pauci-immune crescenteric glomerulonephritis-
a) Henoch-schonlein nephritis
b) Lupus nephritis *(AI 09, AIIMS May 09)*
c) Microscopic poly angitis
d) Alport's syndrome

1663. Crescent formation is characteristic of the following glomerular disease - *(AI 02)*
a) Minimal change disease
b) Rapidly progressive glomerulonephritis
c) Focal and segmental glomerulosclerosis
d) Rapidly non prgressive glomerulonephritis

1664. Crescents are derived from - *(NEET/DNB Pattern)*
a) Epithelial cells + fibrin + macrophage
b) Mesangium + fibrin + macrophage
c) Tubule + mesangiaum + fibrin
d) Mesangiaum + fibrin

1665. All are features of RPGN except - *(AI94)*
a) Rapid recovery b) Crescent formation
c) Hypertension d) Non-selective proteinuria

1666. The prognosis of rapidly proliferating glomerulonephritis (Crescentric GN) depends upon-
a) Number of crescents *(AIIMS Nov 01)*
b) Size of crescents
c) Shape of crescents
d) Cellularity of crescents

1667. Post-infective glomerulonephritis present *?l $-(AI96)*
a) ARF
b) Nephrotic syndrome
c) Nephritic syndrome
d) Asymptomatic hematuria

1668. RPGN caused by - *(PGI June 05)*
a) FSGS
b) Wegener's granulomatosis
c) Good pasteur's syndrome
d) PAN
e) Microscopic poly angitis

1669. Which of these does not cause crescentic glomerulo nephritis *(NEET/DNB Pattern, AI 08)*
r %^l„f\)^Rapidly progressive glgmer|lp|fe^M|C^'it H §
b) Alport syndrome
c) Goodpasture syndrome
4?^rdj Henoch schdnMn>pgipura | ||g§§

1670. Crescentic glomerulonephritis seen in -
a) PSGN b) MPGN *(PGIDec 07)*
c) Membranous GN d)RPGN
e) Malignant HTN

1671. All are non proliferative GN except - *(AI 08)*
a) Membranous GN
b) Mesangiocapillary GN
c) Diabetic glomerulosclerosis
d) Amyloidosis

1672. Which of the following is included in definition of Nephrotic syndrome - *(PGI June 04)*
a) Microalbuminuria b) Massive Proteinuria
c) Microscopic haematuria d) Oedema
e) Hyperlipidemia

1653) d 1654) None 1655)d 1656)d 1657)a,b,e 1658)a,b,c,d 1659)d 1660)c 1661)a 1662)c 1663)b 1664)a
1665) a 1666) a 1667)c 1668)b,c,d,e 1669)b 1670)a,b,d 1671)b 1672)b,d,e

1673. Nephrotic syndrome is characterised by - *(PGIDec 02)*
a) Proteinuria b) Hyperlipidemia
c) Oedema d) Haematuria
e) Lipiduria

1674. Hypercoagulation in nephrotic syndrome is caused by- *(AI10)*
a) Loss of antithrombin III
b) Decreased fibrinogen
c) Decreased metabolism of Vitamin K
d) Increase in protein C

1675. All of the following are decreased in nephrotic syndrome, except - *(AIIMSJune 98, Dec 95, AI97)*
a) Serum transferrin b) Serum fibrinogen
c) Serum ceruloplasmin d) Serum albumin

1676. All of the following decrease in Nephrotic syndrome except - *(NEET/DNB Pattern)*
a) Fibrinogen b) Thyroxin
c) Transferrin d) Albumin

1677. Edema in nephrotic syndrome is due to -
a) Sodium & water retention *(AlIMSNov 10)*
b) Increased venous pressure
c) Hypoalbuminemia
d) Hyperlipidemia

1678. Most common cause of nephrotic syndrome in adults-
a) Membranous glomerulonephritis *(AI98)*
b) Minimal change disease
c) Acute GN
d) Focal GN

1679. Idiopathic nephrotic syndrome is associated with the following except- *(MH11)*
a) Focal segmental glomerulosclerosis
b) Minimal change disease
c) Membranoproliferative glomerulonephritis
d) Mesangioproliferative glomerulonephritis

1680. True about membranous GN are following except -
a) Thickening of B.M *(PGI June 2000)*
b) Deposition between endothelium and B.M.
c) Most common cause of nephrotic syndrome in adults
d) Seen in SLE, tumors, drugs

1681. *True* about Heyman rat glomerulonephritis -
a) Heymann antigen is called megalin *(PGI Dec 04)*
b) Electron dense deposits in subendothelial space
c) Electron dense deposits in mesangium
d) Subepithelial aspect of basement membrane have deposits
e) Antigen against bacterial and viral products

1682. Epimembranous deposition is seen in - *(PGIDec 99)*
a) Good pasteur syndrome b) Membranous GN
c) MPGN d)MCD

1683. Clinical feature of minimal change glomerulonephritis are all except - *(AI 96)*
a) Hypertension b) Edema
c) Selective proteinuria d) Fever

1684. A 7 year old boy presented with generalized edema. Urine examination revealed marked albuminuria. Serum biochemical examinations showed hypoalbuminaemia with hyperlipidaemia. Kidney biopsy was undertaken. On light microscopic examination, the kidney appeared normal. Electron microscopic examination is most likely to reveal -
a) Fusion of foot processes of the glomerular epithelial cells *(AIIMS Nov 03)*
b) Rarefaction of glomerular basement membrane
c) Deposition of electron dense material in the basement membrane
d) Thin basement membrane

1685. A 7 year old girl is brought with complaints of generalized swelling of the body. Urinary examination reveals grade 3 proteinuria and the presence of hyaline and fatty casts. She has no history of hematuria. Which of the following statements about her condition is true?
a) No IgG deposits or C3 deposition on renal biopsy
b) Her C3 level will be low *(AIIMS May 11)*
c) IgA nephropathy is the likely diagnosis
d) Alport's syndrome is the likely diagnosis

1686. Feature(s) of Lipoid nephrosis is/are- *(PGI Nov 09)*
a) Normal on light microscopy
b) Epithelial deposit
c) Glomerular tuft sclerosis
d) Diffuse, uniform effacement of foot processes
e) Tubular sclerosis

1687. A child had hematuria and nephrotic syndrome (minimal change disease) was diagnosed. True about it is- *(AIIMS Nov 01)*
a) A type of focal segmental GN
b) IgA deposition on basement membrane
c) Foot process of glomerular membrane normal
d) Glomerular fùnction is lost due to loss of poly charge on both sites of glomerular foot process

1688. True about light microscopy in minimal change disease is - *(AIIMS Nov 01, AI 95)*
a) Loss of foot process seen
b) Anti GBM Abs seen
c) IgA deposits seen
d) No change seen

1689. All are true about minimal change GN except-
a) Selective proteinuria *(PGI Dec 99)*
b) IgG deposition in mesangium
c) Common in age group 2-9 years
d) Responds to steroids

1690. True about Minimal change disease is - *(AI 00)*
a) Appears normal under light microscopy but electron microscope shows loss of foot processes
b) Mesangial deposits
c) Tram Track appearance
d) Gross haematuria

1673)a,b,c,e 1674)a 1675)b 1676)a 1677)c 1678)a 1679)None>c 1680)b 1681)a,d 1682)b 1683)a 1684)a 1685) a 1686) a,d 1687) d 1688) d 1689)b 1690) a

1691. All are steroid resistant except - *(AI96)*
a) Post-streptococcal glomerulonephritis
b) Minimal change glomerulonephritis
c) RPGN
d) Recurrent hematuria

1692. Which of these is the characteristic feature of membranoproliferative glomerulonephritis -
a) Sub epithelial deposits *(AUMSDec95)*
b) Foamy cells
c) Splitting of glomerular basement membrane
d) Sub endothelial deposits.

1693. Thickening of basement membrane of glomeruli is seen in - *(PGI97)*
a) IgA nephropathy
b) Membranoproliferative glomerulonephritis
c) Lipoid nephrosis
d) Post streptococcal glomerulonephrities

1694. IgA nephropathy can occur in - *(AIIMSNov93)*
a) Membranoproliferative GN
b) Minimal change GN
c) Mesangioproliferative GN
d) RPGN type I

1695. Which of the following is not true about Berger's disease - *(AI 03)*
a) The pathological changes are proliferative and usually confined to mesangial cells; usually focal and segmental
b) Hematuria may be gross or microscopic
c) On immunofluorescence deposits contain both IgA and IgG
d) Absence of associated proteinuria is pathognomonic

1696. A female patient Nandini presents with upper respiratory tract infection. Two days after. She develops hematuria. Probable diagnosis is -
a) IgA nephropathy *(AIIMS June 99)*
b) Wegener's granulomatosis
c) Henoch sholein purpura
d) Post streptococcal glomerulonephritis

1697. Where are the deposits found in IgA Nephropathy-
a) Subepithelial b) Subendocardial*(PGI 97)*
c) Mesangium d) No deposists

1698. Increased IgA deposits are seen in - *(AI 00)*
a) Henoch Schonlein Purpura
b) Minimal Change Glomerulonephritis
c) Chronic Pyelonephritis
d) Haemolytic Uremic Syndrome

1699. Frequency of renal involvement in HSP -
a) 2040% b) >80% *(NEET/.DNBPatter n)*
c) 40-60% d) 10%

1700. In IgA nephropathy (Berger's disease), there are -
a) Subepithelial deposits *(PGIDec 97)*
b) Subendothelial deposits
c) Mesangial deposits
d) Basement membrane deposits

1701. Proliferative glomerular deposits in kidney are found in - *(AI 00)*
a) Amyloidosis
b) Diabetes millitus
c) IgA nephropathy
d) Membranous glomerulonephritis

1702. In reflux nephropathy, glomerular lesion is-
a) Focal GN. *(PGI June 2000)*
b) Membranous GN.
c) Membrano proliferative G.N.
d) Minimal change disease

1703. A person with radiologically confirmed reflux nephropathy develops nephrotic range proteinuria. Which of the following would be the most likely histological finding in the patient? *(AIIMSNov 11)*
a) Focal segmental glomerulosclerosis
b) Nodular glomerulosclerosis
c) Membranous glomerulopathy
d) Proliferative glomerulonephritis with crescents

1704. Glomerulonephritis associated with AIDS is-
a) Focal segmental GN b) PSGM *(PGIDec 2K)*
c) MPGN d) Membranous GN

1705. Which type of FSGS has worst prognosis?
a) Tip variant b) Collapsing *(AIIMS May 08)*
c) NOS d) Perihilar

1706. In collapsing glomerulopathy which of the following is seen - *(AIIMSNov 07)*
a) Hypertrophy and necrosis of the visceral epithelium
b) Proliferation of the parietal epithelium
c) Tuft necrosis
d) Mesangiolysis

1707. HIV associated nephropathy is a type of -
a) Membranous glomerulonephritis *(AIIMS Nov 04)*
b) Immunotaetoid glomerulopathy
c) Collapsing glomerulopathy
d) Fibrillary glomerulopathy

1708. Collapsing glomerulopathy, features are -
a) Tuft necrosis *(AIIMS Nov 07)*
b) Mesangiolysis
c) Parietal epithelial proliferation
d) Hypertrophy and necrosis of visceral epithelium

1709. Kidney changes in AIDS patient - *(PGIDec 04)*
a) Membranous GN
b) Wire loop lesion
c) Focal segmental glomerulosclerosis
d) Mesangioproliferative glomerulonephritis
e) Kimmelsteil Wilson lesion

1710. Foot process effacement is seen on EM in -
a) Minimal change disease *(PGI Nov 10)*
b) Focal segmental GN
c) IgA nephropathy
d) Mesangial proliferative GN

1711. A patient presenting with haemoptysis and renal ijfjM failure,with antibasementmembrane antibodies has- *(NEET/DNB Pattern)*
a) Good pasture's b) Wegener's
Sgtf c)Ctorg Strauss d^^^ocl^scholeinpurpura 1*]*

1691)b 1692) c>d 1693)b 1694)c 1695)d 1696)a 1697)c 1698)a 1699)c 1700)c 1701)c 1702)a 1703)a 1704) a 1705)b 1706)a 1707)c 1708)d 1709)a,c,d 1710)A11 1711)a

1712. Lupus glomerulonephritis includes - *(PGIDec 07)*
a) MPGN
b) Mesangeal proliferative GN
c) Focal segmental GN
d) Membranosclerosis

1713. Wire loop lesions are often characteristic for the following class of lupus nephritis -*(AIIMS May 04)*
a) Mesangial proliferative glomerulonephritis (WHO class II)
b) Focal proliferative glomerulonephritis (WHO class IE)
c) Diffuse proliferative glomerulonephritis (WHO class IV)
d) Membranous glomerulonephritis (WHO class V)

1714. The cause of oedema in Nephritic syndrome is- *(UP 07)*
a) Decreased in plasma protein concentration
b) Increased in plasma protein concentration
c) Reduced plasma osmotic pressure
d) Sodium and water retension

1715. Which of the following types of glomerulonephritis is most likely to cause CRF all except - *(A1 99)*
a) Post streptococcal glomerulonephritis
b) Membranous GN
c) Membrano proliferative GN
d) Focal segmental glomerulosclerosis

1716. In Leprosy most common renal lesion seen is -
a) MGN *(AI99)*
b) MPGN
c) Focal glomerulosclerosis
d) Diffuse glomerulosclerosis

1717. Which component of HBV causes glomerulonephritis - *(AIIMS June 2K)*
a) HbeAg. b) HBcAg.
c) HBs Ag. d) Anti HBs Ag antibody

1718. Organised glomemler deposits in kidney is present in- *(AI00)*
a) Amyloidosis b) Diabetes millitus
c) IgA nephropathy d) Cryoglobulinemia

1719. Subepithelial deposits in kidney are seen in- *(PGI June 01)*
a) MPGN-1 b) GPS (good-pasture synd)
c) PSGN d) Membranous GN
e) RPGN

1720. Subepithelial deposits are seen in- *(PGIMay 10)*
a) Minimal change disease b) MPGN
c) Membranous GN d)PSGN
e) IgA nephropathy

1721. Subepithelial deposits are seen in - *(PGIDec 97)*
a) Membranoproliferative nephropathy
b) Membranous GN
c) Minimal change GN
d) Diabetic sclerosis

1722. The most common gene defect in idiopathic steroid resistant nephrotic syndrome - *(AIIMSNov 11, May 07, Nov 06)*
a) ACE b) NPHS 2
c) HOX11 d)PAX

1723. The finish type of congenital nephrotic syndrome occurs due to gene mutations affecting the following protein - *(A106, 09, AIIMS May 09)*
a) Podocin b) Alpha-actinin
c) Nephrin d) CD2 activated protein

1724. Steroid resistant nephrotic Syndrome-
a) Nephrin *(AIIMS May 08)*
b) Alpha-actinin-4
c) Podocin
d) Transient receptor Potential - 6

1725. All of the following are associated with Low C_3 level except- *(AI03)*
a) Post streptococcal glomerulonephritis
b) Membrano-proliferative Glomerulonephritis
c) Good pasture's disease
d) Systemic lupus erythromatosus

1726. All of the following are associated with low complement levels except - *(AI 04)*
a) Lupus nephritis
b) Mesanogio capillary glomerulonephritis
c) Diarrhea associated hemolytic uremic syndrome
d) Glomerulonephritis related to bacterial endocarditis

1727. Low complement levels seen in - *(PGIDec 06, 07)*
a) PSGN
b) MPGN
c) Good pasture's syndrome
d) Wegner's granulomatosis
e) Infective endocarditis

1728. Serum C3 is persistently low in the following except-
a) Post streptococcal glomerulonephritis *(AI 04)*
b) Membranoproliferative glomerulonephritis
c) Lupus nephritis
d) Glomerulonephritis related to bacterial endocarditis

1729. Hereditary nephritis is seen in - *(PGIDec 03)*
a) Analgesic nephropathy
b) Balkan nephropathy
c) Alport syndrome
d) Eosinophilic nephritis

1730. Glomerulonephritis associated with sensory neural deafness are features of - *(AIIMSDec 95)*
a) Alport's syndrome b) Nail patella syndrome
c) Down's syndrome d) Fabry's syndrome

1731. The Electron Microscopy is virtually diagnostic in renal biopsy study of - *(AIIMSMay 08, AI 10)*
a) Goodpasture's syndrome
b) Churg-Strauss syndrome
c) Alport syndrome
d) Wegner's granulomatosis

1712)a,b,c,d 1713)c 1714)d 1715)a 1716)a 1717)a 1718)c 1719)c,d,e 1720)c,d 1721)b 1722)b 1723)c 1724)c 1725)c 1726)c 1727)a,b,e 1728)a 1729)c 1730)a 1731)c

1732. Histology of Alport syndrome- *(PGIJune05)*
a) Foamy cells in interstitium
b) Foamy cells in tubular epithelial cells
c) Thickening of GBM > 100 nm
d) Thinning of GBM < 100 nm
e) Intimal proliferation

Alports syndrome is - *(NEET/DNB Pattern)*
a) Xlinked b) Co-dominant
c) AD

1734. Salt losing nephritis is a feature of - *(AI97)*
a) Interstitial nephritis
b) Amyloidosis of kidney
c) Post streptococcal GN
d) PEM

1735. Salt losing nephritis is a feature of- *(AIIMS Dec 95)*
a) Interstitial nephritis b) Polycystic kidney
c) Lupus nephritis d) Renal amyloidosis

1736. Pathological changes of diabetic nephropathy are all except- *(AI 95)*
a) Fibrin caps and capsular drops
b) Intercapillary glomerulosclerosis
c) Focal sclerosis
d) Capillary basement membrane thickening

1737. Most common pathological features in diabetes melitus is - *(AI 98)*
a) Papillary necrosis
b) Diffuse glomerulosclerosis
c) Renal atherosclerosis
d) Chronic pyelonephritis

1738. Most common factor in development of Diabetic nephropathy is - *(A194)*
a) Previous kidney disease
b) Associated hypertension
c) Duration of diabetes
d) Control with treatment

Common pathologic?' changes seen in kidney in benign hypertension are - *(NEET/DNB Pattern)*
a) Fibronoid necrosis b) Microaneurysm
d) Thining of walls

1740. Which characteristic feature is seen in the kidney in Malignant hypertension - *(AI 94)*
a) Hyaline necrosis b) Fibrinoid necrosis
c) Medial wall hyperplasia d) Micro-aneurysm

1741. Commonest histological finding in benign hypertension is - *(AI 09)*
a) Proliferative endarteritis
b) Necrotizing arteriolitis
c) Hyaline arteriosclerosis
d) Cystic medial necrosis

1742. Malignant hypertension is associated with -
a) RPGN *(PGIDec04)*
b) Malignant nephrosclerosis
c) Membranous GN
d) IgA nephropathy
e) Acute pyelonephritis

1743. The pathological change in malignant hypertension is - *(AI 95)*
a) Hyperplastic arteriosclerosis
b) Cystic medial necrosis
c) Benign nephrosclerosis
d) Hyaline arteriosclerosis

1744. NOT a cause of granular contracted kidney -
a) Diabetes mellitus *(AIIMS Dec 94, AI 9 7)*
b) Chronic pyelonephritis
c) Benign nephrosclerosis
d) Chronic glomerulonephritis

1745. Flea-bitten kidney is seen in all except - *(AI96, 98)*
a) SABE
b) Malignant hypertension
b) Hemolytic Uremic syndrome
d) Diabetic nephropathy

1746. Large kidney is seen in A/E - *(PGIDec 99)*
a) Benign nephrosclerosis b) Lymphoma
c) Amyloidosis d) DM

1747. Bilaterally enlarged kidneys are seen in -
a) Chronic glomerulonephritis *(PGI June 02)*
b) Chronic pyelonephritis
c) Benign nephrosclerosis
d) Polycystic Kidney disease
e) Amyloidosis

1748. Malignant hypertension cause& *(NEET/DNB Pattern)*
a) Flea bitten kidney
b) . Irregular granular contracted kidney
cj Large white kidney
d) No change in kidney

1749. Flea bitten appearance of the kidney is seen in -
a) Malignant hypertension *(NEET/DNB Pattern)*
b) Benign hypertension
c) Chronic pyelonephritis
d) Diabetes mellitus

1750. In an adult Unilateral smooth contracted kidney with hypertension is seen in - *(PGI June 98)*
a) Stenosis of renal arter b)Chr. GN
c) Renal cell CA d) Pyelonephritis

1751. A 40-year-old hypertensive male was admitted to the hospital with sudden onset of headache and altered sensorium. On Examination his Blood Pressure was observed to be 220/110 mm Hg and the patient died four later. What is likely pathological finding in his kidneys - *(AI 12)*
a) Small kidney with granular surface
b) Small kidney with peticheal haemorrhages
c) Large kideny with waxy appearance
d) Large kidney with granular surface

1752. Kidney biopsy from a child with hemolytic uremic syndrome characteristically most likely presents features of- *(AI 05)*
a) Thrombotic microangiopathy
b) Proliferative glomerulonephritis
c) Focal segmental glomerulosclerosis
d) Minimal change disease

1732) a,d 1733)a 1734) a 1735)a 1736)c 1737)b 1738)c 1739)a 1740)c 1741)c 1742)b 1743)a 1744)a 1745) d 1746) a 1747) d,e 1748) a 1749) a 1750) a 1751)b 1752) a

1753. TVue about Thrombocytopenic pupura is-
a) Haemolysis is extravasular *(PGI June 98)*
b) Normal renal function test
c) Thrombosis in cerebral blood vessels
d) Immediate cure following plasmapheresis

1754. About HUS all are true except - *(AIIMS May 08)*
a) Most commonly caused by verocytogenic E.Coli
b) Causes mild to severe coombs positive hemolytic anemia
c) Recurrences rare
d) Transient thrombocytopenia

1755. Adult polycystic kidney disease is-
a) Autosomal dominant *(NEET/DNB Pattern)*
b) Autosomal i;ecessiye
c) X-linked
d) Mitochondrial

1756. True about autosomal dominant type of APKD -
a) Small kidney *(PGI June 04)*
b) B/L medullary cyst
c) Mutation of polycystine 1 & 2 gene
d) Renal transplantation is contraindicated
e) Pathogenesis starts early and renal failure seen in middle life

1757. Which of the following is associated with adult polycystic kidney disease - *(AIIMS Nov 01)*
a) Berry aneurysms in Circle of Willis
b) Saccular aneurysms of aorta
c) Fusiform aneurysms of aorta
d) Leutic aneurysms

1758. True about adult polycystic kidney disease is all, except- *(AIIMS Nov 01)*
a) Autosomal dominant inheritance
b) Hypertension is rare
c) Can be associated with cysts in liver, lungs and pancreas
d) Pyelonephritis is common

1759. Which one of the following statements is wrong regarding adult polycystic kidney disease -
a) Kidneys are enlarged in size *(AIIMS May 04)*
b) The presentation is unilateral
c) Intracranial aneurysms may be associated
d) Typically manifests in the 3rd decade

1760. Regarding medullary sponge kidney -*(PGI June 02)*
a) Autosomal dominant b) Nephrocalcinosis
c) ARF d) Minimal proteinuria
e) More common in females

1761. Renal papillary necrosis is seen in -*(PGI June 01)*
a) Thalassemia b)DM
c) Phenacetin abuse d) Alcoholism
e) Cortical necrosis

1762. Renal papillary necrosis is almost always associated with one of the following conditions -
a) Diabetes-mcllitus *(NEET/DNB Pattern)*
b) Analgesic-nephropathy - ||pi §|§ §> §§ '?
c) Chronic pyelonephritis
d) Post streptococcal GN

1763. Necrotizing pappillitis may be seen in all of the following conditions except - *(AI02)*
a) Sickle cell disease
b) Tuberculous pyelonephritis
c) Diabetes mellitus
d) Analgesic nephropathy

1764. All are true about renal cell carcinoma, except -
a) Invades Renal Vein *(AIIMS May 94)*
b) Hematuria may occur
c) Arises from proximal convoluted tubule
d) More common in females

1765. The most common histological variant of renal cell carcinoma is - *(AIIMS Nov 05)*
a) Clear cell type b) Chromophobe type
c) Papillary type d) Tubular type

1766. A 40 year old man presented with painless haematuria. Bimunual examination revealed a ballotable mass over the right flank. Subsequently right nephrectomy was done and the mass was seen to be composed of cells with clear cytoplasm. Areas of haemorrhage and necrosis were frequent. Cytogenetic analysis of this mass is likely to reveal the abnormality of - *(AI 04)*
a) Chromosome 1 b) Chromosome 3
c) Chromosome l i d) Chromosome 17

1767. Chromophobe variant of renal cell carcinoma is associated with - *(AI 10)*
a) VHL gene mutations
b) Trisomy of 7 and 17 (+7, +17)
c) 3 p deletions (3p-)
d) Monosomy of 1 and Y (-1, -Y)

1768. Oncocytic carcinoma arises from - *(NEET/DNB*
'u- § if'PenVasrctflaf^' I tiyGfomerqp^41 |p| fj Pattern)
c) Loop of henle dj Collecting 4^1^

1769. Histopathology showing large cells with plant like apperance with perinuclear halo is seen in which type of renal cell carcinoma - *(PGI2K)*
a) Onchocytoma b) Granular cell carcinoma
c) Angiosarcoma d) Chromophobic
e) Clear cell carcinoma

1770. Paraneoplastic syndrome associated with renal cell carcinoma are all of the following except - *(AI 09)*
a) Polycythemia b) Hypercalcemia
c) Hypertension d) Cushing syndrome

1771. Microalbuminuria is defined as protein levels of- *(DNB Dec 08)*
a) 100-150 mg/L b) 151 -200 mg/L
c) 201-300 mg/L d) 301-600 mg/L

1772. TVue about fibronectin nephropathy are all except-
a) Autosomal recessive inheritance
b) Gomerular enlargement and PAS+ trichrome mesangial deposit *(AIIMS Nov 10)*
c) Glomerulus do not consistently stain for Ig and complement
d) Ultrastructural feature is presence of large electron mesangial or subendothelial deposit

1753) c 1754)b 1755)a 1756)b,c,e 1757)a 1758)b 1759)b 1760)a,b,d 1761)b,c,d 1762)a>b 1763)b 1764)d
1765) a 1766)b 1767)d 1768)d 1769)d 1770)None>d 1771)a,b,c 1772)a

1773. The most common infectious agent associated with chronic pyelonephritis is - *(A1IMS May 03)*
a) Proteus vulgaris
b) Klebsiella pneumonia
c) Staphylococcus aureus
d) Escherichia coli

1774. An important factor for chronic pyelonerphritis is -
a) Obstruction *(AI96)*
b) Vesico-ureteral reflux
c) Pelvi-ureteric junction obstruction
d) Catheter induced

1775. Which of the following statements about Xanthogranulomatous pyelonephritis is not true -
a) Foam cells are seen *(AI 11, 09)*
b) Associated with tuberculosis
c) Yellow nodules are seen
d) Giant cells may be seen

1776. Cells involved in interstitial cystitis? *(NEET/DNB Pattern)*
a) Lymphocytes b) Nouimphils
c) Macrophages d) Mast cells

1777. Kidney changes in multiple myeloma are -
a) Hyaline casts *(PGI Dec 01)*
b) Focal segmental glomerulosclerosis
c) MPGN
d) Fatty casts

1778. Renal lesions in Multiple myeloma - *(PGI June 04)*
a) Cast nephropathy b) Amyloid deposition
c) Plasma cell infiltration d) Eosinophilic infiltration
e) Fibrinoid lesions

1779. A renal biopsy from a 56 year old woman with progressive renal failure for the past 3 years shows glomerular and vascular deposition of pink amorphous material.lt shows apple-green birefringence under polarized light after Congo red staining. These deposits are positive for lambda light chains, the person is most likely to suffer from -
a) Rheumatoid arthritis *(AIIMSMay03)*
b) Tuberculosis
c) Systemic lupus erythematosus
d) Multiple myeloma

1780. Mesangial deposits of monoclonal Kappa/ Lambda light chains is indicative *of-(AIIMSMay 04)*
a) Mesangioproliferative glomerulonephritis
b) Focal and segmental glomerulosclerosis
c) Kimmelstein - wilson disease
d) Amyloidosis

1781. Nephrocalcinosis is seen in - *(PGI June 04)*
a) Hypoparathyroidism
b) Medullary sponge kidney
c) DM
d) RTA

1782. Causes of nephrocalcinosis are - *(PGI June 01)*
a) Hyperparathyroidism b)T.B. Kidney
c) Hypercalcemia d) Glomerulonephritis
e) MCD

1783. Disease that recurs after transplantation of kidney is - *(PGI Dec 98)*
a) DM b)MPGN
c) SLE d) Mesangial

1784. Excessive intake of which of these causes necrosis of PCT - *(AIIMS Dec 97)*
a) Mercury b) Alcohol
c) Arsenic d) Phenol

1785. Mercury affects which part of the kidney -
a) PCT b) DCT *(AIIMSMay 07)*
c) Collecting duct d) LoopofHenle

1786. Part of the kidney unit involved in As. Poisoning -
a) Collecting duct b) Loop of henle *(AIIMSSep96)*
c) PCT d)DCT

1787. On kidney biopsy, PAS positive structures are:
a) Glomerular basement membrane *(PGINov 10)*
b) Tubule
c) Neutrophils
d) Interstitium
e) Mesangial matrix

1788. Pulmonary, renal syndrome is seen *in-(PGIDec 03)*
a) Good pasture syndrome
b) Leptospirosis
c) Legionella
d) Wegeners granulomatosis
e) Hantan virus infection

1789. Eosinophiluria is seen in - *(PGIDec 2000)*
a) PAN
b) Microscopic polyangitis
c) Interstitial nephritis
d) Atherothrombotic emboli

1790. All of the following form radiolucent stones except -
a) Xanthine b) Cysteine *(AIIMS03)*
c) Allopurinol d) Orotic acid

1791. Michaelis Gutmann bodies are seen in -
a) Xanthogranulomatous pyelonephritis
b) Malakoplakia *(AIIMS May07)*
c) Nail patella syndrome

1792. Most common tumor of urinary bladder is -
a) Sq. cell carcinoma *(PGI June97)*
b) Adenocarcinoma
c) Transitional carcinoma
d) Str. squamous carcinoma

1793. Transitional cell carcinoma of bladder is associated with - *(PGI June 01)*
a) Schistosomiasis b) Naphthylamine
c) Smoking d)TB bladder

1794. Squamaus cell Carcinoma of bladder is predisposed by- *(PGI June02)*
a) Urolithiasis b) Persistent urachus
c) Schistosomiasis d) Polyp
e) Smoking

1795. Most constant and persistent feature of Ca bladder is - *(PGIDec 95, AIIMS June 97)*
a) Haematuria b) Frequency
c) Dysuria d) Abdominal lump

1773) d 1774)b 1775)b 1776)d 1777)a 1778)a,b,c 1779)d 1780)d 1781) b,d 1782)a,b,c 1783)a,b 1784)a,c,d
1785) a 1786) c 1787)a,b,d,e 1788)a,b,d,e 1789) c,d 1790) b 1791) b 1792) c 1793)a,b,c 1794) a,c 1795) a

1796. Transitio maIi^^E:^areii|6maUbladfleF^a^ied **by-** *(NEET/DNB Pattern)*
a) Schistomiasis b):Ascariasis,
c) Malaria **IStMl'i. d)» None**

1797. Paraneoplastic syndrome not seen in renal cell cancer is? *(DNBDecll)*
a) Acanthosisnigricans b) Amyloidosis
c) Polycythemia d)SLE

1798. Type of nephropathy in DM - *(DNB June 11)*
a) Focal b) Diffuse
c) Nodular d) Crescent

1799. An emerging organism responsible for causing Pyelonephritis in Renal Allografts is *1 (DNB Dec 10)*
a) Polyoma virus b) Herpes virus
c) Hepatitis B virus d) Rota virus

1800. Increased levels of C_3NeF are associated with? *(DNB Dec 10)*
a) Type IMPGN b) Type IIMPGN
c) FSGS d) Berger Disease

1801. On one side kidney is normal, while other side kidney is contracted with scar, what is the most probable diagnosis? *(DNB June 10)*
a) Chronic pyelonephritis
b) Polycystic kidney
c) Renal artery stenosis
d) Tuberculosis of kidney

1802. In wegner's glomerulonephritis, the characteristic features seen in - *(DNB June 10)*
a) Focal necrotizing glomerulonephritis
b) Granulomas in the vessels wall
c) Interstital granulomas
d) Nodular glomerulosclerosis

1803. Michaelis gutmann bodies are found in -
a) Malakoplakia *(DNB Dec 09)*
b) Xanthogranulomatous pyelonephritis
c) Nail patella syndrome
d) Xanthelesma

1804. Berger nephropathy is due to mesangial deposition of- *(DNB Dec 09)*
a) Fibrin and C3 b)IgDandC3
c) IgE and C3 d)IgAandC3

1805. Mercury affects which part of the kidney -
a) PCT b) DCT *(DNB Dec09)*
c) Collecting duct d) Loop of Henle

1806. Pauci immune glomerulonephritis is seen in -
a) After transplant in Alports *(DNB Dec 09)*
b) Microscopic polyangitis
c) Henoch-schonlein nephritis
d) Lupus

1807. The most common gene defect in idiopathic steroid resistance nephrotic syndrome - *(DNB Dec 09)*
a) ACE b) NPHS 2
c) Hoxll d)Pax

1808. All are causes of granular contracted kidneys, except - *(DNB June 09)*
a) Benign nephrosclerosis b) Diabetes mellitus
c) Chronic PN d) Chronic GN

1809. The cresecent forming glomerulonephritis is -
a) RPGN b) Acute GN *(DNB June 08)*
c) Membranous GN d) Membrano proliferative GN

1810. Serum C_3 is persistently low in the following except - *(DNB Dec 07)*
a) Post-streptococcal glomerulonephritis
b) Membranoproliferative glomerulonephritis
c) Lupus nephritis
d) Glomerulonephritis related to bacterial endocarditis

1811. The cresent forming glomerulonephritis is -
a) RPGN b) Acute GN *(DNB Dec 07)*
c) Membranous GN d) Membrano proliferative GN

1812. Rapidly progressive glomerulonephritis is histologically characterised by the presence of numerous - *(DNB June 07)*
a) Intramembranous dense deposits
b) Atrophic proximal convoluted tubules
c) Hyalinized small arterioles
d) Epithelial cell crescents

1813. Subendothelial electron dense deposits within the glomerulus is seen in - *(DNB June 07)*
a) MPGN type I
b) Crescentic glomerulonephritis
c) Dense deposit disease
d) IgA nephropathy

1814. Linear deposits along glomerular basement membrane are seen in - *(DNB June 07)*
a) Good pasture syndrome b) SLE
c) Drug reaction d) HS purpura

1815. Kimmelsteil -Wilson lesions in kidney consists of-
a) Splitting of glomerular basement membrane
b) Nodular sclerosis of the glomeruli
c) Hyaline sclerosis *(DNB June 07)*
d) Hyperplastic arteriosclerosis

1816. The protein in glomerular basement membrane responsible for charge dependent filtration is -
a) Albumin b) Collagen type IV
c) Proteoglycan d) Fibronectin *(DELHI 96)*

1817. Clinical feature of CRF appear when renal function is reduce to - *(JIPMER 80)*
a) 70% b) 50%
c) 30% d) 20% of normal

1818. Glomerulonephritis is due to - *(JIPMER 90)*
a) Type I hypersensitivity reaction
b) Type IV hypersensitivity reation
c) Immune complex deposition
d) Type V hypersensitivity reaction

1819. Linear deposition of lgG on glomerular basement membrane is seen in - *(AIIMS 91)*
a) CRF
b) Good pasteur's syndrome
c) Nephrotic syndrome
d) Shunt nephritis

1796) a 1797) a,d 1798)c>b 1799)a 1800)b 1801)a 1802)a>b 1803)a 1804)d 1805)a 1806)b 1807)b
1808)b 1809) a 1810)a 1811)a 1812)d 1813)a 1814)a 1815)b 1816)c 1817)d 1818)c 1819)b

1820. Which of the following is associated with anti-glomerular basement membrane antibody ?
a) IgA nephropathy *(UPSC-108)*
b) Membranous glomerulonephritis
c) Goodpasture's syndrome
d) Membrano-proliferative glomerulonephritis

1821. Cresentic glomerular deposits are seen in -
a) Wegener's granulomatosis *(MH11)*
b) Polyarteritis nodosa
c) Thrombangitis obliterans
d) All of the above

1822. All are true about ANCA associated crescentic glomerulonephritis, except - *(DELHIPG Feb. 09)*
a) Seen in Wegner's granulomatosis
b) Seen in microscopic polyangitis
c) Seen in Henoch Schonlein purpura
d) Is pauci-immue in nature

1823. Rapidly progressive glomerulonephritis is characterised by - *(Jipmer 11)*
a) Cresents
b) Splitting of basement membrane
c) Neutrophil infilteration of the mesangium
d) Glomerulosclerosis

1824. Hall mark of the IgA nephropathy is - *(UP 07)*
a) Oedema b) Hematuria
c) Hypertension d) Proteinuria

1825. In which of the following are linear IgA deposits in mesangium noted - *(MH 11)*
a) Henoch Schonlein purpura
b) Malaria
c) Good Pasture's syndrome
d) Wegener's granulomatosis

1826. There are electron dense deposits in the region of hyalinosis and sclerosis with diffuse loss of foot process seen in electron microscopy are features of- *(UP 07)*
a) Minimal change disease
b) Membranous glamerulonephritis
c) Membranoproliferative GN
d) Focal segmental glomerulosclerosis

1827. Minimal-change nephropathy - *(JIPMER 78, AMU87)*
a) Is the commonest cause of the nephrotic syndrome in childhood
b) Does not relapse after remission
c) Produces highly selective proteinuria
d) Does not cause depression of the serum complement level
e) Must always be confirmed by renal biopsy

1828. Spliting of the glomerular basement membrane is seen in - *(JIPMER 78,AMU87)*
a) Acute glomerulonephritis
b) Membranous glomerulonephritis
c) Membranoproliferative glomerulonephritis
d) Good pasture's syndrome

1829. Which of the following is the cause of break of glomerular basement membrane sometimes and sub epithelial deposits in electron microscopy?
a) Membranous glomerulonephritis (MGN)
b) Focal glomerular sclerosis *(APPG 08)*
c) Rapidly progressive glomerulonephritis (RPGN)
d) Minimal change (MCD)

1830. Subendothelial electron dense deposits within the glomerulus is seen in - *(Karn 11)*
a) MPGNtypel
b) Crescentic glomerulonephritis
c) Dense deposit disease
d) IgA nephropathy

1831. All cause nephrotic syndrome except - *(AI89)*
a) Minimal lesion glomerulonephritis
b) Membranous glomerulonephritis
c) Post streptococcal glomerulonephritis
d) Focal glomerulosclerosis

1832. Visceral leishmaniasis causes - *(Karnat 05)*
a) Membranous glomerulonephritis
b) Mesangio-poliferative glomerulonephritis
c) Focal segmental glomerulonephritis
d) Rapidly progressive glomerulonephritis

1833. Lipid cast are seen in - *(AP 96)*
a) Acute tubular necrosis
b) Nephrotic syndrome
c) Cytomegalic inclusion disease
d) None

1834. Nephrotic syndrome is caused by all except -
a) Malaria b) Penicillamine *(AI89)*
c) Syphilis d) Shock

1835. Nephrotic syndrome is characterized by all except -
a) Hypoalbuminemia *(UPSC-108)*
b) Hypolipidemia
c) Lipiduria
d) Proteinuria >3.5 gm per 1.73 m^2 per 24 hours

1836. All of the following may be associated with massive proteinuria except - *(UP 9 7)*
a) Amyloidsis b) Renal vein thrombosis
c) Polycystic kidneys d) Polyarteritis nodosa

1837. Most common cause of nephrotic syndrome in adults- *(Manipal 2006)*
a) Membrano proliferative glomerulonephritis
b) FSGN
c) Membranous glomerulonephritis
d) Minimal change disease

1838. Commonest type of nephrotic syndrome seen in children- *(PGI88)*
a) Focal b) Diffúse
c) Minimal change d) Proliferative

1839. In nephritic syndrome the following features indicate poor prognosis except - *(COMEDK 05)*
a) Selective proteinuria
b) Haematuria
c) Hypertension
d) Membrano proliferative histopathology

1820)c 1821) a 1822)c 1823)a 1824)b 1825)a 1826)d 1827)a,c,d 1828)c 1829)a 1830)a 1831) c 1832)b 1833) b 1834)d 1835)b 1836)c,d 1837)c 1838)c 1839)a

1840. Glomerulosclerosis is a feature of - *(JIPMER 85)*
a) Diabetes mellitus
b) Hypertension
c) Acute glomerulo nephritis
d) Nephrotic syndrome

1841. The intracytoplasmic vacuoles seen in the Armmani Epstein cell are rich in - *(AIIMS 83)*
a) Na and K' b) Glycogen
c) Lipids d) None of the above

1842. Kimmelstiel-wilson disease is diagnostic of-
a) Diabetic glomerulosclerosis *(AI88)*
b) Hypertension benign
c) Malignant hypertension
d) Amyloidosis

1843. Kimmelsteil -Wilson lesions in kidney consists of-
a) Splitting of glomerular basement membrane
b) Nodular sclerosis of the glomeruli *(Jipmer 11)*
c) Hyaline sclerosis
d) Hyperplastic arteriosclerosis

1844. Charactersitic feature of kidneys in diabetes mellitus is - *(AI89)*
a) Nodular sclerosis b) Fibrin cap
c) Papillary necrosis d)Difuse glomerulosclerosis

1845. Most specific histological lesion in diabetic nephropathy is - *(COMED 09)*
a) Glomerular crescents
b) Immune complex deposition
c) Occlusion of glomeruli with fibrin caps
d) Nodular glomerulosclerosis

1846. Which is not a feature of benign hypertension in Kidney- *(JIPMER 91)*
a) Hyaline arteriosclerosis
b) Interstitial lobular fibrosis
c) Medial hypertrophy of small vessels
d) Fibrinoid necrosis

1847. Onion skin lesions, in the muscular layer of arteriole, are seen in - *(TN 2002)*
a) SLE
b) Benign nephrosclerosis
c) Malignant nephrosclerosis
d) RPGN

1848. Bilateral contracted kidney occurs in all except
a) Diabetes mellitus *(AIIMS 90)*
b) Benign nephrosclerosis
c) Chronic pyelonephritis
d) Chronic glomerular nephritis

1849. Bilaterally symmmetrical contracted scarred kidney is seen in- *(Kerala 94)*
a) Nephrosclerosis
b) Chronic glomerulonephriris
c) End stage renal disease
d) Chronic pyelonephritis

1850. Findings of multiple myeloma in kidney are all except- *(DPG10)*
a) Tubular casts b) Amyloidosis
c) Wire loop lesions d) Renal tubular necrosis

1851. Which of the following is not associated with Adult Polycystic Kidney Disease - *(DPG 11)*
a) Autosomal dominant inheritance
b) Mutations involving gene affecting cell-cell-matrix interaction
c) Intracranial berry aneurysm may be present
d) Tricuspid valve prolapse

1852. Cylindrical dilatation of renal tubules is seen in -
a) Polycystic disease of kidney *(Jipmer 95)*
b) Medullary cystic disease
c) Wilms tumour
d) Lipoid nephrosis

1853. Route of infection in Tubercular Pyelonephritis -
a) Ascending *(APPGE 05)*
b) Descending
c) Haemotogenous
d) Airborne

1854. Xanthogranulomatous pyelonephritis is often associated with infection by - *(COMED 09)*
a) Proteus b) E. coli
c) H. influenzae d) Klebsiella

1855. A15 year old male presents with hematuria, he has previous diagnoses of deafness and corneal dystrophy. Urinalysis shows 1 + proteins, no ketones, no glucose, 1+blood, and no leukocytes. A renal biopsy reveals tubular epithelial foam cells by light microscopy. By electron microscopy the glomerular basement membrane shows areas of attenuation, with splitting and lamination of lamina dense in other thickened areas. The most probable diagnosis is -
a) Acute tubular necrosis *(MAHA 05)*
b) Berger disease
c) Membranous glomerulonephritis
d) Alport syndrome

1856. Which is not seen in Hemolytic uremic syndrome -
a) Coombs test positive *(AIIMS 92)*
b) Thrombocytopenia
c) Hypoflbrinogenemia
d) Uremia

1857. Which one of the following variants of renal cell carcinoma has the worst prognosis - *(UPSC 95)*
a) Papillary b) Tubuloalveolar
c) Chromophobe d) Sacromatoid

1858. The worst prognosis for renal cell carcinoma is
a) Vascular invasion *(JIPMER 92)*
b) Associated with hypercalcemia
c) Presence of Hematuria
d) Size more than 5 cm.

1859. Bilateral Renal cell carcimoma is seen in -
a) Eagle Barett's syndrome *(Corned 08)*
b) Beckwith Weideman syndrome
c) Von Hippel Lindau disease
d) Bilateral Angiomyolipoma

1840)a 1841)b 1842)a 1843)b 1844)a 1845)d 1846)d 1847)c 1848)a 1849)b 1850)c 1851) d 1852)a 1853)c
1854) a 1855)d 1856) a 1857)d 1858) a 1859)c

1860. A 40-year-old man presented with painless haematuria. Bimanual examination revealed a ballottable mass over the right flank. Subsequently right nephrectomy was done and the mass was seen to be composed of cells with clear cytoplasm. Areas of hemorrhage and necrosis were frequent cytogenetic analysis of this mass is likely to reveal the abnormality of - *(Manipal 09)*
a) Chromosome 1 b) Chromosome 3
c) Chromosome 11 d) Chromosome 17

1861. In Wilm's tumor the following leads to emergence of resistance to chemotherapy - *(DELHIPG Feb. 09)*
a) Nephrogenic rests
b) Monophasic morphology
c) Anaplasia
d) Capsular infiltration

1862. Transitional cell carcinomas can be caused by -
a) Napthylamine b) Smoking *(PGI88)*
c) Bilharziasis d) Betel nut

GASTROINTESTINAL TRACT

1863. Mallory weiss Syndrome is caused due to tear in -
a) Lower esophageal end. *(AIIMS Nov 99)*
b) Upper esophageal end.
c) Crico pharyngeal junction.
d) Gastro esophageal junction.

1864. In which of the following conditions uniform dilation of esophagus is seen - *(PGI June 05)*
a) Scleroderma b) Achalasia cardia
c) Dermatomysitis d) Trypanosoma cruzi infection

1865. Achalasia cardia - *(NEET/DNB Pattern)*
a) Absence of nerves
b) Absence of muscles
c) Hypertrophy, of nerves
d) None

1866. Best site for taking biopsy for viral oesophagitis is-
a) Edge of ulcer *(AIIMS Nov 01)*
b) Base of ulcer
c) Adjacent indurated area around ulcer
d) Surrounding normal mucosa

1867. Barrett's oesophagus is - *(AI02, Aiims June 93)*
a) Lower oesophagus lined by columnar epithelium
b) Upper oesophagus lined by columnar epithelium
c) Lower oesophagus lined by ciliated epithelium
d) Lower oesophagus lined by pseudostratified epithelium

1868. All except one are true regarding Barret's esophagus-
a) More incidence of sq. cell ca *(AIIMSFeb 97)*
b) Metaplasia
c) Columnar epithelium
d) Involves lower oesophagus

1869. Common type of Ca in middle V_3rd of oesophagus-
a) Adeno Ca *(PGI Dec 02)*
b) Squamous Ca
c) Adeno squamous Ca
d) Leiomyosarcoma

mm. **M.C. site of Ca esophagus is -** *(NEET/DNB Pattern)*
a) Middle ^rd b) Upper $^1/_3$rd
c) Lower V_3rd d) Lower end of esophagus

1871. The following are predisposing factors for esophageal Ca Except - *(AI 96)*
a) Plummer-Vinson syndrome
b) Tylosis palmaris
c) Chronic Achalasia
d) Benzene therapy

1872. Predisposing factors for Esophagus Ca- *(PGI June 05)*
a) Tylosis b) Achalasia
c) Barrett's esophaeus d) Scleroderma

1873. Chronic gastiritis is caused by all except -
a) H. Pylori *(NEET/DNB Pattern)*
b) Pernicious anaemia
c) Alcohol
d) Overuse of salicylates

1874. Type B gastritis- *(PGI May 10)*
a) Body predominant b) Fundus predominant
c) Antral predominant d) H. pylori
e) Autoimmune

1875. True about autonomic atrophic gastritis -
a) Loss of parietal cell *(PGI Nov 09)*
b) Hypertrophy of G cells
c) Apoptosis of gland epithelial cell
d) Hypertrophy of enterochromaffin cell
e) Active inflammation to neuroendocrine gland

1876. Endoscopic biopsy from a case of H.pylori related duodenal ulcer is most likely to reveal -
a) Antral predominant gastritis
b) Multifocal atrophic gastritis
c) Acute erosive gastritis
d) Gastric atrophy

1877. Thick mucous coat is- *(AI 97)*
a) Protective in ulcer patients
b) Not protective in ulcer patients
c) Easily destroyed by antacids
d) Commonly associated with carcinomatous change

1878. Peptic ulceration occurs at all the following sites except- *(KERALA 89)*
a) Lesser cuvature
b) First part of duodenum
c) Lower end of esophagus
d) Stoma of gastric portion of gastrojejunostomy

1879. The most common site of a benign (peptic) gastric ulcer is - *(AIIMS June 04)*
a) Upper third of lesser curvature
b) Greater curvature
c) Pyloric antrum
d) Lesser curvature near incisura angularis

1880. Most common complication of gastric ulcer -
a) Tea pot stomach *(AIIMS June 93)*
b) Scirrhous corcinoma
c) Preforation
d) Massive haematemesis

1860)b 1861) c 1862)a,b,c 1863) d 1864)b,d 1865)a 1866)a 1867)a 1868)b 1869)b 1870)c 1871)d
1872) a,b,c 1873)d 1874)c,d 1875)a,b,d 1876)a 1877)a 1878)d 1879)d 1880)d

1881. Common sites for cushing ulcers include all of the following except - *(AI99)*
a) Esophagus b) Stomach
c) 1st part of duodenum d) Distal duodenum

1882. Hypertrophic gastropathy is seen in - *(PGIDec 05)*
a) Seen in menetriers disease and ZES
b) It is associated with malignancy
c) It shows cerebriform rugacity on stomach
d) More in fundus and body

1883. Giant hypertrophy of gastric mucosa similar to brain surface is seen in - *(PGIDec 02)*
a) Peptic ulceration b) Carcinoma stomach
c) Menetrier's disease d) Leomyosarcoma

1884. Most common type of gastric polypis t
a) Hyperplastic polyp *(NEET/DNB Pattern)*
b) H^^oihatotis^i^ |
c) Malignant polyp
d) Familial polyosis

1885. Which one of the following is the most significant risk factor for development of gastric carcinoma ?
a) Paneth cell metaplasia *(AI 06)*
b) Pyloric metaplasia
c) Intestinal metaplasia
d) Ciliated metaplasia

1886. Gastric carcinoma is associated with all EXCEPT -
a) Inactivation of p5 3 *(DNBDecll)*
b) Over expression of C-erb
c) Over expression of C-met
d) Activation of RAS

1887. Most Common site for carcinoma stomch -
a) Antrum b) Fundus *(AIIMS June 93)*
c) Lesser curvature d) Greater curvature

1888. Commonest variety of carcinoma stomach is -
a) Squamous carcinoma b) Adenocarcinoma
c) Colloid carcinoma d)None

1889. The best prognosis in carcinoma stomach is with -
a) Superficial spreading type *(AI 95)*
b) Ulcerative type
c) Linitis plastica type
d) Polypoidal type

1890. When carcinoma of stomach develops secondarily to pernicious anemia, it is usually situated in the -
a) Prepyloric region b) Pylorus
c) Body d) Fundus

1891. False about the malignant ulcer of stomach is-
a) The mucosal folds do not reach the edge of the ulcer *(DPG10)*
b) Mucosal folds are thickened and fused
c) Ulcer crator is eccentric
d) Margins of the ulcer are overhanging

1892. Malignant gastric ulcers are characterized by A/E -
a) ulcer extends beyond the gastric wall.
b) Mucosal rugae stop far of ulcers
c) Eccentric crater *(AIIMS Dec 98)*
d) Margins are raised

1893. Linitis plastica is a feature of - *(AIIMS June 98)*
a) Hiatus hernia
b) Chronic gastric ulcer
c) Lymphoma of stomach
d) Diffuse carcinoma stomach

1894. Linitis plastica is found in A/E- *(AIIMS Dec 98)*
a) Syphillis b) Carcinoma
c) Sarcoid d)Leiomyosarcoma

1895. Amongst the following, the most common site for Leiomyoma is- *(AI 96, 98)*
a) Stomach b) Small Intestine
c) Duodenum d) Colon

1896. Histologic examination of the lesion in stomach reveal fat-laden cells, likely cause is -
a) Lymphoma *(AIIMS Nov 01)*
b) Postgastrectomy
c) Signet-cell carcinoma stomach
d) Atrophic gastritis

1897. True about gastric lymphoma - *(PGI June 09)*
a) Non Hodgkins lymphoma commonest variety
b) Diagnosis is made by biopsy
c) Chemoresistant
d) Essentially B-cell type
e) H-Pylori has direct relationship

1898. Most common site for non-Hodgkins lymphoma outside the lymph nodes is - *(UP 08)*
a) Liver b) Spleen
c) Stomach d) Brain

1899. Lymphoepithelial change in stomach is seen in -
a) Maltoma b) Coeliac ds *(PGI Dec99)*
c) Ipsidoma d) IBS

ggPMHL, **mon site of GIST is -** *(NEET/DNB Pattern)*
a) Ileum b) Esophagus
c) Colon d) Stomach

1901. Which of the following markers is specific for gastro-intestinal stomal tumor (GIST) - *(AI 10, 09)*
a) CD 117 b) CD 34
c) CD 23 d)S-100

1902. Gastrointestinal stromal malignancy arises from which of the following - *(AIIMS May 02)*
a) Smooth muscle
b) Nerve cells
c) Interstitial cells of Cajal
d) Vascular Endothelium

1903. The gene involved in GIST - *(MP 09)*
a) C-KTT b)BRAC-l
c) p53 d)BRAC-2

1904. Not true about GIST- ■ *(NEET/DNB Pattern)*
a) Stomach is the most common site
b) High propensity of malignant change
c) Associated with c-KIT mutation
life d) Histology slices spiridfc. shaped cells

1905. Mucin is not secreted by - *(AI 94)*
a) Goblet cell b) Paneth cell
c) Brunner's gland d) Crypts of Liberkuhn

1881) d 1882)a,b,c,d 1883)c 1884)a 1885)c 1886)None 1887)a 1888)b 1889)a 1890)d 1891)d 1892)a
1893)c,d 1894)d 1895)a 1896)b 1897)a,b,d,e 1898)c 1899)a 1900)d 1901)a 1902)c 1903)a 1904)b 1905)b

1906. In the intra-epithelial region of the mucosa of intestine the predominant cell population is that of-
a) Bcell b) T-cells *(AI02)*
c) Plasma cells d) Basophils

1907. Aganglionic seqment is encountered in which part of colon in case of Hirschsprung disease -
a) Distal to dilated segment *(AIIMSNov 99)*
b) In Whole colon
c) Proximal to dilated segment
d) In the dilated segment

1908. True statement regarding Hirschsprung's disease-
a) Giant ganglia are present *(AIIMS June 99)*
b) Mucosa is involved and show foldings
c) Manometry excludes the disease
d) Rectal biopsy is contraindicated in infants.

1909. Common site of regional enteritis is - *(AI98)*
a) Colon b) Rectum
c) Distal ileum and colon d) Caecum

1910. Skip granulomatous lesions are seen in - *(AI96)*
a) Ulcerative colitis b) Crohn's disease
c) Whipple's disease d) Reiter's disease

1911. Pseudopolyps are features of - *(NEET/DNB Pattern)*
a) Crohn's disease * b) Ulcerative colitis
c) Celiac sprue d) Whipple's disease

1912. Toxic megacolon is seen in - *(AI98)*
a) Chronic nonspecific ulcerative colititis
b) Crohn's disease
c) Colonic diverticulosis
d) Hamartomatous polyp

1913. Toxic megacolon is most commonly associated with- *(AI96)*
a) Ulcerative colitis b) Crohn's disease
c) Whipple's disease d) Reiter's disease

1914. Pipe stem appearance in barium enema is seen in- *(AI89)*
a) Crohns disease b) Ulcerative colitis
c) Schistosomiasis d) Carcinoma colon

1915. True regarding crohn's disease are A/E -
a) Scleroderma *(AIIMSJune 97)*
b) Transmural involvement
c) Cobble stone appearance
d) Skin involvement

1916. Which of the following would be the best morphological feature to distinguish ulcerative colitis from Crohn's disease - *(AIIMSMay 04)*
a) Diffuse distributions of pseudopolyps
b) Mucosal edema
c) Crypt abscesses
d) Lymphoid aggregates in the mucosa

1917. Ulcerative colitis what is seen - *(AIIMSMay 08)*
a) Cryptitis b) Crypt loss
c) Crypt branching d) Proliferating mucosa

1918. TVpe about «lcerative^ohtiis,>,aH^ie^l|rv'^s Uf§j
^ Rectum involved *(NEET/DNB Pattern)*
b) Pseudopplyps
c) PancolitfS:
d) Noncaseating granuloma

1919. All the following statements are false, except - *(AIIMS*
a) Collagenous colitis is seen in children *June 99)*
b) Ulcerative colitis is an acute granulomatus disease
c) Ulcerative colitis involves mucosa and submucosa
d) Necrotizing enterocolitis is an acute granulomatous disease

1920. What is true about ulcerative coUtis-
a) Involves rectum and then whole colon backwards
b) Involves only colon *(NEET/DNB Pattern)*
&&&&# c) Skip lesions seen
iSfg® d) jtieum not involved
mm

1921. Small intestinal biopsy is specific for - *(PGIDec 98)*
a) Tropicalsprue b) Celiac sprue
c) Whipple'sdisease d) Amyloidosis

1922. The following cereals should be avoided in patients with celiac diseases, except - *(AIIMSNov 03)*
a) Wheat b) Barely
c) Maize d) Rye

1923. The histological features of coeliac disease include all of the following Except - *(AI 02)*
a) Crypt hyperplasia
b) Increase in thickness of the mucosa
c) Increase in intraepithelial lymphocytes
d) Increase in inflammatory cells in lamina propyria

1924. True about celiac disease - *(PGIDec 07)*
a) Villous atrophy
b) Crypt hyperplasia
c) Infiltration of lymphocytes
d) Cryptitis
e) Superficial layer thinning

1925. Gluten sensitive enteropathy is most strongly associated with - *(AI 03)*
a) HLA-DQ2 b) HLA-DR4
c) HLA-DQ3 d) Blood group'B'

1926. Which not true regarding coeliac disease -
a) Total and sub-total villous atrophy
b) Increased chance of lymphoma *(PGI June 99)*
c) Anti-gliadin antibody persists even after gluten free diet
d) Tdisacharidases

1927, Gluten free diet is use in - *(UP 07)*
a) Celiac disease b) Tropical sprue
c) Ulcerative colitis d) Irritable bowel syndrome

1928. Macrophages containing large quantities of undigested and partial digested bacteria in intestine are seen in - *(AI 02)*
a) Whipple's disease
b) Amyloidosis
c) Immunoapproliferative small instetinal disease
d) Vibro cholerae infection

1929. Which of the following is a histological feature of whipple's disease *(AI 08)*
a) Infiltration of histiocytes in the lamina propria.
b) Granuloma in the lamina
c) Macrophages with PAS (+)ve material inside the lamina propria.
d) Eosinophils in the lamina propria

1906)b 1907) a 1908)c 1909)c 1910) b 191 l)b 1912)a 1913)a 1914) b 1915)a 1916)a 1917)a 1918)d 1919) c 1920) b 1921) c,d 1922) c 1923) b 1924)a,b,c 1925) a 1926) d 1927) a 1928) a 1929) c

1930. Lymphocytic colitis - *(PGIDec 05)*
a) Bloody diarrhea
b) Intra epithelial lymphocytes
c) Lymphocytes is stools
d) Through Ileoscopy look for payer's patches

1931. The most pre-cancerous condition for carcinoma colon is - *(AI 95)*
a) Familial polyposis b) Hamartomatous polyps
c) Juvenile polyps d) Hyperplastic polyps

1932. Which polyp has got the maximum risk of turning into malignancy -
a) Pseudopolyp
b) Hyperplastic polyp
c) Tubular villous adenomas (multiple)
d) Adenomatous polyps

1933. Osteomas, aden om a to us polyps of intestine & periampullary carcinomas are seen in -
a) Cowden syndrome *(NEET/DNBPattern)*
b) Peutz Jegers syndrome;
c) FAP ■
d) Gardener syndrome

1934. Inheritance of Gardner syndrome is -
a) Autosomal recessive *(NEET/DNB Pattern)*
b) Autosomal dominant
e)»X linked -
d) None of the above

1935. Which statement is false regarding familial adenomatous polyposis - *(A1IMS June 99)*
a) Males are usually carriers
b) Autosomal dominant inheritance
c) If not treated progress to malignancy in 100% of cases
d) Males and females are affected equally.

1936. True about Peutz jegher syndrome - *(PGINov 09)*
a) Most common site is small intestine
b) Polypectomy on colonoscopy is treatment of choice
c) Hamartomatous polyp
d) Mucosal involvement present
e) Have no malignant potential

1937. Dietery factors associated with colon carcinoma -
a) High fiber b) Low fiber *(PGI Dec 02)*
c) Smoked fish d) High fat intake
e) Japanese are common to develop Ca colon

1938. Which of these are associated with increased risk of colorectal Ca - *(PGI June 02)*
a) More intake of animal fat b) Aspirin
c) Ulcerative colitis d) Amoebic colitis
e) Polyps

1939. What is most commonly involved in carcinoma colon - *(AIIMS Nov 94)*
a) Caecum b) Rectosigtmoid colon
c) Transverse colon d) Ascending colon

1940. Carcinoma of the Rt. colon commonly presents as- *(AIIMS 94)*
a) Ulceratinglesion b) Fungating
c) Stenosing d) Infiltrating

1941. What is meant by Ca colon stage Hie -
a) Hepatic metastasis. *(AIIMS June 99)*
b) Extension upto serosa & lymph node
c) Extension upto serosa
d) Extension upto mucosa

1942. Colon carcinogenesis is associated with all except-
a) APC b)kRAS *(DNB Dec 09)*
c) B-catenin d) Mismatch repair

1943. True about intestinal lymphoma - *(PGI Nov 10)*
a) Involved in non-Hodgkin's lymphoma
b) Made up of predominantly T cells
c) C-kit positive
d) Most common at ileo-caecal junction
e) Lymphadenopathy always seen

1944. Lymphoepithelial lesions in GIT are seen in-
a) IPSD (Immuno Proliferative Small Instestinal Disease) *(PGI Dec 2000)*
b) MALTOMA
c) Celiac disease
d) Adenocarcinoma intestine

1945. All are true regarding typhoid ulcer except- *(AIIMS June 97)*
a) Perforation is less common in children below 5yrs
b) Placed transversely along the ileum
c) Multiple ulcer found in terminal ileum
d) Perforation occurs in 3rd week

1946. Typhoid ulcer is - *(AIIMS 87, AI 90)*
a) Ulceration of the Peyer's patch
b) Longitudinal ulcer
c) May perforate
d) Stricture is rare
e) All of the above

1947. Macrophage, granuloma, erythrophagocytosis are found in *(PGI June 97)*
a) Ulcerative colitis b)Necrotising enterocolitis
c) Regional ileitis d) Typhoid

1948. The pathological appearance in pseudomembranous colitis consists of - *(AI 98)*
a) Necrosis and gangrene
b) Small ulceration with slough
c) Serositis with covered by membrane
d) Excessive ulceration in serosa

1949. Diverticulum most common *site fe-(NEET/DNBPattern)*
a) Sigmoid colon b) Ileum
c) Ascending colon d) Transverse colon

1950. Hour glass deformity is seen in - *(DNB Dec 11)*
a) Carcinoma stomachb) Peptic ulcer
c) Duodenal atresia d) CHPS

1951. Anti-Saccharomyces cerevisiae antibodies are seen in? *(DNB June 11)*
a) Crohn's diseaseb) Scleroderma
c) SLE d) Sjogren's syndrome

1952. Inflammatory bowel disease with transmural involvement and skip lesions is? *(DNB June 11)*
a) Crohn's disease b) Ulcerative colitis
c) Shigella infection d) Clostridium infection

1930) b 1931)a 1932)c 1933)d 1934)b 1935)a 1936)a,b,c,d 1937)b,d,e 1938)a,c,e 1939)None>b 1940)b
1941) b 1942) None 1943)a 1944)a,b,c 1945)b 1946)e 1947)c,d 1948)b 1949)a 1950)b 1951)a 1952)a

1953. True about Barrett's esophagus is? *(DNB June 11)*
a) Squamous metaplasia b) Columnar metaplasia
c) Irreversible d) Cancerous

1954. Paneth cells contain - *(DNB June 10)*
a) Zinc b) Copper
c) Molybdenum d) Selenium

1955. Anti transglutaminase antibody is seen in?
a) Celiac disease *(DNB Dec 09)*
b) SLE
c) Collagenous colitis
d) Tropical sprue

1956. Paneth cells characterized by - *(DNB Dec 09)*
a) More number of lysosomal enzyme
b) High concentration of zinc
c) More concentration of EFR
d) Foamy cells

1957. Antigliadin antibodies are detectable in -
a) Tropica sprue *(DNB Dec 08)*
b) Whipple's disease
c) Celiac disease
d) Intestinal lymphoma

1958. The highest malignant potential is seen in -
a) Crohn's disease *(DNB June 08)*
b) Ulcerative colitis
c) Familial polyposis
d) Infantile polyp

1959. Pseudopolyposis is seen in - *(DNB June 08)*
a) Crohn's disease b) Ulcerative colitis
c) Juvenile polyposis d) Enteric fever
e) Tuberculosis

1960. Skip lesions of colon with epitheloid granuloma are usually seen with - *(DNB June 07)*
a) Crohn's disease b) Ulcerative colitis
c) Intestinal TB d) Sarcoidosis

1961. Pseudopolyposis is seen in - *(DNB June 07)*
a) Crohn's disease b) Ulcerative colitis
c) Juvenile polyposis d) Enteric fever
e) Tuberculosis

1962. Toxic megacolon is most commonly associated with - *(DNB June 0 7)*
a) Ulcerative colitis b) Crohn's disease
c) Whipple's disease d) Reiter's disease

1963. Conditions associated with an increased risk of squamous cell carcinoma of the oesophagus include all of the following except - *(Karn 96)*
a) Barret's Oesophagus b) Achalasia cardia
c) Smoking d) Tytosis

1964. Endoscopic biopsy from a case of H.pylori related duodenal ulcer is most likely to reveal -
a) Antral predominant gastritis *(Jipmer 05)*
b) Multifocal atrophic gastritis
c) Acute erosive gastritis
d) Gastric atrophy

1965. One of the following polyps in the stomach does not become maligant - *(JIPMER 80, AIIMS 80)*
a) Tubular adenoma b) Villous adenoma
c) Multiple polyposis d) Hyperplastic polyps

1966. Which of the following is not related with carcinoma stomach - *(UP96)*
a) Blood Group O b) Blood group A
c) Smoked fish d) Nitrosoamines

1967. Greater risk of carcinoma of stomach is associated with- *(UP92)*
a) Old age b) Intestinal metaplasisa
c) Cardiac end ulcer d) Prepyloric ulcer

1968. The Instestinal villi are swollen and distended. There is accumlation of large granular Macrophages, containing material which stains. Strongly with periodic acid Schiff, in the Lamina propria. The most probable condition is - *(AMU85)*
a) Secondaty steatorrhoeb) Sprue
c) Coeliac disease d) Whipple's disease
e) Crohn's gap desease

1969. The following about ulcerative colitis is true except-
a) Chronic granulomatous disease *(PGI88)*
b) Pseudopolyps seen
c) Predisposes to granulolatous disease
d) Can cause clubbing of fingers
e) Associated with $HLAA_3$

1970. All are seen in Ulcerative colitis *except-(JIPMER 98)*
a) Pseudopolyps b) Skip lesions
c) Rectum involvement d) Malabsorption

1971. Transmural involvement & granuloma are seen in - *(JIPMER 98)*
a) Ulcerative coilitis b) Crohn's disease
c) Tropical sprue d) Amoebic colitis

1972. The features of crohns disease are all except -
a) Lymphoid hyperplasia *(JIPMER 91)*
b) Skip lesion
c) Transmural involvement
d) Crypt Abscess

1973. Fistula is most common in - *(UP 07)*
a) Crohn's disease b) Ulcerative colitis
c) Infective entero colitis d) Coeliac sprue

1974. Yellowish exudates at multiple sites seen in colonoscopy indicates - *(Kerala 03)*
a) Crohn's disease b)Hirshspruingdisease
c) Tuberculosis d) Lymphoma

1975. Villous atrophy is seen in - *(AI89, 90)*
a) Celiac disease b) Giardisasis
c) Tropical sprue d) All of above

1976. Pneumatosis intestinalis is diagnostic of -
a) Ileal perforation *(COMED09)*
b) Necrotizing enterocolitis
c) Meconium ileus
d) Colonic aganglionosis

1977. Morphologic features of celiac disease include all, except- *(DELHIPGMar. 09)*
a) Increase in intra-epithelial lymphocytes
b) Increase crypt: villous ratio
c) Distended macrophages with PAS positive granules in lamina propria
d) Elongated, hyperplastic and tortuous crypts

1953)b 1954) a 1955)a 1956)b 1957)c 1958)c 1959)b 1960)a 1961)b 1962)a 1963)a 1964)a 1965)d 1966)a 1967)b 1968)d 1969)a,c,e 1970)b 1971)b 1972)a 1973)a 1974)a 1975)d 1976)b 1977)c

1978. Mesentric tumours are - *(Karnat 05)*
a) Usually solid b) Usually cystic
c) Highly malignant d) Highly vascular

1979. Not true about familial polyposis colon cancer syndrome? *(Jipmer 11)*
a) Autosomal recessive
b) Associated with fibromas and osteomas
c) Associated with brain tumors
d) 100% incidence of colon ca

1980. Premalignant conditions of the GIT are - *(PGI88)*
a) IliocecalTB b) Familial polyposis
c) Villous adenomas d) Ulcerative colitis

1981. The polyp with least malignant *potmtM-(JIPMER 98)*
a) Hyperplastic polyp b) Psuedo adenoma
c) Vilious adenoma d) Tubular adenoma

1982. Colonic polyp that has maximum chance of malignant change - *(MH11)*
a) Hyperplastic polyp
b) Adenomatous polyp
c) Juvenile polyp
d) Polyp of Peutzeger syndrome

1983. The adenomatous polypi of large bowel are most often situated in - *(AIIMS 81, AMU 89)*
a) Ascending colon b) Transverse colon
c) Descending colon d) Sigmoid colon

1984. Single most important prognostic indicator of colorectal carcinoma is - *(Kerala 04)*
a) CEA titres b) Degree of atypia
c) Size of tumor d) Extent of tumour

1985. Duke's stage C2 refers to carcinoma - *(UPSC 95)*
a) Bladder penetrating the extravesical fat
b) Bladder with metastasis to internal iliac lymph nodes
c) With histological features of 75% anaplastic cells
d) Rectum with metastasis to inferior mesentric lymph nodes

1986. In Duke's classification of cancer rectum, B2 denotes-
a) Growth extends to perirectal fat *(AIIMS 90)*
b) Regional nodes involved
c) Limited to thickness of bowel wall
d) Hepatic metastasis

1987. Commonest site of amoebiasis in the gut - *(AI88)*
a) Ileum b) Caecum
c) Ascending colon d) Transverse colon
e) Sigmoid colon

1988. Erythrophagia and Mononuclear cell infiltration ulcers are seen in - *(ROHTAK 9 7)*
a) Necrotising colitis b) Ulcerative colitis
c) Crohn's disease d) Typhoid ulcers
e) Amoebic ulcers

1989. Ulceration of Peyer's patches occur in... infection
a) Amoebiasis b) Crohn's *(PGI88)*
c) Salmonella d) Clostridium difficle

1990. Small intestinal stricture is not seen - *(Kerala 94)*
a) Lymphoma b) Typhoid
c) Tumor d) TB

1991. All are complication of Typhoid ulcer EXCEPT -
a) Perforation b) Stricture *(UP 08)*
c) Haemorrhage d) Sepsis

HEPATOBILIARY SYSTEM & PANCREAS

1992. In anoxia of liver, necrosis is seen in -*(PGI Dec 02)*
a) Centrilobular
b) Around the periphery
c) Around the central vein
d) Around the bile duct

1993. Nutmeg liver is seen in! - *(NEET/DNB Pattern)*
a) Right sided heart failure
b) Left sided heart failure
c) Increased pulmonary pressure
d) Decreased pulmonary pressure

1994. Centrizonal necrosis of liver occurs with -
a) Carbon tetrachloride ($CC1_4$) toxicity
b) Heart failure (CHF) *(AIIMS May 93)*
c) Smoking (chronic)
d) Chronic alcoholism

1995. Hepatic infarcts are seen in - *(PGI June 02)*
a) Eclampsia
b) Chronic venous congestion
c) Budd-Chiari syndrome
d) Shock
e) Extrahepatic biliary atresia

1996. Centrilobular necrosis of liver may be seen with -
a) Phosphorus b) Arsenic *(NEET/DNBPattern)*
c) CCl_4 d) Ethanol

1997. Bilirubin is the degradation product of - *(PGI 97)*
a) Albumin b) Globulin
c) Heme d) Transferrin

1998. True regarding unconjugated bilirubuin is -
a) Not lipid soluble *(AIIMS Nov 93)*
b) More water soluble
c) Excreted by kidney easily
d) Bound with serum albumin

1999. In post-hepatic jaundice, the concentation of conjugated bilirubin in the blood is higher than that of unconjugated bilirubin because - *(AIIMSNov 02)*
a) There is an increased rate of destruction of red blood cells.
b) The unconjugated bilirubin is trapped by the bile stone produced in the bile duct.
c) The conjugation process of bilirubin in liver remains operative without any interference.
d) The UDP-glulcuronoyltransferase activity is in creased manifold in obstructive jaundice.

2000. An Rh-ve woman became pregnant with Rh+ve fetus. Within few days after birth, the infant developed jaundice, ascites, hepatomegaly and edema. The likely substance (s) deposited in skin and sclera in jaundice is/are given below. Which is the best possible answer- *(AIIMS Nov 03)*
a) Biliverdin
b) Conjugated and unconjugated bilirubin
c) Unconjugated bilirubin
d) Conjugated bilirubin

1978) b 1979) a 1980)b,c,d 1981)a 1982)b 1983)d 1984)d 1985)d 1986)c 1987)b,c 1988)d 1989)c 1990)b 1991) b 1992)a,c 1993)a 1994)a,b 1995)a,b,c,d 1996)c 1997)c 1998)d 1999)c 2000)b

2001. Conjugated hyperbilirubinemia in seen in -
a) Rotor's synd *(PGIJuneOl)*
b) Dubin Johnson synd
c) Gilbert's synd
d) Breast milk j aundice
e) Criggler Najjar synd

2002. Normal liver histology is seen in - *(PGIDec 02)*
a) Gilert's syndrome b) Rotor syndrome
c) Criglar Najjar syndrome d) D-J. syndrome
e) Haemochromatosis

2003. Gilbert's syndrome is characterized by -
a) Normal liver function test *(AIIMS May 1993)*
b) Increased risk of cirrhosis
c) Normal liver histology
d) Conjugated hyperbilirubinemia precipitated by fasting

2004. Liver biopsy is normal in - *(PGI June 01)*
a) Dubin johnson syndrome b) Gilbert syndrome
c) Hemochromatosis d) Wilson's disease
e) Rotor's syndrome

2005. Unconjugated hyperbilirubinemia is seen in -
a) Rotor syndrome *(NEET/DNB Pattern)*
b) Dubin-Johnson syndrome
c) Gilbert syndrome
d) Bile duct obstruction

2006. What is/are true about bilirubin? *(PGIDec 08)*
a) Conjugation is rate limiting step
b) Bilirubin has affinity for elastin
c) Conjugated bilirubin is maximum in blood
d) Total Hb content of body is 750 gm

2007. The liver biopsy in acute hepatitis due to hepatitis B virus is likely to show all of the following, except -
a) Ballooning change of hepatocytes
b) Ground glass hepatocytes *(AIIMS May 04)*
c) Focal or spotty necrosis
d) Acidophil bodies

2008. Piece meal necrosis on liver biopsy is a feature of -
a) Alcoholic hepatitis *(AIIMS May 95)*
b) Indian childhood cirrhosis
c) Chronic active hepatitis
d) Primary alcoholic cirrhosis

2009. Histological features of chronic hepatitis -
a) Fibrosis of porta hepatis *(PGI June 05)*
b) Architechtural changes
c) Bridging necrosis
d) Ballooning degenerations

2010. Histopathblogy of chronic *hepatitte-(NEET/DNB Pattern)*
a) Balloning b) Councilman bodies
, cj Bridgingnecrosis d)All

2011. Ground glass hepatocytes are seen in which of the viral hepatitis - *(Maharashtra 10)*
a) HAV b)HBV
c) HCV d)HDV

2012. In Chronic Viral Hepatitis - *(AIIMSMay 04)*
a) Hepatitis A virus infection is a common cause in children
b) Morphological classification into Chronic Active Hepatitis and Chronic Persistent Hepatitis are important
c) Fatty change is pathognomic of Hepatitis C virus infection
d) Grading refers to the extent of necrosis and inflammations

2013. Acute viral hepatitis - *(PGIDec 05)*
a) Ballooning degeneration
b) Acidophilic inclusion (necrosis)
c) Interphase hepatitis
d) Lobular disarray
e) Fibrosis

2014. Councilman bodies are seen in - *(AIIMSNov 07)*
a) Alcoholic cirrhosis b) Wilson's disease
c) Acute viral hepatitis d) Autoimmune hepatitis

2015. Acute viral hepatitis is characterised by -
a) Piece meal necrosis *(PGIDec 02)*
b) Zonal necrosis
c) Focal necrotic spot
d) Liver is enlarged and bile stained
e) Bridging necrosis

2016. Which of the following is true regarding viral hepatitis- *(AIIMS June 99)*
a) Raised transaminase level correlates well with hepatic injury
b) Variable elevation of transaminase in prodromal phase.
c) HAV infection is diagnosed by IgG estimation
d) Elevation of enzyme is specific for liver injury

2017. TVue about Autoimmune type n Liver disease-
a) Antinuclear antibody *(PGI Dec 02)*
b) LKM-1 antibody
c) Antismooth muscle antibody
d) DS DNA
e) LC-l,andLC-2

2018. In a chronic alcoholic all the following may be seen in the liver except - *(AI02)*
a) Fatty degeneration b) Chronic hepatitis
c) Granuloma formation d) Cholestatic hepatitis

2019. Features of alcoholic liver disease - *(PGIDec 03)*
a) Fatty changes
b) Pericellular fibrosis
c) Mallory bodies seen
d) Microvesicular fatty deposits

2020. Characteristic of alcoholic liver is - *(PGIDec 99)*
a) Perivenular fibrosis b) Mallory hyaline
c) Spotty necrosis d) Zonal necrosis

2021. Pathological manifestation of chronic alcoholism include aD of the following except -
a) Piecemeal necrosis *(NEET/DNB Pattern)*
b) Balloning degeneration
c) Microvesicular fatty changes
d) Central hyaline sclerosis

20^23a^^^t^i^'Cont^in - *(NEET/DNB Pattern)*
a) Vimentin b) Cytokeratins
c) Keratin d) J/tCollagen/**v S; Mjf i

2001) a,b 2002) a,b,c 2003)a,c 2004)b,e 2005)c 2006)b,d 2007)b 2008)c 2009)a,c 2010)c 2011)b 2012)d
2013)a,b,c,d 2014)c 2015)b,c,d,e 2016)b 2017)b,e 2018)c 2019)A11 2020)a,b,c 2021)a 2022)b

2023. All of the following conditions may show Mallory Hyaline changes except - *(AI9 7)*
a) Wilson disease
b) Indian childhood cirrhosis
c) Primary biliary cirrhosis
d) Hepatitis E

2024. Mallory hyaline is seen in - *(PGIDec 2000, Nov 09)*
a) Alcoholic liver disease
b) Hepatocellular carcinoma
c) Wilson's disease
d) I.C.C. (Indian childhood cirrhosis)
e) Bilary cirrhosis

2025. Microvesicular fatty liver is seen in - *(PGI Dec 04)*
a) Valproic acid b) Tetracycline
c) Rey's syndrome d) DM
e) Protein energy malnutrition

206^/S^MEh **does not cause micrbvesicularsteatosis -**
a) Alcoholic fatty liver *(NEET/DNB Pattern)*
b) -Tetracycline toxicity
c) Acute fatty liver of pregnancy
d) Reyes syndrome

2027. Macro-vesicular fatty liver is seen in - *(AI 96)*
a) Protein-Energy malnutrition
b) Viral hepatitis
c) Acute fatty liver of Pregnancy
d) Reye's syndrome

2028. Non - alcoholic steatohepatitis is caused by -
a) DM b) Obesity *(PGI June 03)*
c) Wilson disease d) Sarcoidosis
e) Triglyceridemia

2029. Which one of the following diseases characteristically causes fatty change in liver ?
a) Hepatitis B virus infection *(AI 05)*
b) Wilson's disease
c) Hepatitis C virus infection
d) Chronic alcoholism

2030. Periportal fatty infiltration of liver is seen with -
a) Alcoholism b) Viral hepatitis *(AI 96)*
c) Malnutrition d) Tetracycline

2031. All are correctly matched except - *(PGI June 06)*
a) Hepatitis B - Ground glass hepatocytes
b) Reye's Ground glass hepatocytes
c) Alcohol - Mallory bodies
d) Wilson disease - Mallory bodies
e) Acute hepatitis - councilman bodies

2032. A young boy presented with severe hematemesis. O/E there was no hepatomegaly, Mild splenomegaly is present Endoscopy shows esophageal varices. The most probable diagnosis - *(AIIMS Nov 2000)*
a) Veno occlusive disease
b) Budd chiari syndrome
c) Cirrhosis liver
d) Non cirrhotic portal fibrosis

2033. Which one of the following is not a feature of liver histology in Non cirrhotic portal fibrosis (NCPF) ?
a) Fibrosis in and around the portal tracts *(AI 05)*
b) Thrombosis of the medium and small portal vein branches
c) Non specific inflammatory cell infiltrates in the portal tracts
d) Bridging fibrosis

2034. Micronodular cirrhosis is found in - *(PGIDec 04)*
a) Jejunoileal by pass
b) Wilson's disease
c) Haemochromatosis
d) Chronic hepatitis B infection
e) Chronic hepatitis C infection

2035. Micronodular cirrhosis is seen in all except -
a) Chronic hepatitis B *(AIIMS Nov 07)*
b) Alcoholic cirrhosis
c) Haemochromatosis
d) Chronic cirrhosis secondary to biliary stasis

2036. Lipoprotein X is elevated in - *(PGI June 98)*
a) Primary biliary cirrhosis
b) Indian childhood cirrhosis
c) Hypercholesterolemia
d) Alcoholic cirrhosis

2037. Hepatocellular damage of Wilson's resembles -
a) Acute hepatitis *(PGIDec 05)*
b) Chronic hepatitis
c) Cholestasis

2038. Gene of Wilsons disease is -*(NEET/DNB Pattern)*
Plf a) ATP 7A b) ATP7B
c) ADP7A d) ADP7B

2039. Tests to diagnose Wilson's disease are -
a) KFring *(PGI Dec 2000)*
b) Liver copper by dry weight of liver = 200 micro gm/gm of dry weight
c) Sr. Ceruloplasmin
d) 24 hours urine copper after penicillamine
e) Sr. copper

2040. Copper is mainly transported *by-^NEET/DNB Pattern)*
a) Ceruloplasmin * b) Albumin
c) Haptoglobin d) Globulin

2041. Raised iron content is NOT found in which organ in Hemochromatosis - *(AIIMS Dec 94)*
a) Heart b) Skin
c) Testis d) Pituitary

2042. All are seen in hemochromatosis except - *(AI 08)*
a) Hypogonadism
b) Arthropathy
c) Bronze diabetes
d) Desferrioxamine is the treatment of choice

2043. Hemochromatosis is a defect in metabolism of -
a) Iron b) Copper *(NEET/DNB Pattern)*
c) Magnesium d) Calcium

2023) d 2024)All 2025)a,b,c 2026) a 2027) a 2028)a,b,e 2029) d 2030) c 203 l)b 2032) d 2033) d 2034) a,c 2035) a 2036) a 2037)a,b,c 2038)b 2039)a,b,c 2040) a 2041) c 2042) d 2043) a

2044. TVue about alpha-1 antitrypsin deficiency, is are -
a) Autosomal dominant *(PGI June 01)*
b) Pulmonary emphysema
c) Diastase resistant hepatic cells
d) Hepatic cells are orcein stain positive
e) Associated with berry aneurysm

2045. Which of the following features in liver biopsy is seen in alpha 1 antitrypsin deficiency-
a) PAS positive and diastase resistant globules are seen *(PGIDec 01)*
b) Cirrhosis of liver
c) Mallory hyaline
d) Bile duct proliferation
e) Amyloid deposition

2046. TYue statements about a_x - anti-trypsin deficiency-
a) Autosomal dominant disease *(PGI June 03)*
b) Emphysema
c) Fibrosis of Portal tract
d) Disetase resistant positive hepatocytes
e) Orcein positive granules

2047. Most common benign tumour of liver is-*(AIISM Nov*
a) Papilloma b) Hepatic adenoma *93,94)*
c) Amoeboma d) Hemangioma

2048. AFP is raised in - *(PGI 99)*
a) Hepatic adenoma
b) Hepatocellular carcinoma
c) Focal nodular hyperplasia
d) None

2049. Angiosarcoma of liver is associated with - *(A198)*
a) Nickel b) Chromium
c) Cadmium d) Arsenic

2050. Thorium dioxide caiisejs-'- *(NEET/DNR Pattern)*
a) Lymphoma b) Lymphangiosarcoma
c) Angiosarcoma d) Hemangioendothelioma

2051. All are features of hepatocellular carcinoma, except-
a) Not common in Asian *(AI1MS Sep 96)*
b) Liver biopsy is diagnostic
c) Raised titre ofHBV and HCV antibodies
d) Fibrolameller type is having good prognosis

2052. 38 year old man Babbu, a chronic alcoholic, presents with pain in abdomen. On examination his liver is enlarged and serum a fetoprotein is elevated. The most likely diagnosis is - *(A12000)*
a) Hepatocellular carcinoma
b) Liver cell hyperplasia
c) Hepatic adenoma
d) Hepatitis

2053. True about Fibrolamellar carcinoma of Liver is all, except- *(ARMS Nov 01)*
a) Females do not have increased incidence than males
b) Has good prognosis
c) Not associated with liver cirrhosis
d) Serum AFP levels are usually >1000 mg/ltr

2054. Best prognosis is seen in - *(AIIMS 98)*
a) Fibraolamellar hepatoma b) Hepatoblastoma
c) Angiosarcoma d) Cholangiosarcoma

2055. Definite markers for hepatoblastoma *\s-(PGINov 09)*
a) LDH b) Alpha-fetoprotein (AFP)
c) hCG d) Alkaline phosphatase
e) p microglobulin

2056. Canals ofhering are present in- *(PGI 98)*
a) Spleen b) Liver
c) Lymph node d) Bone marrow

2057. Histopathologic features of bile duct obstruction are-
a) Proliferation of bile duct *(PGI June 01)*
b) Bile lakes
c) Portal fibrosis
d) Cholestasis

ptgi **Primary biliary cirrhosis is positive for -**
jlgg a) PANCA *(NEET/DNB Pattern)*
b) Anti-mitochondrial antibody
c) Anti nuclear antibody
d) Anti-microsomal antibody

2059. Focal diffuse gall bladder wall thickening with comet tail reverberation artifacts on USG is in -
a) Adenomyomatosis of gall bladder
b) Ca gall bladder *(DNB Dec 08)*
c) Adenomatous polyps
d) Xantho granuloma

2060. Primary sclerosing cholangitis, true are -
a) T Females *(PGI June 06)*
b) Associated with IBD
c) Involves intra & extrahepatic ducts
d) ERCP not helpful

2061. Which is risk factor for cholangiocarcinoma -
a) Obesity *(NEET/DNB Pattern)*
b) Primary sclerosing cholangitis
c) Salmonella carrier state **fill**
d) HBV infection

2062. Klatskin tumo^is^,;; *ic(NEEP/JDNB Pattern)*
a) Nodular type of chQlangio0aripap|a#lljS
ill b) Fibrolamellar hepatocellular carcinoma
mm **.d)'GaU?bUdder:C^ttie|]®fg^i|j|^i^p^^|||pj**
||pSt d) Hepatocellular carcinoma

2063. Adeno carcinoma of gall bladder are always located in- *(ARMS 86)*
a) Fundus b) Neck
c) Harman's pouch d) Bile duct

2064. The following condition of GB is precancerous -
a) Cholesterosis *(NEET/DNB Pattern)*
b) Porcelain gall bladder
c) Biliary atresia
d) Choledochal cyst

2065. Budd chiari syndrome can be caused by - *(PGI 88)*
a) Thrombosis of hepatic veins
b) Polycythemia
c) Drinking Herbal tea
d) Membranous webs of IVC
e) All

2044) b,c 2045) a,b,c 2046)b,c,d 2047) d 2048) b 2049) d 2050) c 2051) a 2052) a 2053) d 2054) a 2055) b 2056) b 2057) a,b,c,d 2058) b 2059) a 2060) b,c 2061) b 2062) a 2063) a,b 2064) b 2065) e

2066. True about Budd-chiari syndrome - *(PGINov 10)*
a) Associated with coagulopathy
b) Cirrhosis may occur
c) Good prognosis
d) Ascites may be present
e) Hepatic vein thrombosis

2067. Budd- chiari syndrome is characterised by -
a) Hepatic veno-occlusive disease *(PGINov 10)*
b) Hepatomegaly
c) Portal vein obstruction
d) IVC obstruction
e) Hepatic vein obstruction

2068. Peliosis hepatis is caused by all except - *(MH11)*
a) Analgesics b) Anabolic steroids
c) OC pills d)Danazol

2069. All are produced exclusively by liver, except -
a) Factor VII b) Prothrombin *(AIIMS Nov 99)*
c) Globulin d) Albumin

2070. Increased lived attenuation with intracellular infiltration is seen in - *(PGI DEC 99)*
a) Fatty liver b) Amyloidosis
c) Hemochromatosis d) All

2071. Hypogonadism in cirrhosis is due to -
a) Direct effect of alcohol on testes *(PGI June 01)*
b) Increased estrogen due to decreased catabolism
c) Increased peripheral conversion of androgens into estrogen
d) Increased testosterone

2072. Intake of which of these cause vascular lesions in liver- *(AIIMS Dec 97)*
a) Halothanes b) INH
c) Steroids d) CPZ

2073. Pigmentation in the liver is caused by all except-
a) Lipofuscin b) Pseudomelanin *(PGIDec 01)*
c) Wilson's disease d) Malarial pigment
e) Bile pigment

2074. Which substance is/are not deposited in hepatocyte?
a) Lipofuschin *(PGI May 10)*
b) Melanin like pigment
c) Bile pigment
d) Iron
e) Melanin

2075. Which of the following tumours have an increased elevation of placental alkaline phosphatase in the serum as well as a positive immunohistochemical staining for placental alkaline phosphatase -
a) Seminoma *(AIIMS May 04)*
b) Hepatoblastoma
c) Hepatocellular carcinoma
d) Peripheral neuroectodermal tumour

2076. Intracanalicular hepatic apparatus is affected by-
a) Alagille syndrome *(PGI June 01)*
b) Cystic fibrosis
c) Congential hepatic fibrosis
d) Caroli's disease
e) Polycystic liver disease

2077. Von-Meyenburg's complexes is seen in -
a) Brain b) Liver *(PGINov10)*
c) Kidney d) Spleen
e) Pancreas

2078. Liver granulation may be associated with all of the following except - *(AI02)*
a) Candida b) Halothane
c) Sarcoidosis d) Hepatic metastasis

2079. All the following are causes of acute pancreatis except- *(AI94)*
a) Gallstone b)Alcohol
c) Hemachromatosis d) Hypercalcemia

2080. Most common site for pancreatic pseudocysts-
a) Head b)Body *(AI98)*
c) Neck d) Outside the pancrease

2081. Most common site for carcinoma of pancreas -
a) Head b) Ampulla *(PGI June 2K)*
c) Body d)Tail

2082. Which of the following is the most common endocrine tumour of pancreas-(^//MS *June 04, PGI June 06)*
a) Insulinoma b) Gastrinoma
c) VIPoma d) Glucagonoma

2083. Whipple's triad is seen in - *(AI 93)*
a) Pancreatic carcinoma b) Insulinoma
c) Gastrinoma d) Somatostatinoma

2084. About ZES true is ? *(PGIDec 05)*
a) MC site is duodenal loop
b) It is an exocrine disease
c) It is an endocrine disease
d) 50% are malignant
e) Surgical excision is done

2085. Commonest sites of intraabdominal abscess -
a) Subphrenic b) Paracolic*(PGIJune 06)*
c) Pelvis d) Retroperitoneal
e) Between loops

2086. Mallory hyaline is characteristic feature of?
a) Hepatocellular carcinoma *(DNB June 11)*
b) Primary biliary cirrhosis
c) Alcoholic liver disease
d) Wilson's disease

2087. Chronic persistent hepatitis and chronic active hepathitis are differentiated by - *(DNB June 11)*
a) Anti-SM b)CRP
c) Arthritis d) Liver biospy

2088. Nutmeg liver is seen in? *(DNB Dec 10)*
a) CVC b) Infarction of liver
c) Amyloidosis d) Budd chiari syndrome

2089. On stopping Alcohol, all the following changes are reversible EXCEPT - *(DNB Dec 10)*
a) Hepatitis
b) Cirrhosis
c) Microvesicular fatty change
d) Macrovesicular fatty change

2090. Nutmeg liver is seen in? *(DNB Dec 09)*
a) CVC b) Infacrction of liver
c) Amyloidosis d) Budd chiari syndrome

2066)a,b,d,e 2067)b,d,e 2068)a 2069)c 2070)a 2071)a,b,c 2072)c 2073)None 2074)e 2075)a 2076)b,c,d,e
2077) b 2078) d 2079) c 2080) b 2081) a 2082) a 2083) b 2084) a,c 2085) c 2086) c 2087) d 2088) a 2089) b 2090) a

2091. Councilman bodies are seen in? *(DNBDec09)*
a) Heart failure b) Acute viral hepatitis
c) Cirrhosis of liver d) Wilson's disease

2092. Mallory hyaline bodies are present in all of the following, except - *(DNB Dec 09)*
a) Primary biliary cirrhosis
b) Secondary biliary cirrhosis
c) Indian childhood cirrhosis
d) Alcoholic cirrhosis

2093. Peliosis hepatis is caused by all except-(Z>M? *Dec 08)*
a) Analgesics b) Anabolic steroids
c) OC pills d) Danazol

2094. Micronodular cirrhosis is seen in all, except -
a) Alcoholic cirrhosis *(DNB June 08)*
b) Wilson's disease
c) Budd Chiari syndrome
d) Indian childhood cirrhosis

2095. Periportal fatty infiltration of liver is seen with- *(DNB Dec 07)*
a) Alcoholism b) Viral hepatitis
c) Malnutrition d) Tetracycline

2096. Mallory's hyaline is seen in - *(DNB Dec 07)*
a) Hepatitis C infection
b) Amoebic liver abscess
c) Indian childhood cirrhosis
d) Autoimmune hepatitis

2097. Nut- meg liver is gross appearance of liver in one of the following- *(TNPSC 2K)*
a) Cirrhosis of liver
b) Hepatoma
c) Secondary carcinomatous deposit in liver
d) Chronic passive congestion in liver

2098. Chronic active hepatitis seen in - *(CUPGEE 97)*
a) Methyldopa b) Oestrogen
c) Erythromycin d) Tetracycline

2099. In chronic inflammation confined to portal tract with intact limiting membrane and normal lobular parenchyma, the histoapathological diagnosis would be- *(ICS 98)*
a) Active hepatitis
b) Chronic active hepatitis
c) Chronic persistent hepatitis
d) Acoholic heaptitis

2100. Chronic Active Hepatitis is most reliably distinguished from chronic Persistant hepatitis by the presence - *(UPSC 02)*
a) Extrahepatic manifestation
b) Significant titre of antismooth muscle antibody
c) Characteristic liver histology
d) Hepatitis B surface antigen

2101. Major source of collagen in cirrhosis -
a) Kupfer cells *(JIPMER 2002)*
b) Ito cell (Hepatic stellate cell)
c) Hepatocyte
d) Canalicular cell

2102. All of the following are true about chronic venous congestion of liver except - *(SGPGI05)*
a) Gamma Gandy bodies are seen
b) Nutmeg liver is seen
c) Dilated blood channels are seen

2103. Large giant cells are found in - *(JIPMER 79, AMU87)*
a) Alcoholic hepatitis b) Neonatal hepatitis
c) Serum hepatitis d) Amoebic hepatitis

2104. Pathological change of liver cells in acute viral hepatitis is - *(AUMS 87, AI90)*
a) Ballooning degeneration
b) Ground glass hepatocytes
c) Piece meal nerosis
d) Fatty change

2105. Which of the following is single most important indicator of likilihoodness of progresion of hepatitis to liver cirrhosis - *(Maharashtra 10)*
a) Etiology
b) Associated serological findings
c) Presence of bridging necrosis
d) Presence of mallary hyaline

2106. Centrilobular necrosis in the liver is due to -
a) Halothane *(JIPMER 93)*
b) Chronic venous congestion
c) Yellow fever
d) Hemorrhagic shock

2107. Midzonal necrosis in liver may occur in-
a) Enteric fever b) Yellow fever *(BIHAR 91)*
c) Scarlet fever d) Rheumatic fever

2108. Macronodular cirrhosis is considered once nodule diameter is greater than - *(Kerala 04)*
a) 1 nun b) 2 m.m
c) 3 ram d) 4 m.m

2109. In cirrhosis liver all are seen except - *(Kerala 96)*
a) Loss of normal architecture
b) Degeneration of hepatocytes
c) Fatty infiltration
d) Loss of inter cellular connective tissue matrix

2110. Fatty change in liver is seen with use of-
a) Tetracycline *(PGI79, Delhi 93)*
b) Erythromycin
c) Chlorpromazine
d) Acetoaminohen

2111. Microvesicular type of fatty liver is seen in the following except - *(UPSC-108)*
a) Acute fatty liver of pregnancy
b) Alcoholic liver disease
c) Reye's syndrome
d) Phosphorus intoxication

2112. Alcoholic hyaline, in alcoholic liver disease is composed of - *(UP 07)*
a) Lipofuscin
b) Eosinophilic intracytoplasmic inclusions
c) Basophilic intracytoplasmic inclusions
d) Hemozoin

2091)b 2092)b 2093)a 2094)b 2095)c 2096)c 2097)d 2098)a 2099) c 2100)c 2101)b 2102)a 2103)b 2104)a,b,d 2105)a 2106)a,b,d 2107)b 2108)c 2109)c 2110)a 2111)b 2112)b

2113. In alcoholic liver disease, which of the following pigments deposited in the hepatocytes - *(UP 08)*
a) Hemosiderin b) Hemoglobin
c) Lipofuscin d) Melanin

2114. Mallory's hyaline is seen in - *(DELHI PG Feb. 09)*
a) Hepatitis C infection
b) Amoebic liver abscess
c) Indian childhood cirrhosis
d) Autoimmune hepatitis

2115. Mallory bodies are seen in all of the following conditons except - *(SGPGI05)*
a) Alcoholism
b) Primary billiary cirrhosis
c) Secondary biliary cirrhosis
d) Wilson's disease

2116. Mallory Hyaline is characteristically seen with -
a) Yellow fever *(MH 11)*
b) Hepatitis B infection
c) Alcoholic hepatitis
d) Primary sclerosing cholangitis

2117. HBV is not associated with - *(Kamat 96)*
a) Chronic active hepatitis
b) Chronic persistent hepatitis
c) Post necrotic cirrhosis
d) Cholangio carcinoma

2118. Vinyl chloride has been implicated in - *(JIPMER 88)*
a) Angiosarcoma of liver
b) Angiofibroma of nose
c) Hepatomas
d) Bladder cancer

2119. Cholangio carcinoma of liver caused by - *(UP 08)*
a) Hepatitis B infection
b) Cirrhosis of liver
c) Alpha - feto protein
d) Clonorchis - sinensis infection

2120. Which of the following is not correct about fibrolamellar variant of Hepatocellular carcinoma?
a) Occurs in young males and females
b) Hepatitis B virus is an important risk factor
c) Often has a better prognosis *(DELHIPG Mar. 09)*
d) Is a hard scirrhous tumour

2121. "Onion skin" fibrosis of bile duct is seen in-
a) Primary biliary cirrhosis *(COMED09)*
b) Primary sclerosing cholangitis
c) Extrahepatic biliary fibrosis
d) Congenital hepatic fibrosis

2122. Grossly pigmented liver is seen in .... syndrome
a) Criggler-Najjar b) Gilberts *(AP96)*
c) Dubin johnson d) Rotor's

2123. The genetic defect in Dubin-Johnson syndrome is - *(Manipal 08)*
a) Mutation in gene for multiple drug resistance protein 2
b) Mutation in UDP-glucuronyl transferase
c) Mutation of chromosome 23
d) Flash mutations

2124. Gall stones in hemolytic anaemia are - *(AI89)*
a) Pigment b) Mixed
c) Cholesterol d) Any type

2125. Bile infarct is related to - *(NIMHANS 89)*
a) Hepatitis B
b) Dubin Johnson syndrome
c) Extrahepatic cholestasis
d) Intraphepatic cholestasis
e) Occlusion of hepatic artery

2126. Which one of the following is not a feature of liver histology in non-cirrhotic portal fibrosis (NCPF)?
a) Fibrosis in and around the portal tracts
b) Thrombosis of the medium and small portal vein branches *(DPG10)*
c) Non-specific inflammatory cell infiltrates in the portal tracts
d) Bridging fibrosis

2127. Single most indicator of likelihoodness of rapid progression of hepatitis to liver cirrhosis is -
a) Associated serological finding *(MH11)*
b) Underlying etiology
c) Presence of bridging necrosis
d) Presence of Mallory hyaline

2128. Primary sclerosing cholangitis is likely to be associated with - *(Jipmer 11)*
a) Adenocarcinoma of pancreas
b) Cholangiocarcinoma
c) Hepatocellular carcinoma
d) Adenocarcinoma of gall bladder

2129. Ground glass cells of Hadziyannis are seen in -
a) Bone b) Liver *(PGI83)*
c) Thyroid d) Prostate

2130. The skin pigmentation in bronze diabetes is due to-
a) Hemosiderin b) Lipofuscin *(JIPMER 90)*
c) Melanin d) Both melanine & hemosiderin

2131. Destruction of fat in acute pancreatitis is due to -
a) Lipase and elastase *(AI91)*
b) Lipase and trypsin
c) Secretin
d) Cholecystokinin and trypsin

2132. Term "Pseudo" used in "Pseudocyst" is due to its -
a) Cintents b) Lining *(AIIMS80)*
c) Site d) Course

2133. Factors that produce acute pancreatitis include all of the following except - *(Kamat 05)*
a) Alcohol
b) Hypercalcemia of parathyroid origin
c) Gall stones
d) Haemochromatosis

2134. Hyaline in islets of Langerhans resemble -
a) Mucin b) Amyloid *(AIIMS 79, 83)*
c) Glycolipid d) Phospholipid

2135. In diffuse calcification of pancreas calcium lies in-
a) Acinar tissues b) Interstitium *(PGI 81, 83)*
c) Pancreatic ducts d) Any where

2113)a 2114)c 2115)c 2116)c 2117)d 2118)a 2119)d 2120)b 2121)b 2122)c 2123)a 2124)a 2125)c 2126)d 2127)b 2128)b 2129)b 2130)d 2131)b 2132)b 2133)d 2134)b 2135)d

MALE GENITAL TRACT

2136. Carcinoma penis is rarest among - *(PGI84)*
a) Americans b) Indians
c) Swedes d)Jews

2137. Verrucous carcinoma is an - *(Kerala 2K)*
a) Extremely well differentiated squamous cell carcinoma
b) Poorly differentiated squamous cell anaemia
c) Example of condyloma
d) An example of adenocarcinoma

2138. All are true about atrophic testis except - *(AI91)*
a) Ley dig cell hypoplasia
b) Lymphocyte infiltration
c) Small size
d) Normal sertoli cell

2139. Testicular involvement wihtout epididymitis is a feature of - *(AI91)*
a) Gonorrhoea b) Syphilis
c) Tuberculosis d) Granuloma inguinale

2140. Which of the following testicular tumor is not a germ cell neoplasm - *(AI 98)*
a) Seminoma b) Yolk sac tumor
c) Sertoli cell tumor d) Teratoma

2141. Which of the following germ cell tumor is malignant-
a) Leydig cell tumor *(NpET/DNB Pattern)*
b) Sertoli cell Iuibot
c) Seminoma
d) Dermoid cyst

2142. Predisposing features for germ cell tumour-
a) Cryptochidism *(PGI Dec 02)*
b) Testicular feminising syndrome
c) Klinefelter's syndrome
d) Smoking
e) Rt side more common than Lt side

2143. Infertility is a common feature in "Sertoli cell only" syndrome because - *(AIIMS Nov 03)*
a) Too many Sertoli cells inhibit spermatogenesis via inhibin
b) Proper blood-testis barrier is not established
c) There is no germ cells in this condition
d) Sufficient numbers of spermatozoa are not produced

2^4i; G6|hm0iiest histological type of carcinoma testis is - *'^hEf^pNB Pattern)*
a) Teratoma b) Yolk sac tumour
fgg c) Serhihoma J|g| dyChoribck^^oM^^i" A*:;

2145. Microscopic feature of seminoma include all of the following except -
a) Gland formation
b) Lymphocytic infiltration
c) Monomorphic cells
d) Destruction of seminiferous tubules

2146. Microscopic picture of seminoma Testis - *(AI 88)*
a) Sheets of lymphocytes in homogenous background
b) Glandular with papilary outgrowth
c) Dermoid elements
d) Hyperchromatic nuclei in eosinophilic cytoplasm

2147. Most common testicular tumour of Childhood is
a) Teratoma b) Seminoma *(PGI 93)*
c) ChorioCarcinoma d) Embryonal Ca

2148. Commonest infantile testicular tumour is -
a) Seminoma b) Teratoma *(Kerala 03)*
c) Yolk sac tumor d) Dysgerminoma

2149. The most common malignant tesicular neophasm is - *(SGPGI05)*
a) Teratoma b) Seminoma
c) Choricocarcinoma d) Lymphoma

2150. HCG is secreted by all except- *(AIIMS2001)*
a) Embryonal cell cancer
b) Choriocarcinoma
c) Polyembryoma
d) Endodermal sinus tumour

2151. Marker for seminoma testis is - *(AI96)*
a) Alfa - fetoprotein
b) Carcinoembryonic antegens
c) HOG
d) Acid phosphatase

2152. HCG is raised in all except - *(AIIMS 92)*
a) Choriocarcinoma b) Seminoma
c) Yolk Sac Tumour d) Teratocarcinoma

2153. Tbmour marker for Endodermal Sinus lYimour
a) CEA b)HCG *(Jipmer91)*
c) Alfa feto protein d) Cytokeratin

2154. Schiller - Buyal bodies aresebn in-; *i(NEPT/DNB Pattern)*
a) Teratoma b) Seminoma ;
•/'e)?Yolksactumodr^d^Ghorip:-carcinom^ljf?¹ £;

2155. A glomerulus-like structure composed of central blood vessel enveloped by germ cells within a space lined by germ cells, is seen in - *(Karn 11)*
a) Sertoli-Leydig cell tumor
b) Granulosa cell tumor
c) Endodermal sinus tumor
d) Sex cord tumor with annular tubules

2156. Schiller- Duval bodies is seen in - *(Orissa R)*
a) Choriocarcinoma
b) Embryonal cell Ca
c) Endodermal sinus tumour
d) Immature teratoma

2157. Endodermal sinus tumour is characterized by -
a) Schiller-Duval body *(COMED09)*
b) Psammoma body
c) Call-Exner bodies
d) Homer-Wright rosettes

2158. Extragonadal germ cell tumors occur in all of following except - *(AIIMS 95)*
a) Sacrococcygeal region b) Mediastinum
c) Brain d) Testis

2136)d 2137)a 2138)a 2139)b 2140)c 2141)c 2142)a,b,c,e 2143)c 2144)c 2145)a 2146)a 2147)d 2148)c 2149)b 2150)d 2151)c 2152)b 2153)c 2154)c 2155)c 2156)c 2157)a 2158)d

2159. The commonest site for extragonadal germ cell tumour is - *(COMED 09)*
a) Retroperitoneum b) Sacrococcygeal region
c) Pineal gland d) Mediastinum

2160. The prostatic growth in benign prostatic hypertrophy is due to- *(JIPMER 2002)*
a) Testosterone b) 17 estradiol
c) Dihydrotestosterone d) Oestrogen

FEMALE GENITAL TRACT

2161. Sarcoma Botyroides is mostly seen *in-(UPSC 85,PGI*
a) Neonates b) Children under 2 years *86)*
c) Adults d) Post menopausal

2162. Tennis racket cells is seen in - *(Kerala 97)*
a) Sarcoma botyroides
b) Vaginal adenocarcinoma
c) Leiomyoma uterus
d) Seminoma

2163. Vaginal adenocarcinomas in children is caused by-
a) Virus *(TN 98)*
b) Adminstration of DES to pregnant mothers
c) Hormonal changes
d) All of the above

2164. Premalignant lesion of the vulva is - *(Kerala 87)*
a) Kraurosis
b) Leucoplakia
c) Condyloma accuminata
d) Localised scleroderma

2165. Squamocolumanr junction is usually located.. ..from cervical lip - *(DNB91)*
a) 2.5 mm b) 8-13 mm
c) 20-30 mm d) 40-50 mm

2166. Commonest site of endometriosis - *(AP 85, JIPMER*
a) Vagina b)Ovary *86,UPSC88)*
c) Urinary bladder d) Peritoneal cavity
e) Umbilicus

2167. Which is not a risk factor of endometrial carcinoma -
a) Obesity b) Smoking *(NEET/DNB*
c) Infertility d) Tamoxifen *Pattern)*

2168. Carcinosarcoma may arise in - *(PGI81,93)*
a) Uterus b)Cervix
c) Vagina d)Ovary

2169. Adenocarcinoma of the uterus along with rhabdomyosarcoma of the uterus is seen, the condition is called - *(KERALA 2001)*
a) Homologous sarcoma
b) Heterologous sarcoma
c) Mixed Mulleriam tumour
d) Carcinoma botryoids

2170. Most common ovarian tumor - *(NEET/DNB Pattern)*
a) Serous cystadenoma b) Choriocarcinoma
c) Teratomif^W^^^pSd)Fibrbtna •

2171. Mucinous cystadenoma of the ovary arises -
a) From cystic teratoma *(COMEDK05)*
b) From surface coelomic epithelium
c) From sex cord stomal cells
d) From ectopic mucin secreting glands

2172. Reinke's crystals are found in - *(AIIMSDec 95)*
a) Arrhenoblastoma b) Granulosa cell tumor
c) Dysgerminoma d) Hilus cell tumor

2173. Call exner bodies are seen *m-(NEET/DNBPattem)*
a) Dysgerminoma b) Granulosa cell tumor
c) Thecoma d) Arrhenoblastoma

2174. The largest ovarian tumour is seen with-
a) Pseudomucinous cystadenoma
b) Serous cystadenoma *(PGI 86, UPSC 85)*
c) Papillary cystadenoma
d) Dysgerminoma

2175. Which is true of Benign Ovarian tumour -
a) Torsion is uncommon *(AIIMS92)*
b) Capsule is Intact
c) Ascites can occur
d) Size less than 10 cm

2176. Usual size of a chocolate cyst of the ovary is about- *(DNB 89)*
a) 1 inch in diameter b) 2 inches in diameter
c) 4 inches in diameter d) 6 inches in diameter
e) 8 inches in diameter

2177. Which of the following is the ovarian counterpart of testicular seminoma - *(NEET/DNB Pattern)*
a) Brener's tumor b) Endodermal sinus tumor
c) Dermoid d) Dysgerminoma

2178. Most common radiosensitive ovarian tumour- *(MAHE 01)*
a) Dysgerminoma b) Granulosa cell tumour
c) Teratoma d) Theca cell tumour

2179. Which one of the following not is true regarding choriocarcinoma ? *(MH11)*
a) Aggressive malignancy
b) Raised HCG levels
c) Common below 20 years of age
d) Gonadal type is chemosensitive

2180. Rokitanski protruberences are seen in -
a) Mucinous carcinoma *(NEET/DNB Pattern*
b) Teratoma
j§ *$* Itf e)^pidermafcpy4^^|i0to^^h^ fg|g J | j
||!gii Papillaiyld^to[1]^ ;

2181. Sections from a solid-cyStic unilateral ovarian tumor in a 30-year old female show a tumor composed of diffuse sheets of small cells with doubtful nuclear grooving and scanty cytoplasm. No Call-Exner bodies are seen.The ideal immunohistochemistry panel would include - *(AIIMS May 06)*
a) Vimentin, epithelial membrane antigen, inhibin, CD99
b) Desmin, S-1.00 protein, smooth muscle antigen, cytokeratin
c) Chromogranin, CD45, CD99, CD20
d) CD3, chromagranin, CD 45, synaptophysin

2159)d 2160)c 2161)b 2162)a 2163)b 2164)b 2165)b 2166)b 2167)b 2168)a 2169)c 2170)a 2171)b 2172)d 2173)b 2174)a 2175)b 2176)b 2177)d 2178)a 2179)d 2180)b 2181)a

2182. A 20 year old female is diagnosed with granulosa cell tumor of the ovary. Which of the following biomarkers would be most useful for follow-up of patient? *(AlIMSNov 11)*
a) CA 19-9 b) CA 50
c) Inhibin d) Neuron-specific-enolase

2183. Marker for ovarian carcinoma in serum is -
a) CA-125 *(NEET/DNB Pattern)*
b) [illegible]
c) Acid Phosphatase
d) PSA

2184. Krukenberg adenocarcinoma of ovary can occur as result of metastases from all except- *(COMED06)*
a) Stomach b) Breast
c) Liver d) Pancreas

BREAST

2185. Lesions affecting the terminal duct lobular unit (TDLIJ) in breast are all except - *(DPG11)*
a) Nipple adenoma b) Blunt duct adenosis
c) Intraductal papilloma d) Fiboadenoma

2186. Cyclic changes in women breast occur on - *(AI97)*
a) Adipose tissue b) Fibrous tissue
c) Papillomatosis d) Cyst formation

2187. Proliferating breast ma^t^^(N^T/DN^iRa&ef4n}
a) Duct ectasia b) Fibroadenoma
c) Adenosis d) Papilloma

2188. Breast cancer more commonly seen in-
a) Increased risk in relatives *(AlIMSNov 98)*
b) Early marriage, 20 yrs.
c) Nullipara
d) High fat diet
e) Who avoided breast feeding

2189. All are risk factor Yhj *bxehstmp^^^(l&ET/DNB pattern)*
a) OCP g: §jS % | J b) Early mehsturation
c) Faihily history d) Late mehopause

2190. A female patient presented with a firm mass of 2 x 2 cms in the upper outer quadrant of the breast. She gives a family history of ovarian carcinoma. The investigation that needs to be done to assess for mutation is - *(AIIMS May 02)*
a) p53 b) BRCA-2
c) Her 2/Neu gene d) C-myc gene

2191. Malignancy of the Breast is likely to be associated with- *(AI94)*
a) Sclerosing adenosis
b) Atypical epithelial hyperplasia
c) Cystic change
d) Apocrine metaplasis

2192. Breast Ca is not a/w - *(PGIMay 10)*
a) BRCA 1 &BRCA2
b) Apocrine metaplasia
c) Atypical ductal hyperplasia
d) Fibroadenoma
e) Moderate hyperplasia

2193. The type of mammary ductal carcinoma in situ (DCIS) most likely to result in a palpable abnormality in the breast is - *(AI06)*
a) Apocrine DCIS
b) Neuroendocrine DCIS
c) Well differentiated DCIS
d) Comedo DCIS

2194. Most common carcinoma of breast is- *(AI97)*
a) Intra-ductal carcinoma b) Colloid carcinoma
c) Lobular carcinoma d) Sarcoma phylloides

2195. All of th^ foBdwlhg are invasive carcinoma breast except- *(NEET/DNB Pattern)*
a) Comedo carcitroma
b) Colloid carcinoma
c) Labular carcinoma in situ
d) Medullary carcinoma

2196. Which carcinoma breast is not *in\asi\e-(Delhi79,93)*
a) Comedo carcinoma b) Schirrhous carcinoma
c) Lobular carcinoma d) Paget's disease

2197. Bilateral breast ca is - *(PGI June 02)*
a) Scirrhous ca b) Medullary ca
c) Lobular ca d) Ductal ca
e) Paget's ca

2198. True about histology in infilterating lobular breast carcinoma - *(Jipmer 11)*
a) Single file pattern
b) Pleomorphic cells in sheets
c) Cribriform pattern
d) Pin wheel pattern

2199. In which one of the following types of carcinoma of the breast, is a biopsy of the opposite breast advised-
a) Inflammatory carcinoma *(UPSC 02)*
b) Medullary carcinoma
c) Lobular carcinoma
d) Scirrhous carcinoma

2200. ER positive status in Ca Breast indicates - *(NEET/DNB Pattern)*
a) Prognosis b) Etiology
c) Site d) None

2201. Women carrying BRCA 1 gene are more likely to develop which type of breast carcinoma - *(J&K05)*
a) Medullary b) Lobular
c) Colloid d) Secretory

2202. Modified Bloom Richardson criteria for Carcinoma Breast includes - *(PGIMay 10)*
a) Desmoplasia b) Lymphovenous embolism
c) Mitotic rate d) Tubule formation
e) Nuclear polymorphism

2203. Characteristic feature of pagets cells is - *(Kerala 94)*
a) Eosinophilic cytoplasm
b) Abundant clear cytoplasm
c) Glycogen mass
d) Multinucleated giant cell

2204. Toxemia of pregnancy, pathological change is-
a) Glomerular fibrin deposit *(PGI Dec 98)*
b) Fibrinoid necrosis
c) Epithelial damage
d) Mesangial hyperplasia

2182)c 2183)a 2184)c 2185)a 2186)None 2187)d 2188)a,c,d,e 2189)a 2190)b 2191)b 2192)b,d 2193)d
2194) a 2195) a,c 2196) a 2197) c 2198) a 2199) c 2200) a 2201) a 2202)c,d,e 2203) a 2204) a,b,d

MUSCULOSKELETAL SYSTEM

2205. Which of the changes occur in bone growth -
a) Increased acid phosphatase *(ARMS Dec 97)*
b) Increased urinary calcium
c) Increased bone nucleotidase
d) Increased osteocalcin

2206. Bone resorption markers are all except -
a) Tartarate resistant acid phosphatase
b) Osteocalcin *(ARMS May 08)*
c) Cross linked-N-telopeptides
d) Urine total free deoxypyridinolone

2207. Marker of bone formation are all except -
a) Osteocalcin *(ARMS Nov 11)*
b) Alkaline phosphatase
c) Procollagen residue
d) Hydroxyproline

2208. Osteoblasts produce - *(JIPMER 79, Delhi 92)*
a) Collagen b) Calcium
c) Pyrophosphate d) Monosodium urate

2209. Rate of newly synthesized osteoid mineralization can be best estimated by - *(A109)*
a) Tetracycline labeling b) Alizarin red stain
c) Calcein stain d) Van kossa stain

2210. Which of the following joint is characteristically involved in RA. - *(ARMS Sep 96)*
a) Spine
b) Sacroiliac joint
c) Metacarpophalangeal joint and proximal interphangeal joint
d) Wrist joint

2211. Extra-articular manifestations of RA -
a) Scleritis *(PGI June 08)*
b) Pericarditis
c) Pulmonary fibrosis
d) Mononeuritis multiplex
e) Keratoconjuctivitis

2212. Which of the following statements about Rheumatoid Factor is true - *(AI12)*
a) It is an IgM antibody directed against IgG
b) It is an IgG antibody directed against IgM
c) It is more specific than Anti-CCP antibodies
d) It is positive in all cases of Juvenile Rheumatoid Arthritis

2213. Rheumatoid factor is- *(AI 08)*
a) Antibody b) Mucopolysaccharide
c) Fatty acid d) Glycoprotein

2214. Which one of the following is not a characteristic feature of rheumatoid arthritis ? *(UPSC-108)*
a) Sacroiliitis
b) Metacarpophalangeal joint involvement
c) Symmetrical arthritis
d) Positive rheumatoid factor

2215. Characteristic feature of still's disease -*(ARMS Dec*
a) Prominent kidney involvement *97, Sep 96)*
b) Rashes
c) Positive Rheumatoid factor
d) Neutropenia

2216. Seronegative arthritis include- *(AP 87, PGI 88*
a) Ankylosing spondylitis *AUPSC87)*
b) Reiters arthritis
c) Psoriatic arthritis
d) Enteropathic arthritis
e) All of the above

2217. "Tophus" is the pathognomic lesion of which of the following condition - *(ARMSMay 03)*
a) Multiple myeloma b) Cystinosis
c) Gout d) Eale's disease

2218. Tophi in gout found in all regions except- *(PGI2K)*
a) Joint capsule b) Skin
c) Muscle d) Articular cartilage
e) Synovial membrane

2219. All are causes of osteoporosis except -
a) Old age *(ARMS Sep 96)*
b) Chronic heparin therapy
c) Hypothyroidism
d) Thyrotoxicosis

2220. Osteoporosis is caused by all, *except*-*(AJIMS June 98)*
a) Corticosteroid b)Oestradiol
c) Methotrexate d) Chronic heparin therapy

2221. Involucrum means - *(TN 89)*
a) Dead bone b) New living bone
c) Previous living bone d) None of the above

2222. Garre's osteomyelitis commonly involve -
a) Jaw b) Femur *(JIPMER 2002)*
c) Ribs d) Small bones of hand

2223. Paget's disease involves which of the following bone-
a) Pelvis b) Vertebrae *(PGI2K)*
c) Skull d) Phalanges
e) Toes

2224. Serum marker of rickets is - *(AI 98)*
a) Acid phosphates
b) Alkaline phoshpatase
c) Decreased serum calcium
d) Urinary posphates

2225. Histology of Myositis ossificans mimics - *(TN 01)*
a) Osteosarcoma b) Osteochondroma
c) GCT d) Ewing's tumour

2226. Most common malignant bone tumor-
a) Osteogenic sarcoma *(NEET/DNB Pattern)*
b^Secoindaries
c) Osteoma
d) Enchondroma

2227. Which bone tumour arises from the epiphysis -
a) Osteogenic sarcoma *(AP 86, UPSC 86,*
b) Ewing sarcoma *Kerala 87, AJ. 88)*
c) Osteoclastoma
d) Osteoma
e) Osteoid osteoma

2205)d 2206)b 2207)d 2208)a 2209)a 2210)c 2211)AH 2212)a 2213)a>d 2214)a 2215)b 2216)e 2217)c 2218)a,e 2219)b 2220)b 2221)b 2222)a 2223)a,b,c 2224)b 2225)a 2226)b 2227)c

2228. Bone tumour arising from metaphysis -
a) Osteogenic sarcoma *(UPSC 86, Kerala 87)*
b) Ewing sarcoma
c) Osteoclastoma
d) Osteiod osteoma

2229. An epiphyseal bone lesion is - *(DELHIPG Feb. 09)*
a) Osteogenic sarcoma b) Chondroblastoma
c) Ewing's sarcoma d) Chondromyxoid fibroma

2230. Giant cells seen - *(PGIDec 06)*
a) Osteoclastoma b) Chondroblastoma
c) Chordoma d) Osteitis fibrosa cystisca

2231. A patient with Ewing's sarcoma. Histology shows small round cells. These cells are filled with which of the following - *(AIIMS Nov 2000)*
a) Glycogen b)Iron
c) Fat d) Mucin

2232. Ewings sarcoma arises from - *(NEET/DNB Pattern)*
a) G cells b) Totipotent cells
c) Neuroectodermal cells d) Neurons

2233. Which of the following is the most common mutation in Ewing's sarcoma - *(AI12)*
a) Translocation X: 18
b) Translocation 11; 22
c) Activative mutation of G5 alpha surface protein
d) Missense mutation in EXTI

2234. Large Intracytoplasmic glycogen storage is seen in which of malignaney - *(APPG 2006)*
a) Osterosarcoma
b) Mesenchymal chondrosarcoma
c) Ewing's sarcoma
d) Leiomyosarcoma

2235. MIC-2 is a marker of- *(AIIMSNov 09)*
a) Ewing's sarcoma
b) Osteosarcoma
c) Dermatofibrous protruberans
d) Alveolar cell sarcoma

2236. A patient with which of the follwing disease is predisposed to develop osteosarcoma - *(Kam 95)*
a) Osteomalacia b) Osteomyelitis
c) Paget's disease of bone d) Osteopetrosis

2237. Which of the following is not true in relation to osteosarcoma? *(DPG11)*
a) Paget's disease & prior irradiation are predisposing factors
b) Rb gene mutation is associated with hereditary variant
c) c-myc gene implicated in the genesis
d) Codman's triangle is the characteristic x-ray finding

2238. A 50-year-old lady presented with a 3-month history of pain in the lower third of the right thigh. There was no local swelling; tenderness was present on deep pressure. Plain X-rays showed an ill-defined intra medullary lesion with blotchy calcification at the lower end of the right femoral diaphysis, possibly enchondroma or chondrosarcoma. Sections showed a cartilaginous tumor. Which of the following histological features (if seen) would be most helpful to differentiate the two tumours? *(AIIMSMay 06)*
a) Focal necrosis and lobulation
b) Tumor permeation between bone trabecuae at periphery
c) Extensive myxoid change
d) High cellularity

2239. A 50 year old patient presents with a lesion in the midline involving the sacrum. It is found to be sclerotic. What is the most probable diagnosis -
a) Metastatic *(AIIMS Nov 2000)*
b) Chordoma
c) Osteosarcoma
d) Chondrosarcoma

2240. Secondaries are common in a/e - *(PGI June 01, 09)*
a) Skull b) Hand & feet bones
c) Proximal limb bones d) Pelvic
e) Vertebrae

2241. What percent of giant cell tumor of bone are malignant ? *(Manipal 08)*
a) 5-10% b) 15-20%
c) 25-30% d) 50-60%

2242. Giant cell tumor of tendon sheath is - *(NEET/DNB Pattern)*
a) Traumatic b) Infective
c) Malignant tumor d) benign tumor

2243. A patient presents with endocrinopathy, fibrous dysplasia of bone and hyperpigmentation. Diagnosis is? *(Jipmer 11)*
a) Me Cune Albright syndrome
b) Addison's disease
c) Alagille syndrome
d) Lynch syndrome

2244. Bone tumour which is hormone dependent- *(ZMS87)*
a) Osteogenic sarcoma b) Ewing sarcoma
c) Osteoclastoma d) Fibrous dysplasia
e) Osteiod osteoma

2245. Brown tumor of bone is seen in- *(AI 10)*
a) Hyperparathyroidism b) Hypoparathyroidism
c) Hypo-thyroidism d) Hyperthyroidism

2246. Dystrophin is lacking in- *(NEET/DNB Pattern, AIIMS May 93, 03)*
a) Polio
b) Duchenne's muscular dystrophy
c) Peroneal muscular atrophy
d) None of the above

2247. Characteristic finding in muscular dystrophy is -
a) Inflammatory cell infiltrate *(PGI 89)*
b) Heterogenicity of fiber size
c) Nuclear proliferation beneath sarcolemma
d) Muscle necrosis

2248. Target fibres are characteristicaly seen in a muscle biopsy of- *(Delhi 83)*
a) Dermatomyositis
b) Motor neuron disease
c) Myaesthenia gravis
d) Drug induced myopathy

2228)a 2229)b 2230)a,b 2231)a 2232)c 2233)b 2234)c 2235)a 2236)b,c 2237)c 2238)b 2239)b 2240)b
2241)a 2242)d 2243)a 2244)d 2245)a 2246)b 2247)b,d 2248)b

2249. Myotonic dystrophy is inherited in chromosomes -
a) 21 b) 20 *(A199)*
c) 19 d)24

2250. Myasthenia gravis is associated with -
a) Thymoma *(NEET/DNB Pattern)*
b) Thymic carcinoma
c) Thymic hyperplasia
d) Lymphoma

2251. In Myasthenia gravis, antibodies are present against - *(COMEDK 05)*
a) Muscarinic receptor proteins
b) Nicotinic receptor proteins
c) Protein actin
d) Protein myosin

2252. Perifascicular atropy of muscle fibres is seen in - *(NEET/DNB Pattern)*
a) Steroid myopathy
b) Dermatomyositis
c) Inclusion body myositis
d) Nemaline myopathy

2253. Prognosis in a soft tissue tumour is determined by -
a) Grade of tumour *(AIIMS 97)*
b) Bulk of the tumour
c) Depth of Invason
d) Lymph nodal involvement

2254. In which of the following malignancies histological grade is a good prognostic indicator? *(Jipmer 11)*
a) Melanoma b) Soft tissue sarcoma
c) Renal cell carcinoma d) Lung cancer

2255. Cytogenetics for synovial cell sarcoma is - *(AI08)*
a) t (X: 18) b) t(17,9)
c) t (9,22) d) t (11,14)

2256. "Biphasic pattern" on histology is seen in which tumor - *(DPG10, MH02)*
a) Rhabdomyosarcoma b) Synovial cell sarcoma
c) Osteosarcoma d) Neurofibroma

2257. Synovial sarcoma cellular markers are -
a) Cytokeratin b) S-100 *(PGI Nov 09)*
c) Vimentin d)Calretinin

2258. Ganglion of tendons is an example of - *(MH10)*
a) Neoplastic process
b) Malformation
c) Amyloid deposition
d) Myxomatous degeneration

2259. Fibrous histiocytoma is classified as - *(AI 98)*
a) Haemangio pericytoma
b) Sclerosing haemangioma
c) Angiomyolipoma's
d) Angiomyosarcoma

2260. With regard to the malignant behavior of leiomyosarcoma, the most important criterion is -
a) Blood vessel penetration by tumor cells *(AI 06)*
b) Tumor cells in lymphatic channels
c) Lymphocyte infiltration
d) The number of mitoses per high power field

2261. Commonest sarcoma in children is - *(PGIDec 99)*
a) Rhabdomyosarcoma b) Lipoma
c) Angiosarcoma d) Fibrosarcoma

2262>7l^a^lecy^ebmma shaped cellson histopathology are seen in - *(NEET/DNB Pattern)*
a);^choepMKelionya ; *T* b) Spideroma B */ E f)*
r c) Rhabdomyosarcoma fl)Histiocytoma

2263. *True* about childhood tumor are all except -
a) Wilm's tumor *(PGI June 08)*
b) Neuroblastoma
c) Retinoblastoma
d) Embryonal rhabdomyoma
e) Pleomorphic rhabdomyosarcoma

2264. Embryonal rhabdomyosarcoma is seen in -
a) Face b) Neck
c) Nasal cavity d) Vagina
e) Prostate

NERVOUS SYSTEM

2265. What are gitter cells - *(AIIMS Sep 96)*
a) Astrocytes
b) Macroglia
c) Modified macrophages in CNS
d) Oligodendrocytes

2266. Neuroglia responsible for phagocytosis is -
a) Fibrous Astrocytes *(AIIMSDec 94)*
b) Protoplasmic Astrocytes
c) Oligodendrocytes
d) Microglia

2267. The macrophage in the brain is - *(NEET/DNB Pattern)*
a) Schwann cells b) Oligodendrocytes
c) Astrocytes d) Microglia

2268. Disease or infarction of neurological tissue causes it to be repaired by - *(AI 02)*
a) Fluid
b) Neuroglia
c) Proliferation of adjacent nerve cells
d) Blood vessel

2269. The following cell types does hot participate iii repair after brain infarction - *(NEET/DNB Pattern)*
a) Microglia b) Astrocytes'
c) Fibroblasts d) Endothelium

2270. The function of oligodendrocyte is- *(AI 95)*
a) Myelinates the CNS
b) Nutrition of nervous tissue
c) Lining the cavities of the CVS
d) Behave like macrophages

2271. Complex granular corpuscels are produced by -
a) Oligodendrocytes b) Astrocytes *(AI 91)*
c) Microglia d) Vascular endothelium

2272. All are true about pyogenic meningitis except -
a) Increased CSF protein *(AI 91)*
b) Pleocytosis
c) Markedly decreased CSF glucose
d) Decreased CSF C- reactive protein

2249)c 2250)a 2251)b 2252)b 2253)a 2254)b 2255)a 2256)b 2257)a,b,c 2258)d 2259)b 2260)d 2261)a 2262) c 2263) e 2264) AH 2265) c 2266) d 2267) d 2268) b 2269) c 2270) a 2271) c 2272) d

2273. Following are CSF findings in aseptic meningitis except- *(AI93)*
a) Increased proteins b) Increased Sugar
c) Neutrophilia d) Decreased chloride

2274. C.S.F. cell count in tubercular meningitis varies between - *(Orissa 99)*
a) 0 to 99 b) 100 to 499
c) 500 to 999 d) 1000 to 5000

2275. Which is not a finding in viral encephalitis-
a) Astroglial proliferation *(PGl June 99)*
b) Perivascular mononuclear infiltrate
c) Inclusion bodies intranuclear and intracytoplasmic
d) None of the above

2276. Which of the following is not seen HIV involvement of CNS - *(AIlMSMay 09)*
a) Perivascular giant cell
b) Vacuolar degeneration of post column
c) Microglial nodule formation
d) Inclusion bodies

2277. Histopathological feature of HIV encephalitis is/are-
a) Negri body b) Lewy body *(PGINov 09)*
c) Fibrillary plaque d) Microglial nodules
e) Multinucleated giant cell

2278. Pathologic features of brain in AIDS are all, except - *(AIIMS Nov 01, Dec 97)*
a) Perivascular giant cell invasion
b) Microglial nodules
c) Vasculitis
d) Temporal lobe infarction

2279. Perivascular lymphocytes & microglial nodules are seen in - *(NEET/DNB Pattern)*
a) Multiple sclerosis b) IIIV encephalitis
c) CMV meningitis d) Bacterial meningitis

2280. In rabies pathological lesions in CNS are- *(PGI97)*
a) Brainstem encephalitis
b) Cranial nerve arteritis
c) Neuronal loss
d) Neurofibrillary tangles

228fv **Negri bodies are seen in-** ^ *{NEET/DNBPattern)*
a) Oligodendroglia b) Neuron
3|G)-Mybglia> ■ v*:*fh* ^ > **d) Astrocytes ., -**

2282. The nucleus involved in Alzheimer's disease is -
a) Basal nucleus of Mayemet *(AI 96)*
b) Raphe nucleus
c) Superior salivary nucleus
d) Basal lobe of cerebellum

2283. The following is not a feature of Alzeimer's disease-
a) Neurofibrillary tangles *(AI 04)*
b) Senile (neuritic) plaques
c) Amyloid angiopathy
d) Lewy bodies

2284. In Alzheimer disease, seen are: *(PGIDec 07)*
a) Neurofibrillary tangles b) Neuritic plaques
c) Pick's protein d) Amyloid angiopathy
e) Senile plaques

2285. All the following are feature of picks diseases except- *(Kerala 04)*
a) Knife blade atrophy b) Walnut brain
c) Ballooning degeneration d) Hirano bodies

2286. In Hydrocephalus exvacuo, the compensatory enlargement of ventricles and increase in CSF volume due to brain atrophy is seen in- *(Kerala 04)*
a) Alzheimers diseae b) Picks diseases
c) Both d) None of the above

2287. Characteristic pathological feature of Parkinson's disease is presence of - *(AI 99)*
a) Lewy bodies b) Babes nodule
c) Neuro fibrillary tangle d) Negri-bodies

2288. Rosenthal fibres are - *(NEET/DNB pattern)*
a) Intranclear inclusions
b) Intracytoplasmic inclusions
c) Present extracellularly
d) Part of cell membrane

2289. Rosenthal fibres are seen in - *(NEET/DNB Pattern)*
a) Pilocytic astrocytoma b) Glioblastoma
c) Medulloblastoma d) Ependymoma

2290. Rosenthal fibres in astrocytoma are composed of - *(NEET/DNB Pattern)*
a) Heat shock proteins b) Fibrillar proteins
c) GFAP d) Globulins

2291. Least common site for berry aneurysm is - *(AI97)*
a) Vertebral artery
b) Basilar artery
c) Junction of anterior cerebral artery and internal carotid artery
d) Posterior cerebral artery

2292. Berry aneurysm - Defect lies in - *(AIIMSMay 10)*
a) Degeneration of internal elastic lamina
b) Degeneration of media / muscle cell layer
c) Deposition of mucoid material in media
d) Low grade inflammation of vessel wall

2293. True about giant aneurysm - *(PGI June 09)*
a) Rarely rupture
b) Most common in middle cerebral artery
c) Pressure effect is often the presenting symptom
d) Thromboembolic phase is present

2294. Commonest cause of Intra cerebral bleed- *(NEET/DNB Pattern)*
a) Berry aneurysms b) Hypertension
c) Diabetes . d) Thrombocytopenia

2295 Chronic subdural hematoma is caused by -
a) Rupture of bridging veins *(Kerala 91)*
b) Fracture skull bones
c) Subarachnoid hemorrhage
d) Hypertension

2296. Regarding Dandy-Walker syndrome, all are seen except- *(AIIMS 98)*
a) Hydrocephalus
b) Archnoid cyst
c) Posterior fossa cyst
d) Cerebellar vermis deficiency

2273) b,c 2274) b,c 2275) a 2276) d 2277) d 2278) c 2279) b 2280) a 228 l)b 2282) a 2283) d 2284)a,b,d,e 2285)d 2286)c 2287)a 2288)b 2289)a 2290)c 2291)a 2292)b 2293)c,d 2294)b 2295)a 2296)b

2297. Which of the following would distinguish hydrocephalus due to aqueductal stenosis when compared to that due to Dandy walker malformation-
a) Third ventricle size *(AIIMSNov 02)*
b) Posterior fossa volume
c) Lateral ventricular size
d) Head circumference

2298. Obstruction to the flow of CSF at the aqueduct of sylvius will most likely lead to enlargement of -
a) All of the ventricles *(AIIMS Nov 03)*
b) Only lateral ventricle
c) Only fourth ventricle
d) Both lateral and third ventricles

2299. Which one of the following is the most common tumor associated with type I neurofibromatosis -
a) Optic nerve glioma *(AIIMS 03)*
b) Meningioma
c) Acoustic schwannoma
d) Low grade astrocytoma

2300. Neurofibromatosis true all, except- *(ARMSMay 09)*
a) Autosomal recessive
b) Associated with cataract
c) Scoliosis
d) Multiple fibroma

2301. Sturge Weber's syndrome is not associated with -
a) Seizures *(ARMS 94)*
b) Hemiatrophy of cerebral cortex
c) Gyriform calcification in brain
d) Empty sella

2302. Struge weber syndrome is associated with -
a) Port wine stain *(Delhi 96)*
b) Cavernous hemangioma
c) Lymphangioma
d) Hemangiosarcama

2303. The most likely diagnosis is a case of intractable convulsions mental defect and facial nevus is-
a) Sturge Weber syndrome *(Orissa 98)*
b) Tuberous sclerosis
c) Von-Hippen -Lindau disease
d) Von- Reckling-Hausens disease

2304. All of the following are the classical presentation of Craniovertrebral junction anomalies except -
a) Pyramidal signs *(ARMS Nov 03)*
b) Low hairline
c) Short neck
d) Pupillary asymmetry

2305. Tectal breaking is seen in - *(ARMSNov 03)*
a) Dandy-walker malformation
b) Amold-chiari malformation
c) Aqueductal stenosis
d) Third ventricular tumor

2306. Which of the following brain tumor arises from arachnoid villi - *(Manipal 2006)*
a) Medulloblastoma b) Ependymoma
c) Meningioma d) Glioma

2307. All of the following are neuronal tumors, except-
a) Gangliocytoma b) Ganglioglioma *(A111)*
c) Neurocytoma d) Ependymoma

2308. Which of the following tumors is not, derived from meninges - *(NEET/DNB Pattern)*
a) Hemangioblastoma b) Meningioma
c) Fibrous tumor d) Hemangiopericytoma

2309. Common spinal cord tumor with intradural but extramedullary situation - *(PGIDec 2000)*
a) Meningioma b) Neurofibroma
c) Ependymoma d) Astrocytoma

2310. Most common cerebellar tumor in children?
§|fg|f -a);<^sttQC'3rtpina; |Jj §f §|jS| *(NEET/DNB Pattern)*
b) Medulloblastoma
c) 'Ependymoma
d) DNET

2311. True about meningioms - *(Jipmer 11)*
a) More common in men
b) 50% are malignant
c) 95% cure rate following treatment
d) Arise from arachnoid layer

2312. Which of the following is true about medulloblastoma-
a) Radiosensitive tumor *(PGI Dec 05)*
b) Spreads through CSF
c) Surgical Rx not done
d) Occurs in young age group
e) It is a supra tentorial tumors

2313. Medulloblastoma most common metastasis is togi
a) Lung b) CNS *(NEET/DNB Pattern)*
c) Liver d) Spleen

2314. Following is true about meduUobastoma-("A/7MS[r] *95)*
a) It is seen mainly in over 50 age group
b) It is radiosensitive tumour
c) Only treatment is surgery
d) Seen in anterior cranial fossa

2315. Most common site for medulloblastoma *is-(NEET/*
a) Cerebellum b) Pituitary *I)NB Pattern)*
c) Cerebrum d) Pineal gland

2316. Which of the following carcinoma most frequently metastasizes to brain - *(ARMS Nov 05)*
a) Small cell carcinoma lung
b) Prostate cancer
c) Rectal carcinoma
d) Endometrial cancer

2317. Common primary sites of metastasis to the brain are-
a) Thyroid Ca b) Tongue Ca *(PGIDec 08)*
c) LungCa d) Breast Ca
e) Ovary Ca

2318. Most common nerve in the neck from which schwanoma arises - *(APPGE 05)*
a) Trigeminal b) Accessory
c) Hypoglossal d) Vagus nerve

2319. True about primary CNS lymphoma - *(PGI June 09)*
a) Reticulin staining is done
b) Essentially B cell type
c) Have an association with EBV
d) Indolent disease with good prognosis
e) Chemotherapy is highly effective

2297) b 2298) d 2299) a 2300) a 2301) d 2302) a,b 2303) a 2304) d 2305) b 2306) c 2307) d 2308) a 2309) a,b
2310)a 2311)c 2312)a,b,d 2313)b 2314)b 2315)a 2316)a 2317)a,c,d 2318)d 2319)a,b,c

2320. Most common GNS neoplasm In HIV patient - *(NEET/DNB Pattern)*
a) Meduloblastom a; Yt'J
b) Astrocytoma
c) Primary CNS lymphoma
d) Ependymoma

2321. True about pilocytic astrocytoma all except -
a) Long survival *(AIIMS May 09)*
b) Total surgical resection possible
c) Can involve posterior fossa
d) Median age at presentation is more than 80 years

2322, . Which of the following brain tumors does not spread via CSF ? *(DPG11)*
a) Germ cell tumors b) Medulloblastoma
c) CNS lymphoma d) Craniopharyngioma

PHI Mo^f cbmmpfr site of gb^Iastbm^fsmlfifbfnte is - *(NEET/DNB Pattern)*
a) CP angle b) Frontal lobe
c) Brain stem d) Occipital lobe

2324, Spongiform degerieration of cerebral cortex occurs in - *(NEET/DNB Pattern)*
a) Creutzfeldt-Jakob disease
b) Subacute sclerosing panencephalitis
byjFa&bfantiliaJ insoj&pa,a£ M⁴ J@ 4 **W/ J**
;d) Cerebral toxoplasmosis

2325, . Intranuclear inclusions of oligodendrocytes are seen in - *(AIIMS Nov 10)*
a) Creutzfelt jakob disease
b) Polio
c) Japanese encephalitis
d) Progressive multiple encephalopathy

2326 . Onion bulb appearance on nerve biopsy is seen in - *(AIIMS Nov 10)*
a) Amyloid neuropathy
b) Diabetic neuropathy
c) CIDP
d) Leprous neuritis

2327;?^lt#4$4hk Mstologlcal a] **ppearance of brain in Creutzfeldt-Jakob disease -** *(NEET/DNB Pattern)*
{ ?Y; a) Neuronophagia -f
b) Spongiform change in brain lUfl fygis !
c) Microabscesses ifpi
d) Demyelination 11 §8i

2328. Similar features between cerebral abscess and cerebral infarct- *(PGI June 09, 07)*
a) Coagulative necrosis
b) Liquefactive necrosis
c) Heal by collagen formation
d) Always develop from emboli from other site
e) MC associated with infectious disease

2329. Following will cause CNS-vasculitis except -
a) SLE *(PGI June-2000)*
b) Whipples disease
c) Granulomatous vasculitis
d) PAN

ENDOCRINOLOGY

2330. Anterior pituitary secretes all except - *(AI99)*
a) Growth hormone b) Prolactin
c) FSH d) Oxytocin

2331. Which of the following is true about pituitary tumor?
a) It present in 10% of brain tumors *(PGIDec 05)*
b) Erodes the sella and extends into surrounding area
c) Prolactinoma is least common
d) It is differentiated by reticulin stain

2332. Medullary carcinoma of the thyroid is associated with which of the following syndrome - *(AI03)*
a) MENI b)MENn
c) Fraumeni syndrome d) Hashimoto's thyroiditis

2333. Which is NOT a component of Werner's - *(AI 95, PGI 93)*
a) Pituitary b) Adrenal
c) Parathyroid d) Pancreas

2334. Werner syndrome is- *(NEET/DNB. Pattern)*
a) MEN 1 b) MEN IIA
c) MEN IIB d) AIP

2335. Which of the following is not included in Sipple's syndrome - *(AIIMS June 97)*
a) Pheochromocytoma
b) Medullary carcinoma thyroid
c) Hyperthyroidism
d) Hyperparathyroidism

2'334>MEN type I includes tumors of allexcept> *^(NEBT:/ DNB Pattern)*
a) Parathyroid b) Pituitary , ,
SHI c) Pancreas d) Medullary carcinoma of thyroid

2337. A/E are involved in MEN type HA- *(AIIMS Dec 95)*
a) Parathyroid b) Adrenal
c) Thyroid d) pituitary

2338. In which of the following is medullary thyroid cancer is the most aggressive form - *(Karnat 05)*
a) MEN type I b) MEN type II a
c) MEN type II b d) Sporadic cases

2339. Average weight of thyroid gland where diet is rich in Iodine is - *(UPSC83)*
a) 10-12gm b)14-16gm
c) 18-20 gm d) 28-30 gm

2340. In which of the following patients, thyrotoxicosis should not be suspected - *(Karnat05)*
a) Patients with unexplained weight loss
b) Patients with unexplained diarrhoea
c) Patients with distal muscle weakness
d) Patients with paroxysmal atrial tachycardia

2341. The endocrine disorder associated with generalized lymphadenopathyis- *(AIIMS78)*
a) Hyperthyriodism b) Addison'sdisease
c) Cushing'syndrome d) Carcinoid syndrome

2342. All are seen in hypothyroidism except -
a) Weight gain b) Cold intolerance
c) Diarrhoea d) Menorrhgia

2343. In hashimoto's disease serum antibodies are mainly against - *(JIPMER 79, AIIMS 84, 85)*
a) Thyroid follicles b) Thyroxine
c) Thyroglobulins d) Iodine

2320)c 2321)d 2322)d 2323)b 2324)a 2325)d 2326)c 2327)b 2328)b 2329)b 2330)d 2331)a,b,d 2332)b
2333)b 2334)a 2335)c 2336)d 2337)d 2338)c 2339)c 2340) c 2341) a 2342)c 2343)a,c

2344. All of the following are true about Hashimoto's thyroiditis, except - *(AI09)*
a) Follicular destruction
b) Increase in lymphocytes
c) Oncocytic metaplasia
d) Orphan Annie eye nuclei

2345. Patients with Hashimoto's thyroiditis are at increased risk of developing - *(Maharashtra 10)*
a) Papillary carcinoma b) Follicular carcinoma
c) T-cell lymphoma d) B-cell lymphoma

2346. The feature that differentiates a follicular carcinoma from a follicular adenoma of thyroid is - *(J&K 05)*
a) Nuclear pleomorphism b) Hurthle cell change
c) Capsular invasion d) Absence of colloid

234$* \|WTuN#tof the following gene defect is associated with development of medullary carciioto^^^fthyroid-
T Proto Oncogene a) vRAD^hAJB^SMpv^OS)
b) Fap gene *NEET/DNB Pattern)*
c) Rb gene
11§g 4) br c m gene H!I *m* **9&1**

2348. Psammoma bodies are seen in - *(PGI June 98)*
a) Thyroid carcinoma b) Carcinoma breast
c) Carcinoma stomach d) Carcinoma testis

HI Orphan annie eye nuclei appearance is characteristic of - *(NEET/DNB Pattern)*
a) Papillary carcinoma thyroid
b) Carcinoma pituitary
c) Paraganglioma
d) Meningioma

2350. FNAC is least diagnostic in which thyroid carcinoma-
a) Anaplastic b) Papillary *(AIIMS June 98)*
c) Follicular d) Thyroiditis

2351. Most common thyroid Cancer is - *(Al 08)*
a) Papillary carcinoma b) Follicular carcinoma
c) Medullary carcinoma d) Anaplastic carcinoma

2352. Medullary carcinoma of Thyroid is characterized by all, except - *(AIIMS Nov 94)*
a) Hereditary in nature
b) Hormone dependent
c) Secretes Calcitonin
d) Amyloid stroma is seen

2353. Medullary ca of thyroid is associated with increase in - *(AI97)*
a) Calcitonin b) Thyroglobulin
c)T3 d)T4

2354. Which type of thyroid carcinoma is classically associated with calcitonin induced amyloid deposition? *(MH11)*
a) Papillary b) Follicular
c) Anaplastic d) Medullary

2355. MEN syndrome is associated with increase in- *(Al 97)*
a) Papillary ca of thyroid b) Medullary
c) Follicular d) Anaplastic

2356. Which of the following is not true about medullary carcinoma of thyroid- *(Maharashtra 10)*
a) Origin is from 'C* cells of thyroid
b) Component of MEN-1
c) Multicentric in origin
d) Amyloid deposition

2357. All of the following are helpful for diagnosis of medullary Ca thyroid except - *(PGI June 2000)*
a) Spindle cell stroma with few follicles
b) Amyloid deposition
c) Calcitonin in stroma
d) Histological mitochondria is essential for diagnosis

2358. Psammoma bodies are seen in following except- *(PGI June 2K, AI09, NEET/DNB Pattern)*
a) Serous cystadenofria of ovary
pig b) Mucinous cystadenoma of ovary
§§gl d)M^ningioma
^Papillary carcinoma of thyroid

-■BflBiii
m **True about Psammoj ma bodies are all** e^geptk ^
if Seen in meningioma *(NEET/DNB Pattern)*
ib)'Cogcefrtde whorled appearanee
c) Contains Calcium^ deposits
fill Sd)?Seen in teratofrAk^^

2360. Psammoma bodies can be seen in the following except ? *(AI 11)*
a) Follicular carcinoma of thyroid
b) Papillary carcinoma of thyroid
c) Meningioma
d) Serous cytadenoma of ovary

2361. TVue about struma ovari - *(PGIDec 04)*
a) Ectopic thyroid tissue
b) Ectopic ovarian tissue
c) It is benign
d) It is included in teratoma

2362. Struma ovarii is composed entirely of-
a) Mature thyroid tissue *(Karnataka 2006)*
b) Immature thyroid tissue
c) Pimary ovarian carcinoid tissue
d) None of the above

2363. Most common Thyroid CA post radiation exposure - *(NEET/DNB Pattern)*
a) Papillary CA b) Medullary C A
» c) Follicular CA >:d)None >'.

2364. In thyroglossal cyst, carcinoma which arises is -
a) Follicular b) Medullary *(MP97)*
c) Papillary d) Anaplastic

2365. Which of the following production is noted in Cushing's Syndrome a tumour associated -
a) Decrease production of cortisol *(Karn 06)*
b) Increase production of cortisol
c) Excessive production of epinephrine
d) Excessive production of vasopressin

2366. Weight range of adrenal glands in most of cases of cushing's disease is - *(AP 92)*
a) 4~llgm b)ll-13gm
c) 14-24 gm d) 25-40 gm

2344)d 2345)d 2346)c 2347)a 2348)a 2349)a 2350)c 2351)a 2352)b 2353)a 2354)d 2355)b 2356)b 2357) d 2358)b 2359)d 2360)a 2361)a,c,e 2362)a 2363)a 2364)c 2365)b 2366)d

2367. Crook's hyaline change occurs in - *(AMU 87)*
a) Voluntary muscles
b) Diabetes mellitus liver
c) Basophils of pitutary gland in cushings disease
d) Viral hepatitis- B liver
e) Yellow fever-hepatitis

2368. The most common cause of Addison's disease is -
a) Autoimmune adrenalitis *(AlIMSMay 02)*
b) Meningococcal septicemia
c) Malignancy
d) Tuberculosis

2369. Which is false about adrenal adenoma - *(AI93)*
a) Usually less than 4 cm
b) Should be excised
c) Presents as abdominal mass
d) Causes cushing syndrome

2370. Pheochromocytoma does not arise from which of the following - *(JIPMER 88)*
a) Adrenal medulla b) Adrenal cortex
c) Extra adrenal sites d) Sympathetic chain

2371. Paragangliomas may show production of - *(DNB 91)*
a) ACTH b) Catecholamines
c) GH d)ADH

2372. Zellballen pattern are found in - *(PGINov 10)*
a) Pheochromocytoma
b) Paraganglioma
c) Acoustic neuroma
d) Transistional renal cell carcinoma
e) Schwannoma

2373. Tumor that follows rule of 10 is-*(NEET/DNB Pattern)*
a) Pheochromocytoma b) Oncocytoma
c) Lymphoma d) Renal cell carcinoma

2374. Malignancy in pheochromocytoma is indicated by-
a) Vascular invasion b) Mitotic figures *(AI 95)*
c) Capsular invasion d) metastasis

2375. WhichBof thefollowiug is moit reliabled eature of malignant transformation of pheochromoc ytoma -
; x **:5a)** Presenceofmitotic^g\xr^j*(NEET/DIfB Pattern)*
b) Capsular invasion
c) Vascular invasion
d) Pleomorphism |§I|f

2376. All the following familial syndromes are associated with development of pheochromocytomas except -
a) Sturge-Weber syndrome. *(AIIMSNov02)*
b) Von Recklinghausen disease.
c) MEN Type II.
d) Prader-Willi syndrome

2377. PTH does not cause - *(A1IMS May 95)*
a) Maintains serum Ca^{2+}
b) Ca^{2+} retention
c) Decreased $P0_4^{3'}$ excretion
d) May cause osteolysis

2378. Commonest cause of raised serum calcium is -
a) Ecotopic secretion *(Jipmer91)*
b) Parathyroid hyperplasia
c) Parathyroid adenoma
d) Parathyroid carcinoma

2379. Hypercalcemia is seen in all except - *(AI 97)*
a) Multiple myeloma
b) Primary hyperparathyroidism
c) Sarcoidosis
d) Tumour lysis

2380. Tertiary hyperparathyroidism is- *(AIIMSSep96, AI 98)*
a) High $P0_4$ level with metastasis
b) Secondary hyperparathyroidism with CRF
c) Primary hyperparathyroidism with low Ca^{2+} levels
d) Secondary hyperparathyroidism with chief cell adenoma

2381. What is deposited in Bronze diabetes -*(NEET/DNB Pattern)*
a) Bronze b) Copper
c) Iron d) Carbon

2382. Intraductal papillary mucin neoplasm is precursor of- *(PGI June 09)*
a) Mucinous cystic neoplasm
b) Mucinous non-cystic neoplasm
c) Ductal adenocarcinoma
d) Solid pseudopapillary neoplasm
e) Acinar cell carcinoma

2383. TheHLAimportant inIDDMis- *(AI94)*
a) HLA-A_3 tyHLA-B^
c) HLA-DR3/DR_4 d) HLA-Wj

2384. Nesidioblastoma is due to hyperplasia of-
a) Alpha cell b) Beta cell *(PGI Dec 99)*
c) Acinus d)D cells

DERMATOLOGY & INFECTIOUS DISEASES

2385. An adult old man gets burn injury to his hands. Over few weeks, the burned skin heals without the need for skin grafting. The most critical factor responsible for the rapid healing in this case is -
a) Remnant skin appendages *(AlIMSMay 03)*
b) Underlying connective tissues
c) Minimal edema and erythema
d) Granulation tissue

2386. Dyskeratosis - *(PGI June 07)*
a) Leukoplakia b) Hyperpigmentation
c) Nail dystrophy d) Premature keratinisation

2387. Acantholysis means - *(NEET/DNB Pattern)*
a) Diffuse epidermal hyperplasia
|| b) Lossdf mtercMhllar contfectioiis
c) Intercellular edema of the epidermis.
r d) Abno^m#ky*atihi^ation

2388. Predisposing factors for skin cancer are-
a) Smoking b)U-V-light *(PGIDec 2K)*
c) Chronic ulcer d) Infrared light

2389. Skin cancer which can occur due to exposure to light is - *(Kerala94)*
a) Melanoma b) Squamous cell carcinoma
c) Kaposis sarcoma d) None

2390. Maximum malignant potential is in- *(AI98)*
a) Superficial naevus b) Epidermal naevus
c) Junctional naevus d) Intradermis naevus

2367) c 2368) a 2369) c 2370) b 2371) b 2372) a,b 2373) a 2374) d 2375) None 2376) d 2377) c 2378) c 2379) d 2380)d 2381)c 2382)c 2383)c 2384)b 2385)a 2386)d 2387)b 2388)b,c 2389)b 2390)c

2391. Malignant change in nevus is characterised by-
a) Darkening b) Hemorrhage *(PGI93)*
c) Itching d) Increase in Size

2392. Marker for malignant melanoma is - *(J&K01)*
a) Cytokeratin b) MBN- 45
c) Alpha FP d)S 100

2393. Mutation in malignant melanoma- *(NEET/DNB Pattern)*
a) N-myc b) CDK2A
c) RET d) None

2394. Acantholytic cells in Pemphigus are derived from -
a) Stratum granulosum *(AIIMS May 1993)*
b) Stratum basale
c) Langerhans cell
d) Stratum spinosum

2395. 'Row of tombstones ' appearance is seen in -*(JIPMER*
a) Irritant dermatitis b) Pemphigus *78, PGI81)*
c) Pemphigoid d) Harpeszoster

2396. Mycosis fungoides affects - *(CMC 98)*
a) T Cells b)B Cells
c)NK Cells d)K Cells
e) None of the above

2397. Pautriers microabscess is seen in - *(TN 99)*
a) Psoriasis b) Mycosis fungoides
c) Lichen planus d) Leprosy

2398. Munro microabscesse are seen in -*(Maharashtra 10)*
a) Lichen planus b) Mycosis fungoides
c) Psoriasis d) Eczema

2399. Spongiosis is seen in -
a) Acute eczema b) Lichen Planus
c) Psoriasis d) Pemphigus

2400. Civatte bodies are found in - *(KERALA 98)*
a) Lichen Planus b) Psoriasis
c) Dermatophytosis d) Vitiligo

2401. Broke's tumor is a tumor of- *(AIIMS 81)*
a) Superficial dermal vesels
b) Sweat glands
c) Hair follicles
d) Sebaceous glands

2402. Acanthosis nigricans can occurs due to -
a) Increased multiplication of basal cells
b) Comification of basal cells *(Kerala 96)*
c) Keratinisation of epidermal cells
d) AH

2403. In congenital dystrophic variety of epidermolysis bullosa, mutation is seen in the gene coding for? *(AIIMS May 11)*
a) Laminin4 b) Collagen type 7
c) Alpha 6 integrin d) Keratin 14

2404. True about Dyskeratosis congenita - *(PGIMay 10)*
a) Pancytopenia b) Nail dystrophy
c) Hyperkeratosis d) X linked
e) Leukoplakia

2405. In primary tuberculosis, all of the following may be seen except - *(AI02)*
a) Cavitation b) Caseation
c) Calcification d) Giant cell

2406. Reactivation tuberculosis is almost excusively a disease of the - *(NEET/DNB Pattern)*
a) Lungs b) Bones
c) Joints d) Brain

2407. In primary T.B. seen - *(PGIDec 06)*
a) Ghon's focus b) Pleural effusion
c) Miliary motling d) Fibrosis
e) Cavity

2408. TVue about Ghon's focus- *(PGIDec04)*
a) Left apical parenchymal lesion
b) Right apical parenchymal lesion
c) Sub pleural caseous lesion in right upper lobe
d) Subpleural caseous lesion just above or below interlobar fissure
e) Caseous hilar lymphadenopathy

2409. Infraclavicular lesion of tuberculosis is known as -
a) Ghon's focus *(AIIMS May 11)*
b) Puhl's focus
c) Assman's focus d) Simmon's focus

2410. Commonest type of spinal T.B. is - *(AIIMSMay 95)*
a) Posterior b) Paradiscal
c) Pedicle d) Anterior

2411. Phagocytosis of TB bacilli does not occur because of- *(JIMPER 93)*
a) WaxD b) Muramyl dipeptide
c) Cord factor d) Peritrichate Cilia

2412. Soft granuloma is typically found in - *(AIIMS 86)*
a) Amoeboma b) Leprosy
c) Tuberculosis d) Gumma

2413. Ghon's focus with hilar Lymphadenopathy is equivalent to - *(Kerala 97)*
a) Boderline Tuberculoid Leprosy
b) Tuberculoid Leprosy (TL)
c) Lepromatous Leprosy (LL)
d) Indeterminate Leprosy

2414. Tuberculin test positivity indicates - *(APPGE 05)*
a) Good humoral immunity
b) Infection with mycobacterium
c) Good cell mediated immunity
d) None

2415. The most important function of epithelioid cells in tuberculosis is - *(DPG 10, UPSC 02)*
a) Phagocytosis b) Secretory
c) Antigenic d) Healing

2416. The pathogenesis of cerebral malaria included-
a) Cytoadhesion *(PGI June 03)*
b) Sequestration of cerebral vessels by RBCS
c) Reticulocytopenia
d) Also caused by P.vivax
e) Sporozoites are sequestrated in blood

2417. Pathological change in brain in cerebral malaria is - *(PGI June 97)*
a) Cerebral edema
b) Microvascular occlusion
c) ICT
d) Space occupying lesion

2391)c,d 2392) d 2393)b 2394)d 2395)b 2396)a 2397)b 2398)c 2399)a 2400)a 2401)c 2402)c 2403)b 2404)a,b,d,e 2405)a 2406)a 2407)a 2408)d 2409)c 2410)b 2411)c 2412)c 2413)b 2414)c 2415)b 2416)a,b 2417) b

2418. Durck granuloma is *sten\Ur(NEET/DNB; Pattern)*
a) Brain b) Spleen
c) Liver d)Lymphnode

2419. Finding on histopathological examination in liver in case of malaria is - *(AIIMSMay 07)*
a) Microabscess formation
b) Kupffer's cell hyperplasia with macrophage infiltration around periportal area laden with pigments
c) Non caseating granuloma
d) Non specific finding of neutrophilic infiltration

2420. Malaria affects all the following organs except -
a) Brain b) Heart *(PGI88)*
c) Liver d) Spleen

2421. Plasmodium falciparum affects all organs except
a) Lung b) Liver *(NEET/DNB Pattern)*
c) Kidney d) Heart

2422. Prolonged parasitism in malaria is due to -
a) Antigenic variation *(JIPMER 92)*
b) Intracellularity of parasite
c) Immunosuppression
d) Sequestration

2423. In occult filariasis microfilaria are present in -
a) Peripheral blood only *(Karnat 96)*
b) Peripheral lymph nodes only
c) Deep lymph nodes only
d) Deep organs only

2424. AIDS involves - *(AIIMSSep 96, AI98)*
a) B lymphocytes b) Helper T cells
c) Suppressor T cells d) Cytotoxic T cells

2425. Which of the following cell types is not a target for initiation and maintenance of HIV infection? *(DELHI*
a) CD4T cell b) Macrophage *PG Mar 09)*
c) Dendritic cell d)Neutrophil

2426. All the following malignancies are associated with HIV, except - *(AIIMS Nov 2000)*
a) Kaposi's Ca. b) Non Hodgkin's lymphoma
c) Astrocytoma d) Gastric adeno Ca.

2427. Least common mode of transmission of HTV-
a) Homosexual contact *(JIPMER 99)*
b) Heterosexual
c) IV drug abuse
d) Transfusion of blood products

2428. Rapid progression of disease with full blown manifestation in AIDS occurs when T4 cell count falls bellow- *(ORISSA R)*
a) 1000/microL b)500/microL
c) 200/microL d)50/microL

2429. Which of the following is not true about amoebiasis-
a) ALA in 10% causes in tropics *(AIIMSMay 95)*
b) Portal system efficient filter
c) Abscess due to suppuration
d) Abscess wall good for culture

2430. Characteristic feature of amoebic ulcer - *(AI89)*
a) Flask shaped b) Undermined edges
c) Rolled up edge d) Punched out

2431. Hepar lobatum is due to - *(JIMPER 90)*
a) Hepatitis A b) Syphilis
c) Hepatitis B d) Biliary atresia

2432. Hidradenitis suppurativa is found in- *(AIIMSNov 99)*
a) Sebaceous glands b) Hair follicle
c) Eccrine glands d) Apocrine glands

2433. Warthin-Finkeldey giant cells are seen in -
a) Measles b) Rubella *(AIIMS 83)*
c) Influenza d) Rickettsial pox

PEDIATRICS, ENVIRONMENT AND NUTRITION

2434. Primary structural defect of an organ is termed -
a) Malformation b) Disruption *(AI 09)*
c) Deformation d) Association

2435. All of the following are examples of a round cell tumor, except - *(AIIMS Nov 05)*
a) Neuroblastoma
b) Ewing's sarcoma
c) Non Hodgkin's Lymphoma
d) Osteosarcoma

2436. Retinoblsatoma is most similar to -
a) Fibroma *(PGI80, Rohtak 86)*
b) Phaochromocytoma
c) Neuroblastoma
d) Astrocytoma

2437. Rossettes are characteristically seen in - *(AI 08)*
a) Retinoblastoma b) Melanoma
c) Dysgerminoma d) Lymphoma

2438. Homer wright's rossette are seen in -*(PGI June 99)*
a) Neuroblastoma b) Astrocytoma
c) Meningioma d)Pinealoma

2439. Flexner-Wintersteiner rossette is seen in- *(Orissa R)*
a) Hepatoblastoma b) Nephroblastoma
c) Neuroblastoma d) Retinoblastoma

2440. Metastasis in neuroblastoma goes to -
a) Liver b)Lung *(PGI Nov 09)*
c) Bone d) Bone marrow
e) Kidney

2441. The most common malignant neoplasm of infancy is- *(AI05)*
a) Malignant teratoma b) Neuroblastoma
c) Wilms' tumor d) Hepatoblastoma

2442. Which of the following statements about neuroblastoma is not true - *(AI 09)*
a) Most common extracranial solid tumor in childhood
b) > 50 % present with metastasis at the time of diagnosis
c) Lung metastasis are common
d) Often encase aorta and its branches at the time of diagnosis

2418)a 2419)b 2420)b 2421)a,d 2422)b 2423)None 2424)b 2425)d 2426)c 2427)d 2428)c 2429)c 2430)a,b 243 l)b 2432) d 2433) a 2434) a 2435) d 2436) c 2437) a 2438) a,d 2439) d 2440)a,b,c,d 2441) b 2442) c

2443. To which of the following events is 'good' outcome in neuroblastoma associated - *(AI04)*
a) Diploidy
b) N-myc amplification
c) Chromosome 1 p depletion
d) Trk A expression

2444. The renal tumour which has multicentric origin -
a) Wilm's tumour *(TN98)*
b) Transitional cell carcinoma
c) Squamous cell carcinoma
d) Renal cell

2445. In which of the following conditions, Aniridia and Hemihypertrophy are most likely present -
a) Neuroblastoma *(A1IMS May 04)*
b) Wilms'tumour
c) Non-Hodgkin's lymphoma
d) Germ cell tumour

2446. Anaplasia inWilm's tumor is evident *by-(PGINov 10)*
a) Increased mitosis b) Pleomorphic nuclei
c) Large nucleus d) p53 mutation
e) Inceased response to chemotherapy

2447. 1 yr. old child with abdominal mass with calcification, possiblities are - *(PGIDec 2000)*
a) Neuroblastoma b) Wilm's tumor
c) Nephronopthsis **d)** Pheochromocytoma

important prognostic factor psfpan
tumour - *(NEET/DNB Pattern)*
a) Histopathology b) Ploidy of cel
c) Age < I yr d) Mutation of c1p gene

2449. True about nephrogenic rest - *(PGINov 10)*
a) Associated with Wilm's tumor
b) Increased risk of Wilm's tumor in contralateral kidney
c) No association with Wilm's tumor
d) Abnormal embryonal renal tissue

2450. Most common tumour of infancy is - *(UP 07, 05)*
a) Lymphangioma b) Rhabdomyoma
c) Haemangioma d) Lipoma

2451. UV radiation - *(NEET/DNB Pattern)*
a) Prevents formation of Pyrimidine dimmers
b) Stimulates formation of Pyrimidine dimmers
c) Purine dimmers
d) None

2452. The most radiosenstitive tissue is - ***(AP** 88)*
a) Brain b) Bone marrow
c) Thyroid d) Liver

2453. The least radio sensitive tissue is -
a) Nervous tissue b) Bone
c) Kidney d) Thyroid

2454. Least affected by radiation- *(M.P 98)*
a) GIT b) Gonads
c) Cartilage d)Lymphocytes

2455. Example for radiation induced cancer is -
a) Papillary carcinoma thyroid *(Kerala 96)*
b) Follicular carcinoma thyroid
c) Lymphoma
d) Hepatoma
e) Seminoma

2456. Most common tumour due to radiation arises from -
a) Lung b) Liver *(JIMPER 95)*
c) Bone marrow d) Breast

2457. During radiotherapy the Buccal Mucosa exhibits radiation reaction before skin due to - *(Kamat 99)*
a) Rapid cellular turn-over in bone
b) Slow cellular turn-over in blood vessel
c) Rapid cellular turn-over in skin
d) Rapid cellular turn-over in mucosa

2458. Which does of radiation given in fraction over sereral weeks will causes radiation nephritis beginning six months of more - *(Delhi 84)*
a) 1000 rads b) 1500 rads
c) 2300 rads d) 4200 rads

2459. A single whole body dose of how many rads could result in death - *(AMU 86)*
a) 100 rads b) 200 rads
c) 300 rads d) 500 rads

2460. Acute radiation hepatic damage is most marked between - *(Bihar 89)*
a) 1-7 days b) 7-21 days
c) 21-40 days d) 40-100 days

2461. High dose radiotherapy causes pancreatic -
a) Acinar dificiency *(JIMPER 79, 89)*
b) Islets of Langerhans deficiency
c) A + B
d) None

2462. What is present in the part of the bone which received radiotherapy- *(Kamat 99)*
a) Response to radiotherapy is good
b) Fast healing
c) More destruction of bone
d) Tumour regression is not affected

2463. Which of the following cause Teratogenecity -
a) Vit. C b) Vit. E *(AIIMD Feb 97)*
c) VitA d)Vit.D

2464. Lesion in Wernicke's encephalopathy occurs in- *(CUPGEE2001)*
a) Mamillary body b) Cerebellum
c) Motor cortex d) Substantia nigra

2465. Mild hemolytic anaemia is associated with vitamin dificiency- *(JIMPER 90)*
a) B6 b)E
c) A d)C

2466. Rickets is due to - *(AIIMS 91)*
a) Loss of calcium in urine
b) Increased mobilisation of calcium from bone
c) Decreased absorption of calcium
d) Loss of phosphate in Urine

2467. Bone affection in scurvy is due to which of the following - *(AI 10)*
a) Poor mineralization of the osteoid tissue
b) Defective osteoid matrix formation
c) Defective calcification in osteoid
d) Increased degradation of osteoid tissue

2443) d 2444) a 2445) b 2446)a,b,c,d 2447) a,b 2448) a 2449) a,b,d 2450) c 245 l)b 2452) b 2453) b 2454) c
2455)a 2456)c 2457)d 2458)c 2459)c 2460)d 2461)a 2462)c 2463)c 2464)a 2465)b 2466)c,d 2467)b

2468. The cause of scleritis is - *(PGI Dec 97)*
a) Collagen vascular disease b) TB
c) Trauma d) Glaucoma

PATHOLOGY MISCELLANEOUS

2469. The most common fixative used in pathology is?
a) Gluteraldehyde b) Alcohol *(AI11)*
c) Formaldehyde d) Picric acid

2470. The fixative used in histopathology - *(AIIMSMay 12)*
a) 10% buffered neutral formalin
b) Bouins fixative
c) Glutaraldehyde
d) Ethyl alcohol

2471. ESR depends on - *(PGI 87)*
a) Viscosity b) Fibrinogen
c) Rouleaux formation d) Verticality of tube
e) All of above

2472. ESR in increased in - *(AI98)*
a) Sickle cell anemia b) Multiple myeloma
c) Polycythemia vera d) Thalassemia

2473. ESR is raised in - *(AI90)*
a) Sickle cell anaemia
b) Multiple myeloma
c) Acute myocardial Infarction
d) Angina pectoris

2474. Anticoagulant of choice for ESR by Wintrobes method - *(A1IMS Feb 9 7)*
a) Citrate b) Heparin
c) Oxalate d) EDTA

2475. In Wintrobe's method for ESR, anticoagulant used is- *(PGI Dec 98)*
a) Double oxalate b)EDTA
c) Trisodium citrate d) Citrate

2476. Increased ESR is seen in one of following- *(AJ 96)*
a) Sickle cell anemia b) Multiple myeloma
c) Polycythemia d) Congestive heart failure

2477. Erythrocyte Sedimentation Rate is zero in -
a) Abetalipoproteinemia *(UPSC 02)*
b) Afibrinogenemia
c) Asplenia
d) Aplastic anemia

2478. Alkaline phosphatase level on serum is not increased in - *(AIIMS 94)*
a) Paget's disease b) Multiple myeloma
c) Hyperparathyroidism d) Osteomalacia

2479. Alkaline phosphatase levels are elevated in all of the following except - *(Manipal 0 7, 08)*
a) Brain tumors b) Obstructive jaundice
c) Bone tumors d) Placental tumors

2480. Nasal allergy is most often due to - *(PGI 93)*
a) Pollen grains b) Animal dust
c) House dust d) Automobile dust

2481. Nasopharyngeal angiofibromas are most frequently seen - *(AIIMS 8 7)*
a) In the second decade
b) In the third decade
c) In the fourth
d) In the fifth and sixth decades

2482. Otospongiosis is -
a) Autosomal dominant b) Autosomal recessive
c) X-linked dominant d) X-linked recessive

2483. Aphthous ulcers known as - *(UP 07)*
a) Canker sores b) Maijolin's ulcer
c) Curling's ulcer d) Cushing ulcers

2484. Most common type of salivary neoplasm -
a) Adenocystic cacinoma
b) Mixed cell parotid neoplasm
c) Epidermoid carcinoma
d) Adenocarcinoma
e) Adenolymphoma

2485. Most cdtntfton salivary gland tumor - *\(NEET/DNB*
a) Mucoepidermoid carcinoma
b) Pleomorphic ader oma
c) Warthims tumor
d) Qnc^y|o&
Hftfliil1§|M
H j

2486. The commonest site of Pleomorphic adenoma is -
a) Parotid salivary gland
b) Submandibular salivary gland
c) Sublingual gland
d) Submaxillary gland

2487. Pleomorphic adenoma is usually arise from-(T/P *07)*
a) Parotid gland b) Sub mandibular gland
c) Minor salivary gland d) Superficial lobe

2488. Acinic cell carcinomas of the salivary gland arise most often in the - *(A106)*
a) Parotid salivary gland.
b) Minor salivary glands
c) Submandibular salivary gland
d) Sublingual salivary gland

2489. Commonest salivary gland tumour in children -
a) Lymphoma *(AIIMS Nov 99)*
b) Adenoid cystic Ca
c) Pleomorphic adenoma
d) Mucoepidermoid Ca.

2490. Which of the following head and neck tumor has worst prognosis? *(MH11)*
a) Adenoid cystic carcinoma
b) Acinic cell carcinoma
c) Cystadenolymphoma
d) Mucoepidermoid carcinoma

2491. The most common pre-malignant condition of oral carcinoma is -
a) Leukoplakia b) Erythroplakia
c) Lichen planus d) Fibrosis

2492. Best prognosis is seen in - *(AIIMS97)*
a) Calip b) Ca tongue
c) Ca palate d) Ca floor of mouth

2468) a 2469) c 2470) a 2471) e 2472) b 2473) b,c 2474) c,d 2475) a,b 2476) b 2477) b 2478) b 2479) a 2480) a 2481)a 2482)a 2483)a 2484)b 2485)b 2486)a 2487)a 2488)a 2489)d 2490)a 2491)a 2492)a

2493. A 70 year old male who has been chewing tobacco for the past 50 years presents with a six months history of a large, fungating, soft papillary lesions in the oral cavity. The lesion has penetrated into the mandible. Lymph nodes are not palpable. Two biopsies taken from the lesion proper show benign appearing papillomatosis with hyperkeratosis and acanthosis infiltrating the subjacent tissues. The most likely diagnosis is - *(AI04)*
a) Squamous cell papilloma
b) Squamous cell carcinoma
c) Verrucous carcinoma
d) Malignant mixed tumour

2494. Which one of the following is NOT true of Ameloblastoma - *(Karnataka 02)*
a) Most common odontogenic tumour
b) Generally benign
c) Common in 3rd to 5th decade
d) Arises from mesenchymal tissue

2495. Most common jaw tumor is - *(SGPGI05)*
a) Ameloblastoma b) Ostogenie sarcoma
c) Fibrosarcoma d) Squamous cell carcinoma

2496. Cystic hygroma is seen in - *(A1IMS97)*
a) Turners syndrome b) Klinetelter
c) Marfans d) Down's

2497. Ultrastructural finding in case of paraganglioma ?
a) Deposition of glycogen *(A1IMS May 08, AI 10)*
b) Enlarged mitochondria
c) Shrunken mitochondria
d) Dense core granules

2498. Paraganglioma seen in - *(PGIDec 07)*
a) Carotid body tumor
b) Thorax
c) Para-vertebral location
d) Para-aortic lymph nodes

2499. Glomus Cells are found in - *(NEET/DNB Pattern)*
a) Carotid body Tumour b) Thyroid carcinoma
gfg§ c) Liver carcinoma d) None

2500 Which of the following porphyrias is not inherited as an Autosomal Dominant disorder - *(AI 12)*
a) Acute Intermittent Porphyria
b) Congenital Erythropoietic Porphyria
c) Porphyria Cutanea Tarda
d) Hereditary Coproporphyria

2501. The anticoagulant of choice for performing coagulation studies is - *(AIIMS Nov 11, DPG10,*
a) EDTA b) Heparin *J&K05)*
c) Tri sodium citrate d) Double oxalate

2502. If you are in PHC, which anticoagulant is used to sent the blood sample for blood glucose estimation?
a) EDTA *(AIIMS Nov 11)*
b) Heparin
c) Potassium oxalate
d) Potassium oxalate + sodium fluoride

2503. Gleasons scoring is used for - *(NEET/DNB Pattern)*
a) Carcinoma testis b) Carcinoma colon
c) Carcinoma thyroid: d) Carcinoma prostate

2504. Which of the following is not a channelopathy?
a) Cystic fibrosis *(AIIMS Nov 10)*
b) Liddle's syndrome
c) Tay-sach's disease
d) Hypokalemic periodic paralysis

2505. Biphasic histopathology is seen in - *(PGI Nov 09)*
a) Rhabdomyoma b) Mesothelioma
c) Neurofibromatosis d) Synovial sarcoma

2506. True about glomangioma - *(PGI June 09)*
a) Usually subungal
b) More common in hands and feet
c) Thrombosis can occur
d) Most common type of glomus tumor

2507. Glomus tumor is seen in - *(NEET/DNB Pattern)*
a) Retroperitoneum
; b) Soft tissue
c) Distal portion of digits
d) Proximal portion of digits

2508. Lung granuloma with necrosis are seen in -
a) PAN b) TB *(PGI June 01)*
c) Histoplasmosis d) Cryptococcosis
e) Wegener's granulomatosis

2509. Rh factor is an- *(AI 08)*
a) antibody b) Mucopolysaccharide
c) Protein d) fatty acid

2510. Reye's syndrome-histological finding-*(ARMSNov 07)*
a) Budding and branching of mitochondria
b) Swelling of endoplasmic reticulum
c) Paranuclear microdense deposits
d) Glycogen depletion

2511. Foam cells seen in - ***(PGI****Dec 05)*
a) Alport syndrome b) Niemann pick disease
c) Atherosclerosis d) Pneumonia

2512. Reye's syndrome is diagnosed by using with stain - *(AIIMS Dec 97, June 98)*
a) Reticulin stain b) Oil-red-O stain
c) PAS stain d) Mustein stain

2513. Which of the following is used as fungal stain tissue biopsy sections? *(AI 10)*
a) PAS b) Alizarin red
c) LPCB d) Masson Trichrome

2514. Stain not used for lipid - *(AIIMS Nov 07)*
a) Oil red O b) Congo red
c) Sudan III d) Sudan black

2515. Lipid in tissue is detected by - *(AIIMSNov 09)*
a) Oil RedO b) Muciramine
c) PAS d) Myeloperoxidase

2516. liver in hemochromatosis is stained by -
a) Masson Fontana *(NEET/DNB Pattern)*
b) Prussain blue
c) Masson trichrome
d) Congo red

2493) c 2494) d 2495) a 2496) a 2497) d 2498)a,b,c 2499) a 2500) b 2501) c 2502) d 2503) d 2504) c 2505) b,d 2506)a,b,c 2507)c 2508)b,c,e 2509)c 2510)d 2511)a,b,c 2512)b 2513)a 2514)b 2515)a 2516)b

2517. Acridine orange is a fluorescent dye used to bind -
a) DNAandRNA b) Protein *(AIIMS Nov 07)*
c) Lipid d) Carbohydrates

2518. PAS stains the following except - *(A1IMSNov 07)*
a) Glycogen
b) Lipids
c) Fungal cell wall
d) Basement membrane of bacteria

2519. Stain used for melanin - *(NEET/DNB Pattern)*
a) Masson Fontana b) Prussain blue
c) Masson trichrome d) Congo red

2520. Which of the following is a negative stain - *(NEET/DNB Pattern)*
a) Negrosin b) Fonatana
c) ZN stain d) Albert stain

2521. Methods of Hemoglobin estimation inlude the following except - *(ARMS Nov 07)*
a) Drabkin's method-ferricyanide-cyanide
b) Sahli's method
c) Spectrophotometric method
d) Wintrobe's method

2522. All the statement about lactoferrin are true, except- *(AJ03)*
a) It is present in secondary granules of neutrophil
b) It is present in exocrine secretions of body
c) It has great affinity for iron
d) It transports iron for erythropoiesis

2523. In familial mediterranean fever, the gene encoding the following protein undergoes mutation- *(AI05)*
a) Pyrin
b) Perforin
c) Atrial natriuretic factor
d) Immunoglobulin light chain

2524. Which is not pre-malignant at some site - *(AI2K)*
a) Bronchiactasis b) Cholilithiasis
c) Ulcerative colitis d) Leukoplakia

2525. The gene responsible for folic acid transport is situated on which chromosome- *(ARMS May 08, Nov08)*
a) 10 b) 5
c) X d) 21

2526. Splenic macrophages in Gaucher's disease differ from those in ceroid histocytosis by staining positive for - *(AI 04)*
a) Lipids b) Phospholipids
c) Acid Fast Stain d) Iron

2527. A 50-year-old male presented with signs and symptoms of restrictive heart disease. A right ventricular endo-myocardial biospy revealed deposition of extracellular eosinophilic hyaline material. On transmission electron microscopy, this material is most likely to reveal the presence of- *(ARMSMay 06)*
a) Non branching filaments of indefinitive length
b) Cross banded fibres with 67 m periodicity
c) Weber Palade bodies
d) Concentric whorls of lamellar structures

2528. Pericyte formation occur in - *(PGI Nov 09)*
a) Kaposi sarcoma b) Glomus tumor
c) Hemangiopericytoma d) Myopericytoma

2529. Fixative used for bone histopathology is? *(DNB*
a) 10% formalin b) Normal saline *Dec 11)*
c) Rectified spirit d) Nothing

2530. Zellballen pattern on histopathology is observed in? *(DNB Dec 10)*
a) GIST b) Astrocytoma
c) Carotid body tumor d) Retinoblastoma

2531. Serum alkaline phosphate is not rassed in -
a) Primary biliary cirrhosis *(DNB Dec 10)*
b) Hyperparathyoidism
c) Multiple myeloma
d) Hepatitis

2532. Which of the following is a stain for heart failure cells? *(DNB Dec 09)*
a) PAS b) Prussian blue
c) Sudan black d) Oil red

2533. Which of the following is a stain for fat cells?
a) PAS b) Prussian *b\ue(DNBDec 09)*
c) Sudan IV d)Alcianblue

2534. Carotid body tumor arises from? *(DNB Dec 09)*
a) Not a tumor but called a tumor
b) Carotid artery
c) Parasympathetic paraganglioma
d) Sympathetic paraganglioma

2535. Mechanism of oxygen toxicity is? *(DNB Dec 09)*
a) Direct DNA damage
b) Apoptosis
c) Nuclear fragmentation
d) Free radicals

2536. Substance commonly used for organ/tissue preservation for histopathological examination is? *(DNB June 09)*
a) Ethyl alcohol b) Formalin
c) Saturated salt solution d) Normal saline

2537. Which of the following head and neck tumor has worst prognosis? *(DNB June 08)*
a) Adenoid cystic carcinoma
b) Acinic cell carcinoma
c) Cystadenolymphoma
d) Mucoepidermoid carcinoma

2538. The commonest tumor of parotid is -*(DNB June 08)*
a) Mucoepidermoid b) Mixed parotid tumour
c) Adenolymphoma d) Squamous cell carcinoma

2539. Antigen absent in Bombay blood group- *(Orissa 04)*
a) H b)A
c) B d)D

2540. The antigen lacking in Rh negative person is -
a) C b) D *(UP 07,06)*
c) d d)E

2517)a 2518)d 2519)a 2520)a 2521)d 2522)d 2523)a 2524)a 2525)d 2526)a 2527)a 2528)b,c,d 2529)a
2530)c 2531)c 2532)b 2533)c 2534)c 2535)d 2536)b 2537) a 2538)b 2539)a,b,c 2540)b

2541. Blood groups A1 and A2 differ in- *(CUPGEE 02)*
a) Chemical structure of antigen
b) Spatial configuration of antigen
c) Molecular groups
d) Ionic charges on surface

2542. Onion skin spleen is seen in - *(AIIMS81, PGI84)*
a) UP b) Thalassemia
c) SLE d) Scleroderma

2543. Most common cause of splenic rupture is -
a) Malaria b) ITP *(Delhi PG 96)*
c) Thalassemia d) Cirrhosis

2544. Angioid streaks is seen in - *(HPU05)*
a) Pseudoxanthoma Elasticum b) Acromegaly
c) Paget's disease d) All of above

2545. Gleason's classification used for - *(UP 08)*
a) Carcinoma breast b) Carcinoma prostate
c) Carcinoma pancreas d) Carcinoma rectum

2546. Blood smear is best seen at pH of - *(Calcutta 2K)*
a) 7.2 b) 6.8
c) 6.6 d)7

2547. Commonly used FNAC needle gauge -
a) 26-29 b) 22-26
c) 18-22 d) 16-18

2548. Gomoris' aldehyde fuchsin specifically stains -
a) Alcian blue b) PAS *(AIIMS 78, 84)*
c) Methylene blue d) Geimsa stain

2549. Occular basement membrane is stained by -
a) Alcian blue b) PAS *(NIMHANS 89)*
c) Methylene blue d) Geimsa stain

2550. Acid mucin is best demonstrated by the stain -
a) Alcian blue b) Periodic Acid Schiff(P. A.S.)
c) VanGieson d)Reticulin *(KARNAT98)*

2551. Periodic acid schiff stain shows Block positivity in - *(Corned 08)*
a) Myeloblasts b) Lymphoblasts
c) Monoblasts d) Megakaryoblasts

2552. Chromosome defective in cystic fibrosis is-*(AMU05)*
a) Chromosome 5 b) Chromosome X
c) Chromosome 7 d) Chromosome 1

2553. Most common sarcoma in a person receiving immunosuppressive treatment is - *(Kerala 2001)*
a) Kaposi's sarcoma b) Lymphoma sarcoma
c) Osteosarcoma d) Angiosarcoma

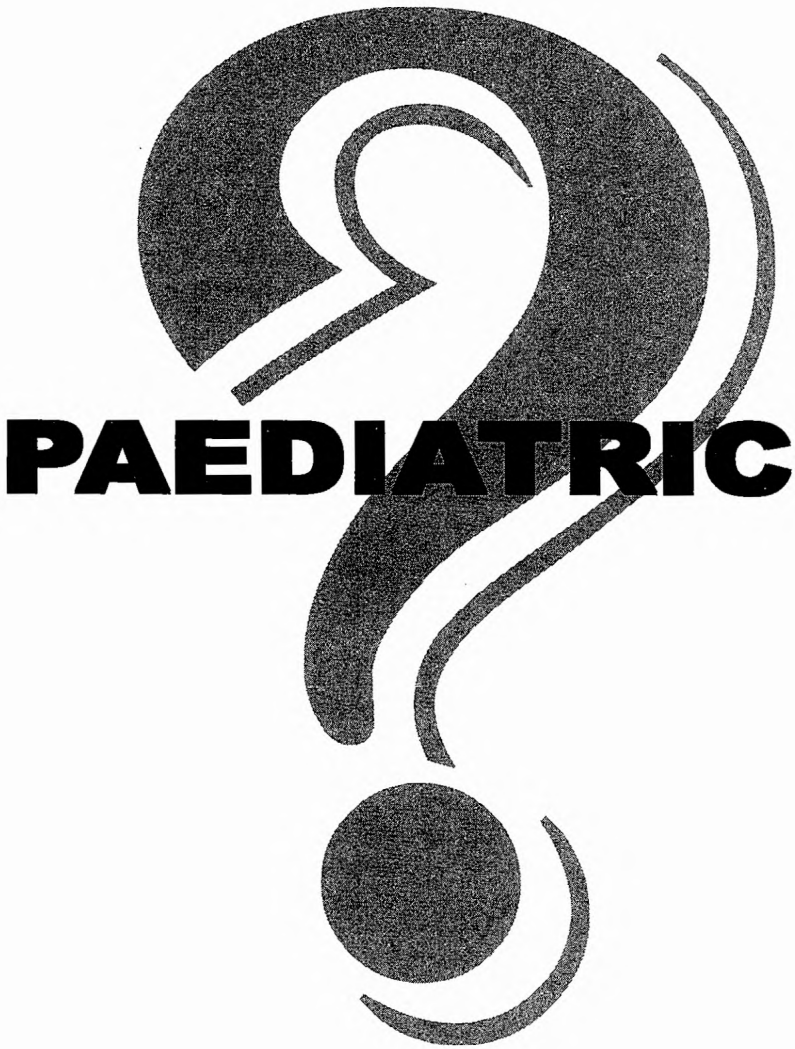
2554. Intrauterine exposure of diethylstiboesterol is associated with - *(COMED 09)*
a) Squamous cell carcinoma of cervix
b) Adenocarcinoma of endometrium
c) Clear cell adenocarcinoma of vagina
d) Sarcoma of uterus

2555. Blood born metastasis is unusual of - *(AIIMS 92)*
a) Osteosarcoma
b) Medullary carcinoma breast
c) Choriocarcinoma
d) Renal cell carcinoma

2556. Plasma cells are increased in- *(AMU 86)*
a) Rheumatoid arthritis b) Acute appendicitis
c) Bronchitis d) Bristles of burnt skin

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2541) a 2542) c 2543) a 2544) a,c 2545) b 2546) b 2547) b 2548) a 2549) b 2550) a 255 l)b 2552) c 2553) a 2554) c 2555)b 2556)a



PAEDIATRICS

GROWTH & DEVELOPMENT

1. **The height of a child is double the birth height at the age of-** *(NEET/DNB Pattern)*
   a) 1 year, b) 2 years
   c) 4 yea d) 6 y
   e) 8 y«as
2. **Height of children in 2-10 years of age is increased by-** *(AI97)*
   a) 2 cm/year b) 4 cm/year
   c) 6 cm/year d) 10 cm / year
3. **Infant body weight is tripled by age of -** *(A1IMS 96)*
   a) 5 months b) 11 months
   c) 2 years d) 18 months
4. **TVue about head circumference measurement -**
   a) Measured in supra-orbital ridge *(PGIDec 04)*
   b) Measured hydrocephalus/microcephaly
   c) Serial measurement is useful
   d) Helps in measurement of neurological development
   e) Paediatric intelligence
5. **Anthropometric assessment, which does not show much change in 1-4 years -** *(PGIDec 96)*
   a) Mid arm circumference
   b) Skin fold thickness
   c) Chest circumference : Head circumference ratio
   d) Height
6. **A mother comes with her 3 year old female child with complain of that child is not eating anything. Her weight is 11 kg (50th percentile) and height is 88 cm. (75th percentile). What should be done next-**
   a) Vitamin rich tonic to be given *(AIIMS Nov 99)*
   b) Forceful eating
   c) Nothing should be done actively and assure the parent
   d) Complete investigation for UTI
7. **Cause of Failure to thrive include (s) -** *(PGINov 10)*
   a) Malabsorption b) Child abuse
   c) GERD d) Chromosomal disorders
8. **Which about development is not true -**
   a) Pincer grasp at 3 months *(AIIMS May 95)*
   b) Sitting at 6 months
   c) Social smile at 3 months
   d) 2 year old can use pleurals
9. **Pincer grasp is attained at months -**
   a) 4 b) 10 *(NEET-DNB Pattern)*
   c) 12 d) 18
10. **A3 year old child is expected to have all except -**
    a) Speak in sentences *(ARMSDec 94)*
    b) Copy a circle
    c) Hobble 5 steps
    d) Climb upstairs and downstairs
11. **A female child has recently learned to eat with spoon without spiling, to dress and undress herself with supervion and to understand that she is a girl. These skills are first mastered between the ages of-** *(ARMSNov 05, DPG 09)*
    a) 2 and 3 years b) 3 and 4 years
    c) 4 and 5 years d) 5 and 6 years
12. **A boy can grasp a rattle & recently he become able to transfer objects, hand to hand. He can do-** *(PGIDec 08)*
    a) Babble b) Say 'mama' or dada
    c) Sit without support d) Stand with support
    e) Able to walk
13. **A child climbs with alternate steps, builds a tower8-9 cubes, tells T but not his name and can not say his age and sex, the probable age is -** *(ARMSMay 01)*
    a) 36 months b) 24 months
    c) 30 months d) 48 months
14. **Which of the following cannot be done by 3 years old child-** *(NEET/DNB Pattern)*
    a) Draw a triangle b) Draw a circle
    c) Can arrange 9 cubes d) Can go up and down
    e) Stands on one foot for 5 second
15. **A3 year old child can do all, except-** *(ARMS May 93)*
    a) Eat with a spoon b) Climb stairs running
    c) Walk properly d) Vocabulary of20-100 words
16. **3 years old child can do -** *(PGI Nov 10)*
    a) Make bridge of 3 cubes
    b) Copy square
    c) Identfy left and right
    d) Use pronouns like I, you *8c* me
    e) Unscrew lids
17. **Which of the milestone develops first -** *(AI07)*
    a) Mirror play b) Crawling
    c) Creeping d) Pincer grasp
18. **A child is able to build blocks of 5 Cubes** developmental agepr *i ^EETR^|^B Pattern)*
    a) 12 months b) 15 months
    c) 18 months d) 24 months
19. **A baby has recently developed mouthing but has not developed stranger anxiety. Likes and dislikes for food. What is the most appropriate age of this baby-** *(AI 07)*
    a) 3 months b) 5 months
    c) 7 months d) 9 months
20. **A normally developing 10 months old child should be able to do all of the following except -** *(AI 06)*
    a) Stand alone
    b) Play peak to boo
    c) Pick up a pellet with thumb and index finger
    d) Build a tower of 3-4 cubes
21. **10 month old child can not do-** *(PGIDec. 05, June 04)*
    a) Change cube from one hand to another
    b) Can build a cube of six
    c) Can pull and stand
    d) Can talk a sentence of 4 to 5 words
    e) Pincer grasp
22. **An 8 week infant can do all the following except -**
    a) Head control *(PGI Dec 01)*
    b) Lift its head up to horizontal line in ventral suspension
    c) Follows red object upto 180
    d) Social smile
    e) Turns head towards sound

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l)d 2)c 3)b 4) All 5) a 6)c 7)a,b,c,d 8) a 9)b 10) c 11) a 12) a 13) c 14) a
15)b 16)a,d,e 17)a 18)c 19)b 20)d 21)b,d 22)a

23. A two month old child is able to - *(AI04)*
a) Show a positive parachute protective reflex
b) Hold head steady in seated position
c) Lift head and chest of a flat surface with extended elbow
d) Sustain head level with the body when placed in ventral suspension

24. Development examination should be further evaluated in child of 12 weeks if he -
a) Does not vocalize *(AIIMS June 2K, AI 02)*
b) Does not babble
c) Does not change bright red ring from one hand to other even if given in hand
d) Does not hold head at 90°

25. A 4 year child can perform one of the following -
a) Can hop on single leg for 15 feet *(AIIMS Dec 98)*
b) Can skip without falling to either side
c) Can stand one feet for 20 seconds
d) Can walk down the stairs with alternating steps holding on the iron rail.

26. An 18 month old infant can do A/E - *(PGI Dec 03)*
a) Climbing upstairs
b) Can follows mother's activities
c) Can turn 2-3 pages at a time
d) Can say 2-3 words
e) Can make tower of 8 cubes

27. A 3 month baby will have - *(PGINov 09)*
a) Pincer grasp b) Head control
c) Sitting with support d) Transfer objects
e) Speak two words sentence

28. 2 years old child can do - *(PGIDec 04)*
a) Can ride tricycles
b) Climb up and downstairs with one step each time
c) Knows sex and age
d) Handles spoon well
e) Can read story with picture

29. A child is able to say short sentences of 6 words -
a) 2 years b) 3 years *(NEET/DNB Pattern)*
c) 4 years d) 5 years

30. A baby can follows an object with 180°, can hold neck, can sit with support but can not sit without support. The age of the baby is - *(PGI June 03)*
a) 1 month b) 3 months
c) 5 months d) 6 months
e) 9 months

31. A neonate is able to - *(PGI 2000)*
a) Fix his gaze at a object 8 to 12 inches apart
b) Focus on bright object
c) Left his head & chest on elbow
d) Roll from side to side

32. A1 & 1/2 yr child can do - *(PGIMay 10)*
a) Build tower of 4 blocks
b) Speak of 10-25 meaningful word
c) Scribble
d) Points 3-4 body parts
e) Copies parents in task

33. A year 6 old child with IQ of 50. Which of the following can the child do - *(AIIMSMay 07, Nov 06,*
a) Identify colours b) Read a sentence *AI 07)*
c) Ride a bicycle d) Copy a triangle

34. Achildhas a vocabulary of4-6 words however the main mode of communication and social interaction continues to be non-verbal what is the most likely developmental age of the child - *(AI 12)*
a) 12 months b) 15 months
c) 18 months d) 24 months

35. Which of the following is true about eruption of teeth - *(PGI Dec 05)*
a) Premolar appear in primary dentition
b) Incisors appear first in secondary dentition
c) 3rd molar is last to develop
d) Hypothyroidism delays dentition
e) Canines is last to appear in primary dentition

36. Ist permanent teeth to appear -*(NEET/DNBPattern)*
a) Molor b) Premolor
c)-Incisor. d) Cannirie

37. Milk teeth - Total no. in human being -
f||p8 |§ b) 28 1 *(NEWf/DflBPattem)*
c) 32 d) 24

38. Delayed Eruption of teeth is characteristics of- *(AIIMS June 97, Dec 1995)*
a) Scurvy b) Downs syndrome
c) Hypothyroidism d) Hypopituitarism

39. Delayed dentition is seen in all/except-
^||||§||j
b) Congenital hypothyroidism
c) Rickets
d) All of above

40. True about dentition - *(PGI June 04)*
a) Hypothyroidism causes delayed dentition
b) Premolar is not seen in primary dentition
c) 3rd molar is the last to appear in secondary dentition
d) Canine is the first in primary dentition
e) Incisor is the first in secondary dentition

41. Nails is formed in which week of IUL -*(NEET/DNB*
a) 0-6week b) 10-12week *Pattern)*
c) 14-18 week d) 20 - 24 week

42. WhenICF and ECF of child becomes equal to adult person- *(NEET/DNB Pattern)*
a) 1 year b) 2 year
'■'-'/■ c) 3 year' y dJ4year ■0¹

43. Upper segment to lower segment ratio in 3 yr age child is- *(NEET/DNB Pattern)*
a) 12 b) 1.3
c) 1.4 d) 1.6

44. Postnatally when is the growth velocity maximum ?
a) In the first year of life (*UPSC 06)*
b) In the second year of life
c) In the seventh year of life
d) In adolescence

45. 90% of brain growth is achieved by the-(*Corned 07,*
a) 2nd year b) 3rd year *Kerala04)*
c) 5th year d) 15th year

23) d 24) a 25) a,d 26) a,e 27) b 28)b,d 29) c 30)c,d 31)b 32)a,c,e 33) a 34)b 35)b,c,d, 36) a
37) a 38)c>b,d 39) d 40)a,b,c 41) b 42) a 43) b 44) a 45) a

46. **The maximum age for growth of lymphoid tissue -**
a) 3-4 years b) 5-7 years *(JIPMER 95)*
c) 7-11 years d) 11-14 years

47. **Increase in height in first year is by -** *(DNB 2001)*
a) 40% b) 50%
c) 60% d)75%

48. **Birth weight of a child doubles at five months of age while the birth length doubles at the age of -**
a) lyear b) 2 years *(UPSC98,07)*
c) 3 years d) 4 years

49. **The weight of the child at 3 years is usually times the birth weight -** *(Karn 11)*
a) 3 b)4
c) 5 d)7

50. **A newborn baby has a head circumference of 35 cms. at birth, His optimal head circumference will be 43 cms at-** *(UPSC 99)*
a) 4 months of age b) 6 months of age
c) 8 months of age d) 12 months of age

51. **In a healthy child, the head and chest circumference equal each other around the age of -** *(Karnat 06)*
a) 3-6 months b) 6-9 months
c) 9-12 months d) 12-15 months

52. **Weight gain in the second year of life is -** *(CMC 05)*
a) 1kg b)2kg
c) 3kg d)4kg
e) 5 kg

53. **A normal healthy child has a height of 100 cm and weighs 16 kg. What is his most likely age ?**
a) 3 years b) 4 years *(UPSC 06)*
c) 5 years d) 6 years

54. **The upper segment: lower segment ratio at 2 year of age in a normal child is -** *(Karnat 96)*
a) 1:8:1 b) 1:5:1
c) 1:25:1 d) 1:12:1

55. **A child plays a simple ball game at -** *(Manipal 08)*
a) 52 weeks b) 36 weeks
c) 12 weeks d) 48 weeks

56. **A boy draws triangle but not diamond shape age is ?**
a) 3 years b) 4 years *(APPG 08)*
c) 5 years d) 6 years

57. **A two-month old child is most likely** *to-(SGPGI05)*
a) Show a positive parachutte protective reflex
b) Hold head steady in a seated position
c) Lift head and chest off a flat surface with extended elbows
d) Sustain head level with the body when placed in ventral suspension

58. **A 40 weeks old infant can do all the following except-**
a) Waves bye bye *(Jipmer 03)*
b) Transfer object from one hand to another
c) Sits without support
d) Makes a tower of 3 - 4 cubes

59. **At what age does an infant discriminate strangers -**
a) 4 weeks b) 8 weeks *(COMEDK 05)*
c) 12 weeks d) 20 weeks

60. **The milestones achieved at 13 months in children are all except -** *(DELHIPG Mar. 09)*
a) Index finger approach b) Walking
c) Casting d) Single words

61. **A child draws circle at -** *(Manipal 06)*
a) 12 months b) 24 months
c) 30 months d) 36 months

62. **When a child is not able to perform the following motor functions such as skipping, walking on heels, hopping in place or going forwards in tandem gati, his motor development is considered to be below -**
a) 3 years b) 4 years
c) 6 years d) 8 years

63. **Child changes a rattle from one hand to another at the age of -** *(Corned 07)*
a) 3 months b) 6 months
c) 9 months d) 1 year

64. **A normal infant sits briefly leaning forward on her hands, reaches for and grasps a cube and transfer it from hand to hand. She babbles but cannot wave bye-bye nor can she grasp objects with the finger and thumb. Her age is -** *(UPSC 2K)*
a) 4 months b) 7 months
c) 10 months d) 10 months

65. **The age by which most of the normal babies know their gender is -** *(COMEDK 05)*
a) 1 year b) 2 years
c) 3 years d) 4 years

66. **A child can ride a tricycle, copy a circle and knows age sex by the age of -** *(J & K 05)*
a) 30 months b) 42 months
c) 36 months d) 48 months

67. **In a child, one should be worried if -***(PAL 93, Karn 06)*
a) Stammering occurs at 3 years
b) Lack of Toilet control at 2.5 years
c) Teeth do not erupt by 11 months
d) Social smile absent by 10 weeks

68. **Handedness develops at -** *(TN 01)*
a) 12 months b) 18 months
c) 24 months d) 36 months

69. **Vocabulary of 1.5 year old child is -** *(AMU95)*
a) 1-10 words b) 10-20 words
c) 20-30 words d) 30-40 words

70. **A normal child develops the ability to use 10 words with meaning at the age of -** *(Karn 11)*
a) 12 months b) 15 months
c) 18 months d) 24 months

71. **Which one of the following activities cannot be formed by a 7 month old infant -** *(UPSC 0 7)*
a) Pivot b) Cruise
c) Transfer objects d) Enjoy mirror

72. **An infant can sit with leaning forward on his hands. He bounces actively when made to stand. He laughs aloud and becomes concerned when the mother moves away. What is his most likely age -**
a) 12 weeks b) 16 weeks *(UPSC 0 7)*
c) 22 weeks d) 28 weeks

46) b 47) b 48) d 49) c 50) b 51) c 52) c 53) b 54) b 55) a 56) c 57) d 58) d 59) None
60) c 61) d 62) b 63) b 64) b 65) c 66) c 67) d 68) d 69) b 70) c 71) b 72) d

73. A normal infant sits briefly leaning forward on her hands, reaches for and grasps a cube and transfer it from hand to hand. She babbles but canot wave bye-bye nor can she grasp objects with the finger and thumb. Her age is - *(UPSC 2K)*
a) 4 months b) 7 months
c) 10 months d) 14 months

74. At which one of the following age period a child can remove front opening garment ? *(COMED 06)*
a) 24 months b) 36 months
c) 48 months d) 60 months

75. Child begins to sit with support, able to transfer objects from one hand to another hand and speak monosyllabic babbles at the age of - *(MH10)*
a) 3 months b) 6 months
c) 9 months d) 12 months

76. Gender from external genitalia of foetus becomes clearly distinguished by - *(Orissa 2K)*
a) 10 weeks b) 16 weeks
c) 12 weeks d) 20 weeks

77. Which of the following are the first incisors to erupt in an infant - *(UPSC 07)*
a) Lower central b) Lower lateral
c) Upper central d) Upper lateral

78. By_____ years all milk teeth are erupted -
a) 1.5 b) 2 *(AMC2K)*
c) 2.5 d)3

79. Which of the following X-ray should be advised for age determination between 1-13 years of age -
a) Shoulder b) Wrist *(MH11)*
c) Elbow d) Iliac bones

80. At the end of 1 year of age, the number of carpal bones seen in the skiagram of the hand is -
a) Nil b) 1 *(Corned08)*
c) 2 d)3

81. Fetal growth is maximally affected by - *(UP 2K)*
a) Insulin b) Growth hormone
c) Cortisol d) Thyroxine

82. Short stature is seen in - *(AIIMS June 04)*
a) Maternal deprivation syndrome
b) Hypothyroidism
c) Bulimia
d) Paternal smoking
e) IUGR

83. A child is below the third percentile for height. His growth velocity is normal, but chronologic age is more than skeletal age. The most likely diagnosis is - *(A111 06)*
a) Constitutional delay in growth
b) Genetic short stature
c) Primordial dwarfism
d) Hypopituitarism

84. The most common cause of short stature is -
a) Constitutional *(AI07, 08)*
b) Systemic diseases
c) Hypothyroidism
d) Growth hormone deficiency

85. A child is below the third percentile for height. His growth velocity is normal, but chronologic age is more than skeletal age. The most likely diagnosis is - *(AI 06)*
a) Constitutional delay in growth
b) Genetic short stature
c) Primordial dwarfism
d) Hypopituitarism

86. Short stature, secondary to growth hormone deficiency is associated with- *(NEET/DNB Pattern)*
a) Normal body proportion.
b) Low birth weight
c) Normal epiphyseal development
d) Height age equal to skeletal age

87. Infantile proportion in adult is seen in- *(PGIDec 01)*
a) Morquoi's disease b) Achondroplasia
c) Hypothyroidism d) Malnutrition
e) Constitutional dwarfism

88. A14 year old boy has difficulty in expressing himself in writing and makes frequent spelling mistakes, does not follow instruction and cannot wait for his turn while playing a game. He is likely to be sufering from -
a) Mental retardation *(AIIMS Nov 05)*
b) Lack of interest in studies
c) Specific learning disability
d) Examination anxiety

89. A 9 year old child is restless. He is hyperactive and his teacher complaints that he does not listen to the teachings. Disturbs other students, he also shows less interest in playing. The likely diagnosis is -
a) Cerebral palsy *(AIIMS May 02)*
b) Attention deficit hyperactive child
c) Deliruium
d) Mania

90. A10 year old child is always restless, inattentive to study and always wants to play outsite. Parents are extremely distressed. What would you adivise -
a) It is a normal behaviour *(AIIMS Nov 08)*
b) Behaviour therapy
c) It is a serious illness requires medical treatment
d) Needs change in environment

91. All of the following are essential features of attention deficit hyperactive disease (ADHD) except -*(AI 04)*
a) Lack of concentrationb) Impulsivity
c) Mental retardation d) Hyperactivity

92. Drugs used in ADHD are - *(PGIDec 08)*
a) Atomoxetine b)Methylphenida
c) Dextro-amphetamine d) Quetiapine

93. A 9 year old child disturbs other people, is destructive interferes when two people are talking, does not follow instructions and cannot wait for his turn while playing a game. He is likely to be suffering from - *(AIIMS Nov 05)*
a) Emotional disorders
b) Behavioural problems
c) No disorder
d) Attention deficit hyperactive disroder

73)b 74) b 75)b 76)a 77)a 78)c 79)b 80)c 81)a 82)a,b,e 83)a 84)a 85)a 86)a 87)b,c 88)c 89)b 90)b 91)c 92)a,b,c 93)d

94. **A 3 year old boy with normal developmental milestones with delayed speech and difficulty in communication and concentration. He is not making friends. Most probable diagnosis is -**
a) Autism *(AIIMSMay 07, AI07)*
b) ADHD
c) Mental retardation
d) Specific learning disability

95. **Which of the following is not true about the autistic specific disorder -** *(AI10)*
a) Impaired communication
b) Impaired imagination
c) Language developmental delay
d) Vision problems

96. **Infantile autism is characterized by -** *(PGIDec 04)*
a) Impaired vision
b) Impaired Neurobehavioural development
c) Impaired folate level
d) A socio-economic hazard
e) Parenting

97. **The following are characteristic of autism except -**
a) Onset after 6 years of age *(AI 06)*
b) Repetitive behaviour
c) Delayed language development
d) Severe deficit in social interaction

98. **A 6 year old child has history of birth asphyxia does not communicate well, has slow mental and physical growth, does not mix with people, has limited interest, gets widely agitated if disturbed, diagnosis is-** *(AIIMSNov 01)*
a) Hyperkinetic child
b) Autistic disorder
c) Attention deficity disorder
d) Schizophrenia

99. **A two year old girl child is brought to the out patient with features of hand wringing stereotype movements, impaired language and communication development, breath holding spells, poor social skills and deceleration of head growth after 6 months of age. The most likely diagnosis is -** *(AIIMS Nov 03)*
a) Asperger's syndrome b) Rett's syndrome
c) Fragile x-syndrome d) Colarad syndrome

100* Fragile X-syi«}rome is characterised b; all of the v^^hMving featiires e^ept^f *(NEET/DNB J\att$riy)*
a) Long face b) Large ear
c) Large-nose d) Large-testis

101. **Lowest recurrence in nocturnal enuresis is seen with-** *(AI 08)*
a) Bed alarms b) Desmopressin
c) Imipramine d)Oxybutynin

102. **Which of the following nasal spray is very effective in control of enuresis -** *(Karnat 99)*
a) Pitressin b) Desmopressin
c) Lipressin d) None of the above

103. **The behaviour therapeutic falls in management of enuresis, The pharmacological drug of choice for this case is -** *(UP 07)*
a) Phenytoin b)Diazepalm
c) Imipramine d)Alprax

104. **True regarding breath holding spells is all except -**
a) Antiepileptic treatment is necessary
b) Atropine is sometimes used *(AIIMS June 97)*
c) Attacks of cyanosis can occur
d) Occurs between 6 months to 5 years

105. **Treatment for breathholoding spells in a child is -**
a) Give extra care and love to the child
b) Inflicting painful stimulus at the beginning of the attack *(PGI Dec 01)*
c) Do not give attention to the child
d) Fulfil all the wishes of the child to prevent the attack
e) Low dose barbiturates

106. **Which is incorrect about Thumb sucking -**
a) Can lead to malocclusion *(JIMPER 91)*
b) Is a source of pleasure
c) Is a sign of insecurity
d) Must be treated vigorously in the first year

107. **To avoid displacement of permanent teeth, finger sucking should be terminated** *by-(PGI 79,AIIMS 78, 81)*
a) 8 years b) 5 years
c) 3 years d) 2 years

108. **Which of the following is not true regarding 'Thumb sucking"** *(UP 07, 05)*
a) Feels insecurity
b) Pleasurable sensation
c) Leads to dental problems
d) Child < 4 years of age

109. Pi^refersto-; - *(NEET/pNB Pattern)*
a) Finger sucking
b) Thumb sucking
c) Foreign object being put in the mouth
d) None of above

110. **Waking up at night, screaming with fear, at 2.5 years age, is generally a manifestation of -**
a) Organic illness *(PGI 01,79,01)*
b) Normal development pattern
c) Castration anxiety
d) Separation anxiety

111. **Cretinism is-** *(UP 08)*
a) Disproportionate dwarfism
b) Short stature with long trunk
c) Short stature with short trunk
d) Long stature with long trunk

112. **Which of the following childhood disorder improves with increase in age -** *(MP 2K)*
a) Conduct disorder b) Emotional problems
c) Temper tantrum d) Sleep disorder

94)a 95)d 96)b,d 97)a 98)b 99)b 100)c 101)a 102)b 103)c 104)a 105)None 106)d 107) a 108) None 109)c 110)d 11 l)a 112)c

113. Which of the following is incorrectly matched -
a) Stuttering-Toddler *(JIPMER 91)*
b) Sleep pattern of infancy - 2 to 3 year
c) Fear-preschool
d) Oedipal complex-infancy

114. The commonest cause of Enuresis in children is- *(UPSC96)*
a) Urinary tract infection b) Spina bifida
c) Psychologic stress d) Diabetes mellitus

115. Best treatment for enuresis is - *(DPGEE 08)*
a) Oxybutinin b) Desmopressin
c) Bed alarm d)Imipramine

116. Early strict toilet training can result in- *(Manipal 09)*
a) Nocturnal enuresis b) Encopresis
c) Night terror d) Temper tantrums

117. Consider the following behavioural conditions in a child of school age - *(UPSC-109)*
1. Fidgets with hands or squirms in seat
2. Easily distracted by extraneous stimuli
3. Often has difficulty awaiting turn
4. Does not seem to listen when spoken to directly
Which of the above diagnostic criteria are suggestive on inattention (attention deficit) in a child?
a) 1 and 2 only b) 1 and 3 only
c) 2 and 4 only d) 1,2, 3 and 4

118. A 18-month old baby presents with recurrent episodes of excessive crying followed by cyanosis, unconsciousness and occassional seizures since 9 months of age. The most likely diagnosis is - *(UPSC 98)*
a) Epilepsy b) Anoxic spells
c) Breath holding spells d) Vasovagal attack

119. A new born is noted to have a large head and short limbs. On further examination, short broad fingers, a small face, and low-normal length are noted. The trunk appears long and narrow, to confirm the diagnosis you should - *(MAHA 05)*
a) Order an ophthalmologic examination
b) Obtain skeletal radiographs
c) Order chromosome analysis
d) Examine the parents

ADOLESCENT

120. WHO defines adolescent age between - *(AI05)*
a) 10-19 years b)l 0-14 years
c) 10-25 years d) 9-14 years

121. Peak growth velocity in adolescent girls is seen just after - *(AI 96)*
a) Appearance of pubic & axillary hair
b) Breast enlargement
c) Onset of menstruation
d) Enlargement of external genitalia

122. First sign of puberty in girls - *(PGIDec 99, AI 08)*
a) Puberchy b) Thelarchy
c) Growth spurt d) Menarche

123. What is the order of puberty- **(AI2K)**
a) Telarchy - pubarchy - menarchy
b) Puberchy - telarchy - menarchy
c) Puberchy - menarchy - telarchy
d) Adrenarchy - telarchy - pubarchy

124. Order of development of secondary sexual characteristic in male - *(PGI96)*
a) Testicular development—pubic hair—axillary hair—beard
b) Pubic hair—testicular development—axillary hair — beard
c) Testicular development —beard—pubic hair-axillary hair
d) Axillary hair—beard —pubic hair—testicular development

125. Peak growth velocity in adolescent girl is indicated by-
a) Breast enlargment *(AI 98)*
b) Axillary hair
c) Public hair
d) Just before commensement of menarche

126. Maximum growth spurt is seen in girls at time of - *(NEET/DNB Pattern)*
a) Pubarche b) Thelarche
c) Menarche d) Adrenarche

127. A 13 year old boy has bilateral gynecomastia. His height is 148 cm, weight 58 kg; the sexual maturity rating is stage 2. The gynecomastia is most likely due to - *(AIIMS Nov 04)*
a) Prolactinoma b) Testicular tumour
c) Pubertal gynecomastia d) Chronic liver disease

128. What is thelarche - *(NEET/DNB Pattern)*
a) Pubertal breast enlargement in boys
b) Breast enlargementir^ pregnancy
jjj|I|n|p Hornone relatqdfjreast enlargement in girls
d) Post hormonal thera py breast enlargement in postmenopausal females

129. Increase in muscle mass at adolescence is probably caused by - *(AIIMS 81, PGI 83)*
a) Thyroid hormone b) Adrenal hormone
c) Growth harmone d) None of the above

130. Peak stage in height growth corresponds to-------- stage of pubic hair - *(JIPEMR 95)*
a) I b)D
c) m d)IV

131. Growth spurt occurs - *(SGPGI05)*
a) Just before appearance of axillary hair
b) Just before menarche
c) After 16 years
d) Before thelarche

132. Which one of the following is the correct order of events at puberty in a girl ? *(UPSC 06)*
a) Thelarche-puberche-menarche-growth spurt
b) Puberche-thelarche-growth spurt menarche
c) Menarche-growth spurt-thelarche-puberche
d) Thelarche-puberche-growth spurt-menarche

113) a,b,c,d 114) None 115)c 116)b 117)c 118)c 119)b 120)a 121)a 122)b 123)a 124)a 125)d
126)c 127) c 128) c 129)c 130)c,d 131)b 132)d

133. Which of the following is the first sign of puberty in girls? *(Maharashtra 10)*
a) Pubarche b)Thelarche
c) Menarche d) Growth spurt

134. The following is usually the first sign of puberty in girls- *(UPSC-I10)*
a) Onset of menstruation
b) Appearance of pubic hair
c) Change in voice
d) Increase in breast size

NUTRITION

135. Deficit in weight for height in a 3 year old child indicates - *(AIIMS Nov 05)*
a) Acute malnutrition
b) Chronic malnutrition
c) Concomittant acute and chronic
d) Underweight

136. Best indicator for nutritional status for a child is -
a) Mid arm circumference *(AIIMS May 10, Nov 06)*
b) Head circumference
c) Rate of increase of height and weight
d) Chest circumference

137. Acute malnutrition is manifested by - *(PGI June 05)*
a) Weight for age b) Weight for height
c) Age for height d) Brocas index
c) Ponderal index

138. Deficit in weight for height in a 3 years old child indicates- *(AIIMS Nov 05)*
a) Acute malnutrition
b) Chronic malnutrition
c) Concomittant acute and chronic
d) Under weight

139. Which of the following is the best indicator of long term nutritional status - *(AI0 7)*
a) Mid arm circumference b) Height for age
c) Weight for age d) Weight for height

140. Common to both acute and chronic malnutrition is - *(AIIMS May 0 7)*
a) Weight for age b) Weight for height
c) Height for age d)BMI

141. Grade HI malnurtition according to IAP is -
a) 50% b) 51 -60 % *(PGIJune 99)*
c) 61-80% d) 81-100%

142. A 2 year old child has a weight of 6.4 kg. and has vitamin A deficiency.What is the grade of malnutrition in this child - *(AIIMS 8 7)*
a) First degree b) Second degree
c) Third degree d) Fourth degree

143. The following statement about Gomez classification is false - *(AI 08)*
a) Based on height retardation
b) Based on 50th centile Boston standards
c) Between 75 and 89% implies mild malnutrition
d) This classification has prognostic value for hospitalization of children

144. Which of the following is the reference standard on which classfication of protein energy malnutrition is based- *(AIIMS 83)*
a) Gomez classification
b) 10th percentile of weight for age of ICMR
c) 80% of the 50th percentile of weight of ICMR
d) 80% of the 50th percentile of weight for age of American standard

145. Indicator of moderate to severe malnutritions is- *(PGI Dec 99)*
a) Serum transferrin 160 b) Body mass index 19
c) Albumin 2.1 g/dl d) Transthyretin

146. All of the following nutritional assessment methods indicate inadequate nutrition except - *(AI 09)*
a) Hb < 11.5 g/dl during 3rd trimester of pregnancy
b) Increased 1-4 year mortality rate
c) Birth weight < 2500 gm
d) Decreased weight for height

147. The amount of calories required at 1 year of age are- *(AI 96)*
a) 900 K cal/day b) 1000 K cal/day
c) 1200 K cal/day d) 1400 K cal/day

148. The normal calorie requirement for a 5 year old child is- *(PGI 93)*
a) 800 calories b) 1000 calories
c) 1500 calories d) 2000 calories

149. Kwashiorkar is diagnosed in growth retarded children along with- *(NEET/DNB Pattern)*
a) Edema and mental changes
b) HypopigmentationdAfeanemia^3
c) Edema and hypopigmentation
d) hepatomegaly and anemia >

150. Kwashiorkar is characterised by all of the following features except - *(AI 99)*
a) Edema b) Patchy depigmentation of hair
c) Fatty liver d) Fatty infiltration of pancreas

151. All are seen in Marasmus except- *(NEET/DNB Pattern)*
a) Hepatomegaly b) Muscle wasting
c) Voracious appetite d) Weight loss

152. Which of the following is seen in Marasmus and not in Kwashiorkor - *(Jipmer 11)*
a) Vocarious appetite b) Fatty change in liver
c) Hypoalbuminemia d) Edema

153. All of the following conditions are observed in Marasmus, except - *(AIIMS May 05, DPG 09)*
a) Hepatomegaly b) Muscle wasting
c) Low insulin levels d) Extreme weakness

154. Acute complication of PEM - *(PGI June 05, 06)*
a) Hypothermia b) Hypoglycemia
c) Hypokalemia d) Hypermagnesaemia
e) Eosinophilia

155. All are true regarding Kwashiorkar except -
a) Fatty liver *(AI91)*
b) Edema
c) Megaloblastic anemia not responding to folic acid
d) Bitot's spot

133)b 134) d 135)a 136) c 137)b 138)a 139)b 140) a 141)b 142) c 143) a 144) d 145) c 146) a
147) c 148) c 149) a 150) d 151)a 152) a 153) a 154)a,b,c 155)c

156. With reference to a malnourished child, the following statements are correct except- *(UPSC-109)*
a) Skin and mucosa are not effective barriers to infection
b) There is impairment of chemotaxis associated with defective candidicidal, bacteriocidal capacities of polymorphs
c) There is impairment of cell mediated immunity and delayed hypersensitivity
d) There is impaired of humoral response to immunizing agents and reduces number of B-cells

157. In Kwashiorkor, which immunoglobulin is most affected - *(AI94)*
a)IgD b) IgA
c)IgE d)IgM

158. Poor prognostic factors in a child with kwashiorkar include all of the following- *(Karnat 96)*
a) Hypothermia b) Hepatomegaly
c) Purpura d) Dermatosis

159. Mostly death in PEM is due to all except-
a) Hypothermia b) CCF *(IN 89, DPG 09)*
c) Worm infestation d) Electrolyte imbalance

160. A child is suffering from severe PEM. Calories to be given per kg of body weight to regain weight -
a) 200Kcal b) 150 Kcal *(AIIMSJune 99)*
c) 400Kcal d) 100 Kcal

161. Caloric supplementation required for a severely malnourished child (per kg-body weight) is -
a) lOOcal/kg b) 125 cal/kg *(AI99)*
c) 150cal/kg d) 175 cal/kg

162. Flaky paint appearance of skin is seen in- *(NEET/DNB Pattern)*
a) Dermatitis b) Pellagra
c) Marasmus d) Kwashiorkor

163. All of the following are characteristic features of Kwashiorkar, except - *(AIIMSMay 03)*
a) High blood osmolarity b) Hypoalbuminemia
c) Edema d) Fatty liver

164. Kwashiorkor is characterised by all except- *(AI89)*
a) Dermatitis b) Edema
c) Flag sign d) Alertness

165. Poor indicator to response during treatment of malnutirion includes - *(PGINov 10)*
a) Failure to gain appetite by day 10
b) Presence of edema on day 10
c) Failure to gain at least 5 g/kg/day by day 4
d) Failure to gain at least 5 g/kg/day by day 10
e) Failure to gain at least 5g/kg/day for 3 consecutive days during the rehabilitation phase

166. Exclusive breast feeding is at least *tti±-(NEET/DNB Pattern)*
a) 4 month b) 6 month
c) 8 month d) 10 month

167. Breast feeding should begin... hours after delivery-
a) 2 b)4
c) 8 d)24

168. The current recommendation for breast feeding is that- *(AI 04)*
a) Exclusive breast feeding should be continued till 6 month of age followed by supplementation with additional foods
b) Exclusive breast feeding should be continued till 4 month of age followed by supplementation with additional foods
c) Colostorum is the most suitable food for a new bom baby but it is best avoided in first two days
d) The baby should be allowed to breast feed till one year of age

169. Benifits of breast milk are - *(PGI June 08)*
a) Better nutrition b) Less infection
c) More diarrhea d) Less allergy
e) High sodium contents

170. Breast fed babies as compared to artificially fed babies have all the foilwing benefits except- *(AIIMS 84)*
a) Lower incidence of diarrhoea episodes
b) Lower incidence of respiratory infection
c) Lower incidence of late onset tetany
d) Lower incidence of future obesity

171. The protective effects of breast milk are known to be associated with - *(AI 05, DPG 09)*
a) IgM antibodies b) Lysozyme
c) Mast cells d) IgA antibodies

172. In breast fed infant less chance of enteric infection is due to - *(PGIDec 08)*
a) Alkaline pH of stool
b) Breast milk nutrients, beneficial effect an immune system
c) Ig in breast milk
d) Bacteroides & Clostridium in gut
e) Sterile nature of breast milk

173. The important fatty acid present in breast milk which is important for growth is - *(AIIMSNov 11, Nov 06)*
a) Docosahexaenoeic acid b) Palmitic acid
c) Linoleicacid d) Linolenic acid

174. What is deficient in exclusively breast fed baby -
a) Vitamin B b) Vitamin A *(AIIMS Feb 97)*
c) Vitamin C d) Proteins

175. Exclusive miik ingestion can manifest as- *(AIIMS 97)*
a) Scurvy b) Beri-Beri
c) Phryenoderma d) Night blindness

176. Which of the following will occur in an exclusively breast fed baby - *(AIIMS Sep 96)*
a) Jaundice b) Scurvy
c) Tetany d) Eczema

177. Exclusive breast feeding may be associated with all of the following except - *(AI 98, AIIMS 96)*
a) Hemolysis due to Vit-K deficiency
b) Evening colic
c) Golden colour stool
d) Prolongation of physiological jaundice

156) d 157) b 158) b 159)c 160)a 161)d 162)d 163)a 164)d 165)b,d,e 166)b 167)a 168)a 169) a,b,d 170) None 171)d 172)b,c,e 173)a 174)a 175)None 176)a 177)b

178. True about cow's milk are all except -
a) Cow's milk contains 80% whey protein not casein
b) Cow milk has less carbohydrate than mothers milk *(AIMS May 10, May 07)*
c) Has more K^+ and Na^+ than infant formula feeds
d) Has more protein than breast milk

179. Percentage of lactose in human milk is -
a) 7.2gm b)4.5gm *(AIIMS June 97)*
c) 8.0gm d) 6.7gm

180. Compared with Cow's milk, mothers milk has more-
a) Lactose b)VitD *(AI07)*
c) Proteins d) Fats

181. Hind milk is richer in - *(Corned 07)*
a) Carbohydrate b) Protein
c) Fat d) Minerals

182. Human colostrum contains more of the following nutrients than mature human milk, except -
a) Lactose b) Minerals *(Korn 94)*
c) Proteins d) Vitamin A

183. True about breast feeding - *(PGINov 09)*
a) Best for both preterm & term
b) 50% energy from protein
c) Promote lactobacillus growth in bowel
d) Predispose to necrotising enterocolitis
e) Decrease allergic disorder

184. Breast milk storage in a refrigerator is upto -
a) 4 hrs b) 8 hrs *(PGI Dec 98, UP 08)*
c) 12 hours d) 24 hrs

185. Breast milk at room temperature stored for-
a) 4 hrs b) 8 hrs *(NEET/DNB Pattern)*
c) 12 hrs d) 24 hrs

186. Recommendation of WHO for baby friendly hospital is- *(AIIMS June 98)*
a) With hold breast feed for 1 day after child birth.
b) Only breast feed, no other feed
c) For 24 hrs baby is kept with the mother.
d) Within 4 hrs of birth, breast feed is started.

187. Seen in rickets A/E - *(PGI June 98)*
a) Cupping of metaphysis
b) Defective Mineralization
c) Epiphyseal dysgenesis
d) Defective osteoid formation

188. Deficient mineralisation in epiphysical growth cartilage is seen in - *(All India 99)*
a) Rickets b) Osteomalacia
c) Scurvy d) Hyperparathyroidism

189. True about serology of rickets is - *(PGI June 97)*

	Alk.PO_4	Serum PO_4
a)	*i*	**T**
b)	T	T
c)	T	*i*
d)	*i*	*i*

190. In Rickets seen - *(PGI Dec 06)*
a) TALP b)tALP
c) Hypo $P0_4^{-2}$ in blood d) Hyper $P0_4^{-2}$ in blood
e) Hyperphosphaturia

191. A 2-year-old boyhas vitamin D-resistant rickets. His investigations revealed serum Calcium- 9 mg/dl. Phosphate- 2.4 mg/dl, alkaline phosphatase-1041 IU; normal intact, parathyroid hormone and bicarbonate 22 mEq/L. Which of the foliowijagj^5& most probable diagnosis - *(ALIMSMay 04, 02, NEET7*
r?^i|i^Jffe^aaJ4|buIar^i(Iosis$_s$ -$_1$, *DNE PaUetAj^*
HI b) Hypophosphatemic rickets
c) Vitamin D dependent rickets
g ,d) Hypoparathyroidism ||§|||| ||Sl8

192. A 2 year old boy has vitamin D refractory rickets. Investigations show serum calcium 9 mg/dl. Phosphate 2.4 mg dl, alkaline phosphate 1040IU. Parathyroid hormone and bicarbonate levels are normal. The most probable diagnosis is -
a) Distal renal tubular acidosis *(AIIMS Nov 02, 00)*
b) Hypophosphatemic rickets.
c) Vitamin D dependent rickets
d) Proximal renal tubular acidosis

193. A 10 year old boy has a fracture of femur. Biochemical evaluation revealed Hb 11.5 gm/dl and ESR 18 mm 1st hr. Serum calcium 12.8 mg/dL, serum phosphorus 2.3 mg/dL, alkaline phosphate 28 KA units and blood urea 32 mg/dL. Which of the following is the most probable diagnosis in his case-
a) Nutritional rickets b) Renal rickets *(AI04)*
c) Hyperparathyroidism d) Skeletal dysplasia

194. True about nutritional rickets - *(PGI Dec 03)*
a) Craniotabes b)Multiple#
c) Widening of wrist d) T Phosphate in serum
e) Growth retardation

195. Rickets in infant present as all except-*(AIIMSMay 07)*
a) Cranitabes b) Widened Fontanel
c) Rachitic Rosary d) Bow legs

196. All of the following are seen in Rickets except - *(AIIMS May 03)*
a) Bow legs b) Gunstock deformity
c) Pot belly d) Craniotabes

197. Most common cause of genu valgum in children is -
a) Osteoarthritis b) Rickets
c) Paget disease d) Rheumatoid arthritis

198. Wind swept deformity is *semm-(NEET/DNB Pattern)*
a) Scurvy b) Rickets
c) Achondroplasia d) Osteoporosis

199. True about vit-D deficiency rickets - *(PGIDec 04)*
a) Vit. D_3 given at a dose of50-150 mg/day
b) X-ray knee joint is diagnostic
c) Rickety rosary is tender
d) Increased chances of respiratory tract infection
e) Hyponatremia

200. Vit-D deficiency Rickets is Characterised by -
a) ted forehead sweating *(PGI June 03)*
b) Characteristically ted Ca^{2+}
c) Anterior fontanel widened
d) Ted alk. phosphatase

178) a 179) a 180) a 181)c 182) a 183)a,c,e 184)d 185)b 186)b,c 187)c,d 188) a 189)c 190)a,c,e 191)b
192)b 193)c 194)a,c,d,e 195)d 196)b 197)b 198)b 199)b,d 200)c,d

201. Earlier manifestation of Rickets is-*(AIIMSJune 97)*
a) Craniotabes b) Rachitic rosary
c) Harrison groove d) Pigeon chest

202. Craniotabes is seen in following except-*(PGIDec 97)*
a) Rickets b) Syphilis
c) Osteogenesis imperfecta d) Thalassemia

203. Splaying and Cupping of the metaphysis is seen in- *(PGI June 99)*
a) Rickets b) Scurvy
c) Paget's disease d) Lead poisoning

204. Rickety rosary seen in all except - *(PGIDec 97)*
a) Rickets b) Scurvy
c) Chondrodystrophy d) Syphilis

205. Costochondral junction swelling are seen in- *(JIPMER87)*
a) Scurvy b) Rickets
c) Chondrodystrophy d) All of the above

206. About scurvy true A/E - *(PGI June 2000)*
a) Subperiosteal haematoma with tenderness
b) Separation of epiphysis
c) T S. alkaline phosphatase
d) Gingival bleeding

207. Primary metabolic bone disorder in scurvy is -
a) Decreased mineralization *(AI10)*
b) Decreased osteoid matrix formation
c) Increased bone resorption
d) Decreased bone mass with normal mineralization and osteoid formation

208. A six month old infant fed totally on cow's milk has been brought with bleeding spots, anaemia, fever and generalised tenderness. On examination, there were swelling in both the lower extremities and the blood count was normal. The most likely diagnosis is - *(PGI96)*
a) Arthritis b) Poliomyelities
c) Osteomyelities d) Scurvy

209. Pseudoparalysis in an infant is suggestive of -
a) Acute Rheumatic fever *(PGI06)*
b) Vitamin B 6 deficiency
c) Vitamin E deficiency
d) Vitamin C deficiency

210. Following are radiological features of scurvy except-
a) Bony thickening *(PGIDec 99)*
b) Metaphyseal widening
c) Metaphyseal calcification
d) Epiphyseal separation

211. Winberger sign is present in - *(PGI2K)*
a) Rickets b) Scurvy
c) Secondary syphilis d) Tuberculosis

212. Deficiency of vit. C in infant is best estimated by Vit C level in- *(PGI95)*
a) Plasma
b) Urinary excretion
c) Buffy coat estimation
d) Adrenal cortical Vit. C estimation

213. Manifestations of vitamin C deficiency are -
a) Pseudoparalysis b) Sabre tibia *(PGIDec 08)*
c) Epistaxis d) Craniotabes
e) Costochondral junction become domeshaped

214. Anti infective vitamin is - *(PGI 87, 88 A.189)*
a) Vitamin B_g b) Vitamin A
c) Vitamin D d) Vitamin C

215. All of the following statements are true regarding Vitamin A deficiency except - *(PGI 96)*
a) Growth retardation is common
b) Frequent infections can occur
c) Hydrocephalus is infrequent
d) Anterior segment of the eye is initially involved

216. Vitamin A deficiency is characterized by-*(PGIDec 04)*
a) Bitot spot b) Xerophthalmia
c) Night blindness d) Tranta's spot

217. Daily dose of vitamin A in a 6-12 months old child is- *(AIMS June 97)*
a) 500 microgram b) 200 microgram
c) 300 microgram d) 700 microgram

218. The vitamin A supplement administered in "Prevention of nutritional blindness in children programme" contain - *(AI03, AIIMSNov 05)*
a) 25,000 IU/ml b) 1 Lakh IU/ml
c) 3 Lakh IU/ml d) 5 LakhlU/ml

219. In 30 years female; with high alkaline phosphatase, low serum calcium, low serum phosphatase diagnosis is ? *(NEET/DNB Pattern)*
a) Rickets b) Osteomalacia
c) Hypervitaminosis D d) Hyperparathyroidism

220. All are features of Vit. D intoxication, except -
a) Nausea and vomiting *(PGI 79, AIMS 86)*
b) Muscular weakness
c) Anorexia
d) Oliguria
e) Metastatic calcification

221. Hypervitaminosis of which of the following will cause bony abnormalities - *(PGI Dec 06)*
a) Vit A b) Vit D
c) VitC d)VitE
e) VitK

222. A child with alopecia, hyperpigmentation psoriatic dermatitis in genitals & mouth and hypogonadism is likely to be suffering from - *(AI 98)*
a) Cudefeciency b) Iron deficiency
c) Zn deficiency d) Mg deficiency

223. Selenium deficiency is seen in-*(NEET/DNB Pattern)*
a) Keshan disease
b) Wilson disease
c) Acrodermatitis enteropathica
d) None of above

224. Zinc deficiency causes - *(PGIDec 03)*
a) Sexual infant ilism b) Loss of libido
c) Poor weight gain d) Poor wound healing

201)a 202)d 203)a 204)d 205)d 206)c 207)b 208)d 209)d 210)b 211)b 212)c 213)a,c 214)b 215)d 216)a,b,c 217)c 218)b 219)b 220)d 221)a,b 222)c 223)a 224)AH

225. Diarrhoea ina childoJ12:inoDitfa,doseojrZinc iSK
a) 1 mg/10-14day *(NEET/DNB Pattern)*
b) lOmg/10-14 day
c) 15 mg / 1,0'" 14 day
d) 20 mg /10-14 day

226. Elemental iron and folic acid content of pediatric iron folic acid tablet supplied under RCH programme are- *(AI03)*
a) 20 mg iron & 100 microgram folic acid
b) 40 mg iron & 100 microgram folic acid
c) 40 mg iron & 50 microgram folic acid
d) 60 mg iron & 100 microgram folic acid

227. The most important factor to overcome protein energy malnutrition in children less than 3 years is- *(AIMS 83)*
a) Supply of subsidised food from ration shop
b) Early supplementation of solids in infants
c) Immunisation to the child
d) Treatment of anaemia and pneumonia in infant and toddlers

22$. Kwashirokar in Ghanian Ga language means-
a) Condition seen in 2nd child *(Kerala 2K)*
b) Condition seen in the displaced child
c) Condition seen in cousin
d) Condition seen in the stepchild
e) Condition seen in the 3rd child

229. In Kwashiorkor, the letter 'K' is post-fixed to denote- *(MH10)*
a) Weight for height b) Skin changes
c) Edema d) Muscle wasting

230. When can a severely malnourished child be safely discharged from the hospital ? *(UPSC-108)*
a) The child attains his height for age
b) The child reaches his ideal weight for height
c) The child loses edema and starts gaining weight
d) The child attains weight for his age

231. The skin changes seen in protein energy malnutrition can be due to deficiency all of the following nutrients except - *(DELHIPG Mar. 09)*
a) Zinc b) Tryptophan
c) Essential fatty acids d) Pyridoxine

232. Para amino benzoic acid of breast milk prevent the infection of - *(UP 07)*
a) Plasmodium vivax b) Kleibsella-pneumonia
c) Giardia d)E.coli

233. The substance that has anti infective property directly or indirectly in milk is all except- *(JIPMER 95)*
a) Lactoferin b) Lactalbumin
c) Lysozyme d) Nucleotides

234. One year old baby exclusively breast fed has a 1cm. hepatomegaly severe pallor and no spleen.The most important investigation is - *(TN 90)*
a) B 12 estimation
b) Serum iron estimation
c) Folic and estimation
d) Fetal hemoglobin estimation

235. Iron supplementation in a healthy term breast fed baby should be started at the age of - *(COMED 06)*
a) 2 weeks b) 4 weeks
c) 8 weeks d) 6 weeks

236. Breast milk is maximum at- *(APPGE04)*
a) 1-2 months b) 3-4 months
c) 5-6 months d) 7-8 months

237. Breast milk is known to transmit - *(MAHE 07)*
a) Tuberculosis b)CMV
c) Varicella d) Rubella

238. After premature delivery, mother's milk is low in -
a) Lactose b)Fat *(MH10)*
c) Protein d) Sodium

239. Lactose content of breast milk per 100 ml is - a) 3.5gm b) 4.5 gm *(MH11)*
c) 6 gm d) 7 gm

240. Which of the following is not a sign of active rickets? *(COMED 09)*
a) Prominent fontanelle b) Hot cross bun sign
c) Saddle nose d) Caries teeth

241. Definitive sign of scurvy in X-ray - *(Jipmer 11)*
a) Ringed epiphysis
b) Ground glass appearance
c) White line in metaphysis
d) Thin cortex

242. The recommended oral dose of vitamin Ato be given in a 10 month child with deficiency on each of day 1,2 and 28 is - *(Karn 11)*
a) 50,000 IU b) 1,00,000IU
c) 2,00,000 IU d) 6,00,000 IU

243. Phrynoderma is due to ...deficiency- *(Kerala 90, Karn 89, PGI90)*
a) Vitamin D b) Niacin
c) Vitamin A d) Essential fatty acid

244. Toad skin is seen in deficiency of vitamin -
a) A b)B_2
c) D d) Biotin

245. Growth retardation, taste alteration, hepatosplenomegly, hypochromic microcytic anemia, loss of hair, hypogonadism in a boy indicate deficiency of - *(Karn 95)*
a) Selenium b) Copper
c) Zinc d)Iron

246. Deficiency of which element can lead to syndrome of growth failure, anaemia and hypogonadism -
a) Calcium b) Copper *(COMED09)*
c) Zinc d) Magnesium

347. Abnormalities of copper metabolism are implicated in the pathogenesis of all the following except -
a) Wilson's disease *(UPSC-109)*
b) Monkes' Kinky-hair syndrome
c) Indian childhood cirrhosis
d) Keshan disease

248. Rett's syndrome occurs due to deficiency of -
a) Niacin b) Biotin *(Kerala04)*
c) Carotene d)VitD

225)d 226)a 227)b,c 228)b 229)c 230)c 231)d 232)a 233)b,d 234)b 235)None 236)c 237)b 238)a
239) d 240) c 241) a 242) b 243) d 244) a 245) c 246) c 247) d 248) b

249. Which one of the following vitamin deficiencies causes corneal vascularisation, poor growth and photophobia- *(UPSC 07)*
a) Riboflavin b)Pyridoxine
c) Niacin d) Thiamine

250. Shakir tape is used for- *(Delhi 96)*
a) Measurement of height
b) Measurement of length of infant
c) Measurement of midarm circumferance
d) Measurement of the learning ability of child

251. Dosage of Vitamin-A for children between 1-3 years-
a) 1250IU b) 1333IU *(Manipal 08)*
c) 1667IU d)2333IU

252. Child with frog like position and resistance to move the limbs- *(CMC 2001)*
a) Scurvy b) Rickets
c) Trauma d) Congenital dislocations

253. Pseudoparalysis is seen in - *(CMC 2001)*
a) Scurvy b) Rickets
c) Polio d) Osteomalacia

254. Calorie requirement per day of a child weighing 15 kg would be - *(MH10)*
a) 1150 kcal b) 1250 kcal
c) 1450 kcal d) 1550 kcal

NEWBORN INFANT

255. Neonatal period extends *u\>td- (NEET/DNBPattern)*
a) 21 days of life b) 30 days of life
c) 28 days of life d) 35 days of life

256. Which is not a normal finding in the newborn -
a) Systolic murmur *(Jipmer93)*
b) Pulse rate of 100/min
c) Peripheral Cyanosis
d) Central Cyanosis

257. Newborn commonly has following except-fPG/*Dec 98)*
a) Milia b) Mongolian spots
c) Epstein pearls d) None of the above

258. The apropriate approach to a neonate presenting with vaginal bleeding on day 4 of life is - *(AI05)*
a) Administration of vitamin K
b) Investigation for bleeding disorder
c) No specific therapy
d) Administration of 10 ml/kg of fresh frozen plasma over 4 hours

259. Common sites for mongolian spot are- *(PGIDec 08)*
a) Face b) Neck
c) Lumbosacral area d)Leg
e) Thigh

260. Skin changes in newborn that disappear spontaneously - *(PGI Dec 08)*
a) Harlequins skin change b) Mangolian spots
c) Erythema toxicum d) Lymphoma
e) Milia

261. A hymenal tag in a newborn is best treated by -
a) "Steroids b) Surgery *(NEET/DNB Pattern)*
c) Leaving it alone d) None of the above

262. A full term baby, exclusively breast fed, at the end of 1 week was passing golden yellow stools and was found to have adequate hydration with normal systemic examination. The weight of the baby was just same as it was at birth. The pediatrician should now advise- *(AIIMSMay02)*
a) Give oral solution with breast feeding
b) Start tap feeding
c) Investigate for lactic acidosis
d) Reassure the mother that nothing is abnormal

263. Normal finding in term neonate-(PG/*Dec 02,Dec 98)*
a) Erythema toxicum
b) Ebstein's pearl
c) Bilateral cryptorchidism
d) Subconjunctival hemorrhages
e) Erythema nodosum

264. New born babies are able to breathe and suck at the same time due to - *(AIIMS Nov 10)*
a) Wide short tongue b) Short soft palate
c) High larynx d) Short pharynx

265. Which of the following reflexes is not present at birth- *(AI07)*
a) Asymmetric Tonic Neck Reflex
b) Moro's Reflex
c) Symmetric tonic neck reflex
d) Crossed extensor reflex

266. Persistant Moro's reflex at 6-7 months indicates - *(PGI 02, DPG 09)*
a) Normal child b) Brain damage
c) Hungry child d) Irritable child

267. Child of 9 months, which reflex is most abnormal - *(PGI June 98)*
a) Asymmetric neck reflex b) Parachute reflex
c) Righting reflex d)None

268. Reflex which is not present in child at birth is -
a) Moro's reflex *(AIIMS May 07)*
b) Symmetric tonic neck reflex
c) Crossed extensor reflex
d) Asymmetric tonic neck reflex

269. A baby on examination shows unilateral moro's reflex with positive palmar grasp reflex. The site of lesion is - *(ARMS Nov 99)*
a) C_3-C_4 b) C_5-C_6
c) C_8-T_1 d) C_1-C_2

270. Persistence of Moro's reflex is abnormal beyond the age of - *(ARMS May 0 7)*
a) 3rd month b) 4th month
c) 5th month d) 6th month

271. Reflex which never reappears is - *(PGIJune 98)*
a) Moro's b) Grasp
c) Snout d) Glabellar

272. Palmomental reflex is seen in lesions of -
a) Frontal lobe b) Parietal lobe *(ARMS Dec 98)*
c) Temporal lobe d) Occipital lobe

273. Moro's Reflex disappears at - *(AI 0 7, ARMS May 07,Dec 95)*
a) 3 months b) 5 months
c) 6 months d) 7 months

249) a 250) c 251) b 252) a 253) a 254) b 255) c 256) b,d 257) d 258) c 259)c,d,e 260)a,b,c,e 261) c
262) d 263) a,b,d 264) c 265) c 266) b 267) a 268) b 269) b 270) d 271) a 272) a 273) c

274. Atypical moro's reflex is seen in A/E- *(PGIDec97)*
a) # clavicle
b) Stemomastoid tumor
c) Shoulder dislocation
d) Brachial plexus injury

275. All the following can occur in a neonate for heat production except - *(AIIMS Nov 11, Nov 06)*
a) Shivering
b) Breakdown of brownfat with adrenaline secretion
c) Universal flexion like a fetus
d) Cutaneous vasoconstriction

276. The different manifestations of hypothermia are -
a) Apnea b) Hypoglycemia *(PGIJune06)*
c) Hyperglycema d) Tachycardia
e) Hypoxia

277. Following features may be seen in cold injury of neonates except- *(AI 99)*
a) Bradycardia b) Uncontrolled shivering
c) Scleroma d) Metabolic acidosis

278. Hypothermia in neonate is characterised by- *(PGI Dec 02)*
a) Hyperactivity b) Hypoglycemia
c) Apnea d) ted urinary output

279. Small for date baby is - *(PGI June 00)*
a) < 10 percentile for the gestational age
b) < 50 percentile for gestational age
c) <2000gm
d) <2500gm

280. Low birth weight is defined as - *(PGIDec 08)*
a) Weight <2.5 kg
b) Weight <2.0 kg
c) Weight < 1.5 kg
d) Weight < 10 percentile for their gastational age
e) Weight < 2.5 SD for their gestational age

281. IUGR is caused by all except - *(NEET/DNB Pattern)*
a) Diabetes b) Alcohol
c) Smoking d) Chronic renal failure

282. Intra uterine growth retardation can be caused by all except - *(AIIMS 8 7)*
a) Nicotine b) Alcohol
c) Propranolol d) Phenothiazine

283. For a term small for date baby, true is -
a) No nipple nodule *(AIIMS May 93)*
b) No palmar/plantar crease
c) Weight less than 10th percentile
d) Hyperbilirubinemia

284. All of the following are features of prematurity in a neonate, except - *(AI 06)*
a) No creases on sole b) Abundant lanugo
c) Thick ear cartilage d) Empty scrotum

285. A women delivered a baby of 2.2 kg weight Her LMP is not known. To know the maturity of baby, following are used - *(PGI June 03)*
a) Sole Crease b) Ear Cartilage
c) Breast nodule d) Anterior fontanel
e) Weight of the baby

286. A premature infant is more likely than a full term infant to - *(AIIMS 80, PG 85)*
a) Suffer from jaundice of hepatic origin
b) Maintain in normal body temperature in a cold environment
c) Excrete urine with a uniform specific gravity
d) Suffer from anaemia

287. Full term Small for date infants are predisposed to -
a) Hypercalcemia b) CNS infections
c) Hypoglycemia d)PDA *(AIIMS May 95)*

288. Full term, Small for Date Babies are at high risk of-
a) Hypoglycemia *(AI 2000)*
b) Intraventricular haemorrhage
c) Bronchopulomonary dysplasia
d) Hyperthermia

289. True statement about IUGR is - *(AI 99)*
a) Hepatomegaly is due to fatty infiltration
b) Head circumference is 3 cm more than chest circumference
c) Hyaline membrane disease is a common cause of death
d) Hypothermia does not occur due to good shivering mechanisms

290. Small for gestational age infant is having-fPG*/Dec 97)*
a) Undescended testis b) Wrinkled sole
c) Lanugo sole d) Breast nodule

291. In asymmetrical IUGR which organ is not affected- *(NEET/DNB Pattern)*
a) Subcutaneous fat b) Muscle
c) Liver d) Brain

292. What is the ponderal index of a child with weight 2000 g and height 50 cm - *(AIIMS Nov 10)*
a) 1.6 b)3.6
c) *22* d)2.6

293. A neonate weighing 1500 grams is delivered at 33 weeks. Which of the following would be most appropriate method of nutrition for the baby?(^4/*11)***
a) IV fluids and oral feeding
b) Orogastric feeding/altemate oral feeding
c) Total parenteral nutrition
d) TV fluids and assessment/follow-up

294. A 7 day old infant develops symptoms of neonatal septicemia. Most likely cause is - *(AI 98)*
a) Local nursery environment
b) Infection through umblical cord
c) Exclusively breast fed baby
d) Infection by GIT bacteria

295. All of following are true about neonatal sepsis except- *(AI 96)*
a) Preterm babies are predisposed to sepsis
b) Late initiation of breast feeding is a predisposition
c) Most common transmission of infection is through nursery personel
d) Premature rupture of membranes predisposes to sepsis

274)b 275)a 276)a,b,e 277)b 278)b,c 279)a 280)a 281)a 282)d 283)c 284)c 285)a,b,c 286)a287)c
288) a 289) b 290) a 291)d 292) a 293) b 294) a 295) c

296. Most common cause of Neonatal sepsis in hospital in India is - *(AIIMS May 07)*
a) Escherichia coli b) Klebsiella
c) Staph aureus d) Listeria monocytogen

297. Most common cause of sepsis in India within 2 months - *(AIIMS Nov 09)*
a) H influenza
b) E.coli
c) Coagulase positive staph aureus
d) Group B streptococcus

298. True about Neo-natal sepsis - *(PGI June 03)*
a) Meningitis commonly occur lately
b) Jaundice predisposes
c) Fever
d) Jaundice is a common feature

299. *True* about neonatal sepsis - *(PGINov 10)*
a) Early sepsis is due to organism in maternal genital tract
b) Environmental factors cause late sepsis
c) Late sepsis is due to organism in maternal genital tract
d) Environmental factors cause early sepsis

300. Least observed laboratory finding in Neonatal Sepsis is- *(AI96)*
a) T C-reactive protein
b) Neutrophilia
c) Increased ESR
d) Increased Immature Neutrophils

301. Neonatal septicemia is most commonly caused by -
a) Group B Streptococci *(AIIMS May 93)*
b) E.coli
c) Streptococcus viridans
d) Staphylococcus aureus

302. Neonatal sepsis and meningitis most common cause - *(PGI 98)*
a) Streptococcus pyogenes
b) Streptococcus agalactacea
c) Enterococcus fecalis
d) Staphylococcus aureus

303. Most common cause of neonatal meningitis-(PG/ *99)*
a) Staphylococcus b) E. coli
c) H. influenze d) Pneumococcus

304. Community acquired Neonatal Pneumonia treatment of choice - *(AIIMS Feb 199 7)*
a) Cefotaxime+Amikacin
b) Ampicillin + Chloramphenicol
c) Ampicillin + Gentamicin
d) Metronidazole + Amikacin

305. Respiratory distress in newborn is defined when -
a) Respiration rate > 60/min *(PGI 04)*
b) Intercostal recession
c) Aspiration > 20ml
d) Hypoxaemia
e) Reticulonodular shadow in CXR

306. In a child cessation of breathing for 20 sec. With bradycardia is - *(NEET/DNB Pattern)*
a) Apried b) Dyspnea
c) Cheyne stokes respiration d) Nohe

307. Neonatal apnea is seen in all except -*(PGI June 08)*
a) Prematurity b) Hyperglycemia
c) Hypoglycemia d) Hypercalcemia
e) Hyperthermia

308. A New born weighing lOOOg is born at gestational age of 30 weeks with respiratory distress after 2-3 hrs of birth. What are the diagnostic possibilities -
a) Diaphragmatic hernia *(PGI June 01)*
b) Cong, bronchopulmonary cysts
c) Bronchopulmonary dysplasia
d) HMD
e) Pulmonary hemorrhage

309. Newborn with APGAR score of 2 at 1 min. & 6 at 5 min. has respiratory distress & mediastinal shift diagnosis is - *(PGIDec 2000)*
a) Congenital adenomatoid lung disease
b) Pneumothorax
c) Diaphragmatic hernia
d) Transient tahypnea of newborn
e) HMD

310. Meconium passage in utero leads to which of the following - *(NEET/DNB Pattern)*
a) Listeriosis f ' J b) Obstructive;emphyscma
?T cf Pathplogicaljatmdiee> d) Meconium ileus

311. A 3 kg term baby delivered by caesarian section develops respiratory distress soon after birth. The liquor was meconium stained. Breathing rate is 90/ min. correct statements - *(PGIDec 04)*
a) Transient tachypnoea of newborn
b) Meconium aspiration syndrome
c) Reticulonodular shadows in X-ray chest
d) I Surfactant production
e) Oral feeding started early

312. The cause of death in congenital diaphragmatic hernia is - *(AIIMS Dec 98)*
a) Septicaemia b) Hemorrhage
c) Pulmonary hypoplasia d) Intestinal obstruction

313. A new born baby has been referred to the casualty as a case of congenital diaphragmatic hernia. The first clinical intervention is to - *(AIIMS May 03)*
a) Insert a central venous pressure line.
b) Bag and mask ventilation
c) Insert a nasogastric tube
d) Ventilate with high frequency ventilator

314. A child presented with respiratory distress was brought to emergency with bag and mask ventilation. Now child is intubated. Chest X-ray shows right-sided deviation of mediastinum with scaphoid abdomen. His Pulse rate is increased. What is the next step ? *(AIIMS Nov 0 7)*
a) Endotracheal intubation
b) Put a nasogastric tube
c) Surgery
d) Endtidal $C0_2$ to confirm intubation

296)b 297)b 298)a,c,d 299)a,b 300)c 301)a 302)b 303)b 304)c 305) a 306)a 307)b,d,e 308)a,d,e 309)a,b,c 310)b 311)b 312)c 313)c 314)b

315. 2 days after birth, child developed respiratory distress and had scaphoid abdomen. Breath sounds were decreased on the left side. After bag and mask ventilation, ET tube was put and the maximal cardiac impulse shifted to the right side. What should be the next step in management ? *(AIIMSNov 07)*
a) Confirm the position of endotracheal tube
b) Emergency surgery
c) Naso gastric tube insertion
d) Chest x-ray

316. A neonate having congenital diaphragmatic hernia developed respiratory distress. Breath sounds were decreased on the left side. After bag and mask ventilation, ET tube was put and the maximal cardiac impulse shifted to the right side. What should be the next step in management - *(AI08)*
a) Confirm the position of endotracheal tube by x-ray chest
b) Remove tube & reattempt intubation
c) Naso gastric tube insertion
d) Chest x-ray

317. A neonate having congenital diaphragmatic hernia developed respiratory distress. Breath sounds were decreased on the left side. After bag and mask ventilation, ET tube was put and the maximal cardiac impulse shifted to the right side. What should be the next step in management - *(AI08)*
a) Confirm the position of endotracheal tube by x-ray chest
b) Emergency surgery
c) Naso gastric tube insertion
d) Chest x-ray

318. Which of the following is the least important prognostic factor in congenital diaphragmatic hernia? *(AIJMSNov 11, AI 11)*
a) Pulmonary Hypertension
b) Delay in emergent surgery
c) Size of defect
d) Gestational age at diagnosis

319. Most important prognostic factor in congenital diaphragmatic hernia - *(AI 11, AIIMS Nov 09)*
a) Pulmonary hypertension b) Size of hernia
c) Timing of surgery d) Gestational age

320. True about Bochdalek hernia is - *(AIIMS97)*
a) Seen on right side
b) Anterior position
c) Differential diagnosis for pleuropericardial cyst
d) Associated with lung hypoplasia

321. A 31 week pregnant lady delivers a child. In 4 hrs baby develops dyspnoea and cyanosis. X-ray chest shows ground glass appearance. The diagnosis -
a) Meconium Aspiration *(AIIMS Nov 99)*
b) Hyaline membrane disease
c) Tracheo esophageal atresia
d) Esophageal atresia

322. Respiratory distress syndrome in infants is seen in- *(PGI89)*
a) Babies of diabetics
b) Premature rupture of membrane
c) More than 2500 gm
d) Less than 37 weeks

323. Deficiency of s urfactant is seen in - *(PGIDec 99)*
a) BPD b) Neonatal asphyxia
c) HMD d) Anencephaly

324. Hyaline membrane seen in the lung is composed of- *(NEET/DNB Pattern)*
a) Globulin b) Fibrin
c) Mucoprotein d) Polysaccharide

325. The clinical sign of hyaline membrane disease generally first appears - *(PGI81 AMU88)*
a) In the first 6 hours of life
b) Between 12 and 24 hours of life
c) Between 36 and 48 hours of life
d) After 48 hours of lilfe

326. Which of the following are signs of neonatal respiratory distress syndrome - *(PGI 01)*
a) Intercostal retraction b)RR>60/min
c) Absence of cyanosis d) PH < 7.2
e) A linear streak on CXR

327. X-ray appearance in hyaline membrane disease is -
a) Homogenous ground glass appearance
b) Reticulonodular shadow *(Kerala 94)*
c) Normal X-ray
d) Air bronchogram

328. A term gestation newborn developed respiratory distress. Which of the following would favour Respiratory distress syndrome (HMD)? *(AIIMS May 12, Nov 10)*
a) History of receiving antenatal corticosteroids
b) Air bronchogram on chest x-ray
c) Onset of distress after 6 hrs of birth
d) Term birth

329. Granulomatous appearance of lung with air bronchogram in neonates represents - *(PGIDec 97)*
a) Aspiration pneumonia
b) Hyaline membrane disease
c) Staph pneumonia
d) ARDS

330. Eoetal lung maturity is assessed by -
a) L/g ratio *(NEET/DNB Pattern)*
b) Billirubin content of amniotic fluid
c) Ultra sound
d) Amniocentesis

331. Which one of the following is true of hyaline membrane disease of the newborn - *(UPSC 99)*
a) Prematurity provides relative protection of the occurrence
b) Maternal steroid exposure increase severity of the disease
c) Phosphatidyl glycerol estimation is a reliable method of diagnosis
d) Surfactant increases the surface tension of a lveoli

315)a 316)b 317)c 318)b 319)a 320)c,d 321)b 322)a,b 323)c 324)b 325)a 326)a,b,d 327)a,b,c,d 328) b 329) b 330) a 331)c

332. With reference to RDS, all of the following statements are true, except - *(AI 02)*
a) Usually occurs in infants bom before 34 weeks of gestation
b) Is more common in babies bom to diabetic mothers
c) Leads to cyanosis
d) Is treated by administering 100% oxygen

333. A 1.5 kg child born at 32 weeks by LSCS presents with moderate respiratory difficulty (RR 70/ minutes). Which of the following is the appropriate management- *(ARMSNov 10, 09)*
a) CPAP b) Mechanical ventilation
c) Warm oxygen d) Surfactant and ventilation

334. All are true regarding administration of betamethasone to a mother with premature delivery except- *(ARMS 99)*
a) Neonatal morbidity better
b) Helps lung maturity
c) Prevents hyperbilirubinemia
d) Decreases intraventricular hemorrhage

335. The dose of betamethasone in prenatal to ppyent respiratory distress syndrome is- *(NEET/DNB Pattern)*
a) 6 mg b) 12 mg every 24 hours
c) 6 mg every 12 hours d) 4 mg start

336. A neonate delivered at 32 weeks, is put on a ventilator, X-ray shows 'white out lung' and ABG reveals $P0_2$ of 75. Ventilator settings are an, $Fi0_2$ of 70, and rate of 50/minute. Next step to be taken should be?
a) Increase rate to 60 per minute *(AI01)*
b) Increase Fi02 to 80
c) Continue ventilation with the same settings
d) Weaning ventilator

337. Loss of pulmonary surfactant in premature infant -
a) Pulmonary edema *(PG1 Dec 07)*
b) Collapse of alveoli
c) Elastic recoil of lungs

338. Hyaline membrane disease of lungs is character-ized by - *(ARMS Nov 10)*
a) FRC is smaller than closing volume
b) FRC is greater than closing volume
c) FRC is equal to closing volume
d) FRC is independent of closing volume

339. All of following are causes of bronchopulmonary dysplasia except - *(AI96)*
a) Oxygen toxicity
b) Theophyline use
c) Traumatic damage to lungs
d) Pulmonary odema due to capillary damage

340. Broncho pulmonary dysplasia seen in all except -
a) Theophylline b) Prematurity *(AI98)*
c) Barotrauma d) 0_2 therapy

341. Transient tachypnea of new born (TTN) is commonly seen in which of the following situations -
a) Term delivery requiring forceps *(ARMSMay 02)*
b) Term requiring ventouse
c) Elective caesarean section
d) Normal vaginal delivery

342. Characteristics radiological feature of transient tachypnoea of newborn is - *(ARMSMay 05)*
a) Reticulogranular appearance
b) Low volume lungs
c) Prominent horizontal fissure
d) Air bronchogram

343. Transient tachypnea of new bora, all are true except-
a) Mild pleural effusion *(PGlDec 98)*
b) Air bronchogram
c) Reticular shadows
d) Prom, interlobar fissure

344. True about transient tachypnoea of new born is -
a) Air bronchogram seen *(PG1 Dec 99)*
b) Common in preterm infants
c) Interlobar fissure effusion
d) Respiratory distress resolves in 6-10 days

345. 3.5 kg term male baby, born of uncomplicated pregnancy, developed, respiratory distress at birth, not responded to surfactant, ECHO finding revealed nothing abnormal, X-ray showed ground glass appearance and culture negative. Apgars 4 and 5 at 1 and 5 minutes. History of one month female sibling died before. What is the diagnosis? *(ARMSMay 11,*
a) TAPVC *May 08, Nov 11, Nov 08, Nov 07)*
b) Meconium aspiration
c) Neonatal pulmonary alveolar proteinosis
d) Diffuse herpes simplex infection

346. Chandu, a one year old child should be admited in hospital for following complains except - *(AI97)*
a) Refusal of feed
b) Respiratory rate of 50 per minute with chest retraction
c) Fever39°C
d) Difficulty in waking

347. Components of neonatal resuscitation -*(PGIDec 07)*
a) Maintenance of temprature
b) Maintenance of respiration
c) Maintenance of circulation
d) Chest compression

348. Meconium aspiration is done for 3 times but no breathing occurs. Next step in resuscitation would be- *(AI 97)*
a) Chest compression b) 0_2 inhalation
c) Bag & mask intubation d) Trikling of sole

349. A 3 hours old neonate with apnea is on bag and mask ventilation for last 30 seconds, now showing spontaneous breathing with heart rate 110/min. The next step should be - *(AI 92)*
a) Discontinue ventilation b) Continue ventilation
c) Give chest compression d) ET intubation

350. True regarding neonatal resuscitation-fPG*/May 10)*
a) 1st nasal suctioning done
b) 1st mouth suctioning done
c) Max. length of nasal suctioning is upto 3 cm and mouth suctioning is upto 5 cm
d) Max. length of nasal suctioning is upto 5 cm and mouth Suctioning upto 3 cm.

332) d 333) a 334) c 335) b 336) c 337)a,b,c 338) a 339) b 340) a 341) c 342) c 343) b,c 344) c 345) c 346) c 347)All 348) d 349) a 350) b,c

351. A baby is born with meconium stained liquor which of the following is taken account of in terming a baby vigorous except - *(AIIMS Nov 09)*
a) Tone b) Colour
c) HR d) Respiration

352. A 5 year old child is rushed to casualty reportedly electrocuted while playing in a park. The child is apneic and is ventilated with bag and a mask. Which of the following will be the next step in the management - *(AIIMS Nov 04, Nov 05)*
a) Check pulses b) Start chest compressions
c) Intubate d) Check oxygen saturation

353. During intubation of a child, type of endotracheal tube and blade of laryngoscope is - *(AIIMS June 99)*
a) Uncuffed tube with curved blade
b) Uncuffed tube with straight blade
c) Cuffed tube with straight blade
d) Cuffed tube with curved blade

354. Bag and mask ventilation is contraindicated in -
a) Cleft lip *(AIIMS May 04, June 99)*
b) Meconium aspiration
c) Diaphragmatic hernia
d) Multicentric bronchogenic cyst

355. Which of the following is the principal mode of heat exchange in an infant incubator ? *(AI06, PGI98)*
a) Radiation b) Evaporation
c) Convection d) Conduction

356. All of the following therapies may be required in a 1-hour-old infant with severe birth asphyxia except- *(AI 05)*
a) Glucose b) Dexamethasone
c) Calcium gluconate d) Normal saline

357. Which is not a component of APGAR Score -
a) Colour of the body *(AIIMS June 97)*
b) Muscle tone
c) Heart rate/minutes
d) Respiratory rate per minute

358. Which of the following is not true about newborn assessment - *(AIIMS Nov 11)*
a) APGAR at 7 min indicates neonatal mortality depression
b) APGAR at 1 min, indicators for neonatal resuscitation
c) Fetus can rapidly washout $C0_2$ through placenta
d) Anaerobic metabolism causes acidemia

359. A newborn with respiratory distress with RR 86/ min, nasal flaring, audible grunting, abdomen lagged behind chest respiratory movement, no lower chest or xiphoid retraction. What is Silverman's score -
a) 1 b)3 *(AIIMS Nov 10)*
c) 5 d) 6

360. Dose of Lv. adrenaline in term infant is during neonatal resuscitation - *(NEET/DNB Pattern)*
a) 0.1 -0.3 ml/kg in 1:1000
b) 0.3-0.5 ml/kg in 1:1000
c) 0.1-0.3 ml/kg in 1:10,000
d) 0.3 -0.5 ml/kg in 1:10,000

mm One gm of Hb liberates mg of bilirubin -
a) 40 b) 34 *(NEET/DNB Pattern)*
c) 15 d) 55

362. A child has bilirubin of 4 mg. Conjugated bilirubin and alkaline phosphatase are normal, bile salts and bile in urine are absent. However urobilinogen in urine is raised. What is the likely diagnosis - *(AIIMS Nov 01)*
a) Obstructive jaundice b) Rotor's syndrome
c) Biliary cholestasis d) Hemolytic jaundice

363. Conjugated hyperbilirubinemia in infancy seen in -
a) Choledochal cyst *(PGIDec 04)*
b) Extra hepatic biliary atresia
c) Crigler - Najjar disease
d) Gilbert disease

364. Conjugated hyperbilirubinemia in infancy is seen in-
a) Gilbert syndrome *(PGIDec 06, June 09)*
b) Crigglernajjar syndrome
c) Dubin Johnson syndrome
d) Rotor syndrome
e) Neonatal hepatitis

365. Unconjugate hyperbilirubinemia is seen in- *(PGIDec 07)*
a) Physiological jaundice b) Breast milk jaundice
c) Gilbert syndrome d) Biliary atresia
e) Rotor syndrome

366. A three days old infant develops jaundice upto thigh. Mother's blood group O'- ve' and baby is A '+ ve' probable causes - *(PGI02)*
a) Physiological jaundice
b) Rh incompatibility
c) Septicemia
d) Extrahepatic biliary atresia
e) ABO incompatibility

367. Jaundice at birth or within 24 hours of birth is commonly due to - *(AI 95)*
a) Erythroblastosis
b) Congenital hyperbilirubinemia
c) Biliary atresia
d) Physiological

368. Neonatal Jaundice first time appears in the 2nd week not a cause is - *(NEET/DNB Pattern)*
Sit
a) Galactossemia b) Rh Incompatibility
c) Hypothyroidism d) Breast milk Jaundice

369. Jaundice in a new born at birth or before 24 hours is commonly due to - *(AI 95)*
a) Erythroblastosis b) Biliary atresia
c) Sepsis d) Rh incompatibility

370. A term baby developed jaundice on 3rd day upto the thigh with normal stool and urine. Mother's blood group is 'O'-ve and that of babies 'A'+ve. The cause of jaundice is - *(PGI Dec 04, Dec 02)*
a) Rh incompatibility
b) Physiological jaundice
c) Extrahepatic biliary atresia
d) Sepsis
e) Glucose - 6 phosphate dehydrogenase deficiency

351)b 352)a 353)b 354)c 355)c 356)b 357)d 358)a 359)c 360)c 361)b 362) d 363)a,b 364) c,d,e 365)a,b,c 366) a 367) a 368) b 369)a,c,d 370) b

371. True about physiological Jaundice - *(PGI June 03)*
a) Jaundice appear within first 24 hour
b) Jaundice disappear in 3rd week
c) Sudden rise of bilirubin
d) Breastfeeding should be stopped

372. Child (Breast fed) at 30 hrs. of life develops yellowing of face, palm and soles not true is - *(A1IMS May 95)*
a) Congenital obliteration of bile duct
b) Breast milk jaundice
c) Physiological jaundice
d) Due to septicemia

373. True about physiological jaundice in neonate -
a) Occurs in first 6 hrs of delivery *(PGI Dec 2000)*
b) Unconjugated hyperbilirubinemia
c) Neurological sequele are common
d) Best treated by phototherapy
e) Starts on 2nd day of life

374. A term neonate with unconjugated hyperbilirubinemia of 18 mg/dl on 20[1] day. All are common causes except** - *(AIIMS May 0 7)*
a) Breast milk jaundice
b) Congenital cholangiopathy
c) G 6PD deficiency
d) Hypothyroidism

375. A 5-years old male child presents with episodic anaemia and jaundice since birth. He is least likely to have which of the following- *(AIIMSNov 11)*
a) Hereditary spherocytosis b) Sickle cell anemia
c) PNH d) G-6-PD deficiency

376. Defective hepatic conjugation is seen in all the following except - *(A196)*
a) Neonatal j aundice b) Gilbert syndrome
c) Crigler-Najjar syndrome d) Novobiocin therapy

377. All are true about Gilbert's syndrome except -
a) Mild conjugated hyperbilirubinemia
b) Autosomal dominant *(ARMSDec 97)*
c) Normal liver histology
d) Almost normal liver function tests

378. Which of these are true of Gilbert's syndrome -
a) Increased liver transaminases *(PGI June 02)*
b) Unconjugated hyperbilirubinemia
c) Bleeding tendency
d) Presence of auto-antibodies
e) Increased toxicity of irinotecan

379. True about criggler najjar type-H syndrome is -
a) Diglucuronide deficiency *(PGIDec 97)*
b) Recessive trait
c) Kemicterus is seen
d) Phenobarbitone not useful

380. Unconjugated bilirubin is increased in all, except -
a) Criggler Najjar syndrome *(ARMSMay 93)*
b) Dubin Johnson syndrome
c) Gilbert syndrome
d) Hemolytic anaemia

381. A case of j aundince with 50% direct bilirubin, other LFTs normal. Diagnosis is - *(ARMS Nov 09)*
a) Rotor syndrome
b) Gilbert syndrome
c) Glucuronyl transferase deficiency
d) Primary biliary cirrhosis

382. Causes of conjugated hyperbilirubinemia is -
wAi ft a) Rotor Syndrome *'^ffrf^NEkP/DfWcFattern)*
b) Breast milk jaundice
c) Crigler najjar
• *[A] d) Gilbert syndrome *1,^1

383. Indirect hyperbilirubinemia are seen *w-(PGINov 10)*
a) Dubin-Johnson syndrome b) Rotor syndrome
c) Gilbert syndrome d) Gallstone
e) Ca head pancrease

384. Unconjugated hyperbilirubinemia in neonate is seen in all of the following except - *(AI98)*
a) Physiological jaundice
b) Dubin johnson syndrome
c) Hypothyroidism
d) Hemolytic anemia

385. Peripheral smear of neonate with ABO incompatibility with show? *(ARMSNov 10)*
a) Microspherocytes b) Elliptocytes
c) Fragmented RBCs d) Polychromasis

386. In unconjugated hyperbilirubinemia, the risk of kernicterus increases with the use of - **(AI 05)**
a) Ceftriaxone b) Phenobarbitone
c) Ampiciliin d) Sulphonamide

387. The late features of kernicterus include all except -
a) Hypotonia *(DELHIPG Mar. 09)*
b) Sensorineural hearing loss
c) Choreoathetosis
d) Upward gaze palsy

388. Risk of kernicterus is increased in all except -
a) Low level of serum albumin *(ARMS 84)*
b) Prematurity
c) Acidosis
d) High levels of serum albumin

389. All of the following statements regarding j aundice in a newborn are true, Except- *(AI 12)*
a) Physiological Jaundice usually peaks after 48 hours
b) Breast milk jaundice usually peaks after day 7
c) High levels of conjugated bilirubin may cause Kemincterus
d) All of the above are true

390. Drugs that can be used in kemicterus-fPG/*06, Dec 02)*
a) Barbiturates b) Benzodiazepines
c) Phenytoin d) Chlorpromazine
e) Carbamazepine

391. Which mechanism in phototherapy is chiefly responsible for reduction in serum billirubin -
a) Photo-oxidation *(ARMS May 05)*
b) Photo-isomerization
c) Structural isomerization
d) Conjugation

371)None 372)b,c 373)b,e 374)b 375)c 376)d 377)a 378)b,e 379)a 380)b 381)a 382)a 383)c 384)b 385) a 386) d 387) a 388) d 389) c 390) a 391) c

392. Bronze baby syndrome is due to - *(PGIDec 98)*
a) Phototherapy b) Wilson disease
c) Chloramphenicol toxicity d) Hemochromatosis

393. A full term, 80 hrs old new born baby develops jaundice what should be the minimum level of serum bilirubin to start phototherapy - *(A1IMS June 99)*
a) 20mg% b) 12.5mg%
c) 18mg% d) 15mg%

394. A 32 weeks premature infants, 900gm weight on the third days. The serum bilirubin is 13 mg%. The treatment of choice is - *(UP 07)*
a) Exchange transfusion
b) Phototherapy
c) Wait and watch therapy
d) Pharmacologic therapy

395. What should be measured in a newborn who presents with hyperbilirubinemia - *(A12000)*
a) Total & Direct bilirubin
b) Total bilirubin only
c) Direct bilirubin only
d) Conjugated bilirubin only

396. All of the following groups of newborns are at an increased risk of hypoglycemia except -
a) Birth asphyxia *(AIMS Nov 02)*
b) Respiratory distress syndrome
c) Maternal diabetes
d) Post term infant

397. Estimation of the blood sugar is relevant in all except-
a) Birth asphyxia *(AIMS 92)*
b) Large for date baby
c) Baby of hypothyroid mother
d) Rh Incompatibility

398. A large for gestational age baby delivered at 40 weeks was observed to be lethargic. The blood sugar was measured to be35mg/dl.The management is -*(AI12)*
a) Fortified Breast Milk b) 10% IV Dextrose
c) Oral Glucose Solution d) Normal Saline

399. Administration of glucose solution is prescribed for all of the following situations except -
a) Neonates *(AIMS May 06)*
b) Child of a diabetic mother
c) History of unconsciousness
d) History of hypoglycemia

400. All of the following are the complications in the new born of a diabetic mother except - *(AIMSMay 06)*
a) Hyperbilirubinemia b) Hyperglycemia
c) Hypocalcemia d)Hypomagnesemia

401. Which of the following malformation in a newborn is specific for maternal insulin dependent diabetes mellitus ? *(AI06)*
a) Transposition of great arteries
b) Caudal regression
c) Holoprosencephaly
d) Meningmyelocele

402. Infants of diabetic mother have the followings -
a) Macrosomia *(PGI June 03)*
b) Neural tube defect
c) Hyperglycemia
d) Hypocalcemia

403. Long term complication of infants born to I.D.D.M mother A/E - *(Al 95, AIMS 98)*
a) DM b) Ketotic hypoglycemia
c) Obesity d) Blindness

404. Infant of diabetic mother with weight 3.8 Kg presented with seizures after 16 hours of birth. What is the cause - *(AI 11, AIMS Nov 09)*
a) Hypoglycemia b) Hypocalcemia
c) Birth asphyxia d) Intraventricular hemorrhage

405. Infants of diabetic mother manifests - *(PGI Dec 07)*
a) Hyperglycemia b) Hypoglycemia
c) Hypocalcemia d) Increased fetal defect
e) Hyperbilirubinemia

406. Maximum concentration of dextrose that can be given through peripheral vascular line in neonate-
a) 5 b)10 *(NEET/DNB Partem)*
c) 12.5 d) 25

407. Hyperglycemia in Neonate if blood sugar is above -
a) 150 mg/dl b) 125mg'dl *(NEET/DNB*
c) ISO mg/dl d) 100 mg/dl ■ *Pattern)*

408. A newborn was given a drug in neonatal ICU, but then was found in respiratory distress. The likely drug is? *(AI 07)*
a) Morphine b) Naloxone
c) Salbutamol d) Soda-bicarb

409. A new born child developed respiratory depression in neonatal ward. Which of the following drug is the cause - *(AIMS Nov 10)*
a) Opioids b) Barbiturates
c) Diazepam d) Propofol

410. Asphyxial injury in a term baby is characterized by all except - *(AIMS Nov 03)*
a) Seizures
b) Differential hypotonia (lower limbs > upper limbs)
c) Altered sensorium
d) Difficulty in clearing oral secretions

411. A newborn with eyes closed 6 hrs after birth lustily crying, no chest retraction and movements of all four limbs. Neonatal behavioral response grading -
a) State 1 b) State 3 *(AIMS Nov 10)*
c) State 5 d) State 6

412. Hypoxic Ischemic encephalopathy true is -
a) Lower limbs affected more than upper limbs
b) Prox. Muscles > distal muscles *(AIMS Nov 10)*
c) Seizure
d) Trunk involved

413. Vomiting on the first day of baby's life may be caused by all of the following except - *(AI 97)*
a) Pyloric stenosis b) Oesophageal atersia
c) Aerophagy d) Amniotic gastritis

392) a 393) a 394) a 395) a 396) d 397) c 398) b 399) c 400) b 401) b 402)a,b,d 403) b 404) a
405)b,c,d,e 406)c 407)b 408)a 409)a 410)b 411)d 412)c 413)a

414. A non ventilated preterm baby in incubator is under observation. Which is the best way to monitor the baby's breathing and detect apnaea ? *(AI0 7)*
a) Infrared throraric movement study
b) Capnography
c) Nasal digital temperature monitoring
d) Impedence technique

415. In Erythroblastosis fetalis not involved is -
a) Anti C b) Anti D *(AIMS 97)*
c) AntiE d) Anti Lewis

416. Which of the following agents is likely to cause cerebral calcification and hydrocephalus in a newborn whose mother has history of taking spiramycin but was not complaint with therapy -
a) Rubella b) Toxoplasmosis*(AI09)*
c) CMV d) Herpes

417. A pregnant lady had no complaints but mild cervical lymphadenopathy in first trimester. She was prescribed spiramycin but she was noncompliant. Baby was born with hydrocephalous and intracerebral calcification. Which of these is likely cause? *(AIMS May 11)*
a) Rubella b) Toxoplasmosis
c) CMV d) Herpes

418. Which of the following disorder of mother leads to microcephaly in baby - *(AIMS Dec 1994)*
a) SLE b) Hepatitis A
c) Phenylketonuria d) Rubella

419. Which one is not unfavourable for fetal development-
a) Herpes b) Rubella *(AIMS89)*
c) Alcohol d) Tetracycline

420. Hydrops fetalis may be caused by the following, except - *(COMED 09)*
a) Congenital heart block
b) Cystic hygroma
c) Congenital varicella syndrome
d) Congenital nephrosis

421. Fetal alcohol syndrome is characterized by all except-
a) Microcephaly *(AIMSNov 09)*
b) Low intelligence
c) Large proportionate body
d) Septal defects of heart

422. Still born child is defined by - *(PGIDec 07)*
a) >20wks b)>24wks
c) > 28 wks d) > 32 wks
e) > 1300 gm

423. Which of the following is the least likely cause of neonatal mortality in India? *(AIMSNov 10)*
a) Severe infections b) Congenital malformation
c) Prematurity d) Birth asphyxia

424. Test used to differentiate maternal from fetal blood? *(AIMS Nov 10)*
a) Osmotic fragility test b) Water bulb test
c) Apt test d) Kleihauer Betke test

425. Grasp reflex develops by - *(Jipmer 11)*
a) 20 weeks b) 24 weeks
c) 28 weeks d) 32 weeks

426. The following is of serious pathological significance in infants - *(Karnataka 89)*
a) Loss of weight
b) Palpable left kidney
c) Palpable spleen
d) Deviation of trachea from midline

427. Harlequins Skin change in the newborn is seen in - *(Jipmer 93)*
a) Autonomic dysfunction b) Icthyosis
c) Septicemia d) Polycythemia

428. In a new born, what is the normal respiratory rate ?
a) 10-20 breaths/minute *(UPSC-II08)*
b) 30-40 breaths/minute
c) 40-60 breaths/minute
d) 60-80 breaths/minute

429. The newborn heart rate is about - *(TN 04)*
a) 120-160/min b) 160-180 /min
c) 180 - 200 /min d) 200 - 220 /min

430. "Microsomia" is defined as - *(MAHE 05)*
a) Birth weight below 90th percentile
b) Birth weight below 10th percentile
c) Birth weight below 20th percentile
d) Birth weight below 50th percentile

431. Most common newborn rash which presents at 24-48 hours of life is - *(UPSC - II09)*
a) Erythematous papular pustular lesions
b) Milia
c) Transient neonatal pustular melanosis
d) Haemangioma

432. Very low birth weight babies are - *(SGPGI 05)*
a) < 2500 gm of birth weight
b) < 1500 gm of birth weight
c) < 1000 gm of birth weight
d) Between 2500-3000 gm of birth weight

433. Early neonatal period is - *(Kerala 03)*
a) 1 day b) 7 days
c) 28 days d) 14 days

434. Which one of the following medical disorders leads to delayed foetal lung maturity - *(UPSC 07)*
a) Heart disease b) Diabetes
c) Thalassemia minor d) Epilepsy

435. Most common cause of respiratory distress after birth in first 24 hours is - *(JIPMER 95)*
a) Neonatal sepsis b) Meconium aspiration
c) Bacterial pneumonia d) Air embolism

436. Cephalhematoma usually disappears within - *(JIPMER 80, UPSC 82)*
a) 3-5 months b) 2-5 weeks
c) 3-5 weeks d) 5-7 weeks

437. Which one of the following is true of Transient Tachypnea of Newborn (TTNB) - *(UPSC 97)*
a) It is the commonest respiratory disorder caused by absence of surfactant
b) In premature babies, it is often fatal
c) Onset of respiratory distress is immediately after birth and it rarely lasts beyond 48 hrs
d) It often leads to chronic lung disease

414)d 415)d 416)b 417)b 418) c,d 419)a 420)c 421)c 422)c 423)b 424) c>d 425)c 426)a 427)a
428) b 429) a 430) b 431) a 432) b 433) b 434) b 435) b 436) d 437) c

438. A two-year child is classified as having pneumonia, if the respiratory rate is more than - *(COMED 09)*
a) 30/min b)40/min
c) 50/min d) 60/min

439. 8 days old neonate with extensor posture - *(TN99)*
a) Cerebral palsy
b) Hypoxic ischemic encephalopathy
c) Malnutrition
d) Infection

440. Hypoglycemia in late infant and child occurs if blood glucose level is - *(CUPGEE 2001)*
a) 40 mg/dl b) 60 mg/dl
c) 10 mg/dl d) 20 mg/dl

441. Bag and mask ventilation in newborn resuscitation is contraindicated in - *(UPSC 2002)*
a) Diapharagmatic herina
b) Pulmonary hypoplasia
c) Tracheo - oesophageal fistuala
d) Laryngomalacia

442. The foetus born during the 6th month of intrauterine life will NOT be able to survive due to - *(ICS 98)*
a) lack of subcutaneous connective tissue
b) Lack of co-ordination between the respiratory and nervous system
c) Absence or insufficient amount of surfactant
d) lack of sufficient capillaries

443. A 26 year old third__gravida mother delivered a male baby weighing 4-2 kg at 37 weeks of gestation through an emergency caesarean section, for obstructed labour. The child developed respiratory distress one hour after birth. He was kept nil per orally (NPO) and given intravenous fluids. He maintained oxygen saturation on room air. No antibiotics were given. Chest radiograph revealed fluid in interlobar fissure. Respiratory distress settled by 24 hours of life. What is the most likely diagnosis ? *(UPSC 06)*
a) Transient tachypnea of the newborn
b) Meconium aspiration syndrome
c) Persistent fetal circulation
d) Hyaline membrane disease

444. Failure to initiate and maintain spontaneous respiration following birth is clinically k/a -
a) Birth asphyxia *(Corned 07)*
b) RDS-Respiratory distress syndrome
c) Respiratoryfailure
d) Pulmonary oedema

445. All the following factors affect APGAR score except-
a) Prematurity *(Corned 07)*
b) Maternal retardation
c) Neurological condition of the new bom
d) Mode of delivery

446. The foetal length is affected if the mother has undernutrition during the - *(UPSC 98)*
a) First trimester
b) Second trimester
c) Third trimester
d) Any time during the pregnancy

447. Meconium contains all except - *(PGI88)*
a) Lanugo b) Bacterial flora
c) Epithelial debris d) Bilirubin

448. A term baby was brought with complaints of breathing difficulty. He was born normally to primigravida. Mother's antenatal period and labour record were normal. On examination he was in respiratory distress. Abdomen was flat. There was no organomegaly. The most likely cause is-
a) Congenital heart disease with dextrocardia
b) Respiratory distress syndrome *(UPSC 98)*
c) Diaphragmatic hernia
d) Aspiration pneumonia

449. Which of the following is best for transport of the newborn with maintainance of warm temperature -
a) Kangaroo Mother Care (KMC) *(MH11)*
b) Transport incubator
c) Thermacolbox
d) Hot bottle

450. A new bom presented with jaundice. Most diagnostic investigation of choice is - *(UP 08)*
a) Total and Direct bilirubin
b) Conjugated bilirubin
c) Serum, Bilirubin
d) Uroporphyrin levels

451. In Rh Iso Imunisation, exchange transfusion is indicated if- *(AIMS 89)*
a) Cord blood hemoglobin is less than 10 g %
b) Cord bilirubin is more than 5 mg.
c) History of previous sibling affected
d) Hydrops fetalis

452. Indications for exchange transfusion are all except-
a) Unconjugated bilirubin > 18 mg/100 ml
b) Cord hemoglobin <10 mg/100 ml *(Jipmer 03)*
c) Cord bilirubin <5 mg/100 ml
d) Bilirubin protein ratio > 3.5

453. Jaundice in the new-born is physiological when -
a) The infant is visibly jaundiced in the first 24 hours of birth *(UPSC 98)*
b) The total bilirubin concentration in the serum increases by 1 mg/dl per day
c) The total bilirubin concentration is above 15 mg/dl
d) Jaundice persists for more than one week in a term infant

454. Autosomal dominant familial nonhemolytic hyperbilirubinemia occurs in all except - *(UP 07)*
a) Crigler-Najjar syndrome
b) Dubin - Johnson syndrome
c) Gilbert syndrome
d) Cryoglobulinemia

455. Jaundice seen immediately after birth in - ***(AP 97)***
a) Septicemia b) Rh-incompatibility
c) Breast milk Jaundice d) Physiological j aundice

438)b 439)a,b 440)a 441)a 442)c 443)a 444)b 445)d 446)d 447)b 448)c 449)a 450)a 451)a,b,c 452) c 453) b 454) b 455) a,b

456. In a neonate, jaundice appears for the first time in the 2nd week. The following is not a cause- *(DPG 10)*
a) Galactosemia b) Rh Incompatibility
c) Hypothyroidism d) Breast milk jaundice

457. Which of the following is not true about late onset Hemorrhagic disease of newborn (HDN)? *(MH10)*
a) Begins between 2-7 days of life
b) Intracranial hemorrhage is common
c) Biliary atresia can predispose
d) Warfarin therapy is associated

458. Which of the following subtance is toxic to neurons-
a) Unconjugated bilirubin *(JIPMER 95)*
b) Bile salt
c) Haemoglobin
d) Melanin

459. A 50-hour old full-term breast-fed newborn boy weighing 3100g presents with clinically evident jaundice. Physical examination is otherwise normal. The total bilirubin is 11.0 mg/dl with a direct bilirubin of 0.4 mg/dl. What would be the correct treatment - *(UPSC 0 7)*
a) Continue breast feeds and review after 48 hours
b) Stop breast feeds and review after 24 hours
c) Continue breast feeds and start blue-light phototherapy
d) Arrange for a double-volume exchange transfusion

460. Infants receiving phototherapy - *(A1IMS 80, PGI83)*
a) Have increased insensible water loss
b) Generally develop a bronze discolouration of skin
c) Should have their eyes patched during therapy
d) Often become constipated

461. Hyperbilirubinemia in a child can be due to -
a) Breast milk jaundice *(MAHE 05)*
b) Cystic fibrosis
c) Fanconi's syndrome
d) a -1 antitrypsin deficiency

462. Vomiting on the first day of baby's life may be caused by all of the following except - *(MAHE 05)*
a) Pyloric stenosis b) Oesophageal atresia
c) Aerophagy d) Amnio tic gastritis

463. Fetal lung maturity assessed by all except - *(UP 08)*
a) Measurement of a-feto protein
b) Lecithin:sphingomyelin ratio
c) Measurements of amnotic fluid creatinine
d) Phosphatidyl choline concentration in amniotic fluid

464. Respiratory rate in a 2 month old, to label it tachypnea is - *(DPGEE 08)*
a) 40 b) 50
c) 60 d)70

465. The following factors contribute to hypothermia in preterm babies except - *(UPSC-108)*
a) Decreased subcutaneous fat and brown fat
b) Large surface area in relation to body weight
c) Less oxygen consumption
d) Increased muscular activity

466. Not seen in small for date babies ? *(APPG 08)*
a) Hypoglycemia b) Polycythemia
c) Intracranial bleed d) Hypocalcemia

467. The blood sugar in a neonate shortly after birth reaches the lowest level of 30 mg/dl at the age of -
a) 1 hour b) 3 hours *(DPGEE 08)*
c) 6 hours d) 8 hours

468. All of the following statements about prenatal steroids are true except - *(UPSC-108)*
a) They cause 50% reduction in respiratory distress syndrome and intra-ventricular haemorrhage
b) These are advocated to mothers at risk of pre term delivery at 24-34 weeks of gestation.
c) These can be safely administered to mothers with hypertension or diabetes.
d) These can be given even in the presence of chorioamnionitis clinically

469. Which of the following is NOT the correct sign of good attachment of a baby to the breast- *(UPSC-109)*
a) Baby's mouth wide open
b) Lower areola more visible
c) Baby's lower lip everted
d) Baby's chin touching the breast

470. Which is an abnormal finding in a neonate ?
a) Glycosuria *(DELHIPG Feb. 09)*
b) Bacteriuria
c) WBCs in urine
d) Hyperbilirubinemia

471. In a neonate with asymptomatic hypoglycemia immediate treatment should include which of the following? *(MH 11)*
a) 100 mg/kg Dextrose b) 2 mg/kg 10% Dextrose
c) 2 ml/kg 25% Dextrose d)4 ml/kg 25% Dextrose

472. Which of the following is not true about Rumination disorder ? *(MH 11)*
a) Failure to thrive
b) Appears between 3-5 years of age
c) Regurgitation of food
d) No nausea

CARDIOVASCULAR SYSTEM

473. Oxygenated blood to the fetus is carried by-
a) Umblical artery b) Umblical vein *(PGI June 07)*
c) SVC d) Pulmonary artery

474. Anatomical closure of ductus arteriosus occurs at - *(Delhi 93, A1IMS 86)*
a) Birth b) 3-4 day
c) 10^{th} day d) 30^{th} day

475. Ebstein's anomaly is seen with intake of -
a) Mercury b) Copper *(AIIMS Dec 97)*
c) Lithium d)Lead

476. Which of the following syndromes is best associated with congenital heart disease - *(AIIMSMay 05)*
a) Lesch-Nyhan syndrome
b) Rasumussen syndrome
c) Holt Oram syndrome
d) LEOPARD syndrome

456) b 457) a 458) a 459) b 460)a,b,c 461) a,d 462) a 463) a 464) c 465) d 466) c 467) b 468) d 469) b 470) b 471) None 472) b 473) b 474) c 475) c 476) c

477. The heart lesion not found in Congenital Rubella infection is - *(NEET/DNB Pattern)*
a) ASD b) VSD
c) PDA d) PS

478. N ADA's criteria are used for - *(AIIMSFeb 1997)*
a) Assessment of child for degree of dehydration
b) Assessment of child for degree of malnutrition
c) Assessment of child for presence of heart disease
d) Assessment of child for degree of mental retardation

479. NADA's criteria are used for - *(AI96)*
a) Assessment of child for degree of dehydration
b) Assessment of child for degree of malnutrition
c) Assessment of child for presence of heart disease
d) Assessment of child for degree of mental retardation

480. Congenital cyanotic heart disease with pulmonary oligemia is seen with - *(PGI Dec 99)*
a) ASD b) VSD
c) Tricuspid atresia d) Hypoplastic left ventricle

481. A child with central cyanosis and enlarged left ventricle the probable diagnosis is - *(Kerala 90)*
a) Tricuspid atresia
b) Eisenmengher's syndrome
c) Tetralogy of fallots
d) Anomolous pulmonary artery

482. Which one of the following does not produce cyanosis in the first year of life - *(AIIMSMay 03)*
a) Atrial septal defect
b) Hypoplastic left heart syndrome
c) Truncus arteriosus
d) Double outlet right ventricle

483. Right axis deviation is seen in all except-*(AIIMSJune*
a) VSD b) Tricuspid atresia *98)*
c) Pulmonary atresia d)ASD

484. Cyanosis is seen in - *(PGIDec 01)*
a) Persistent ductus arteriosus
b) Tricuspid atresia
c) Ostium primum ASD
d) Eisenmenger complex
e) Tetralogy of Fallot

485. Pulumonary plethora is seen in all except -
a) VSD b)ASD
c) Fallots tetralogy d)PDA

486. Commonest type of congenital heart disease is-
a) ASD b)VSD
c) TOF d)PDA

487. Commonest type of cong. cyanotic heart disease is - *(NEET/DNB Pattern)*
a) ASD b) VSD
c) TOF d) PDA

488. Recurrent respiratory tract infections may occur in all of the following except - *(ARMS Nov 05)*
a) Ventricular septal defect
b) Tetrology of Fallot
c) Transposition of great arteries
d) Total anomalous venous return

489. In which of the following conditions left atrium is not enlarged - *(AI 06)*
a) Ventricular septal defect
b) Atrial septal defect
c) Aortopulmonary window
d) Patent ductus arteriosus

490. Which one of the following congenital heart diseases has cyanosis without cardiomeglay and/ or congestive heart failure - *(UPSC 98)*
a) Transposition of great arteries
b) Fallot's tetralogy
c) Congenital mitral regurgitaion
d) Congenital pulmonary stenosis

491. ASD is seen in a/e - *(PGI June 01)*
a) Turner's synd b) Ellis van crevald synd
c) Down's synd d) Halt-oram synd
e) TAR synd

492. True about ASD - *(AI 98)*
a) Foramen ovale is patent
b) Left parasternal heeve is due to increased pulmonary artery flow
c) S_2 is wide and variable
d) Systolic murmur is due to rapid flow of blood across the shunt.

493. All of the following are true about ASD except -
a) Right atrial hypertrophy *(AI 01)*
b) Left atrial hypertrophy
c) Right ventricular hypertrophy
d) Pulmonary hypertension

494. The following is false about Atrial septal defect -
a) Ostium secundum most common *(ARMS 81)*
b) Right to Left Shunt
c) May be associated with TAP VC
d) CCF is very rare

495. In atrial septal defect the aorta *is-(NEET/DNBPattern)*
a) Small b) Normal
c) Enlarged d) Aneurysmal

mAyoungttmatepreseiih with history ofdyspnoea on exertion. On examination, she has wide, fixed split S_2 with ejection systolic murmur (III/VI) in left second intercostal space. Her ECG shows left axis deviation. The most probable diagnosis is -
a) Total anomalous pulmonary venous drainge.
b) Tricuspid atresia *(ARMSMay 2003)*
c) Ostium primum atrial septal defect.
d) Ventricular septal defect with pulmonary arterial hypertension.

497. Which of the following statements is/are false about ostium secundum ASD - *(PGI June 09)*
a) Fixed splitting of 2nd heart sound
b) Narrow splitting of 2nd heart sound
c) Lt axis deviation in ECG
d) Shunt murmur prominent
e) Rt axis deviation

477) a 478) c 479) c 480) c 481) a 482) a 483) b,c 484)b,d,e 485) c 486) b 487) c 488) b 489) b 490) b
491) a 492) b 493) b 494) b 495) a 496) c 497)b,c,d

498. ASD is associated with all except -
a) Infective endocarditis *(NEET/DNB Pattern)*
b) Stroke
c) Arrhythemia
d) Pulmonary hypertension.

499. Which is going to best declare the case as that of interatrial septal defect with other cardiac abnormalities - *(AI9 7)*
a) Elevated pressurein left atrium
b) Elevated pressure in right atrium
c) Elevated $P0_2$ in pulmonary artery
d) Systolic murmur

500. Most common congenital heart disease - *(AI 99)*
a) ASD b)VSD
c) PDA d)TOF

501. A child with large perimembranous VSD has congestive heart failure. What may be the cause of improvement of cardiac failure in the patient -
a) Aortic regurgitation *(ARMS Nov 01)*
b) Vascular changes in pulmonary circulation
c) Infective endocarditis
d) Closure of VSD spontaneously

502. A 29-day old child presents with features of congestive cardiac failure and left ventricular hypertrophy. Auscultation shows a short systolic murmur. Most likely diagnosis is-*(AIIMS Nov 2K)*
a) Rheumatic fever
b) Tetralogy of Fallot
c) Transposition of great arteries
d) Ventricular septal defect

503. A patient of VSD in CCF develops clubbing with no cyanosis diagnosis is - *(PGI98)*
a) Right to left shunt
b) Left to right shunt
c) Subacute bacterial Endocarditis
d) Pulm. edema

504. True about VSD is all except - *(ARMS June 97)*
a) Small hole closes spontaneously
b) Defect is usually in membranous part
c) Endocarditis is a common complication
d) Pulmonary Oligemia in chest x-ray

505. Which of the following features on X-ray chest can differentiate an Atrial septal Defect (ADH) from a Ventricular Septal Defect (VSD)- *(AI 11)*
a) Enlarged Left Atrium
b) Pulmonary Plethora
c) Enlarged pulmonary Artery
d) Enlarged Aorta

506. In patent ductus arteriosus connection is between -
a) Aorta and coronary artery *(NEET/DNB Pattern)*
b) Aorta and pulmonary artery
c) Aorta and subclavian artery
d) Pulmonary artery and subclavian artery

507. True statement about Ductus Arteriosus is -*(AI 2K)*
a) It undergoes anatomic closure within 24 hrs of birth
b) Forms the ligamentum venosum in later life
c) It is induced to close by high levels of prostaglandins
d) May cause a machinary murmur by its patency.

508. True about 1 year old child with *PJ)Ais-(AIlMSMay95)*
a) Symptoms similar to Aorto pulmonary window
b) Chances of spontaneous closure high
c) Indomethacin may help in closure
d) Endocarditis is rare

509. The following statements are true of patent ductus arteriosus(PD A) except - *(Kerala 2K)*
a) Spontaneous closure occurs in some term infants
b) Pulmonary hypertenison develops
c) Bacterial endocarditis is more frequent with small PDA
d) Recurrent chest infection and congestive failure may develop
e) Anatomic existence of PDA is an indication for surgery

510. MC cause of death in adult with PDA is -
a) CCF b) Infective endocarditis
c) Rupture d) Embolism *(PGI Dec 99)*

511. Preterm baby with PDA, which is the least likely findings? *(ARMS Nov 10)*
a) $C0_2$ washout
b) Bounding pulses
c) Pulmonary hemorrhage
d) Necrotising enterocolitis

512. A premature infant is born with a patent ductus arteriosus. Its closure can be stimulated by administration of - *(ARMS May 06)*
a) Prostaglandin analogue
b) Estrogen
c) Anti-estrogen compounds
d) Prostaglandin inhibitors

513. The most appropriate management for maintaining patency of ductus arteriosus in a neonate is -
a) Prostaglandin Ej b) Oxygen *(ARMS May 04)*
c) Nitric oxide d) Indomethacin

514. All of the following about PDA are true except -
a) More common in males *(AI 08)*
b) Common heart lesion in rubella
c) Treatment is closure of defect by ligation and division of ductus
d) Hypoxia and immaturity are important in maintaining the patency

515. Large PDA (Patent ductus arteriosus) leads to-
a) Endocardial valvulitis *(NEET/DNB Pattern)*
b) Eisenmenger syndrome
c) CE3F ^
d) All of abo#- fi§Bf

498) a 499) b 500) b 501) b 502) d 503) c 504) d 505) a 506) b 507) d 508) a 509) a,e 510) a 511) a 512)d 513)a 514)a 515)d

516. The following features are true for tetralogy of Fallot, except - *(AI06)*
a) Ventricular septal defect
b) Right ventricular hypertrophy
c) Atrial septal defect
d) Pulmonary stenosis

517. Essential criteria for TOF includes all except -
a) Valvular stenosis *(AIIMS Nov 07)*
b) Infundibular stenosis
c) Overriding of aorta
d) KVH

518. All of the following are true regarding Tetralogy of Fallot except - *(AIIMS May 05)*
a) Ejection systolic murmur in second intercostal space
b) Single second heart sound
c) Predominantly left to right shunt
d) Normal jugular venous pressure

519. Tetralogy of Fallot's present with one of the following- *(AIIMS Dec 98)*
a) Cenral cyanosis with clubbing
b) Cardiomegaly
c) Left ventricular hypertrophy
d) Normal ECG and Chest x-ray

520. Which of the following does not complicate into CHF-
a) Correlation of aorta *(AIIMS Dec 1995)*
b) Transposition of great vessels
c) Tetralogy of fallot's
d) Patent ductus arteriorus

521. True about TOF- *(PGINov 09)*
a) Recurrent chest infection b) Clubbing of feet
c) Squatting d) Cyanotic spells
e) CHF not occur

522. In which of the following a [6]Coeur en Sabot' shape of the heart is seen - *(AI 04)*
a) Tricuspid atresia
b) Ventricular septal defect
c) Transposition of great arteries
d) Tetralogy of Fallot

523. A 6 month old child with Tetralogy of Fallot develops cyanotic spell initiated by crying. Which one of the following drugs you would like to *avoid-(AUMS Nov o4)*
a) Sodium bicarbonate b) Propranolol
c) Phenylephrine d) Isoprenaline

524. Blalock and Taussig shunt is done between - *(AI 06)*
a) Aorta to pulmonary artery
b) Aorta to pulmonary vein
c) Subclavian artery to pulmonary vein
d) Subclavian vein to artery

525. Components of Tetralogy of Fallot is/are -
a) VSD *(PGI June 04)*
b) Lt. Ventricular hypertrophy
c) Lt. Axis deviation
d) Taussig-Blalock shunt is between pulmonary & subclavian artery
e) Morphine is given for cyanosis

526. Which of the following is a component of Pentalogy of Fallot- *(AI 11, 07, AIIMS May 10)*
a) Atrial septal Defect (ASD)
b) Patent Ductus Arteriosus (PDA)
c) Coarctation of Aorta (CO A)
d) Left Ventricular Hypertrophy (LVH)

527. Tetralogy of fallot is characterized by following Sti except- *attern)*
a) AS b) VSD
c) Over-riding of aorta d) Infundibular constriction

528. Potts shunt is - *(AI 01)*
a) Rt subclavian artery to rt pulmonary artery
b) Descending aorta to left pulmonary artery
c) Left subclavian to left pulmonary artery
d) Ascending aorta to right pulmonary artery

529. A five year old child presents with left ventricular hypertrophy and central cyanosis what is the most probable diagnosis - *(AIIMS Nov 2000)*
a) Tricuspid atresia
b) Eisenmenger syndrome
c) Tetrology of Fallot
d) Total anomalous pulmonary venous drainage

530. A patient presents with LVH. and pulmonary complications. ECQ shows left axis deviation. Most likely diagnosis is - *(AI 01)*
a) TOF b) Tricuspid atresia
c) TAPVC d)VSD

531. All of the following are characteristic features of Tricuspid Atresia except - *(AIIMSDec 98)*
a) Left Axis deviation
b) Right ventricular hypoplasia
c) Pulmonary vascularity is diminished
d) Splitting of S_2

jS32fe All are true regarding tricuspid atresia except -
a) Split S_2 *(METM B Pattern)*
bjPatpntfpramen ovale
y 11 *fX* Pujuonary oligemia i& che:tXray
d) teftaxis d^yi^tip^inECO ,

533. Ebsteins anomaly is associated with -
a) Tricuspid atresia *(JIPMER 80, DNB 91)*
b) Coarctation of aorta
c) Cardiomyopathy
d) Right ventricular hepertrophy

534. A neonate has central cyanosis and short systolic murmur on the 2nd day of birth.The diagnosis is -
a) Tetralogy of Fallot's *(AIIMS May 01)*
b) Transposition of great vessels
c) Atrial septal defect
d) Ventricular Septal defect

535. *True* **aboutTGA-** *(PGI99)*
a) Acyanotic heart disease
b) Cyanotic disease
c) Aorta anterior to pulmonary artery
d) VSD

516) c 517)a 518)c 519)a 520)c 521)b,c,d,e 522)d 523)d 524)a 525)a,d,e 526) a 527)a 528)b
529) a 530) b 531)d 532) a 533) a 534) b 535)b,c,d

536. TVue about TGA- *(PGIDec07)*
a) Cyanosis at birth b) CHF
c) VSD d) AS
e) None

537. A five day old, full term male infant was severely cyanotic at birth. Prostaglandin E was administered initially and later ballooned atrial septosomy was done which showed improvement in oxygenation. The most likely diagnosis of this infant is - *(AI04)*
a) Tetralogy Fallot
b) Transposition of great vessels .
c) Truncus Arteriosus
d) Tricuspid Atresia

538. The most common type of total anomalous pulmonary venous connection is - *(AI 05)*
a) Supracardiac b) Infracardiac
c) Mixed d) Cardiac

539. All of the following statements regarding total anomalous pulmonary connection are true except -
a) The total pulmonary venous blood reaches the right atrium *(AI 97)*
b) Always associated with a VSD
c) The oxygen saturation of the blood in the pulmonary artery is higher than that in the aorta
d) Infracardiac type is always obstructive

540. Figure of 8 configuration on chest x-ray is seen in -
a) TOF b)ASD *(AI99)*
c) TAPVC d) VSD

541. Total anomalous pulmonary venous connection false statements is- *(AI 97)*
a) All pulmonary viens enters by single trunk
b) Need not always be associated with septal defects
c) Radiologically has figure of 8 appearance
d) Is a cyanotic heart disease

542. Eisenmenger complex is common in adult in -
a) VSD b) ASD *(PGI June 2000)*
c) PDA d) Cushion defect

543. A child with VSD presents with development of cyanosis because of Eisenmenger physiology. What is the correct sequence of events which leads to this change - *(AIIMS Nov 2000)*
a) Left to right shunt, pulmonary hypertension, right ventricular hypertrophy, right to left shunt
b) Left to right shunt, right ventricular hypertrophy, pulmonary hypertension, right to left shunt.
c) Pulmonary hypertension, right to left shunt right ventricular hypertrophy, left to right shunt.
d) Left to right shunt, right ventricular hypertrophy, right to left shunt, pulmonary hypertension.

544. All are signs of impending Eisenmenger except -
a) Increased flow murmur across tricuspid & pulmonary valve *(AIIMS May 10)*
b) Single S2
c) LoudP2
d) Graham steel murmur

545. Eisenmenger syndrome is characterized by all except- *(AI 05)*
a) Return of left ventricle & right ventricle to normal size
b) Pulmonary veins not distended
c) Pruning of peripheral pulmonary arteries
d) Dilatation of central pulmonary arteries

546. Eisenmenger syndrome-True are*AJE-(AUMSMay 10)*
a) Pulmonary veins are not distended
b) RV & LV walls come back to normal size
c) Dilatation of central pulmonary artery
d) Peripheral pruning of pulmonary arteries

547. A neonate has recurrent attacks of abdominal pain, restless irritability and diaphoresis on feeding. Cardiac auscultation reveals a nonspecific murmur. He is believed to be at risk for M.I. Likely diagnosis here is - *(AI01)*
a) ASD b) VSD
c) TOF d) Anomalous coronaryartery

548. Coarctation of the aorta is common in which syndrome- *(NEET/DNB Pattern)*
a) Down's b) Turner's
c) Klinefelter's d) Noonan's

549. Coarctation of aorta is associated with all, except - *(AIIMS June 98)*
a) Turner's syndrome b) Bicuspid aortic valve
c) Pulmonary stenosis d) Atresia of aortic arch

550. TVue about co-arctation of aorta - *(AI 99)*
a) Most common site is distal to the origin of the left subclavian artery
b) Most common age of presentation is at 15-20 years
c) Upper rib notching is due to erosion by dilated collateral vessels
d) Right ventricular hypertrophy

551. In post ductal coarctation of the aorta, blood flow to the lower limb is maintained through which of the following arteries - *(AIIMS Nov 07)*
a) Umblical artery and subcostal arteries
b) Thoracic and pericardiophrenic arteries
c) Intercostal arteries and superior epigastric artery
d) Ant and post circumflex arteries

552. A child presented with headache, dizziness, intermittent claudication with occasional dyspnoea. The most probable diagnosis in - *(AI 99)*
a) ASD b) PDA
c) TOF d) Coarctation of aorta

553. All of the following causes death in coarctation of Aorta except - *(PGI June 2000)*
a) Infective endocarditis b)CCF
c) Intra cranial hemorrhage d) Anterior MI

554. A 1-month-old boy is referred for failure to thrive. On examination, he shows feature of congestive failure. The femoral pulses are feeble as compared to branchial pulses. The most likely clinical diagnosis is-*(AI 06)*
a) Congenital aortic stenosis
b) Coarctation of aorta
c) Patent ductus arteriosus
d) Congenital aortoiliac disease

536)a,b,c 537)b 538)a 539)b 540)c 541)None 542)a 543)b 544)a 545)a 546)b 547)d 548)b 549)c 550) a 551)c 552)d 553)d 554)b

555. A ten year old boy presents to the pediatric emergency unit with seizures. Blood pressure in the upper extremity measured as 200/140 mm Hg. Femoral pulses were not palpable. The most likely diagnosis amongst the following is - *(AI10)*
a) Takayasu aorto arteritis
b) Renal parenchymal disease
c) Grandmal seiures
d) Coarctation of aorta

556. A 4*Vi* year old girl always had to wear warm socks even in summer season. On physical examination, it was noticed that she had high blood pressure and her femoral pulse was weak as compared to radial and carotid pulse, a chest radiography showed remarkable notching of ribs along with their lower borders. This was due to - *(AIIMS Nov 02)*
a) Femoral artery thrombosis
b) Coarctation of aorta
c) Raynaud's disease
d) Takayasa arteritis

557. Ribnotching of 4-9th ribs with double bulging is seen in - *(AI 98)*
a) Aortic aneurysm b) Aortic dessection
c) Co - arctation of aorta d)Diaphragmatic hernia

558. Coarctation of aorta is most commonly associated with- *(AI 11, 08)*
a) VSD b) PDA
c) Bicuspid aortic valve d)ASD

559. A child is admitted on 7 days of life with severe respiratory distress and shock. He was discharged 2 days back healthy. What could be the probable diagnosis - *(AIIMS May 11)*
a) VSD large
b) Hypoplastic left heart syndrome
c) Ebstein anomaly
d) AP window defect

560. The following cardiac defects are characterized by ductus dependent blood flow except -
a) Transposition of great arteries with intact septum
b) Interrupted aortic arch *(AIIMSMay 02, 05)*
c) Truncus arteriosus
d) Hypoplastic left heart syndrome

561. PGE causes worsening in infant with ?
a) PS without VSD *(AIIMS Nov 11)*
b) Hypoplastic left heart syndrome
c) Obstructive TAP VC
d) Obstruction in aorta

562. Ductus dependent blood flow is required for all of these congenital heart diseases except -
a) Persistent truncus arteriosus *(AIIMS May 11)*
b) Hypoplastic left heart syndrome
c) Pulmonary stenosis
d) TGA with intact ventricular septum

563. A blue new born presents with cyanosis. The X-ray chest reveal oligaemic lung field and normal sized heart. Most likely diagnosis is - *(AIIMS Nov 01)*
a) Ebstein's anomaly
b) Pulmonary atresia
c) Transposition of great arteries
d) Tetralogy of fallot

564. A child after 4 weeks of birth acyanotic, ejection systolic murmur detected causes are/is -
a) VSD. b) P.D.A. *(PGIJune 08)*
c) TOF d) Coarctation of aorta
e) Tricuspid stenosis

565. 7 day old baby presented in emergency deparment with unconciousness, cyanosis and 85% oxygen saturation. The diagnosis - *(PGIDec 07)*
a) Tetralogy of fallot b)TGA
c) TAPVC d)PDA

566. Right aortic arch is most commonly associated with-
a) Tetrology of fallot *(AI 08)*
b) Truncus arteriosus
c) Corrected TGA
d) Total anomalous pulmonary venous connection

567. Obstruction in pulmonary stenosis may occur at the following sites - *(AI 9 7)*
a) Supravalvularb) Valvular
c) Subvalvular d) All of the above

568. Commonest cause of heart failure in infancy is- *(Corned08)*
a) Myocarditis b) Rheumatic fever
c) Cardiomyopathy d) Congenital heart disease

569. Congenital heart disease which causes death in the first week of life - *(AI88)*
a) VSD b) TOF
c) Ebstein's anomaly d) Hypoplastic left ventricle

570. The commonest cyanotic heart disease manifesting as congestive cardiac failure during first week of life is - *(MP98)*
a) Pulmonary stenosis
b) Fallot's tetralogy
c) Tricuspid atresia
d) Hypoplastic left heart syndorme

571. Congestive cardiac failure is diagnosed in an infant by- *(NEET/DNB Pattern)*
a) Basal crepts%*U* - *l* v b) Elevated JW *i*
; c) Pedal edema . d) Liver enlargement

572. Which of the following is not a characteristic of right sided failure - *(JIPMER 80, PGI 83)*
a) Pulmonary oedema b) Ascites
c) Oliguria d) Dependent oedema

573. The treatment of choice for a case of congestive failure with hypertension is - *(Jipmer 04)*
a) ACE inhibitors b) a-blockers
c) Cal. channel blockers d) Nitrates

555) d 556) b 557) c 558) c 559) b 560) c 561) c 562) a 563) b 564)a,b,d 565) b 566) b 567) d 568) d
569) d 570)d 571) d 572)a 573) a

574. All are true about rheumatic fever, except -
a) Common in poor socioeconomic group
b) Develops after streptococcal pharyngitis
c) Communicable disease *(AIIMS June 99)*
d) Seen in 5-15 years of children

575. What is NOT a major criteria for Rheumatic heart disease - *(AIIMS Dec 1994)*
a) Arthritis b) Carditis
c) Subcutaneous nodule d) Raised ASLO titer

576. True about Rheumatic carditis - *(PGI98)*
a) Only endocarditis b) Only myocarditis
c) Only Pericarditis d) Pancarditis

577. About carey commb's murmur which is false -
a) Delayed diastole murmur *(AIIMS Nov 06)*
b) Seen in rheumatic fever
c) Can be associated with AR
d) Low pitched murmur

578. Most common manifestation of rheumatic fever -
a) Arthritis b) Carditis *(AI98)*
c) Chorea d) Nodules

579. True about Rheumatic fever - *(PGIDec 03)*
a) Chorea is aggravated during pregnancy
b) Chorea & arthritis co-existing
c) Subcutaneous nodules are tender
d) Erythema multiforme seen

580. True about subcutaneous nodule in Rheumatic fever-
a) Non tender *(PGIDec 07)*
b) Most common manifestation
c) Present on extensor surfaces
d) Associated with arthritis

581. True statement about Rheumatic fever in children -
a) Polyarthritis *(PGIDec 03)*
b) Caused by a hemolytic streptococci
c) Erythema marginatum is most common manifestation
d) MC valve involvement is Mitral
e) Erythema marginatum is common in face

582. Earliest valvular lesion in a case of acute rheumatic fever is - *(AIIMS May 94)*
a) Mitral regurgitation (MR)
b) Aortic Regurgitation(AR)
c) Mitral stenosis (MS)
d) Aortic Stenosis (AS)

583. Drug of choice for Rheumatic fever prophylaxis in penicillin allergic patient - *(AIIMSMay 07)*
a) Erythromycin b) Clindamycin
c) Vancomycin d)Gentamycin

584. Steroids are given in rheumatic fever when there is-
a) Carditis b) Chorea *(AMU 95)*
c) Subcutaneous nodules d)All

585. In a patient of rheumatic carditis full dose of steroid is given for - *(Kerala 04)*
a) 3 weeks b) 6 weeks
c) 9 weeks d) 12 weeks

586. All of following are recognized manifestation of acute Rheumatic fever except - *(AIIMS 95)*
a) Abdominal pain b)Epistaxis
c) Chorea d) Subcutaneous nodules

587. Which is not a major criteria of Jones in Rheumatic fever? *(AIIMS Nov 10)*
a) Pancarditis b) Arthritis
c) Chorea d) Elevated ESR

588. Which of the following is a minor criteria for diagnosis of Rheumatic fever (RF) according to modified Jones criteria - *(AI 07)*
a) ASOtitre
b) Past history of Rheumatic fever
c) Fever
d) Subcutaneous nodules

589. Carey coomb murmur is seen in - *(PGIDec 97)*
a) Severe mitral stenosis
b) Acute rheumatic carditis
c) Pure aortic regurgitation
d) Severe pulmonary hypertension

590. Regarding ASO titre all are seen except -
a) ASO can be increased in school children
b) May be negative in post streptococcal glomerulonephritis *(AIIMS Nov 09)*
c) ASO titre included in major criteria in jones criteria
d) May not be elevated in 20% cases of carditis

591. Bacterial endocarditis is most commonly caused by-
a) a-Hemolytic Streptococci *(PGIDec 03)*
b) (3-Hemolytic Streptococci
c) Staphylococcus aureus
d) Cardiobacterium
e) Staph epidermidis

592. Infective endocarditis is not seen in -
a) ASD b) TOF *(AI 94, AIIMS Dec 98)*
c) VSD d)MR

593. A 2 year old known case of RHD presents with 3 wks history of fever, hematuria and palpitation diagnosis is- *(PGI Dec 99)*
a) Streptococcal endocarditis
b) Collagen vascular disease
c) Reactivation
d) Staphylococcal endocarditis

594. Sustained severe hypertension in children is most commonly suggestive of - *(AI95)*
a) Coarctation of aorta
b) Pheochromocytoma
c) Renal parenchymatous disease
d) Drug induced

595. A 10 year old boy is having hypertension. There is no other significant history and urine analysis is cause for his hypertension - *(AI 10)*
a) Chronic glomerulonephritis
b) Polycystic kidney disease
c) Reflux nephropathy
d) Renal Parenchymal disease

574) c 575) d 576) d 577) c 578) a 579) a 580) a,c 581) a,d 582) a 583) a 584) a 585) d 586) a,b 587) d
588) c 589) b 590) c 591) c 592) a 593) d 594) c 595) d>a

596. 2 year old child presented with sudden onset of altered sesorium on examination BP was 200/100 - *(PGIDec 04)*
a) Renal artery stenosis b) Coarctation of Aorta
c) Glomerulonephritis d) Essential hypertension
e) Phaeochromocytoma

597. 8 year old child presented with altered sensorium and seizure on examination BP was 180/120. Correct statements - *(PGIDec 04)*
a) Sodium nitroprusside drips
b) Cause of hypertension is essential hypertension
c) IV labetolol, hydralazine, and diazoxide are given
d) Nifedipine is used
e) Pheochromocytoma mimics the condition

598. The most common cause of secondary hypertension in children is - *(PGI93)*
a) Renal artery stenosis b) Renal disease
c) Systemic Vasculitis d) Adrenal Tumours

599. What is seen in severe AS - *(AIIMS 98)*
a) Pulsus bisferiens
b) Late ejection systolic click
c) Heaving shifted apex
d) Loud S_2

600. Loud SI in Mitral stenosis is seen in-*(PGI June 99)*
a) Prolonged flow through mitral valve
b) 1 st degree heart block
c) Calcification of the valve
d) Immobilization of the valve

601. Cardiomegaly is seen in - *(PGI Dec 01)*
a) Multivalvular disease b) Anemia
c) Pericardial effusion d) Tetralogy of Fallot
e) Constrictive paricarditits

602. Differential cyanosis is seen in - *(PGIDec 99)*
a) TGV b)TAPVC
c) PDA d)VSD

603. Cardiomyopathy is not a feature of - *(AI07)*
a) Duchenne's Muscular Dystrophy
b) Friedriech's ataxia
c) Pompe disease
d) Lowe's syndrome

604. Cardiomyopathy is recognised finding in all except-
a) Friedreich's ataxia *(PGI81, BHU87)*
b) Transfusion haemosiderosis
c) Cystic fibrosis
d) Muscular dystrophy (Duchenne)
e) Glycogen storage disease (type II pompe)

605. Pulsatile varicose veins in lower limbs is seen in -
a) Klippel trenaunay syndrome *(AIIMS 2001)*
b) TR
c) RV failure
d) Carcinoid stenosis of tricuspid

606. MC cardiac tumor in childhood - *(PGIDec 07)*
a) Rhabdomyoma b) Lymphoma
c) Atrial myxoma d) Sarcoma
e) Fibroma

607. Umbilical cord has- *(NEET/DNB Pattern)*
a) 1 vein and 2 arteriesb) 2 vein and 2 arteries
c) 1 vein and 1 artery d) 2 veins and 1 artery

608. Pick up the correct one: Total foeto placental blood volume at term is estimated to be - *(J&K 05)*
a) 100 ml/kg body wt b) 125 ml/kg body wt
c) 150 ml/kg body wt d) 160 ml/kg body wt

609. Children born to mothers with systemic lupus erythematosis are likely to have one of the following anomalies - *(Karnataka 03)*
a) Atrial septal defect
b) Tetralogy of fallot
c) Transposition of great vessels
d) Complete heart block

610. All of the following are acyanotic congenital heart diseases except - *(SGPGI05)*
a) VSD b) PDA
c) ASD d) Tetralogy of fallot

611. Which one of the following is a cyanotic congenital heart disease? *(UP SC II10)*
a) Patent ductus arteriosus b) Atrial septal defect
c) Ventricular septal defect d) Tetralogy of Fallot

612. Most common type of atrial septal defect is -
a) Ostiumprimum *(UP 07, 06)*
b) Ostium secondum
c) Endocardial cushion defect
d) Endocardial hypertrophy

613. Which one of the following is the most common cause of cyanotic heart disease - *(UPSC 2002)*
a) Dextrocardia b) Fallot's tetralogy
c) Atrial septal defect d) Coarctation of aorta

614. A child with tetralogy of fallot uses which of the following positions - *(DPG10, AIIMS 8 7)*
a) Supine b) Prone
c) Squatting d) Leaning forwards

615. A taussing - Bing malformation is best treated by -
a) Diversion of V.S.D. simultaneously with mustand operation *(JIPMER 81, AIIMS 84)*
b) Diversion of the septal defect
c) Reattachment and reversal of aorta and pulmonary arteries
d) No corrective procedure for this anomaly

616. Systolic murmur in TOF is due to ? *(APPG 08)*
a) VSD b) Pulmonary stenosis
c) ASD d)None

617. A two-year old boy presented with episodes of becoming dusky. On examination, there was central cyanosis and clubbing. There was no pallor, oedema or respiratory distress. The heart was normal sized with a parasternal heave. A systolic thrill was palpable over the left middle sternal border. First heart sound was normal and only the aortic component was audible in the second heart sound. Liver was not enlarged - *(UPSC 07)*
What would be the likely diagnosis -
a) Congenital methemoglobinemia
b) Eisenmenger syndrome
c) Aortic stenosis
d) Tetralogy of Fallot

596) c 597)a,c,d,e 598) b 599) b 600) a 601)a,b,c 602) c 603) d 604) None 605) a 606)a,c,e 607) a 608) None
609) d 610) d 611) d 612) b 613)b 614) c 615)b 616)b 617)d

618. In which of the following differential cyanosis found?
a) VSD with reversal of shunt *(UPSC-108)*
b) PDA with reversal of shunt
c) ASD with reversal of shunt
d) Tetralogy of Fallot

619. Ductus arteriosus closes in response to -
a) Decrease in peripheral oxygen saturation
b) Indomethacin therapy *(UPSC-II08)*
c) Prostaglandin El
d) Increase in pulmonary vascular resistance

620. In transposition of great vessles, all are true except-
a) Aorta arises from the right ventricle *(AP 97)*
b) Mitral valve is continuous with the aortic valve
c) Causes jaundice immediately after birth
d) None of the above

621. A new born presents with deepening cyanosis at birth, with congestive heart failure and normal first heart sound. X-ray reveals cardiomegaly diagnosis is- *(UP 08)*
a) Tetralogy of fallot's
b) Ebstein anomally
c) Transposition of great vessels
d) Tricuspid atresia

622. "Egg on side appearance" is seen in - *(UP 08)*
a) Fallot's tetralogy
b) Transposition of great vessels
c) Ebstein's anomaly
d) Ventricular septal defect

623. A two-month-old infant is brought to the hospital emergency with marked respiratory distress. On examination, the infant has cyanosis and bilateral crepitations. Heart rate is 180/min, respiratory rate 56/min and the liver span 7.5 cm. The child has had repeated episodes of fever, cough and respiratory distress since the time of birth. Cardiovascular examination reveals a grade ni ejection systolic murmur in left parasternal area and the chest X-ray reveals cardiomegaly with a narrow base and plethoric lung fields. What is the most likely diagnosis? *(UPSC-I09)*
a) Congenital methemoglobinemia
b) Transposition of great arteries
c) Cystic fibrosis
d) Tetralogy of Fallot

624. A newborn baby develops cyanosis on day three of life. On auscultation, there is a systolic murmur. Echocardiography reveals a cyanotic heart disease in the baby. Which one of the following drugs can be administered to prolong the life of the baby pending intervention - *(UPSC-109)*
a) Indomethacin b) Ibuprofen
c) Prostaglandin Ej d) Propanolol

625. Emergency treatment for TGV - *(TN 99)*
a) Balloon septostomyb) Oxygen
c) Ventilation d)Digoxin

626. The clinical features associated with coarctation of aorta in older children are the following except -
a) Upper body hypertension *(UPSC-II 08)*
b) Prominent pulsation in neck
c) Fatiguableness, tiredness in leg
d) Absence of flow murmurs over scapular region

627. Obstruction in pulmonary stenosis may occur at the following sites - *(MAHA 05)*
a) Supravalvular b) Valvular
c) Subvalvular d) All of the above

628. Severity of Aortic stenosis is determined by ?
a) Late ejection systolic murmur *(APPG08)*
b) ST -T changes
c) LV Hypertrophy with displaced apex
d) None

629. Uncommon finding in congestive cardiac failure in newborn- *(CMC01)*
a) Tachycardia b) Tachypnoea
c) Hepatomegaly d) Pedal edema

630. Commonest cause of enlarged cardiac shadow in X-ray of a child is - *(Karn. 2000)*
a) PDA b) Coarctation of Aorta
c) Pericarditis d) Rheumatic carditis

631. Dose of digoxin in a child as mg/kg is - *(UPSC 88)*
a) 0.02-0.04 b) 0.03-0.05
c) 0.04-0.06 d) 0.06-0.08

632. Pure left sided failure may be seen with -
a) ASD *(A11MS 78, PGI81)*
b) Aortic stenosis
c) Patent ductus arteriosus
d) Pulmonary valvular obstruction

633. Infantile myocarditis and pericarditis is due to -
a) CoxsackieA b)CoxsackieB *(TN99)*
c) Mumps d) Pox virus

634. Cause of death in Acute rheumatic fever is -
a) Pericarditis b) Myocarditis *(UP08)*
c) Endocarditis d) Streptococcal sepsis

635. Which of the following manifestation of rheumatic fever disappears completely? *(Jipmer11)*
a) Carditis b) Arthritis
c) Chorea d) Subcutaneous nodules

636. Which of the following are immune complex lesions in SBE - *(PGI86)*
a) Meningitis b)Osier nodes
c) Microscopic hematuria d) Roth spots
e) Mycotic aneurysms

637. In infective endocarditis which of the following is not immune mediated- *(Kerala97)*
a) Roth spots b) Osiers nodes
c) Glomerulonephritis d)None

638. Commonest cause of systemic hypertension in children is - *(AIIMS89)*
a) Coarctation of aorta
b) Acute glomeurlonephritis
c) Nephrotic syndorme
d) Congenital adrenal hyperplasia

618)b 619)b 620)b,c 621)c 622)b 623)b 624)c 625)a 626)d 627)d 628)a,b 629)d 630)d 631)c 632)b,c 633) b 634) c 635) b 636)b,c,d 637) None 638) b

639. The average B .P. of a 1 year old child is -
a) 120/80 b) 75/50 *(PGI78, AMC 81)*
c) 95/50 d) 60/30

640. Intracavitary electrocardiography is a diagnostic aid in- *(UPSC 96)*
a) Tricuspid regurgitation
b) Endocardial fibroelastosis
c) Endomyocardial fibrosis
d) Ebstein's anomaly of the tricuspid valve

641. Balloon valvotomy is successful in all of the following cases except - *(UPSC 9 7)*
a) Congenital pulmonary stenosis
b) Calcified mitral stenosis
c) Mitral stenosis is pregnancy
d) Congenital aortic stenosis

642. The most common anomaly seen in the fetus of a mother taking lithum carbonate is - *(UP 97)*
a) Cardiac deformities b) Neural tube defect
c) Limb reduction d) Genitourinary deformities

643. A 7 year old child with rheumatic heart disease presents with pallor, fever and a palpable spleen. The following investigations would be needed to arrive at a diagnosis except - *(UPSC-110)*
a) Electrocardiogram b) Echocardiogram
c) Blood culture d) Urine examination

644. An 8-month-old female child presented to emergency with a heart rate of 220/minute and features of congestive heart failure. Her heart rate comes down to normal after administering intravenous adenosine. What is the most likely diagnosis?
a) Atrial fibrillation *(UPSC-I10)*
b) Atrial flutter
c) Paroxysmal supraventricular tachycardia
d) Ventricular tachycardia

645. Lutembacher's syndrome comprises of -
a) Ventricular septal defect with aortic stenosis
b) Ruptured sinus of valsalva aneurysm
c) Atrial septal defect with mitral stenosis
d) Complete common atrioventricular canal

646. A newborn infant was referred with intermittent cyanosis which improved on crying but worsened when quiet. What is the most likely diagnosis?
a) Diaphragmatic hernia *(UPSC-I10)*
b) Congenital heart disease (Cyanotic)
c) Choanal atresia
d) Tracheal agenesis

RESPIRATORY SYSTEM

647. True about upper airways of neonate-(PG7*Dec 2000)*
a) Cricoid is narrowest part
b) Larynx extend from C_4 to C_6
c) Epiglottis is big & omega shaped
d) All

648. Child's respiratory physiology differs from adult because of - *(PGI June 99)*
a) Smaller airways
b) Increased 0_2 demand
c) Decreased tidal volume
d) Decreased residual volume

649. Wheeze in children caused by - *(PGI June 05, 06)*
a) Foreign body
b) Gastro-esophageal reflux disease
c) Bronchial asthma
d) Epiglottis
e) Laryngomalacia

650. Recognised cause of stridor in newbom-(PG7 *79, AIMS*
a) Cystic hygroma b) A Vascular ring *80)*
c) Laryngomalacia d) All are true

651. Acute onset of cough, stridor and dysponea in a child is mostly due to - *(PGI93)*
a) Foreign body b) Acute Asthma
c) Aspiration pneumonitis d) Primary complex

652. Immediate management of a child with foreign body inhalation is - *(AI97)*
a) IPPV b) Bronchoscopy
c) Tracheostomy d) Exploratory Thoracotomy

653. In child, foreign body in lung- *(NEET/DNB Pattern)*
|SSi| .a)f^g'0₂brbrichdscopy-' ˢ ^>£4>)'dhe
c) Flexible endoscopy d) Direct laryngoscopy

654. Commonest sign of intrabronchial foreign body in children is - *(CUPGEE 99)*
a) Cough b) Wheeze
c) Dyspnoea d) Stridor

655. A 3 month old child presents with intermittent stridor. Most likely cause is- *(AI 01, AIMS Dec 95)*
a) Laryngotracheobronchitis
b) Laryngomalacia
c) Respiratory obstruction
d) Foreign body aspiration

656. Most common cause of stridor shortly after birth- *(NEET/DNB Pattern)*
a) Laryngeal papilloma b) Laryngeal web
c) Laryngomalacia d) Vocal cord palsy

657. Croup syndrome is usually caused *by-(PGI80, AUMS*
a) Rhinoviruses b) CoxsackieAvirus *83)*
c) Coxsackie B virus d) Para influenza

658. A child with three days history of upper respiratory tract infection presents with stridor, which decreases on lying down postion. What is the most probable diagnosis - *(AI07)*
a) Acute Epiglottitis
b) Laryngotracheobronchitis
c) Foreign body aspiration
d) Retropharyngeal abscess

659. A 2 year old child is brought to emergency at 3 AM with fever, barking cough and stridor only while crying. The child was able to drink normally. On examination respirator rate is 36/min and temprature is 39.6°C. What will be your next step -
a) Racemic epinephrine nebulization
b) High dose dexamethasone injection
c) Nasal wash for influenza or RSV
d) Antibiotics and blood culture *(AIIMS Nov 08)*

639) c 640) d 641) b 642) a 643) a 644) c 645) c 646) c 647) c 648) a 649) a,c 650) d 651) a 652) b
653) a 654) a 655) b 656) c 657) a,d 658) b 659) b

660. A 4 yr old child has 'seal barking' like croupy cough. Management includes A/E - *(PGI June 2000)*
a) 0_2 inhalation b) Antibiotic
c) Hydration d) Morphine

661. Which of the following is the aetiological agent most often associated with Epiglottitis in children - *(AIIMS May 05, Nov 04, May 94)*
a) Streptococcus pneumoniae
b) Haemophilus influenzae type b
c) Neisseria sp
d) Moraxella catarrhalis

662. The most common etiological agent for acute bronchiolitis in infancy is - *(AI06, 94)*
a) Influenza virus b) Para influenza virus
c) Rhinovirus d) Respiratory syncytial virus

663. Which of the following is/are true about bronchiolitis in children - *(PGI June 01)*
a) Caused by respiratory syncytial virus
b) Hyperinflation of the chest
c) Pleural effusion
d) May lead to bronchial asthma later in life
e) Lymphopenia is seen

664. A 6 months old baby coming with H/o increasing difficulty in breathing of 2 days duration and on examination baby is afebrile & B/L wheeze & CXR shows B/L hyperinflation of the lungs with normal WBC count, the diagnosis is - *(PGIDec 03)*
a) Bronchiolitis b) Asthma
c) Ch. Bronchitis d) Pneumonia
e) F.B.

665. A11 month old child presents with complaints of respiratory distress. On examination there is bilateral crepitation and wheezing. Which of the following is the most likely cause - *(AIIMS Nov 2K)*
a) Pneumonia b) Adenovirus
c) Respiratory synchytial virus d) Rhinovirus

666. A child with recent onset of URTI after 2 days presents with acute onset of breathlessness cough and fever. All of the following can be given except - *(AIIMS May 01)*
a) Antipyreticsb) Morphine
c) Antibiotics d) 0_2 inhalation

667. Treatment of choice in bronchiolitis is *(NEET/DNB Pattern)*
a) Ribavirin b) Amantadine
c) Vidarabine d) Zidovudine

668. A month old HIV positive child following URTI developed sudden onset of breathlessness. The chest x-ray shows hyperinflation. The 0_2 saturation was greater than90%. The treatment of choice is- *(AIIMS May 01)*
a) Cotrimoxazole b)Ribavarin
c) IV Ganciclovir d) Nebulized Acyclovir

669. Aerosolized ribavirin is used in the treatment of bronchiolitis with - *(PGI June 98)*
a) RSV b) H.influenza
c) Pneumococcus d) Streptococcus

670. In a child 1 years the commonest cause of resp. Infection with wheeze is - *(PGI 95)*
a) RSV b) Influenza viurs
c) Adenovirus d) Para influenza

671. In Bronchiolitis followings is/are *seen-(PGIDec 02)*
a) Seen in children 5 months to 3 years of age
b) Caused by streptococcus pheumoniae
c) Chest X-ray shows hyperinflation bilaterally
d) Symptomatic treatment is given
e) Antibiotics should be started

672. Features of bronchiolitis are - *(PGIJune 01)*
a) Caused by R.S.V.
b) Wheeze present
c) Pulmonary edema common
d) Seen in immunocompromised hosts
e) Common age group is from 5-15 years age

673. The commonest cause of Bacterial Pneumonia in children is - *(AI 95)*
a) Streptococcus pyogenes
b) Hemophilus influenzae
c) Streptococcus pneumoniae
d) Staphylococcus aureus

674. An infant develops cough and fever. The X-ray examination is suggestive of broncho-pneumonia. All of the following viruses can be the causative agent except - *(AI 04)*
a) Parainfluenza viruses
b) Influenza virus A
c) Respiratory syncytial virus
d) Mumps virus

675. A child with pyoderma becomes toxic and presents with respiratory distress. His chest radiograph shows patchy areas of consolidation and multiple bilateral thin walled air containing cysts. The most likely etiological agent in this case is-
a) Mycobacterium tuberculosis *(AIIMS Nov 03)*
b) Staphylococcus aureus
c) Mycobacterium avium intracellulare
d) Pneumocystis carinii

676. Pneumatocele is caused by - *(AI98)*
a) Staphylococcus b) Streptococcus
c) E. coli d) P camii

677. Pneumothorax could be a complication of -
a) Staphylococcal pneumonia *(UPSC2K)*
b) Pneumococcal pneumonia
c) Klebsiella pneumonia
d) Viral pneumonia

678. The commonest organism causing Empyema in a child under 2 years - *(AIIMS 91)*
a) E.Coil b) Staphylocccus
c) Pneumococcus d) Klebsiella

679. Giant cell (Hecht's) pneumonia is due to - *(Dec 98)*
a) CMV b) Measles
c) Malaria d)P. carinii

660)b,d 661)b 662)d 663)a,b,d 664)a 665)c 666)b 667)a 668)b 669)a 670)a 671)c,d 672)a,b 673)c 674) d 675)b 676)a 677)a 678)b 679) b

680. The drug of choice in mycoplasma pneumonia in children is - *(AI95)*
a) Tetracycline b) Streptomycin
c) Cotrimoxazole d) Erythromycin

681. The lung abscess in children can be caused by all except- *(AI 91)*
a) Pneumococcus b) E. Histolytica
c) Staphylococcus d) Klebsiella

682. In an infant with aspiration pneumonitis, the most common lung segment to be involved is -
a) Left apical b) Right *apica\(AIIMS May 93)*
c) Right middle d) Right basal

683. NOT a feature of childhood asthma is -
a) History of atopic dermatitis *(AIIMS Dec 94)*
b) Raised IgG level
c) Improves with age
d) Absence of wheezing after exercise

684. All are seen in asthma except - *(AI97)*
a) Cyanosis b) Wheezing
c) Clubbing d) Dysnea

685. Most common mode of treatment of a 1 year old child with asthma is - *(AI07)*
a) Inhaled short acting beta 2 agonist
b) Oral short acting theophylline
c) Oral ketotifen
d) Leukotriene agonist

686. All are used in acute attack of asthma in a 4 year old child except - *(AIIMS June 97)*
a) Theophylline b) Corticosteroids
c) Sedatives d)Salbutamol

687. A 3- year old boy is brought to the casualty by his mother with progressive shortness of breath for 1 day. The child has history of bronchial asthma. On examination , the child is blue, gasping and unresponsive What will you like to do first -
a) Intubate *(AIIMS Nov 02)*
b) Administer 100 % oxygen by mask
c) Ventilate with bag and mask
d) Administer nebulised salbutamol

688. In a child with excercise induced asthma, which is done- - *(NEET/DNB Pattern)*
a) Prophylaxis with steroids
b) Prophylaxis with Beta, agonist *Wi*
c) Prophylaxis with theophyline *MMm*
g||§f!|| Breathingexcercise ?2 HJ |§||

689. Child requiring repeated short acting bronchodilators and what could be next line of management-
a) Methylxanthines b) Short acting budesonide
c) Oral prednisolone d) Montelukast

690. Most common mode of treatment of a 1 year old child with asthma is - *(AI 07)*
a) Inhaled short acting beta-2 agonist
b) Oral short acting theophylline
c) Oral ketotifen
d) Leukotriene antagonists

691. A 3 month old child has moderate fever and non productive cough and mild dyspnea. After course of mild antibiotic the condition of the child improved transiently but he again develops high fever, productive cough and increased respiratory distress. Chest X ray shows hyperluscency and PFT shows obstructive pattern. Most probable diagnosis is -
a) Alveolar microlithiasis *(A111, AIIMS May 07)*
b) Post viral syndrome
c) Follicular bronchitis
d) Bronchiolitis obliterans

692. A 7 year old child presents with non productive cough, mild stridor since 6 months. On oral antibiotics, patient is improving but suddenly develops wheezing, productive cough, mild fever. X-ray shows hyperlucency and PFT shows obstructive curve. Most probable diagnosis is - *(AI 11, 08, AIIMS Nov 08, 07)*
a) Post viral syndrome
b) Bronchiolitis obliterans
c) Follicular bronchitis
d) Pulmonary alveolar microlithiasis

693. Infant with cystic fibrosis (CF) are likely to develop-
a) Meconium ileus b) Loose motions *(MAHE07)*
c) Vomiting d) Constipation

694. Which of the following statements about cystic fibrosis (CF) is not true - *(AIIMS May 11)*
a) Autosomal recessive disorder
b) Abnormality in CFTR which leads to defective calcium transport
c) Mutation in cystic fibrosis transport regulator

695. Features of cystic fibrosis - *(PGI June 06)*
a) Lung normal at birth
b) Abnormal sweat chloride tests
c) Autosomal dominant
d) Defect in Chromosome 11

696. Most common organism associated with cystic fibrosis - *(AIIMS May 11)*
a) Pseudomonas aeruginosa (non mucoid)
b) Burkholderia cepacia
c) Pleisomonas
d) Aeromonas

697. 4 year old boy presented with recurrent chest infections. Sweat chloride test was done, showed values of 36 and 42. What is the next best investigation to confirm the diagnosis?
a) 72 hour fecal fat estimation
b) CT chest *(AIIMSMay 11, Nov 07)*
c) Transepithelial nasal potential difference
d) DNA analysis of delta F 508 mutation

698. A child is brought to the paediatric OPD with fever of 24 hours duration. History reveals 3 episodes of chest infection and passage of foul smelling stools. The most probable diagnosis is - *(AI 12)*
a) Cystic Fibrosis
b) Maple Syrup urine Disease
c) Bilirubin Congugation Defect
d) CrigglerNajar Syndrome

680) d 681) b 682) b 683) b 684) c 685) a 686) c 687) b 688) b 689) b 690) a 691) d 692) b 693) a,d 694) b 695) a,b 696) a 697) c 698) a

699. Mucoviscidosis is most commonly related to -
a) Fibrocystic disease of pancreas *(AI96)*
b) Duodenal atresia
c) Diaphragmatic hernia
d) Annular pancreas

700. Following are true about bronchial cyst except -
a) Mostly mediastinal *(AIIMS 96)*
b) 50-70% occur in lungs
c) Usually multiloculated
d) Are infected quite often

701. A 4 years child presents with a history of chronic left lower lobe pneumonitis. On contrast bronchography, the area involved with the pneumonitis does not fill whereas the area around it does fill. The most likely diagnosis -
a) Asthma b) Pulmonary sequestration
c) Cystic fibrosis d) Bronchopulmonary dysplasia
e) bronchogenic cyst

702. Which of the statements is not true regarding Macleod's Syndrome -
a) It is not a true emphysema
b) Occurs before 8 years of age
c) It is unilateral emphysema
d) The pulmonary artery on the affected side is hyperplastic
e) It is also called Swyer - Jame's Syndrome

703. A child present with recurrent sinusitis and recurrent chest infections. Chest X-ray reveals dextrocardia and situs invertus. The diagnosis is -
a) Kartagener's syndrome *(AIIMSNov 11)*
b) Good-pasture's syndrome
c) Ehlers-Danlos syndrome
d) William Campbell syndrome

704. Bronchitis in children is caused by - (PGI June 05)
a) H. influenzae b)R.S.V.
c) Mycoplasma d)EBV
e) Influenza virus

705. In which disease, symptoms improve with crying- *(NEET/DNB Pattern)*
a) Tetralogy of fallot b) Choanal atresia
c) Bronchial asthma d) All of above

706. Most common cause of mass in posterior mediastinum in children - *(PGI June 01)*
a) Rhabdosarcoma
b) Duplication cyst of oesphagus
c) Lymphoma
d) Neuroblastoma
e) Thymoma

707. A girl child with fever, cough, dyspnoea with x-ray showing right lower lobe patchy consolidation, for which treatment was given. After 8 weeks symptom improved but x-ray showed more dense consolidation involving the whole of the right lower lobe. What is the next best line of investigation? *(AIIMSNov 07)*
a) Bronchoscopy
b) Culture from nasopharynx
c) Barium esophagogram
d) Allergic skin test

708. In a 4 year old child with ASOM the infecting organism is likely to be - *(AIIMS 83, AI 88)*
a) Pneumococcus b) H.influenza
c) Streptococcus d) Staphylococcus

709. Which of the following is an indiction for tonsillectomy- *(AIIMS 83)*
a) Rheumatic fever
b) Glomerulonephritis
c) Recurrent upper respiratory infection
d) Persistent carrier of diptheria bacilli

710. Laryngeal papilloma- *(PGI 88)*
a) Single b) Multiple
c) Seen in children d) Cautery is treatment

711. A Primi mother having 3 weeks male child, which is presenting with noisy breathing sound child is afebrile, sleeping & feeding well & on clinical examination, He is normal. Management protocol include - *(PGIDec 08)*
a) Begin IV antibiotics
b) Reassure & give saline nasal drop
c) Give recemic epinephrine
d) Order for a chest X-ray
e) Give some decongestant

712. Child with which of the following throat infection needs systemic antibiotic *ihempy-(JIPMER 81,Delhi 92)*
a) Pneumococci b) B. hemolytic streptococci
c) Staph aureus d) All of the above

713. Combination chemotherapy is not indicative in-
a) Primary complex *(JIPMER95)*
b) Acute epiglottitis
c) Laryngotracheobronchitis
d) Immunologically supressed patients

714. If a 5-year-old child suddenly develops stridor, which one of the following would be the most likely diagnosis-
a) Laryngomalacia *(UPSC-109)*
b) Acute laryngo-tracheobronchitis
c) Foreign body aspiration
d) Acute epiglottitis

715. A 4-year child presents with a history of hoarseness, croupy cough and aphonia, the child has dyspnoea with wheezing. The most probable diagnosis is -
a) Asthmatic bronchitis *(DPG10)*
b) Laryngeal foreign body
c) Bronchopneumonia
d) Retropharyngeal abscess

716. The correct line of management in child who has swallowed a coin is - *(TNPSC 2K)*
a) Fibreoptic endoscopy b) Rigid endoscopy
c) Laparotomy d) Wait and watch

717. A 2-month old infant has had inspiratory stridor since the first month of life, but has been otherwise well. Physical examination is unremarkable except for moderate inspiratory stridor and retractions

699) a 700) b 701) b 702) c 703) a 704) e 705) b 706) d 707) a 708) a 709) c,d 710)a,b,c 711)b 712) d 713)c 714) c 715) b 716)d 717)b

which are worse when the infant is supine or agitated and better when he is prone and quiet. The most likely cause of these findings is - *(MAHA 05)*
a) Reactive airway disease
b) Laryngomalacia
c) Viral croup
d) An aspirated foreign body

718. A 9 month old infant presents with a 2- day history of fever, cough and breathlessness following an upper respiratory infection. She is febrile and has a respiratory rate of 80/min. Intercostal and subcostal retractions and extensive rhonchi on auscultation. A chest X-ray reveals a hyperinflated chest- *(UPSC 99)*
a) Bronchial asthma
b) Foreign body aspiration
c) Bacterial pneumonia
d) Bronchiolitis

719. Regarding bronchiolitis one of the following statements is not true - *(Kam 95)*
a) Bronchiolitis in a self-limiting viral illness secondary to respiratory syncitial virus
b) It occurs commonly in children above 2 years of age
c) Ribavirin is the drug of choice for treatment of this condition
d) It predisposes children for later development of asthma

720. Pneumatoceles often develop in children after pneumonia due to the following organism -
a) Klebsiella *(Corned 07)*
b) Streptococcus
c) Staphylococcus aureus
d) Haemophilus influenzae

721. Pneumatoceles on chest radiograms in a child with pneumonia are seen the infection -*(Kam 11)*
a) Staphylococcus b) Pneumococcus
c) Streptococcus d) Hemophilus influenza

722. The major advantage of alternate day prednisone therapy for conditions such as asthma-
a) There is less adrenal suppression
b) More effective *(PGI81, AP 89)*
c) More convenient
d) Less expensive

723. A children presents with running nose, breathlessness, family history positive, Most likely diagnosis is - *(UP 08)*
a) Bronchiolitis b) Viral pneumonia
c) Bronchial asthma d)None

724. The treatment of traumatic rupture of tympanic membrane is- *(JIPMER 91)*
a) Aural packing
b) Chloromycetin ear dorps
c) Tympanoplasty
d) No active treatment

GASTROINTESTINAL TRACT

725. A newborn has dribbling after feeds. He has respiratory distress and froths at the mouth. Diagnosis is - *(A101)*
a) Tracheoesophageal fistula
b) Tetralogy of fallot
c) Respiratory distress syndrome
d) None of the above

726. A newborn baby had normal APGAR score at birth and developed excessive frothing and choking on attempted feeds. The investigation of choice is -
a) Esophagoscopy *(AIIMS May 03)*
b) Bronchoscopy
c) MRI chest
d) X-ray chest and abdomen with the red rubber catheter passed per orally into esophagus

727. Congenital hypertrophic pyloric stenosis usually presents - *(AIIMS May 04)*
a) Within 2 days after birth
b) Around 1 week after birth
c) Around 2 weeks after birth
d) Around 2 months after birth

728. The metabolic derrangement in congenital pyloric stenosis is - *(AIIMS Nov 02, Nov 06)*
a) Hypochloremic alkalosis
b) Hyperchloremic alkalosis
c) Hyperchloremic acidosis
d) Hypochloremic acidosis

729. A 40 year old male presents with recurrent bouts of vomiting since 9 months because of pyloric obstruction. The compensatory biochemical change is- *(AIIMS May 01)*
a) Respiratory Alkalosis
b) Respiratory acidosis
c) Paradoxical aciduria with hyponatremia and hypochrorenia
d) Metabolic acidosis

730. A 6 year old boy presenting with palpable abdominal mass in the epigastrium. The clinical diagnosis is (There is no bile in vomitus)- *(NEET/DNB Pattern)*
a) Duodenal Atresia b) Choledochal cyst
c) Pyloric stenosis d) Oesophageal Atresia

731. Regarding congenital hypertrophic pyloric stenosis all are correct except- *(PGI87)*
a) Weight loss
b) Diarrhoea
c) Visible peristalsis
d) Remsted's operation is done

732. Acquired megacolon in children most commonly due to- *(SGPGI05)*
a) Psychological problems
b) Bad bowel habit
c) Chaga's disease
d) Hirschsprung's disease

718)d 719)b 720)a,c 721)a 722)a 723)c 724)d 725)a 726)d 727)c 728)a 729)c 730)c 731)b 732) b

733. Agangiionic segment is encountered in which part of colon in case of Hirschsprung's disease -
a) Distal to dilated segment *(AIMS Nov 99)*
b) In whole colon
c) Proximal to dilated segment
d) In the dilated segment

734. A male infant presented with distension of abdomen shortly after birth with passing of less meconium. Subsequently a full-thickness biopsy of the rectum was performed. The rectal biopsy is likely to show -
a) Fibrosis of submucosa *(AIMS Nov 04)*
b) Lack of ganglion cells
c) Thickened muscularis propria
d) Hyalinisation of the muscular coat

735. True statement regarding Hirschsprung's disease-
a) Giant ganglia are present *(AIMS June 99)*
b) Mucosa is involved and show foldings
c) Manometry excludes the disease
d) Rectal biopsy is contraindicated in infants

736. Failure to pass meconium within 48 hrs of birth in a newborn with no obvious external abnormality should lead to the suspicion of - *(AIMS Nov 02)*
a) Anal atresia
b) Congenital pouch colon
c) Congenital aganglinosis
d) Meconium ileus

737. True about Hirshprug's disease - *(PGIDec08)*
a) Agangiionic segment is contracted not dilated
b) Descending colon is most common site
c) Barium enema is diagnostic
d) Barium enema shows calcification

738. Most common cause of AcuteIntestinal Obstruction in neonates is - *(NEET/DNB Pattern)*
a) Jejunal atresia
b) Malrotation
c) Duodenal atresia
d) Acute Intussusception

739. Which one of the following is most suggestive of neonatal small bowel obstruction - *(AI03)*
a) Generalized abdominal distension
b) Failure to pass meconeum in the first 24 hours
c) Bilious vomiting
d) Refusal of feeds

740. Most important cause of abdominal distension in intestinal obstruction - *(AIMS Dec 1995)*
a) Cases produced by bacterial activity
b) Cases diffused from blood
c) Swallowed air
d) Products of digestion

741. A neonate presented with fever, lethargy, abdominal distension, vomiting and constipaton. Clinically he was diagnosed as volvulus neonatarum with suspected perforation. Best investigation would be -
a) Plain x-ray *(AI 10)*
b) Barium enema
c) Upper GI endoscopy
d) Barium meal follow through

742. Commonest cause of intestinal obstruction in children is - *(NEET/DNBPattern)*
a) Intussusception b) Volvulus
c) Hernia d) Adhesions

743. A10 month old infants presents with acute intestinal obstruction. Contrast enema X-ray shows the intussusceptions, likely cause is - *(AI 02)*
a) Peyer's patch hypertrophy
b) Meckle's diverticulum
c) Mucosal polyp
d) Duplication cyst

744. A 6 months old baby with H/O bloody diarrhoea of 2 days duration with abdominal distension and on examination the baby screams, diagnosis is -
a) Intussuscetion b)HUS *(PGIDec03)*
c) Appendicitis d) Ac. Enterocolitis

745. A 9 months old girl is presented with PR bleed, vomiting, mass & colicky pain in Rt lumbar region with masked liver dullness. She is in shocklike condition. Management should includes-(PG*/Nov 10)*
a) Barium enema b) Saline reduction
c) Give 0_2 d) Nasogastric tube
e) IV fluid

746. Infant with blood in stools and mass in abdomen, diagnosis is - *(PGI June 01)*
a) Intussusception
b) Volvulus
c) Idiopathic abdominal epilepsy
d) Hirschsprung's disease

747. Recurrent obstruction, mass per rectum and diarrhoea in child - *(PGI June 2000)*
a) Intussuception b) Rectal prolapse
c) Internal hernia d) Haemorrhoids

748. A previously healthy infant presents with recurrent episode of abdominal pain. The mother says that the child has been passing altered stool after episodes of pain, but gives no history of vomiting or bleeding per rectum. Which of the following is the most likely diagnosis: *(AI 11)*
a) Rectal Polys
b) Intussuception
c) Meckel's Diverticulum
d) Necrotizing Enterocolitis

749. Which of the following includes inflammatory bowel disease in children - *(PGI June 05)*
a) Coeliac disease b) Tropical sprue
c) Regional ileitis d) Cystic fibrosis
e) Ulcerative colitis

750. Common site of regional enteritis is ^
a) Colon *(NEET/DNB Pattern)*
b) Rectum
c) Distal ileum and colon
d) Caecum

751. Skip granulomatous lesions are seen in - *(AI96)*
a) Ulcerative colitis b) Crohn's disease
c) Whipple's disease d) Reiter's disease

733) a 734) b 735) c 736) c 737) a 738) c 739) c 740) c 741) a 742) a 743) a 744) a 745)a,c,d,e 746) a,b 747) a 748) b 749) c,e 750) c 751)b

752. Pseudopolyps are features of - *(AI94)*
a) Crohn's disease b) Ulcerative colitis
c) Celiac sprue d) Whipple's disease

753. Toxic megacolon is seen in - *(AI 98)*
a) Chronic nonspecific ulcerative colititis
b) Crohn's disease
c) Colonic diverticulosis
d) Hamartomatous polyp

754. In which of the following conditions the lead pipe appearance of the colon on a barium enema is seen -
a) Amoebiasis *(AIIMSNov04)*
b) Ulcerative colitis
c) Tuberculosis of the colon
d) Crohn's involvement of the colon

755. An eight year old boy had abdominal pain, fever with bloody diarrhea for 18 months. His height is 100 cms and weight is 14.5kg. Stool culture was negative for known enteropathogens. The sigmoidoscopy was normal. During the same period, child had an episode of renal colic and passed urinary gravel. The mantoux test was 5x5 mm. The most probable diagnosis is - *(AI 03)*
a) Ulcerative colitis b) Crohn's disease
c) Interstinal tuberculosis d) Strongyloidosis

756. True regarding crohn's disease are A/E -
a) Scleroderma *(AIIMS June 97)*
b) Transmural involvement
c) Cobble stone appearance
d) Skin involvement

757. All are features of neonatal necrotizing enterocolitis except - *(AI 98)*
a) Abdominal distension b) Increased bowel sound
c) Metabolic acidosis d) Pneumoperitoneum

758. A newborn suffering from perforated necrotizing enterocolitis is having very poor general condition. He is currently stabilized on ventilator. Which of the following should be done in the management of this patient - *(AI 08)*
a) Conservative treatment
b) Resection and anastomosis
c) Stabilization with membrane oxygenator and defer surgery
d) Peritoneal drainage by putting drains in the flanks

759. A premature neonate on top feeding develop abdominal destension and bleeding per rectum. He recently recovered from acute upper respiratory tract infection. What is the probable diagnosis -
a) Necrotizing enterocolitis *(PGIDec08)*
b) Valvulus
c) Meckel's diverticulum
d) Intussusception

760. A neonate is suspected to be suffering from necrotizing enterocolitis (NEC). On further examination and investigation, he is diagnosed to be Bell's stage I NEC. The management of choice would be- *(AIIMS May 12)*
a) Laparotomy and proceed
b) Insertion of bilateral pelvic drains
c) Conservative management with IV fluids and antibiotics
d) Initial conservative management and laparotomy after 24 hours

761. A 12 yead old girl has history of recurrent bulky stools and abdominal pain since 3 year of age. She has moderate pallor and her weight and height are below the 3rd percentile. Which of the following is the most appropriate investigations to make a specific diagnosis ? *(AIIMS Nov 04)*
a) Small intestinal biopsy
b) Barium studies
c) 24 hrs fecal fat estimation
d) Urinary d-xylose test

762. In children presence of increased fecal fat excretion and increased fecal nitrogen levels is a feature of All Except- *(AI 99)*
a) Pancreatic-insufficency
b) Bacterior overgrowth syndrome
c) Coeliac sprue
d) Ulcerative-colitis

763. The following cereals should be avoided in patients with celiac diseases, except - *(AIIMSNov 03)*
a) Wheat b) Barely
c) Maize d)Rye

764. The histological features of coeliac disease include all of the following Except - *(AI 02)*
a) Crypt hyperplasia
b) Increase in thickness of the mucosa
c) Increase in intraepithelial lymphocytes
d) Increase in inflammatory cells in lamina propyria

765. Gluten sensitive enteropathy is most strongly associated with - *(AI 03)*
a) HLA-DQ2 b) HLA-DR4
c) HLA-DQ3 d) Blood group ' B '

766. In celiac disease A/E - *(PGI June 2000)*
a) Gliadin is cause
b) Associated with HLA-B_g
c) Decreased villi to crypt ratio
d) Increased brush border

767. A boy comes with complains of vomiting, bloated abdomen and abdominal pain. He has history of attending ice-cream eating competition last night. He also has past history of similar episodes following ingestion of milk and milk products. The likely cause - *(AIIMS Nov 99)*
a) Pancreatic amylase deficiency
b) Lactase deficiency
c) Salivary amylase deficiency
d) Food poisoning

752) b 753)a 754)d 755)b 756)a 757)b 758) d 759)a 760)c 761)a 762)d 763)c 764)b 765) a 766) b 767) b

768. One of the intestinal enzymes that is generally deficient in children following an attack of severe infectious enteritis is - *(AI05)*
a) Lactase b) Trypsin
c) Lipase d) Amylase

769. In neonatal cholestasis, if the serum gamaglutamyl-transpeptidase (gamma GTP) is more than 600IU/L the most likely diagnosis is - *(AI 04, AIIMSNov 02)*
a) Neonatal hepatitis b) Choledochal cyst
c) Sclerosingcholangitis d) Biliary atresia

770. In a child presenting with obstructive Jaundice all are seen except - *(AIIMS Nov 06)*
a) Gamma glutamyl transpeptidase
b) Alkaline phosphatase
c) Glutamate dehydrogenase
d) 5' Nucleotidase

771. Neonatal cholestasis is seen in - *(AIIMS June 98)*
a) Chronic hepatitis
b) Hepatitis B & C
c) Glycogen storage disorders
d) Mucopolysacchroidosis

772. Most common cause of cholestatic janudice in new born is- , *(NEET/DNB Pattern)*
a) Hypoplasia of biliary tract
b) Neonatal heptitis
e) Choledochal cyst
d) Physiological

773. The most common genetic cause of liver disease in children is - *(AI 02)*
a) Haemochromatosis
b) (Xj antitrypsin deficiency
c) Cystic fibrosis
d) Glyocgen storage disease

774. A neonate presents with jaundice and clay coloured stools. Liver Biopsy shows giant cells diagnosis is -
a) Neonatal hepatitis with physiological jaundice
b) Neonatal hepatitis with extrahepatic biliary atresia *(AIIMS Nov 01, AI 01)*
c) Physiological jaundice
d) Physiological jaundice with extrahepatic biliary atresia

775. A neonate is being investigated for jaundice. A liver biopsy shows features of a "Giant Cell/Neonatal hepatitis". Which one of the following conditions usually results in this case - *(AIIMS Nov 04)*
a) Congenital hepatic fibrosis
b) Hemochromatosis
c) Alpha-1-antitrypsin deficiency
d) Glycogen storage disease Type 1

776. True about Extrahepatic biliary atresia -
a) Acholic stool *(PGI June 03)*
b) Unconjugated hyperbilirubinemia
c) Conjugated hyperbilirubinemia
d) Absence of nucleide in duodenum in HIDA scan
e) Jaundice is presenting feature

777. A 2 months old exclusively breast fed child develops jaundice since birth, acholic stool high conjugated bilirubin in blood and absent urobilinogen in urine. The likely cause is - *(AIIMSNov 99)*
a) Hypothyroidism
b) Congenital biliary atresia
c) Neonatal hepatitis
d) Breast milk jaundice

778. A 2 month baby presents with history of jaundice, turmeric colored urine and pale stools since birth. Examination reveals liver span of 10 cms. The most specific investigation for establishing the diagnosis would be- *(AI03)*
a) Liver function tests
b) Ultrasound abdomen
c) Peroperative cholangiogram
d) Liver biopsy

779. Portal hypertension in children in India is commonly due to - *(AIIMS Nov 03)*
a) Indian childhood cirrhosis
b) Extrahepatic portal venous obstruction
c) Idiopathic portal hypertension
d) Hepatic out flow tract obstruction

780. A12 year old boy presents with hemetemesis, malena and mild splenomegaly. There is no obvious jaundice or ascitis. The most likely diagnosis is - *(AI 11)*
a) EHPVO b)NCPF
c) Cirrhosis d) Malaria with DIC

781. Most common cause of portal hypertension in children is - *(NEET/DNB Pattern)*
a) Extrahepatic compression
b) Budd chiari syndrome
c) Veno-occlusive disease
d) Post necrotic

782. A 7 year old girl from Bihar presented with three episodes of massive hematemesis and melena. There is no history of jaundice. On examination, she had a large spleen, non-palpable liver and mild ascites. Portal vein was not visualized on ultrasonography. Liver function tests were normal and endoscopy revealed esophageal varices. The most likely diagnosis is - *(AI 03)*
a) Kala azar with portal hypertension
b) Portal hypertension of unknown etiology
c) Chronic liver disease with portal hypertension
d) Portal hypertension due to extrahepatic obstruction

783. Ramu, a 8 yr old boy presents with upper G1 bleeding. On examination, he is found to have splenomegaly; there are no signs of ascites, or hepatomegaly; esophageal varices are found on UGIE Most likely diagnosis is - *(AI 01)*
a) Budd chiari syndrome
b) Non cirrhotic portal hypertension
c) Cirrhosis
d) Veno-occlusive disease

768) a 769) d 770) c 771) b 772) b 773) b 774) b 775) c 776)a,c,d 777) b 778) d 779) b 780) a 781) a 782) d 783) b

784. A child is brought by mother with HO massive hematemesis with HO drug intake previously with NS AIDS and on Rx. Associated with moderate splenomegaly diagnosis is - *(PGIDec 06)*
a) Oesophageal varices b) Duodenal ulcer
c) Drug induced gastritis d) Peptic ulcer

785. Most common cause of severe hematemesis in a child is- *(UPSC 85, JIPMER 87)*
a) Portal hypetension b) Peptic ulcer
c) Mallory weiss syndrome d) None of the above

786. Cause of liver cirrhosis in childhood include-
a) Alpha-1 antitrypsin deficiency *(PGI 81, 84)*
b) Coeliac disease
c) Phenylketonuria
d) Cow's milk intolerance

787. Which of the following is not seen in Indian childhood cirrhosis - *(AI89)*
a) Mallory hyaline b) Fatty change
c) Creeping fibrosis d) Portal inflammation

788. In a child with active liver failure, the most important prognosis factor for death is - *(AIIMS May 06)*
a) Increasing transaminases
b) Increasing bilirubin
c) Increasing prothrombin time
d) Gram -ve sepsis

789. *True* **about diarrhea -** *(PGIDec 03)*
a) Defined as passage of 2-3 formed stool/day
b) Blood mixed with mucous stool is defined as dysentery
c) Rota virus is the MC organism in children
d) Persistent diarrhea is defined if duration is more than 21 days

790. The most common cause of diarrhea in children is -
a) Vibrio cholerae b) E. coli *(A195)*
c) Rota virus d) Pneumococcus

791. All can cause diarrhoea except - *(AIIMS June 98)*
a) Rota virus b) Calci virus
c) Reo virus d)Adenovirus

792. A 6-month-old infant presents to the 'diarrhoea clinic' unit with some dehydration. The most likely organism causing diarrhea is - *(AIIMSNov 03)*
a) Entamoeba histolytica b) Rotavirus
c) Giardia lamblia d) Shigella

793. The most common bacterial cause for diarrhea in children in India is - *(AI12)*
a) EnterotoxigenicE.coli (ETEC)
b) EnteropathogenicE.coli (EPEC)
c) EnterohaemorragicE.coli (EHEC)
d) Vibrio Cholerae

794. A child is diagnosed to have acute gastroenteritis. The consulting pediatrician wants to send a stool sample to a lab which is 16-18 hrs. away. Which of the following mediums should he use to send this sample- *(AIIMS Nov 2000)*
a) Charcol cotton bud
b) Carry Blair medium
c) Sterilized jar
d) A medium with high $C0_2$ content

795. Intractable diarrhoea in children is caused by all except - *(PGI June 2000)*
a) Cystic fibrosis b) Giardiasis
c) Secreting tumors d) Milk allergy

796. Profuse watery diarrhea in an immuno compromised child is due to - *(NEET/DNB Pattern)*
a) Cryptococcus ; b) Aiho6ba
c) Giardia d) Lactose intolerance

797. Recurrent abdomianl pain in children in most often due to- *(AIIMS 83)*
a) Roundworms
b) Emotional/hebavioural problems
c) Amoebiasis
d) Giardiasis

798. Commonest cause of abdominal pain in children is - *(PGI87)*
a) Porphyria b) Worm colic
c) Lead poisoning d) Appendicitis

799. Colic generally disappear by age- *(UPSC83,AMC81)*
a) 1 year b) 2 years
c) 4 months d) 8 months

800. Organic causes of constipation in infant are all except - *(PGI May 10)*
a) High fibre diet b) Cystic fibrosis
c) Hypothyroidism d)Hyperthyroidis

801. Chronic Constipation in children is seen in all A/E-
a) Hirschspring disease ; *(NEET/DNB Pattern)*
b) Jejunal polyp
c) Hypothyroidism
d) Stricture

802. Which of the following is the earliest indicator of pathological gastroesophageal reflux in infants (GERD) - *(AI 11)*
a) Respiratory Symptoms
b) Postprandial Regurgitation
c) Upper GI Bleed
d) Stricture Esophagus

803. Double bubble sign in children seen in A/E -
a) Ladds band *(PGI Dec 04)*
b) Annular pancreas
c) Pancreatic pseudocyst
d) Diaphragmatic hernia

804. Childhood cholelithiasis is seen *in-(AIIMS June 98)*
a) Hurler Syndrome
b) Mucopolysaccharidosis
c) Neimann Pick's disease
d) Autoimmune hepatitis

805. Pseudopancreatic cyst in a child is commonly due to- *(AI99)*
a) Annular pancreatitis
b) Drug induced pancreatitis
c) Traumatic pancreatitis
d) Choledochal cyst

784) a 785) a 786) a 787) b 788) d 789)b,c,d 790) c 791) c 792) b 793) a 794) b 795) b 796) c 797) b
798) c 799) c 800) a,d 801) b 802) a 803) b 804) c 805) c

806. A new born with recurrent vomiting, cyanosis after each feed is likely to be suffering *irom-(APPGE 05)*
a) Tracho oesophageal fistula
b) Tetrology offallot
c) Congenital hypertrophic pyloric stenosis
d) ARDS

807. Cause of "bloody" vomitus in a neonate-(M4ffiš *05)*
a) Meckel's diverticulum b) Intussusception
c) Malrotation d) Cholecystitis

808. A young boy presents with failure to thrive. Biochemical analysis of a duodenal aspirate after a meal reveals a deficiency of enteropeptidase (enterokinase). The levels of which one of the following digestive enzymes would be affected ?
a) Amylase b) Pepsin *(UPSC 07)*
c) Lactose d) Trypsin

809. 14 year old girl with history of abdominal pain (periumbilical), postprandial, passing blood in stools, fever, weight loss since ten months. She also has episodes of passing blood in stools. What may be the likely diagnosis? *(St Johns 02)*
a) Chronic appendicitis b) Chronic pancreatitis
c) Crohn's disease d) Bulimia

810. Most common cause of dysentery is - *(JIPMER 98)*
a) Shigella dysentrie b) E. Histolytica
c) Salmonella d) Compylobacter

811. X-ray detect congenital anorectal malformation at- *(UP 07)*
a) Immediately afterbirth b) 24-48 hours
c) 48-72 hours d) After 72 hours

812. Intrahepatic cholestasis is seen in - *(MP 98)*
a) Galactosemia b) Hypercalcemia
c) Haemochromatosis d) Cystic fibrosis

813. Absent stomach bubble on antenatal ultrasonography is an important finding for antenatal diagnosis of-
a) Congenital heart disease in the foetus
b) Oesophageal atresia in the foetus *(UPSC 96)*
c) Omphalocele in the foetus
d) Spina bifida in the foetus

814. A two year old child presents with persistent diarrhoea acidic stools and presence of one per cent of reducing substance in the fresh stools. What is the most probable diagnosis ? *(UPSC 0 7)*
a) Cystic fibrosis
b) Lactose intolerance
c) Rotavirus induced diarrhoea
d) Intestinal tuberculosis

815. To induce vomiting at home in a child who has ingested a poison, the recommended agent of choice would be- *(COMEDK05)*
a) Oral rehydration solution
b) Mustard in warm water
c) Apomorphine
d) Syrup of ipecac

816. The commonest cause of vomiting in a one month old infant is - *(Karanataka pgmee 06)*
a) Pyloric stenosis b) Cardiac chalasia
c) Aerophagy d) Gastro-esophageal reflux

817. In necrotising enterocolitis earliest change seen in X-ray abdomen is- *(Kerala 96)*
a) Non specific bowel dilatation
b) Gas in the intestinal wall
c) Gas in splenic flexure
d) Ground glass appearance
e) None

818. Which of the following is a charactersistic radiological finding in neonatal necrotizong enterocolitis -
a) Gas in the portal system *(Jipmer 2K)*
b) Gas in the intestinal wall
c) Pneumoperitonium
d) Air fluid levels

819. Pneumatosis intestinalis is most often seen in -
a) Neonatal necrotising enterocolitis *(Karn 95)*
b) Midgut valvulus
c) Meconium peritonits
d) Neonatal visual perforation

820. Most common bacteria causing diarrhea in children in India is- *(Karn 11)*
a) Enterotoxigenic E. coli
b) Enteroinvasive E. coli
c) Enterohemorrhagie E. coil
d) Enteropathogenic E. coil

821. Which one of the following hepatitis viruses have significant prenatal transmission? *(Delhi PGFeb. 09)*
a) Hepatitis E virus b) Hepatitis C virus
c) Hepatitis B virus d) Hepatitis A virus

822. Treatment of choice in 11 years old chidren with hepatitis C infections - *(UP 08)*
a) Vaccine b) Interferon
c) Gamma-globulin d) Corticosteroids

823. In a child with acute liver failure, the most important abnormal serum biochemical test that indicates poor prognosis is - *(COMED 09)*
a) Increasing transaminases
b) Increasing bilirubin
c) Increasing prothrombin time
d) Reversal of serum albumin-globulin ratio

824. Oesophageal atresia may occur as a part of VACTER group of anomalies. What does 'TE' stand for?
a) Tetralogy of Fallot *(UP SC II10)*
b) Thoracic empyema
c) Tracheo-oesophageal fistula
d) Talipes equinovarus

URINARY TRACT

825. The neonatal kidney achieves concentrating ability equivalent to adult's kidney by - *(AI04)*
a) One year of age
b) Eighteen months of age
c) Three to six months of age
d) Just before puberty

806)a 807)None 808)d 809)c 810)a 811)b 812)a,d 813)b 814)b 815)d 816)c 817)a 818)b 819)a 820) a 821) c 822) b 823) None 824) c 825) a

826. Whic one of the following is the most common cause of abdominal mass in neonates - *(AI03)*
a) Neuroblastoma
b) Wilm's tumour
c) Distended bladder
d) Multicystic dysplastic kidneys

827. Which of the following is the most common renal cystic disease in infants is ? *(AI 05)*
a) Polycystic kidney
b) Simple renal cyst
c) Unilateral renal dysplasia
d) Calyceal cyst

828. All of the following are true about childhood polycystic kidney disease, except - *(AI 09)*
a) Autosomal dominant
b) Pulmonary hypoplasia
c) Renal cyst present at birth
d) Hepatic fibrosis

829. Baby born at 30 weeks for 18 year old primi gravida of weight 2 kg which died after 48 hours. Apgar scores were 5 and 8 at 1 and 5 minutes. On autopsy bilateral enlarged kidney with multiple radially arranged cysts. Which of the following finding is expected to be associated with ? *(AIIMSNov 0 7)*
a) Imperforate anus
b) Hepatic cyst and fibrosis
c) Absence of ureter
d) Holoprosencephaly

8|I Unilateral renal agenesis is associated with -
a) Polycystic disease of pancreas
b) Hiatus Hernia , *(NEET/DNB Pattern)*
c) Single,umbilical artery.

831. "Potter's syndrome" is associated with - *(MAHE 05)*
a) Renal anomalies b) Severe oligohydramnio's
c) Flattened nose d) All the above

832. An 8 year old child suffering from recurrent attacks of polyurea since childhood presents to the paediatrics OPD. On examination the child is short statured vitals and B.P. are normal. Serum Creatinine - 6 mg%, HC03 -16 meq, Na -134, K+ 4.2 On USG bilateral small kidneys are seen. Diagnosis is - *(AIIMS May 01)*
a) Reflux Nephropathy
b) Nephronophthisis
c) Polycystic kidney disease
d) Medullary cystic kidney disease

833. A-13-year old boy is referred for evaluation of nocturnal enuresis and short stature. His blood pressure is normal. The hemoglobin level is 8g/dl. urea 112 mg/dl, creatinine 6 mg/dl, sodium 119 mEq/dl, potassium 4 mEq/1, calcium 7 mg/dl, phosphate 6 mg/dl and alkaline phophatase 300 U/l. Urinalysis shows trace proteinuria with hyaline casts; no red and white cells are seen. Ultrasound shows bilateral small kidneys and the micturating cystourethrogram is normal. The most likely diagnosis is - *(ARMS May 03,Nov 03)*
a) Alport's syndrome
b) Medullary sponge kidney.
c) Chronic glomerulonephritis.
d) Nephronophthisis

834. A 3 year old male child diagnosed to have acute UTI developed left flank pain on ulatrasonogram, the left ureter was found to be duplicated the most probable site of opening of ectopic ureter will be- *(AI99)*
a) Prostatic urethra b) Vas deferens
c) Seminal vesicle d) Trigone of bladder

835. Ectopic ureter may be frequently associated with-
a) Oliguria *(JIPMER 81, AMU 89)*
b) Dysuria
c) Bilateral hydroureter
d) Paradoxical incontinence

836. Which of the following is included in definition of Nephrotic syndrome - *(PGI June 04, Dec 02)*
a) Microalbuminuria
b) Massive Proteinuria
c) Microscopic haematuria
d) Oedema
e) Hyperlipidemia

837. All of the following are decreased in nephrotic syndrome, except - *(ARMS June 98, Dec 95, AI 9 7)*
a) Serum transferrin b) Serum fibrinogen
c) Serum ceruloplasmin d) Serum albumin

838. Which is seen in nephrotic sundrome -
a) Low serum calcium *(NEET/DNB Pattern)*
b) Raised A i-III
c) Low lipid
d) Platelet activation

839. Edema in nephrotic syndrome is due to - *(ARMSMay 12,Nov 10)*
a) Sodium & water retention
b) Increased venous pressure
c) Hypoalbuminemia
d) Hyperlipidemia

840. True about Nephrotic syndrome in a child -
a) Minimal change disease is commonest cause
b) Proteinuria of 4 gm/m^2 hr is characteristic
c) Cyclosporin & Azathioprine is mainstay of therapy *(PGI June 03)*
d) Pretreatment biopsy is done in all cases
e) Spontaneous bacterial peritonitis is associated with it

841. Nephrotic syndrome in children is caused by -
a) Minimal change disease *(PGI June 08)*
b) RPGN
c) MPGN
d) FSGS
e) Membranous nephritis

826) d 827) c 828) a 829) b 830) c 831)d 832) b 833) d 834) a 835) b,d 836)b,d,e 837) b 838) a 839) c 840) a,e 841)a,c,d

842. The finnish type of congenital nephritic syndrome occurs due to gene mutation affecting the following protein - *(AI06)*
a) Podocin b)Alpha-actinin
c) Nephrin d) CD_2 activated protein

843. The most common gene defect in idiopathic steroid resistant nephrotic syndrome - *(AIIMSNov 11, May 07,Nov 06)*
a) ACE b) NPHS 2
c) HOX11..... d) PAX

844. Most common cause of Nephrotic Syndrome in children - *(NEET/DNB Pattern)*
a) Minimal change disease b) IgA nephropathy
c) Mesangial GN d) FSGN

845. A 5 year old child suffering from nephrotic syndrome is responding well to steroid therapy. What would be the most likely finding on light microscopy-
a) No finding *(AI 01)*
b) Basement membrabne thicking
c) Hypercellular glomeruli
d) Fusion of foot processes

846. A 2 yrs old child comes with 1 year h/o of generalised edema. His B.P. is 107/70mm urine examination shows hyaline cast, proteinuria +++, WBC & RBC are nil. the likely diagnosis is - *(AIIMSNov 1999)*
a) Selective proteinuria
b) Uremia
c) Focal segmental glonurulosclerosil
d) Low serum complement level

847. Best response to steroids is observed with - *(AI 96)*
a) Focal glomerulonephritis
b) Lipoid nephrosis
c) Membranous GN
d) Membranoproliferative GN

848. All are true about minimal change GN. except -
a) Selective proteinuria *(PGIDec99)*
b) IgG deposition in mesangium
c) Common in age group 2-9 years
d) Responds to steroid's

849. A 7 year old girl is brought with complaints of generalized swelling of the body. Urinary examination reveals grade 3 proteinuria and the presence of hyaline and fatty casts. She has no history of hematuria. Which of the following statements about her condition is true - *(AI 09)*
a) No IgG deposits or C3 deposition on renal biopsy
b) C3 level will be low
c) IgA nephropathy is the likely diagnosis
d) Alport's syndrome is the likely diagnosis

850. A 9 year old boy has steroid dependent nephrotic syndrome for the last 5 year. The patient is markedly Cushingoid with blood pressure of 120/86 mmHg and small subcapsular cataracts. The most appropriate therapy of choice is -
a) Longterm frusemide with enalapril
b) Cyclophosphamide *(AIIMS Nov 04, May 03)*
c) Intravenous immunoglobulin
d) Intravenous pulse corticosteroids

851. A child comes with steroid resistant nephrotic syndrome secondary to FSGS, not responsive to methylprednisolone. What next should be given -
a) Oral cyclophosphamide *(AIIMS May 11)*
b) Oral cyclosporine
c) Oral mycophenolate
d) IV cyclophosphamide

852. Characteristic of acute GN. *(PGI June 2000)*
a) RBC cast b) Hemoglobinuria
c) Proteinuria d) Broad cast

853. Which of following is not seen in nephritic syndrome - *(NEET/DNB Pattern)*
a) Edema b) Hematuria
c)HTN d)j|^ppch^leshfe®^

854. Child with B.P. 190/lio, pedal edema ++ ; facial edema ascites-absent. Gross hematuria diagnosis is - *(PGI June 2000)*
a) Acute GN. b) Nephrotic syndrome
c) Renal thrombosis d) Renal amyloidosis

855. Post-streptococcal glomerulonephritis is associated with- *(PGIDec 01)*
a) Follows skin and throat infection
b) Antibiotic treatment induces remission
c) Is a cause of chronic renal failure in majority of children
d) Low complement level occurs
e) Caused by all serotypes

856. Marker for the renal vasculitis in children is -
a) Increased IgA level *(AI 98, AIIMS Sept 96)*
b) Low complement level
c) T Antineutrophilic cytoplasmic antibody titre
d) Increase antinuclear antibody

857. 12 years old Shyam presented with gross hematuria with 80% dysmorphic RBC's 2 days after a attack of upper respiratory tract infection diagnosis is -
a) Microangiopathic thrombotic anaemia
b) IgA Nephropathy *(AIIMS Nov 01)*
c) PSGN
d) H.S. purpura

858. A child presented with cola coloured urine, proteinuria 2+ & h/o rash 2 week ago. Probable Dx is -
a) IgA nephropathy b)HSP *(PGIMay 10)*
c) HUS d) Wegener Granulomatosis

859. A six year old male baby presents to a hospital with recurrent gross hematuria for 2 years. There is no h/o burning micturition or pyuria. Urine routine examination demonstrated no pus cells and urine culture was sterile. Serum C3 levels were normal. What is the most probable diagnosis ? *(AI 08)*
a) Wilm's tumor
b) IgA nephropathy
c) Post-streptococcal glomerulonephritis
d) Urinary tract infection

842) c 843) b 844) a 845) a 846) a 847) b 848) b 849) a 850) b 851)b 852) a 853) d 854) a 855) a,d 856) a 857) b 858) b 859) b

860. The renal biopsy of a 6-year-old boy with recurrent gross hematuria shows IgA nephropathy. The urinary protein excretion is 130 mg/day. Which of the following is the most appropriate next step in the management - *(AIIMS May 04)*
a) Administer corticosteroids
b) GiveAzathioprine
c) Start Cyclosporine
d) Urinary bag sample

861. Henoch-Schonlein purpura is characterized by the deposition of the following immunoglobulin around the vessels - *(AIIMS Nov 05)*
a) IgM b) IgG
c) IgA d) IgE

862. AI1 are seen in Henogh schonlein purpura except- *(NEET/DNB Pattern)*
a) Thrombocytopenia b) Glomerulonephritis
c) Arthralgia d) Abdominal pain

863. Which of the following is/are not the features of henoch-Schonlein purpura (HSP) - *(PGI Dec 08)*
a) Abdominal pain b) Splinter hemorrhage
c) Thrombocytopenia d)Epistaxis
e) Arthritis

864. A 8 year old male had non blanching rashes over the shin and swelling of knee joint with haematuria E-H- and protein +. Microscopic analysis of his renal biopsy specimen is most likely to show -
a) Tubular necrosis *(ARMSNov 07)*
b) Visceral podocyte fusion
c) Mesangial deposits of IgA
d) Basement membrane thickening

865. A child develops non-blanching macules and papules on lower extremities, mild abdominal pain and skin biopsy showed IgA deposition. Most appropriate diagnosis is - *(ARMSMay 09)*
a) Drug induced vasculitis
b) HSP
c) Wegener's granulomatosis
d) Kawasaki disease

866. A 5-year old child presents with perivascular IgA deposition and neutrophilic collection. There is erythematous rash on the lower limb and non-blanching purpura. Probable diagnosis is -
a) Henoch-Schonlein purpura *(ARMS Nov 11)*
b) Wegener's granulomatosis
c) Vasculitis
d) Kawasaki's disease

867. A child was diagnosed as a case of pauci-immune crescentic glomerulonephritis. The treatment to be given in this child is - *(ARMS May 02)*
a) Prednisolone + Cyclophosphamide
b) Methylprednisolone
c) Cyclophosphamide
d) Immunoglobins

868. A 8 yr old boy presents with petechie, azotemic oligurea altered sensorium in casualty. There is history of diarrhoea for the past 5 days. The clinical diagnosis is - *(ARMSDec 98)*
a) Acute prophyria
b) Idiopathic thrombocytopenic purpura
c) H.S. purpura
d) H.U.S.

869. Most conunon^use ofhemolytic^remic syndrome
a) E.coli b) ShigeJla
c) Salmonella d) Psedononas

870. Which is incorrect about hemolytic uremic syndrome - *(JIPEMR 91)*
a) Always fatal b) Burr cells are present
c) Acute renal failure d) Viral prodrome

871. In shigella,dysentjry associated hemolytic uremic syndrome, the false statement is *(NEET/DNB Pattern)*
a) Leucocytosis
b) Neurological abnormalities
c) Hepatio^failpr^ii
d) Thrombotic angiopathy

872. An infant with history of diarrhoea 5 days back has urea 200 mg% and creatinine 5mg%. The platelet count is 90000. Fragmented RBC s are found in the peripheral smear. The most possible diagnosis -
a) HUS b) TTP *(ARMS 99)*
c) HP d) Hemolytic anemia

873. Most common cause of urinary obstruction in a male infant is - *(A101)*
a) Anterior urethral valves
b) Posterior urethral valves
c) Stone
d) Stricture

874. Which is not a feature of posterior urethral valve -
a) Palpable bladder *(NEET/DNB Pattern)*
b) Painful stress incontinence
c) Recurrent UTI

875. True statements(s) about posterior urethral valves in neonate - *(PGIMay 10)*
a) Bilateral hydroneprhosis may be present
b) Creatinine & urea levels remain normal
c) Enlarge & widen prostatic urethra
d) More common in girls

876. A 3-year-old boy presents with fever; dysuria and gross hematuria. Physical examination shows a prominent suprapubic area which is dull on pecussion. Urinalysis reveals red blood cells but no proteinuria. Which of the following is the most likely diagnosis - *(ARMS May 06)*
a) Acute glomerulonephritis
b) Urinary tract infection
c) Posterior urethral valves
d) Teratoma

860) a 861)c 862)a 863)c 864)c 865)b 866)a 867)a 868)a 869)a 870)a 871)c 872)a 873) b 874) b 875) a,c 876) c

877. One year old male child presented with poor urinary stream since birth. The investigation of choice for evaluation is - *(AIIMSMay 03)*
a) Voiding cystourethrography (VCUG)
b) USG bladder
c) Intravenous urography
d) Uroflowmetry

878. A child presented with intermittent episodes of left sided flank pain. Ultrasonography reveals large hydronephrosis with dilated renal pelvis and cortical thinning with a normal ureter. Kidney differential function was observed to be 19% which of the following is the best management - *(AI10)*
a) Nephrectomy b) Pyeloplasty
c) External drainage d) Endopylostomy

879. A 6 year old girl presents with Recurrent E.coli infection in urine. Ultrasound of abdomen shows Hydroureter and Hydronephrosis. Micturating cystourethrogam shows filling defect in urinary bladder. The likely diagnosis is - *(AI 2000)*
a) Sacrococcygeal Teratoma
b) Vesicoureteric Reflux - grade II
c) Duplication of Ureter
d) Ureterocele

880. Most common cause of acute retention of urine in child of 2 year age - *(PGI Dec 2000)*
a) Posterior urethral valve
b) Duplication of renal pelvis
c) Meatal ulceration with scabbing
d) Urethral stones

881. The most common underlying anomaly in a child with recurrent urinary tract infections is-
a) Posterior urethral valves *(AIIMSNov 03, AI 05)*
b) Vesicoureteric reflux
c) Neurogenic bladder
a) Renal calculi

882. Vesicoureteric reflux is more common in-
a) Newborn females b) Older girls *(ARMS May 04)*
c) Older boys d) Only during pregnancy

883. The most common cuase of renal scarring in a 3 year old child is - *(AI 05)*
a) Trauma
b) Tuberculosis
c) Vesicoureteral reflux induced pyelonephritis
d) Interstitial nephritis

884. The treatment of choice for primary grade V vesico-ureteric reflux involving both kidneys in a 6 month old boy is - *(AIIMS May 03, Nov 04)*
a) Antibiotic prophylaxis
b) Ureteric reimplantation
c) Cystoscopy followed by subureteric injection of teflon
d) Bilateral ureterostomies.

885. A 4 month old female child presents with grade IV Vesico- Ureteral Reflux (VUR); without dilation of urinary bladder. The Treatment of choice is -
a) Septran + Follow up *(AI 2000)*
b) Re - implantation of ureter
c) Injection of collagen at ureteric orifices
d) Bilateral Ureterostomy

886. A six months old girl is having recurrent UTI. Ultrasound abdomen shows bilateral hydronephrosis. MCU (Micturating cysto urethrogram) shows bilateral Grade IV vesicoureteral reflux. The treatment of choice is - *(AI 02)*
a) Endoscopic injection of polyteflon at ureteric orifices
b) Ureteric re-implantation
c) Bilateral Ureterostomy
d) Prophylactic antibiotics

887. UTI in infant, true about - *(PGIDec 03)*
a) Common in female infants
b) If two episodes of UTI in females of 7 years occur, then cystometric evaluation needed
c) If two episodes of UTI in male of 5 year occur then cystometric evalution needed

888. A five year old male child presents with complaints of fever and abdominal distension. He is having vomiting for the last five days. On examination there are 6-8 Pus Cell/hpf in urine. WBC count shows 78% neutrophils. What is the best line of management-
a) Send urine for culture and sensitivity and wait for results *(AIIMS Nov 2000)*
b) Send urine for culture and sensitivity and start I.V. antibiotics immediately
c) Send urine for culture, do an USG and start chloroquine
d) Radio nucleotide studies

889. Which of the following is the most appropriate method for obtaining a urine specimen for culture in an 8 month old girl - *(AIIMS May 04)*
a) Suprapubic aspiration b) Indwelling catheter sample
c) Clean catch void d) Urinary bag sample

890. An 8 year old boy during a routine check up is found to have E. coli 1,00,000 cc/ml on a urine culture. The urine specimen was obtained by mid-stream clean-catch void. The child is asymptomatic. Which is the most appropriate next step in the management-
a) Treat as an acute episode of urinary tract infection
b) No therapy *(AIIMS May 04)*
c) Prophylactic antibiotics for 6 months
d) Administer long term urine alkalinizer

891. Which one of the following statements is false with regard to pyuria in children - *(AI 03)*
a) Presence of more than 5 WBC/hpf (high power field) for girls and more than 3 WBC/hpf for boys
b) Infection can occur without pyuria
c) Pyuria may be present without Urinary tract infection
d) Isolated pyuria is neither confirmatory nor diagnostic for Urinary tract infection

877) a 878) b 879) d 880) c 881) b 882) a 883) c 884) a 885) a 886) d 887) b,c 888) b 889) a 890) a 891) a

892. Which one of the following statements is false with regard to Xanthogranulomatous pyelonephritis in children - *(AI03)*
a) Often affects those younger than 8 years of age.
b) It affects the kidney focally more frequently than diffusely
c) Boys are affected more frequently.
d) Clinical presentation in chidren is same as in adults

893. Not true about chronic pyelonephritis in children - *(NEET/DNB Pattern)*
a) Associated with Ureteric reflux
b) Associated with Intrarenal reflux
c) Associated with renal scarring
d) Males are more affected than female

894. Renal causes of acute renal failure in children include- *(PGI Dec 01)*
a) Minimal change disease
b) Renal amyloidosis
c) Pre-eclampsia
d) Malignant hypertension
e) Hemolytic uremic syndrome

895. Achild with 22-25 stool/day, 3 day old pneumonitis, no passage of urine from 36 hrs. low B.P., Blood pH - 7.21. Urine Na^+ - 18 meq/L, S. Urea 120, serum Creatinine 1.2 indicate - *(AIIMSMay 95)*
a) Acute cortical necrosis
b) Acute tubular necrosis
c) Pre-renal Azotemia
d) Acute medullary necrosis

896. A child has diarrhea since 8 days. He is dehydrated and urine output is reduced. Which of the following is not correct regarding the renal failure in this patient- *(AI 10)*
a) Urinary sodium > 40 m.eq/L
b) Urinary osmolality > 500 Mosmol/L
c) FENa< 1%
d) BUN/creatinin > 20

897. An 8-day old breast-fed baby presents with vomiting, poor feeding and loose stools. On examination the heart rate is 190/minute, blood pressure 50/30 mmHg, respiratory rate 72 breaths/minute and capillary refill time of 4 seconds. Investigations show hemoglobin level of 15 g/dl. Na 120 mEq/I, K 6.8 mEq/1, Cl 81 meq/1, bicarbonate 15 mEq/1, urea 30 mg/dl and creatinine 0.6 mg/dl. the most likely diagnosis is - *(AIIMS Nov 03, Nov 04)*
a) Congenital adrenal hyperplasia
b) Acute tubular necrosis
c) Congenital hypertrophic pyloric stenosis
d) Galactosemia

898. In chronic renal failure - *(AIIMS83)*
a) Urine output is more than 3 litres per day
b) Urine concentration is decreased
c) Sodium conservation is poor
d) Polycythemia is present

899. In SCHWARTZ formula for calculation of creatinine clearance in a child, the constant depends on the following except - *(AIIMS Nov 06)*
a) Age b) Method of estimation of creatinine
c) Mass d) Severity of renal failure

900. A 2 month old girl has failure to thrive, polyuria and medullary nephrocalcinosis affecting both kidneys. Investigations show blood pH 7.48, bicarbonate 25 mEq/1, potassium 2 mEq/I, sodium 126 mEq/1 and chloride 88 mEq/1. The most likely diagnosis is -
a) Distal renal tubular acidosis *(AIIMS Nov 04)*
b) Primary hyperaldosteronism
c) Bartter syndrome
d) Pseudohypoaldosteronism

901. A 10-month-old boy, weighing 3 kg has polyuria, polydipsia and delayed motor milestones. Investigations show blood levels of creatinine 0.5 mg/ dl, potassium 3 mEq/L, sodium 125 mEq/L, chloride 88 mEq/L, calcium 8.8 mg/ dl, pH 7.46 and bicarbonate 26 mEq/L. Ultrasonography shows medullary nephrocalcinosis. The most likely diagnosis is - *(AIIMS Nov 03, May 03)*
a) Renal tubular acidosis
b) Diabetes insipidus
c) Bartter syndrome
d) Pseudohypoaldosteronism

902. A10 year old boy is having polyuria, polydypsia, laboratory data showed (in mEq/lit) -
Na-154
K-4.5
HC03-22
Serum osmolality - 295
Blood urea-50
Urine specific gravity -1.005
The likely diagnosis is - *(AIIMSMay 02)*
a) Diabetes insipidus b) Renal tubular acidosis
c) Barter's syndrome d) Recurrent UTI

903. 2 yrs female has been sucessfrilly treated for urinary tract incfection. Next step in management is -
a) Do nothing *(AIIMS 98)*
b) Ultrasound
c) Ultrasound + DMSA scan
d) 6 monthly culture sensitivity

904. In a child, non - functioning kidney is best diagnosed by- *(AI05)*
a) Ultrasonography b)IVU
c) DTPA renogram d) Creatinine clearance

905. Method of choice for a New born child not passing urine for 36 hrs - *(AIIMS May 95)*
a) Ultrasound of kidney & bladder
b) CT Scan
c) Cystoscopy
d) X-ray pelvis

892) a 893) d 894) e 895) c 896) a 897) b 898) b,c 899) d 900) c 901) c 902) a 903) c 904) c 905) a

906. A male child with Fanconi syndrome with nephrocalcinosis has a variant of dent disease. All are true except - *(AIIMS May 11)*
a) Hypercalciuria b) Proteinuria
c) Similar presentation in father d) Rickets

907. 8 yr old child with BP 180/100 mm Hg, urea 90, creatinine 5.3, urinalysis shows 15-20 pus cells, 1-2 RBC, protein 1+ & has no significant past h/o of similar complaint. Most likely diagnosis is-
a) Post infective glomerulonephritis *(ARMSNov 10)*
b) Accelerated hypertension with ARF
c) Idiopathic RPGN
d) Chronic interstitial nephritis with VUR

908. A 3 -year old boy is detected to have bilateral renal calculi. Metabolic evaluation confirms the presence of marked hypercalciuria with normal blood levels of calcium, magnesium, phosphate, uric acid and creatinine. A diagnosis of idiopathic hypercalciuria is made. The dietary management includes all, except - *(AIIMS May 03, Nov 04)*
a) Increased water intake b) Low sodium diet
c) Reduced calcium intake d) Avoid meat proteins

909. A child presents with abdominal colic and hematuria. On ultrasonography a stone 2.5 cm in diameter is seen in the renal pelvis. The next step in management of this case is - *(AIIMS Nov 2000, AI01)*
a) Pyelolithotomy b) Nephroureterostomy
c) Conservative d) ESWL

910. Most common cause of renal artery stenosis in children in India is - *(AIIMS May 0 7)*
a) Takayasu Aortoarteritis
b) Fibromedial hypertrophy
c) Fibrointimal hyperplasia
d) Polyarteritis Nodosa

911. Renal vein thrombosis is most commonly found in -
a) Focal glomerulosclerosis *(PGIJune97)*
b) Membranous
c) Minimal change GN
d) Acute pyelonephritis

912. Most common cause of Blood stained diaper in a Neonate is - *(AIIMS Dec 98)*
a) Bilharziasis b) Sickle cell trait
c) Meatal stenosis d) Urethral hemangioma

913. A 3-month old infant presents with bilateral medullary nephrocalcinosis. All of the following can cause medullary nephrocalcinosis except -
a) Hyperoxaluria *(AIIMS May 09)*
b) Bartter's syndrome
c) Prolonged use of furosemide
d) ARPKD

914. The maximum urinary concentration capacity in full term neonates is - *(Karnataka 02)*
a) > 1000 mOsm/litre b) 350 - 450 mOsm/litre
c) 900-1000 mOsm/litre d) 600 - 700 mOsm/litre

915. Malformations of the following organ system of the fetus are found to be most commonly associated with single umbilical artery - *(SGPGI05)*
a) Central nervous system b) Cardiovascular
c) Genitourinary d) Skeletal

916. In nephrotic syndrome the essential feature is -
a) Proteinuria b) Hypoalbuminemia
c) Hyperlipemia d) Edema *(AIIMS 83)*

917. Choose among the following the most important lab finding in nephrotic syndrome - *(TN 95)*
a) B-J protein b) Hyperkalemia
c) Hypoalbuminemia d) Hypertension

918. Most common infection in a child nephrotic syndrome-
a) Spontaneous bacterial peritonitis *(MAHE 07, 08)*
b) Pneumonia
c) un
d) Cellulitis

919. A four-year old child presents with mild fever, malaise, prupura, arithritis, abdominal pain and microscopic hematuria. What would be the most likely diagnosis - *(UPSC 07)*
a) Thrombobasthenia
b) Idiopathic thrombocytopenic
c) Systemic lupus erythematosus
d) Henoch-Schonlein purpura

920. The commonest type of renal lesion in children is-
a) Lipoid nephrosis *(TN 95)*
b) Membrano proliferative glomerulonephritis
c) Focal glomerulonephritis
d) Diffuse glomerulosclerosis

921. A12 year old boy had severe vomiting and diarrhoea. He was brought to the hospital bacause of severe oliguria. He was given IV fluids and furosemide without any diuresis. Blood beichemistry revealed: Urea 120 mg% and serum creatinine 4 mg%. The most likely diagnosis is - *(UPSC 96)*
a) Preneal azotemia
b) Haemolytic uraemic syndrome
c) Acute glomerulonephritis
d) Acute tubular necrosis

922. A3 year old child presents with four days history of puffiness of face, fever and tea coloured urine. During the course of his disease, he can have any of the complications except - *(UPSC 06)*
a) Hypokalemia
b) Hypertensive encephalopathy
c) Acute renal failure
d) Acidosis

923. Straining and dribbling of urine in a male infant with recurrent urinary infection should lead to the suspicion of - *(UPSC 0 7)*
a) Vesico-ureteric reflux
b) Posterior urethral valve
c) Pelvic ureteric junction obstruction
d) Phimosis

906) c 907) d 908) c 909)d 910) a 911)b 912) d 913)d 914) d 915) c 916) a 917)c 918)a 919) d 920) a 921)b 922)a 923) b

924. Posterior urethral valve is diagnosed on micturating cystometrogram by - *(Karn 95)*
a) Dilatation of posterior urethra
b) Bladder neck contracture
c) Vesico-Ureteric reflex
d) Bladder wall hypertrophy

925. An infant with severe dehydration secondary to diarrhea suddenly presents with proteins and blood in urine. The most probable diagnosis is- *(Delhi PG Feb. 09)*
a) Renal vein thrombosis b) Pyelonephritis
c) Acute glomerulonephritis d) Lower nephrosis

CENTRAL NERVOUS SYSTEM

926. *True* about febrile convulsions is - *(AIIMS June 97)*
a) Recurrent in nature
b) Follows high temperature
c) No spontaneous remission
d) Occurs at 6 years onwards

927. True regarding febrile convulsion - *(PGIDec 2000)*
a) Carbamazepine is good drug to treat it
b) Patient with family h/o F.C. have increased incidence of recurrence
c) Longterm neurological deficits are common
d) Usually last for short while

928. Which of the following is not associated wit increase in the risk of seizures in future in a child with febrile seizures - *(AI10)*
a) Developmental delay
b) Late age of onset
c) Complex partial seizures
d) Family history positive

929. 4 year old male child had febrile seizures, best prophylaxis - *(PGI June 2000, AIIMS 96)*
a) Paracetamol 6 hourly
b) Paracetamol & diazepam
c) Diazepam
d) Phenobarbitone

930. A 6 yr. old child with acute onset of fever of 104° F developed febrile seizures and was treated. To avoid future recurrence of seizure attacks what should be given - *(ARMSMay 01)*
a) Paracetamol 400 mg + Phenobarbitone daily
b) Oral Diazepan 6 hourly
c) Paracetamol 400 mg 6 hourly
d) I.V. diazepam infusion over 12 hrs

931. Hypsarrythmia in a child is due *to-(ARMS91, Delhi 93)*
a) Grandmal epilepsy b) Petitmal epilepsy
c) Myoclonic epilepsy d) Reflex epilepsy

932. Which one of the following in the characteristic feature of juvenile myoclonic epilepsy -
a) Myoclonic seizures frequently occur in morning
b) Complete remission is common *(ARMS May 06)*
c) Response to anticonvulsants is poor
d) Associted absence seizures are present in majority of patients

933. *True* about juvenile myoclonic epilepsy -
a) Focal seizure *(PGI June 05)*
b) Generalised seizure
c) Myoclonus
d) Response to sodium valproate
e) Spike and waves in EEG

934. True about Juvenile myoclonic epilepsy -
a) DOC is sodium valproate *(PGI Dec 07)*
b) Mental retardation
c) Seizure can develop
d) Neurological examination abnormal
e) Life long treatment needed

935. Following can be used in the treatment of myoclonic seizures except - *(AI 10)*
a) Valporate b) Carbamazepine
c) Topiramate d)Zonisamide

936. Most common cause of convulsion on the First day of life in a newborn is - *(NEET/DNB Pattern)*
a) Anoxia b) Head Injury
c) Hypoglycemia d) Hypocalcemia

937. Most common cause of seizure in newborn is -
a) Hypoxia induced ischemic encephalopathy
b) Hypocalcemia *(ARMS May 08)*
c) Metabolic abnormality
d) Sepsis

938. Which vitamin deficiency is responsible for neonatal seizure - *(ARMS Nov 09)*
a) Pyridoxine b) Vitamin C
c) Thiamine d)Cobalamin

939. Neonatal causes of seizures which carries the best prognosis - *(ARMS 83)*
a) Birth asphyxia
b) Hypoglycemia
c) Bacterial meningitis
d) Late onset hypocalcemia

940. Commonest type of seizure in newborn - *(AI 08,*
a) Clonic b) Tonic *ARMS Nov07)*
c) Subtle d) Myoclonic

941. Drug of choice of Neonatal seizure \s-*(ARMS Feb 97)*
a) Phenytoin b) Phenobarbitone
c) Diazepam d) Sodium valproate

942. Causes of status epilepticus in a child-(PG/*Dec 08)*
a) Hypernatremia b) Hyponatremia
c) Hyperkalemia d) Hypokalemia

943. All are features of absence seizures except - *(AI 04)*
a) Usually seen in childhood
b) 3-Hz spike wave in EEG
c) Postictal confusion
d) Precipitation by hyperventilation

944. The feature of petit mal epilepsy in EEG is -
a) Spike and dome *(ARMS 87)*
b) Continuous stunted spikes
c) Waves at the rate of 10/sec.
d) Continuous tall spikes

924) a 925) a 926) a 927) b,d 928) b 929) c 930) b 931)c 932) a 933)b,c,d 934)a,c,e 935) b 936) a
937) a 938) a 939) d 940) c 941)b 942) b 943) c 944) a

945. A school going boy was noted with vacant stare several times a day. There was no history of fever, seizures and neurological deterioration. What is the diagnosis - *(AI10)*
a) Atonic seizures b) Absence seizures
c) Myoclonic seizures d) School phobia

946. Absence-seizures are seen in - *(ARMSDec 98)*
a) Ground mal epilepsy b) Myoclonic epilepsy
c) Petitmal epilepsy d) Hyperkinetic child

947. All the following drugs are used for Absence seizures except - *(AI 94)*
a) Clonazepam b) Phenytoin
c) Valproate d) Ethosuximide

948. Drug of choice in absence seizure- *(NEET/DNB §1^ Pattern)*
b) Phenytoin
c) ACTH d) Ethosuximide

949. Drug of choice in simple partial seizure is - *(AI 97)*
a) Phenytoin b) Valproic acid
c) Carbemazepine d) Phenobarbitone

950. Initial drug .of choice'|i®^^pj^^f|^®§5 epilepticus- *(NEET/DNB Pattern)*
a) Lorazepam b) Phenobarbitone
c) Valproate d) Phenytoin

951. The drug of choice in petit seizures is - *(AI 95)*
a) Clonazepam b) Ethosuximide
c) Diazepam d) Sodium Valproate

952. Jitteriness can be distinguished from seizures by all of the following except - *(AI 0 7)*
a) Senstivity to stimulus
b) Frequency of movement
c) Abnormality of Gaze
d) Autonomic disturbance

953. Kernig's sign is seen in - *(PGI98)*
a) Pneumonia
b) Acute bacterial meningitis
c) Mental retardation
d) Cerebral palsy

954. The most common presentation of neonatal meningitis is - *(Orissa 98)*
a) Bulging fontanels b) Nuchal rigidity
c) Poor feeding d) Convulsion

955. Most common complication of meningitis in children is- *(AIMS May 1994)*
a) Hearing loss b) Seizures
c) Hydrocephalus d) Mitral regurgitation

956. What are the complication (s) of meningitis in a child - *(PGI May 10)*
a) Arachinioidits
b) Mental retardation
c) Status epilepticus
d) Sensorineural hearing loss

957. Prior to discharge of a patient of H. influenza meningitis the essential investigation to be done is -
a) ABER *(AIMSFeb 97, AI 99)*
b) EBG
c) Developmental screening test
d) BOG

958. CSF examination of a patient shows high protein markedly low sugar, low chloride and increased neutrophils. The diagnosis is - *(ARMSNov 1999)*
a) Viral meningitis
b) Meningococcal meningitis
c) Tuberculous meningitis
d) Fungal meningitis

959. A neonate develops signs of meningitis at seven days of birth. The presence of which of the following infectious agent in the maternal genital tract can be the causative agent of this disease - *(ARMSMay 04)*
a) Neisseria gonorrhoeae
b) Chlamydia trachomatis
c) Streptococcus agalactiae
d) Haemophilous ducreyi

960. A 25 year old woman had premature rupture of membranes and delivered a male child who became lethargic and apneic on the 1st day of birth and went into shock. The mother had a previous history of abortion 1 year back. On vaginal swab culture growth of ^-haemolytic colonies on blood agar was found. On staining these were found to be gram positive cocci. Which of the following is the most likely etiological agent - *(AI 04)*
a) Streptococcus pyogenes
b) Streptococcus agalactiae
c) Peptostreptococci
d) Enterococcus faecum

961. Most common cause of neonatal meningitis -
a) Staphylococcus b)E. coli *(PGI Dec 99)*
c) H. influenze d) Pneumococcus

962. Neonatal meningitis is caused by - *(PGI June 05)*
a) Group 'A' Streptococcus
b) Group 'B' Streptococcus
c) E.Coli
d) H. Influenza
e) Klebsiella

963. The following bacteria are most often associated with acute neonatal meningitis except - *(AI 05)*
a) Escherichia coli
b) Streptococcus agalactiae
c) Neisseria meningitidis
d) Listeria monocytogenes

964. After 5 days of birth, baby developed poor feeding, convulsions, fever with low protein low sugar and high chloride (in CSF) is most likely due to -
a) Listeria monocytogenes *(ARMS June 2000)*
b) Mycoplasma pneumoniae
c) T.B.
d) Leptospira

965. Most common cause of pyogenic meningitis in 6 month to 2 years of age *is-* *(ARMS June 99, AI 01, 98)*
a) Staphylococcus aureus
b) Pneumococcus
c) Streptococcus pneumonia
d) H. influeuenzae

945) b 946) c 947) b 948) d 949) c 950) a 951)d 952) b 953) b 954) c 955) b 956)a,b,c,d 957) a 958)b 959)c 960)b 961)b 962)b,c,e 963)c 964)a 965)c

966. The most common causative agent of meningitis in the age group of 6 months-3 year amongst the following is - *(NEET/DNB Pattern)*
a) Streptococcus b) H. influenzae
c) Staphylococcus d) N. gonorrhoeae

967. Bacterial meningitis in children (2 months-12 years of age) is usually due to the following organisms except- *(AI04)*
a) Streptococcus penumoniae
b) Neisseria meningitidis
c) Hemophilus influenzae type B
d) Listera monocytogenes

968. Most common organism causing meningitis in a 1 year old child - *(AI 07)*
a) Streptococcus pneumoniae
b) H. influenza
c) Listeria
d) Neisseria meningitidis

969. A newborn of 7 days old presented with meningitis. Most common cause - *(PGI dec 07)*
a) E.coli
b) Streptococcal pneumonia
c) N. Meningitis
d) Streptococcal agalactiae

970. The most common agent associated with neonatal bacterial meningitis is - *(AI 04)*
a) Haemophilus influenzae type b
b) Neisseria meningitidis
c) Streptococcus pneumoniae
d) Streptococcus agalactiae

971. Neonatal meningitis & Pneumonia may be caused by- *(PGIDec 98)*
a) Strep faecalis
b) Group C enterococci
c) Anaerobic Streptococci
d) S. agalactiae

972. Which of the following does not cause meningitis -
a) Listeria *(AIIMS Feb 1997)*
b) Pneumococcus
c) P - Streptococci
d) Streptococcus type A

973. Haemophilus influenzae has been isolated from the CSF of two year old boy suffering from meningitis. The strain is beta-lactamase producing and resistant to chloramphenicol. The most appropriate antimicrobial in such a situation is - *(AI 04)*
a) Trimethoprim-sulphamethoxazole combination
b) Ciprofloxacin
c) Third-generation cephalosporin
d) Vancomycin

974. A child presented with fever for 2 days, altered sensorium and purpuric rashes. His blood pressure is 90/60 mmHg. Treatment of choice is - *(AIIMS*
a) IV Quinine b) IV Artesunate *May 02)*
c) IV Penicillin d) Chloroquine

975. Child with generalized petechiae. CSF shows gram negative diplococci. Treatment - *(PGI June 07)*
a) IV Ceftriaxone
b) IV Penicillin G
c) IV Cefotaxime

976. A child presented in the casuality with fever, unconcous & papilloedema. What next to tbe done -
a) Intubation b) Oxygenation
c) CT scan d) Lumbar puncture

977. A10 month old child presents with two weeks history of fever, vomiting and alteration of sensorium Cranial CT scan reveals basal exudates and hydrocephalus, the most likely etiological agent is -
a) Mycobacterium tuberculosis *(AI 04, 95, DPG 09)*
b) Cryptococcus neoformans
c) Listera monocytogenes
d) Streptococcus pneumoniae

978. All of the following are known complications of tuberculous meningitis except - *(AI 97)*
a) Cranial nerve palsy b) Cerebral infarction
c) Ptosis d) Parkinsonism

979. The CSF findings in TB meningitis include -
a) High sugar + low protein *(AI 94, 07)*
b) Low sugar + high protein and Lymphocytosis
c) High sugar + high chloride
d) Low sugar + high protein and Lymphopenia

980. A10 year old girl presented with fever convulsions, neck rigidity. CSF findings are protein 150 mg, sugar 40 mg, chloride 2500 mg with lymphadenopathy-
a) Viral meningitis *(ARMS Dec 98)*
b) Pyogenic meningitis
c) Cryptococcal meningitis
d) Tuberculous meningitis

981. Which of the following is the most common cause of meningoencephalitis in children - *(AI 11, 10)*
a) Mumps b) Arbovirus
c) HSV d) Enterovirus

982. A neonate develops encephalitis without any skin lesions. Most probable causative organisms is -
a) HSV I b)HSVn *(ARMSMay 02)*
c) Meningococci d) Streptococci

983. True statement regarding Brain T\imor in children is - *(AI 2000)*
a) Mostly is infra - tentorial
b) Papilledema is rare
c) Is the most common tumour in children
d) Hydrocephalus is rare

984. The most common Intracranial tumor in children is- *(NEET/DNB Pattern)*
a) Glioma b) Ependymoma
c) Meningioma d) Lymphangioma

985. Most common posterior fossa tumour in children is- *(AI 97)*
a) Medulloblastoma
b) Glioblastoma multiformae
c) Astroytoma
d) Meningioma

966)b 967)d 968) a 969) a,d 970)d 971) a,d 972)d 973)c 974)c 975)All 976)a,b,c 977) a 978)d 979)b 980) d 981)d 982) b 983) a 984) a 985) c

986. l\imor associated with best prognosis in children is- *(AI97, 94)*
a) Medulloblastoma
b) Ependymoma
c) Cerebellar astrocytoma
d) Glioblastoma-multiformis

987. Common posterior cranial fossa tumours include all of following except - *(Al 99)*
a) Medulloblastoma b) Oligodendroglioma
c) Ependymoma d) Cystic astrocytoma

988. A 10 year old child presented with headache, vomiting, gait instability and diplopia. On examination he had papilloedema and gait ataxia. The most probable diagnosis is - *(AIIMS Nov 02)*
a) Elydrocephalus
b) Brain stem tumour
c) Suprasellar tumour
d) Midline posterior fossa tumour

989. A10 yr old boy presents with midline swelling arising from cerebellum the diagnosis is - *(AIIMSDec 98)*
a) Astrocytoma
b) Glioblastoma multiforme
c) Ependymoma
d) Medulloblastoma

990. Which of the following statements about cerebellar astrocytomas in pediatric age group is false -
a) These are usually low grade tumors *(AI08)*
b) These tumors have a good prognosis
c) These are more commonly seen in the 1 st and 2nd decades
d) These tumors are more common in females

991. Supra sellar cystic mass in children *is-(AHMSMay95)*
a) Medulloblastoma
b) Craniopharyngioma
c) Meningioma
d) Secondaries

992. Most common cause of suprasellar enlargement with calcification in children is - *(AIIMS Dec 94, AI97)*
a) Craniopharyngioma b) Astrocytoma
c) Meningioma d) Suprasellar tuberculoma

993. A 6 year old boy has been complaining of headache, ignoring to see the objects on the sides for four months. On examination he is not mentally retarded, his grades at school are good, and visual acuity is diminished in both the eyes. Visual charting showed significant field defect. CT scan of the head showed suprasellar mass with calcification. Which of the following is the most probable diagnos is? *(AIIMS Nov 04)*
a) Astrocytoma b) Craniopharyngioma
c) Pituitary adenoma d) Meningioma

994. Most common supratentorial tumour in children is- *(AIIMS Sep 96)*
a) Craniopharyngiomab) Astrocytoma
c) Glioma d) Meningioma

995. Which type of cerebral palsy is commonly associated with scoliosis and other orthopedic problems -
a) Spastic quadriplegia *(AIIMS June 97)*
b) Anterior cerebral palsy
c) Spastic deplegia
d) Atonic cerebral palsy

996. Features of cerebral palsy - *(PGI June 05)*
a) Athetosis b) Spasticity
c) Saturday night palsy d) Mixed palsy
e) Rigidity

997. Not found in cerebral palsy - *(PGI June 98)*
a) Hypotonicity b) Microcephaly
c) Ataxia d) Flaccid paralysis

998. Most common sequelae due to periventricular leukomalacia - *(AIIMS Nov 09)*
a) Spastic diplegia b) Spastic quadriplegia
c) Mental retardation d) Seizures

999. Neural tube defects are prevented by - *(AI 99,95)*
a) Pyridoxin b) Folic acid
c) Thiamine d)Iron

1000. Increase acetylcholinestrase in amniotic fluid indicates- *(AI99)*
a) Open neural tube defects b) Oesophageal atresia
c) Down syndrome d) Edward syndrome

1001. Which of the following is a marker for neural tube defects - *(AI09)*
a) T Phosphatidylesterase
b) t Pseudocholinesterase
c) t Acetylcholinesterase
d) t Butyrylcholinesterase

1002. All of the following are neural tube defects except- *(AI04)*
a) Myelomeingocoele b) Anencephaly
c) Encephalocele d) Holoprosencephaly

1003. Porencephaly refers to - *(AI99)*
a) Foetal alcohal syndrome
b) Dandy-walker-syndrome
c) Vascular lesion due to degenerative vessel disease and head injury
d) Neural tube defects

1004. Porencephaly is due to- *(MP2K)*
a) Dandly walker syndrome b) Cerebral infarction
c) Fetal alcohol syndrome d) Trisomy 13

1005. Which of the following statements is false about Sacral Meningomyelocele - *(AI95)*
a) Spasticity of the lower limbs is seen
b) Hydrocephalus is seen
c) Bladder incontinence may be seen
d) Lax anal sphincter is present

1006. A 7-day old infant has a leaky meningomyelocele. The most useful test for diagnosis and management of the condition is - *(AIIMS Nov 11)*
a) Blood-culture and sensitivity
b) Urine-culture and sensitivity
c) Rectal swab-culture and sensitivity
d) Wound swab-culture and sensitivity

986) c 987) b 988) d 989) d 990) d 991) b 992) a 993) b 994) a 995) a 996)a,b,d,e 997) b 998) a 999) b 1000) a 1001)c 1002)d 1003)c 1004)b 1005)a 1006)a

1007. Commonest cause of non-communicating hydrocephalus in children is - *(AI96)*
a) Congenital anomaly
b) Perinatal injury
c) Post-inflammatory obstruction
d) Brain tumors

1008. Which one of the following is the common cause of congenital hydrocephalus is ? *(AI 05)*
a) Craniosynostosis
b) Intra uterine meningitis
c) Aqueductal stenosis
d) Malformations of great vein of Galen

1009. Most common cause of hydrocephalus in children is-
a) Post inflammatory obstruction *(AI 98)*
b) Buddchiary syndrome
c) Brain tumour
d) Perinatal injury

1010. All are signs of hydrocephalus in a neonate except - *(AIIMS June 97)*
a) Enlarged head b) Sunset sign
c) Crack post sign d) Depressed fontanelle

1011. All are true regarding Pseudotumour cerebri except- *(AIIMS Feb 1997)*
a) Ventricular system is of normal size or small
b) CT Scan shows punctate hypodense areas
c) No focal neurological deficit
d) Intracranial pressure is raised

1012. Which one of the following drugs cannot cause Pseudotumour Cerebri? *(UPSC 04)*
a) Salicylic acid b) Nalidixic acid
c) Tetracycline d) Nitrofurantoin

1013. Mild MR - features are - *(PGIJune06)*
a) Present in 5-10% population
b) T Incidence in low socioeconomic group
c) Presents in 2 years
d) Genetic background Present

1014. A male child of 15 years with a mental age of 9 years has an IQ of - *(AI03)*
a) 50 b)60
c) 70 d)80

1015. IQ between 50-70 indicates - *(AI95)*
a) Mild mental retardation
b) Moderate retardation
c) Severe retardation
d) Profound retardation

1016. Mental retardation is not seen in- *(Kerala 94)*
a) Downs syndromeb) Cretinism
c) Hypopituitarism d) Birth asphyxia

1017. Which is MC genetic cause of mental retardation- *(NEET/DNB Pattern)*
a) Tuberous sclerosis b) Cri-du-chat syndrome
c) Fragile-x-syndrome d) Angel's syndrome

1018. Which of the following is a preventable cause of mental retardation - *(AI 95)*
a) Hypothyroidismb) Down syndrome
c) Cerebral palsy d) All of the above

1019. Preventable cusies of mental retardation are- *(NEET/DNB Pattern)*
a) Downs, b) Phenylketonuria.
c), Cretinism , d) Cerebral palsy

1020. Condition a/wMR- *(PGI June 08)*
a) Trisomy 21 b) Fragile-X
c) Homocystinemia d) Phenylketonuria
e) Tuberous sclerosis

1021. Reye's Syndrome is cause by all except - *(Kerala 95)*
a) Adeno virus b)RSV
c) Herpes d) Influenza

1022. All of the following are true of Reye's syndrome, except- *(UP 97)*
a) It fequently complicates viral infections
b) Prothrombin time is prolonged
c) Disease may be precipitated by salictylates
d) Deep jaundice is present

1023. Which is incorrect about Reyes syndrome -
a) Bilirubin of more than 3 mg.-+ *(JIPMER 91)*
b) Normal prothrombin time
c) Cerebral edema
d) Microfatty changes in Liver without inflummatory changes

1024. Aspirin is associated with - *(NEET/DNB Pattern)*
a) Reye's Syndrome b) Sjogren Syndrome
c) Reiter Syndrome d) None of above

1025. All are seen in Reye's syndrome except- *(UPSC 86)*
a) Aminoaciduria
b) Metabolic acidosis
c) Increased serum transaminases
d) Respiratory alkalosis

1026. Reye's syndrome is characterized by encephalitis, fatty liver and following biochemical changes except- *(PGI 79,83)*
a) Moderate elevation of SGOT and SGPT
b) Hypoglycemia
c) Hypoglycorrhoea
d) Hyperuricemia

1027. Reye's syndrome is characterized by - *(PGIDec 03)*
a) Viral infection is seen
b) Present as deep jaundice
c) Cerebral edema
d) Microvesicular fatty infiltration

1028. TVue about Reye's syndrome - *(PGIJune 05)*
a) Microvesicular fatty infiltration
b) Hepatic encephalopathy
c) Brain edema
d) Hypoglycemia

1029. Decorticate child - Flase statement is -
a) Acute Brain injury *(NEET/DNB Pattern)*
b) Susthalamic, CT & frontal lobe lesion
c) More dangerous than decerebrate lesion
d) Flexion of arm & extension of lower limb

1030. Closure of the anterior fontanelle is delayed in all except - *(PGI 98)*
a) Down's syndrome b) Osteogenesis imperfecta
c) Hypogonadism d) Hypothyroidism

1007) a 1008) c 1009)a 1010)c,d 1011)b 1012)a 1013)b,d 1014)b 1015)a 1016)c 1017)c 1018)a 1019)c
1020)A11 1021)b 1022)d 1023)a,b 1024)a 1025)a 1026)d 1027)a,b,e 1028)A11 1029)c 1030)c

1031. Bulging anterior fontanel is/are seen in-*(PGIDec 08)*
a) Rickets b) CMV infection
c) Scurvy d) Hypothyroidism
e) Tetracycline therapy

1032. TVue about infantile tremor syndrome-
a) Hyperpigmentation of extremities *(PGI June 09)*
b) Fine tremor
c) Cortical atrophy
d) Self limiting disorder
e) More common in girls

1033. Brachycephalyisduetofusionof- *(AIIMS Feb 97,*
a) Parietal suture b) Sagittal suture *AI96)*
c) Lambdoid suture d) Coronal suture

1034. Which one of the following is the most common tumor associated with type I neurofibromatosis -
a) Optic nerve glioma *(AIIMS03)*
b) Meningioma
c) Acoustic schwannoma
d) Low grade astrocytoma

1035. Which among the following is the most common tumour associated with neurofibromatosis in a child ? *(AI 11)*
a) Juvenile myelomonocytic leukemia
b) Acute lymphoblastic leukemia
c) Acute monocytic leukemia
d) Acute myeloid leukemia

1036. A triad of seizure, mental retardation and sebaceous adenoma is seen in - *(AIIMS June 9 7)*
a) Congenital syphilis b) Tuberous sclerosis
c) Toxoplasmosis d) Hypothyroidism

1037. A 2 year old child is brought by parents with history of seizures and developmental delay. He has multiple hypopigmented macules over the back. What is the most probable diagnosis - *(AI 10)*
a) Neurofibromatosis type 1
b) Tuberous sclerosis
c) Sturge weber's syndrome
d) Linear Sebaceous nevus syndrome

1038. Struge weber syndrome is associated with-
a) Port wine stain b) Cavernous hemangioma
c) Lymphangioma d) hemangiosarcama *(Delhi 96)*

1039. A 10-yr old male child was presented to the pediatrician for evaluation of a seizure disorder. On examination a vascular plaque was found along the ophthalmic and maxillary divisions of the trigeminal nerve. The mother informed the pediatrician that the lesion was present since birth and there was no change in morphology. The most likely possibility is- *(AIIMS May 12)*
a) Sturge Weber syndrome
b) Infantile hemangioma
c) Congenital hemangioma
d) Proteus syndrome

1040. A newborn presents with congestive heart failure, on examination has bulging anterior fontanellae with a bruit on ausculation. Transfontanella USG shows a hypoechoic midline mass with dilated lateral ventricles. Most likely diagnosis is -*(AIIMS Nov 11, Nov 06, AI 07)*
a) Medulloblastoma
b) Encephalocele
c) Vein of Galen malformation
d) Arachnoid cyst

1041. A10 yr old boy, unconscious with 2 days h/o fever, comes to pediatric ICU with R.R. 46/min, B.P. 110/80 and El VI M3 on Glasgow coma scale, next step of Mx includes - *(PGINov 09)*
a) Intubate and ventilate
b) Give 0.9% NaCl
c) Start dopamine at the rate of 1-2 g/min/kg
d) Dopamine at the rate of 1 -2 g / min / kg & furosemide
e) Start antibiotic and order for CT Scan

1042. Known to prevent intreventricular haemorrhage when given antenatally- *(PGI 96)*
a) Phenobarbitine b) Vitamin K
c) Both d)None

1043. Commonest cause of convulsions in a child with fever is- *(AIIMS 84, UPSC 08)*
a) Febrile convulsions b) Meningitis
c) Epilepsy d) Hypothyroidism

1044. Untrue about acute febrile convulsions is -
a) Focal in nature *(AMU 95)*
b) EEG normal after 2 weeks
c) usually occur below 6 years age

1045. Management of typical febrile seizures include except - *(DPG10, Karnat 05)*
a) Sponging
b) Paracetamol ibuprofen
c) Intermittent diazepam
d) Prophylactic phenobarbitone

1046. All of the following are true of febrile seizures except- *(AP97)*
a) Most commonly seen between 9 months and 5 years
b) Does not last more than 10 minutes
c) Almost invariably develop into epilepsy
d) Prognosis is good

1047. Not the cause of neonatal seizures ? *(APPG 08)*
a) Pyridoxine deficiency b) Hypokalemia
c) Hypoxia d)None

1048. Drug of choice for neonatal convulsions-*(JIPMER 98)*
a) Valproate b) Phenytoin
c) Phenobarbitone d) Carbamazepine

1049. A child in status epilepticus should not be given - *(Jipmer 04)*
a) Clonazepam b) Phosphenytoin
c) Lamotrigine d) Diazepam

1050. Neonatal seizures in the following disorders is associated with poorprognosis, except - *(UP 97)*
a) Hypoglycemia b) Intraventricular hemorrhage
c) Hypocalcemia d) Meningitis

1031)a,b,e 1032)a,c,d 1033)d 1034)a 1035)a 1036)b 1037)b 1038) a,b 1039) a 1040)c 1041)a,e 1042)b 1043)a 1044) a 1045)d 1046)c 1047)b 1048)c 1049)c 1050)c

1051. Which of the following has the worst prognosis - *(JIPMER 01)*
a) Rolandic epilepsy b) Versive epilepsy
c) Absence epilepsy d) Infantile spasm

1052. Residual auditory defect is a common complication in meningitis caused by - *(Kant 11)*
a) Staphylococcus b) Meningococcus
c) Escherichia coli d) Hemophilus influenza

1053. Which one of the following statements is true of brain tumours in childhood? *(SGPGI04)*
a) Is a rare from of malignancy
b) Most tumours are below the tentorium
c) Hemiparesis is a frequent from of presentation
d) Papilloedema is infrequent

1054. Commonest location for craniopharyngioma is -
a) Intrasellar b) Suprasellar *(SGPGI 05)*
c) Intraventricular d) Intracerebral

1055. Most severe papilloedema is caused by-*(Kerala 95)*
a) Pituitary tumor
b) Frontal lobe tumor
c) Posterior cranial fossa tumor
d) Medulloblastoma

1056. The common type of cerebral palsy seen in hospitals is- *(CUP GEE 9 5)*
a) Spastic b) Monoplegia
c) Quadriplegia d) Diplegia

1057. IQ (Intelligence quotient) of a child means-
a) The creative effciency of child *(Delhi 96)*
b) The capability of the child to perffom intellectual tasks in relation to other children of same age
c) The efficiency of memory of child
d) Quantiffcation of the learning ability of child

1058. Scapocephaly is due to premature closure of the -
a) Coronal sutrue b) Metopic suture *(Orissa 99)*
c) Sagittal suture d) Lambdoid suture

1059. The following are recognised signs any symptoms of raised intracranial tension in a 9 month old infant, except - *(SGPGI 05)*
a) Bulging fontanel b) Diplopia
c) Papilloedema d) Increase in head size

1060. Commonest cause of obstructive hydrocephalus in children- *(UP 07, 05)*
a) Acqueductal stenosis
b) Aqueductal gliosis
c) Subarachnoid hemorrhage
d) Tubercular meningitis

1061. A 5 year old child is admitted with headache, vomitting and difficulty in walking. Physical findings include truncal ataxia, papilloedema and left lateral recuts palsy. No finger-to-nose ataxia could be detected on the left side or right side. The most likely diagnosis is- *(UPSC 99)*
a) Dandy walker syndrome
b) Syringobulbia
c) Amold-chiari malformation
d) Medulloblastoma

1062. A 2 year old child without fever develops bone pain, vomiting and features of increased intracranial pressure following excessive medication. The drug most likely to be responsible for this is - *(UPSC 98)*
a) VitA b) Phenothiazine
c) Phenytoin d)VitD

1063. The normal concentration of protein in CSF at 4 weeks may be as high as- *(PGI80, Delhi 80)*
a) 500mg% b) 125mg%
c) 50mg% d) 25mg%

1064. In children with cerebral oedema which one of the following corticosteriods will be effecti\e-*(UPSC96)*
a) Hydrocortisone b) Prednisolone
c) Dexamethasone d)Betamethasone

1065. Banana sign seen in the foetal brain suggests -
a) Renal agenesis b) Encephalocele
c) Spina bifida d) Porencephaly *(COMEDK05)*

1066. A 25 year old man with congenital cyanotic heart disease reports to emergency with history of headache. On examination there is systolic murmur best heard on the left side of the sternum in the fourth intercostal space; the second sound is not split. Temperature is 37.5°C. What is most likely diagnosis - *(ICS 2K)*
a) Cortical vein thrombosis
b) Pyogenic septicemia
c) Cerebral abscess
d) Encephalitis

1067. Neural tube defects have which one of the following inheritance patterns ? - *(UPSC-II09)*
a) Autosomal dominant
b) Autosomal recessive
c) X-linked recessive
d) Multifactorial

1068. Acquired extra - cranial infection that causes Aqueductal Stenosis is - *(UPSC 04)*
a) Bacterial endocarditis
b) Mumps
c) Measles
d) Staphylococcal septicemia

1069. Wide open anterior fontanelle is found in following diseases except - *(COMEDK 05)*
a) Rickets b) Cretinism
c) Osteogenesis imperfecta d) Craniosynostosis

1070. Rapid antigen test for meningitis organisms in a child can be done on the following specimens except-
a) Blood b) CSF *(COMED06)*
c) Urine d) Throat swab

1071. Which type of shift in intracranial content is common in children with progressive hydrocephalus-
a) Transforaminal herniation *(Karn 06)*
b) Upward cerebellar herniation
c) Unilateral transtentorial herniation
d) Central transtentorial herniation

1051) d 1052) d 1053)b 1054)b 1055)c,d 1056) a 1057) b 1058)c 1059)c 1060)a 1061)d 1062)a 1063)d 1064)c
1065) c 1066) c 1067) d 1068)b 1069)d 1070)d 1071)d

1072. Porencephaly seen in - *(APPGE 04)*
a) Trisomy 13 b) Fetal alcohol syndrome
c) Down syndrome d) Dandy Walker syndrome

1073. A 5-year old child is assessed to have developmental age of one year. His developmental quotient would be- *(DPG10)*
a) 100 b) 80
c) 60 d)20

METABOLIC DISORDERS

1074. Child with recurrent hypoglycemic attack and hepatomegaly is likely to have - *(AI93)*
a) Von Gierke's disease b) Neonatal diabetes
c) Neonatal hepatitis d) Galactosemia

1075. All are liver glycogenosis except- *(NEET/DNB Pattern)*
a) Von Girke disease b) Hers disease
c) Type III glycogenosis d) Pompes disease

1076. A child presents with hepatomegaly and hypoglycemia. There is no improvement in blood sugar even after administration of epinephrine. What is the likely diagnosis - *(AI 10)*
a) Von girke's disease b) Anderson's disease
c) Pompe's disease d) Me Ardle's disease

1077. In a patient, muscle cramps on exercise, +ve myoglobulinemia, the disorder is - *(PGI June 98)*
a) Pompe's disease b) Myotonia congenita
c) Myotonic dystrophy d) Me ardle's disease

1078. An infant has hepatorenomegaly, hypoglycemia, hyperlipidemia, acidosis and normal structured glycogen deposition in liver. What is the diagnosis - *(PGI June 01)*
a) Her's disease b) Von Gierke's disease
c) Cori's disease d) Anderson's disease
e) Pompe's disease

1079. A child presents with massive hepatomegaly and hypoglycemia. There is no improvement in blood glucose on administration of glucagon. The probable diagnosis is - *(AI 08)*
a) Von - Gierke disease b) McArdle disease
c) Cor's disease d) Forbe's disease

1080. Coarse facies, hepatosplenomegaly and tall QRS on ECG are characteristic feature of - *(AIIMSNov 01)*
a) Glycogen storage disease type II
b) Hurler's disease
c) Hunters disease
d) Hemochromatosis

1081. A 3 day child vomits everything he feeds, has a distended abdomen & diarrhoea. The urine is positive for benedicts test for reducing substance. The substance in urine is - *(AIIMS Nov 10)*
a) Sucrose b) Glucose
c) Galactose d) Fructose

1082. An 8 days old child presents with yellow selera, whitish stool and turmeric colour urine on 3rd day of septicemia on broad spectrum antiboitics, the likely diagnosis is - *(AIIMS June 98)*
a) Galactosidase deficiency
b) Ammonia toxicity
c) Galactose 1-4 phosphatase uridyl transferase deficiency
d) Glucose 6 phosphatase deficiency

1083. True regarding galactosemia - *(PGIDec 01)*
a) Mental retardation occurs
b) Absent disaccharidase in intestine
c) Defect in epimerase
d) Defect in galactose $1P0_4$ uridyl transferase

1084. A child with increased conjugated bilirubin develops seizures and cataract the probable diagnosis is - *(AIIMS Sep 96)*
a) Tyrosenemia b) Fructosemia
c) Galactosemia d) Glycogen storage disorder

1085. Child of Vasanthi was weaned from breast milk on the 5th day and was given sugarcane juice the child developed hypoglycemia and hepatomegaly Biochemical examination showed hypophosphatemia and reducing substances in urine. The child is probably suffering from which of the following enzyme deficiencies - *(AIIMS Nov 2000)*
a) Fructokinase b) Aldolase B
c) Glucose 6 Phosphatase d) Beta galactosidase

1086. An infant presents with history of seizures & skin rashes. Investigations show metabolic acidosis increased blood ketone levels and normal NH_3. This child is likely to be suffering from - *(AI 02)*
a) Propionic aciduraria
b) Urea cyclic disorder
c) Phenylketonuria
d) Multiple carboxylase deficiency

1087. Treatment of multiple carboxylase deficiency -
a) Biotin b)Pyridoxine *(AI07)*
c) Thiamine d) Folic acid

1088. Enzyme deficient in phenylketonuria -
a) Tyrosinase *(NEET/DNB Pattern)*
b) Phenylalanine hydroxylase
c) Tyrosine transaminase
d) Homogentisic oxidase

1089. True statement regarding a 3 week old child with Phenyl-ketonuria is all, except - *(AI 2000)*
a) Provocative protein meal tests helps in the diagnosis
b) Tyrosine becomes an Essential amino - acid in diet
c) Serum Phenylalanine is increased and urinary Phenyl Pyruvate level is elevated
d) Phenylalanine should be completely stopped in diet

1090. In phenylketonuria, the treatment of choice is?
a) Limit intake of substrate for the enzyme
b) Provide the deficient amino- acid *(AIIMSNov 10)*
c) Correct the enzyme defect
d) Symptomatic management

1072)d 1073) d 1074)a 1075)d 1076)a 1077)d 1078)b 1079)a 1080)b 1081)c 1082)c 1083)a,c,d 1084)c
1085)b 1086) d 1087) a 1088)b 1089) d 1090) a

1091. A child has microcephaly, Blue eyes, Fair skin, and Mental retardation, Ferric chloride test is positive. What is the likely diagnosis - *(AI07)*
a) Phenylketonuria (PKU) b) Homocystinuria
c) Tyrosinosis d) Alkaptonuria

1092. A child of phenyl ketonuric mother may develop -
a) Microcephaly, mental retardation, congenital heart disease *(AIIMS June 99)*
b) Mental retardation, cataract, congenital heart disease
c) Hydrocephalus, cataract.
d) Microcephaly, cataract, renal dysplasia.

1093. In phenylketonuria $FeCl_3$ test with urine gives .....color – *(NEET/DNB Pattern)*
a) Green b) Blue
c) Red d) Purple

1094. Deficiency of enzyme a-keto acid decarboxylase leading to a block in the metabolism of branch chain amino acids is observed in - *(AIIMSMay 05)*
a) Maple syrup urine disease
b) Hartnup's disease
c) Alkaptonuria
d) Phenylketonuria

1095. In maple syrup urine disease $FeCl_3$ test with urine gives.....color - *(PGI97)*
a) Green b)Blue
c) Black d)Red

1096. A 5 day old child presents with intractable seizures. He had rashes all over the body. Blood examination sho wed hyperammonemia and lactic acidosis. The probable diagnosis is - *(AIIMS 2K)*
a) Organic aciduria
b) Mitochondrial, encephalopathy with lactic aciduria
c) Phenylketonuria
d) Urea cycle enzyme deficiency

1097. Darkening of urine on standing is associated with -
a) Alkaptonuria b) Cystinuria *(AI 07)*
c) Fabry's diseas d) Tyrosinemia

l$9&?!4ptasy odour uijine is seenin gj *p^^MNEEhttern)*
g8g a) Maple syrup urine b) Phenylketonuria
c) Isovalericacicluria **4)**Cystinuria

1099. In Gaucher's disease there is accumulation of— inside the cells - *(TN 95)*
a) Galactosidases b)Sphingomyeline
c) Glucosidases d) Cerebrosides

1100. Only male are affected in - *(AIIMS May 08)*
a) Scheie's syndrome b) Hunter's syndrome
c) Hurler's syndrome d) Gaucher's disease

1101. For which of the following diseases is enzyme replacement therapy available -
a) Albinism *(AI 04, AIIMS May 06, Nov 03)*
b) Neimann-Pick disease
c) Metachromatic leukodystrophy
d) Gaucher's disease

1102. Macrocephaly is seen in which of the following syndromes ? *(AIIMS May 08)*
a) Metachromatic leucodystrophy
b) Adrenoleukodystrophy
c) Canavan's disease
d) Krabbe's disease

1103. Deep white matter lesion with bilateral deep bright thalamic appearance is suggestive of -
a) Alexander disease *(AIIMSNov 07)*
b) Canavan's diseases
c) Krabbe's disease
d) Metachromatic leukodystrophy

1104. A 12 year old girl with the mood and emotional liability has a golden brown discoloration in descement membrane. Most likely diagnosis is -
a) Fabry's disease *(AI 04)*
b) Wilson's disease
c) Glycogen storage disease
d) Acute rheumatic fever

1105. True about Wilson's disease - *(AI10)*
a) Increase in urinary copper and increased serum ceruloplasmin and copper
b) Increased serum ceruloplasmin levels with increased urinary copper
c) Elevated hepatic copper level and increased serum ceruloplasmin levels
d) Increased in urinary copper and decreased serum ceruloplasmin

1106. A child presents with hepatosplenomegaly, abdominal distension, jaundice, anemia and adrenal calcification. Which of the following is the diagnosis? *(AIIMSMay 11, May 10, 09)*
a) Adrenal hemorrhage b) Wolman's disease
c) Pheochromocytoma d) Addison's disease

1107. Injection Glucagon is effective for management of persistent hypoglycemia in all, except-
a) Large for date baby *(AIIMSMay 04)*
b) Galactosemia
c) Infant of diabetic mother
d) Nesidioblastosis

1108. A 6 day old newborn infant develops lectonuria seizures and hypoglycemia. The likely diagnosis is-
a) Aromatic amino aciduria *(AIIMS June 99)*
b) Phenyl ketonuria
c) Intrauterine infectious
d) Tyrosinemia

1109. Large doses of pyridoxine are of value in some cases of- *(PGI 79,81, 87)*
a) Phenylketonuria
b) Homocystinuria
c) Nonketotic hyperglycemia
d) Ketotic hyperglycemia

1110. Which one of the following is not a pyridoxine dependent disorder - *(UPSC 0 7)*
a) Homocystinuria b) Methyl-malonic-acidemia
c) Cystathioninuria d) Xanthurenic aciduria

1091)a 1092)a li093)a 1094)a 1095)b 1096)a 1097)a 1098)b 1099)d 1100)b 1101)d 1102)c 1103)c 1104)b 1105) d 1106)b 1107)b 1108)a 1109)b 1110)b

1111. Cystinuria is characterised by - *(AIIMS 83)*
a) Generalised aminoaciduria
b) Systemic acidosis
c) Deposition of cystine crystals in Renal tubular cells
d) Recurrent urinary calculi

1112. Which of the following inborn errors of metabolism is associated with mental retardation - *(A1IMS 83)*
a) Alkaptonuriab) Homocystinuria
c) Pentosuria d) Galactosemia

1113. In Gaucher's disease there is accumulation of— inside the cells - *(TN 95)*
a) Galactosidasesb) Sphingomyeline
c) Glucusidases d) Cerebrosides

1114. Enzyme replacement therapy is available for which of the following disorders ? *(Delhi PG Feb. 09)*
a) Gaucher's disease
b) Niemann Pick disease
c) Mucolipidosis
d) Metachromatic leukodystrophy

1115. Cloudy cornea is a feature of - *(MH11)*
a) Hurler's disease b) Morquio's disease
c) Maroteaux Lomy disease d) All of the above

1116. LEIGH disease is due to the accumulation of- *(NIMHANS01)*
a) Glycogen b)Pyrodoxine
c) Sphingomyelin d)Lipofuscin

1117. All are seen in metachromatic leukedystrophy except- *(TN03)*
a) Mental retardation
b) Optic atrophy
c) Decerebrate posture
d) Exaggerated tendon reflexes

1118. Which one of the following is not a feature of Phenylketonuria? *(UPSC04)*
a) Severe mental retardation
b) Reduced tendon reflexes
c) Enamel hypoplasia
d) Vomiting in early infancy

1119. Guthrie test can be used for the diagnosis of -
a) Tyrosinemia b) Galactosemia *(UPSC-110)*
c) Alkaptonuria d) Phenylketonuria

1120. Which is not a feature of wilsons disease in a child- *(AIIMS 91)*
a) Fanconi syndrome b) Sensory changes
c) Hemolytic anemia d) Chronic active hepatitis

1121. Congenital Wilson's disease is characterized by-
a) KF ring is present at birth *(SGPG105)*
b) May present as acute hepatitis
c) Decreased Urinary copper excretion
d) Decreased hapatic copper concentration

1122. All of the following are recognised features of Wilson's disease except- *(UP 97)*
a) Psychological distrubances
b) Increased cerulplasmin levels
c) Increased copper content of liver
d) Histopathological features of chronic active hepatitis

1123. The gene for Wilson's disease is on- *(MH10)*
a) Long arm of Chromosome 13
b) Long arm of Chromosome 6
c) Short arm of Chromosome 13
d) Short arm of Chromosome 6

1124. Which glycogen storage disease doesn't affect muscles ? *(APPG 08)*
a) Type 1 b) Type 2
c) Type 3 d) Type 4

1125. Massive aminoaciduria without a corresponding increase in plasma amino acid level is characteristic of which one of the following diseases ? *(UPSC-108)*
a) Homocystinuria b) Hartnup disease
c) Tyrosinemia d) Maple syrup urine disease

1126. In children the most commonly recognised form of familial hyperlipidaemia is - *(COMED 09)*
a) Hypertriglyceridaemia
b) Hypercholesterolaemia
c) Hyperchylomicronaemia
d) Combined hyperlipidaemia

CHILDHOOD TUMORS

1127. Common childhood tumors are- *(PGIDec08)*
a) Acute lymphoblastic leukemia
b) Chronic lymphoblastic leukemia
c) Chronic myeloid leukemia
d) Brain tumor
e) Wilm's tumor

1128. TRUE statement regarding childhood malignancy is- *(ARMS Dec 1994)*
a) Wilm's tumour is the commonest
b) AML is the most common malignancy
c) Neuroblastoma arises in the first 4 years
d) None of the above

1129. Most common tumor in children is - *(Al07, 99)*
a) Leukemia b) Lymphoma
c) Wilm's tumor d) Neuroblastoma

1130. Which of the following is the most common tumor of the fetus and newborn - *(Al 12)*
a) Neuroblastomab) Wilm'si tumor
c) Leukemia d) Sacrococcygeal Teratoma

1131. Not seet in first decade - *{NEET/DNB Pattern)*
a) Retino blastoma b) Rhabdcl myosarcoma
c) Neuroblastoma d) Ameloblastoma

1132. Most of the ALLs have- .... *(PGI98)*
a) B-cell origin b) T-cell ori gin
c) NK cell origin d)None

1133. Which of the following prese nts as mediastinal enlargement - *(Al 95, 94)*
a) Promyelocytic Leukemia
b) CML
c) ALL
d) Diffuse histiocytic lymphoma

1111)d 1112)b,d 1113)d 1114)a 1115)d 1116)None 1117)d 1118)b 1119)d 1120)b 1121)b A122)b 1123)a 1124) a 1125) b 1126)d 1127)a.d.e 1128)c 1129)a 1130)d 1131)d 1132)a 1133)c

1134. A 5 year old child presents with history of fever off-and-on for past 2 weeks and petechial spots all over the body and increasing pallor for past 1 month. Examination reveals splenomegaly of 2 cms below costal margin. The most likely diagnosis is- *(AI04)*
a) Acute leukemia
b) Idiopathic thrombocytopenic purpura
c) Hypersplenism
d) Aplastic anemia

1135. ALL L_3 morphology is a malignancy arising from which cell lineage - *(AI 07)*
a) Mature B cell b) Precursor B cell
c) Immature T cell d) Mixed B cell &T cell

1136. Poor prognostic indicator of ALL is -
a) Female sex *(AIIMS May 02)*
b) Leukocyte count < 50,000
c) Age greater than 1 year
d) Hypodiploidy

1137. All of the following are good prognostic factors for childhood. All except - *(AI 07)*
a) Hyperdiploidy b) Female sex
c) Pre B cell ALL d) t (12 :21) translocation

1138. The poor prognostic factor associated with ALL in children is - *(AIIMSNov 09)*
a) Total leucocyte count 4000-100000
b) Age less than 2 years
c) Testicular involvement
d) Blast in peripheral smear

1139. Which of the following is poor prognostic factor in a child with ALL? *(AI 11)*
a) Age 2-8 yrs
b) Total leucocyte count < 50,000
c) t **(9; 22);** t **(4; 11); t (1; 19)**
d) Absent blasts in peripheral smear

1140. L-asparaginase is particularly used in which type of leukemia - *(AI 94, 95)*
a) AML b)CML
c) ALL d)CLL

1141. Commonestsite of extramedullary relapse of ALL-
a)CNS b)Lung *(NEET/DNB Pattern)*
11 g| c).Liver §g§§ 11 d) Tesfe v; §||§!§| |g§ | H

1142. Which of the following types of leukemia is administered prophylactic methotrexate for CNS prophylaxis- *(AI 97)*
a) ALL b) AML
c) CLL d)CML

1143. All of the following are good progonostic factor for ALL except - *(AIIMS Nov 08)*
a) Age of onset between 2-8 years
b) Initial WBC count less than 50000
c) Hyperdiploidy
d) t (9:22), t (8 :14), t (4:11)

1144. Non specific esterase in present in- *(PGIDec 97)*
a) Megakaryocytic leukaemia
b) Lymphocytic leukaemia
c) Erythroleukaemia
d) AML

1145. Non specific esterase is positive in all the categories of AML except - *(AI 07)*
a) M3 b)M4
c)M5 d)M6

1146. Chloroma is due to- *(PGI 99)*
a) AML b)CLL
c) ALL d) Non Hodgkin's lymphoma

1147. In the case of CNS relapse in AML, chemotherapy would consist of intrathecal - *(UPSC 9 7)*
a) Methotrexate
b) Methotrexate + cytosine arabinoside
c) Prednisolone
d) Adriamycin

1148. A child with acute myeloid leukemia presents with hyperleukocytosis. Treatment includes all of the following except - *(AI 09)*
a) IV fluid
b) Allopurinol
c) Alkalinization
d) Immediately start induction chemotherapy

1149. All ofthe followingfeatures uf juvenile CML except- *(NEET/DNB Pattern)*
a) Thrombocytopenia
^ Fetal Hb is increased £
■ c) Philadelphia chromosome is positive
d) Lymphadenopathy

1150. Increased fetal Hb is seen in - *(AIIMS 97)*
a) Juvenile CML
b) Congenital red cell aplasia
c) Hereditary spherocytosis
d) AML

1151. A2yearold boy suffering from leukemia, following are the x-ray findings - *(PGI June 03, Dec 2000)*
a) Osteolytic lesion in flat bones
b) Metaphyseal osteoporosis
c) Periosteal new bone formation
d) Osteosclerosis of long bones
e) Transverse line of dark band below the growth plate

1152. All of the following syndromes are associated with AML except - *(AI 0 7)*
a) Down's syndrome b) Klinefelter's syndrome
c) Patau syndrome d) Turner's syndrome

1153. Genetic risk factors for leukemia are all except - *(Kerala 04)*
a) Down's syndrome b) Bloom syndrome
c) Ataxia telangiectasia d) Turner's syndrome

1154. Transient myeloproliferative disorder of the newborn is seen in association with - *(AI03)*
a) Turner syndrome b) Down syndrome
c) Neurofibromatosis d) Ataxia telangiectasia

1155. The most common malignant neoplasm of infancy is - *(AI05)*
a) Malignant teratoma b) Neuroblastoma
c) Wilms'tumor d) Hepatoblastoma

1134) a 1135) a 1136)d 1137)c 1138)c 1139)c 1140)c 1141)a 1142)a 1143)d 1144)d 1145)d 1146)a 1147) None 1148)d 1149)c 1150)a 1151)b,c,e 1152)d 1153)None 1154)b 1155)b

1156. Neuroblastoma originates from - *(PGI June 08)*
a) Adrenals b) Mediastinum
c) Chest wall d) Peripheral nerves
e) Neck

1157. True about neuroblastoma - *(PGIMay 10)*
a) Tumor of autonomic nervous system
b) Metastasis rarely present
c) Earliest detected in late childhood
d) Most common site is Adrenal medulla

1158. A1-year-old child presented with a swelling in the left flank with episodes of flushing, diarrhea, sweating and bone pain. The diagnosis is - *(AI94)*
a) Neuroblastoma b) Wilm's tumor
c) Medulloblastoma d) Pheochromocytoma

1159. Most common presentation of neuroblastoma is -
a) Lytic lesion in skull with suture diasthesis
b) Lung metastasis *(AI 98)*
c) Renal invasion
d) Secondaries in brain

1160. 4 years old child having palpable abdominal mass & hypertension with sweating & diarrhea-is due to -
a) Neuroblastoma *(NEET/DNB Pattern)*
b) Nephroblastoma
c) PCKD (Polycystic kidney disease)

1161. A malignant tumor of childhood, that metastasizes to bones most often, is - *(AI 06, 02)*
a) Wilm's tumor
b) Neuroblastoma
c) Adrenal gland tumors
d) Granulosa cell tumor of ovary

1162. Which of the following statements about neuroblastoma is not true - *(AI 09)*
a) Most common extracranial solid tumor in childhood
b) > 50 % present with metastasis at the time of diagnosis
c) Lung metastasis are common
d) Often encase aorta and its branches at the time of diagnosis

1163. Opsomyoclonus is encountered as C/F of-
a) Meningioma *(PGI Dec 99)*
b) Neuroblastoma
c) Neurofibromatosis
d) Excision

1164. To which of the following events is 'good' outcome in neuroblastoma associated - *(AI 04)*
a) Diploidy
b) N-myc amplification
c) Chromosome lp depletion
d) Trk A expression

1165. Neuroblastoma-good prognostic factor is- *(PGIJune 2K)*
a) N-myc amplification b) RAS oncogene
c) Hyperdiploidy d) Translocation

1166. Which is the commonest abdominal mass in neonate - *(AIIMS Feb 9 7, AI 96, 94)*
a) Wilm's tumor b) Polycystic kidney
c) Neuroblastoma d) Rhabdomyosarcoma

1167. Child coming with proptosis, multiple skeletal limb secondaries, sutural separation is having - *(PGI95)*
a) Neuroblastoma b) Medulloblastoma
c) Retinoblastoma d) None of the above

1168. Wilm's tumor is associated with all the following except - *(AI 94)*
a) Aniridia b) Beckwith syndrome
c) Polycystic kidney d) Hemi-hypertrohy

1169. Which of the following are associated with Wilm's tumor- *(PGIDec 08)*
a) Aniridia b) Geni tourinary abnormalities
c) Cataract d) Hemihypertrophy
e) Macroglossia

1170. A 7-year old boy with left renal mass had bone pain and was detected to have bone metastatic deposits. The most likely renal tumor is - *(AIIMSNov 04)*
a) Favorable histology Wilms tumor
b) Renal cell carcinoma
c) Clear cell sarcoma
d) Rhabdoid tumor

1171. The most common presentation of a child with Wilms' tumor is - *(AI 05, AIIMS Dec 95, NEET/DNB Pattern)*
a) As asymptomatic abdominal mass
b) Haematuria
c) Hypertension
d) Hemoptysisdue to^pulmonafy'Si&dh^^ Jjf§§

1172. The most important determinant of prognosis in Wilms tumor - *(AI 06)*
a) Stage of disease
b) Loss of heterozygosity of chromsome I p
c) Histology
d) Age less than one year at presentation

1173. Which of the following is the treatment of choice for Stage-I Wilm's Tumor - *(AI 12)*
a) Laparoscopic Nephrectomy
b) Open Nephroureterectomy
c) Chemotherapy
d) Observation

1174. Wilm's Tumour is associated with all. except -
a) Hemihypertrophy *(AIIMSJune 97)*
b) Beckwith syndrome
c) Aniridia
d) Polycystic kidney

1175. Which statement(s) is/are true about neuroblastoma with respect to wilms tumor - *(PGIDec 08)*
a) Neuroblastoma causes displacement of kidney inferolaterally without distortion of collecting system
b) Stippled calcification is present in wilm's tumor
c) Aortic and IVC invasion by neuroblastoma
d) Neuroblastoma crossing mid line
e) Intraspinal extension by wilms tumor

1176. Histiocytosis X is seen in except- *(PGIDec 97)*
a) Hand schuller Christian disease
b) Eosinophilic granuloma
c) Letter-siwe. syndrome
d) Torres syndrome

1156) a,b,e 1157)a,d 1158)a 1159)a 1160)a 1161)b 1162)c 1163)b 1164)a 1165)c 1166)c 1167)a 1168) c
1169) a,b,d,e 1170)c 1171)a 1172)c>a 1173)b 1174)d 1175)a,c,d 1176)d

1177. A 2-year-old child comes with discharge, seborrheic dermatitis, polyuria and hepatosplenomegaly. Which of the following is the most likely diagnosis -
a) Leukemia *(AIIMS May 04, AI01, 94)*
b) Lymphoma
c) Langerhan's cell histiocytosis
d) Germ cell tumour

1178. Baby \)ith recurrent infection of ear & discharge & seborrheic dermatitis with hepatosplenomegaly with cystic skull lesions. Diagnosis is -
a) Hemophagocytic lymphohistiocytosis
b) Langerhans cell histiocytosis
c) ALL *(NEET/DNB Pattern)*

ll 79. A child presented in the OPD with multiple permeating lesions involving all the bones of the body which of the following is the most probable diagnosis - *(AIIMS Nov 2000)*
a) Neuroblastoma
b) Metastasis from osteosarcoma
c) Histiocytosis X
d) Metastasis from Wilm's tumour

1180. A one year old boy presented with hepatosplenomegaly and delayed milestones. The liver biopsy and bone marrow biopsy revealed presence of histocytes with PAS positive. Electron microscopic examination of these histiocytes is most likely to reveal the presence of - *(AIIMS 03)*
a) Birbeck granules in the cytoplasm
b) Myelin figures in the cytoplasm
c) Parallel rays of tubular structures in lysosomes
d) Electron dense deposit in the mitochondria

1181. A 2 year old child presents with scattered lesions in the skull. Biopsy revealed Langerhans giant cells. The most commonly associated is marker with this condition will be - *(AIIMS Nov 0 7)*
a) CD la b) CD 57
c) CD3 d)CD68

1182. True about Langerhan's histocytosis 'X'-
a) Can be associated with diabetes insipidus
b) X-ray shows pathognomonic osteosclerotic lesions *(PGI June 01)*
c) Birbeck's granules in langhan's cell
d) Proliferation of antigen presenting cells
e) Associated with specific HLA DR

1183. Which of the following drugs is used for the treatment of refractory histiocytosis -
a) High dose methotrexate *(AIIMSNov 08)*
b) High dose cytarabine
c) Cladribine
d) Fludrabine

1184. Cancer management in which of following malignancies has dramatically increased the survival? *(AIIMS May 12)*
a) Esophagus carcinoma
b) Glioblastoma multiforme
c) ALL in children
d) Cholangiocarcinoma

1185. Germ cell tumor(s) of paediatric includes all except-
a) Pure yolk sac tumor *(PGI Nov 09)*
b) Leydig cell tumor
c) Choriocarcinoma
d) Embryonal cell carcinoma
e) Endodermal sinus tumor

1186. Commonest tumor of face in chidren is- *(PGIDec 99)*
a) Rhabdomyosarcoma b) Sq. cell carcinoma
c) Basal cell carcinoma d) Mixed parotid tumor

1187. True about childhood tumor are all except -
a) Wilm's tumor *(PGI June 08)*
b) Neuroblastoma
c) Retinoblastoma
d) Embryonal rhabdomyoma
e) Pleomorphic rhabdomyosarcoma

1188. Most common urinary bladder tumour in childhood is - *(AIIMS June 97, AI 92)*
a) Haemangioma
b) Rhabdomyosarcoma
c) Transitional cell carcinoma
d) Squamous cell carcinoma

1189. Commonest sarcoma in children is - *(PGIDec 99)*
a) Rhabdomyosarcoma b) Lipoma
c) Angiosarcoma d) Fibrosarcoma

1190. Which of the following is the most common inherited malignancy - *(AIIMS May 05)*
a) Infant leukemia b) Retinoblastoma
c) Wilm's tumour d) Neuroblastoma

1191. Childhood malignancy producing proptosis is/are - *(PGI June 05)*
a) Neuroblastoma b) Hepatoma
c) Retinoblastoma d) Germ cell tumor
e) Nephroblastoma

1192. A10 years old child has lytic lesions in upper femur, the differential diagnosis can be all except-
a) Plasmacytoma *(AIIMSDec 97)*
b) Browns tumour
c) Metastasis
d) Histiocytosis

1193. 1 year old child abdominal mass with calcification, passibilities are - *(PGIDec 2 K)*
a) Neuroblastoma b) Wilm's tumor
c) Nephronophthisis d) Pheochromocytoma

1194. Highest cure rate is of - *(NEET/DNB Pattern)*
a) Wilm's Tumor b) Retinoblastoma
c) Rhabdomyosarcoma d)All

1195. Most common malignant tumour in childhood -
a) Rhabdomyosarcoma b) Leukemia *(UP 07)*
c) Lymphangioma *d)* Neuroblastoma

1196. Second most common neoplasm seen in children is-
a) Lymphoma b) Brain tumour *(Karn11)*
c) Wilm's tumour d) Neuroblastoma

1197. Which is the commonest childhood tumor -
a) ALL b)CLL *(Jipmer03)*
c) AML d)CML

1177)c 1178)b 1179)c 1180)a 1181)a 1182)a,c,d,e 1183)c 1184)c 1185)b 1186)a 1187)e 1188)b 1189)a
1190)b 1191)a,c,e 1192)a 1193)a,b,d 1194)b 1195)b 1196)b 1197)a

1198. The most characteristic radiographic sign in a child with leukemia is - *(COMED 06)*
a) Osteosclerosis of the metaphysic
b) Metaphyseal translucencies
c) Periosteal reaction
d) Osteolytic lesion

1199. A family of a child just diagnosed with acute lymphoblastic leukemia asks about the child's prognosis. Which of the following is a poor prognostic indicator ? *(UPSC-I09)*
a) Presence of mediastinal mass
b) Age between 1 and 10 years
c) Hyperploidy with more than 50 chromosomes
d) WBC count less than 50,000/mm^3 at diagnosis

1200. Acute leukemia in children is associated with - all except- *(DelhiPGFeb. 09)*
a) Down's syndrome b) Klinefelter's syndrome
c) Marfan's syndrome d) Turner's syndrome

1201. CMLin children is associated with- *(NIMH. 01)*
a) Down's syndrome b) Klinefelter syndrome
c) Marran's syndrome d) Turner's syndrome

1202. Transient myeloproliferative disorder of the newborn is seen in association with - *(DPG 10)*
a) Turner's syndrome b) Down's syndrome
c) Neurofibromatosis d) Ataxia telangiectasia

1203. All are associated with malignancy except*r(MP 2K)*
a) Down's syndrome b) Fragile X syndrome
c) Bloom syndrome d)Fanconi's anaemia

1204. Neuroblastoma is- *(PGI87)*
a) Associated with mild hypertension
b) Rare tumour to undergo regression
c) Commonest tumour of adrenal cortex
d) Treatment excision and post operative radiotherapy

1205. A1 year old child presenting with abdominal mass and calcification on X-rays is suggestive of -
a) Teratoma *(PAL 93, PGI86, 93)*
b) Neuroblastoma
c) Wilms tumour
d) Rhabdomyosarcoma

1206. A 2 day old newborn baby presented with microcephaly, macroglossia, visceromegaly and a blood glucose level of 20 mg/dl. What is the most likely diagnosis - *(Orissa 98)*
a) Prader-Willi syndrome
b) Beckwith Wiedman syndrome
c) Werner syndrome
d) Cockayne syndrome

1207. Wilms' tumor is associated with the following except- *(UPSC-I10)*
a) Aniridia b) Horse-shoe kidney
c) Hemihypertrophy d) Opsoclonus

1208. Increased fetal hemoglobin is seen in - *(DPG 10)*
a) Juvenile CML
b) Congenital red cell aplasia
c) Hereditary spherocytosis
d) AML

1209. Most common benign tumours during infancy is-
a) Lymphangioma b) Hemangioma*(UP 07)*
c) Cystic hygroma d) Lipoma

1210. Retinoblastoma gene is located on - *(TNPSC 2K)*
a) Chromosome 5 b) Chromosome 8
c) Chromosome 13 d) Chromosome 16

1211. Deletion of chromosome 11 leads to - *(DNB 2001)*
a) Wilm's b) Neuroblastoma
c) Retinoblastoma d) Osteosarcoma

1212. Ewing's tumour arises from- *(NIMS 96)*
a) Mesothelial cell b) Endothelial cell
c) Squamous cell d) None of the above

1213. Treatment for childhood hypothyroidism is with -
a) T_4 b) T_3 *(Manipal08)*
c) Levothyroxine d) TSH

1214. Most common cause of thyrotoxicosis in childhood?
a) Toxic nodular goitre *(APPG 08)*
b) Toxic adenoma
c) Graves disease
d) Thryotoxicosis factitia

HEMATOLOGY

1215. Which organ is the primary site of hematopoiesis in the fetus before midpregnancy - *(AlIMSMay 06)*
a) Bone b) Liver
c) Spleen d)Lung

1216. The hemoglobin to appear first in the fetus is -
a) Hb A b) Hb A_2 *(AIIMS 83)*
c) HbF d)HbGowers

1217. When does switchover from fetal to adult hemoglobin synthesis begin - *(AIIMS Nov 04, Nov 05, May 05)*
a) 14 weeks gestation b) 30 weeks gestation
c) 36 weeks gestation d) 7-10 days postnatal

1218. Feature of fetal RBC in adult - *(ARMS June 98)*
a) Alkali denaturation resistant
b) Small in size
c) Has more 2,3 DPG level
d) More iron than adult RBC

1219. All are true regarding fetal RBC's except -
a) Elevated 2,3 DPG *(ARMS Dec 9 7)*
b) Decreased carbonic anhydrase activity
c) Decreased life span
d) High RBC volume

1220. Macrocytic anaemia in children is produced by all except - *(ARMS 96)*
a) Thiamine deficiency b) Orotic acideueia
c) Copper deficiency d) Liver disease

1221. A 5 year old girl came with history of progressively increasing pollor since birth and hepatosplenomegaly. Which of the following is the most relevant test for achieving diagnosis - *(AI04)*
a) Hb electrophoresis
b) Peripheral smear examination
c) Osmotic fragility test
d) Bone marrow examination

1198) b 1199) a 1200) c 1201) a 1202) b 1203) b 1204)a,dl205)b 1206) b 1207) d 1208) a 1209) b 1210) cf 1211) a
1212) d 1213) c 1214) c 1215)b 1216)d 1217)c 1218)a 1219)a 1220)c 1221)a

1222. Defect leading to thalassemia lies in - *(PGIDec 97)*
a) Haemoglobin b) Osmotic fragility
c) RBC membrane d) Platelets

1223. Thalassemia occurs due to which mutations -
a) Missense b) Splicing *(PGIDec 2K)*
c) Transition d) Frame-shift
e) Truncation

1224. In beta thalassemia, there is - *(AIIMSMayOl)*
a) Increase in beta chain, decrease in alpha chain
b) Decrease in beta chain, increase in alpha chain
c) Decrease in beta chain, decrease in alpha chain
d) Increase in beta chain, increase in alpha chain

1225. P-thalasemia trait; true about - *(PGI June 04)*
a) tHbF b) t HbA2
c) Microcytosis d) Severe anaemia

1226. Hb A 2 concentration in thalassemia trait is -
a) 1 b) 1-2.5 *(PGI June 99)*
c) 2.5-3.5 d)>3.5

1227. Whichof the following haerndglobuf (Hb) estimation will be diagnostically helpful in a case of beta , thalassemia trait- *(A! I MS May 06, UP OS, MEET/ DNB Pattern)*
a) Hb-K b) tib,-C
c) Hb-A_2 d) Hb-H

1228. 6 months old infant with Hb of 6 gm% has anaemic features with peripheral blood showing target cells. Family history of similar complaints is (Positive). Diagnosis can be best done with which of the following - *(AIMS Nov 01, AI01)*
a) Hb electrophoresis b) ELISA
c) Coomb's Test d) Osmotic fragility

1229. Diagnosis of beta Thalassemia is established by -
a) NESTROFT Test *(AI 05)*
b) Hb Aj c estimation
c) Hb electrophoresis
d) Target cells in peripheral smear

1230. All of the following are true of P thalassemia major, except - *(AIMS May 06)*
a) Splenomegaly
b) Target cells on peripheral smear
c) Microcytic hypochromic anemia
d) Increased osmotic fragility

1231. NESTROFT test is a screeing test for-
a) p-thalassemia *(AIMS Nov 11)*
b) Hereditary spherocytosis
c) Autoimmune hemolytic anemia
d) Megaloblastic anemia

1232. Hair on end appearance is seen in X-ray skull in - *(AIMS June 97, PGI June 97)*
a) Thalassemia b) Hydrocephalus
c) Chronic malaria d) Sickle cell anemia

1233. In a-thalassemia r *(NEET/DNB Pattern)*
a) Excess a-chain b) No a-chain
c) Excess P-chain d) No P-chain ;

1234. Bart's hydrops fetalis is lethal because - *(AI05)*
a) Hb Bart's cannot bind oxygen
b) The excess a - globin form insoluble precipitates
c) Hb Bart's cannot release oxygen to fetal tissues
d) Microcytic red cells become trapped in the placental

1235. A child died soon after birth. On examination there was hepatosplenomegaly and edema all over body. Most probable diagnosis in - *(AIMS May 02)*
a) p-thalassemia
b) a-thalassemia
c) Hereditary spherocytosis
d) ABO incompatibility/sickle cell anemia

1236. The primary defet which leads to sickle cell anemia is - *(AI 03)*
a) An abnormality in porphyrin part of hemoglobin
b) Replacement of glutamate by valine in P-chain of HbA
c) A nonsence mutation in the P-chain of HbA
d) Substitution of valine by glutamate in the a-chain of HbA

1237. Mutation leading to sickle cell anemia-(PG7 *JuneOl)*
a) Crossover mutation b) Frame shift
c) Deletion d) Nondysjunction
e) Pointmutation

1238. Commonest presentation of sickle cell anemia -
a) Priapism b) Bone pain*(AIMS Nov 98)*
c) Fever d) Splenomegaly

1239. In sickle cell trait, number of bands found in Hb -
a) 2 b) 1 *(PGI June98)*
c) 4 d) 5

1240. Following are the findings in sickle cell Anemia, except- *(PGI June 98)*
a) Fish vertebra b) Enlarged heart
c) Splenomegaly usually seen d) Leukocytosis

1241. Salmonellosis is most common in*(NEET/DNB Pattern)*
a). Sickle cell anemia , b) Thalassemia
c) Hemophilia d) Cystic fibrosis

1242. HbE is common in - *(PGI96)*
a) Punjab b) Kerala
c) Bengal d) Maharstra

1243. Which enzyme deficiency causes hemolytic anemia-
a) G-6-PD b) Aldolase *(PGI 98)*
c) Isomerase d) Enolase

1244. Regarding G_6PD deficiency true are -
a) Autosomal dominant *(PGI June 06)*
b) Bite cell (+)
c) Protects against kala azar
d) Enzyme level directly proportional to age of RBC
e) Sex preponderance

1245. TVue about iron deficiency anemia in children -
a) Iron absorption from terminal ileum
b) Cow milk contain less iron than breast milk
c) Serum ferritin depletes first *(PGI June 09)*
d) Decreased alertness
e) Decreased Red cell distribution width (RDW)

1222) a 1223)b,d 1224)b 1225)a,b,c 1226)d 1227)c 1228)a 1229)c 1230)d 1231)a 1232)a,d 1233)b 1234)c
1235) b 1236) b 1237)e 1238)b 1239)a 1240)c 1241)a 1242)c 1243)a 1244)b,e 1245)c,d

1246. TVue about iron deficiency anemia - *(PGI June 05)*
a) Microcytic hypochromic anemia
b) Decreased TIBC
c) Increased ferritin
d) Bone marrow iron decreased earlier than serum iron

1247. A nine month old boy of Sindhi parents presented to you with complaints of pregressive lethargy, irritability & pallor since 6 months of age. Examination revealed severe pallor. Investigation showed Hb-3.8 mg%; MCV-58 fl; MCH-19.4 pg/ cell. Blood film shows osmotic fragility is normal (target cells and normoblasts). X-ray skull shows expansion of erythroid marrow. Which of the following is the most likely diagnosis - *(AJ 04)*
a) Iron deficiency anemia
b) Acute lymphoblastic anemia
c) Hemoglobin D disease
d) Hereditary spherocytosis

1248; First change of improvement noted after-irontherapy is initiated- *(NEET/DNB Pattern)*
a) Decreased irritability
b) Reticulcytosis
c) Increase in serum iron levels
d) Replenishment of iron-stores ggggg Spfc.*

1249. The earliest indicator of response after starting iron in a 6-year-old girl with iron deficiency is- *(AI06)*
a) Increased reticulocyte count
b) Increased hemoglobin
c) Increased ferritin
d) Increased serum iron

1250. The coagulation profile in a 13-year old girl with Menorrhagia having von Willebrands disease is -
a) Isolated prolonged PTT with a normal PT
b) Isolated prolonged PT with a normal PTT
c) Prolongation of both PT and PTT *(AI 05)*
d) Prolongation of thrombin time

1251. A child underwent a tonsillectomy at 6 years of age with no complications. He underwent a preoperative screening for bleeding at the age of 12 years before an elective laporatomy, and was found to have a prolonged partial thromboplastin time but normal prothrombin time. There was no family history of bleeding. The patient is likely to have-
a) Acquired Vit K deficiency *(AIIMS Nov 04)*
b) Acquired liver disease
c) Factor XII deficiency
d) Mild hemophilia A

1252. Major source of Von Willebrand factor (vWF) -
a) Erythrocytes b) Neutrophils *(AI98)*
c) Endothelial cells d) Monocytes

1253. Characteristic lab findings of hemophilia A are -
a) tPT *(PGI June 06)*
b) t aPTT
c) X-linked recessive
d) Presence of 30% of factor level express the disease
e) Increased bleeding time

1254. Hemophilic A have following diagnostic features except- *(AI 97)*
a) lvm factor b)tPTT
c) TPT d)NormalBT

1255. The commonest mode of inheritance of Von Willebrand's diasease - *(AIIMS Nov 2000)*
a) Codominant b)Autosomal recessive
c) Autosomal dominant d) X linked recessive

1256. Von willebrands disease all are true except -
a) Factor VIIIC deficiency *(AIIMS 97)*
b) B.T. Prolonged
c) Normal Ristocetin test
d) Defective aggregation

1257. A newborn baby presented with profuse bleeding from umbilical stump after birth. Probable diagnosis is -
a) Factor XIII deficiency *(AIIMSMay 07, Nov 06)*
b) VWF deficiency
c) Factor XII deficiency
d) Glanzmann thrombosthenia

1258. A 15-year-old female presented to the emergency department with history of recurrent epistaxis, hematuria and hematochezia. There was a history of profuse bleeding from the umbilicus stump at birth. Previous investigations revealed normal prothrombin time, activated partial thromboplastin time, thrombin time and fibrinogen levels. Her platelet counts as well as platelet function tests were normal but urea clot lysis test was positive. Which one of the following clotting factor is most likely to be deficient - *(AIIMSMay 06)*
a) Factor X b) Factor XI
c) Factor XII d) Factor XIII

1259. Feature of hemorrhagic disease of new born is -
a) Prolonged prothrombin time *(AIIMS June 97)*
b) Defective platelet count
c) Prolonged bleeding time
d) Prolonged thrombin time

1260. Late onset hemorrhagic disease of newborn is characterized by all of the following features except-
a) Usually occurs in cow-milk fed babies *(AI 06)*
b) Onset occurs at 4-12 week of age
c) Intracranial hemorrhage can occur.
d) Intramuscular vitamin K prophylaxis at birth has a protective role

1261. In thromboasthenia there is a defect in -*(Jimper 91)*
a) Platelet aggregation
b) Platelet adhesion
c) Decreased ADP release
d) Desordered platelet secretion

1262. Glanzmans disease is - *(PGI96)*
a) Congenital defect of platelets
b) Congential defect of RBCs
c) Defect of neutrophils
d) Clotting factor deficiency

1246) a,d 1247) a 1248) a 1249)a 1250)a 1251)c 1252)c 1253) b,c 1254) c 1255) c 1256) a,c 1257) a 1258)d 1259)a 1260)a 1261)a 1262)a

1263. Thrombocytopenia in a new born baby can be caused by- ***(AIMS Nov 1999)***
a) ABO incompatibility
b) Isoimmune thrombocytopenia
c) Autoimmune thrombocytopenia
d) SLE

1264. Most frequent cause of neonatal thrombocytopenic purura is - *(PGI80, AIIMS 82)*
a) Infection
b) Drug idiosyncrasy
c) Large haemangiomas
d) Erythroblastosis

1265. Which of the following is generally not seen in idiopathic thrombocytopenic purpura (ITP) -
a) More common in females *(AIIMS Nov 04)*
b) Petechiae, ecchymosis and bleeding
c) Palpable splenomegaly
d) Increased megakaryocytes in bone marrow

1266. True about acute ITP - *(PGI June 05)*
a) More common in female
b) Specific anti platelet antibodies detected
c) Viral infection predisposes as seen after vaccination
d) 80% cases transforms to chronic
e) More common in children

1267. A Pt. has ecchymoses and petechiae all over the body with no hepatospleenongaly. All are true except -
a) Increased megakaryocytes in bone narrow
b) Bleeding into the foints *(AIIMS Nov 99)*
c) Decreased platelet in blood
d) Disease resolves itslef in 80% of Pt. in 2-6 weeks

1268. A 5 year old boy comes with overnight petechial spots 2 weeks back he had history of abdominal pain and no hepatosplenomegaly. Diagnosis is -
a) Aute lymphatic leukemia *(AIIMSMay 07)*
b) Aplastic anemia
c) Idiopathic thrombocytopenis purpura
d) Acute viral infection

1269. Drug of choice in Neonatal ITP is - *(AIIMS 91)*
a) Platelet transfusion b) Prednisolone
c) Dexamethasone d) Gammaglobulin

1270. True about Immune Thrombocytopenic purpura (ITP)- *(PGI Nov 10)*
a) Intracranial bleed is a rare complication
b) Splenomegaly is prominent
c) More common in female
d) Acute is Self-limiting condition
e) Chronic if > 3 months

1271. Kostmann's syndrome-treatment is -*(AIIMSNov 09)*
a) Anti-thymocyte globulin + cyclosporin
b) Anti-thymocyte globulin + cyclosporin + GM-CSF
c) G-CSF
d) GM-CSF

1272. A neonate delivered at 38 weeks of gestation with a birth weight of 2.2 kg develops intolerance to feed/ abdominal distension on second day. Physical examination is unremarkable. Sepsis screen is negative. PCV is observed to be 72%. Which of the following represents the best management option -
a) Hydration with IV Fluids *(AI11)*
b) Partial Exchange Transfusion
c) Presumptive treatment for sepsis
d) Medical Management for intestinal obstruction

1273. Infantile polycythemia is seen in - *(PGI June 98)*
a) Cerebellar haemangioma b) Retinoblastoma
c) Hepatoblastoma d)All

1274. Absent thumb, radial deviation of wrist, bowing of forearm with thrombocytopenia which investigation need not to be done ? *(AIIMS May 08)*
a) Echocardiography
b) Bone marrow examination
c) Platelet count
d) Karyotyping

1275. MCV (fl) in infant of 1 month of age *is-(PGINov 09)*
a) 76-80 b) 80-100
c) 90-100 d) 101-125
e) 125-135

1276. Fetal Hb is replaced by adult Hb completly at -
a) At birth b) 2 months *(TN99)*
c) 4 months d) 6 months

1277. % of HbF in a 6 month old infant is - *(Kerala 97)*
a) 10 b)30
c) 50 d)60

1278. Fetal erythropoeis is first occurs at what week of gestation ? *(Corned 08)*
a) 6 b) 10
c) 12 d) 14

1279. All of the following statements are true except -
a) At 2-3 yrs of age, lymphocytes form 60-70% of total leukocyte *(Delhi 96)*
b) After puberty, neutrophils replace lymphocytes as the predominant leukocyte
c) Lymphocytes are important protective influence against childhood infections
d) There is no change in proportion of lymphocytes with age

1280. The following are the features of P thalassemia major except - *(UPSC-109)*
a) Bone marrow hyperplasia
b) Hair-on-end appearance
c) Splenomegaly
d) Increased osmotic fragility

1281. 6 month old baby with severe pallor and hepatospenomegaly. Similar history with the sibling. Investigation of choice - *(TN 99)*
a) Bone marrow biopsy b) Hb electrophoresis
c) Hb estimation d) Platelet count

1263)b,c,d 1264) a 1265)c 1266)b,c,e 1267)b 1268)c 1269)d 1270)a,c,d 1271)c 1272)b 1273)a 1274)a
1275) b 1276) d 1277) a 1278) None 1279) a,d 1280) d 1281) b

1282. In hemolytic anemia what happens to skull bones -
a) Outer table thickness *(TN95)*
b) Diploic space narrows
c) Diploic sapce widness
d) None of the above

1283. Iron requirement is determined from the equation -
a) 3 x wt. (kg) x Hb deficit (gm/dl) *(AMU 05)*
b) 3.3 x wt. (kg) x Hb deficit (gm/dl)
c) 4 x wt. (kg) x Hb deficit (gm/dl)
d) 4.3 x wt. (kg) x Hb deficit (gm/dl)

1284. Constitutional pancytopenia can be seen in following except- *(MH10)*
a) Fanconi's anemia
b) Diamond-Blackfan syndrome
c) Dyskeratosis congenita
d) Schwachman Diamond syndrome

1285. Megaloblastic anemia develop in- *(PGI 88)*
a) Sideroblastic anemia
b) Thalassaemia
c) Infants fed on goats milk
d) Vitamin C deficiency

1286. Macrocytosis is seen in all of the following disorders, except- *(UP 97)*
a) Hypothyroidism b) Thalassemia major
c) Folic acid deficiency d) B_{12} deficiency

1287. A child who bleeds from gums and has swollen knee-probablydueto- *(Amu 95)*
a) Hemophilia b)ITP
c) Scurvy d) Trauma

1288. Aminocaproic acid would be recommended for a hemophilic child with - *(PGI79, A1IMS 81)*
a) Epistaxis b)Haematuria
c) Oral bleeding d) Hemarthrosis

1289. A10 year old boy presents with mucosal bleeding of 1 week duration. The investigation of choice that will be most useful in him is - *(COMED 06)*
a) Prothrombin time
b) Clotting time
c) Partial thromboplastin time
d) Platelet count

1290. The coagulation profile in a 13-year old girl with menorrhagia having von Willebrand's disease is -
a) Isolated prolonged PTT with a normal PT
b) Isolated prolonged PT with a normal PTT
c) Prolongation of both PT and PTT *(DPG10)*
d) Prolongation of thrombin time

1291. Quinine induced thrombocytopenia is - *(Jipmer 04)*
a) Antibody mediated
b) Dose related toxicity
c) Idiosyncratic reaction
d) Inhibits production of platelets

1292. Fanconi's anemia is a- *(Jipmer 03)*
a) Constitutional anemia
b) Hemolytic anemia
c) Iron deficiency anemia
d) Auto - immune anemia

1293. Drug which may lead to hemolysis in a child with G6PD deficiency is - *(Karn 11)*
a) Penicillin b) Primaquine
c) Ceftriaxone d) Erythromycin

ENDOCRINOLOGY

1294. Pseudohermaphroditism in a female child is most commonly due to- *(NEET/DNB Pattern)*
a) 21 -hydroxylase deficiency
h^n-h^^xylkse^ficieBley, *
c) 11-hydroxylase deficiency
d) 3-hydroxylase deficiency

1295. Male pseudohermaphroditism is seen in -
a) 5-a reductase deficiency *(PGI Dec 07)*
b) 21 hydroxylase deficiency
c) 17 hydroxylase deficiency
d) Gonadal dysgenesis

1296. The most common cause of ambiguous genitalia in a newborn is - *(AI02)*
a) 21 hydroxylase deficinece
b) 11 (5 - hydroxylase deficiency
c) 17 a - hydroxyalse deficiency
d) 3 P - hydroxysteroid deficiency

1297. Which of the following is the least common cause of ambiguous genitalia in a female child- *(AI 11)*
a) Fetal placental steroid sulfatase deficiency
b) Fetal placental aromatase deficiency
c) Congenital adrenal hyperplasia
d) WNT-4 gene mutation

1298. A10 day old male pseudohermaphrodite child with 46 XY karyotype presents with BP of 110/80 mmHg. Most likely enzyme deficiency is - *(AI 01)*
a) 21 hydroxylase b) 17 hydroxylase
c) 11 hydroxylase d) 3- beta hydroxylase

1299. : All qjf the following can cause precocious puberty in males except - *(NEET/DNB Pattern)*
a) 17; alpha hydroxylase deficten^ I||i / ᵛ ^
b) 21 alpha hydroxylase deficiency
c) 11 p hydroxylase deficiency
d) None of the above

1300. A five year old boy presents with precocious puberty and a blood pressure of 130/80 mmHg. Estimation of which of the following will help in diagnosis -
a) ↑ 17 hydroxy-progesterone *(AI 09)*
b) T Cortisol
c) T Aldosterone
d) Til deoxycortisol

1301. A 5-yr old boy presents with pubic hair development He is tall and has increased pigmentation of his genitalia and phallic enlargement. Blood pressure is 130/90 mm Hg. Measurement of which of the following hormones would be most likely to be diagnostic? *(AIIMS May 11)*
a) Increase 17 beta hydroxyl progesterone
b) Increase cortisol
c) Increase aldosterone
d) Increase 11 deoxycortisol

1282) c 1283) c 1284)b 1285)c 1286)b 1287)a 1288)a,c 1289)dl290)a 1291)a 1292)a 1293)b 1294)a 1295) a,c,d 1296)a 1297)a 1298)b 1299)a 1300) d 1301)d

1302. Congenital adrenal hyperplasia is associated with- *(PGI Dec 2K)*
a) Hypoglycemia b) Hyponatremia
c) Hypokalemia d) Hyperkalemia

1303. A 8 day old breast fed baby presents with vomiting, poor feeding and loose stoold. On examination the heart rate is 190/minute, blood pressure 50/30 mm Hg, respiratory rate 72 breaths/minute and capillary refill time of 4 seconds. Investigations show hemoglobin level of 15g/DL. Na-12mEq/L, K-6.8 mEQ/L, Cl-81 mEq/L, bicarbonate 15 mEq/L, Urea 30 mg/dL, creatinine 0.6 mg/dL. The most likely diagnosis is - *(A1IMS Nov 03)*
a) Congenital adrenal hyperplasia
b) Acute tubular necrosis
c) Congenital hypertrophic pyloric stenosis
d) Galactosemia

1304. A 5-year old girl presents with hypertension and virilization. There is also finding of hypokalemia what is the diagnosis - *(AIIMS May 0 7)*
a) 21-hydroxylase deficiency
b) 3-p hydroxy steroid deficeicny
c) 11 -p hydroxylase deficeincy
d) Conn's disease

1305. A 1-month old baby present with frequent vomiting and failure to thrive. There are features of moderate dehydration. Blood sodium in 122 mEq/1 and potassium is 6.1 mEq/1. The most likely diagnosis is-
a) Gitelman syndrome *(AI03)*
b) Bartter syndrome
c) 21-hydroxylase deficiency
d) 11 -p hydroxylase deficiency

1306. Which of the following statements about 21 alpha hydroxylase deficiency is false - *(AI 08)*
a) Most common cause of congenital adrenal hyperplasia in children
b) Affected females present with ambiguous genitalia
c) Affected males present with precocious puberty
d) Hypokalemic alkalosis is seen

1307. An 8 days old male infant is brought to the emergency department with vomiting, lethargy, dehydration and features of shock. Clinical examination reveals hyperpigmentation of the genital skin and normal external genitalia. Abdominal examination is unremarkable. Blood tests revealed sodium of 124 meq/1, potassium of 7 meq/1 and hypoglycemia. Which of the following is the most likely diagnosis - *(AI 11)*
a) Congenital Adrenal Hyperplasia (CAH)
b) Adrenal Haemorrhage
c) Acute Gastorenteritis with dehydration
d) Hyperaldosteronism

1308. A 7-year-old child presents to the paediatric clinic with amiguous genitalia increasing with age. On examination her height, weight and blood pressure were recorded within normal limits. Labia appeared bifid with 2 separate perineal openings, phallic length was 2.5 cm and no palpable gonads were noted in the inguinal region. USG shows presence of mullerian structures. The most probable diagnosis is - *(AI 12)*
a) Classic Salt-Wasting 21 Hydroxylase deficiency
b) Simple virilizing congenital adrenal hyperplasia
c) Complete Androgen Insensitivity Syndrome
d) 5-Alpha Reductase Deficiency

1309. A 3-month old male child with normal genitalia presents to the emergency department with severe dehydration, hyperkalemia and hyponatremia. The measurement blood levels of which of the following wifi be helpful ? *(AIIMSMay 09)*
a) 17-hydroxy progesterone b) Renin
c) Cortisol d) Aldosterone

1310. 2 year old child presented with diarrhoea and failure to thrive, Blood examination shows - Na—122, K - 6. He is most probably suffering from - *(NEET/DNB Pattern)*
a) Bartter syndrome
b) 21 -a Hydroxylase deficiency
c) 11 -(3 Hydroxylase deficiency
d) 17-a Hydroxylase deficiency

1311. A 4 week old female child with normal genitalia presents to the emergency department with severe dehydration, hyperkalemia and hyponatremia. The measurement blood levels of which of the following will be helpful? *(AIIMS May 11)*
a) 17 hydroxy progesterone b)Rennin
c) Cortisol d) Aldosterone

1312. Which one of the following drugs is used for fetal therapy of congenital adrenal hyperplasia ? *(AI 05)*
a) Hydrocortisone b) Prednisolone
c) Fludrocortisone d) Dexamethasone

1313. A female has previous child with congenital adrenal hyperplasia. In the present pregnancy, steroid therapy should be started - *(AI 2K)*
a) After karyotyping and determination of sex of the baby
b) At the time of delivery
c) Before conception
d) As soon as pregnancy is diagnosed

1314. The karyotype of a patient with androgen Insensitivity Syndrome is - *(AI 05)*
a) 46 XX b)46XY
c) 47XXY d)45 X0

1315. Gonads to testes differentiation-, *(NEET/DNB Pattern)*
a) SRY gene b) WNT-4 gene
c) DAX1 gene d) None

1302)a,b,c,d 1303)a 1304)c 1305)c 1306)d 1307)a 1308)b 1309)a 1310)b 1311)d 1312)d 1313)d 1314)b 1315)a

1316. What stimulates the gonads in male at 8 week to secret testosterone- ": *(NEET/DNB Pattern)*
a) Inhibin from corpus luteiim
mVb) .GnML fromhypothalamusofbaby
c)iPlacentalHGG *M 4'a §E |*
4XA$Itifabove |

1317. Precocious puberty is seen in - *(PGIDec02)*
a) Hypothyroidism
b) CNS irridation
c) Me cune-Albright syndrome
d) Turner's syndrome
e) Congenital adrenal hypoplasis

1318. True precocious puberty can occur in all, except -
a) McCune Albright syndrome *(AIIMSNov 93)*
b) Craniopharyngioma
c) Congenital adrenal hyperplasia
d) Hypothalamic hamartoma

1319. All of following may be causes of precocious puberty in girls except - *(AIIMS 95)*
a) Hypothalamic hamartoma
b) Me Cuone Albright syndrome
c) Granulosa cell tumor of human ovary
d) Congential21-a hydroxylase deficiency

1320. Delayed puberty seen in - *(PGIDec06)*
a) Chronic disease
b) Hypothyroidism
c) Turner's syndrome
d) Malabsorption syndrome

1321. Most common cause of delayed puberty in males is -
a) Kallaman syndrome *(AI08)*
b) Klienfelter syndrome
c) Constitutional
d) Prader-willi syndrome

1322. A child with decreased levels of LH, FSH and Testosterone presents with delayed puberty. Which of the following is the most likely diagnosis - *(AI 12)*
a) Klinfelter's syndrome
b) Kallman's syndrome
c) Androgen Insensitive syndrome
d) Testicular Infection

1323. NOT a feature of hypothyroidism is -
a) Short metacarpals in hands *(AIIMS Dec 1994)*
b) Delayed puberty
c) Delayed bone age
d) Altered upper and lower segment ratio

1324. Common presentations of Juvenile Hypothyroidism-
a) Growth retardation *(PGI June 06)*
b) Mental ratardation within 2 years
c) Delayed puberty
d) Umbilical Hernia
e) Moist skin

1325. 8 yrs. old child presents with lethargy multiple epiphyseal breaks, wormian bones with growth retardation and mental retardation Diagnosis is-
a) Rickets b) Hypothyroidism *(AIIMS Nov 01)*
c) Scurvy d) Hypoparathyroidism

1326. Manifestations of endemic cretinism include-^47 *01)*
a) Deafness and facial nerve involvement
b) Blindness and hypothyroidism
c) Strabismus and spastic diplegias
d) Multinodular goitre and mental retardation

1327. Which of the following is true regarding cretinism-
a) Short limbs compared to trunk *(AI 01)*
b) Proportionate shortening
c) Short limbs and short stature
d) Short limbs and long stature

1328. Which of the following is true in cretinism -
a) Goiter present at birth *(PGI Dec 01)*
b) Can be diagnosed by serum T_4 levels
c) Prolonged physiological jundice present
d) Common in iodine deficiency endemic areas
e) Delayed skeletal development

1329. A one year old child preents with short stature, lethargy, & constipation. Clinical examinaton shows a palpable goiter. Laboratory investigations revealed a low T4 and elevated TSH which of the following is the most likely diagnosis - *(AI 11)*
a) Thyroid Dyshormonogenesis
b) Thyroid Dysgenesis
c) Central Hypothyroidism
d) TSH Receptor Blocking Antibody

1330. Short child with low T4 and raised TSH and swelling of pituitary, what is the diangosis? *(AIIMS Nov 11)*
a) Primary hypothyrodism
b) Pituitary tumor
c) TSH Secreting pituitary adenoma
d) TSH resistance

1331. Blood specimen for neonatal thyroid screening is obtained on - *(AI 05)*
a) Cord blood b) 24 hours after birth
c) 48 hours after birth d) 72 hours after birth

1332. In neonatal screening programme for detection of congenital hypothyroidism, the ideal place and time to collect the blood sample for TSH estimation is -
a) Cord blood at time of birth *(AIIMS May 03)*
b) Heal pad blood at the time of birth
c) Heal pad blood on 4 day of birth
d) Peripheral venous blood on 28 day

1333. True about pendred syndrome - *(PGIDec 04)*
a) Diffuse colloid goiter
b) Nodular goiter
c) Mental retardation
d) B/L sensory neural deafness
e) Normal cochlea

1334. The features of neonatal hyperthyroidism include all except - *(Delhi PG Mar. 09)*
a) Triangular facies with craniosynostosis
b) Congestive cardiac failure
c) Advanced osseous maturation
d) Goiter is rare

1316)c 1317)a,b,c 1318)a,c 1319)d 1320) All 1321) c 1322)b 1323)a 1324)a,b,d 1325)b 1326)c 1327)a,c 1328) c,d,e 1329)a 1330)a 1331)a 1332)a 1333)a,b,c,d 1334)d

1335. A 9 year old boy presents with growth retardation and propensity to hypoglycemia. Physical examination reveals short stature, micropenis, increased fat and high-pitched voice. The skeletal survey reveals bone age of 5 years. Which of the following is most appropriate diagnosis -
a) Malabsorption *(AIIMS Nov 04)*
b) Growth hormone deficiency
c) Adrenal tumour
d) Thyroxin deficiency

1336. Characteristic features of growth hormone deficiency include all of the following except-
a) Short stature since birth *(AIIMS 83)*
b) Symptomatic hypoglycemia
c) Delayed tooth eruption
d) Sexual infantilism

1337. Deficiency of growth hormone leads to- *(AI89)*
a) Delayed fusion of epiphysis
b) Proportionate dwarfism
c) Acromegaly
d) Mental retardation

1338. 'Weak giants'are produced by- *(AIIMSMay 04)*
a) Thyroid adenomas b) Thyroid carcinomas
c) Parathyroid adenomas d) Pituitary adenomas

1339. Which is false in Congenital Hypopituitarism?
a) Growth hormone level < 7 ng/ml
b) Hypoglycemia
c) Baby small at birth
d) Delayed puberty

1340. Short stature, secondary to growth hormone deficeincy is associated with - *(AIIMSDec 95)*
a) Normal body proportion
b) Low birth weight
c) Normal epiphyseal development
d) Height age equal to skeletal age

1341. A 7 yr old boy underwent neurosurgery for craniopharyngioma following which pituitary functions were lost Which of the following hormone should be replaced first? *(AI11)*
a) Hydrocortisone b) Thyroxine
c) Growth hormone d) Prolactin

1342. Orchidopex is done in cases of undescended testes at the age of - *(AIIMS Nov 06)*
a) Neonate b)l-2yrs
c) 5 yrs d) Puberty

1343. A boy with undescended testis, your concern to ask for operation is due to - *(PGI01)*
a) Cosmetic reasons b) Infertility
c) Risk of malignancy d) Impotence

1344. Surgical treatment of cryptorchidism of right testis with normally descended left testis can be done-
a) Immediately *(AI 99)*
b) At 2 years of age
c) At 4 years before going to school
d) At puberty

1345. Unilateral undescended testes is ideally operated around- *(AI04)*
a) 2 months of age b) 6 months of age
c) 12 months of age d) 24 months of age

1346. A 10-month old baby previously normal, suddenly becomes distressed in his crib. The external appearance of genitalia was normal, except hyperpigmentation. Blood glucose showed a level of 30 mg%. What is the most probable diagnosis ?
a) 21 hydroxylase deficiency
b) Hyperinsulinism *(AI 11, AIIMS May 11,10, 09)*
c) Familial glucocorticoid deficiency
d) Cushing's syndrome

1347. Which one of the following is the earliest manifestation of Cushing's syndrome -
a) Loss of diurnal variation *(AIIMS May 05)*
b) Increased ACTH
c) Increased plasma cortisol
d) Increased urinary metabolites of cortisol

1348. ACTH secretion is highest during - *(PGIDec 99)*
a) Noon b) Evening
c) Morning d) Night

1349. A 10 year old boy has a fracture of femur. Biochemical evaluation revealed Hb 11.5 gm/dL and ESR 18 mm 1st hr. Serum calcium 12.8mg/dL, serum phosphorus 2.3 mg/dL, alkaline phosphatase 28 KA units and blood urea 32 mg/dL. Which of the following is the most probable diagnosis in his case-
a) Nutritional rickets b) Renal rickets *(AI 04)*
c) Hyperparathroidism d) Skeletal dysplasia

1350. A baby presents with tetany. First thing to be done is administration of - *(AIIMS June 2000)*
a) Diazepam b) Vitamin D
c) Calcium gluconate d) Calcitonin3

1351. The immediate treatment of 10 kg weight infants presented with tetany - *(UP 0 7)*
a) IV Diazepam
b) IV calcium gluconate with cardiac monitoring
c) IV slow phenobarbitone
d) Wait and watch

1352. True about nephrogenic diabetes insipidus in children - *(PGI Dec 2000)*
a) Decreased ADH secretion
b) Receptor insensitivity in kidney tubules
c) Decreased ADH
d) Commonly associated with WILM's tumor

1353. In India the commonest cause of Juvenile Onset of Diabetes mellitus - *(AIIMS May 01)*
a) IDDM b)Fibrocalcificpancreaticopathy
c) Mody d) Gall stones

1354. Oral glucose tolerance test in children is done with-
a) 1.5 gm/kg glucose *(PGI dec 07)*
b) 1.75 gm/kg glucose
c) 2 gm/kg glucose
d) 2.5 gm/kg glucose
e) 75 gm as an adult

1335)b 1336) a 1337) a,b 1338) d 1339) c 1340)a 1341)a 1342)b 1343)b,c 1344)None 1345)b 1346)c 1347)a 1348)c 1349)c 1350)c 1351)b 1352)b 1353)b 1354)b,e

1355. In children with type I DM when is ophthalmologic evaluation indicated - *(PGI June 06)*
a) At the time of diagnosis b) After 1 year
c) After 2 years d) After 5 years
e) After 10 years

1356. Injection of Glucagon is effective for management of persistent hypoglycemia in all EXCEPT -
a) Large for date baby *(AIIMS May 04)*
b) Galactosemia
c) Infant of diabetic mother
d) Nesidioblastosis

1357. A mother is exposed to Diethyl stilbesterol during pregnancy. All the following features may be seen in the child after birth except - *(ARMSMay 02)*
a) Clear cell carcinoma
b) Microglandular hyperplasia
c) Malformation of the vagina and uterus
d) Vaginal adenosis

1358. A 3 year old boy is detected to have bilateral renal calculi. Metabolic evaluation confirms the presence of marked hypercalciuria with normal blood levels of calcium, magnesium, phosphate, Uric acid and creatinine. A diagnosis of idiopathic hypercalciuria is made. The dietary management includes all, except - *(ARMSMay 03)*
a) Increased water intake b) Low sodium diet
c) Reduced calcium intake d) Avoid meat proteins

1359. A 6-month old boy weighing 3.2 kg presents with recurrent vomiting and polyuria. Investigations show blood area 60 mg/dl creatinine 0.7 mg/dL, calcium 12.8 mg/dL, phosphate 3 mg/dL, pH 7.45, bicarbonate 25 mEq/L and PTH 140 pg ml (normal <60 pg/ml). Daily urinary calcium excretion is reduced. Ultrasound abdomen show bilateral nephrocalcinosis. The most likely diagnosis is -
a) Bartter syndrome *(ARMS Nov 05)*
b) Mutation of the calcium sensing receptor
c) Pseudo-pseudohypoparathyroidism
d) Parathyroid adenoma

1360. The following is true about Nesidioblastosis except?
a) Presents with hypoglycemic attacks *(AJ11)*
b) More common in adults than in children
c) Histopathology shows hyperplasia of islet cells
d) Diazoxide is used for treatment

1361. Sexual ambiguity may be seen in which of the following conditions ? *(COMED 09)*
a) Androgen insensitivity
b) Pure gonadal dysgenesis
c) Sawyer syndrome
d) Mixed gonadal dysgenesis

1362. Adrenal hyperplasia due to 21 hydroxylase deficiency is treated with low dose - *(Kerala 04)*
a) Androgen b) Estrogen
c) Cortisone d) Anti-androgen

1363. A newborn baby presents with shock, hyperkalemia and hypoglycemia. What is the most likely diagnosis-
a) Septicemia *(UPSC-I 09)*
b) Inborn error of metabolism
c) Diabetes mellitus
d) Congenital adrenal hyperplasia

1364. All the following hormones can effect growth of a child except- *(JIPMER 98)*
a) GH b)ACTH
c) Insulin d) Somatostatin

1365. Treatment of choice in childhood thyrotoxicosis-
a) Radio Iodine b) Lugols Iodine
c) Carbimazole d) Surgery *(ARMS 92)*

1366. Commonest feature of hypothyroidism in children is- *(AI89)*
a) Cataract b) Recurrent seizures
c) Cold extremities d) Laryngospasms

1367. Infant with no social smile, no eyebrows, protruded tongue. Diagnosis - *(TN 99)*
a) Cretinism b) Down's syndrome
c) Mucopolysaccharidosis d) Rickets

1368. A 6 month old infant is brought with a history of constipation and excessive sleepiness. On exmination, he is lethargic, has periorbital puffines, large tongue and umbilical hernia. The investigation which will help to diagnose this condition is - *(UPSC 2002)*
a) T4 TSH assay b) Karyoptyping
c) Rectal mucosal biopsy d) Knee X ray

1369. Features of hypothyroidism in infancy include the following except - *(UPSC 06)*
a) Premature closure of posterior fontanelle
b) Coarse facies
c) Umbilical hernia
d) Constipation

1370. The most common presentation of hypoparathyroidism beyond the neonatal period is -
a) Syncope secondary to prolonged QT intervals
b) Tingling of extremities *(MAHA 05)*
c) Seizure
d) Bronchospasm

1371. Association of sexual precocity, multiple cystic bone lesions and endocrinopathies are seen in -
a) McCune-Albright's syndrome *(Corned 08)*
b) Granulosa cell tumor
c) Androblastoma
d) Hepatoblastoma

MUSCULOSKELETAL DISORDERS

1372. 10 years old Ramu has increasing muscle weakness and raised CPK levels. The most likely defect is in plasma membrane of - *(ARMS Nov 01)*
a) Nerves b) Muscle fibres
c) Basement membrane d) All body cells

1355) d 1356) b 1357)b 1358)c 1359)b 1360)b 1361)d 1362)c 1363)d 1364)b,d 1365)c 1366)c 1367)a 1368) a 1369) a 1370)b 1371)a 1372)b

1373. Myopathy is seen in all except - *(AIIMSMay 07)*
a) X-linked hypophosphatemic rickets
b) Oncogenic osteomalacia
c) Nutritional osteomalacia
d) Cushing syndrome

1374. All of the following are associated with proximal muscle weakness except - *(AIIMSMay 02)*
a) Spinomuscular atrophy
b) Duchenis muscular dystrophy
c) Polymyositis
d) Myotonic dystrophy

1375. Duchenne Muscular Dystrophy is a disease of-
a) Neuromuscular junction *(AI04)*
b) Sarcolemmal proteins
c) Muscle contractile proteins
d) Disuse atrophy due to muscle weakness

1376. A 6 year old boy presents with progressive weakness in muscles, and difficulty in walking upstairs. He has difficulty in walking on his toes and has a waddling gait. Hypertrophy of calf muscles in noted. His CPK levels are 10,000 IU. Which of the following is the most appropriate diagnosis - *(AI 10)*
a) Duchenne muscular dystrophy
b) Polymyositis
c) Congenital myopathy
d) Myotonia congenita

1377. Duchnne's muscular dystrophy-
a) X-linked dominant *(NEET/DNB Pattern)*
b) X - linked recessive
c) Autosomal dominant
d) Autosomal recessive

1378. An infant presents with hypotonia and hyporeflexia. During his intrauterine period there was polyhydramnios and decreased fetal movements. Most p robable diagnosis is - *(AIIMS May 02)*
a) Spinal muscular atrophy
b) Congenital myasthenia
c) Congenital myotonia
d) Muscular dystrophy

1379. Give the most probable diagnosis of a 1 yr. old child of normal intelligence with features of hypotonia. On examination there are tongue fasciculations and he keeps his body in a frog like position -
a) Guillian Barre Syndrome *(AIIMS Nov 2000)*
b) Limb girdle atrophy
c) Down's syndrome
d) Spinal muscular atrophy

1380. In a 6 months old baby, floppy infant syndrome is seen commonly due to infection with -
a) Clostridium welchii *(AIIMS June 2K)*
b) Clostridium tetani
c) Clostridium Botulinum
d) Clostridium septicum

1381. Most common chronic arthritis seen in children -
a) JRA *(PGI June 2000)*
b) Rheumatic arthritis
c) Rheumatic fever
d) Sepsis

1382. A ten-year old girl presents with swelling of one knee joint. All of the following conditions can be considered in the differential diagnosis except -
a) Tuberculosis *(AI 03)*
b) Juvenile rheumatoid arthritis
c) Haemophilia
d) Villonodular synovitis

1383. Not a criteria of J.R.A. (Juvenile Rheumatoid Arthritis) - *(PGI Dec 06)*
a) Age> 16 yrs
b) Arthritis > 3 wks
c) Arthritis > 6 months
d) 1 or more joint involvement

1384. All of the following are features of systemic Juvenile Rheumatoid Arthritis except - *(AIIMSMay 01)*
a) Uveitis b)Rash
c) Fever d) Hepatosplenomegaly

1385. All of the following are seen in Systemic Juvenile Arthritis, except- *(NEET/DNB Pattern)*
a) Rheumatoid Factor+ ve
b) Hepatosplenomegaly
c) High fever with rash
d) Elevated E.S;R.

1386. Diagnostic criteria of JRA - *(PGI Nov 09)*
a) Disease persisting 6 weeks or longer
b) Onset before age 16 years
c) Arthritis involving >5 joints
d) Polyarticular JRA ANA is +ve
e) Fever in all cases

1387. Which of the following is not a feature of Juvenile Idiopathic Arthritis - *(AIIMS May 11, AI 09)*
a) Rheumatoid nodule
b) Spikes of high fever
c) Uveitis
d) Raynaud's phenomenon

1388. Childhood osteopetrosis is characterized by -
a) B/L frontal bossing *(PGI June 04)*
b) Multiple # (fracture)
c) Hepatosplenomegaly
d) Cataract
e) Mental retardation

1389. Phocomelia is - *(NEET/DNB Patterhj*
a) Absence of long bones b) Absence of brain
b) Reduplication of bones d) Absence of heart

1390. A one year old child presented with multiple fractures seen in various stages of healing. The most probable diagnosis in this case is - *(AIIMS Nov 05)*
a) Scurvy
b) Rickets
c) Battered baby syndrome
d) Sickle cell disease

1373) a 1374)d 1375)b 1376)a 1377)b 1378)a 1379)d 1380)c 1381)a 1382)c 1383)a,b,c 1384)a 1385)a 1386) a,b 1387) d 1388) b,c 1389) a 1390)c

1391. An adolescent child complains of night pain in the knee. It could be due to - *(PGI Dec 02)*
a) Juvenile rheumatoid arthritis
b) Idiopathic growth pain
c) Osteosarcoma
d) Paget's disease
e) Osteomyelitis

1392. A 3 year old child comes with complaint of limp diagnosis is - *(PGI June 08)*
a) Septic arthritis
b) Slipped capital femoral epiphysis
c) Perthe's desease
d) DDH

1393. Septic arthritis in a 2 year old child is often caused by- *(AIIMS May 94)*
a) Hemophilous influenzae
b) Staphylococcus aureus
c) Gonococi
d) Pneumococci

1394. Acute osteomyelitis can best be distinguished from soft tissue infection by - *(AMC 2K)*
a) Clinical examinationb) X-Ray
c) CT scan d) MRI

1395. True statement regarding SLE in children-fPG*/96)*
a) Skin pigmentation more common than adults
b) No sex difference
c) Renal involvement more common
d) CNS invlovement more common

1396. Bilateral uveitis in 10 yr old child, proper investigation (s) for his work up would be - *(PGI 01)*
a) C.T. scan b) Tuberculintest
c) X-ray sacroiliac joint d) HIV test
e) X-ray chest

1397. Gower sign is classical of one of the following condition-
a) Congenital myopathy *(Karnataka 04)*
b) Werdig-Hoffman disease
c) Duchenne muscular dystrophy
d) Guillain-Barre syndrome

1398. Duchenne's muscular dystrophy is a disease of- *(Manipal 09)*
a) Neuromuscularjunction
b) Sarcolemmal proteins
c) Muscle contractile proteins
d) Disuse atrophy due to muscle weakness

1399. Drug of choice initially in Juvenile chronic arthritis is - *(AI89)*
a) Salicylates b) Indomethacin
c) Prednisone d) Phenylbutazone

1400. Perifascicular atrophy is seen in - *(DPGEE 08)*
a) Duchenne muscular atroply
b) Wilson disease
c) Beckers's dystrophy
d) Dermatomyositis

FLUID & ELECTROLYTE

1401. Daily water requirement in child weighing 30 kgs, height 123 m and BSA of 1 m^2 is-*(Delhi PGMar. 09)*
a) 1300ml b) 1700 ml
c) 2000ml d) 2500ml

1402. Maintenance fluid for a child weighing 10 kg -
a) 1500ml/day b) lOOOml/day *(Jipmer 11)*
c) 750ml/day d)500ml/day

1403. Which of the following would be the plasma osmolatity of child with plasma Na^+ 125 mEq/L, glucose of 108mg/dl, and blood urea nitrogen (BUN) of 140 mg/dl - *(AIIMS May 05, Nov 03)*
a) 360mOsm/kg b)306mOsm/kg
c) 312 mOsm/kg d) 318 mOsm/kg

1404. An alert 6 months old child is brought with vomiting & diarrhea. RR-45/min, HR-130/min, SBP-85 mm of Hg. Capillary refilling time is 4 secs. Diagnosis is- *(AIIMS May 10)*
a) Early compensated hypovolemic shock
b) Early decompensated hypovolemic shock
c) Late compensated hypovolemic shock
d) Late decompensated shock due to SVT

1405. Most dangerous dehydration is - *(PGI June 98)*
a) Hyponatremic b) Hypematremic
c) Isonatremic d) Non-diarrhoeal cause

1406. Hypematremic dehydration is characterised by -
a) Serum sodium >150 mmol/L *(PGI Dec 03)*
b) Signs of dehydration are minimal
c) ECF volume *izd*
d) Rapid carrection is required
e) Shift of water from ECF to ICF

1407. In a patient who has diarrhoea and vomiting with inadequate water intake is suffering from - *(AIIMS June 2K)*
a) Intracellular dehydration with hypernatremia
b) Intracellular dehydration with hyponatremia
c) Extracellular dehydration with hyponatremia
d) Extracellular dehydration with hypernatremia

1408. The most sensitive indicator of depletion of intravascular volume in infant is- *(AIIMS May 10,*
a) Cardiac output b) Stroke volume *AI09)*
c) Heart rate d) Blood pressure

1409. Kallu 2 yrs child weighing 6.7 Kg presents in the casualty with history of vomiting & diarrohea for last 2 days. On examination skin pinch over the ant. abdominal wall go quickly to its original position. Interpretation of skin - pinch test in this child will be- *(AI02)*
a) No dehydration
b) Some dehydration
c) Sever dehydration
d) Skin pinch can not be evaluated in this child

1391)a,c 1392) a,d 1393)b 1394)d 1395)None 1396)b,c,d,e 1397)c 1398)c 1399)a>b 1400)d 1401)b 1402)b 1403) b 1404) a 1405) b 1406) a,b 1407) c 1408) c 1409) d

1410. A girl of 8 years suffering from vomiting and diarrhoea for last 2 days when pinched on abdomen, skin goes within seconds, she is most likely to be suffering from - *(AIIMS June 2000)*
a) No dehydration
b) Some dehydration
c) Severe dehydration
d) Skin turgor cannot be commented

1411. A 5year old boy passed 18 loose stools in last 24 hours and vomited twice in last 4 hour. He is irritable but drinking fluids. The optimal therapy for this child is - *(AI03)*
a) Intravenous fluids
b) Oral rehydration therapy
c) Intravenous fluid initially for 4 hours followed by oral fluids
d) Plain water

1412. Treatment in 6 month old child with acute watery diarrhoea without signs of dehydration is -
a) Mothers milk and household fluids *(JIPMER 95)*
b) ORS and antibiotics
c) Mothers milk and antibiotics
d) Mothers milk and ORS

1413. A- 3 month old female infant weight 4 kg and is suffering from loose motions. On examiantion she is found to be suffering from some dehydration.The amount of ORS to be given to her in the first four hour will be - *(UPSC 97)*
a) 100ml b) 300 ml
c) 500ml d) 600ml

1414. When severe dehydration in a neonate occurs, amount of fluid replacement in 1st hour-
a) 20-40 mg/kg b) 5-10 mg/kg *(CUPGEE01)*
c) 10-15 mg/kg d) 15-20 mg/kg

1415. A 4 kg infant with severe dehydration(10% dehydration) needs the following amount of intravenous fluid in the first 24 hours -
a) 500ml b) 800 ml *(JIPMER 80, PGI83)*
c) 100ml d) 1200ml
e) 1400ml

1416. A child suffering from acute diarrhoea is brought to the casualty and is diagnosed as having severe dehydration with pH of 7.23. Serum Na-125, Serum K-3, HC03-16 The best I.V. fluid of choice is -
a) 3% Saline *(AIIMSMay 01)*
b) N/3 Saline + 10% dextrose
c) Normal saline
d) N/3 saline + 5% dextrose

1417. Treatment of choice in severe dehydration is -
a) Isolyte-P b) Normal saline *(Kerala 94)*
c) Plasma d) Ringer lactate

1418. WHO ORS contains - *(PGI June 02)*
a) Sodium chloride 2.5 g
b) Potassium chloride 1.5 g
c) Glucose 20g
d) Shift of water from ECF to ICF

1419. What is the correct composition (per litre) of WHO reduced osmolarity ORS? *(UPSC-110)*
a) NaCl 2.29 g; KC11.1 g; Glucose 13.1 g; Citrate 2.5 g
b) NaCl 2.49 g; KC11.3 g; Glucose 13.3 g; Citrate 2.7 g
c) NaCl 2.69 g; KC 11.5 g; Glucose 13.5 g; Citrate 2.9 g
d) NaCl 2.89 g; KC 11.7 g; Glucose 13.7 g; Citrate 3.1 g

1420. The sodium content of ReSoMal (rehydration solution for malnourished children) is - *(AI06)*
a) 90mmoI/L b)60mmol/L
c) 45 mmoI/L d)30mmol/L

1421. Glucose in ORS is - *(PGIDec 97)*
a) 200mmol b) 105 mmol
c) 1 lOmmol d) 115 mmol

1422. The function of glucose in ORS - *(PGI June 96)*
a) Increase Na+ absorption by co-transport
b) Gives sweet taste of ORS
c) Increase Na+-K+ pump activity

1423. WHO ORS composition are (mmol) - *(PGIJune 04)*
a) Glucose -111 b) K+ - 80
c) Na+-20 d) C1+ - 30
e) Total millimoles - 311

1424. Content of citrate in ORS is.....millimoles -
a) 20 b)25 *(JIPMER95)*
c) 30 d)35

1425. Sodium content in mmol/L in WHO oral rehydration solution is - *(Karn 11)*
a) 20 b) 80
c) 90 d) 111

1426. What is the amount of trisodium citrate dihydrate in WHO ORS? *(MH11)*
a) 1.5 gm b)2.5gm
c) 2.9gm d)3.9gm

1427. Molar concentration of oral rehydration fluid is - *(PGI 87)*
a) Sodium 30 meq b) Potassium 20 meq
c) Bicarbonate 30 meq d) Chloride 20 meq
e) Glucose 111 meq

1428. The concetration of potassium in microgram in ORS is- *(Kerala 97)*
a) 30 meq b) 20 meq
c) 90 meq d) 60 meq

1429. Which is not used in ORS- *(Kerala 94)*
a) Na^+ b) K^+
c) Glucose with salt d)Glucosewithoutsalt

1430. In malnourished children the following parameters are reliable indicators of dehydration except -
a) Skin turgor b) Dry buccal mucosa *(Karn 06)*
c) Oliguria d) Thirst

1431. As per the latest guidelines which of the following dehydration status requires ORT prescription -
a) Mild dehydration *(Karn 95)*
b) Moderate dehydration
c) Some dehydration
d) Any dehydration

1432. The requirement of potassium in a child is - *(AI 06)*
a) l-2mEq/kg b)4-7mEq/kg
c) 10-12 mEq/kg d) 13-14 mEq/kg

1410)b,c 1411) b 1412) a,d 1413)b 1414)a 1415)a 1416)c 1417)d 1418)b 1419)c 1420)c 1421)None 1422) a 1423) None 1424)None 1425)c 1426)c 1427)b 1428)b 1429)d 1430)a 1431)d 1432)a

1433. Acute hyponatremia in 8 month old infant may produce all except- *(JIPMER 79, PGI80)*
a) Diarrhoea
b) Convulsions
c) Muscle cramps and weakness
d) Vascular collapse

1434. Convulsions in a child with dehydration and vomiting can only be due to- *(Kerala 9 7)*
a) Decreased serum sodium
b) Decreased serum magnesium
c) Decreased serum potassium
d) Decreased serum potassium

1435. In hypernatremic dehydration following symptom & signs are seen- *(Kerala 97)*
a) Irritability b) Lethargy
c) Drowsiness d) Oliguria

1436. A 5-month old formula fed infant has been brought with complaints of watery diarrhoea of 2 days duration and irritability of one day duration.He had been receiving WHO ORS at home. Physical examination reveals a markedly irritable child with a rather doughy skin and rapid pulse.The most likely diagnosis is- (UPSC 98)
a) Meningitis
b) Encephalitis
c) Hyponatremic dehydration
d) Hypematremic dehydration

1437. Hypokalemia in an infant may be due to all of the following except - *(AI94)*
a) Adrenal tumor b) Acute renal failure
c) Thiazide therapy d) Diarrhea

1438. Hyperkalemia in children may occur in all except -
a) Insulin deficiency *(AIIMS Nov 93)*
b) Metabolic acidosis
c) Acute renal failure
d) Cushing's syndrome

1439. A child presents with peripheral circulatory failure. The arterial pH is 7.0, $pC0_2$ of 15 mmHg, $p0_2$ 76 mmHg. Which of the following will be the immediate therapy- *(AIIMSNov 04, 05)*
a) Sodium bicarbonate infusion
b) Bolus of Ringers lactate
c) Bolus of hydroxyethyl starch
d) Dopamine infusion

1440. A child had repeated vomiting and developed metabolic alkalosis. The treatment given is -
a) Ringer lactate *(AIIMS June 99)*
b) I. V. normal saline and potassium
c) ORS
d) I.V. Normal saline

1441. Late metabolic acidosis is seen in- *{AIIMSMay 1994)*
a) Term infant given formula feed
b) Preterm baby getting cow milk
c) Long term breast feeding
d) None of the above

1442. A10 days old neonate is posted for pyloric stenosis in surgery. The investigation report shows a serum calcium level of 6 mg/dL. What information whould you like to know before you supplement calcium to this neonate - *(AIIMS Nov 04)*
a) Blood glucose b) Serum protein
c) Serum bilirubin d) Oxygen saturation

1443. A 6 months old child having severe dehydration comes to the casualty with weak pulse and unrecordable B.P. Repeated attempt in gaining I.V. access has failed - The next best step is -
a) Try again *(AIIMS May 01)*
b) Jugular vein catheterization
c) Intra osseus I.V. fluids
d) Venesection

1444. In Pediatric advanced life support, intraosseous access for drug/fluid administration is recommended for pediatric age of - *(AIIMS Nov 02)*
a) < 1 year age b) < 5 years age
c) < 6 years age d) Any age

1445. A breast fed child presents with hypernatremia (Serum sodium > 170m Eq/L). His urine sodium is 70 mEq/L. Which of the following is the most likely cause - *(AIIMS Nov 2000)*
a) Diabetes insipidus
b) Acute necrosis
c) Severe dehydration
d) Excessive intake of sodium

1446. How will a staff nurse prepare normal saline from 10% Dextrose (per 100 ml) - *(AIIMSNov 10)*
a) 20 ml 10% D with 80 ml NS
b) 60 ml 10% D with 40 ml NS
c) 60 ml 10% D with 40 ml NS
d) 80 ml 10% D with 20 ml NS

GENETICS AND GENETIC DISORDERS

1447. A child with a small head, minor anomalies of the face including a thin upper lip, growth delay, and developmental disability can have all of the following, except- *(AI 06)*
a) A chromosomal syndrome
b) A teratogenic syndrome
c) A mendelian syndrome
d) A polygenic syndrome

1448. All of the following conditions have autosomal dominant inheritance except - *(AI 0 7)*
a) Fabry disease
b) Marfan's syndrome
c) Osteogenesis imperfecta
d) Ehlers Danlos syndrome

1449. The chances of having an unaffected baby, when both parents have achondroplasia, are - *(AI 05, AIIMS May 04)*
a) 0% b) 25%
c) 50% d) 100%

1433) a 1434) a 1435)a,b 1436)d 1437) b 1438) d 1439)b 1440)b 1441)b 1442)b 1443)c 1444)c 1445)d 1446)d 1447) d 1448) a 1449) b

1450. In a family, the father has widely spaced eyes, increased facial hair and deafness. One of the three children has deafness with similar facial features. The mother is normal. Which one of the following is least likely pattern of inheritance in this case-
a) Autosomal dominant *(AI06)*
b) Autosomal recessive
c) X-linked dominant
d) X-linked recessive

1451. A parent is homozygous and a parent heterozygous for an autosomal recessive gene. What will be the outcome - *(AIMS May 94)*
a) 75% children affected
b) No child affected, but all are carriers
c) 50% children affected, rest are carriers
d) 25% children affected, rest are carriers

1452. For a normal husband and wife the first child was diagnosed to have cystic fibrosis. What is the percentage of chances for the second child be affected - *(PGI June 06)*
a) 25 b)50
c) 0 d)75
e) 100

1453. An albino girl gets married to a normal boy, What are the chances of their having an affected child and what are the chances of their children being carriers ? *(AI 03)*
a) None affected, all carriers
b) All normal
c) 50% carriers
d) 50% affected, 50% carriers

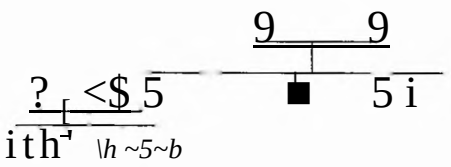
1454. In an Autosomal Recessive (AR) disorder, one parent is normal and the other is carrier and the child is also affected. What is the reason - *(AI 07)*
a) Germ line mosaicism b) Genomic imprinting
c) Penetrattion d) Uniparental disomy

1455. An affected male infant born to normal parents could be an example of all of the following, except - *(AI 06)*
a) An Autosomal dominant disorder
b) An Autosomal recessive disorder
c) A polygenic disorder
d) A vertically transmitted disorder

1456. True statement about inheritence of an X linked recessive trait is - *(AI 97)*
a) 50% of boys of carrier mother are affected
b) 50% of girls of diseased father arecarrier
c) Father transmits disease to the son
d) Mother transmits the disease to the daughter

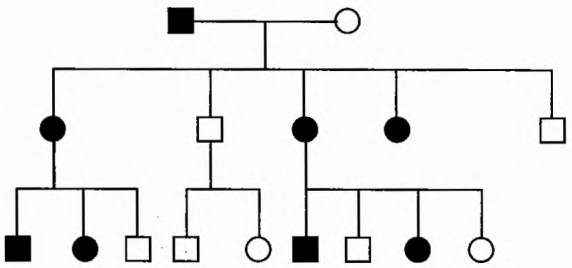
1457. Kinky hair desease is disorder where an affected child has peculiar white stubby hair, does not grow, brain degeneration is seen and dies by age of two years. Mrs A is hesitant about having children because her two sisters had sons who had died form kinky hair disease. Her mother's brother also died of the same condition. Which of the following is the possible mode of inheritence in her family - *(AI 04)*
a) X-linked recessive b) X-linked dominant
c) Autosomal recessive d) Autosomal dominant

1458. Study the following carefully -



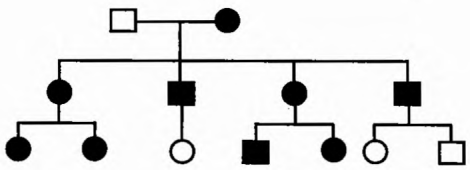
Read the pedigree. Inheritance pattern of the disease in the family is - *(AI 05)*
a) Autosomal recessive b) Autosomal dominant
c) X-Linked dominant d) X-Linked recessive

1459. Which of the following is the most likely inheritance pattern in the pedigree given below-*(AIMSMay 04)*



a) Autosomal dominant b) Mitochondrial
c) Autosomal recessive d) X-linked dominant

1460. Pedigree analysis - Analyze the following pedigree and give the mode of inheritance -
a) Autosomal recessive *(AIMSMay 12, AI 07)*
b) Autosomal dominant
c) Mitochondrial inheritance
d) X linked dominant



1461. Differential expression of same gene depending on parent of origin is referred to as - *(AI05, 06)*
a) Genomic imprintingb) Mosaicism
c) Anticipation d) Nonpenetrance

1462. The process underlying differences in expression of a gene, according to which parent has transmitted, is called - *(AI 06)*
a) Anticipation b) Masaicism
c) Non-penetrance d) Genomic imprinting

1463. Maternal disomy of chromosome 15 is seen in -
a) Prader - Willi syndrome *(AIMS Nov 10)*
b) Klinefelter's syndrome
c) Angelman syndrome
d) Turner's syndrome

1450)a 145l)c 1452)c 1453)a 1454) d 1455)a 1456)a 1457)a 1458)d 1459) d 1460)c 1461)a 1462) d 1463)a

1464. Which of the following hormones are raised in Prader-Willi syndrome- *(AI12)*
a) Growth Hormone (GH)
b) Leutinizing Hormone (LH)
c) Follicle Stimulating Hormone (FSH)
d) Ghrelin

1465. Single gene defect causing multiple unrelated problems - *(ARMS Nov 06)*
a) Pleiotropismb) Pseudodominance
c) Penetrance d) Anticipation

1466. Atavism means child resembles with his -
a) Father b) Siblings *(ARMS Nov99)*
c) Grandparents d)Neighbour

1467. A baby presenting with multiple deformities, cleft lip, cleft palate, microcephaly, small eyes, scalp defect and polydactyly, seen in which syndrome-(S4/iMSWov
a) Trisomy 13 b) Trisomy 18 *06, May08)*
c) Trisomy 21 d) Monosomy 2

1468. Common ocular manifestation in Trisomy 13 is -
a) Capillary hemangioma *(AIIMS 03)*
b) Bilateral microphthalmos
c) Neurofibroma
d) Dermoid cyst

1469. Cat eye syndrome is - *(AI 07)*
a) Partial trisomy 18 b) Partial trisomy 13
c) Partial trisomy 21 d) Partial trisomy 22

1470. Increased nuchal fold thickness is a feature of -
a) Paul-Bunnel syndrome *(AI99)*
b) De-pan syndrome
c) Down's syndrome
d) Cri-duchat syndrome

1471. All the foflowingai€ ^ttires Of B6w#siyiidrome except- p| **J (NEET/DNB Pattern)*
a) Brushfield's spots in iris b) Simian crease
c) Mental retardation d) Hypertonicity

1472. All of the following may occur in Down's syndrome except- *(AI06)*
a) Hypothyroidism b) Undescended testis
c) Ventricular septal defect d) Brushfield's spots

1473. All are common in Down syndrome, except-
a) Simian crease *(AIIMS May 93)*
b) Clinodactyly
c) Mother's age >35 years
d) Respiratory tract infection uncommon

1474. True about Down's syndrome- *(PGI Dec 2000)*
a) Hypertoniab) Simian crease
c) Lymphedema d) Mangoloid slant

1475. All of the following are features of down's syndrome except - *(AIIMS Nov 0 7)*
a) Increased PAPPA
b) Increased free beta HCG levels
c) Absent nasal bone
d) Abnormal ductus venous flow velocity

1476. Triple test for diagnosis of down's syndrome includes all of the following except - *(AI 99, AIIMS 03)*
a) p-HCG b) a-Fetoprotein
c) Serum HPL level d) Serum oestriol level

1477. Commonest cause of intestinal obstruction in down's syndrome - *(AIIMS June 2 000)*
a) Colomic atresia b) Intestinal atresia
c) Duodenal atresia d) Oesophageal atresia

1478. A 35 years old lady has chromosomal translocation 21/21. The risk of down syndrome in the child is -
a) 100% b) 0% *(AIIMS June 99)*
c) 10% d)50%

1479. Down's syndrome most commonly occurs due to -
a) Reciprocal translocation *(AI 10)*
b) Nondysjunction in maternal meiosis
c) Translocation defect
d) Nondysjunction in paternal meiosis

1480. Most common chromosomal syndrome *\s-(AIIMSDec 94)*
a) Fragile X-syndrome b) Trisomy 17
c) Trisomy 21 d) Trisomy 13

1481. A Down syndrome child is mentally retarded. All cytogenetic abnormalities may occurs except?
a) Deleted 21 *(ARMS Nov 11)*
b) Trisomy 21
c) Robertsonia translocation
d) Mosaic

1482. Down **Syndrome,** AU **are seen except-** *(NEET/DNB*
a) t (14; 21) b) Trisomy 21 *Pattern)*
c) t (11 : 14) d) t (15 : 21)

1483. Infant with down syndrome have A/E - *(PGI June 03)*
a) VSD b) Duodenal atrestia
c) Leukaemia d) Normal intelligence
e) Delayed skeletal maturation

1484. In Down syndrome- *(PGI Dec 06)*
a) Sadie gap b) Antimongoloid slant
c) Clinodactyly d) Hypotonia

1485. A child presents with antimongoloid slant, pulmonary stenosis, short stature and undescended testis. The likely diagnosis *is-(AIIMSDec 94, AI 97)*
a) Hypoparathyroidism b) Noonan syndrome
c) Klinefelter syndrome d) XYY sex chromosomes

1486. Webbing of neck, increased carrying angle, low posterior hair line and short fourth metacarpal are characteristics of - *(AI 04)*
a) Klinefelter syndrome b) Turner syndrome
c) Cri du chat syndrome d) Noonan syndrome

1487. A nineteen year old female with short stature, wide spread nipples and primary amenorrhoea most likely has karyotype of - *(AI 03)*
a) 47,XX+18 b)46,XXXY
c) 47,XXY d) 45 XO

1488. Edema of hands & feet in Infants is characterised -
a) Klinefelter's syndrome *(NEET/DNB Pattern)*
b) Noonam syndrome
c) Turners syndrome
d) Fragile x syndrome

1489. Turner syndrome is maximally associated with -
a) Horseshoe kidney *(ARMS May 08)*
b) Coarctation of aorta
c) VSD
d) ASD

1464) d 1465) a 1466)c 1467)a 1468)b 1469)d 1470)c 1471)d 1472)b 1473)d 1474)b,d 1475)a 1476)c
1477) b,c 1478) a 1479) b 1480)c 1481)a 1482) c 1483) d,e 1484)a,b,d 1485)b 1486)b 1487)d 1488)c 1489)b

1490. All of the following may occur in Noonan's syndrome except - *(AI 03)*
a) Hypertrophic cardiomyopathy
b) Cryptoorchidism
c) Infertility in females
d) Autosomal dominant transmission

1491. A patient with short stature, sexual infantilism and congenital anomalies with chromosomal abnormalities ^{6}XO\ Diagnosis is - *(PGI June 04)*
a) Turner's syndrome
b) Klinefelter syndrome
c) Testicular feminization syndrome
d) Gonadal agenesis
e) Gonadal dysgenesis

1492. Barr body is abseni in female havihg -
a) 46 XX genome *(NEB T/DNB Pattern)*
b) 45 X0 genoitfe
c) 47XXX
d) "All of above -

1493. Patau syndrome feature included\/E -
a) ClS||p *(NEET/DNB Pattern)*
b) Hypotelorism
§§§ ®loj>foseMepSiiy |
d) Rbcker bottom foof

1494. Trisomy 13 is seen in - *(NEET/DNB Pattern)*
a) Edward Syndrome b) Patau Syndrome
c) Down Syndrome d) Turner Syndrome

Klinefelter syndrome is dignos ed by -
a) Karyotyping *(NEE /DNB Pattern)*
b) USG abdonieii
c) Triple test
d) Echocardiography

1496. A 4 year baby is having large face, large jaw, large ear and macro orchidism is - *(AMU05)*
a) Me Cuneal bright syndrome
b) Down's syndrome
c) Cri-du chat syndrome
d) Fragile X syndrome

1497. Edward syndrome is *(MH11)*
a) Trisomy 13 b) Trisomy 18
c) Trisomy 21 d) Trisomy 20

1498. Down's syndrome predisposes to — —— cancer -
a) AML b)CML *(MAHE 05)*
c) ALL d) CLL

1499. In 'Down's syndrome' the shape of the head is - *(MAHE 05)*
a) Oxycephalic b) Scaphocephalic
c) Brachicephalic d) Plagiocephalic

1500. Which one of the following is a distinguishing feature of Edward's syndrome - *(UPSC 07)*
a) Hypotonia b) Hypotelorism
c) Holoprosencephalyd) Rocker bottom feet

1501. Which one of the following is NOT a feature of Turner's syndrome - *(UPSC-109)*
a) Short stature b) Mental retardation
c) Coarctation of aorta d) Lymphedema

1502. Which one of the following is NOT true regarding Noonan's syndrome - *(COMED 06)*
a) Affects males and females
b) Short stature
c) Chromosomal abnormality
d) Congenital heart disease - ASD

1503. A Particular genetic disorder appears in three consecutive generations of a family without any sex predilection. It was also noticed that phenotypically normal family members were having healthy offspring, What is the pattern of inheritance of this disorder ? *(UPSC 06)*
a) Autosomal recessive
b) Autosomal dominant
c) Mitochondrial inheritance
d) Uniparental disomy

1504. The following is not a feature of pierre - Robin syndrome- *(Jipmer91)*
a) Hearing defect b) Coloboma Iris
c) Respiratory distress d) Mandibular hypoplasia

1505. Jeune syndrome is - *(Jipmer 11)*
a) AR b) AD
c) XR d)XD

INFECTIOUS DISEASE

1506. Trans-placental spread is least associated with?
a) HBV b) Rubella *(AI11)*
c) HSV d)MV

1507. All of the following statements are true about congenital rubella except - *(AI05)*
a) It is diagnosed when the infant has IgM antibodies at birth
b) It is diagnosed when Ig G antibodies persist for more than 6 months
c) M.C. congenital defects are deafness, cardiac malformation and cataract
d) Infection after 16 weeks of gestation results in major congenital defects

1508. Which of the following is not a common manifestation of congenital Rubella - *(AI 02)*
a) Deafness b)PDA
c) Aortic stenosis d) Mental retardation

1509. Cong, rubella manifestations are all except -
a) Rash appears first on trunk *(PGI June 2000)*
b) Pre-auricular L. nodes
c) Arthralgia
d) Retinopathy

1510. Which of the following methods can be used to detect rubella infection in children - *(AI 95)*
a) T4 cell count
b) Fetal hemoglobin
c) IgM antibody in fetal blood
d) IgA Antibody in fetal blood

1490) c 1491) a 1492)b 1493)d 1494)b 1495)a 1496)d 1497)b 1498)a,b,c 1499)c 1500)d 1501)b 1502)c
1503)b 1504)b 1505)a 1506)None>c 1507)d 1508)c 1509)a,c 1510)c

1511. All are true about congenital rubella syndrome, except - *(A1IMS Nov 1999)*
a) Cardiac abnormality b) Renal anomalies
c) Deafness d) Cataract

1512. Rubella causes all except - *(NEET/DNB Pattern)*
a) Microcephaly b) VSD
c) Conduction defect d)All -A:V,

1513. Congenital heart lesion(s) in rubella are-
a) VSD b)ASD *(PGI Nov09)*
c) PDA d) Coarctation of aorta
e) Pulmonary stenosis

1514. Which heart diseases is most commonly associated with rubella infection - *(AI96)*
a) PDA b)VSD
c) ASD d)Eisemenger's syndrome

1515. All of the following statements about congenital rubella are true except - *(AlIMSMay 11, Nov 08)*
a) IgG persists for more than 6 months
b) IgM antibody present at birth
c) Most common anomalies are hearing and heart defects
d) Increased risk of congenital malformation if infection occur after 16 weeks.

1516. TVue about chicken pox - *(PGIJuneOl)*
a) I.P. 2-3 days
b) Scabs are infective
c) Centrifugal rash
d) Rash appears on first day
e) Rash can occur in axilla

1517. MC complication of chicken pox in children - *(PGI June 2000)*
a) Encephalitis b) Sec. bacterial infection
c) Pneumonia d) Otitis media

1518. Complication of chicken pox except- *(NEET/DNB Pattern)*
a)Memngitis b) Pneumonia
d) Enteritis d) Reyes Syndrome

1519. Child (girl) is suffering from varicella (fever rash). And child's aunt is pregnant. When is it earliest that the child can meet her aunt - *(PGIDec 06)*
a) When the lesions have crusted
b) Immediately
c) Anytime as the child is aunt's favourite
d) After the delivery of the baby

1520. Which of the following intrauterine infections is associated with limb reduction defects and scarring of skin - *(AIMS May 11, AI 09)*
a) Varicella virus b) Herpes virus
c) Rubella d) Parvovirus

1521. Measles virus is - *(NEET/DNB Pattern)*
a) Paramyxovirus fr) Orthomyxovirus
c) Poxvirus d) Picomavinis

1522. Which of the following is the "Least Common" Complication of measles ? *(AI 98)*
a) Diarrhoea b) Pneumonia
c) Otitis media d)SSPE

1523. True about measles - *(PGIDec 05)*
a) Rash appear first on leg
b) Koplik spots are seen in retina
c) Long term complication follows in form of SSPE
d) Caused by RNA virus
e) IP-IS 2-3 day

1524. TVue about measles - *(PGI June 04)*
a) Koplik spot appears in prodromal stage
b) Fever stops after onset of rash
c) Vaccine given at 9 month
d) It is not diagnosed when coryza & rhinitis is absent

1525. Measles is infectious during - *(PGIDec 98)*
a) After 4 days of rash
b) 4 days before and 5 days after rash
c) Throughout disease
d) Only in incubation period

1526. SSPE (subacute sclerosing panencephalitis) is associated with - *(PGI June 01)*
a) Mumps b)Chickenpox
c) Herpes d) Measles

1527. Giant cell (Hecht's) pneumonia is due to -
a) CMV b) Measles *(PGI Dec 98)*
c) Malaria d) P. carinii

1528. Commonest complication of mumps is - *(AI00)*
a) Orchitis and oophritis b) Encephalitis
c) Pneumonia d) Myocarditis

1529. Which of the following is true of mumps -
a) Salivary gland involvement is limited to the parotids *(AlIMSMay 05)*
b) The patient is not infectious prior to clinical parotid enlargement
c) Menigoencephalitis can precede parotitis
d) Mumps orchitis frequently leads to infertility

1530. Differential diagnosis in a case of fever with vesicular rash for two days are all except -
a) Candida-albicans *(UP 07)*
b) Infectious mononucleosis
c) Klabsiella pneumonia
d) Influenza

1531. Erythema infectiosum is seen in - *(AIIMSDec97)*
a) Rubella b) Fifth disease
c) Scarlet fever d) Diphtheria

1532. Fever stops and rash begins is diagnostic of- *(Jipmer 95)*
a) Fifth disease b) Roseola infantum
c) Measles d) Toxic shock syndrome

1533. An 8 yr. old female child following URTI developed maculopapular rash on the jaw spreading onto the trunk which cleared on the 3rd day without desquamation and tender post auricular and suboccipital lymphadenopathy. The diagnosis is - *(AlIMSMay 01)*
a) Kawasaki disease b) Erythema infectiosum
c) Rubella d) Measles

1511) b 1512)c 1513) a,b,c,e 1514)a 1515)d 1516)d,e 1517)b 1518)c 1519)a 1520)a 1521)a 1522)d 1523)c,d 1524)a,b,c 1525)b 1526)d 1527)b 1528)a 1529)c 1530)A11 1531)b 1532)b 1533)c

1534. A patient had fever and coryza for last 3 days developed maculopapular erythematous rash with which lasted for 48 hrs and disappeared without leaving behind pigmentation is most commonly due to- *(AIIMS June 2000)*
a) Measles b) Typhoid
c) Roseola infantum d) Fifth disease

1535. Which of the following is true about roseola infantum - *(PGI Dec 05)*
a) Defervescene follows the rash
b) Caused by HHV 6 and 7
c) Slapped check appearance is seen
d) Otitis media is common complication
e) Rash appear first on face and neck

1536. True about Roseola infantum - *(PGI June 03)*
a) Also called 5th disease
b) Caused by HHV 6 & 7
c) Rash appear in trunk
d) During defeverescence, rash appears

1537. Which of the following is true about erythema infectiosum - *(PGIDec 04)*
a) Slapped check appearance seen
b) Caused by parvovirus
c) Defervescene before rash
d) Rash appears on head & neck

1538. A 3-month-old male infant developed otitis media for which he was given a course of Co-trimoxazole. A few days later, he developed extensive peeling of the skin; there were no mucosal lesions and the baby was not toxic. The most likely diagnosis is -
a) Toxic epidermal necrolysis *(AIIMS May 04)*
b) Staphylococcal scalded skin syndrome
c) Steven Johnson syndrome
d) Infantile pemphigus

1539. Regarding PRIMARY COMPLEX in children, all are true except - *(ARMS 98)*
a) Effusion seen
b) Consolidation present
c) Fibrosis
d) Mediastinal lymphadenopathy

1540. 20 years old Rajesh presence with fever and chronic cough ESR 35 mm sputum cytology is negative for AFB and tuberculin test show indurations of 19 X 23 mm. The probable diagnosis is - *(ARMSNov 01)*
a) Fungal pneumonia b) Viral pneumonia
c) Pulmonary T.B. d) Bacterial pneumonia

1541. First line ATT in children - *(PGI June 05)*
a) Streptomycin b) Pyrazinamide
c) Ethionamide d) Ethambutol
d) Ofloxacin

1542. Drugs included in ATT for children - *(PGI June 06)*
a) Streptomycin b) Ethionamide
c) Ethambutol d) Pyrazinamide
e) Ofloxacin

1543. Management of a newborn when Mother has active Tuberculosis & is taking ATT - *(AI2000)*
a) BCG + Rifampicin + INH + Breast Feeding
b) BCG + Isolation of baby
c) BCG + INH for 6 week+Breast Feeding
d) BCG + INH + withhold Breast Feeding

1544. Incubation period of pertussis is - *(ARMS 97)*
a) 7 days b) 7-14 days
c) 14-28 days d) 28 days

1545. Pertusis affects which age - *(PGI June 2000)*
a) 2-3 b)<5
c) 5-7 d)> 10 years

1546. All are features of Pertussis *except-(AIIMS Feb 97)*
a) Encephalopathy
b) Cerebellar Ataxia
c) Subconjunctival hemorrhage
d) Bronchiectasis

1547. Antibodies to one of the following infection is not transmitted to child - *(PGI 96)*
a) Measles b) Pertusis
c) Diphtheria d) Polio

1548. A child with complaints of cough. Characteristic inspiratory whoop. Sample for investigation is -
a) Nasopharyngeal swab *(ARMS Nov 09)*
b) Tracheal aspiration
c) Cough plate culture
d) Sputum culture

1549. A child presents with recurrent bouts of severe cough followed by an audible whoop. Which of the following is considered the best type of specimen to isolate the organism and confirm the diagnosis
a) Nasopharyngeal swab *(ARMS Nov 11, AI 11)*
b) Cough plate
c) Throat Swabs
d) Anterior Nasal Swab

1550. The antibiotic of choice of pertussis is - *(ARMS 79, AP 90)*
a) Ampicillin b) Gentamicin
c) Erythromycin d) Penicillin

1551. 'Bull neck'in Diphtheria is due to - *(AI96)*
a) Retropharyngeal abscess b) Laryngeal edema
c) Cellulitis d) Lymphadenopathy

1552. The most common ophthalmic affection of diptheria is - *(ARMS 91)*
a) Ptosis
b) Total ophthalmoplegia
c) Isolated ocular palsies
d) Ophthalmoplegia externa

1553. All are complications of diphtheria *except-(AUMS June 9 7)*
a) Myocarditis b) Ocular muscel palsy
c) Cerebellar ataxia d) Hepatic failure

1554. Which of the following act as a means of transmission of HIV infection in newborn - *(Kerala 97)*
a) Transplacental b) Transfusions
c) Breast feeding d) During delivery

1534)c 1535)b 1536)b,c,d 1537)a,b 1538)b 1539)None 1540)c 1541)a,b,d 1542) All 1543)c 1544)b 1545)b 1546)b 1547)b 1548)a 1549)a 1550)c 1551)d 1552)c 1553)d 1554)a,c,d

1555. Most common cause of HTV infection in infant is -
a) Perinatal transmission *(PGIJUNE 97)*
b) Breast milk
c) Transplacental
d) Umbilical cord sepsis

1556. True statements) regarding feeding of HIV-infected child is/are - *(TGI Dec 08)*
a) Breast feeding for 4-6 months then start weaning
b) Breast feeding for 1 year then start weaning
c) Exclusively top feeding
d) Breast feeding for 6 months & then rapid weaning

1557. Which of the following is NOT a feature of HIV infection in childhood - *(AIIMS Dec 1994)*
a) Failure to thrive
b) Hepatomegaly
c) Lymphoid interstitial pneumonitis
d) Kaposi sarcoma

1558. HIV in children, characteristic finding is -
a) Kaposi sarcoma is common *(AIIMS Dec 98)*
b) Recurrent candidiasis
c) Recurrent chest infection
d) Cryptococcal diarrhoea is common

1559. Diarrhoea syndrome in an AIDS patient can be d/t -
a) Rota virus b) Cryptospora
c) Adenovirus d) E. coli *(AIIMS June 97)*

1560. All of the following methods are used for the diagnosis of HIV infection in a 2 month old child, except - *(AIIMS May 03)*
a) DNA-PCR b) Viral culture
c) HTV ELISA d) p24 antigen assay

1561. All of the following strategies are effective in preventing mother to child transmission of HIV, except- *(AIIMSNov 03)*
a) Zidovudine to mother & baby
b) Vaginal cleansing before delivery
c) Stopping breast feeding
d) Elective caesarean section

1562. Perinatal prevention of mother to child, which of the following steps are useful - *(PGIDec 08)*
a) Cleaning mothers vagina with antiseptic lotion
b) Elective Caesarian section
c) Avoid breast feeding
d) ART prophylaxis

1563. Infant of HIV +ve mother, which should be done -
a) BCG vaccine should not be given
b) AZT therapy *(PGI June 98)*
c) Separation from mother
d) Other than BCG, all other vaccines are given

1564. Drugs used to prevent HTV from mother to child -
a) Zidovudin to mother *(PGI Dec 08)*
b) Nevirapine to mother
c) Nevirapine to baby upto 6 weeks
d) Zidovudin to baby

1565. Which drug is given to prevent HIV transmission from mother to child - *(AIIMS Nov 06)*
a) Nevirapine b) Lamivudine
c) Stavudine d)Abacavir

1566. True about HIV in the neonate includes all the following except - *(AIIMS 99)*
a) Cannot be diagnosed accurately by current methods
b) Failure to thrive may be presentation
c) Transmission rate during pregnancy exceeds 90%
d) Transmission vertically from mother

1567. Regarding HTV transmission to foetus all are true except- *(AIIMS 98)*
a) > 50% risk of transmission to foetus
b) Can present as failure to thrive
c) Greatest risk of transmission of in perinatal period
d) Cannot be diagnosed

1568. Vaccines contraindicated in HIV positive child -
a) OPV b) MMR *(PGI Dec 08)*
c) Rabies d) Influenza
e) Hepatitis

1569. Indications to start ART in children under NACO all except- *(Delhi PGMar. 09)*
a) <11 months infant-if CD4 Count <1500 cells/mm^3
b) 12-35 months-if CD4 Count <500 cells/mm^3
c) 36-59 months-ifCD4 Count<350 cells/mm^3
d) >5 years-if CD4 Count <200 cells/mm^3

1570. Prophylaxis with Cotrimoxazole is recommended in the following situation except - *(Delhi PG Mar. 09)*
a) All symptomatic HIV infected children>5 years of age irrespective of CD4
b) All HIV exposed infants till HIV infection can be ruled out
c) All HIV infected infants less than 1 year age irrespective of symptoms or CD4 counts
d) As secondary prophylaxis after initial treatment for pneumocystis carini pneumonia

1571. Incubation period of Hepatitis A is - *(Assam, 95)*
a) 2 wks - 2 months b) 6 wks - 6 months
c) 6 days - 6 wks d) 2 days - 2 wks

1572. Which one of the following hepatitis viruses have significant perinatal transmission - *(AJ 03)*
a) Hepatitis E virus b) Hepatitis C virus
c) Hepatitis B virus d) Hepatitis A virus

1573. In a 3 year old child, most common cause of hepatitis B is - *(PGI June 97)*
a) Pinprick b) Saliva exchange
c) Perinatal d) Blood transfusion

1574. A 45 day - old infant developed icterus and two days later symptoms and signs of acute liver failure appeared. Child was found to be positive for Hbs Ag. The mother was also HBs Ag carrier. The mother's hepatitis B serological profile is likely to be -
a) HBs Ag positive only *(AI03)*
b) HBs Ag and Hbe Ag positivity
c) HBsAg and anti - HBe antibody positivity
d) Mother infected with mutant HB V

1555) a 1556) c,d 1557)d 1558)c 1559)a,b 1560)c 1561)b 1562)b,c,d 1563)b 1564)a,b,d 1565)a 1566)c 1567)a,d 1568) a 1569)None 1570)a 1571)a 1572)c 1573)d 1574)b

1575. A 30-year old lady delivered a healthy baby at 37 week of gestation. She was a known case of chronic hepatitis B infection She was positive for HBsAG but negative for HBeAG Which of the following is the most appropriate treatment for the baby -
a) Both active and passive immunization soon after birth *(AIIMS Nov 05)*
b) Passive immunization soon afte birth and active immunization at 1 year of age
c) Only passive immunization soon after birth
d) Only active immunization soon afterbirth

1576. A 5 year old boy is detected to be HBs Ag positive on two separate occasions during a screening program for hepatitis B. He is otherwise asymptomatic. Child was given three doses of recombinant hepatitis B vaccine at the age of 1 year. His mother was treated for chronic hepatitis B infection around the same time. The next relevant step for further investigating the child would be to - *(AI03)*
a) Obtain HBeAg and anti-HBe levels
b) Obtain anti HBs levels
c) Repeat HBsAg
d) Repeat another course of Hepatitis B vaccine

1577. Aneonate born to infected hepatitis- B mother, should be treated with - *(AI 09, 99)*
a) Isolation
b) Immunoglobulins
c) Hepatitis-B-Vaccine
d) Immunoglobulins & hepatitis-B-vaccine

1578. All are features of Neonatal Tetanus except -
a) Refusal to feed is common initial symptom
b) Caused by clostridium tetani *(AIIMS Feb 1997)*
c) Usually occurs in 1st 2 days of life
d) Mortality is 50-75%.

1579. **Tetanus is correctly characterized by which of the following statement -** *(AIIMS Nov 1999)*
a) Neonatal tetanus develops after passage through a contaminated birth canal.
b) If given early enough after exposure human tetanus immune globulin can significantly modify the course of disease.
c) Trismus is a common manifestation.
d) In a patient who is uncertain about his or her immunization status both tetanus toxoid and immune globulin should be given for serious wound

1580. True about tetanus - *(PGI June 01)*
a) Tetanus bacilli can spread through blood
b) Spread along the nerves only
c) Requires oxygen
d) I.P. is variable
e) Causes deep wound invasion

1581. All are features of non paralytic polio except -
a) Absent deep tendon reflexes *(AIIMSDec 97)*
b) Head drop
c) Nuchal rigidity
d) Knee heel test negative

1582. Most common cause of death in case of acute poliomyelitis is - *(AIIMS June 97)*
a) Intercostal muscles paralysis
b) Convulsion
c) Cardiac arrest
d) Respiratory failure

1583. Polio virus infection can result in all except -
a) Anterior horn cell damage *(AIIMS Dec 94)*
b) Autonomic involvement
c) respiratory involvement
d) Paralysis in > 70% of cases

1584. Kenny Packs were used in the treatment of- *(AIIMS03)*
a) Poliomyelitis b) Muscular dystrophy
c) Polyneuropathies d) Nerve injury

1585. Acute flaccid paralysis is reported in a child aged -
a) 0-3 years b) 0-5 years *(AI 02)*
c) 0-15 years d) 0-25 years

1586. TVue about polio- *(AIIMS Nov 07, May 08)*
a) Paralytic polio is most common
b) Spastic paralysis
c) IM injections and increased muscular activity lead to increased paralysis
d) Polio drop given only in < 3 year

1587. Which of the following STDs cause fetal abnormality - *(AI94)*
a) Herpes b) Hepatitis
c) Gonococci d) Syphilis

1588. Congenital syphilis can be best diagnosed by -
a) IgM FTA- ABS b) IgG FTA-ABS *(AI 01)*
c) VDRL d) TPI

1589. Premature baby of 34 wks was delivered. Baby developed bullous lesion on the skin and X-ray shows periostitis. What should be the nect investigation -
a) VDRL for mother & baby *(AIIMS Nov 11, AI 07)*
b) ELISA for HIV
c) PCRforTB
d) Hepatitis surface antigen for mother

1590. Hutchisons traid is seen - *(Manipal06)*
a) Primary syphilis b) Congenital syphilis
c) Secondary syphilis d) Tertiary syphilis

1591. An 8 year old boy presented with fever and bilateral cervical lymphadenopathy with prior history of sore throat There was no hepatomegaly. The peripheral blood smear shows > 20% lympho-plasmacytoid cells. The most likely diagnosis is - *(AI 02)*
a) Influenza
b) Tuberculosis
c) Infectious mononucleosis
d) Acute lymphoblastic leukemia

1592. An 8 year old child with acute lymphadenopathy, fever, 20% lymphocytosis indicates the diagnosis of -
a) Infectious mononucleosis *(AIIMS May 93)*
b) ALL
c) Pulmonary Koch's
d) â-hemolytic Streptococcal infection

1575) a 1576)b 1577)d 1578)c 1579)b,c,d 1580)d 1581)a 1582)d 1583)d 1584)a 1585)c 1586)c 1587)d 1588) a 1589) a 1590)b 1591)b 1592)a

1593. Which of the following does not establish a diagnosis of congenital CMV infection in a neonate -
a) Urine culture of CMV *(AIIMS May 06)*
b) IgG CMV antibodies in blood
c) Intra-nuclear inclusion bodies in hepatocytes
d) CMV viral DNA in blood by polymerase chain reaction

1594. Congenital toxoplasmosis-False *is-(AUMSMay 10)*
a) Diagnosed by detection of IgM in cord blood
b) IgA is more sensitive than IgM for detection
c) Dye test is gold standard for IgG
d) Avidity testing must be done to differentiate between IgA & IgM

1595. Symptomatic neonatal CNS involvement is most commonly seen in which group of congenital intrauterine infection - *(A108)*
a) CMV and toxoplasmosis
b) Rubella and toxoplasmosis
c) Rubella and HSV
d) CMV and syphillis

1596. Cysticercosis present as - *(PG1 Dec 03)*
a) Seizures b) Neuropathy
c) Encephalitis d) Muscular hypertrophy

1597. Dengue shock syndrome is characterized by the following except - *(AIIMS May 05)*
a) Hepatomegaly
b) Pleural effusion
c) Thrombocytopenia
d) Decreased haemoglobin

1598. Which of the following is true regarding Typhoid in children- *(AI94)*
a) Leukochyosis is characteristic
b) Encephalitis is common
c) Mild splenomegaly is usual
d) Urine culture is positive in 4 to 6 days

1599. In neonatal herpes, true is - *(PGI June 2000)*
a) Caused by HSV-II
b) Hepatosplenomegaly is diagnostic
c) Spontaneous recovery occurs
d) If not treated, disseminates

1600. Most common cause of postauricular lymphadenopathy in children - *(ARMSMay 93)*
a) Sore throat
b) Pediculosis capitis
c) Pulmonary Koch's
d) Chronic suppurative otitis media

1601. A child with fever and sore throat developed acute cervical lymphadenopathy most likely investigation to be done is - *(ARMS June 2000)*
a) Open biopsy of node
b) Radical neck dissection
c) Neck X-ray
d) Complete hemogrant

1602. Most common manifestation of HPV infection in children - *(PGI2K)*
a) Single papilloma b) Multiple papillomatosis
c) Osteoma d) Sarcoma

1603. Resistant plasmodium falciparum malaria in the pediatric age group should be treated with *~(AI 08)*
a) Chloroquine b) Tetracycline
c) Clindamycin d) Doxycycline

1604. Treatment for the child with frequent tapeworm infestation - *(PGI June 09)*
a) Albendazole b) Niclosamide
c) Praziquantel d) Mebandazole
e) Ivermectin

1605. Which of the following is the most common congenital viral infection? *(UPSCII10)*
a) Rubella b) Cytomegalovirus
c) Herpes simplex d)HIV

1606. A line of conjunctival inflammation on lower eye lid margin is diagnostic of - *(JIPMER 95)*
a) Measles b) Rubella
c) Kawasaki disease d) Infectious monouncleosis

1607. Complication of measles are all except -*(Jipmer 95)*
a) Myocarditis b) Appendicitis
c) SSPE d) Pancreatitis

1608. Pleomorphic rash is a feature of - *(Delhi, 96)*
a) Chicken pox b) Small pox
c) Erythema infectiosum d) Erythema subitum

1609. The risk of neonatal chicken pox is the maximum, if maternal infection occurs - *(UPSC 98)*
a) During the first trimester
b) During the second trimester
c) Within five days of delivery
d) Within six weeks of delivery

1610. The following age group is most severely affected by Rubella infection - *(JIPMER 2002)*
a) Females aged 25-35 Year b) Young girls
c) Adolescent girls d) Unborn child

1611. All of the following are features of mumps, except-
a) Caused by paramyxovirus *(Delhi PG Feb. 09)*
b) Aseptic meningitis is a complication in children
c) Orchitis is a complication in adults
d) Incubation period is less than 2 weeks

1612. A poverty-stricken mother suffering from active tuberculosis delivers a baby. Which one of the following advices would be the most appropriate in her case - *(UPSC 96)*
a) Breast feeding and BCG immunization
b) Breast feeding and isoniazid administration
c) Expressed breast milk and BCG immunization
d) Stop feeds and isoniazid administration

1613. A 2 year old child has a Mantoux test reading of 12 mm x 12 mm after 48 hours. In this case -
a) Anti-TB drugs should be started even if x -ray chest and haemogram are normal *(UPSC 98)*
b) Treatment should be started only if x-ray chest and haemogram are suggestive
c) One should wait till overt sign of TB appear
d) No treatment is required

1614. % of HIV infection in child of a HTV +ve mother is-
a) 20-30% b) 10-20% *(KERALA 97)*
c) 70-80% d) 100%

1593) b 1594) d 1595)c 1596)a,c 1597)dl598)c 1599)a 1600)b 1601)d 1602)b 1603)c 1604)a,b,c,d 1605)b
1606) a 1607)d 1608)a 1609)c 1610)d 1611)d 1612)b 1613)a 1614)a

1615. The transmission of AIDS transplacentally is -
a) 10-20%b) 20-30% *(Kerala 97)*
c) 3040 %d) 40-50%

1616. The commonest route of transmission of HIV from the mother to the baby is - *(UPSC 99)*
a) Vertical transmission during pregancy
b) During delivery through vagina
c) Breast milk
d) Constant touch and handling

1617. For the prevention of parent to child transmission of HIV, the NACO's recommendation is to give- *(UPSC 07)*
a) Niverapine 200 mg in active labour to mother
b) Niverapine 200 mg, four hours after rupture to membranes, to mother
c) Niverapine 200 mg in active about to mother and syrup niverapine 2 mg/kg body weight to newborn with 72 hours of delivery
d) Syrup niverapine 2 mg/kg body weight to newborn within 72 hours of birth

1618. Which positive test does not necessarily indicate HTV infection in a newborn? *(Karnataka 04)*
a) ELISA for HIV lgG antibody
b) p24 antigen
c) Virus culture
d) ELISA for HTV IgA antibody

1619. The etiological agent for roseola infantum is - *(JIPMER 02)*
a) Parvovirus b) Human herpes virus 6
c) CMV d)EBV

1620. Roseola infantum can be caused by - *(Kerala 04)*
a) Herpes virus 6 b) Parvovirus B 19
c) Echo virus 19 d) All of the above

1621. Which of the following is the common clinical manifestation of human parvovirus B 19 (HPV-B 19) infection ? *(UPSC-109)*
a) Aplastic crisis in hemolytic anemia patients
b) Anemia in neonatal period
c) Erythema infectiosum
d) Hydrops fetalis

1622. All of the following are features of poliomyelitis except- *(ICS 98)*
a) Acute onset b) Progressive course
c) Intact sensation d) Febrile onset

1623. Newborns have transplacentally acquired immunity against all of the following diseases except -
a) Measles b) Pertusis *(SGPGI05)*
c) Diphteria d) Poliomyelitis

1624. Color of diphtheretic membrane is - *(Jipmer 95)*
a) Grey . ... b) White
c) Yellow d) Cream

1625. 12.6 m old baby was brought c/o difficulty in feeding. The child was found to be hypotonic with a weak gag. The child is on breast mild and mother also gives honey to the child during periods of excessive crying. The causative agent is - *(J & K 05)*
a) Gram positive aerobic coccus
b) Gram positive anaerobic spre-suffering bacillus
c) Toxin produced by gram positive anaerobic bacillus
d) Echovirus

1626. Which of the following is best used in the diagosis of congenital syphilis - *(Jipmer 2K)*
a) FTA-ABS b) TPHA
c) IgM-FTAABS d)TPI

1627. In early congenital syphilis, which is not seen -
a) Keratitis b) Vesicular rash *(UP 96)*
c) Chorioretinitis d)Rhinitis

1628. Thrombocytopenia, macerated skin lesions, rash and periostitis in a newborn are seen in - *(COMED 09)*
a) Erythroblastosis fetalis
b) Cytomegalovirus infection
c) Syphilis
d) HIV infection

1629. 10 years old child with 10 days continuous fever with soft, enlarged spleen, diagnosis is-*(JIPMER 02)*
a) Enteric fever b) Malarial
c) Hodgkins disease d) Meningitis

1630. A child born with microcephaly, chorioretinitis and intra cranial calciflction. Most likely diagnosis is - *(JIPMER 90)*
a) Congenital syphilis b) Rubella
c) Toxoplasmosis d) Trypanosomiasis

1631. In Congenital infection with intra - cranial calcification most Probable etiology is - *(Jipmer 03)*
a) Toxoplasmosis
b) Cryptococcus meningitis
c) Cytomegalo virus infection
d) Cerebral abscess

1632. The most common manifestation of congenital toxoplasmosis- *(Manipal 06)*
a) Hydrocephalus b) Chorioretinitis
c) Hepatospienomegaly d) Thrombocytopenia

1633. A new born presents with petechiae skin lesions, hematuria, and platelet count is 22,000/L. Most likely caused by - *(UP08)*
a) Congenital CMV infection
b) Congenital rubella infection
c) Premature infants
d) None

1634. Which microorganism is responsible for classical presentation of hydrocephalus, chorioretinitis, intracerebral calcification ? *(APPG08)*
a) Toxoplasmosis b) Rubella
c) Measles d) CMV

1635. Which of the following is not transmitted transplacentally - *(TN90)*
a) Mumps b) Syphilis
c) Rubella d) Toxoplasma

1615)c 1616) b 1617) c 1618)a 1619)a,b 1620)d 1621)c 1622)b 1623)b 1624)a 1625)c 1626)c 1627)a 1628)c 1629) a 1630)c 1631)a,c 1632)b 1633)a,b 1634)a 1635)a

1636. Patient was given chloroquine and doxycycline for 7 days. Patients fever decreases in 4 days, but, peripheral smear showed occasional gametocytes of plasmodium falciparum. This type of drug resistance is - *(CMC 05)*
a) R type b) R_2 type
c) R3 type d) R_4 type

1637. Which of the following is not a usual feature of Ascariasis - *(A1IMS 92)*
a) Abdominal pain b) Urticaria
c) Anaemia d) Loefflers syndrome

1638. All the following are true about measles vaccine except- *(AI95)*
a) Given subcutaneously
b) High efficacy
c) Given below 1 year of age
d) Diluent not required

1639. Which vaccine is contraindicated in child with history of convulsions - *(AIIMS Nov 07)*
a) DPT b)Measles
c) Typhoid d) BCG

1640. Which of the following vaccines has maximum efficacy after a single dose - *(AI09)*
a) Tetanus toxoid b) DPT
c) Measles d)Typhoid

1641. National immunization programme, all are involved except - *(AIIMS Nov 0 7)*
a) TT b) HepatitisB
c) OPV d)Measles

1642. A 4 year old child presented in O.P.D. with vaccination history of receiving one dose of OPV and DPT at 2 months of age. Correct statements are-
a) BCG should not be given *(PGI Dec 04)*
b) DPT and OPV should be repeated
c) Measles should be given
d) Hepatitis 'B' vaccine advised
e) Haemophilus vaccine not given

1643. Which vaccines are not given in a 8 yrs old unimmunized child - *(PGI Dec 06)*
a) Pertusis b) Salk vaccine
c) Measles d)BCG
e) DT

1644. 18 months old child, who has received one dose of DPT and OPV at 2 months of age. What will be your next immunization plan - *(AIIMS Nov 0 7)*
a) Restart immunization schedule, as per age
b) Measles, BCG, booster dose of DPTand OPV
c) Measles, booster dose of DPT and OPV
d) BCQ 2ND dose of DPT and OPV

1645. Contraindication to DPT is all except - *(AI95)*
a) Local reaction to previous DPT
b) High fever after previous dose
c) Infantile spasms
d) Seizures after previous dose

1646. DPT is contraindicated in - *(AI 91)*
a) Family H/O. convulsion and neurological illness
b) Acute upper respiratory infection
c) Malnutrition
d) Evolving neurological illness

1647. MMR. vaccination is given *skt-(JIPMER 86, PGI87,*
a) Birth b) 6th month *UPSC 88, AIIMS 87)*
c) One year d) $1V_2$ years

1648. Excessive crying is seen after which vaccination -
a) Polio b) DPT *(AMU95)*
c) BOG d) Measles

1649. Which one of the following is a conjugated vaccine-
a) Hepatitis B b) Rubella *(UPSC 04)*
c) Hemophilius influenza d) Pertussis

1650. Which is not given at the time of birth? *(DP GEE 08)*
a) OPV b)BCC
c) Hepatitis B d)HiB

1651. Typhoid Vi polysaccharide vaccine is usually administered in children above the age of-*(Kam 11)*
a) 6 months b) 1 year
c) 2 years d) 1 year 6 months

1652. Which one of the following antibacterial antibiotics are not recommend for lactating mothers -
a) Cephaslosporins *(COMED06)*
b) Anti tubercular drugs
c) Quinolones
d) Aminoglycoside

MISCELLANEOUS

1653. Right Sided Isomerism is associated with -*(AI 11)*
a) Asplenia b) One spleen
c) Two spleens d) Polysplenia

1654. A five year old child presents to the emergency department with burns. The bum area corresponding to the size of his palm is equal to *(AI 11)*
a) 1%BSA b) 5% BS A
c) 10%BSA d) 20% BSA

1655. All of the following about Vitamin D metabolism are true except *(AIIMS Nov 11)*
a) 25-a hydroxylation takes place in liver
b) 1 -a hydroxylation takes place in kidney
c) Daily requirement in the absence of sun-light is 450-600 IU/day
d) Williams syndrome is associated with obesity, mental retardation, precocious puberty

1656. What is the probable diagnosis for a cyst in a child which is located at and associated with vertebral defects- *(AI08)*
a) Myelocele b) Bronchogenic cyst
c) Neuroenteric cyst d) Neuroblastoma

1657. Best site to demonstrate capillary filling in infants-
a) Nail bed b) Sternum *(PGI Dec 98)*
c) Ear lobule d) Great toe

1658. Best artery to palpate for pulse in infants is -
a) Femoral a b) Radial a *(PGIDec 2K)*
c) Carotid a d) Brachial a

1636) b 1637) c 1638)d 1639)a 1640)c 1641)b 1642)c,d 1643)a,b,d 1644)d 1645)a 1646)d 1647)d 1648)b
1649)c 1650)d 1651)c 1652)c 1653)a 1654)a 1655)d 1656)c 1657)b 1658)d

1659. The most common fetal response to acute hypoxia is-
a) Tachycardia b) Tachypnea *(AI09)*
c) Bradycardia d) Arrhythmia

1660. All are true about septic shock in children except -
a) 1st response is TC.O. due to vasodilatation
b) Hypotension is a late sign *(PGI Nov 09)*
c) Heart rate remains same
d) ^Peripheral vascular resistance
e) Widespread endothelial dysfunction

1661. True about pediatric tracheostomy - *(PGIDec 08)*
a) Most common early complication is subcutaneous emphysema
b) 3rd & 4th tracheal rings are incised
c) Easy to remove the tracheostomy tube
d) Complete tracheal ring is removed
e) Moisturing of orifice should be done

1662. which of following statements are included in 2005 American Heart Association - *(PGI Dec 08)*
a) Newborn CPR is applied from first hour after birth until the newborn leaves the hospital
b) Newborn CPR is applied from first hour after birth until first 24 hours
c) Child CPR guidelines for lay rescuer apply to children from 1 to 8 years of age
d) Child CPR guidelines for healthcare providers apply to children from 1-8 years of age
e) Hospital paediatric advanced life support guideline for paediatric patient extend age to 16-18 years

1663. Retrolental fibroplasia has association with-
a) Prolonged labour *(AIIMSMay02)*
b) Intrauterine infection
c) Meconium aspiration
d) Low birth weight

1664. Retrolental fibroplasia is due to - *(PGIDec 99)*
a) Hypocapnia b)$C0_2$
c) Hypoxia d) Hyperoxygenemia

1665. Retinopathy of prematurity is commonly predisposed by- *(AIMS June 2000)*
a) Less gestation age b) Low birth weight
c) 0_2 toxicity d) Carbohydrate excess

1666; *G\iom'dOfoptitnerveismuMy-(NEET/DNBPattem)*
a) Gemistocytic b) Pilocytic
c) Fibrillary d) Lamellar

1667. Lowe's syndrome is characterised by the following except - *(AIMS 2002)*
a) Hypophosphatamic rickets
b) Undescended testes
c) Defect in the CNS and eyes
d) Aminoaciduria

1668. A15 days old baby is brought to the hospital with complains of seizures. Blood tests revealed serum Ca++= 5 mg/dL, Phosphorous levels = 9mg/dl, and PTH levels 30pg/ml (normal range= 10-60 pg/ml). What is the most probable diagnosis? *(AI 11)*
a) Pseudohypoparathyroidism
b) Vitamin D deficiency
c) Hypoparathyroidism
d) Hypoxic ischemic encephalopathy

1669. Stroke bite lesion are seen in - *(PGI June 09)*
a) Sturge weber syndrome
b) Blue rubber bleb nevus syndrome
c) Macular staining of infant
d) Craniofacial nevus

1670. All are true about cartilage, hair hypoplasia syndrome except - *(AIMSDec 97)*
a) Neutropenia b) Depigmentd hair
c) Non functioning T cells d) None of the above

1671. Posterior iliac horns are seen in -*(AIMS May 02)*
a) Fisher's syndrome
b) Crouzan syndrome
c) Nail patella syndrome
d) Pierre Robbins syndrome

1672. Ataxia telangiectasia is characterised by all of the following except- *(AI 04)*
a) Chronic sinopulmonary disease
b) Decreased level of a-fetoprotein
c) Chromosomal breakage
d) IgA deficiency

1673. Chromosomal anomalies more than 20% is associated with - *(AIMS Nov 09)*
a) Gastroschisis b) Omphalocele
c) Spina Bifida d) Cleft Palate

1674. Which of the following congenital malformation is seen in a child of a mother who is on treatment with oral anticoagulants - *(AIMS Nov 2000)*
a) Craniofacial malformations
b) Renal agenesis
c) Long bone defects
d) Chondrodysplasia punctata

1675. Which of the following statements regarding Kawasaki disease is true - *(AIMS Nov 11, AI 08)*
a) Associated with coronary artery aneurysm in up to 25% of untreated cases
b) It is the most common cause of vasculitis in children
c) IV immunoglobulins are recommended only if coronary artery is involved
d) Lymph node biopsy is used for diagnosis

1676. TYeatment of kawasaki disease in children is -
a) Oral steroids *(AIMS Nov 11, AI 01)*
b) IV steroids
c) IV Ig
d) Mycophenolate mefentil

1677. The most common leukocytoclastic vasculitis affecting children is - *(AIMSMay 03, AI 05)*
a) Takayasu disease
b) Mucocutaneous lymph node syndrome. (Kawasaki disease)
c) Henoch Schonlein purpura
d) Polyarteritis nodosa

1659) c 1660)c 1661) a,b,e 1662) a,c,e 1663)d 1664) d 1665) a 1666)b 1667)b 1668) c 1669) c 1670) c 1671)c 1672)b 1673)b 1674)a,d 1675)a 1676)c 1677)c

1678. Palpable purpura is seen in all. except -
a) H.S. Purpura *(AIIMS June 99)*
b) Mixed cryoglobulinemia
c) Giant cell arteritis
d) Drug induced vasculitis

1679. A child with an obvious rash presents with recurrent infections. Investigation revealed decreased platelet count and reduced lgM. Which of the following is the most likely diagnosis - *(A112)*
a) Idiopathic Thrombocytopenic Purpura
b) Thrombotic Thrombocytopenic Purpura
c) Wiskott-Aldrich Syndrome
d) Di' George anomaly

1680. A six year old child is admitted to the Paediatric ICU for seizures. He has been on tretment with Tacrolimus and Prednisolone. On investigations his blood urea is 68 mg/dl, Serum Sodium is 136 meq/1 likely cause of his seizures- *(A112)*
a) Uremia b) Hyponatremia
c) Hypocalcemia d) Tacrolimus Toxity

1681. A study under Australian collaborative trial on steroids use in neonates was done. Which of the following is true - *(ARMS May 11)*
a) No difference between placebo & corticosteroid
b) Corticosteroid to children causes behavioural worsening
c) Corticosteroid to children causes reduction in head circumference
d) Corticosteroid to children causes neuro sensitivity degradation

1682. GBS in a child treatment - *(NEET/DNB Pattern)*
a) IV Ig b) Ventilation
c) Plasmapharesis d) All of above

1683. Acute lead poisoning in children commonly presents with all of the following features except - *(A1 99)*
a) Encephalopathy b) Cerebellar Ataxia
c) Status epilepticus d) Peripheral neuropathy

1684. A child is brought with drowsiness, decreased deep tendon reflexes and seizures. On examination the child has a line on gums. There is history of constipation. Which will be most appropriate drug that should be used in this child - *(AJ 07)*
a) EDTA b) DMSA
c) BAL d) Pencillamine

1685. Iron poisoning in 4 year child, Rx includes -
a) Stomach lavage *(PGI June 2000)*
b) DesferrioxaminelV 100 mg
c) X-ray abdomen
d) Blood transfusion

1686. A two year old boy presents with fever for 3 days which responded to administration of paracetamol. Three days later he developed acute renal failure, marked acidosis and encephalopathy. His urine showed plenty of oxalate crystals. The blood anion gap and osmolal gap were increased. Which of the following is the most likely diagnosis -
a) Paracetamol poisoning *(ARMS Nov 05)*
b) Diethy glycol poisoning
c) Severe malaria
d) Hanta virus infection

1687. Auditory screening is required in children under following conditions - *(PGIDec 2000)*
a) Before doing exchage transfusion for hyperbilirubinemia
b) In premature babies
c) Before starting aminoglycoside therapy
d) In overweight babies
e) After H. influenzae meningitis

1688. Increased sweat chloride is seen in all except -
a) Ectodermal dysplasia *(AI99)*
b) Nephrogenic diabetes insipidus
c) Glucose 6 phosphatase deficiency
d) Obesity

1689. A child presents with complaints of oliguria, abdominal distension and diarrhoea. On examination there is deep jaundice. Hepatomegaly was present measuring 4 cm below the costal margin. Conjugated bilirubin in blood was 38 mg/dL, and there was urine urobilinogen and bile pigments. Hemoglobin was 4mg/dL and serum creatinine was 3mg/dL. Which of the following tests is of least importance to diagnose this case - *(ARMS Nov 2000)*
a) G-6-PD level in blood
b) Serum ceruloplasmin
c) Reticulocyte count
d) Leptospiral antibody level

1690. A child with j aundice being given food intravenously. Which of the following can occur out of it-
a) Infection b) Malnutrition *(PGIDec 07)*
c) Diarrhea d) Hyperglycemia
e) Metabolic acidosis

1691. Transplacental crossing is not seen in - *(ARMS 96)*
a) Iso immune haemolytic anemia
b) Rh-haemolytic anemia
c) Toxoplasmosis
d) Toxic erythema

1692. What is meant by suppositious child - *(PGIDec 01)*
a) Second bom of a twin pregnancy
b) Child bom out of wedlock
c) Child rear up by a woman & She claims the child
d) Heterozygous mother & father
e) Homozygous

1693. Aspergers syndrome is a - *(JIPMER 2002)*
a) Developmental delay b) Neuromuscular disease
c) Degenerative disorder d) Metabolic disorder

1694. Combination of retinitis pigmentosa and ichthyosis is seen in - *(JIPMER 2002)*
a) Netherton syndrome b) Refsum's syndrome
c) Down's syndrome d) Mob's syndrome

1678) c 1679)c 1680)d 1681)b 1682)d 1683)d 1684)a 1685)b,c 1686)b 1687)a,b,c,e 1688)d 1689)b 1690)a,d,e 1691)d 1692)c 1693)a 1694)b

1695. Sphenoid wing dysplasia is seen in - *(JIPMER 2K)*
a) Von Hippel Lindau's disease
b) Neurofibromatosis
c) Sturge Weber syndrome
d) Bouraville's disease

1696. A child presents with a history of scorpion sting. He is having increased sweating. What is the next best step - *(JIPMER 2K)*
a) Lytic cocktail b) Atropine
c) Antevenom d) Local xylocaine infiltration

1697. An infant is crying excessively even after being given good fed. He is passing a large quantity of urine and repeatedly getting dehydrated. Urine examination shows no proteinuria and a specific gravity of 1004. The most likely diagnosis is -
a) Diabetes mellitus *(UPSC96)*
b) Diabetes insipidus
c) Congenital nephrotic syndrome
d) Protein losing enteropathy

1698. Not true about sudden infant death syndrome -
a) Occurs in male child *(KERALA 97)*
b) Allergy to animal milk
c) Seen in premature babies
d) Cause is prolonged breast feeding

1699. Factor associated with increased incidence for sudden infant death syndrome is-*(Delhi PG Mar. 09)*
a) High socioeconomic status
b) Female gender
c) Supine sleep positioning
d) Maternal smoking

1700. A small boy who is brought to the emergency department by his parents is found to have a spiral fracture of the femur, with a variety of ecchymoses. What is the most likely cause of the injuries- *(Karnataka 03)*
a) Automobile hit - and - run accident
b) Fall from a tree
c) Child abuse
d) Fall from a bicycle

1701. 6 years old girl with vaginal spotting. Diagnosis is-
a) Ovarian cancer b) Foreign body *(DNB2001)*
c) Sexual abuse d)PED

1702. Which of the following is not a complication of smoking in pregnancy - *(JIPMER95)*
a) Congenital malformation
b) Intrauterine growth retardation
c) Poor weight gain
d) Foetal death

1703. In infants, the cause of blindness arising out of oxygen toxicity is - *(UPSC97)*
a) Degeneration of crystalline lens
b) Growth of blood vessels into vitreous followed by fibrosis
c) Damage to cornea
d) Enzymic defect in lens

1704. Factors which decrease insensible water losses are all, except- *(Delhi PG Mar 09)*
a) Humidified air b) Sedation
c) Hypothermia d) Prematurity

1705. What is the correct composition of the standard maintenance solution for intravenous administration in children - *(UPSC-109)*
a) 5% dextrose, 25 mEq/L of sodium, 20 mEq/L of potassium
b) 10% dextrose, 25 mEq/L of sodium, 30 mEq/L of potassium
c) 5% dextrose, 40 mEq/L of sodium, 20 mEq/L of potassium
d) 10% dextrose, 40 mEq/L of sodium, 20 mEq/L of potassium

1706. The likely diagnosis in a child with limb pain and pancytopenia is - *(COMED 09)*
a) Aplastic anaemia
b) Acute lymphocytic leukaemia
c) Rheumatic fever
d) Rheumatoid arthritis

1707. A two-year-old boy is brought to emergency with severe anemia (Hb = 2 gm%) and features of congestive heart failure. The most appropriate immediate therapy for this boy would be-
a) Packed cell transfusion *(UPSC-109)*
b) Partial exchange transfusion
c) Whole blood transfusion
d) Parenteral iron injection

1708. A 4-year-old child is admitted with fever, non-purulent conjunctivitis, rashes, cervical lymphadenopthy, hepatomegaly and desquamation of fingers and toes. Echocardiography shows coronary artery aneurysm. What is the most likely diagnosis?
a) Measles b) German measles *(UPSC-110)*
c) Progeria d) Kawasaki disease

1709. Biochemical screening of newborn infants by heelprick blood samples is performed by using the -
a) Tay-Sachs Card b) Duchenne Card
c) Guthrie Card d) Maple Card *(UP SC II10)*

1710. A small boy who is brought to the emergency department by his parents is found to have a spiral fracture of the femur, with a variety of ecchymoses. What is the most likely cause of the injures?
a) Automobile hit-and-run accident *(DPG10)*
b) Fall from a tree
c) Child abuse
d) Fall from a bicycle

***

1695)b 1696) a 1697)b 1698)d 1699)d 1700)c 1701)b 1702)a 1703)b 1704)d 1705)a 1706)b 1707)a 1708)d 1709)c 1710)c

Drug of choice for suspected or proved microbial pathogens (according to Harrison's 17th/e)

Infective organism	Drugs of choice	Ref.	Comments
Gram-Positive Cocci			
• **Staphylococcal infections**			**Alternative-**
• *Sensitive to penicillin*	Penicillin	**P. 880**	Naficiilin, Cefazolin, Vancomycin
• *Sensitive to methiciliin*	Naficiilin or oxacillin	**P. 880**	Cefazolin, Vancomycin
• *Resistant to methiciiiin*	Vancomycin	**P. 880**	TMP-SMX, Minocycline
• *Resistant to methiciliin with intermediate or complete resistance to vancomycin*	Uncertain	**P. 880**	
• **Streptococcal infections**			
Group A			
• *Pharyngitis*	Benzathine Penicillin G	**P. 883**	
• *Impetigo*	Benzathine Penicillin G	**P. 883**	
• *Erysipelas/cellulitis*	Severe - Penicillin G *mild to moderate* - Procaine Penicillin G	**P 883**	
• *Necrotizing Fasciitis/myositis*	Surgical debridement + Penicillin G + Clindamycin	**P. 883**	
• *Pneumonia/empyema*	Penicillin G + Drainage of empyema	**P. 883**	
• *Streptococcal toxic shock syndrome*	Penicillin G + Clindamycin + intravenous immunoglobulin	**P. 883**	
Group B	Penicillin	**P. 887**	Penicillin is the t/t of choice for all group B streptococcal infection
Group D Enterococci and nonenterococcal			
• *Combination therapy* • *If penicillin allergic*	Penicillin or Ampicillin + Gentamycin Vancomycin in combination with Gentamycin	**P 888**	Enterococci are resistant to all cephalosporins therefore this class of antibiotic should not be used for t/t of enterococcal infections
Viridans streptococci	Penicillin	**P. 889**	In neutropenic pts the t/t is first started with vancomycin (as they are often resistant to pencillin)
Streptococcus pneumonia *For otitis media*	Amoxicillin	**869, 870**	***Second line*** - Amoxicillin ***Third line*** Ceftriaxone
For Pneumococcal Pneumonia	***Oral therapy*** - Amoxicillin quinolone eg. Gatifloxacin ***Parenteral therapy*** - Penicillin, Ampicillin, Ceftriaxone Cefotaxime, Quinolone	**869, 870**	
Streptococcus meningitis		**P. 871**	
• *Antibitotic susceptibility unkown*	T/t with ceftriaxone + vancomycin		
• *Susceptibility results available*	***Susceptible*** - Ceftriaxone ***Resistant*** - T/t with both ceftriaxone & Vancomycin		
• *Life threatening penicillin allergy*	T/t with imipenem	**P. 871**	
Gram - neaative Cocci			
• **Meningococcus (Neisseria Meningitis)**	Ceftriaxone, Cefitixime	**P. 913**	**Alternatives** - Chloramphenicol, Meropenem
• **Moraxella Catarrhalis**	Penicillin/Clavulinicacid is highly appropriate	**P. 922**	**Alternatives -** Cephalosporins (2nd or 3rd generation) T etracyclines,Macrolides, Ketolides Trimethoprim Sulphamethoxazole

Infective organism	*Drugs of choice*	*Ref.*	*Comments*
Gonococcal infection Cervix, urethra, pharynx Rectum	First line - Cefriaxone, Ciprofloxacin ofloxacin	**920**	**Alternative** - Spectinomycin, Ceftizoxime, Cefotetan
Gonococcal conjunctivitis	Ceftriaxone	**920**	
Ophthalmia neonatarum	Ceftriaxone		
Disseminated gonoccal infection			
Patient tolearnt of (3 lactam drugs	Ceftriaxone, Cefotaxime, ceftizoxim		
Pattient allergic to p lactum drugs	Ciprofloxacin, Ofloxacin, Spectinomycin		
Continution therapy	Ciprofloxacin, Ofloxacin, Levofloxacin		
Gonorrhoea Epididymitis	Ceftriaxone followed by doxycycline	**824**	
Gonococcal urethritis	Cefopodoxime or ceftriaxone or Fluroquinodones	**824**	
PID	ORAL *Regimen A* - Ofloxacin or levofloxacin Plus metronidazole *Regimen B* - Ceftriaxone plus doxycycline plus metronidazole PARENTERAL *Regimen A* - Cefotetan or cefoxitin plus Gentamycin *Regimen B* - Clindamycin Plus gentamycin	**831**	
Gram - Positive bacilli			
• **Bacillus Anthrax**	Ciprofloxacin or Doxycycline + Rifampicin, penicillin or Chloram phenicol	**P. 1347**	
• **Clostridium**			
• Gas *gangrene*	Penicillin (i.v.) + Clindamycin	**P. 907**	
• *Clostridial sepsis*	Penicillin (i.v.) + Clindamycin	**P. 907**	
• *Suppurative deep tissue infections*	Penicillin (i.v.) + Gentamycin or third generation cephalosporin	**P. 907**	
• *Clostridium difficile* (diarrhoea)	Metronidazole and vancomycin	**P. 820**	Use of vancomycin in first episodes is discouraged because of possible drug reistance
• *Clostridium tetani*	I.V. Penicillin	**P. 899**	Some prefer metronidazole
• **Diphtheria** (*Respiratory)*	Erythromycin or Procaine penicillin	**892, 893**	Administration of diphtheria antitoxin is the most important element in the t/t of respiratory diphtheria
Listeria monocytogens	I.V. ampicillin or Penicillin	**P. 897**	
Enteric Gram - neaative bacili			
• **Escherichia Coli**		**C.M.D.T. 2004 1487-88**	
• *Sepsis*	Cefotaxime, Ceftrizoxime Ceftriaxone ceftazidine, Cefepime	**t. (37.1)**	
• *Urinary infection*	Fluoroquinolones, nitrofurantion		
• **Klebsiella infections**	Carbepenems	**P. 942**	Imipenem remain the most active antibiotic class against klebsieila
• **Salmonella**	Ciprofloxacin	**P. 959**	***Alternative*** - Azithromycin, ciprofloxacin

Infective organism	*Drugs of choice*	*Ref.*	*Comments*
• **Shigella** • *In developing countries* • In U.S.A.	Ciprofloxacin	**P. 964**	
• **Campylobacter**	Erythromycin	**P. 967**	
• **Yersinia pestis** (Plague)		**P. 984**	Gentamycin is considered as effective
	Streptomycin	**P. 984**	***Alternative*** - Tetracycline & Chloramphenicol
Other Gram - Neaative bacilli • **Haemophilus infections**		**P. 924**	
• ***Haemophilus influenzae 'b'***	Initial t/t consists of cephalosporins such as *Ceftriaxone or cefotaxime*		**Alternative -** Penicillin + Chloramphenicol
• ***Haemophilus ducreyi***	The recommended t/t is single 1gm oral dose of azithromycin	**P. 926**	***Alternative*** - Ceftriaxone ciprofloxacin, Erythromycin
• **Pertussis**	*Macrolides Antibiotics* - Erythromycin, clarithromycin, Azithromycin	**P. 936**	Trimethoprim and sulphamethoxazole can be given to macrolide allergic patients
• **Legionella**	*Newer Macrolides* - Azithromycin, clarithromycin *Respiratory Quinolones* - levofloxacin, moxifloxacin Gemifloxacin	**P. 932**	
• **Donovanosis**	Azithromycin, Erythromycin Tetracycline , Doxycycline	**P. 992**	Azithromycin being increasingly used as first choice
• **Brucella**	*Monotherapy* - Streptomycin *Dual therapy* - Streptomycin & Tetracycline	**975, 976** **975, 976**	*The gold standard is intra muscular streptomycin together with doxycycline*
• **Tuleremia**	Streptomycin (i.m.) for both adult & children	**P. 979**	
• **Gardenella Vaginosis**	Metronidazale	**P. 827**	
• **Chlamydia** *Chlamydia trachomatis*	Azithromycin	**P. 1075**	Erythromycin is D.O.C. in pregnant women
• *Chlamydia psittaci*	Tetracycline	**P. 1078**	
• *Chlamydia Pneumoniae*	Erythromycin, Tetracycline, Azitrhomycin,	**P. 1078**	**Alternatives** - Fluoroquinolones
Chlamydia urethritis	Azithromycin or Doxycycline	**P. 824**	
Rickettsial infections			
• *Rocky mountain spotted fever*	Doxycycline	**P. 1062**	
• *Rickettsial Pox*	Doxycycline or Ciprofloxacin	**P. 1063**	
• *Endemic typhus*	Doxycycline or Chloramphenicol	**P. 1064**	
• *Epidemic typhus*	Doxycycline	**P. 1063**	
• *Scrub typhus*	Doxycycline or Chloramphenicol	**P. 1065**	
Spirochaetes • **Syphilis**			
• *Primary, secondary or early latent* • *Late Latent cardiovascular or benign tertiary* • *Neuro syphilis* • *Syphilis in pregnancy*	Penicillin G benzathine **Normal C.S.F.** - Penicillin benzathine **Abnormal C.S.F.-** T/T as neurosyphilis Aqueous Penicillin G or Aqueous Penicilline G Procaine According to stage	**P. 1044**	
• **Leptospirosis**	*Mild* - Doxycyclin, Ampicilin or Amoxicillin Moderate/Severe - Penicillin G, Ampicillin, Amoxicillin, Erythromycin	**P. 1051**	
• **Borrelia** • *Relapsing fever*	Doxycycline (or other tetracyclines) Erytrhomycin, Chloramphenicol	**P. 1054**	

Infective organism	*Drugs of choice*	*Ref.*	*Comments*
• *Lyme disease*	*Oral therapy* **- *Adult-*** Doxycycline < 9year-Amoxycillin	**P. 1058**	**Second choice** -Amoxycillin **Third choice** - Cefuroxime
	Intravenous therapy- Ceftriaxone		**Second choice** - Cefotaxime **Third choice** - Na Penicillin
Mycoplasma	Erythromycin or doxycycline	**P. 1069**	**Alternatives** - Clarithromycin Azithromycine, Fluroquinolone Third generation cephalosphorins or cefotaxime in the initial therapy/ as it also covers meningitis causing bacteria
Actinomycetes			
• **Actinomycosis**	Penicillin	**P. 998**	
• **Nocardia**	Sulfonamides minocycline is an acceptible alternative	**P. 995**	Some believe that cotrimoxazole may be more effective but it poses a greater risk of hemato logical toxicity
Helminthic Infections			
• **Cestodes**			
H. Nana	Praziquantel	**P. 1340**	
Taenia saginata	Praziquantel	**P. 1336**	
Taenia Solium	Praziquantel	**P. 1338**	
• Trematodes			
Schistosomiasis	Praziquantel	**P. 1334**	
Liver flukes	Praziquantel		
Lung flukes	Praziquantel	**P. 1335**	
• ***Nematodes*** (tissue)			
Trichinella	*Enteric stage* - Mebandazole & Albendazole	**P. 1317**	Trichinella larva in muscle (Drugs ineffective)
• **Intestinal Nematodes**			
Ascariasis	Albendazole, Mebendazole, Pyrantel Pamoate (used in Pregnant women)	**P. 1320**	
Hook worm	Albendazole, Mebendazole, Pyrantel Pamoate	**P. 1321**	
Strongyloidiasis	Ivermectin,	**P. 1322**	**Alternative** - Albendazole
Trichuriasis (Whipworm)	Mebendazole or albendazole	**P. 1322**	
Enterobiasis (Pinworm)	Mebendazole, Albendazole, Pyrantel pamoal	**P. 1323**	
• ***Extraintestinal Nematodes***			
Filaria		**P. 1326**	
• *Filariasis*	Diethyl carbamazine		
• *Tropical Pulmonary* • *eosinophilia*	Diethyl carbamazine	**P. 1327**	
Onchocerciasis	Ivermectin is the D.O.C.	**P. 1328**	
Dracunculiasis (Guinea worm)	Metronidazole may relieve symptoms but has no proven activity against the worm	**P. 1329**	
• **Protozoal infectipp$**			
Amoeba		**P. 1278**	
• *Asymptomatic carrier*	Iodoquinol Paramomycin		
• *Acute Colitis*	Metronidazole + Luminal agent		
• *Amoebic liver abscess*	Metronidazole		
Trichomoniasis	Metronidazole	**P. 1315**	
Giardiasis	Metronidazole	**P. 1313**	
Toxoplasma infection		**P. 1310**	
• *Congenital infection*	Oral pyrimethamine and sulfadiazine		
• *Immunocompetent patients*	Usually do not require t/t		
• *Immunocompromised patients*	Trimethoprim sulphamethoxazole		
ANTIVIRAL			
• **Influenza A and B**		**P. 1087**	

Infective organism	*Drugs of choice*	*Ref.*	*Comments*
Prophylaxis Treatment	Amantadine or rimantadine Oseltamivir, Zanamivir, Amantadine	**t (171.1)**	Amantadine is used for influenza A only
· RSV infection	Ribavirin	»»	
• CMV-retinitis in immunocompromised host (AIDS)	Ganciclovir	>1	Valganciclovir, Foscarnet, cidofovir
• Varicella Immunocompetent host Immunocompromised host	Acyclovir Acyclovir	**P. 1088**	
• Herpes simplex			
Encephalitis	Acyclovir	ii	
Neonatal	Acyclovir	H	
Genital			
Primary (treatment)	Acyclovir	»	
Reccurrent (treatment)	Acyclovir		
Keratitis	Trifluridine	ii	
• Herpes zoster *Immunocompromised host* *Immunocompetent host*	Acyclovir Valacyclovir	ii	
• Herpes zoster ophthalmicus	Acyclovir	**P. 1089**	
• Condyloma acuminatum	IFN-o2b IFN-on3	ii	
• Chronic hepatitis B	IFN-o2b Lamivudine Adefovir, dipivoxi	ii	
• Chronic hepatitis C	IFN-a2a or -cc2b IFN-a2b/ribavirin Pegylated-IFN-a2b Pegylated-IFN-a2b/ribavirin Pegylated-IFN-a2a/ribavirin IFN alacon	ii	
• Chronic hepatitis D	IFN-oc2a or-a2b	ii	
Antifungal **Histoplasmosis**	"Intravenous Amphotericin B is the drug of choice for initial treatment of patient with disseminated histoplasmosis who are severely ill or immunosuppressed or whose infection involves the C.N.S."	**P. 1246**	
• Acute pulmonary	None	ii	
• Chronic pulmonary	Itraconazole	ii	**Alternatives** - Amphotericin B
• Disseminated Immunocompeten patient less severe	Itraconazole		**Alternatives** -Amphotericin B
· Rapid progressive severe illness CNS involvement, HIV infection	Amphotericin B	ii	**Alternatives** - Itraconazole
Coccidiodomycosis	Patients with severe or rapid progressive disseminated coccidiodomycosis are first given intravenous Amphotericin B patients whose condition improves or who have more indolent disseminated infection are given intraconazole	**1248-49**	

Infective organism	*Drugs of choice*	*Ref.*	*Comments*
• *No risk factors*	Itraconazole or Fluconazole	If	**Alternatives** - Observation
• *Risk factors, severe iiiness, rapid progression or diffuse pulmonary infiltrates*	Amphotericin B	99	**Alternatives-Switch** to itraconazole or flucanozle
• *Chronic dissemination (no CNS disease)*	Itraconazole or Fluconazole	»	**Alternatives** - Amphotericin B
• *Meningitis*	Fluconazole	”	**Alternatives-** Intrathecal Amphotericin B
Biastomycosis	I.V. Amphotericin B is the drug of choice for patients with rapidly progressive infections, severe illness or CNS lesions.	**1250-51**	
• Rapid progressing or severe illness	Amphotericin B	»	**Alternatives** - Switch to Itraconazole when condition stabilize
• CNS disease	Amphotericin B for 10-12 weeks	i»	**Alternatives** - Give fluconazole if patient improves
• Indolent infection	Itraconazole	”	
Cryptococcosis		**P. 1253**	
• *Disease in AIDS patients*	Amphotericin B		**Alternatives** - Itraconazole
• *Disease of Non AIDS patients*	Meningitis-Amphotericin B Pulmonary disease -Treat immunosuppressed patients as for meningitis	>»	**Alternatives** - Switch to fluconazole **Alternatives** - Itraconazole
Candidiasis		**P. 1255**	
• *Cutaneous*	Topical Azole		
• *Vulvovaginal*	Azole cream or suppository or oral fluconazole	ii	**Alternatives** - Nystatin
• *Oropharyngeal*	Clotrimazole or fluconazole	99	**Alternatives-** Nystatin
• *Esophageal*	Fluconazole tablet	i>	**Alternatives** - For azole unresponsive disease
• *Deeply invasive*	Non neutrophenic - Fluconazole or Amphotericin caspofungin Neutropenic - Amphotericin B	ii	
Asperaillosis		**P. 1207**	
• *Fungus base of the lung*	Surgical resection		**Alternatives** - Bead embolization for hemoptysis
• *Allergic branchopulmonary apergillosis*	Short course of Glucocorticoids	ii	**Alternatives** - Itraconazole prophylaxis
• *Invasive aspergillosis*	Voriconazole liposomal or conventional Amphotericin B	ii	**Alternatives** - Amphotericin B colloidal dispression or lipid complex itraconazole or caspofungin
Mucormycosis	Intravenous amphotericin B is useful	**P. 1262**	
Pityriasis versicolor	Azole creams, Application of Selenium Itraconazole is also effective	**P. 1263**	
Sporotrichosis	Itraconazole is the drug of choice	**P. 1265**	
Mycetoma		**P. 1266, P. 1264**	
• Actinomycetoma	Streptomycin Dapsone and Cotrimoxazole		
• Eumycetoma	Rarely responds to chemotherapy		
Pneumocystosis *Pneumocystis carinii*	Trimethoprim, Sulfamethoxazole	**P. 1269**	These are D.O.C. for all forms of Pneumocystosis



PHARMACOLOGY

GENERAL - PHARMACOLOGY

1. A substance havine affinity but no instrinsic activity is - *(Delhi 88, 90)*
a) Agonist b) Partial agonist
c) Antagonist d) Physiological antagonist

2. A substance having affinity and intrinsic activity is-
a) Agonists b) Partial agonist *(DELHI87)*
c) Antagonist d) Physiological antagonist

3. Detoxification or protective synthesis occurs by -
a) Oxidation b) Reduction *(AIIMS 84)*
c) Conjugation d) All of the above

4. Which of the following drugs are highly protein bound- *{AIIMS81, PGI86)*
a) Digitalis b) Warfarin
c) Phenytoin d)Rifampicin
e) None of the above

5. Estimation of serum levels is essential in treatment with- *{AIIMS82)*
a) Impiramine b) Chlorpromazine
c) Lithium d) Haloperidol

6. Elimination after 4 half lives in first order Kinetics is - *(A189)*
a) 84% b) 93%
c) 80.5% d) 4.75%

7. The following undergoes high first pass metabolism - *(PGI88)*
a) Propranolol b) Amitryptyline
c) Labetalol d)Acebetalol

8. Which of the following drugs do not enhance the effect of anti coagulants - *(AIIMS82)*
a) Quinine b) Griseofulvin
c) Salicylate d) Phenylbutazone

9. Drugs which increase the metabolism of warfarin is/are - *{PGI90)*
a) Rifampicin b)Septran
c) Phenylbutazone d)Phenobarbitone

10. The Alkaline drug (Amidopyrine) is absorbed from-
a) Stomach *(AI91)*
b) Proximal small intestine
c) Distal small intestine
d) Colon

11. Which drug has a high first pass effect - *(Jipmer91)*
a) Amiodarone b) Phenytoin
c) Verapamil d) Disopyramide

12. What is the advantage of sublingual route of administration of drugs - *(Jipmer91)*
a) Prevents first pass effect
b) Easy to administer
c) Lipid soluble
d) Can be spitted out with signs of toxicity

13. All the following induce hepatic enzymes except -
a) Rifampicin b) Phenytoin *(AIIMS 91)*
c) Barbiturates d) Tolbutamide

14. Serum level of drug is monitored when the patient is on- *(Jipmer 92)*
a) Lithium b) Haloperidol
c) Diazepamd) Acetazolamide

15. Drug with extensive first pass metabolism-
a) Propranolol b) Digoxin *(Jipmer92)*
c) Quinidined) Chlorpromazine

16. What is prodrug- *(Jipmer 92)*
a) Drug which Increases efficiency of another drug
b) Metabolic end product
c) Inactive drug which gets activated in the body
d) Drug which competes with another for metabolism

17. T *Vi* of a drug can determine all the following A/E
a) Dosing interval *(AIIMS 92)*
b) Elimination time
c) Steady Plasma concentration
d) Therapeutic dosage

18. Zero order Kinetics are seen in all except-
a) Salicylate b) Phenytoin *(PGI93)*
c) Barbiturates d) Ethanol

19. Which of the following avoids first pass effect of drugs - *(Jipmer 93)*
a) Oral Ingestion
b) Rectal Suppository
c) Intra venous injection
d) Intra-arterial injection

20. Increased efficiency of the contraceptive pill is recognised with the use of - *(PGI 81, 88)*
a) Rifampicin b) Warfarin
c) Phenytoin d)Frusemide

21. All of the following are protein bound except-
a) Propranolol b)Atenolol *(Delhi92)*
c) Phenylbutazone d) Warfarin

22. Drugs significantly affected by enzyme induction include the following except- *(AMU 90)*
a) Barbiturate b) Chlorpromazine
c) Diphenyl hydantoin d) Warfarin

23. Drug which crosses the placental barrier is- *(DELHI841, 92)*
a) Phenytoin b) Diazepam
c) Corticosteroids d) All of the above

24. Which of the following is not a dose related reaction-
a) Myocardial Irritation of Quinidine *(JIPMER 92)*
b) Hypoglycemia of tolbutamide
c) Digitalis induced arrythmia
d) Drug fever of sulpha

2 5. The factors contributing to the unequal distribution of drugs are all except- *(AIIMS 80, 83)*
a) Heterogenesity of the drug
b) Binding to plasma proteins
c) Cellular
d) Concentration in body fat
e) Blood-brain barrier

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l)c 2) a,b 3) c 4)b,c 5)a,c 6)b 7) All 8)a,b,d 9)a,d 10) b ll)c 12) a 13) d 14) a
15) a 16) c 17) None 18) c 19)c,d 20) None 21) b 22) a 23) d 24) d 25) a

26. Following drugs are contraindicated in lactation except - *(AIIMS 84, 88)*
a) Lithium b) Ciprofloxacin
c) Spiramycin d) Diazepam

27. The dosage of drugs in renal disease should be changed based on- *(PGI80)*
a) Urine output b) Blood urea
c) Serum creatinine d) Creatinine clearance

28. The elimination of following drugs is dose dependant except - *(AIIMS 80)*
a) Phenytoin b) Salicylate
c) Theophylline d)Digoxin

29. Which of the following statements is correct?
a) Most drugs are absorbed in ionised form
b) Basic drugs are generally bound to plasma albumin
c) Microsomal enzymes are located in the mitochondria of hepatic cells *(Karn 94)*
d) Blood brain barrier is deficient at the chemoreceptor trigger-zone

30. All the prodrugs except- *(Jipmer95)*
a) Enalapril b) Paracetamol
c) Sulphamethoxazole d) Trimethoprim

31. The study of dose, distribution, metabolism & excretion of drugs in the body is known as -
a) Pharmacognosia *(Kerala 95)*
b) Pharmacodynamics
c) Dose effective study
d) Pharmacotherapy

32. Which does not cross placental barrier -
a) Diazepam b) Pethidine
c) Atropine d) Dicumerol

33. Therapeutic index of a drug is an indicator of -
a) Potency b) Safety *(Al 95)*
c) Toxicity d) Efficacy

34. Which cytochrome is responsible for drug metabolism? *(IN95)*
a) P-450 b) C-3b
c) C-3a d) C-2a

35. All of following drugs are metabolized in body by acetylation except - *(AI96)*
a) INH b) Hydralazine
c) Procainamide d)Dilantoin

36. All of following are examples of prodrugs except
a) Levodopa b) Enalapril *(A196)*
c) Omeprazole d) Indomethacin

37. Zero order kinetics is seen with - *(All India 96)*
a) Phenytoin b) Phenobarbiton
c) Erythromycin d)Digoxin

38. Most common indication for therapeutic monitoring of plasma levels of a drug is - *(Al 96)*
a) Hit & run drugs
b) Drugs with irreversible action
c) Narrow therapeutic range
d) Failure of response

39. Which one of the following drugs does not exhibit zero order kinetics - *(CUPG.EE 96)*
a) Phenytoin b) Ethanol
c) Salicylate d) Ranitidine

40. Idiosyncrasy is- *(Karnat 96)*
a) A genetically determined abnormal reaction to drugs
b) A characteristic toxic effect at therapeutic doses
c) An altered physiological state produced by repeated drug use
d) An immunologically mediated reaction

41. The effectiveness of oral contraceptives is definitely affected by - *(Al 9 7)*
a) Captopril b)Frusemide
c) Ranitidine d)Rifampicin

42. Drugs absorbed by active transport is - *(NIMS 96)*
a) Propranolol b) Ergotamine
c) Levodopa d) Amantidine

43. Zeor order kinetic in high doses is seen in -
a) Phenytoin b) Propranolol *(AI98)*
c) Chlorpropamide d)Digoxin

44. All are PRO DRUGS except- *(MAHE 98)*
a) Sulindac b) Codeine
c) Talampicillin d) Chlorpromazine

45. Plasma concentration of drug at time 0 is 96 gml. If tl/2 is 2 hours concentration in plasma at 10 hours will be- *(MAHE98)*
a) 48 b) 24
c) 12 d)3

46. Which of the following shows high first pass me tabolism- *(ROHTAK98)*
a) Propranolol b) Phenobarbitone
c) Phenylbutazone d) Phenytoin

47. Drugs mostly cross biological membranes by-
a) Passive diffusion *(ROHTAK98)*
b) Active diffusion
c) Active transport
d) Carrier mediated transport
e) All of the above

48. Not a prodrug- *(JIPMER99)*
a) Lisinopril b) Enalapril
c) Ramipril d) Famotidine

49. Km value indicates- *(UP2K)*
a) Purity of enzyme
b) Physiological role
c) Half life enzymes drug complex
d) Affinity

50. Time for peak plasma concentration (Tmax) indicates- *(Karnataka 2001)*
a) The rate of elimination
b) The rate of absorption
c) The onset of effect
d) The intensity of effect

51. The following is a prodrug- *(JIPMER 2002)*
a) Lovastatin b) Pravastatin
c) Cetrivastatin d) Fluvastatin

26)c 27)d 28)a,b,c 29)d 30)b,c,d 31)None 32)c 33)b 34)a 35)d 36)d 37)a 38)c 39)d 40)a
41)d 42) c 43) a 44)d 45)d 46)a 47)a 48)a,d 49)c 50)b 51)a

52. Prodrugs are- *(NIMHANS01)*
a) Lisinopril b) Ramipril
c) Enalapril d)Captopril

53. Drugs causing nephrotoxicity - *(PGI02)*
a) Gentamycin b) Cloxacillin
c) Phenacetin . d) Erythromycin

54. Blood brain barrier crossed by- *(PGI 02)*
a) Dopamine b)Propanolol
c) Glycopyrrolate d) Physostigmine
e) Streptomycin

55. Low theraputic range is seen in- *(PGI 02)*
a) Lithium b) Erythromycin
c) Phenytoin d) Propranolol
e) Tricyclic antidepressant

56. In hepatic metabolism phase II reactions are- *(PGI*
a) Dealkylation b) Sulforunation *02)*
c) Methylation d) Glucuronization
e) Deamination

57. High hepatic excretion ratio seen in - *(PGI 02)*
a) Propranolol b)Lidocaine
c) Ampicillin d)Imipramine
e) Theophylline

58. Urine is colored by- *(PGI 02)*
a) Thiamine b)Rifampicin
c) Mepacrine d)INH
e) Riboflavin

59. Cyt-P-450 is inhibited by- *(PGI2000)*
a) Phenobarbitone b)Cimetidine
c) Phenytoin d)CCI_4

60. Displacement of protein bound drug- *(PGI2000)*
a) T Tfree drug plasma level b) T t side effects
c) *i* free levels d) 4 Effect

61. Which is true about Max. distribution -*(PGI2000)*
a) Highly lipophilic b) Blood brain barrier
c) 1 excretion d) *i* receptors

62. Characteristic feature of agonist is-
a) Has affinity only *(PGI 99)*
b) Has affinity as well as intrinsic activity
c) Has intrinsic activity only
d) Neither has affinity nor activity

63. True regarding dose-response curve is - *(PGI 99)*
a) Cannot determine the potency of a drug
b) Log dose response curve is sigmoid shaped
c) Cannot find response to antagonist
d) A wide range of doses can not be plotted

64. The max effect of a drug is defined by its -
a) Therapeutic index b) Potency *(PGI 98)*
c) Efficacy d) Adversity

65. In drug antagonis, 1st event to occur is-
a) Deactivation of receptors *(PGI 98)*
b) Receptor configuration changes
c) A&B
d) None

66. Dosage of drug is determined by following except-
a) Volume of distribution b) Half life *(PGI 97)*
c) Lipid solubility d) Exeretion of drug

67. About acidic drug true is - *(PGI 97)*
a) Best absorbed in acidic medium
b) Best absorbed in alkaline medium
c) Not absorbed in acidic medium
d) Binds to alpha glycoprotein

68. Enzyme cytochrome p450 inhibitors are -
a) Sodium valproate b) INH *(NIMHANS 01)*
c) Rifampicin d)Ethambutol

69. In which one of the following drug overdosages, is haemodialysis useful - **(***UPSC 02)*
a) Digoxin b) Paracetomol
c) Barbiturate d) Diazepam

70. In which of the following phases of clinical trial of drug ethical clearance is not required - *(AI04)*
a) Phase I b) Phase II
c) Phase III d) Phase IV

71. Which of the following is not a prodrug -(*AIIMS 04)*
a) Enalapril b) Oxcarbazepine
c) Chloralhydrate d) Diazepam

72. Half life does not help in estimating - *(SGPGI05)*
a) Margin of safety
b) Time taken to eliminate the drug completely from the body
c) Dosing schedule for drug
d) Cone, of drug in body at a particular time after its administration

73. FB 506 acts by which mechanism - *(SGPGI 05)*
a) Cyclophilin b)Calcinurin
c) TNF-alfa d) Phosphophylin

74. The antagonism of leukotrience by terbutaline is an example of - **(***COMEDK 05)*
a) Pharmacological antagonism
b) Physical antagonism
c) Physiological antagonism
d) Chemical antagonism

75. All are reasons for reducing drug dosage in elderly except- *(MAHE05)*
a) They are lean and their body mass is less
b) Have decreasing renal function with age
c) Have increased baroreceptor sensitivity
d) Body water is decreased

76. Which one of the opioids has maximum plasma protein binding capacity - **(***JIPMER 05)*
a) Morphine b) Sufentanil
c) Fentanyl d) Pethidine

77. Drug distribution is influenced by - (*PGI June 05)*
a) Drug binding b) Drug solubility
c) Degree of blood flow d)Age

7 8. Drugs given by I. V. route - **(***PGI June 05)*
a) Heparin b) Pantoprazole
c) Ranitidine d) Sumitriptan
e) Neomycin

52)b,c 53) a,c 54)b,d 55)a,c,e 56)b,c,d 57)a,b,d 58)b,e 59) b 60) a 61) a 62) b 63) b 64) c 65)d
66) None 67) a 68) b 69) c 70) d 71) d 72) a 73) b 74) c 75) c 76) c 77) All 78)a,b,c

79. CYP-450 inducers are - *(PGI June 05)*
a) Cimetidine b) Ketokonazole
c) Phenobarbitone d)DDT
e) Theophylline

80. Therapeutic index of a drug is an indicator of -
a) Potency b) Safety *(J &K 05)*
c) Action d) Efficacy

81. What would be the maintenance dose for oral administration of a drug every 8 hours if the calculated dosing rate were 20 mg/hr and the bioavailability were 0.5 - *(MAHA 05)*
a) 40 mg b)75mg
c) 110 mg d) 320 mg

82. Side effects of a drug arise due to the interactions of the drug to molecules other than the target These effects of a drug can be minimized by its high- *(AIMS NOV 05)*
a) Specificity b) Affinity
c) Solubility d) Hydrophobicity

*** 83. Which of the following property of drug will enable it to be used in low concentrations -** *(AIMSNO V 05)*
a) High affinity b) High specificity
c) Low specificity d) High stability

84. A highly ionized drug - *(AI05)*
a) Is excreted mainly by the kidney
b) Can cross the placental barrier easily
c) Is well absorbed from the intestine
d) Accumulates in the cellular lipids.

85. When a drug is evaluated for its usefulness in controlled conditions, it is termed as a trial signifying ? *(AI 06)*
a) Efficacy b) Effectiveness
c) Efficiency d) Effect modification

86. Drug transport mechanism include -*(PGI June 06)*
a) Active transport b) Passive transport
c) Lipid solubility

87. IV drug duration of action depends on -*(PGIJune 06)*
a) Protein binding b) Clearance
c) Distribution volume d) Lipid solubility

88. Causes for less bioavailability - *(PGI June 06)*
a) High first pass metabolism
b) Increased absorption
c) IV drug administration
d) High solubility

89. Loading dose depends on the following factors except-
a) Drug concentration to be achieved (*APPG 06)*
b) Volume of distribution
c) Clearance of the drug
d) Bioavailability of drug

90. When two different chemicals act on two different receptors and their responses is opposite to each other on the same cell is called as - *(APPG 2006)*
a) Physiological antagonism
b) Chemical antagonism
c) Reversible antagonism
d) Competitive antagonism

91. Clearance - *(Karnataka - PG MEE 2006)*
a) Refers to the efficacy of elimination of a drug by an organ or whole body
b) Cannot be greater than blood flow to an organ
c) Determinds the steady of the drug concentrations
d) All the above

92. Ligand gated ion channel is - *(PGMCET 07)*
a) GABA-A Receptor
b) GABA-B Receptor
c) VIP Receptor
d) Somatostartin Receptor

93. In case of drug that follows first order elimination
a) The rate of elimination is constant (*Corned 08)*
b) The elimination half life varies with dose
c) The clearance varies with dose
d) The rate of elimination varies directly with dose

94. All of the following have receptors which are transcription factors, except - *(AI 07)*
a) Insulin b) Estrogen
c) Glucocorticoids d) Vitamin D

95. Which of the following is a prodrug - *(AI 07)*
a) Ticlopidine b) Aspirin
c) Clopidogrel d) Dipyridamole

96. All are inhibitors of Cytochrome P-450 enzymes except- *(MAHE 07)*
a) Amiodarone b) Disulfiram
c) Fluoxetine d) Rifampicin

97. Which of the following is excreted in saliva -
a) Tetracyclines b) Ampicilline *(UP 07, 05)*
c) Lithium d) Chloramphenicol

98. The pharmacokinetics to deals with geriatic harmacokinetics to decline the - *(UP 07, 05)*
a) Gastric absorption b) Liver metabolism
c) Renal clearance d) Hypersensitivity

99. Volume of distribution is affected by all except -
a) Binding to plasma protein *(UP 07)*
b) Drug clearance
c) Lipid insolubility
d) Absence of blood brain barrier

100. Therapeutic index is - *(UP 07)*
a) $\frac{ED'_{50}}{LD_{SO}}$ b) $\frac{LD_{50}}{ED_{S0}}$
c) ED_{50}-LD_{S0} d) $ED_{S0^x}LD_{50}$

101. Which drugs not given in hepatic failure -
a) Diazepam *(PGIJune 07)*
b) Theophylline

102. Therapeutic drug monitoring is advised in all except- *(AIMSNov 07)*
a) Metformin b) Phenytoin
c) Tacrolimus d) Cyclosporine

103. Good clinical practice (GCP) seen in all except- *(AIMSNov 07)*
a) Preclinical trials b) Phase I trials
c) Phase II trials d) Phase IV trials

79) c,d 80) b 81) d 82) a 83) a 84) a 85) a 86)a,b,c 87)All 88) a 89) c 90) a 91)d 92) a
93) d 94) a 95)a,c 96) d 97) c 98) c 99) d 100) b 101) b 102) a 103) a

104. Phase II in a clinical drug trial is done to assess -
a) Therapeutic efficacy *(AI08)*
b) Maximal tolerated dose
c) Maximal lethal dose
d) Toxicity

105. Therapeutic index is a measure of a drugs - *(AI 08)*
a) Safety b) Potency
c) Efficacy d) Toxicity

106. ED 50 is a measure of - *(AI 08)*
a) Toxicity b) Safety
c) Potency d) Efficacy

107. All of the following enzymes and their reactions are involved in the metabolism of Xenobiotics, except- *(AI08)*
a) Cytochrome oxidase b) Cytochrome p 450
c) Methylation d) Hydroxylation

108. Which drug is not acetylated ? *(Aiims May 08)*
a) INH b) Dapsone
c) Hydralazine d) Metoclopropamide

109. Which is a prodrug ? *(Aiims May 08)*
a) Enalapril b) Clonidine
c) Salmeterol d) Acetazolamide

110. Free water clearance decreased by *?(Aiims May 08)*
a) Vincristine b) Vinblastine
c) Chlorpropamide d) Furosemide

111. Loading dose depends on - *(AiimsMay 08)*
a) Volume of distribution b) Clearance
c) Rate of administration d) Half life

112. Which is Cyt. P450 inhibitor ? *(Aiims May 08)*
a) Ketoconazole b)Rifampicin
c) Phenytoin d)INH

113. A drug has volume of distribution 13.6 L/Kg which is true - *(PGI June 08)*
a) It is present in plasma & interstitium
b) Confined to extra cellular intravascular space
c) Hemodialysis is effective
d) Substance solubility is more
e) Less protein bound

114. Following are prodrug except - *(PGI June 08)*
a) Enlapril b) Diazepam
c) Lisinopril d) Cyclophosphamide

115. True about first-pass metabolism - *(PGI June 08)*
a) Only seen in orally taking drugs
b) High rectal administration, less first pass metabolism
c) Vomiting affect first pass metabolism
d) Affected by portal and gastrointestinal endothelium
e) Prodrug has low first-pass metabolism

116. All are inhibitors of cytochrome P-450 enzymes except- *(Manipal 08)*
a) Amiodarone b)Disulfiram
c) Fluoxetine d) Rifampicin

117. Idiosyncratic reaction with drugs occurs due to -
a) Antigen-Antibody reaction *(DPGEE 08)*
b) Enzymatic abnormalities of genetic origin
c) Tolerance
d) Supersensitivity of receptors

118. For a drug obeying first order kinetics, 97% of the drug is eliminated after - *(DPGEE 08)*
a) Two half lives b) Five half lives
c) Six half lives d) Seven half lives

119. The ratio of the dose that produces toxicity to the dose that produces a clinically desired or effective response in a population of individual is known as -
a) Efficacy b) Potency *(UP 08)*
c) Therapeutic index d) Partial agonist

120. Which of the following statement (s) is/are true regarding drug transport mechanism -(PGI Dec 08)
a) Facilitated diffusion require energy
b) Facilited diffusion is carrier mediated
c) Active transport is carrier mediated
d) Passive diffusion is same as faciliated diffusion
e) Faciliated diffusion may transport against concentration gradient

121. Regarding absorption of therapeutic dose of drugs which of the following statements are true -
a) Kd means 50% efficacy of the drug *(PGIDec 08)*
b) Kd means 50% saturation of receptors
c) Molecular wt. of most drug should b/w 100 to 1000 dalton
d) All drug are toxic in man
e) All drug act via receptor

122. Compliance of drug increased by - *(PGIDec 08)*
a) T no. of dose
b) T duration of treatment
c) Past history of unpleasant events like Myocardial infarction
d) Less frequent dose
e) Involvement of family member

123. Absorption of drug in gut is decreased by -
a) Food *(PGIDec 08)*
b) Non-ionised state
c) First pass metabolism
d) Small size of particle
e) Increase expression of p-glycoprotein

124. In metabolism of xenobiotics all of the following reactions occur in phase one except?
a) Oxidation b) Reduction *(AIIMS Nov 08)*
c) Conjugation d) Hydrolysis

125. Pharmacovigilance is used for - *(AIIMSMay 09)*
a) To monitor drug toxicity
b) To monitor unauthorized drug manufacture
c) Monitoring of students
d) Check costs

126. MDR gene acts by - *(AIIMSMay 09)*
a) Block drug activation
b) Block intracellular DNA synthesis
c) Cause efflux of drug
d) DNA repair inhibition

104) a 105) a 106)c 107)a 108)d 109)a 110)d lll) a 112)a 113)d,e 114)b,c 115)d,e 116)d 117)b
118) b 119) c 120) b,c 121)b,c,d 122)d,e 123)a,c,e 124)c 125)a 126)c

127. Therapeutic Drug Monitoring (TDM) involves monitoring of plasma concentration of the drug when there is similar relation b/w plasma drug concentration & its effect TDM has widely used to guide therapy with which of the following group of drugs -
a) Antiarryhythmics *(PGIJune09)*
b) Anticoagulants
c) Antihypertensive agents
d) Hypoglycemic agents
e) Anti depresents

128. True about active transport of the drug -
a) Carrier mediated *(PGIJune09)*
b) Requires ATP (energy)
c) Transport drugs along concentration gradient
d) Saturation occurs

129. True about competitive inhibition- *(PGI June 09)*
a) Raise V_{max} & K_m
b) Inhibitors bind to substance binding site on en2yme
c) Example is malonate
d) Inhibitors resemble structurally to the substance

130. True about competitive antagonist - *(PGI June 09)*
a) Maximum rate of reaction can be attained by increasing agonist concentration
b) ED_{50} remain same with or without antagonist
c) Binding site of agonist & antagonist essentially same
d) Reversal of blockade by antagonist can be achieved by higher dose of agonist

131. Combination of ampicillin and gentamicin is an example of - *(Corned09)*
a) Indifference b) Synergy
c) Antagonism d) Bacterial symbiosis

132. Clinically significant drug interaction occurs between pyridoxine and all the following drugs except- *(Manipal09)*
a) Isoniazid b) Cyclosporine
c) Levodopa d) Hydralazine

133. Clinically significant drug interaction occurs between pyridoxine and all the following drugs except- *(Manipal09)*
a) Isoniazid b) Cyclosporine
c) Levodopa d) Hydralazine

134. The time required to achieve maximal concentration (T_{max}) - *(DELHIPG Feb. 09)*
a) Is important for designing multiple dosage regimen
b) Is the time when rate of absorption exceeds rate of elimination
c) Depends on the type of formulation in case of oral medications
d) Is a critical parameter for acute conditions

135. Identify the wrong statement - *(DELHIPG Mar. 09)*
a) Acidic drugs bind to albumin in plasma
b) Basic drugs bind to a_1 acid glycoprotein
c) Drugs having higher affinity can displace the other from the same protein
d) Sex steroid hormones do not bind to any protein in plasma

136. The effect of thiopentone on the CNS is quickly terminated because of - *(DELHIPG Mar. 09)*
a) Rapid metabolism in the CNS
b) Quick first-pass elimination
c) Redistribution
d) Rapid metabolism in systemic circulation

137. Combined phase I & II trial done *fox*-*(PGINov 09)***
a) Antihypertensive agent
b) Anticancer drugs
c) Immunosuppresant
d) Antiarrhythmatic agents
e) Antiparkinsonism drugs

138. Volume of distribution depends on - *(PGI Nov 09)*
a) Protein binding b) Lipid solubility
c) Glomerular secretion d) Tissue affinity
e) pKa

139. Which of the following is a metabolite of prodrug Carisoprodol - *(AIIMS Nov 09)*
a) Amphetamine b) Meprobamate
c) Doxylamine d) Dimethadione

140. In India all drugs are given under supervised regimen except ? *(AIIMS Nov 09)*
a) Dapsone b) Clofazimine
c) Pyrazinamide d)Rifampicin

141. Which of the following is not a prodrug?
a) Quinapril b)Fosinopril *(AIIMS Nov 09)*
c) Benzopril d) Lisinopril

142. Pharmacovigilance is done for monitoring -*(AIIMS*
a) Drug price b) Unethical practices *May 10)*
c) Drug safety d) Pharmacology students

143. Narrow therapeutic index is seen with - *(AI10)*
a) Desipramine b) Lithium
c) Penicillin d) Diazepam

144. Following drugs show change from first order to zero order kinetics except - *(Maharashtra 10)*
a) Phenytoin b)Ampicilin
c) Tolbutamide d) Theophyline

145. True about Transferable drug resistance is following except- *(Maharashtra 10)*
a) Degree of resistance is high
b) Simultaneous resistance to multiple drugs occurs
c) Combination of drugs can prevent it
d) High drug-dosage is ineffective

146. Which of the following is a prodrug- *(Punjab 10)*
a) Vanciclovir b) Lisinopril
c) Carbamazepine d) Phenobarbitone

147. What is the drug does to body - *(Punjab 10)*
a) Pharmacodynamics
b) Pharmacokinetics
c) Adverse drug reaction
d) Idiosyncratic reaction

148. All the following drugs inhibit Cytochrome P-450 except- *(Jipmer 10)*
a) Alcohol
b) Cyclophosphamide
c) Isoniazid
d) Disulfiram

127) a,e 128)a,b,d 129)b,c,d 130)a,c,d 131)b 132) b 133) b 134)c 135) d 136) c 137)b 138)a,b,d,e
139) b 140) a 141) d 142) c 143) b 144) b 145) c 146) c 147) a 148) b

149. One of the following drug can be given IV, IM, SC epidural and oral route - *(Jipmer 10)*
a) Ketamine b) Propofol
c) Diazepam d) Nitrous oxide

150. A160 mg dose of a drug was administered i.v, and 80 mg was eliminated during the first 120 minutes. If the drug follows first order elimination kinetics how much of the drug will remain 6 hours after its administration? *(Corned 10)*
a) None b)20mg
c) 10 mg d)40mg

151. The stomach motility is inhibited by - *(Corned 10)*
a) Histamine b) Angiotensin
c) Acetylcholine d) Dopamine

152. Following are durgs except - *(PGIMay 10)*
a) Nutrients
b) Blood component
c) Essential dietary ingredient
d) Poison

153. True statement regarding Bioassay - *(PGIMay 10)*
a) Done to know activity of endogenous substance
b) To know toxicity & efficacy of drug

ADVERSE DRUG EFFECT

154. Pseudo lymphoma is manifestation of -*(JIPMER 95)*
a) Phenytoin b) Carabamazepine
c) Sodium valporate d) Pheno barbital

155. Which of the following drug can cause dyspnoea in children - *(PGI 79, AIIMS 79, 82)*
a) Paracetamol b)Salicylates
c) Ampicillin d)Propranolol

156. Dysguesia is seen with the use of- *(AIIMS92)*
a) Co-trimoxazole b)Clotrimazol
c) Ciprofloxacin d)Captopril

157. Which of the following drugs cause diarrhoea -
a) Morphine *(UPSC 85, 87, Kerala 88)*
b) Atropine
c) Magnesium sulphate
d) Guanethidine

158. Which drug causes bone marrow depression -
a) Sulfonylurea b) Lithium *(PGI 86)*
c) Testesterone d) Chlorambucil

159. Photodermatitis and corneal microdeposits are side effects of- *(JIPMER 80, AIIMS 81)*
a) Verapamil b) Procainamide
c) Flecainide d)Amiodarone

160. Transient deafness is most commonly associated with - *(PGI 79, AIIMS 80)*
a) Lasix b) Ethacrynic acid
c) Bumetanide d) Spironolactone

161. Peripheral neuropathy is caused due to -*(AIIMS 97)*
a) Bleomycin b) Busulphan
c) Cisplatin d)Cyclophosphamide

162. Acanthosis nigricans is caused by wihch drug- *(PGI 2K)*
a) Amphotericin - B b) Ketoconazole
c) Nicotinic acid d) Nalidixic acid

163. Pigmentary retinopathy is a side effect of- *(PGI 79, AIIMS 84)*
a) Chlorpromazine b) Thioridazine
c) Trifluoperazine d) Fluphenazine

164. Inj ection of which is followed by p *ain-(Burwan 2K)*
a) Succinyl choline b) Neostigmine
c) Curare d) Morphine

165. The following causes severe hypotension -
a) Sod. Nitroprusside b) Ether *(PGI 89)*
c) Halothane d) Cyclopropane

166. Liver cell necrosis can occur due to - *(Kerala 90)*
a) Digoxin b) Gallamine
c) Halothane d) Ether

167. Drug causing obstructive jaundice is - *(AI88)*
a) Chloropromazine b) Carbon tetrachloride
c) Tetracycline d) Methyl dopa

168. The effects of hypoglycemia is marked by- *(TN 90)*
a) Warfarin
b) Beta blockers
c) Calcium channel blockers
d) Aminoglycosides

169. Which of the following drugs causes post anaesthetic muscle stiffness - *(AI91)*
a) Fentanyl b) Pyridostigmine
c) Suxamethonium d) Gallamine

170. Nystagmus can be caused by- *(AJ.89)*
a) Phenytonin b)Quinidine
c) Lignocaine d) Chlorpromazine

171. Osteomalacia can be caused by- *(AJ.89)*
a) Phecytonin b)Quinindin
c) Chloroquine d)All

172. Which of the following drugs cause retroperitoneal fibrosis - *(AIIMS 85)*
a) Methysergide b) Cyclosporine
c) Melphalan d) Vincristine

173. Drug fever is associated with all except - *(AP 88)*
a) INH b) Dapsone
c) Chloramphenicol d) Streptomycin

174. Hypothyroidism can be caused by- *(PGI 88)*
a) PAS b) Resorsinol
c) Amiaodarone d) Cimetidine

175. Drug causing pancreatitis- *(PGI 88)*
a) Steroids b) Vincristine
c) Diuretics d)INH

176. One of the following in high doses can cause convulsions - *(AI90)*
a) Penicillin b) Sulfonamides
c) Aminoglycosides d) Erythromycin

177. Psychosis can be caused by- *(JIPMER 91)*
a) Steroids b)INH
c) Chloroquine d) All of above

149) c 150) b 151) d 152)a,b,c 153)a,b 154)a 155)b 156)d 157)c 158)a,d 159)d 160)b 161)c 162)c 163) b 164) a 165)a,c 166)c 167)a 168)b 169)a 170)a 171)a 172)a 173)None 174)a,c 175)a,c 176) a 177) a

178. Hemolysis in G-6-P- deficiency is precipitated by all except- *(PGI80,88, AIMS 93)*
a) Dapsone b) Cotrimoxazole
c) Quinine d) Penicillin

179. Cough is an adverse reaction seen with intake of -
a) Thiazide b) Nifedipine*(PGI 93)*
c) Enalapril d) Prazosin

180. Chronic ulceration would most likely occur following administration of- *(DNB 91)*
a) Carbenicillin b) Clindamycin
c) Cholramphenicol d)ColistinB

181. One of the following is not a side effect of captopril -
a) Cough b) Renal dysfunction *(AI95)*
c) Hyperkalaemia d) Hemolytic anaemia

182. Which drug causes osteporosis on long terms use-
a) Estrogen b) Progesterone *(AI 95)*
c) GnRH analogues d) Warfarin

183. The intake of which of the following is associated with an increase in weight- *(CUPG.EE 95)*
a) Chlorpromazine b) Methyl dopa
c) OCP d) Thyroxine

184. Urine is coloured due the intake of - *(CUPGEE 96)*
a) Phenindione b) Phenobarbitione
c) Phenytoin d) Quinine

185. Which of the following causes delirium? *(CUPGEE*
a) Cocaine b) Amphetamine *96)*
c) L-Dopa d)All

186. Paralytic ileus is caused by- *(KERALA 97)*
a) Vincristine b) Cisplatinum
c) Cyclophosphamide d) Melphalan

187. The following has maximum propensity for photo dermatitis- *(JIPMER 98)*
a) Oxytetracycline b) Doxycycline
c) Minocycline d) (3_2 agonist

188. Which is an Ototoxic drug- *(MP 98)*
a) Tetracycline b) Vincristine
c) Penicillin d) Sulphonamide

189. Gout is precipitated by all except- *(MP 98)*
a) Furosemide b) Pyrizinamide
c) Thiazides d) Sulfinpyrazone

190. All cause hyperprolactinemia except - *(MAHE 98)*
a) Metoclopromide b) Haloperidol
c) Trifluoperazine d) Lasix

191. Which of following causes retinal pigmentation as a side effect- *(KERALA 98)*
a) Adriamycin b) Bleomycin
c) Tamoxifen d) Stilbesterol

192. Pleural fibrosis caused by- *(PGI 02)*
a) Phenytoin b) Methysergide
c) Amiodarone d) Ergotamine
e) Ranitidine

193. Which drug is implicated in the causation of nephrotic syndrome - *(PGI 01)*
a) Gold b) Amphoterecin B
c) Rifampicin d) Ibuprofen
e) Captopril

194. Drugs which cause pericarditis is - *(PGI 01)*
a) Hydralazine b) Procainamide
c) Bretylium d) Methysergide
e) Amiodarone

195. Drugs causing constipation are- *(PGI 01)*
a) Verapamil b) Quinidine
c) MAO-Inhibitor d) Tricylic antidepressants
e) Ferrous sulphate

196. Drugs producing ANA- *(PGI2000)*
a) Phenytoin b) Penicillin
c) INH d) Procainamide

197. At pharmacological doses unwanted unavoidable effects are called - *(PGI 99)*
a) Side effects b) Idiosynchrotic reaction
c) Toxicity d) Pharmacogenetics

198. Galactorrhea is caused by all except- *(Orissa 2K)*
a) Metoclopromide b) Digitalis
c) Reserpine d) Methyl Dopa

199. The following drug is used for osteoporosis -
a) Ranitidine b) Raloxifen *(JIPMER 02)*
c) Remipril d)Riclopride

200. Peripheral neuropathy may occur with the use of all the following except - *(AIMS 03)*
a) Vincristine b) Cisplatin
c) L-Asparginase d) Procarbazine

201. Hypokalemia can be caused by - *(PGI 04)*
a) Spironolactone b) ACE inhibitor
c) AmphotercinB d) Chlorthalidone
e) Rifampcin

202. Drugs causing pulmonary fibrosis - *(PGI 04)*
a) Bleomycin b) Buspirone
c) Cyclophosphamide d) Nitrofurantoin

203. Which of the following does not cause hyperglycemia - *(Kerala 04)*
a) Pentamidine b) Thiazide
c) Diazoxide d) Quinine

204. Which of the following does not cause convulsions -
a) Lignocaine b) Phenothiazines *(APPGE 04)*
c) Lamotrigine d) Penicillin

205. Neutrophilia is seen in - *(APPGE 04)*
a) Steroids b) Lithium
c) Both d) None

206. The following drugs can cause SLE like syndrome except- *(COMEDK05)*
a) Isoniazid b) Gatifloxacin
c) Hydralazine d) Procainamide

207. Megaloblastic anaemia may be caused by the following except - *(UPSC 05)*
a) Phenytoin b) Amoxycillin
c) Methotrexate d) Pyrimethamine

208. Drugs causing SLE - *(PGI June 05)*
a) INH b) Hydralazine
c) Procainamide d) Ranitidine
e) Methyldopa

178) d 179) c 180)b 181)d 182)c 183)c 184)a 185)d 186)a 187)b 188)a 189)d 190)d 191)c 192)b,c 193)a,d,e 194)a,b,d 195)a,d,e 196)a,c,d 197)a 198)b 199)b 200)c 201)c 202)a,c,d 203)d 204)c 205) c 206) b 207) b 208)a,b,c,e

209. Drugs causing osteoporosis - *(PGIJuneOS)*
a) VitK b) Lithium
c) Dilantin d) Heparin
e) Etidronate

210. Fanconi's syndrome is caused by - *(J&K 05, JIPMER91)*
a) Cephalosporins
b) Chloramphenicol
c) Decreased cholinesterase
d) Old adn degraded tetracyclines

211. Oculogyric crisis is known to be produced by all of the following drugs except - *(AI 05)*
a) Trifluoperazine b) Atropine
c) Perchlorperazine d) Perphenazine

212. Megaloblastic anemia is side effect of all the drug except- *(APPGE05)*
a) Acyclovir b) Lamivudine
c) Methotrexate d) Flurocytosine

213. The drugs that does not cause Raynaud's phenomenon - *(APPGE 05)*
a) Vincristine b) Bleomycin
c) Vinblastine d) Cisplatin

214. Which of the following drugs is known to cause granuloma in the liver - *(AIIMS NO V 05)*
a) Allopurinol b) Nifedipine
c) Tetracycline d) Methyl testosterone

215. All the following drugs may cause hyperkalemia except - *(AIIMS NO V 05)*
a) Cyclosporine b) Amphotericin B
c) Heparin d) NS AIDs

216. Which one of the following drugs increases gastrointestinal motility - *(AI 05)*
a) Glycopyrolate b) Atropine
c) Neostignime d) Fentanyl

217. Which one of the following drugs causes constipation ? *(AI06)*
a) Propranolol b) Verapamil
c) Nitroglycerin d) Captopril

218. Drugs causing Addison's disease ar*e-(PGI June 06)*
a) Ketoconazole b) Aminoglutethimide
c) Cyclosporine d) Glucocorticoids

219. When causes least "gain in weight" ? *(NIMHANS 06)*
a) Olanzapine b) Risperidone
c) Quetiapine d) Ziprasidone

220. Antimicrobial that produces haemolysis in G7PH deficient patient - *(Corned 07)*
a) Ciprofloxacin b) Nitrofurontoin
c) Norfloxacin d) Mandelamine

221. The following drug has maximum propensity to cause peripheral neuropathy - *(AI07)*
a) Didanosine b) Zidovudine
c) Stavudine d) Lamivudine

222. Gynaecomastia is caused by - *(Aiims May 07)*
a) Clomiphene citrate b) Tamoxifen
c) Spironolactone d) Testosterone

223. Impotence is most commonly caused by which antihypertensive agent - *(A iims May 07)*
a) Calcium channel blocker b) ACE inhibitors
c) AT_1 receptor antagonist d) P blockers

224. Bone marrow aplasia is seen with all except -
a) Methicillin *(Aiims May 07)*
b) Chloramphenicol
c) Alpha methyl hydantoin
d) Phenylbutazone

225. Hypertension is seen with all except -*(Aiims May 07)*
a) Erythropoietin b) Cyclosporine
c) NS AID d) Levodopa

226. No - cause of Hepatitis is - *(UP 07)*
a) Nitrous oxide (N_20) b) Diethyl ether
c) Halothane d) Pyrizinamide

227. Which of the following drug deposited in the retina is - *(UP07)*
a) Isoniazid b)Chloroquine
c) Rifampicin d)Pyrizinamide

228. Which of the following drugs deposited in the muscles - *(UP07)*
a) Verapamil b)Digoxin
c) Adenosine d) Phenytoin

229. Which teratogen causes deafness ? *(Aiims May 08)*
a) Isotretinoin b)Chloroquine
c) Alcohol d) Warfarin

230. Cerebellar toxicity is seen with - (AIIMS May 09)
a) Cisplatin b) Cytarabine
c) Bleomycin d) ActinomycinD

231. Drug causing peptic ulcer are all except -
a) m b) Diclofenac *(PGINov 09)*
c) Cyclosporine d) Clopidegrel
e) Mycophenolate

232. One of the following caused nephrotoxicity -
a) Azathioprine *(AIIMS Nov 09)*
b) Cyclophosphamide
c) Mycophenolate mofetil
d) Tacrolimus

233. Oligospermia caused by - (AIIMS May 10)
a) Methotrexate b) Hydroxychloroquine
c) Leflunomide d) D-peniollamine

234. Which one of the following drugs cause hypomagnesemia by increased excretion? *(AIIMS*
a) Frusemide therapy b) Cisplatin *May 10)*
c) Digitalis d) Aminoglycosides

235. Which of the following teratogenic effects in incorrectly matched - *(AI10)*
a) Phenytoin - Cleft lip / palate
b) Zidovudine - Skull defects
c) Valproate - Neural tube defects
d) Warfarin - Nasal bone dysplasia

236. All of the following drugs may cause Hirsuitism, except- *(AI 10)*
a) Danazol b) Phenytoin
c) Norethisterone d) Flutamide

209)b,c,d 210)d 211)b 212)d 213)a,c 214)a 215)b 216)c 217)b 218)a,b 219)d 220)b 221)c 222)c
223) d 224) a 225) d 226) a,b 227) b 228) b 229) a 230) b 231)c 232) d 233) a 234) a 235) b 236) d

237. Pancreatitis occurs with - *(AI10)*
a) Abacavir b) Zidovudine
c) Lamivudine d) Didanosine

238. Pseudolymphoma is manifestation of - *(DPG10)*
a) Phenytoin b)Carbamazepine
c) Sodium valproate d) Phenobarbital

239. All the following anti viral drugs cause dyslipidemia except- *(Jipmer10)*
a) Saquinavir b)Lipinavir
c) Atazanavir d) Amprenavir

240. Conversion of acetaldehyde to acetate is inhibited by- *(Jipmer10)*
a) Ciprofloxacin b)Carbamazepine
c) Disulfiram d) Cefoperazone

241. Neutropenia is seen in all except - *(Jipmer10)*
a) Scurvy
b) Aplastic anemia
c) Typhoid fever
d) Chloramphenicol therapy

242. Discoloration of teeth in an infant is due to -
a) Phenytoin b) Porphyria *(Jipmer 10)*
c) Barbiturated) Tetracycline

243. Drugs that do not increase QT interval -
a) Amiodarone b) Quinldine *(PGINov.10)*
c) Digitalis d) Amitryptyline
e) Procainamide

244. Erythropoitin leads to - *(PGINov. 10)*
a) Hypertension b)Thrombocytopenia
c) Reticulocytosis d) Flu-like symptoms
e) Hypokalemia

245. Hemorrhagic cystitis is caused by - *(AIIMSNov 10)*
a) Busulphan b) Cisplatin
c) Cyclophosphamide d) Doxorubicin

246. A child has phocomelia. This is due to drug taken by mother - *(AIIMS Nov 10)*
a) Tetracyclineb) Thalidomide
c) Warfarin d) Chloroquine

247. Which of the following doesn't worsen angina -
a) Sumatriptan b)Oxyfedrine *(AIIMS May 11)*
c) Dipyridamole d) Thyroxine

248. Which does not causes megaloblastic anemia -
a) Phenytoin b) Chloroquine *(AIIMSMay 11)*
c) Sulfasalazine d) Alcohol

249. Which of the following is not a side effect of naloxone- *(AIIMS May 11)*
a) Seizure
b) Hypertension
c) Pulmonary edema
d) Ventricular dysrrthymia

250. All of the following are known adverse effects of thalidomide, except - *(AI 11)*
a) Diarrhea b) Teratogenicity
c) DVT d) Peripheral Neuropathy

251. Hyperprolactinemia is not caused by -*(PUNJAB 11)*
a) Metoclopramide b) Apomorphine
c) Chlorpromazine d) Methyldopa

252. Thrombocytopenia is not caused by - *(PUNJAB 11)*
a) Aspirin b) Acyclovir
c) Ampicillin d) Amiodarone

253. The following drugs can cause Acute Interstitial Nephritis except - *(UPSC111)*
a) NSAIDs (Non Steroidal Anti-Inflammatory Drugs)
b) Prednisolone
c) Allopurinol
d) Penicillamine

A.N.S.

CHOLINERGIC SYSTEM

254. All of the following do not cross the blood brain barrier except - *(AIIMS 79)*
a) Pyridostigmine b) Neostigmine
c) Physostigmine d) Ambenonium

255. A patient complains of muscle weakness. On administration of neostigmine, it diasppears. What is its mechanism of action is - *(AP 89)*
a) It blocks action of acetycholine
b) It interferes with the action of amine oxidase
c) It interferes with the action of carbonic anhydrase
d) It interferes with the action of acetylcholine esterase

256. Vagal stimulation following intake of food does not affect secretion of - *(JIPMER 93)*
a) Stomach b) Pancreas
c) Parotid d) Gall bladder

257. Vigal stimulation can cause all except - *(AI91)*
a) Delayed A-V conduction
b) Increased ventricular contraction
c) Increased atrial contraction
d) Decreased heart rate

258. Parasympathetic stimulation would decrease the following except - *(JIPMER 81, Kerala 88)*
a) SA node rhythmicityb) Heart rate
c) A. V. conduction time d) Atrial contractility

259. In carbamate poisoning all the following should be administered except - *(AP 91)*
a) Atropine b) Artificial respiration
c) Gastric lavage d) Oximes

260. Pin point pupil is seen with..... administration -
a) Organophosphorus poisoning *(PGI88)*
b) Atropine
c) Cocaine
d) Morphine

261. Drugs which does not crosss blood brain barrier-
a) Neostigmine b) Physostigmine *(PGI88)*
c) Atropine d) Hyoscoine

262. Anticholinesterase are used in the diagnosis of -
a) Poliomyelitis *(AIIMS 85)*
b) Polymyositis
c) Myasthenia gravis
d) GullainBarre Syndrome

237) d 238) a 239) c 240) c 241) a 242) d 243) c 244)a,c,d 245) c 246) b 247) b 248) b 249) a 250) a 251)b 252)None 253)b 254)c 255)d 256)d 257)b,c 258)c 259)d 260)a,d 261)a 262)c

263. The Effect of D-tubocurarine can be antagonised by- *(AI91)*
a) Atropine b) Neostigmine
c) Edrophonium d) Gallamine

264. Therapeutic use of acetyl choline is not possible because it is- *(Jipmer 92)*
a) Highly protein bound b) Rapidly degraded
c) Repidly excreted d) Orally ineffective

265. Pralidoxime is not useful in poisining with-
a) Eldrin b) DFP *(AIMS 92)*
c) Malathion d) Parathion

266. Which of the following in not a contraindication for cholinomimetic drugs - *(Kerala 89)*
a) Post operative urinary retention
b) Bronchial constriction
c) Coronary insufficiency
d) Peptic ulcer

267. Neostigmine can be used in all except - *(AIMS 92)*
a) Myaesthenia gravis
b) Curare poisoning
c) Cholinergic crisis
d) Supraventricular tachycardia

268. Acetylcholine acts as a postganglionic sympathetomimetic at- *(JIPMER 80)*
a) Mammary glands b) Penis
c) Sweat glands d) Lacrimal glands

269. Which of the following is true of the use of pilo carpine - *(DELHI 8 7)*
a) Congenital glaucoma
b) Chronic simple glaucoma
c) Absolute glaucoma
d) Secondary glaucoma

270. Antidote for organophosphorous poisoning is - *(Kerala 95)*
a) Atropine b) Neostigmine
c) Succinylcholine d) D-Tubocurarine

271. The sub-type of Cardiac Muscarinic receptor is predominantly- *(Karn 95)*
a) Ml b) M3
c) M2 d)Ml &M3

272. Maximum Nicotinic effect is seen with- *(AIMS 96,*
a) Pilocarpine b) Carbachol *PGI97)*
c) Bethanechol d) Methacholine

273. Nicotinic receptors are seen in- *(NIMS 96)*
a) Skeletal muscle b) Visceral smooth muscle
c) Cardiac muscle d) Salivary glands

274. Neostigmine does not cross blood brain barriers due to its- *(M.P 98)*
a) Secondary structure b) Tertiary structure
c) Quaternary structure d) Primary structure

275. Baclofen is given in - *{CUPGEE 2001*)
a) Cerebral palsy b) Infective polyneuritis
c) C-J disease d) Cerebral tumours

276. Neostigmine- *{PGI02)*
a) It is a quartamary amounium compound
b) Metabolised in liver
c) It can cross the blood brain barrier
d) Prominent effect on smooth muscles

277. Atropine-mechanism of action in poisoning-
a) Reactivation of choline-esterase *(PGI 2000)*
b) Acts on central and peripheral post, ganglionic receptors
c) Acts on central and peripheral cholinergic receptors
d) Acts on peripheral cholinergic receptors only

278. Ganglion blockers act by- *(PGI 99, 96)*
a) Inhibition of release of acetyl choline
b) Competing for acetyl choline receptor
c) Preventing conduction from pre post ganglionic
d) Inhibiton of Ach destruction

279. Shortest acting anticholinesterase is - *(TN04)*
a) Edrophonium b)Pyridostigmine
c) Glycopyrolate d) Neostigmine

280. Timolol is preferred in Glaucoma over Pilocarpine, because - *(J&K 05)*
a) It is most effective than Pilocarine
b) Enhances Uveo-sacral outflow
c) Produces less ocular side effects
d) It has no contraindications

281. Neostigmine is useful for - *(PGMCET 07)*
a) Cobra b) Krait
c) Both (1) and (2) d) Viper

282. Cholinesterase reactivators are used in -
a) OPC poisoning *(PGMCET 07)*
b) Mushroom poisoning
c) d-tubocurare poisoning
d) All of the above

283. Sarin, war gas is a - *(PGMCET 07)*
a) Organophosphorus poisoning
b) Organochlorous poisoning
c) Caustic
d) Phosnides

284. Most poisonous mushroom is - *(PGMCET07)*
a) Amanita phylloides
b) Amanita muscarica
c) Amanita pantherina
d) Hebeloma crustuliniforme

285. The features of organophosphorus poisoning include the following except - *(UPSC 07)*
a) Fasciculations b) Pulmonary oedema
c) Epileptic seizures d) Mydriasis

286. Short acting mydriatic used in fundoscopy is -
a) Atropine *(UP 07, 06)*
b) Homatropine
c) Cyclopentolate
d) Tropicamide

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263) b,c 264) b 265) a 266) a,c 267) c,d 268) c 269) b 270) a 271) c 272) b 273) a 274) c 275) a 276) a
277) c 278) a,b,c 279) a 280) c 281) a 282) a 283) a 284) a 285) d 286) d

287. In a child with organo-phosphorns poisoning, which one of the following is the correct order of priority in management ? *(UPSC-108)*
a) Pralidoxime, diazepam, atropine, clear airway
b) Clear airway, atropine, diazepam, pralidoxime
c) Diazepam, atropine, clear airway, pralidoxime
d) Atropine, pralidoxime, diazepam, clear airway

288. Mechanism of action of pralidoxime is - *(AI08)*
a) Direct activation of cholinergic receptors
b) Reactivation of cholinesterase
c) Inactivation of cholinesterase
d) Inhibition of acetyl choline

289. D-tubocurarine acts by - *(DELHI PG Mar. 09)*
a) Inhibiting nicotinic receptors at myoneural junction
b) Inhibiting nicotinic receptors at autonomic ganglion
c) Producing depolarizing block
d) By inhibiting reuptake of acetylcholine

290. A patient complains of muscle weakness. On administration of neostigmine, it disappears. What is its mechanism of action? *(DPG10)*
a) It blocks action of acetylcholine
b) It interferes with the action of amine oxidase
c) It interferes with the action of carbonic anhydrase
d) It interferes with the action of acetylcholine esterase

291. The enzyme pseudocholinesterase acts on -
a) Decamethonium b) Tubocurarlne *(DPG 10)*
c) Gallamine d) Suxamethonium

292. Pralidoxime is ineffective or fails against treatment of carbamate poisoning because - *(Maharashtra 10)*
a) Esteric site of acetylcholine esterase is blocked
b) Anionic site of acetylcholine esterase is not free
c) It cannot break the molecule of carbamate
d) None of the above

293. All of the following are actions of muscarinic antagonists, except - *(AI 11)*
a) Decrease gastric secretions
b) Decrease Respiratory secretions
c) Contract radial muscles of iris
d) Fascilitates AV conduction

ANTI CHOLINERGIC

294. Atropine should never be started when the patient is cyanosed due to the danger of-*(PGI79, Orissa 91)*
a) Cerebral edema b) Respiratory arrest
c) Ventricular fibrillation d) None of the above

295. Antidote for muscarine posoning is - *(JIPMER 80, DNB 91)*
a) Sodium benzoate b) Thiocyanate
c) Atropine d)BAL

296. Which is the shortest acting mydriatic- *(ARMS92,*
a) Atropine b)Tropicamide *UP 04)*
c) Cyclopentaolate d) Homatropine

297. Pralidoxime acts in organopho sphorus poisoning by- *(PGI 89, AI 97)*
a) Regenerating Cholinesterase
b) Inhibiting cholinesterase
c) Cholinergic action
d) None of the above

298. Atropine is contraindicated in -*(AIIMS 80, 81, 86)*
a) Scleritis b) Corneal ulcer
c) Galucoma d) Infants

299. Hyoscine differs from atropine in that hyoscine does not cause- *(AI 90)*
a) Mydriasis b) Drowsiness
c) Dryness of mouth d) Tachycardia

300. Hexamethonium is a- *(Jipmer 91)*
a) Parasympathetic blocker b) Sympathetic blocker
c) Nicotinic blocker d) All of the above

301. Botulin acts by- *(ARMS 80, 91)*
a) Secretion of Ach b) Synthesis of Ach
c) Inhibits Ach release d) Muscle nerve block

302. One of the following is not a side effect of atropine-
a) Blurring of vision *(All India 96)*
b) Diarrhoea
c) Urinary retention
d) Confusion of elderly

303. Which of the following anticholinergic is claimed to act selectively on bronchial muscle- *(Karn 95)*
a) Isopropamide b) Ipratropium
c) Benztropine d) Pirenzepine

304. Atropine does not inhibit which secretion -
a) Tear b) Saliva *(CUPGEE96)*
c) GI. Secretion d) Bile

305. The following anti cholinergic drug has comparitively specific action on gastric secretion & is useful in peptic ulcer- *(AI 97, 89)*
a) Atropine b) Pirenzipine
c) Oxyphenonium bromide d) Dicyclomine

306. Physostigmine can reverse the effect of all except- *(MAHE98)*
a) Amitryptiline b) Edrophonium
c) dTC d)Organopho

307. Atropine causes - *(PGI01)*
a) Decreased cardiac output b) Heart block
c) Hypertension d) Miosis
e) Sweating

308. All are true of atropine except - *(PGI98)*
a) TBP b)THR
c) IBP d)Rubor

309. Amatoxins in mushroom poisoning acts by inhibiting- *(PGI98)*
a) DNA b)mRNA
c) Adenosine d)G-proteins

310. Ipratropium bromide is contraindicated in - *(AI08)*
a) Asthma b) Urinary retention
c) Hypertension d) Peptic ulcer

287) b 288) b 289)a 290)d 291)d 292)b 293)c 294)b 295)c 296)b 297)a 298)c 299)d 300)c
301)c 302)b 303)b 304)d 305)b 306)b,c,d 307)None 308)a,c 309)b 310)b

311. Tiotropium is used for - *(AI08)*
a) Treating urinary retention
b) Treating ileus
c) Increasing salivation
d) Treating asthma

312. All of the following drugs may be used to relieve urinary spasms after urological procedures Except-
a) Darifenacin b) Oxybutynin *(AI 08)*
c) Tolterodine d) Tiotropium

313. Which of the following drugs is shortest acting mydriatic and cycloplegic - *(DPGEE 08)*
a) Scopolamine b) Homotropine
c) Cyclopentolate d) Tropicamide

314. Botulinum toxin blocks neuromuscular transmission by which of the following mechanism-
a) Closure of Ca^{++} channels at the presynaptic membrane *(DELHIPG Feb. 09)*
b) Closure of $Na^{4\wedge}$ channels at the postsynaptic membrane
c) Opening of K^{++} channels at the presynaptic membrane
d) Opening of Ca" channels at the postsynaptic membrane

315. Which is the shortest acting mydriatic? *(DPG10)*
a) Atropine b) Tropicamide
c) Cyclopentolate d) Homatropine

316. Anticholinergic drug used in Alzheimer's disease -
a) Memantine b) Neostigmine *(Jipmer10)*
c) Physostigmine d) Rivastigmine

317. Which of the following side-effects is UNLIKELY with glycopyrrolate? *(Corned 10)*
a) Tachycardia
b) Inhibition of salivation
c) Suppression of gastric secretion
d) Central anticholinergic syndrome

318. Atropine is drug of choice in - *(PUNJAB 11)*
a) Angle closure glucoma
b) Cataract
c) Acute iridocyclitis

ADRENERGIC SYSTEM

319. Preganglionic Parasympathetic fibres are not carried by which cranial nerve - *(CUP GEE 99)*
a) m b)V
c)vn d)x

320. Vessels not under sympathetic control are- *(PGI79, Delhi 93)*
a) Cerebral b) Splanchnic
c) Cardiac d) Cutaneous

321. Tachycardia in hypertension is caused by stimulation of - *(JIPMER 91)*
a) $Alpha_1$ receptor b) $Alpha_2$ receptor
c) $Beta_t$ receptor d) $Beta_2$ receptor

322. Heart is most sensitive to - *(AIIMS 91)*
a) Norepinephrine b)Epinephrine
c) Metanephrine d)Ephedrine

323. Adrenaline increases all of the following in heart except- *(AI97)*
a) Automaticity b) Conduction velocity
c) Refractory period d) Contractility

324. The molar ratio of catecholamines to ATP is -
a) 1:1 b)2:l
c) 4:1 d) 8:1
e) 9:1

325. Immediate treatment of anaphylaxis is - *(A197)*
a) Hydrocortisone b) Atropine
c) Adrenaline d) Benzyl penicillin

326. Latanoprost acts by - *(AIIMS 98)*
a) Decreased aqueous production
b) Expanding trabecular meshwork
c) Increased uveoscleral outflow
d) None

327. Adrenaline is used in - *(PGI 88)*
a) Bronchial asthma
b) Cardiac asthma
c) Cardiac arrest
d) Hypersensitivity reactions

328. Which is not an inotropic agent - *(AI 95)*
a) Amrinone b) Amiodarone
c) Isoprenaline d) Dopamine

329. Which drug increases renal perfusion -
a) Adrenaline *(NIMHANS 88, JIPMER 98)*
b) Nor adrenaline
c) Dopamine
d) Isoprenaline

330. Which of the following drugs sensitises the C.V.S. to catecholamines - *(A II India 93)*
a) Corticosteroids b) Insulin
c) Growth hormone d) Testosterone

331. Drug which exerts an inotrophic action, produces peripheral vasodilatation and decrease capillary pulmonary resistance - *(AIIMS 84)*
a) Levarterenol b) Epinephrine
c) Phenoxybenzamine d) Aramine

332. All the following drug act at the dopaminergic receptors exept - *(Jipmer 80, AIIMS 84)*
a) Dopamine b) Domperidone
c) Metoclopramide d)Dobutamine

333. The vasodilator effect of isoproterenol can be abolished by - *(Jipmer 81, AIIMS 87)*
a) Pheyoxy benzamine b) Propranolol
c) Chlorpromazine d) Hydralazine

334. The following are indirectly acting sympathomimetic agent except- *(AIIMS 84)*
a) Amphetamine b)Tyramine
c) Ephedrine d) Dopamine

335. Decrease in vascular resistance of mesentric and renalvasculature is caused by - *(AI 90)*
a) Dopamine b)Dobutamine
c) Ephedrine d) Nordrenaline

311) d 312) d 313) d 314)a 315)b 316)d 317)d 318)c 319)b 320)a 321)c 322)b 323)c 324)c
325) c 326) c 327) c,d 328) b 329) c 330) a 331)b 332) d 333) b 334) c,d 335) a

336. Phenylephrine is useful for all of the following except- *(AI91)*
a) Anaphylactic shock b) Mydriasis
c) Nasal decongestant d) Atrial tachycardia

337. Dales vasomotor reversal phenomenon occurs with - *(AI 91)*
a) Dopamine b) Adrenaline
c) Nor Adrenaline d) All of the above

338. Dopamine is preferred in treatment of shock be cause- *(AI92, AIIMS91)*
a) Renal Vasodilatory effect
b) Increased Cardiac Output
c) Peripheral Vasoconstriction
d) Prolonged action

339. Effect of Dopamine on Kidney is blocked by -
a) Pindolol b) Phentolamine *(Jipmer93)*
c) Propranolol d) Haloperidol

340. Which of the following causes rise in systolic as well as diastolic BP for prolonged *period-(AIIMS 86)*
a) Ephedrine b) Epinephrine
c) Dopamine d) Norepinephrine

341. True about tyramine are all except -
a) Direct acting amine *(AIIMS 86, Delhi 93)*
b) Indirect acting amine
c) Cheese is a rich source
d) Excess can lead to hypertensive crisis

342. The following are anorexiants *except-(AIIMS82,86)*
a) Amphetamines b)Biguanides
c) Fenfluramine d) Cyproheptadine

343. Dopamine is- *(DELHI 84, Orissa 88)*
a) Alpha and beta agonist
b) Beta agonist
c) Alpha agonist
d) A beta blocking agent
e) Alpha blocking agent

344. Most potent cardiac stimulant is-(DAB *98MIMS81)*
a) Adrenaline b) Noradrenaline
c) Ephedrine d) Salbutamol

345. The drug of choice in cardiogenic shock is -
a) Dopamine b) Propranolol *(JIPMER 81)*
c) Dobutamine d) Adrenaline

346. Use of adrenaline is in - **(***Kerala 94)*
a) Vasovagal syncopy b) Hypotension
c) Anaphylactic shock d) Bradycardia

347. Which of the followig statements about dopamine is correct - *(Karn 94)*
a) Used in congestive cardiac failure
b) Its plasma half-life is 6 hours
c) Theraputically useful in parkinsonism
d) Acts only on dopaminergic receptors

348. Not a catecholamine- *(All India 95)*
a) Epinephrine b) Norepinephrine
c) Dopamine d) Phenylephrine

349. True about terbutaline is - *(NIMS 96)*
a) It is an alpha agonist
b) It is an alpha antagonist
c) It is a p_2 agonist
d) It is a p_2 blocker

350. All of the following are selective b2 agonists except-
a) Ritodrine b) Isoproterenol *(AP 97)*
c) Salbutamol d) Terbutaline

351. Dales vasomotor reversal - *(PGI2000)*
a) Stimulation of alpha-1 receptors
b) Stimulation of alpha-2 receptors
c) Stimulation of beta-1 receptors
d) Stimulation of beta-2 receptors

352. Uses of salbutamol are/is - *(PGI 2000)*
a) Acute asthma b) Premature labour
c) Bronchitis d) Asthma prophylaxis

353. Dale's vasomotor reversal is due to - *(PGI99, 96)*
a) Alpha blocker b) Beta blocker
c) ACH inhibitor d) All of the above

354. Alpha one stimulation produces - *(PGI98)*
a) HR? b) BP t
c) HR! d)None

355. Adrenaline cause vaso constriction in all of the following vessels except - *(PGI 9 7)*
a) Gut b) Cerebral
c) Cutaneous d) Renal

356. Not an endogenous catecholamine - *(APPG 03)*
a) Isoprenaline b) Dopamine
c) Noradrenaline d) Adrenaline

357. Most common receptor in heart are-(Jharkand 03)
a) Betal b) Beta 2
c) Alpha 1 d) Alpha 2

358. Beta II receptors are found in - *(SGPGI05)*
a) Artioles b) Veins
c) SAnode d) Myocardium

359. Which one of the following is not an alpha-adrenoceptor agonist - *(AIIMS May 05)*
a) Clonidine b) Methyldopa
c) Guanabenz d)Guanfacine

360. Tamsulosin, a competitive a_2 adrenoceptor antagonist has affinity for which of the following receptors - *(Karnataka PG MEE 2006)*
a) ^{a}iA **b)«lB**
c) None of the above d) Both of a and b

361. Mefanteramine is given in patient of shock along with IV fluids, because it causes - *{PGMCET 01)*
a) Increased cardiac output
b) Increased systolic BP
c) Increased diastolic BP
d) All of the above

362. A patient who is using a direct acting sympathomimetic agent as a decogestant is most likely to be taking - *{Corned 07)*
a) Ephedrine b) Amphetamine
c) Phenylephrine d) Metaraminol

336) a,d 337) b 338) a 339)None 340) a,d 341) a 342) d 343) a 344) a 345) c 346) b,c 347) a 348) d 349) c
350) b 351) d 352) a,b 353) a 354)b 355) a,b 356) a 357) a 358) a,b 359) b 360) a,d 361) d 362) c

363. AO of the foUowing may be associated with the use of Beta agonist in preterm labour Except - *{AI07)*
a) Hyperkalemia
b) Hyperglycemia
c) Tachycardia
d) Relaxation of uterine muscles

364. TVue statement about clonidine are aU except -
a) Increases parasympathetic outflow *(AI07)*
b) Decreases sympathetic outflow by blocking central alpha receptor
c) Used in Hypertension
d) Prazosin is used to antagonize side effects of clonidine

365. AU are endogenous catecholamines except - *(Aiims*
a) Epinephrine b) Norepinephrine *May 07)*
c) Dopamine d) Dobutamine

366. Dopamine used in shock because - *(UP 08)*
a) Increases cardiac output
b) Decrease peripheral resistance
c) Renovascular constriction
d) Renovascular dilatation

367. Beta blockers used in CHF are - *(PGI Dec 08)*
a) Propranolol b)Bisoprolol
c) Carvedilol d) Nebivolol
e) Pindolol

368. Correct about P blocker- *(PGI June 09)*
a) Membrane stability
b) Used in glaucoma
c) Esmolol metabolize by kidney
d) Nadolol metabolize by liver
e) Have intrinsic sympathomimetic activity

369. One of the following activities is not mediated through P2 adrenergic receptors -
a) Stimulation of lipolysis *(DELHIPG Feb. 09)*
b) Increased hepatic gluconeogenesis
c) Increased muscle glycogenolysis
d) Smooth muscle relaxation

370. Use of a agonist- *(PGI Nov 09)*
a) Relief of spasticity / muscular spasm
b) Erectile dysfunction
c) Terminal cancer pain
d) Councious sedation in intubaed ICU patients
e) Post herpetitis neuropathy

371. MAO inhibitors should not be used with - *(AI 10)*
a) Pethidine b) Pentazocine
c) Buprenorphine d) Morphine

372. Dopamine is preferred in treatment of shock because -
a) Renal vasodilatory effect
b) Increased cardiac output
c) Peripheral vasoconstriction
d) Prolonged action

373. The adrenergic drug Sibutramine is used as -
a) Antipsychotic *(Maharashtra 10)*
b) Antiglaucoma
c) Anorectic
d) Antiparkinsonian

374. One of the following drug is an orally active partial alpha-1 agonist used in the treatment of postural hypotension and autonomic instability -*(Jipmer 10)*
a) Midodrine b) Phenyllephrine
c) Metaraminol d) Methamphetermine

375. Dopamine causes all except- *(Jipmer 10)*
a) Decreases splanchnic blood flow
b) Increases cardiac output
c) Decreases peripheral resistance
d) Increases heart rate

376. Side- effects of Salbutamol includes - *(PGINov. 10)*
a) Tremor b) Arrhythmia
c) Hypoxemia d) Uterine relaxation
e) Vasodilation

377. Propanolol does not reverse the which effect of adrenaline - *(PUNJAB 11)*
a) Mydriasis b) Tremors
c) Lipolysis d) Smooth muscle relaxation

378. Alpha 2 agonist used to relieve muscle spasm is -
a) Tizanidine b) Clonidine *(Jipmer11)*
c) Brimonidine d) Aproclonidine

ANTI-ADRENERGIC

379. The following are the advantages of timolol except -
a) No miosis (*.AIIMS 81, 87)*
b) No accomodative spasm
c) A few systemic side - effects
d) Reduced IOP
e) Increased aqueous outflow

380. Cardioselective beta bockers is are - *(PGI 86)*
a) Metoprolol b)Practalol
c) Atenolol d)Acebutalol
e) Timolol

381. Propranolol is contra indicated in - *(KERALA 89)*
a) Mycardial infarction b)CCF
c) Tachycardia d) HOCM
e) All

382. Propranolol causes all except - *(AI 89, 97)*
a) Decrease heart rate
b) Increase coronary flow
c) Decrease cardiac output
d) Reduce systolic-perssure

383. Clonidine is indiated in all except - *{AI 89)*
a) Migraine b) Morphine withdrawal
c) Hypertension d) Cardiac arrythmias

384. Propanolol is contra indicated in -*(AMU95, Kerala*
a) Bronchial asthma b) Hypertension *89)*
c) Migraine d) Angina

385. Ultra short acting beta blocker most commonly used in anaesthesia is - *{IN02)*
a) Esmolol b) Nadalol
c) Propanalol d) Atenolol

386. p-BIockers are contra indicated in -*(.NIMHANS86)*
a) Hypertension b) Congestive cardiac failure
c) Anxiety states d) Hyperthyroidism

363) a 364) d 365) d 366) d 367) b,c 368)a,b,e 369) a 370)a,c,d 371) a>b 372) a 373) c 374) a 375)c 376)All 377)a 378)a 379)e 380)a,c,d 381)b 382)b 383)a,d 384)a 385)a 386)b

387. Cardioselective P blockers is/are- *(AIIMS 86)*
a) Atenolol b)Labetalol
c) Sotalol d) Propranolol
e) None of the above

388. Drug which is alpha as well as beta blocker-
a) Atenolol b)Acebutalol *(AIIMS 86)*
c) Metorprolol d)Labetalol
e) Sotalol

389. Beta blocker without local anesthetic effect is -
a) Metoprolol b) Pindolol *(DELHI 89, PGI92)*
c) Atenolol d) Timolol

390. Following drugs have a membrane stabilizing effect except - *(PGI -90, 93)*
a) Atenolol b) Timolol
c) Metoprolol d) Nadolol

391. The advantages of metoprolol over propranolol include all of the following except - *(AIIMS 86)*
a) Less likely to provoke bronchoconstriction
b) More likely to be effective in sinus bradycardia
c) Less likely to produce temporary rise in peripheral resistance at the start of therapy
d) Less likely to produce sudden rise in blood pressure after physical exertion

392. True about Timolol - *(PGI 80, 89)*
a) Cardioselective P-blocker
b) Reduces formation of aqueous humor
c) Cautions use in bronchial asthma
d) May be combined with pilocarpine
e) Has membrane stabilising activity

393. A selective alpha-1 antagonist is - *(PGI 80)*
a) Methoxamine b) Prazosin
c) Phentolamine d)Clonidine

394. Alpha -1 receptor actions are mediated through -
a) c AMP b) cGMP *(JIPMER 79)*
c) Calcium ions d) ADP

395. The Beta - blocker with maximum local anaesthetic property is - *(AIIMS 80)*
a) Metoprolol b)Acebutalol
c) Pindolol d) Propranolol

396. Beta blockers are contraindicated in all of the following except - *(PGI 80)*
a) Diabetes b) Angina
c) Congestive heart failure d) Asthma

397. Selective Beta -1 blocker is - *(PGI 80)*
a) Nodolol b) Atenolol
c) Pindolol d) All of theabove

398. The Beta-Blocker to be avoided in renal failure is -
a) Propranolol b) Metoprolol *(PGI 80)*
c) Atenolol d)Oxprenolol

399. Which of the following is beta specific blocker-
a) Esmolol b) *Betoxalo\(Kam 94)*
c) Atenolol d) Satolol

400. One of the following has shortest plasma half life-
a) Propranolol b) Esmolol *(AI95)*
c) Timolol d) Atenolol

401. Presynaptic blocker is- *(PGI '95)*
a) Clonidine b) Yohimbine
c) Phenoxybenzamine d) Methyl Dopa

402. All are true about prazocin except - *(AIIMS 9 7)*
a) Selective α_1 blocker b) First dose effect
c) Glucose intolerance d) Favourable lipid profile

403. Clonidine is a- *(All India 97)*
a) (X2 agonist b) ai antagonist
c) a + (5 antagonist d) Pi agonist

404. P Blocker are used in all, except- *(AllIndia 97)*
a) Variant angina b) Mild hypertension
c) Glaucoma d) Thyrotoxicosis

405. P Blocker with least entry cross blood brain barrier- *(All India 97)*
a) Propranolol b) Atenolol
c) Esmolol d) Timolol

406. Which is not a selective P$_2$ agonist - *(Kerala 97)*
a) Ocriprenaline b) Terbutaline
c) Albutalol d) Isoproterenolol

407. Timolol is- *(ROHTAK 97)*
a) Anti hypertensive b) Antiglaucoma drug
c) Anticancer drug d) Cholinergic
e) None

408. All are a blockers except- *(ROHTAK 97)*
a) Tolazoline b) Prazosin
c) Chlorpromazine d) Butoxamine
e) Yohimbine

409. (XjA antagonist - *(AI 99, PGMECT 07)*
a) Prazosin b) Terazosin
c) Inderamine d) Tamsulosin

410. Specific Pj agonist - *(AI 99)*
a) Dobutamine b) Albuterol
c) Terbutaline d) Isotharine

411. Which of the following non selective adrenergic antagonists causes periphral vasodilatation - *(Kerala 01)*
a) Osteoporosis b)Carvidelol
c) Sotalol d) Nadolol

412. p-blockers with intrinsic sympathomimetic properties are - *(PGI02)*
a) Propanolol b) Oxprenolol
c) Practolol d) Esmolol
e) Butoxamine

413. Properties making cardioselective beta blockers desirable are - *(PGI 02)*
a) Less bronchoconstriction
b) Adverse effect on lipid profile
c) Cause glucose intolerance
d) May be used in Raynaud's disease
e) Less liable to impair exercise capacity

414. True of the following is/are- *(PGI 01)*
a) Betaj receptors in heart stimulate its contractions
b) Beta$_2$ receptors in heart stimulate its contractions
c) Beta receptors are present in smooth muscles
d) Alpha$_t$ receptors cause preganglionic stimulation
e) Alpha$_2$ receptors cause postganglionic feedback inhibition

387) a 388) d 389) c,d 390)a,b,d 391)b 392)b,c,d 393) b 394) c 395) d 396) a,b 397) b 398) c 399)a,b,c 400)b 401)b 402)c 403)a 404)a 405)b 406)d 407)a,b 408)d 409)d 410)a 411)b 412)b 413)a,d,e 414) a,c

415. In aperson with HR= 120, rate is reduced by - *(PGI98)*
a) Propranolol b) Phentolamine
c) Phenoxybenzamine d) Prazosin

416. P blocker acts by - *(PGI97)*
a) i Cardiac output b)AHR
c) iBP d)AIl

417. True about alpha blocker is - *(St. Johns 02)*
a) Improves glucose profile
b) Improves lipid profile
c) UsedinBPH
d) All of the above

418. The drug which has Pj antagonistic action and P_2 agonistic action is - *(Jipmer 03)*
a) Carvedelol b)Acebutalol
c) Metaprolol d) Atenolol

419. Short elimination half - life (8 to 10 min) of esmolol (beta 1 - adrenergic blocker) is due to - *(Karn 03)*
a) Rapid redistribution
b) Rapid elimination by kidney
c) Hydrolysis by blood esterases
d) Rapid protein binding

420. Propranolol is indicated in the following conditions except - *(UPSC 04)*
a) Intermittent claudication
b) Portal hypertension
c) Migraine
d) Benign essential tremors

421. Pure alpha 2 blocker is - *(TN 04, PGI 79)*
a) Timolol b)Sotalol
c) Yohimbine d)Carvidolol

422. Combined Alfa & Beta blockers are all except -
a) Pindolol b) Levobunolol *(PGI June 05)*
c) Carvedilal d)Labetalal
e) Acebutolal

423. Esmolol true is/are - *(PGI June 06)*
a) a Blocker
b) Long *Vi* life
c) Not cardioselective
d) Used in LV decompensation
e) Cause bradycardia

424. All of the following may be associated with Beta 2 agonist treatment except - *(AI07)*
a) Hyperkalemia
b) Hyperglycemia
c) Detrusor relaxation
d) Relaxation of gut and bronchial muscles

425. All of the following are nonselective Beta blockers with additional actions except- *(AI 07)*
a) Carvedilol b) Betoxalol
c) Cartelol d) Labetalol

426. Both alpha and beta blocker - *(PGI June 07)*
a) Labetalol b) Carevedilol
c) Prazosin d)Tamsulosin
e) Milrinone

427. This short acting selective b-blocker is used in treatment of arrhythmias - *(Manipal 08)*
a) Esmolol b) Carveoilol
c) Celiprolol d)Bisoprolol

428. Which of the following drug (s) is/are used in b-blocker overdose - *(PGI Dec 08)*
a) Atropine b) Acetycholine
c) Glucagon d) Octreotide
e) Isoprenaline

429. What is/are true about Terazosin w.r.t. phenoxybenzamine - *(PGI Dec 08)*
a) More, al selective b) Less S/E
c) Longer acting d) Once daily dosing

430. Tolazoline is used as - *(AIIMS May 09)*
a) As thrombin inhibitor in peripheral angiography
b) As vasodilator in treating coronary artery stenosis during angio procedures
c) As vasoconstrictor in *tit* of varices
d) Antispasmodic during biliary spasm

431. Beta blocker without local anaesthetic effect is -
a) Metoprolol b) Pindolol *(DPG10)*
c) Atenolol d) Timolol

432. Following is the advantages of topical (i-blocker over other miotic drugs except- *(Maharashtra 10)*
a) Does not cause miosis
b) No systemic side effects
c) Does not cause myopia
d) Iris spasm and headache

433. Which of the following are P_t selective antagonist- *(PGI May 10)*
a) Propanalol b) Atenolol
c) Metoprolol d) Pindolol

434. Not true about P blockers is - *(PUNJAB 11)*
a) Delay recovery from hypoglycemia due to oral hypoglycemic agents
b) Should not be used with NSAIDs
c) Performance of athletes increased with P blockers
d) Thiazides can be combined with P blockers for treatment of hypertension

MUSCLE RELAXANT

435. Curare in therapeutic doses - *(AIIMS 88)*
a) Decreases the amplitude of skeletal muscle
b) Prevents propagation of action potential in skeletal muscle
c) Enhances the action of choline esterase
d) Enhances the action of catecholamines

436. Succinyl choline is a muscle relaxant which act by -
a) Persistent depolarisation *(Delhi 84, AP 85)*
b) Competitive blockade
c) Mechanism of action uncertain
d) a and b

415)a 416)d 417)d 418)b 419)c 420)a 421)c 422)a,b,e 423)e 424)a 425)b 426)a,b 427)a 428)a,c,e 429) a,b,d 430) b 431)c,d 432) b 433) b,c 434) c 435) a 436) a

437. Which drug is contra indicated in myasthenia gravis - *{AI88)*
a) Succinyl choline b) Tubocurare
c) Neostigmine d) Halothane
e) Cycloporpane

438. Site of action of anaesthetic muscle relaxants is -
a) Myoneural junction *{PGI88)*
b) Central
c) Ascending reticular activating system
d) Red nucleus

439. Which of the following occurs first with the use ofDTC - *(AIIMS 87 AP 88)*
a) Diaphragmatic relaxation
b) Abdominal wall relaxation
c) Diplopia
d) Ptosis

440. The muscle which is affected last with DTC is -
a) Facial b) Diaphragm *(A1IMS 87, AP 88)*
c) Ocular d) Abdominal

441. Shortest acting muscle relaxant is-*(A1IMS 87, AP 88)*
a) Curare b) Pancuronium
c) Gallamine d) Succinylcholine

442. The most effective muscle relaxant is - *(TN89)*
a) Ether b) N_20
c) Halothane d)Trilene

443. Which of the following are antagonists of non depolarising muscle relaxants- *(PGI84)*
a) Neostigmineb) Edrophonium
c) Pyridostigmine d) Cyclopyronium

444. The following antagonise the visceral side effects of neostigmine used in reversal of DTC blockade
a) Atropine b) Nicotine *{PGI89)*
c) Pilocarpine d) Pyridostigmine

445. Atracurium is eliminated from the body by -
a) Renal excretion *(IN90)*
b) Hepatic excretion
c) Both renal and hepatic excretion
d) Hoffmann degradation

446. The following are muscle relaxants except-(PG7*90)*
a) Decamethonium b)Suxamethonium
c) Hexamethonium d) Pancuronium

447. Intubation dose of pancuronium is - *(AIIMS 91)*
a) 0.02 mg/kg b) 0.06 mg/kg
c) 0.08 mg/kg d) 1.2 mg/kg

448. Which is not a ganglion blocker - *{AIIMS 91)*
a) Trimethaphan b) Curare
c) Pancuronium d) Halothane

449. The enzyme pseudocholinesterase acts on - *{AI92)*
a) Decamethonium b) Tubocurarine
c) Gallamine d)Suxamethonium

450. Which is not true on Non depolarising skeletal muscle relaxant - **(***JIPMER 92)*
a) Cause Histamine release
b) Hypothermia
c) Fasciculation of muscle
d) Ganglion blockades

451. Antibiotics found to possess some neuro-muscular blocking activity includes the following except -
a) Streptomycin b) Polymyxin *(Kam 94)*
c) Gentamycin d) Penicillin

452. Site of action of vecuronium is - *(ARMS 95)*
a) Cerebrum b) Reticular formation
c) Motor neurone d) Myoneural junction

453. Shortest acting muscle relaxant - *(AI 97)*
a) Pancuronium b) Atracurium
c) Mivacurium d) Vecuronium

454. Malignant hyperthermia is best treated with- *(Delhi 87)*
a) Dantrolene sodium b) Potassium chloride
c) Atropine d) Corticosteroids

455. Central muscle relaxants act by-
a) Decreased nerve conduction *(PGI 02)*
b) Inhibits spinal polysynaptic reflexes
c) Block conduction across NM junction
d) CNS depression
e) Decreased muscle excitation

456. The action of non-competitive muscle blockers is affected by - *(PGI 99)*
a) Hypocalcemia b) Hyponatremia
c) Hyperthermia d) All of the above

457. The action of d-tubocurarine is potentiated by -
a) Streptomycin b) Cephalexine *{Kerala 04)*
c) Tetracycline d) Doxycycline

458. Which is the drug which causes post-anesthetic muscle stiffness - *(J&K 05)*
a) Fentanyl b) Pyridostigmine
c) Succinylcholine d)Gallamine

459. Which one of the following drugs is not a long acting neuromuscular blocking agent ? -*(Kam -PGMEE*
a) Doxacurium b) Mivacurium *06)*
c) Pancuronium d) Pipecuronium

460. Depolarizing neuromuscular blockade is associated with - ***(****Corned 0 7)*
a) Fasciculations
b) Fade on tetanic stimulation
c) Enhancement by volatile anaesthetic agents
d) Antagonized by anticholinesterases

461. Shortest acting non-depolorising muscle relaxant -
a) Mivacurium b) Atracurium *(PGMCET07)*
c) Pancurium d) Recuronium

462. Suxamethonium is - *(UP 08)*
a) Non depolarising muscle relaxants
b) Depolarising muscle relaxants
c) Direct acting muscle relaxants
d) All of the above

MIGRAINE

463. In an acute attack of migraine, the drug of choice is- *(TN89)*
a) Ergotamine tartrate b) Methysergide
c) Propranolol d) Caffeine

437) b 438) a,b 439) c,d 440) b 441) d 442) a 443)a,b,c 444) a 445) d 446) c 447) b,c 448) d 449) d 450) b,c
451)d 452)d 453)c 454)a 455)b 456)a 457)a,c,d 458)a 459)d 460)a 461)a 462)b 463)a

464. Drugs used in migraine prophylaxis are all except - *(NIMHANS2K)*
a) Flunarazineb) Propranolol
c) Cyprohaptidine d) Sumatriptan

465. Triptans in migraine acts on which receptor -
a) 5 HTIA b) 5 HT IB/ID *(AIIMSNov 07)*
c) 5HTIF d) 5 HT 3

466. Use of Ergotamine is contraindicated in - *(A108)*
a) Diabetes mellitus
b) Anemia
c) Ischaemic heart disease
d) PPH (Postpartum haemorrhage)

467. Drug of choice in Acute migraine is - *(UP 08)*
a) Ergotamine b) Sumatriptan
c) Dihydroergotamine d)Propranol

468. Which of the following drug is used for prophylaxis of migraine? *(Karn 11)*
a) Diclofenac b)Flunarizine
c) Sumatriptan d) Dihydroergotamine

469. The WRONG statement of sumatriptan is that it -
a) Is a selective 5- HT ID/IB receptor agonist
b) Is safe for use in patients with epilepsy *(Karn 11)*
c) Suppresses neurogenic inflammation of cranial blood vessels
d) Is useful in the treatment of an acute attack of migraine

MISCELLANEOUS

470. Heart Rate is is slowed by which of the following drugs-
a) Propranolol b) Amino Phylline *(TN91)*
c) Atropine d)Ephedrine

471. To prevent sweating in a hot climate ..... is used- *(PGI88)*
a) Alpha blockers b) Beta blockers
c) Atropine d) Antihistamines

472. A 3 year old child is seen with coma, weakness, salivation and one sided constricted pupil. The most probable diagnosis is - *(TN 89)*
a) Tetanus
b) Organophosphorus poisoning
c) Phenobarbitone poisoning
d) Electrolyte imbalance

473. Drug contra - indicated in infants - *(CUPGEE 99)*
a) Ciprofloxacin b) Barbiturate
c) Theophylline d) Chloroquine

474v* Drug which enhances sports performance -
a) Erythropoiten b) Propranolol *(NIMHANS01)*
c) Clabeterol d) Aspirin

475. Which of the following is wrong about autonomic nervous system - *(AIIMS 2K)*
a) Sympathetic activity more localized while parasym pathetic activity is more generalised
b) Preganglionic to post ganglionic nerve is at a ratio 20:1
c) The highest center is at medulla
d) Post ganglionic parasympathetic nerves are as fast as motor nerves

476. Following is an example of competitive enzyme blockade, except - *(JIPMER 2002)*
a) Thymidylate synthase by 5FU
b) DHFR by methotrexate
c) Cyclooxygenase by aspirin
d) Coagulation by dicoumarol

477. Drug used in anaphylaxis is- *(TN 89)*
a) Norepinephrine b) Epinephrine
c) Dopamine d) Antihistaminic

478. Drugs which impair sweating *(TN 89)*
a) Scopolamine b) Atropine
c) Phenothiazines d)All

479. Beta agonist used in bronchial asthma exert their action by- *(Jipmer 90)*
a) selective 01 agonism
b) selective 02 agonism
c) selective 01 antagonism
d) selective 02 antagonism

480. What is the advantage of glycopyrrolate over atropine
a) Less CNS action *(JIPMER 91)*
b) Less mydriasis
c) Less tachy cardia
d) Less neuromuscular blockade

481. The following is a M_1 blocker- *(AIIMS 91)*
a) Pirenzepine b) Propanthaline
c) Atropine d) Probanthine

482. Mj blocker used in peptic ulcer treatment - *(AI92)*
a) Probanthine b) Atropine
c) Pyridostigmine d) Pirenzepine

483. Which of the following does not prevent the uptake of adrenaline at end plate - *(AI 92)*
a) Imipramine b) Phenoxybenzamine
c) Isoxsuprine d) Guanethidine

484. The most commonly used drug in open angle glaucoma is - *(NIMHANS 89)*
a) Pilocarpine b)Physostigmine
c) Epinephrine d)Norepinephrine

485. Only mydriatic action is by- *(AI 97)*
a) Tropicamide b) Homatropine
c) Phenylephrine d)Cyclopentolate

486. Which is a lisotropic drug? *(Burdwan 2K)*
a) Pilocarpine b) Carbachol
c) Bethanecol d) Methacholine

487. Mannitol decreases the intraocular pressure by: -
a) Withdrawing water from vitreous *(COMED 06)*
b) Increasing uveoscleral outflow
c) Increasing aqueous through trabecular meshwork
d) Inhibiting the enzyme carbonic anhydrase in the ciliary body

464)d 465)b 466)c 467)b 468)b 469)b 470)a 471)c 472)b 473)a 474)a 475)a,b,c 476)c 477)b
478) d 479) b 480) a 481) a 482) d 483) b,c 484) a 485) c 486) b 487) a

488. An example of covalent drug receptor interaction- *(DELHIPGMar. 09)*
a) Noradrenalin binding to beta-1 adrenergic receptor
b) Acetylcholine binding to muscarinic receptor
c) Prazosin binding to alpha-1 adrenergic receptor
d) Phenoxybenzamine binding to alpha adrenergic receptor

489. All of the following agents are used in glaucoma treatment except - *(DELHI PG Mar 09)*
a) Apraclonidine b) Timolol
c) Pilocarpine d) Metoprolol

490. Bimatoprost is used in - *(PGI Nov 09)*
a) Glaucoma b) Barett oesophagus
c) Hypertrichosis of eyelid d) NS AIDS ulcer
e) Induced abortion

491. True about Hyoscine? *(PGI Nov. 10)*
a) Penetrate cornea
b) Obtained from atropa belladona
c) Shorter duration of action than Atropine
d) Cross Brain- blood barrier
e) Used in motion sickness

ANAESTHESIA

492. Percentage of xylocaine used in spinal anaesthesia-
a) 1% b) 2 % (*Delhi 84, AP 85)*
c) 4% d)5%

493. Maximum dose of xylocaine for local anaesthesia -
a) 200 mg b) 250 mg *{AllMS 87)*
c) 300 mg d) 650 mg
e) 700 mg

494. Longest acting local anaesthetic solution is- *(AIIMS 87, AP 88)*
a) Lignocaine b) Chlorprocain
c) Amethocaine d) Bupivacine

495. Lignocaine can cause - *(AIIMS 87, AP 88)*
a) Cardiac arrest b) Syncope
c) convulsions d) All of the above

496. The following is not used when giving local anaesthesia in the fingers - *(AIIMS 87, AP 88)*
a) 2 % xylocaine b) Rubber tourniquet
c) Ring block d) Adrenaline

497. In spinal anaesthesia the drug is deposited between-
a) Dura and arachnoid *(AP 88)*
b) Pia and arachnoid
c) Dura and vertebra
d) Into the cord substance

498. Cauda Equina syndrome can be caused by - *(AP 88)*
a) Spinal anaesthesia b) Epidural anaesthesia
c) Both d)None

499. Lignocaine can be used in all except - *(PGI 88)*
a) Ventricular fibrillation b) Spinal anaesthesia
c) Epidural anaesthesia d) Convulsions

500. Local anesthetics act by - *(JIPMER 90)*
a) Forming area of nerve block along a neuron
b) Binding to calcium receptor on nerve membrane
c) Blocking calcium chanels of nerve membrane
d) Inhibiting the sodium pump

501. All are surface anaesthetics except - *(AIIMS 91)*
a) Lignocaine b) Bupivacaine
c) Procaine d) Cinchocaine

502. Which local anesthesia causes vasconstriction -
a) Procaine b) Cocaine *(PGI97)*
c) Lidocaine d) Bupivacaine

503. Local constriction is seen in - *(AIIMS 98)*
a) Cocaine b) Xylocaine
c) Bupivacine d) Mivacaine

504. All are vasodilator except - *(AI98)*
a) Procaine b) Lidocaine
c) Cocaine d) Chlorprocaine

505. All are Amide linked Local anesthetics except -
a) Procaine b) Bupivacaine *(AIIMS 96,*
c) Lidocaine d)Dibucaine *AI98)*

506. All of the following are effective topically except -
a) Procaine b) Cocaine *(AP97)*
c) Lidocaine d) Amethocaine

507. Which of the following is an ester linked local anaesthesia - *(Kerala 98)*
a) Cocaine b) Lidocaine
c) Bupivacaine d) Dubicaine

508. Guedels stages of anaesthesia is seen classically with - *(JIPMER 86, PGI 87)*
a) Ether b) Chloroform
c) Morphine d) Nitrous oxide
e) Halothane

509. Dose of Thiopentone used for induction is -
a) 1 mg/kg *(JIPMER 86, PGI87)*
b) 2 mg/kg c) 5 mg /kg
d) 10 mg /kg e) 15 mg/kg

510. Pre-anaesthetic medication is given to - *(Delhi 87)*
a) Reduce anxiety and fear
b) Reduction of secretion of saliva
c) To produce amnesia
d) To prevent undesirable reflexes
e) All of the above

511. In the second stage of anaesthesia the pupil is - *(JIPMER 87)*
a) Constricted b) Partially dilated
c) Normal in size d) Totally dilated

512. Hallucinations are seen after.....anaesthesia -
a) Ketamine b) Thiopenlone^4788)
c) Fentanyl d) Nitrous oxide

513. Liver damage can be induced by- *(AI89)*
a) Halothane b) Ether
c) Trilene d) Nitrous oxide

514. Best analgesic is - *(AI 89)*
a) Ether b) Halothane
c) Trilene d) Chloroform

488)d 489)d 490)a 491)a,c,d,e 492)d 493)c 494)d 495)d 496)d 497)b 498)a 499)d 500)a,d 501)b
502)b,d 503)a,c 504)c 505)a 506)a 507)a 508)a 509)c 510)e 511)b 512)a 513)a 514)c

§15. Adrenaline is contraindicated during..... anaesthesia -
a) Thiopentone b) Ether *(PGI88)*
c) Trilene d) Halothane

516. Drugs used as anaesthesia are - *(PGI88)*
a) Ketamine b) Methohexitone
c) Etomidate d) Thiopentone
e) All

517. In which phase of anaesthesia, movement of eyeball is lost - *(PGI 85)*
a) Stage 3 phase 1 b) Stage 1, phase 3
c) Stage 2, phase 3 d) Stage 4

518. Short 1/2 life of thiopentone is due to - *(PGI89)*
a) Excretion
b) Metabolism
c) Spontaneous degradation
d) Redistribution

519. Complication of inhalational anaesthesia is -*(TN91)*
a) Hypertension b) Hypotension
c) Aspiration d) None of the above

520. Triad of Anaesthetic are all except - *(J1PMER 92)*
a) Delirium b) Analgesia
c) Amnesia d) Sleep

521. IV anesthetic agent causing maximum bronchodilation- *(JIPMER 93)*
a) Halothane b) Fentanyl
c) Thiopentone d) Ketamine

522. The dosage of morphine used for preanaesthetic purposes in an adult patient ℓs-*(PGI80,DNB 90, 91)*
a) 5 mm.I/M b) 10 mg.I/M
c) 20mg.I/M d) 30 mg *W*

523. Diphasic respiratory depression is usually seen after - *(JIPMER 79, AMU 88)*
a) Neurolept anesthesia b) Regional anesthesia
c) Halothane anesthesia d) Isoflurane anethesia

524. The activity of muscles of eyeball during ether anaesthesia is well marked in - *(JIPMER 80,*
a) Stage I b) Stage II *UPSC87)*
c) Stage III d) Stage IV

525. MAC is - *(PGI 81, AIIMS 87, JIPMER 03)*
a) Maximum air current
b) Maximum air concentration
c) Maximum alveolar compression
d) Minimum alveolar concentration

526. The measure or index of anaesthetic potency is -
a) Molecular weight *(AIIMS 81, TN 90)*
b) Boiling point
c) Minimum alveolar concentration
d) None of the above

527. Regarding paraldehyde excretion which of the following is true - *(PGI 80, AIIMS 84)*
a) It is excreted through kidneys
b) It is excreted through sweat
c) It is excreted through lungs
d) It is excreted by none of the above means

528. All are seen in ketamine anesthesia except -
a) Hypertension b) Hallucinations *(Kerala 94)*
c) Bronchospasm d) Analgesia

529. Definitive sign of phase I of anaesthesia is - *(JIPMER 95)*
a) Fixation of eyeball b) Pupillary dilatation
c) Blurring of vision d) Intercostal paralysis

530. Anaesthetic that have a smooth induction is -
a) Diethyl ether b) Thiopental *(JIPMER 95)*
c) N_20 d) Halothane

531. Oxygen content in aneasthetic mixture is -
a) 25 % b) 30 *%* *(JIPMER 95)*
c) 33% d) 38%

532. Not an intravenous anaesthetic - *(AI95)*
a) Etomidate b) Thiopentone
c) Ketamine d) Cyclopropane

533. The concentration of O_z in adequate anaesthesis is -
a) 15% b) 18% *(Delhi96)*
c) 33% d) 50 *%*

534. Following is a potent anti-emetic agent used in pre-operative period- *(AIIMS 95)*
a) Atropine b) Glycopyrolate
c) Hyoscine d) Haloperidol

535. Thiopentone is contraindicated ℑn-*(AIIMS 97, AP 97,*
a) Acute intermittant porphyria *JIPMER 93)*
b) Electro convulsive therapy
c) Sarcoidosis
d) Diabetic patients

536. Highest analgesic effect is a feature of - *(AI 97)*
a) Ketamine b) Thiopentone
c) Propofur d)Ethomidate

537. Index of potency of general anesthesia - *(PGI 97)*
a) Minimum alveolar concentration
b) Diffusion coefficient
c) Deed space concentration
d) Alveolar blood concentration

538. The anaesthetic drug that is contraindicated in the presence of jaundice is - *(CMC 98)*
a) Halothane b) Ether
c) Gallamine d) Nitrous oxide

539. Which of the following is used as preanaesthetic medication causes longest amnesia - *(MP 98)*
a) Diazepam b)Lorezapam
c) Midazolam d) Flunitrazepam

540. Highly lipid soluble agent would be associated with- *(MAHE98)*
a) Potent anaesthetic action
b) Potent analgesic action
c) Excellent muscle relaxant action
d) Least respiratory depression

541. Diffusion hypoxia seen during - *(PGI 98)*
a) Induction of anesthesia
b) Reversal of anesthesia
c) Post operative period
d) None of the above

515)d 516)e 517)a 518)d 519)b,c 520)a 521)d 522)b 523)a 524)b 525)d 526)c 527)c 528)c
529) a 530) b 531)b 532)d 533)c 534)c 535)a 536)a 537)a 538)a 539)a 540)a 541)b

542. Which anaesthesia decreases cortisol levels -
a) Thiopentane b) Halothane *(UP 2K)*
c) Etomidate d) Propofol

543. Diffusion hypoxia is seen with - (*JIPMER 03)*
a) Ether b) Cyclopropane
c) Halothane d) Nitrous oxide

544. Induction agent that may cause adrenal cortex suppression is - *(AI03)*
a) Ketamine b) Etomidate
c) Propofol d) Thiopentione

545. Which one of the following inhalational anesthetic agents has rapid onset and rapid recovery actions and is most desirable for use day.....case (out pa tient) surgical procedures - *(Karn 03)*
a) Ether b) Halothane
c) Trichloroethylene d) Desflurane

546. Drugs employed in anaesthesia causing hypertension resulting in increased blood loss during surgery is/are - *(PGI79, A1IMS 81)*
a) Pancuronium b) Pentazocine
c) Ketamine d) All of the above
e) Only A and C are true

547. The anesthetic that affects the laryngeal & Pharyngeal reflexes minimally - **(***AP 9 7)*
a) Propanidid b) Methohexitane
c) Thiopentone d) Ketamine

548. Which of the following muscles relaxants is known to cause jaundice as a side effect - **(«***JIPMER 78,*
a) Metaxalone b) Mephenesin *Delhi 83)*
c) D-tubocurarine d) All of the above

549. All of the following are vasodilators except -
a) Cocaine b) Etomidate *(AIIMS96)*
c) Cyclopropane d) Procaine

550. Source of curare - *(Kerala 97)*
a) South America plant b) South African plant
c) Himyalayan plant d) Synthetic

551. Local anaesthetics act by inhibiting- *(Kerala 97)*
a) Motor fibers only
b) Motor and sensory fibres
c) Only sensory fibres
d) None of the above

552. Naturally occuring local anaesthetic - *(Kerala 97)*
a) Cocaine b) Procaine
c) Lignocaine d) Bupvacaine

553. Rapid termination of the action of Suxamethonium is due to - *(MAHE 98)*
a) Rapid renal elimination
b) Enzymatic degradation by pseudocholinesterase
c) Metabolized by liver to acetyl CoA
d) Redistribution

554. Halothane metabolism causes formation of all the following except - **(.***JIPMER 99)*
a) Iodide b) Bromide
c) Chloride d) Trichoroacetic acid

555. In the clinical use of general anesthetic agents -
a) Chloroform is a stable agent for cardiovascular surgery *(MAHA 05)*
b) Diethyl ether is still highly regarded and widely used
c) Methoxyflurane is reserved for long anesthetic procedures
d) The concept of "balanced anesthesia" is usually employed

556. Which of the following when given with adrenaline increases arrhythmogenic action on heart -
a) Halothane b) Etomidate *(PGMCET07)*
c) Enflurane d) Propofol

557. Hyperkalemia is a dangerous complication when succinyl choline is given to patient with -
a) Spinal cord injury *(PGMCET 07)*
b) Head injury
c) Thoracic trauma
d) Abdominal trauma

558. Which is NOT an ester linked LA - *(PGMCET07)*
a) Procaine b) Tetracaine
c) Bupivacaine d) Chlorprocalne

559. The following is eliminated by Hoffmann's Elimination - *(PGMCET07, TN04)*
a) Atracurium b)Rocuronium
c) Pancuronium d) Doxacuronium

560. The local anaesthetic with the longest duration of action is - *(Corned 07)*
a) Procaine b) Bupivacaine
c) Lidocaine d) Mepivacaine

561. Ketamine is contraindicated in - *(MAHE 07)*
a) Hypertension b) Bronchial asthma
c) Hypovalaemia d) All the above

562. TVue statement regarding Halothane is -*(UP 07, 05)*
a) Hepatitis occurs in susceptible individuals after repeated dose
b) It potentiates competitive neuromuscular blockers
c) Causes respiratory depression
d) All of the above

563. All are true about Bupivacain except - *(UP 07)*
a) Less cardiotoxic than lignocaine
b) Dose increases with adrenaline
c) Long acting
d) Cannot given in veins

564. Induction agent of choice in day care surgery is -
a) Ketamine b) Propofol *(UP07)*
c) Methohexitone d) Thiopentone sodium

565. Post dural (spinal) puncture headache is due to -
a) Seepage of CSF *(UP07)*
b) Fine needle
c) Toxic effects of the drugs
d) Traumatic damage to nerve roots

566. Patients is not breathing after anaesthesia is due to-
a) Prolonged anaesthesia *(UP07)*
b) Neuro muscular blockage
c) Recurrent intubation leading cord's failure
d) All of the above

542) c 543) d 544) b 545) d 546) d 547) d 548) b 549) a 550) a 551)b 552) a 553) b 554) a 555) d
556) a 557) a 558) c 559) a 560) b 561) a 562) d 563) a 564) b 565) a 566) d

567. Ketamine is contraindicated in - *(Manipal 08)*
a) Hypertension b) Bronchial asthma
c) Hypovolemia d) All of the above

568. Skeletal muscle most sensitive to tubocurarine ?
a) Muscles of respiration *(APPG 08)*
b) Muscles of limb
c) Muscles of jaw and larynx
d) all

569. Blockade of nerve conduction by a local anesthetic is characterized by - *(DELHI PG Feb. 09)*
a) Greater potential to block a resting nerve as compared to stimulated nerve
b) Need to cross the cell membrane to produce the block
c) Large myelinated fibres are blocked before the unmyelinated fibers
d) Cause consistent change of resting membrane potential

570. All are vasodilator except - *(DPG10)*
a) Procaine b)Lignocaine
c) Cocaine d) Chlorprocaine

571. Which of the following agents is not associated with Hyperthermia- *(AI11)*
a) Amphetamines b) MAO inhibitors
c) Atropine d) Alcohol

ANTI HISTAMINICS

572. The drug fenfluramine is used to treat -
a) Gout b) Radiationsickness
c) Dressier syndrome d) Obesity

573. Irone is store in - *(AI 90)*
a) RBC b) Reticulo endothelial system
c) Plasma d) All

574. Commonest side effect of antihistaminics is-
a) Sedation b) Tinnitus
c) Euphoria d) Lassitude

575. H-l receptor blocker with least sedative action-
a) Terfenadine b) Promethazine *(AIIMS92, 93)*
c) Astemizole d) Chlorpheniramine

576. Which of the following is the longest acting newer antihistaminic- *(AIIMS 92, JIPMER 93)*
a) Mequitazine b)Loratidine
c) Astemizole d) Terfenadine

577. All of the statement about H^ntihistaminics are true except- *(KARN-94)*
a) Tolerance may develop to some of its side effects
b) local application can cause contact dermatitis
c) combination with an H_2 antogonist may control some cases of chronic urticaria
d) many of them exhibit cholinergic effect

578. Ketanserin is - *(PGI98)*
a) 5 HT 2 reuptake blocker
b) Antipsychotic
c) Useful in movement disorder
d) Anti tussive

579. Which of the following actions is not caused by Hj receptor - *(SRMC 02)*
a) Vasocontriction
b) Gastric acid secretion
c) Cardiac stimulation
d) Bronchoconstriction

580. Advantage of fexofenadine is - *(St. Johns 02)*
a) Less sedating b) Orally absorbed well
c) Fast acting d) None of the above

581. True about sumatriptan include all except -
a) Used in acute migraine *(Manipal 04)*
b) 5 HT1 antagonist
c) Safe in heart disease
d) Rapidly absorbed from oral route

582. Sumatriptan in pharmacological doses is useful in migraine due to action on -*(PGMCET07, AIIMS 07)*
a) 5 HT 1A b) 5HT 1B/1D
c) 5HT3 d) 5 HT 4

583. Maximum anti-cholinergic action is seen with which Hj blocker - *(MAHE07)*
a) Diphehydramine b) Cinnarizine
c) Loratidine d)CPM

584. Which is not a 2nd generation antihistaminic ?
a) Loratidine *(AiimsMay08)*
b) Acrivastatine
c) Cyclizine
d) ---

585. Maximum anti-cholinergic action is seen with which Hj blocker - *(Manipal08)*
a) Diphehydramine b) Cinnarizine
c) Loratidine d)CPM

586. Which of the following selectively acts on 5HT3 receptors? *(Maharashtra10)*
a) Ondansetron b) Bupropion
c) Sumatriptan d) Renzapride

587. Following drugs which act on HI receptors have active metabolite except - *(Maharashtra10)*
a) Loratidine b) Mizolastine
c) Azelastine d) Ebastine

PROSTAGLANDINS

588. Infusion of which prostaglandin increases the patency of ductus arteriosus in infants insufficiency-
a) PGF_2 b) PGF_2 *(TN 87)*
c)PGE_1 d)PG_t

589. Bone resorption is enhanced by - *(JIPMER 95)*
a) PGD2 b) PGF2
c) PGE2 d)PG12

590. Prostaglandins cause uterine contractions in -
a) First trimester *(KERALA 95)*
b) Second trimester
c) Third trimester
d) All

591. Prostaglandins are not indicated in - *(PGI98)*
a) PDA b) Labour
c) Gastric ulcer d) Paralytic ileus

567) a 568) c 569)b 570)c 571)d 572)d 573)b 574)a 575)a 576)c 577)d 578)None 579)b
580) a 581)b,c,d 582) b 583) a 584) c 585) a 586) a 587) b 588) c 589) c 590) d 591) a

592. Platelet aggregation is caused by - *(SRMC 02)*
a) TxA2 b) Guanethidine
c) Clonidine d) Hydralazine

593. Prostanoids are used in the following except -
a) Post partum hemorrhage *(Jipmer 03)*
b) Cervical priming
c) To avoid platelet damage during dialysis
d) Asthma

594. Misoprostol is a - *(AI06)*
a) Prostaglandin El analogue
b) Prostaglandin E2 analogue
c) Prostaglandin antagonist
d) Antiprogestin

595. Which of the following drugs can help the ductus arteriosus patent prior to surgery for pulmonary stenosis in a neonate - *(Corned 08)*
a) Alprostadil b) Indomethacin
c) Carboprost d) Misoprostol

596. The following are true about latanaprost except -
a) It is a prostaglandin inhibitors *(Manipal 09)*
b) It reduces the intraocular pressure by increasing the uveal scleral outflow
c) It has a greater effect than beta blockers in reducing the intraocular pressure
d) Hypertrichosis is a known side effect

597. Prostaglandin analogs have therapeutic utility in the following, except - *(DELHI PG Feb. 09)*
a) Palliative treatment of patient ductus arteriosus
b) Pulmonary hypertension
c) Impotence
d) Inflammatory bowel disease

ASTHMA

598. In status asthmaticus, the anesthetic agent used as bronchodilator is - *(AIIMS 86)*
a) Morphine b) Thiopentone sodium
c) Ketamine d) Halothane

599. Sodium cromoglycate acts by- *(AP 88, PGI97)*
a) Antihistaminic action
b) Mast cell stabilisation
c) Bronchorelaxation
d) Prevents antigen antibody reaction

600. Which is not true of Aminophylline - *(AIIMS 91)*
a) Interacts with Erythromycin
b) Dose decreased in smokers
c) Decreases $P0_2$
d) Increases diaphragmatic contractility

601. The drug which interferes with metabolism of Theophylline- *(AIIMS 92)*
a) Gentamicin b) Penicillin
c) Erythromycin d) Sulfonamide

602. Ipatropium bromide is an- *(AI 93)*
a) Sympatholytic b) Anticholinergic
c) Anti ematic d) Anti psychotic

603. Which of the following is most useful in Acute Asthma- *(Jipmer 93)*
a) Ketotifen b) Cromolyn
c) Terbutaline d) Corticosteroids

604. Ipratropium bromide is useful in bronchial asthma because of - *(AI 93)*
a) Anticholinergic effect
b) Vasodilator properties
c) Antiallergic action
d) Stabilization of mast cells

605. Theophylline levels in blood are increased by- *(Delhi 92, PGMECT 07)*
a) Erythromycin b) Ciprofloxacin
c) Smoking d) Digitalis

606. Best -route to treat is steroid dependent asthmatic is - *(JIPMER 80, UPSC 87; AIIMS 87)*
a) Oral b) Intravenous
c) Subcutaneous d) Inhalation

607. The most potent bronchoconstrictor is- *(PGI 79)*
a) Histamine b)Bradykinin
c) Leukotrienes d) Acetylcholine

608. Serum levels of theophylline are not increased by -
a) Erythromycin b) Ciprofloxacin *(AIIMS 94)*
c) Cimetidine d) Steroids

609. Which is not true about beclomethasone ?
a) indicated for chroninc use *(TN 95)*
b) Inhalation steroid
c) Effective in acute asthma
d) Predipose to fungal infection

610. All of the following side effects are seen with Ipratropium bromide except - *(AI 96)*
a) Urinary retention b) Dryness of mouth
c) Scratching in trachea d) Bad taste

611. Drug of choice in Theophylline poisoning-
a) Cortisone b) Propranolol *(Kerala 96)*
c) Thyroxine d) Phenobarbitone

612. Ciprofloxacins increases the toxicity of theophyllin by- *(A197)*
a) Inhibiting metabolism
b) Decreasing excretion
c) Decrease seizure threshold
d) Promote absorption

613. Steroids in asthma - *(PGI 2000)*
a) Decreases sensitivity of bronchial epithelium to allergen
b) Decreases inflammatory response
c) Increases action of bronchodilators
d) Cause potent bronchodilation

614. The pharmacological effects of Methylxanthine include the following except - *(Kerala 2K)*
a) Mild cortical arousal with increased alertness
b) A direct positive chrontropic effect on the heart
c) Stimulation of secretion of gastric acid
d) Decreased in the contractility of diaphragm
e) A direct relaxant action on the smooth muscle airway

592)a 593)d 594)a 595)d 596)a 597)d 598)c,d 599)b 600)b,c 601)c 602)b 603)c 604)a 605)a,b 606)d 607)c 608)None 609)c 610)a 611)d 612)a 613)a,b 614)d

615. Zafirlukast is a potent - *(Jipmer 03)*
a) a-blocker
b) a - agonist
c) Leukotriene receptor inhibitor
d) Phosphodiesterase inhibitor

616. Which of the following leucotrine is used in treatment of Asthma - *(SGPGI05)*
a) Zilutin b) Zafirlukast
c) Cromoglycate d) Ipratropium

617. The drug NOT used in acute asthma is - *(MAHE 05, AIIMS03)*
a) Salbutamol b) Ipratropium
c) Monteleukast d) Hydrocortisone

618. With which of the following theophylline has an antagonistic interaction - *(AI05)*
a) Histamine receptors
b) Bradykinin receptors
c) Adenosine receptors
d) Imidazoline receptors

619. Which enzyme is inhibited by aminophylline ?
a) Monoamine oxidase *(AI 06)*
b) Alcohol dehydrogenase
c) Phosphodiesterase
d) Cytochrome P- 450

620. Reduced inflammation in airway produced by -
a) Fluticasone b) Budesonide *(PGI June 06)*
c) Theophylline d) Salbutamol
e) Ipratropium

621. 5-LO synthesis inhibitor is - *(COMED 2006)*
a) Zileuton b) Zafirlukast
c) Monteleukast d) All of the above

622. Which of the following is a leukotriene antagonist-
a) Montelukast b) Zileuton *(AI07)*
c) Omalizumab d) Nedocromil

623. Following has action on leukotriene receptor -
a) Montelukast b)Nicorandil *(PGMCET01)*
c) Ketotifen d) Zileuton

624. Which one of the following is the drug of choice for control of exercise-induced bronchial asthma ?
a) Theophylline *(UPSC-108)*
b) Ipratropium
c) Cromolyn sodium
d) Prednisolone

625. Which one of the following plants is a source of a medicinal substance called Theophylline ?
a) Cocoa b)Tea *(UPSC-108)*
c) Turmeric d) Vanilla

626. Long acting beta-2 agonist ? *(Aiims May 08)*
a) Albuterol b)Salmetarol
c) Pirlbuterol d) Orciprenaline

627. Sodium chromoglygate used in ? *(APPG 08)*
a) Phlyctenular conjunctivitis
b) Vernal conjunctivitis
c) Mucopurulent conjunctivitis
d) Membranous conjunctivitis

628. Ipratropium bromide used in Bronchial asthma is - *(UP 08)*
a) p - Sympothomimetics b) Methylxanthines
c) Anticholinergics d) Mast cell stabilizers

629. Which of the following is long acting sympathomimetics used in Bronchial asthma -
a) Salbutamol b) Terbutaline *(UP 08)*
c) Bamboterol d)Salmetrol

630. Theophylline metabolism interaction with ciprofloxacin - *(UP 08)*
a) Increases theophylline metabolism
b) Decreases theophylline metabolism
c) Increases ciproflexacin metabolism
d) Decreases ciprofloxacin metabolism

631. Theophylline over doses causes - *(UP 08)*
a) Bradycardia b)Seizures
c) Drowsiness to coma d) Bronchospasm

632. Theophylline therapeutic blood ranges - *(UP 08)*
a) 0-5 b)5-10
c) 5-15 d) 5 - 20

633. In Theophylline metabolism, drug interactions occurs with all except - *(UP 08)*
a) Cimetidine b) Phenobarbitone
c) Rifamipine d) Tetracyclines

634. Mechanism of action of theophylline in bronchial asthma include all of the following except - *(AI 10)*
a) Phosphodiesterase inhibition
b) Adenosine receptor antagonism
c) Increased histone deacteylation
d) Beta-2 receptor stimulation

635. Mechanism of action of theophylline in bronchial asthma is- *(AI10)*
a) Phosphodiesterase inhibition
b) Mast cell stabilization
c) Leukotriene antagonism
d) P_2 agonism

636. Which of the following is very effective in treatment of acute exacerbation of asthma and status asthmaticus? *(Maharashtra10)*
a) Fluticasone b) Budesonide
c) Ciclesonide d) None of the above

637. Theophylline toxicity level is increased by all except - *(PGIMay 10)*
a) Smoking b) Carbamazepine
c) Alcohol intake d)Rifampicin
e) Ciprofloxacin

ENDOCRINOLOGY

BROMOCRIPTINE

638. Bromocriptine is used in - *(NIMHANS 88, 89)*
a) Hyperthyroidism
b) Parkinsonism
c) Cushing syndrome
d) Stein leventhal syndrome

615)c 616)b 617)c 618)c 619)c 620)a,b 621)a 622)a 623)a 624)c 625)b 626)b 627)b 628)c 629) d 630) b 631)b 632) d 633) d 634) d 635) a 636) d 637)a,b,c,d 638) b

639. Prolactin secretion is inhibited by - *(PGI88)*
a) Dopamine b) Metoclopramide
c) TRH d)ACTH

640. Hyperprolactinamia is caused by- *(PGI88)*
a) Metoclopromide b) Pitutary adenoma
c) Bromocriptine d) Dopamine

641. Hyperprolactinemia is a side effect of- *(PGI 83)*
a) Bromocriptine b) Levedopa
c) Amntadine d) Metoclopramide

642. Bromocriptine is useful in all of the following except- *(AI89)*
a) Endogenous depression b) Parkinsonism
c) Infertility d) Acromegaly

643. Bromocriptine is not used in - *(JIPMER 92)*
a) Shock b) Suppression of lactation
c) Parkinsonism d) Protactinoma

644. Mechanism if action of bromocroptine is -
a) Action of post synaptic dopamine receptors
b) Inhibition of reuptake *(JIPMER95)*
c) Inhibition of hydrolysis of dopamine
d) Increase dopamine synthesis

645. Bromocriptine is used in the following disease excepts- *(AIIMS97)*
a) Postpill ammenorrohea
b) Galctorrohea
c) Corpus luteum cyst
d) Induction of ovulation

646. Drug of choice for hyperprolactinemia is -
a) Bromocriptine b) Dopa *(MAHE 98)*
c) Maprotiline d) Carbidopa

647. Which drug does not cause prolactin release - *(KERALA 2001)*
a) Metoclopromide b)Reserpine
c) Methyl dopa d) Apomorphine

648. True regarding bromocriptine - *(PGI02)*
a) Natural derivative b) Synthetic derivative
c) Has alfa-blocking action d) Decrease GI motility

649. LHRH agonist used in Ca prostate - (*PGMCET01)*
a) Goserelin b) Flutamride
c) Tamoxifen d) Finasteride

650. Which of the following is administered in a pulsatile manner - (*PGMCET 01)*
a) GnRH b)GHaH
c) FSH d) Estrogen

651. True about Octreotide are all except - *(AI 07)*
a) Is active orally
b) Supresses growth Hormone secretion
c) Useful for variceal bleeding
d) Useful in secretory diarrhea

ANTM-TH YROi P

652. Regarding T3 and T4 which is incorrect - *(AI 89)*
a) T3 concentration is more
b) T3 is more potent than T4
c) T3 and T4 have unequal biological activity
d) Concentration of T4 is more than T3

653. Thiouracil inhibits thyroid function by -*(DELHI 89)*
a) Destruction of thyrotropin
b) Formation of thiocyanate from thiouracil
c) Reduction of TSH production by the pituitary
d) Inhibition of thyroxine synthesis

654. The one which is a proved teratogen in experimental animals - *(AP 96)*
a) Propranol b) Propylthiouracil
c) Caffeine d) Vitamin- D

655. Which of the following is not antithyroid drug -
a) I_{131} *(JIPMER87)*
b) Carbimozole c) Potassium perchlorate
d) Thiouracil e) Propranolol

656. Radioiodine is used in the treatment of - *(AI 92)*
a) Papillary carcinoma
b) Follicular carcinoma
c) Hurthle cell adenoma
d) Anaplastic carcinoma

657. Thiocyanates and perchlorates acts by -
a) Inhibiting the uptake of iodide into the acinar cells *(NIMHANS86)*
b) Inhibiting convension of iodide into the acinar cell
c) Inhibiting the synthesis of monoiodotyrosine from iodine
d) Inhibiting the release to T3 and T4 in to the blood

658. Antithyroid drug propylthiouracil acts by all except-
a) Inhibiting iodinisation *(AI91)*
b) Inhibiting conversinon of mono iodotyrosine to Dicodotyrosine
c) Inhibiting peripheral deiodination of T3 and T4
d) Inhibiting the release of the hormone

659. Lugols iodine act by inhibiting- *(AIIMS 92)*
a) Peroxidase b) d-Iodinase
c) Iodide uptake d) Tyrosine coupling

660. Which of the following is true of propylthiouracil-
a) It is used in the treatment of myxedema
b) It has a long haff-life in the circulation *(AIIMS 93)*
c) It increases proteolysis of thyroglobulin
d) It blocks thyroxine synthesis

661. Methimazole differ from propylthiouracil in all except- *(JIPMER 98)*
a) Is secreated into milk
b) Has more volume of distribution
c) More protein bound
d) Degrades faster

662. Hypothyroidism may be caused by- *(PGI 98)*
a) Ethionamide b) Thiocetazone
c) Ethambutol d) Streptomycin

663. One of the following statement is NOT true -
a) T_4 is more plasma protein bound that T_3
b) T_3 is 3-5 times more potent than T_4 *(SGPGI05)*
c) T_4 is completely converted to T_3 in peripheral tissues
d) T_3 has short T1/2 than T_4

639)a 640)a,b 641)d 642)a 643)a 644)a 645)a 646)a 647)d 648)b,c,d 649)a 650)a 651)a 652)a 653) d 654) b 655) e 656) a,b 657) a 658) d 659) None 660) d 661) c,d 662) a 663) c

664. Which of the following is not used in the management of thyroid storm - *(Karnat 05)*
a) Potassium iodide b) Reserpine
c) Propranolol d) Calcium channel blockers

665. Carbimazole is associated with all except -
a) Choanal atresia *(AiimsMay07)*
b) Cleft lip and cleft palate
c) Scalp defect
d) Neck swelling

666. Which of the following is not used in the management of thyroid storm? *(DPG10)*
a) Potassium iodide b) Reserpine
c) Propranolol d) Calcium channel blockers

ANTI-DIABETES

667. Amino acid sequence of human insulin differs from porcine insulin in - *(PGI8 7)*
a) 1 Amino acid b) 2 Amino acid
c) 5 Amino acid d) None of the above

668. The use of phenformin is associated with development of- *(AIMS 88)*
a) Matabolic alkalosis b) Metabolic acidosis
c) Lactic acidosis d) Respiratory alkalosis

669. Newer insulins are - *(PGI 98)*
a) Acidic b) Alkaline
c) Neutral d) Monomers

670. Which of the following is not an indication for starting sulfonylurea therapy - *(AIIMS 99)*
a) Total pancreatectomy b)NIDDM
c) Diabetes after 60 years d)None

671. The following is an oral hypoglycemic agents excepts- *(AIIMS 84)*
a) Tolbutamide b) Dichlorophan
c) Chloropropamide d) Phenformin

672. Machanism of action of sulphonylureas - *(AI88)*
a) Increase in the number of insulin receptors
b) Increased sansitivity of receptors
c) Increase in insulin synthesis
d) None of the above

673. Chloropropamides metabolism is enhanced by-
a) Ethyl alcohol b) Diazepam *(TN90)*
c) Lorazepam d) Chlordiazepoxide

674. Insulin having the longest duration of action is -
a) Isophane insulin *(Karnat. 90)*
b) PZI
c) Insulin-zinc suspension
d) Crystalline insulin

675. Blood glucose levels in diabetics may be lowered by-
a) Codeine administration *(BHU 90)*
b) Insulin administration
c) Subcutaneous injection of adrenaline
d) All of the above

676. Least antigenic type of Insulin is- *(JIPMER 92)*
a) PZI b) Lente insulin
c) Humulin d) Isophaine insulin

677. Which of the following drugs enhance insulin release- *(JIPMER 95)*
a) Phenyton b) Carbamazepine
c) Sodium valproate d) Diazoxide

678. Best preparation of insulin for IV injection is -
a) Lente b) Semi lente *(Kerala 95)*
c) Regular insulin d) Humulin

679. Mechanism ofaction of Tolbutamide is- *(PGI 95)*
a) Production of insulin from pancreas
b) Glucose absorption from intestine
c) Gly cogenes is
d) None of the above

680. Oral hypoplycenic which causes cholestatic jaundice- *(AIIMS 95)*
a) Tolbutamide b) Glibenclamide
c) Glipizide d) Chlorpropamide

681. The main advantage of human insulin is -
a) Can be given to Patients allergic to animal insulin
b) Less side effects *(Delhi PG 96)*
c) Greater tl/2
d) Greater eficency

682. Sulfonylureas are mainly used in - *(Delhi, PG 96)*
a) Juvenile onset diabetes
b) Maturity onset diabetes
c) Diabetes in Pregnancy
d) Diabetes resistant to conventional insulin

683. Indication of newer insulins include all of the following except- *(Karn. 96)*
a) Insulin resistance
b) Pregnancy
c) Diabetic kidney disease
d) Insulin lipodystrophy

684. True about lente insulin- *(TN 98)*
a) Duration of action is 36 hours.
b) Clear alkaline solution
c) Cloudy acidic solution
d) Made up of 3 para of insulin zinc suspension (amophous) and 7 parts of insulin zinc suspension (crystaline)

685. Antidiabetic used safely in renal failure - (*PGI 02)*
a) Metformin b) Glimeperide
c) Glibenclamide d) Rosiglitazone
e) Repaglinide

686. Biguanides acts by following except - *(PGI97)*
a) t Insulin release from pancreas
b) t Glycolysis
c) *i* Gluconeogenesis
d) t Insulin binding to its receptors

687. True about lispro insulin is- *(Calcutta 2K)*
a) Given within 1/2 hour of meal
b) Reduces post prandial hypoglocemic episodes
c) Reduces preprandial glucose

688. $T_{1/2}$ of plasma insulin is- *(Calcutta 2K, Orisa 2K)*
a) 3-5 min b) 20-40 min
c) 6 hours d) 48 hrs

664)b 665)b 666)b 667)a 668)b,c 669)d 670)a 671)b 672)a 673)a 674)b,d 675)b 676)b 677)None
678) c 679) a 680) d 681) a 682) b 683) c 684) d 685) d 686) a 687) b 688) a

689. Which one of the following insulin secretagogue has shortest duration of action- *(UPSC 2001)*
a) Glibenclamide b) Glipizide
c) Gliclazide d)Repaglinide

690. The benzoic acid derivative which stimulates insulin secretion during meals used in treatment of diabetes mellitus - *(JIPMER 2002)*
a) Acarbose b) Rosiglitazone
c) Repaglinide d)Glimpride

691. Lactic acidosis is more likely to be caused by -
a) Gliclazide b) Acarbose *(UPSC02)*
c) Metformin d) Pioglitazone

692. The drug which reduce post - prandial hyperglycemia is - *(Jipmer 03)*
a) Metformin b) Guargum
c) Troglitazone d) Proglitazone

693. Oral hypoglycemic with anorectic action, used in obese patient is - *(Jipmer 03)*
a) Glibenclamide b) Glipizide
c) Metformin d) Trogitazone

694. Drug reducing post prandial blood glucos*z-(Jipmer*
a) Repiglitazone b) Glibenclaomide *04)*
c) Rosiglitazone d) Glyburide

695. Hypoglycemia is most common with - *(Jipmer 04)*
a) Glyburide b) Metformin
c) Rosiglitazone d) Acarbose

696. True about lispro insulin is - *(SGPG104)*
a) Action is faster and longer in duration than regular insulin
b) It is given after meals
c) Source is lamb
d) Action is faster and short in duration than regular insulin

697. New drug for increasing sensitivity of cells to Insulin - *(J&K 05, UP 02)*
a) Glibenclamide b) Venlafaxine
c) Pioglitazone d)Glipizids

698. Regarding Biguanides, all are true except -
a) Causes lactic acidosis *(APPGE 05)*
b) Causes hypoglycaemia
c) Glycogen synthesis
d) Insulin sensitizer

699. Insulin causes - *(APPGE 05)*
a) Na^+ entry into cells b) K^+ exit from cells
c) Na^+ exit/K^+ entry d) K^+ entry into cells

700. Hypoglycemia is side effect of which of following drug individually - *(PGMCET 01)*
a) Glipizine b) Metformin
c) Pioglitazone d) All of the above

701. All are short and rapid acting insulins except-
a) Lispro b)Aspart *(AI07)*
c) Glargine d)Glulisine

702. Longest acting insulin is - *(UP 08)*
a) Global zinc suspension
b) Insulin - zinc suspension
c) Neutral protamine hagedorm (NPH)
d) Protamine - zinc insulin

703. Which of the following statements regarding acarbose is false ? *(A11MS Nov 08)*
a) It acts by inhibiting the enzyme alpha-glucosidase
b) It reduces both pre and post-prandial hyperglycemia
c) It decreases the progression of impaired glucose tolerance to overt diabetes mellitus
d) It reduces fibrinogen level

704. Monomeric insulin is/are - *(PGI June 09)*
a) Glargine b)Detemir
c) Lispro Insulin d) Aspart insulin
e) NPH

705. All of the following statements about an alpha glucosidase inhibitor are true except- *(Manipal 09)*
a) Reduces intestinal absorption of carbohydrates
b) Effective in both type 1 and 2 diabetes mellitus
c) Hypoglycemia is a common and serious side effect
d) Can be used with other oral hypoglycemic

706. Which one of the following statements about biguanides is not true - *(Manipal 09)*
a) Do not stimulate insulin release
b) Decrease hepatic glucose production
c) Renal dysfunction is not a contraindication for their use
d) Can be combined with sulfonylureas

707. All of the following statements about an alphaglucosidase inhibitor are true except- *(Manipal 09)*
a) Reduces intestinal absorption of carbohydrates
b) Effective in both type 1 and 2 diabetes mellitus
c) Hypoglycemia is a common and serious side effect
d) Can be used with other oral hypoglycemic agents

708. Release of insulin from Pancreatic Beta cells is an example of- *(DELHIPG Mar. 09)*
a) Lipid diffusion b) Active
c) Endocytosis d) Exocytosis

709. Which of the following is/are sulfonylureas -
a) Glipizide b) Glibenclamide *(PGINov 09)*
c) Repaglinide d)Nateglinide
e) Exenatide

710. Insulin causes - *(DPG10)*
a) Na+ entry into cells b) K+ exit from cells
c) Na+ exit/K+ entry d) K+ entry into cells

711. Which of the following anti-diabetic drugs acts by inhibiting PRAR-g ? *(Maharashtra 10)*
a) Sulfonylureas b) Biguanides
c) Thiazolidinediones d) Acarbose

712. Not a sulfonylurea - *(Punjab 10)*
a) Glibenclamide b) Metformin
c) Chlorpropamide d) Glimepride

713. Glitazones act by - *(Jipmer 10)*
a) Increased insulin secretion
b) Increasing insulin sensitivity in peripheral tissues
c) Modifying receptor action
d) Increasing the number of GLUT-4

689) d 690)c 691)c 692)b 693)c 694)a 695)a 696)d 697)c 698)c 699) d 700)a 701)c 702) d 703)b 704)a,b,c,d 705)c 706)c 707)c 708)d 709)a,b 710)d 711)c 712)b 713)b

714. Features of metformin are - *(PGINov 10)*
a) Notorius for causing hypoglycaemia
b) Decreases LDL
c) Increases insulin release
d) vit B deficiency

715. Long acting Insulin are - *(PGI Nov 10)*
a) Glargine b) Insulin lispro
c) Protamine zinc insulin d) Insulin aspart
e) NPH

716. False about pioglitazone - *(A1IMS May 11)*
a) It PPARg agonist
b) It metabolized in liver
c) Not given in case of diastolic dysfunction
d) It acts on insulin gene and even in absence of insulin helps in metabolism of carbohydrate

717. A patient develops hypoglycemia. He was on insulin and acarbose. For treatment of above what is to be given - *(AIIMS May 11)*
a) Glucose b) Maltose
c) Sucrose d) Starch

718. Which does not cause hypoglycemia -
a) Insulin b) Glimipiride *(AIIMS May11)*
c) Nateglinide d) Acarbose

719. All are true about Exenatide except - *(AIIMSMay 11)*
a) Decreases glucagon secretion
b) It is GLP1 analogue
c) Used in type 1DM
d) Given subcutaneously

720. All of the following statements about meglitinides are true, except - *(AI11)*
a) Act by stimulating insulin release
b) Decrease Postprandial Hyperglycemia
c) Hypoglycemia is less common than with sulfonylureas
d) Act by decreasing insulin resistance

721. A patient with type II diabetes mellitus is taking metformin for last 10 years. Deficiency of which vitamin will be seen in this patient - *(PUNJAB 11)*
a) Thiamine b) Riboflavin
c) Vitamin B12 d)Pyridoxine

722. DPP - 4 inhibitor is - *(PUNJAB 11)*
a) Exenatide b) Vildagliptin
c) Pramlintide d) Repaglinide

723. In a patient with diabetes which of the following does not cause weight gain - *(Jipmer 11)*
a) Rosiglitazone b) Glibenclamide
c) GLP -1 analogues d) Metformin

STEROID

724. Adrenocortical steroids are inactivated by the following except - *(AP 86)*
a) By oxidation of the ring to various organic acids
b) By reduction of ring double bonds
c) Mainly in the Liver
d) By oxidation oaf 17-OH to 17 - keto

725. Metyrapone is useful in congenital adrenal hyperplasia because it inhibits - *(AI 90)*
a) 17-alpha hydroxylase b) 21 -alpha hydroxylase
c) 11-betahydroxlase d)Desmolase

726. Steroids are contra indiated in - *(PGI 87, AI88)*
a) Uveitis b) Spring catarrh
c) Episcleritis d) Herpetic corneal ulcer
e) Chronic simple glaucoma

727. Topical steroids cause - *(AI 88, MP 98)*
a) Glaucoma b) Cataract
c) Corneal opacities d) Optic neuritis

728. Cortisone and ACTH causes which CNS manifestation - **(***AIIMS 89)*
a) Affective disturbance b) Delirium
c) Confusion d)Schizophrenia

729. Parenteral steroids cause - *(AIIMS 86)*
a) Cataract b) Glaucoma
c) Corneal opacity d) Papilloedema

730. The type of cataract caused by the intake of steroid is - **0***CUPGEE 96, Orisa 98)*
a) Posterior subcapsular b)Anterior subcapsular
c) Central d) None of these

731. Steroid inhalation side effect - *(AP 96)*
a) Cushing syndrome
b) Oropharyngeal Candidiasis
c) Sedation
d) None

732. All of the following have mineralo-corticoid effect except- *(AI 89)*
a) Hydrocortisone b) Cortisone
c) Fluprednisolone d) Prednisolone

733. All of the following glucocorticoid has the least mineralocorticoid activity except- *(AI89)*
a) Betamethasone b) Triamcinolone
c) Hydrocortisone d)Fluprednisolo

734. Long term steroid treatment results in -
a) Resorption of bone matrix *(AIIMS 92)*
b) Decreased vitamin D activation
c) Dereased calcium loss in Urine
d) Increased calcium absorption from gut

735. Advantage of ACTH over prednisolone include a lower incidence of- *(PGI87)*
a) Osteoporosis
b) Fluid retention
c) Acne
d) Adrenal Insufficiency with intercurrent stress
e) Growth retardation in children

736. Inhalational glucocorticoids - *(AI95)*
a) Beclomethasone b) Flecticasone propionate
c) Budesonide d) Triamcinolone acetonide
e) Flunisolide

737. The corticosteroid without any glucocorticoid activity is - *(AI96)*
a) Aldosterone b) Fludrocortisone
c) DOCA d) Cortisol

714)b,d,e 715)a,c 716)d 717)a 718)d 719)c 720)d 721)c 722)b 723)d 724)a 725)c 726)d 727)a
728) a 729) a 730) a 731)b 732) None 733) c 734) a 735) d,e 736)All 737) c

738. Anabolic steroids may produce the following side effects except- *(Karnat 96)*
a) Precocious puberty in children
b) Cholestatic jaundice
c) Delayed closure of epiphysis in children
d) Acne in males and females

739. Long term steroid use has following effect on bone-
a) Decrease matrix of bone *(AI97)*
b) Disassociation of matrix to mineral ratio
c) Marked demineralisation
d) All of the above

740. Glucocorticoids causes - *(PGI98)*
a) *i* osteoid formation
b) IgF stimulation
c) T Ca^ absorption from stomach
d) Calcification of bone

741. Glucocorticoids are contraindicated in all except - *(MAHE98)*
a) Organ transplant b) Peptic ulcers
c) Hypertension d) Diabetes Mellitus

742. Which steroid is used as an aerosol - *(JIPMER 91)*
a) Prednislone b) Triamcinolone
c) Baclomethasone d) Betamethasone

743. Which of the following is the most potent miner alocorticoids- *(IN01)*
a) 11-deoxycorticosterone b) Fludrocortisone
c) Aldosterone d) Triamcinolone

744. All of the following are side effects of steroids except- *(J&K01)*
a) Osteoporosis b) Muscular Hypertrophy
c) Cataracts d) Psychoses

745. Steroids are not indicated in treatment of -
a) Hypercalcemia *(Kerala01)*
b) Respiratory distress
c) Intraventricular hemorrage
d) Enterocolitis

746. Which of the following affects adrenal secretion -
a) Reserpine b) Guanethidine *{SRMC 02)*
c) Clonidined) Hydralazine

747. Anti-inflammatory action of corticosteroids is due to blocking of- *{ J & K 05, AI1MS 91)*
a) 15 Lipo oxygenase
b) Prostaglandin syntheses
c) Thromboxane syntheses
d) Breakdown of phospholipids

748. Which one of the following is true of adrenal suppression due to steroid therapy - *(AI05)*
a) It is not associated with atrophy of the adrenal glands
b) It does not occur in patients receiving inhaled steroids
c) It should be expected in anyone receiving > 5 mg, Prednisolone daily.
d) Following cessation, the stress response normalizes after 8 weeks

749. Glucocorticoids act in inflammation by -
a) *i* Lipocortin b)TlL2 *(PGI June 06)*
c) T Lipocortin d)tCRP

750. Side effects of steroids are decreased by all of the following methods except - *(Manipal 2006)*
a) Alternate day dosing b) Biphosphonates
c) Along with NS AIDs d) Vit D and calcium

751. In which of the following disease is corticosteroids indicated - *(Karnataka - PG MEE 2006)*
a) Osteoporosis b) Peptic ulcer
c) Collagen disease d) Tuberculosis

752. Glucocorticoids with miner alocorticoids activity seen in - *(UP 07, 06)*
a) Triamcinolone b) Fludrocortisone
c) Cortisol d) Dexamethosone

753. In Equivalent concentrations, steroids are more potent in which form - *(AI 10)*
a) Gd b) Cream
c) Ointment d) Lotion

754. Which is not true about beclomethasone? *(DPG10)*
a) Indicated for chronic use
b) Inhalation steroid
c) Effective in acute asthma
d) Predispose to fungal infection

755. Which of the following is glucocorticoid receptor blocker? *(Maharashtra10)*
a) Aminoglutethemide b) Mifepristone
c) Trilostane d) Ketoconazole

756. Mineralocorticoid Receptors are found in all of the following, Except - *(AI11)*
a) Liver b) Colon
c) Hippocampus d) Kidney

757. The corticosteroid without mineralocorticoid activity is - *(Karn 11)*
a) Hydrocortisone b) Prednisolone
c) Methylprednisolone d) Triamcinolone

758. Steroids does not cause - *(PUNJAB 11)*
a) Hypertension b) Diabetes mellitus
c) Osteomalacia d) Infection

759. Not true about corticosteroids is - *(PUNJAB 11)*
a) Beclomethasone is used by inhalation in asthma
b) They are used as replacing agent
c) Prednisolone is used as antiinflammatory agent
d) Seroids increses the osteoid formation

760. Intermediate acting corticosteroid - *(Jipmer 11)*
a) Dexamethasone b) Triamcinolone
c) Cortisol d) Betamethasone

SEX-HORMONE

761. Estrogen is contra indicated in- *(PGI 88)*
a) Liver disease b)P.I.D
c) History of menorrhagia d) Carcinoma prostate

762. Drug used for medical castration is - *(AIIMS 82)*
a) G5H b) FSH antagonist
c) LHRH agonist d) Aminoglutathemide

738)c 739)a 740)a 741)a 742)b,c 743)c 744)b 745)None 746)b 747)a 748)c 749)c 750)c 751)c
752) b,c 753) c 754) c 755) b 756) a 757) d 758) c 759) d 760) b 761) a 762) c

763. Side effect of clomiphine citrate is - *(Kerala 95)*
a) Alopecia
b) Hot flushes
c) Hyper stimulation syndrome
d) All

764. Loss of libido in apostmenopausal women, treatment is - *(JIPMER 98)*
a) Low dose testesterone b) Estrogen
c) GnRH d) Prolactin

765. No t a p rogesterone is- *(TN 99)*
a) Mestranol b) Megestrol
c) Dehydrogesterone d) Norgesterol

766. Kalavathi, 22 years, recently married is receiving oral contraceptives. She develops cough with ex pectoration which was not controlled by antibiot ics. She was diagnosed to be having tuber culosis, and was put to ATT. Which ATT will result in failure of contraception? *(AIIMS 2001)*
a) INH b) Pyrazinamide
c) Rifampicin d) Streptomycin

767. Androgen antagonists includes- *(TGI01)*
a) Cyproterone b) Spironolactone
c) Cimetidine d) Progesterone
e) Minocycline

768. IVue of tamoxifen - *(PGI2000)*
a) Binids to estrogen receptors
b) T Estrogen production
c) *i* FSH production
d) T LH secretion

769. People with high risk for developing breast cancer can be prevented by prophylactic administration of- **(***Karnataka 02)*
a) Tamoxifen b) Aminoglutethimide
c) Diethystibesterol d)Flutamide

770. Use of oral contraceptive pills provides protection against all of the following except - *(Karnat 05)*
a) Carcinoma endometrium
b) Carcinoma ovary
c) Carcinoma cervix
d) Fibrocystic breast diseases

771. All are antiandrogens except - *(NIMHANS 06)*
a) Cytoproterone b) Cyprohepatadine
c) Spironolactone d) Cimetidine

772. Following are the adverse effects of estrogens except one - *(Karnataka - PG MEE 2006)*
a) Suppression of libido
b) Fusion of epiphyses
c) Hot flushes
d) Gynaecomastia in males

773. The drug that has the fastest onset of action in benign prostatic hyperplasia is - **(***Corned 08)*
a) Finesteride b) Tamsulosin
c) Dutasteride d)Flutamide

774. Finasteride is - *(MAHE 07, A107, Manipal 01)*
a) 5 a Reductase inhibitor
b) Androgen receptor inhibitor
c) Estrogen agonist
d) Steroids

775. Oral contraceptive failure occurs with - *(UP 07)*
a) Cimetidine b) Rifampicin
c) Morphine d) Ethanol

776. OCP should not be used with - *(AIIMSNov 07)*
a) Rifampicin b)INH
c) Streptomycin d) Pyrazinamide

777. Which one of the following antibiotics reduces effectiveness of oral contraceptive pills and may cause breakthrough bleeding ? *(UPSC-II08)*
a) Doxycycline b) Penicillin
c) Rifampicin d) Clindamycin

778. Mechanism of action of Clomiphene Citrate is -
a) Binds to estrogen receptors & causes negative feedback at hypothalamus *(A108)*
b) Binds estrogen receptors & prevents negative feed back at hypothalamus
c) Binds to progesterone receptors
d) Progesterone agonist

779. Finasteride is - *(Manipal 08)*
a) 5a reductase inhibitor
b) Androgen receptor inhibitor
c) Estrogen agonist
d) Steroids

780. Estrogen causes A/E- *(Manipal 08)*
a) Decreased appetite
b) Fluid and water retention
c) Disappearance of comedones
d) Venus thrombosis

781. Use of Tamoxifen for Breast cancer can cause all of the following adverse effects, Except - *(AI09)*
a) Thromboembolism
b) Endometrial carcinoma
c) Carcinoma in contralateral breast
d) Cataract

782. Effects of estrogen are all of the following, except- *(AI 09)*
a) Reduces HDL b) Reduces LDL
c) Increases triglycerides d) —

783. True about Drospirenone - *(PGI June 09)*
a) Spironolactone analogue
b) Used in OCP
c) Mineralocorticoid receptor agonist
d) Third generation progesterone
e) Dose in OCP is 3 mg

784. Which of the following is a selective estrogen receptor modulator ? *(DELHI PG Feb. 09)*
a) Raloxifene b) Mifepristone
c) Danazol d) Anastozole

763) d 764) b 765) a 766) c 767)a,b,c,d 768) a,c 769) a 770) c 771) b 772) c 773) d 774) a 775) b 776) a
777) c 778) b 779) a 780) c 781) c 782) a 783)a,b,d,e 784) a

785. Which of the following is true about clomiphene citrate- *(Punjab 10)*
a) Multiple ovulation in 15-30%
b) Used in male infertility
c) 20% of patients ovulate
d) Risk of ovarian malignancy is increased

786. Chronic treatment with tamoxifen can cause -
a) Carcinoma ovary *(Corned 10)*
b) Carcinoma endometrium
c) Carcinoma cervix
d) Carcinoma vulva

787. All of the following statements about Selective Estrogen Receptor Downregulator (SERD), Fulvestrant are true, Except - *(AI11)*
a) It is a selective estrogen antagonist
b) Used in the treatment of breast cancer
c) Slower acting, safer and less effective than SERM
d) May be administered as 'once a month' dose

788. Flutamide is - *(PUNJAB 11)*
a) 5 a reductase inhibitor
b) Androgen analogue
c) Androgen receptor blocker
d) Steroid synthesis inhibitor

OXYTOCIN & DRUGS ACTING ON UTERUS

789. The most active oxytocic of the ergot alkaloids is - *(AUMS 84)*
a) Ergotamine b) Bromocriptine
c) Ergonovine d) Dihydroergotamine

790. Regarding oxytocin - *(PGI02)*
a) Secreted by anterior pituitary
b) Acts on myoepithelial cells of breaSst
c) Causes contraction of uterus during labour
d) May cause retention of water
e) Has sympatholytic activity

791. All are true about misoprostol except - *(Punjab 10)*
a) It is a PGE1 analogue
b) Is used in MTP
c) Can be given in the patients of heart disease
d) Used in induction of labour

CONTRACEPTIVES

792. Which of the following are true of 'SahelP-
1. It is commenced on the fifth day of the start of menstrual bleeding *(UPSC 97)*
2. One tablet is taken twice a week in the first three months
3. It is a non-hormonal contraceptive Select the correct answer using the codes given below

Codes
a) 1,2 and 3 b) 1 and 2
c) 1 and 3 d) 2 and 3

793. Which of the following is predisposed by oral contraceptive therapy- *(PGI 86)*
a) Carcinoma breast b) Hepatic adenomas
c) Thromboemblism d) Endometrial carcinoma

794. Absolute contra indication for oral contraceptive are all except - *(AUMS87)*
a) Heart disease b) Epileptic patient
c) Migraine d) More than 30 years old

795. Oral Contraceptives are contra - indicated in -
a) Hypertension *(PGI 8 7)*
b) Fibroid c) Menorrhagia
d) Thromboembolism e) All of the above

796. Oral contraceptives is contra indicated in - *(PGI 90)*
a) Diabetes mellitus b) Hypertension
c) Fibroids d) Menorrhaiga

797. All of the following statements concerning methods of limiting family size, are true, except - *(UPSC 97)*
a) Women who do not breastfeed are much more likely to become pregnant than those who do
b) Globally the number of tubectomies far exceeds the number of vasectomies
c) The barrier methods (condoms and ddiaphragms) are perhaps the most effective at limiting family size
d) All anovulatory drugs are particularly likely to cause side effects in women over 35 years of age and women who smoke

798. OCPs can cause all except - *(AIIMS 98)*
a) Mastalgia b) Dysmennorhea
c) Chloasma d) Breakthrough bleeding

799. Absolute contraindication for oral contraceptive pills are - *(PGI 2K)*
a) Migraine b) Epilepsy
c) Pregnancy d) Thromboembolic episodes
e) Controlled diabetes

800. Drug which increase the activity of oral contraceptives is - *(AP 85 Jipmer)*
a) Rifampicinb) Sulphonamide
c) Pyrazinamide d) Streptomycin

801. The effect of oral contraceptives is decreased by all except- *(AI89)*
a) Phenytoin b) Phenobarbitone
c) Rifampicin d) Chlorpheniramine

802. Therapeutic indication of oral contraceptive is-
a) Suppression of lactation *(PGI 88)*
b) Atrophic rhinitis
c) Fibrocytic disease of breast
d) Stein leventhal syndrome

803. Select the appropriate statement about contraception in males - *(AIIMS 86)*
a) Gossypol is an effective oral contraceptive in males
b) Most promising regimen is the dual administration of androgen and progestin
c) The use of Gn-Rh antagonists with or without androgen may also be effective
d) Estrogen in combination with androgens is also effective
e) Contraception in the male remains investigational

785)d 786)b 787)c 788)c 789)c 790)b,c,d 791)c 792)d 793)a,b,c 794)b,c,d 795)a,b,d 796)a,b,c 797) c 798) b 799)c,d 800)None 801)d 802)c,d 803)a,e

804. The following are likely adverse reactions of oral contraceptives except- *(KARN94)*
a) Thromboembolism b) Weight gain
c) Carbohydrate intolerance d) Galactorrhea

805. Oral centraceptives produce all of following side effects except- *(DELHI PG 96)*
a) Chloasma b) Hyperlipidemia
c) Hypotension d) Breakthrough bleeding

806. Drug which decreases the efficacy of oral contra ceptives - *(AIIMS 9 7)*
a) Streptomycin b) Ranitidine
c) Rifampicin d)Captopril

807. Regarding oral contraceptive pills, untrue is-
a) Increased risk of fibroadenosis *(AIIMS 98)*
b) Decreased risk of ovarian epithelial carcinoma
c) Increased hepatic cell hematoma
d) Increased hepatic cell adenoma

808. OCP produces in liver - *(PGI98)*
a) CholangioCa b) Adenoma
c) Cirrhosis d) Atrophic changes

809. Ayoung lady on OCP develops severe abdominal pain and frank psychosis. Most likely cause is -*(PGI99)*
a) Hysteria b) Porphyria
c) Thrombosis d) Mesenteric infarct

810. Mechanism of action of an oral contraceptive containing a combination of oestrogen-progestin is the following except- *(KERLA 2K)*
a) Inhibition of ovulation
b) A change in the cervical mucus
c) Inhibition of motility of the uterine tubes
d) Inhibition of motility of sperms
e) Changes in the uterine endometrium

811. Mala-N contains- *(PGI 2000)*
a) Ethinyl estradiol 0.3 mg b) Norethisterone 1 mg
c) D-norgestrol 0.5 mg d) D-norgestrol 0.3 mg

812. Oral contraceptive pills can cause all except -
a) Mastalgia b) Dysmenorrhea *(DPG10)*
c) Chloasma d) Breakthrough bleeding

TOCOLYTICS

813. Not a tocolytic- *(AIIMS 97)*
a) Ethanol b) Dexamethasone
c) $MgS0_4$ d)Ritodrine

814. Prostaglandin synthetase inhibitors NOT used for tocolysis in premature labour becuase they-
a) Are ineffective in promoting uterine contraction
b) Are expensive *(UPSC97)*
c) May cause premature closure of ductus arteriosus
d) Are associated with metabolic acidosis

815. Which tocolytic drug results in pulmonary oedema (adverse effect)- *(AIIMS 2001)*
a) Ritodrine b) Indomethacin
c) Nifedipine d) Etosiban

816. All of the following are tocolytic agents, except - *(SGPGI05, AI80)*
a) Ritodrine b) Magnesium sulphate
c) Ergonovine d) Ethanol

MISCELLANEOUS

817. Receptors for all belong to steroid receptors super family except - *(AI 2002)*
a) Thyroxine b) Vitamin D
c) Epinephrine d) Retinoic acid

818. Failure of lactation occurs due to - *(AIIMS 82)*
a) Ergot b) Bromocriptine
c) Chlropromazine d) Metalclopromide

819. Calcitonin is not given in which diseaase-£4M£7*95)*
a) Paget's disease b) Thyrotoxicosis
c) Hyperparathyroidsm d) Hypervitaminosis D

820. Cyclic AMP serves as a second messenger in the secretion of all except - *(JIPMER 90)*
a) FSH b) Estrogen
c) Glucagon d) Epinephrine

821. Which does not penetrate the cell membrane -
a) Androstenedione b) Thyroxine *(AIIMS 91)*
c) Epinephrine d) Estrogen

822. All are true of absorption of calcium from the gut except - *(AIIMS 84)*
a) Vitamin D increases the absorption
b) Parathormone increase it
c) Calcitonin decreases it
d) An alkaline pH in the gut decreases calcium absorption

823. Which of the following hormone does not need a second a messenger - *(Delhi 84, 90)*
a) Oestrogen b) LH
c) FSH d) Glucagon

824. Which of the following is orally effective -
a) Thyroxine b) TSH *(JIPMER 81, DELHI 93)*
c) FSH d) Insulin

825. Humulin is - *(JIMPER 78, AMU87)*
a) An antagonist of growth homone
b) A newer penicillin
c) Human insulin
d) Human gonadotrophic hormone
e) A potent platelet aggregator

826. Somatostatin inhibits all except- *(AIIMS 79, 91)*
a) Insulin b) GH
c) Thyroxine d) Epinephrine

827. Most important use of calcitonin is in- *(AI96)*
a) Osteoporosis b) Renal osteodystrophy
c) Paget's disease d) Malignant hypercalcemia

828. Galactorhoea can be seen with all except - *(AI97)*
a) Methyl dopa b) Metoclopromide
c) Phenothiazine d) Bromocriptine

829. Stress increases all homones level except -*(AI97)*
a) ACTH b)Noradrenalin
c) Insulin d) Glucagon

804)d 805)c 806)c 807)a,c 808)b 809)b 810)c,d 811)b 812)b 813)b 814)c 815)a 816)c 817)c
818) b 819)b 820) b 821)c 822)c 823)a 824)a 825)c 826)d 827)c 828)d 829)c

830. ***True*** **about metabolism of vitamin D in kidney is -**
a) Conversion of 25 to 1,25 dihydroxy cholecalciferol
b) Formation of 25 hydroxylase *(PGI99)*
c) Activated form is deactivated
d) None

831. **All of the following hormones have cell surface receptors except -** *(AI 05)*
a) Adrenalin b)Growth Hormone
c) Insulin d)Thyroxine

832. **Which of the following is the drug of choice for Syndrome of Inappropriate Secretion of Antidiuretic Hormone (SIADH) -** *(AIIMS May 05)*
a) Demeclocycline b)Vasopressin
c) Thiazide diuretic d)Chlorpropamide

833. **Bisphosphonates act by -** *(AI 06)*
a) Increasing the osteoid formation
b) Increasing the mineralization of osteoid
c) Decreasing the osteoclast mediated resorption of bone
d) Decreasing the parathyroid hormone secretion

834. **Bisphosphonates are used in all of the following conditions except -** *(AIIMS Nov 07)*
a) Post menopausal osteoporosis
b) Steroid induced osteoporosis
c) Hypervitaminosis D
d) Malignancy associated Hypercalcemia

835. **Which of the following drugs used in osteoporosis acts both by decreasing the resorption of bone as well as inducing new bone formation ?** *(AIIMSNov 08)*
a) Teriparatide b) Ibadronate
c) Strontium ranelate d) Calcitonin

836. **Which of the following drugs is a long-acting somatostatin analogue -** *(Corned 09)*
a) Leuprolide b) Somatropin
c) Goserelin d) Octreotide

837. **Increased prolactin is associated with -**
a) Increased FSH *(AIIMS Nov 09)*
b) Increased libido
c) Increased testosterone
d) Increased estradiol

838. **Which of the following drugs is both antiresopti ve and bone formative?** *(AIIMS May 10)*
a) Strontium ranelate b) Calcitonin
c) Ibadronate d) Teriperatide

839. **Bone resorption is enhanced by -** *(DPG10)*
a) PGD2 b) PDF2
c) PGE2 d)PG12

840. **Aldosterone antagonist are -** *(PGINov. 10)*
a) Eplerenone b) Spironolactone
c) Amiloride d) Triamterene
e) Amiloride

841. **SERM drug used in treatment of osteoporosis -**
a) Raloxifene b) Estrogen *(AIIMS Nov 10)*
c) Strontium d)Alendroate

842. **Octreotide is used in all except -** *(AIIMSMay 11)*
a) Insulinoma b) Glucagonoma
c) Glioma d) Carcinoids

843. **Which of the following agent increases bone resorption?** *(Karn11)*
a) Fluorides b) Growth hormone
c) Loop diuretics d) Androgens

844. **The FALSE statement about desmopressin is that it-**
a) Is a synthetic peptide *(Karn11)*
b) Can be administered intranasally
c) Is a selective VD receptor agonist
d) Is effective in nephrogenic diabetes insipidus

845. **Intranasal calcitonin is used for the treatment of -**
a) Hypercalcemia *(Jipmer11)*
b) Paget's disease
c) Post menopausal osteoporosis
d) Secondary hyper parathyroidism

C.N.S.

ALCOHOL

846. **All are the side effects of disulfiram except -**
a) Breath odour, metallic taste *(PGI 81, AIIMS 83)*
b) Increase in libido
c) Confusional states
d) Hypothyroidism

847. **Alcohol should not be given with-** *(TN 89)*
a) Sulphonamide b)Clonidine
c) Reserpine d) Metronidazole

848. **Methanol causes blindnes due to its-**
a) Hypersensitivity reactions *(AI 89, Kerala 90)*
b) Conjugated products
c) Idiosyncratic reaction
d) Oxidative products

849. **In severe alcohol intoxication, the blood ethanol exceeds -** *(AIIMS 82)*
a) 100 mg/dL b) 200 mg/dL
c) 300 mg/dL d) 400 mg/dL

850. **Drug of choice for Delirium tremens is -***(AIIMS 91)*
a) Haloperidol b) Chlorpromazine
c) Diazepam d) Morphine

851. **Alcohol intolerence is not caused by -** *(AIIMS 92)*
a) Sulfonamide b) Penicillin
c) Furazolidine d) Cephalosporin

852. **Paraldehyde on exposure to air changes into -**
a) Acetaldehyde b) Benzoic acid (*DNB89*)
c) Ethanol d) Benzaldehyde
e) Acetic Acid

853. **The major factor in terminating the action of ethanol is-**
a) Biotransformation *(AIIMS 80, 86)*
b) Excretion through lungs
c) Excretion unchanged in urine
d) Excretion in feces
e) None of the above

854. **Alcohol cannot act as complete food because -**
a) Calories produced are inadequate even for basal metabolism *(AIIMS 79, Delhi 86, 88)*
b) Absence of vitamins
c) Cannot be stored in body
d) All of the above

830) a 831) d 832) a 833) c 834) c 835) c 836) d 837) d 838) a 839) c 840) a,b 841) a 842) c 843) c
844) d 845) c 846) b,d 847) d 848) d 849) c 850) c 851)a,b,c 852) e 853) a 854) d

855. Flushing occurs following alcohol ingestion in patents taking- *(Kerala 95)*
a) Metronidazole b) Penicillin
c) Tetracyclin d) Chloramphenicol

856. For detoxification of alcohol withdrawal drug used in-
a) Disufiram b) Oxazepam *(JIPMER99)*
c) Naltrexone d) Adrenaline

857. Drug used to prevent from indulging in alcoholism in one who has abstenance from alcohol -*(PGI2000)*
a) Clonidine b) Disulfiram
c) Chlordiazepoxide d) Naltrexone
e) Acamprosate

858. Drug used in uncomplicated alcohol withdrawal ?
a) Diazepam b) Clonidine *(AiimsMay08)*
c) Propanalol d) Methadone

859. Ethanol increases urine output by - *(Corned 10)*
a) Inhibiting Na+ ion reabsorption
b) Suppressing ADH secretion
c) Increasing glomerular filtration rate
d) Suppressing H+ ion secretion

SEDATIVES & HYPONOT1CS

860. Mandrax is combination of - *(JIPMER 90)*
a) Hypnotic and analgesic
b) Hypnotic and antihistamine
c) Hypnotic and antipyretic
d) Hypnotic and antiinfluenzal

861. Which is true regarding benzodiazepines-
a) GABA agonist *(PGI 01)*
b) Diazepam is a short acting benzodiazepine
c) Diazepam causes lesser respiratory depression
d) Nitrazepam is metabolized in liver
e) Diazepam has higher abuse potential than midazolam

862. True about benzodiazepines- *(PGI2000)*
a) Increased release of GABA (GABA agonist)
b) Antagonzing release of GABA
c) Lorazepam is shorter acting than temazepam
d) Atropine its antagonist

863. Mechanism of action of GABA is on - *(PGI 99)*
a) G protein b) Tyrosine kinase
c) PIP/DAG d)5-HT

864. Barbiturate is metabolized by- *(PGI 97)*
a) Glucuronide conjugation
b) Oxidation, dealkylation
c) Acetylation
d) All of the above

865. Alkalinity of urine is done in - *(PGI 97)*
a) Barbiturate poisoning b) Lithium toxicity
c) Alprazolam overdose d) Diazepam toxicity

866. The mechanism of action of barbiturate on cerebrum is- *(PGI 97)*
a) Scavenger of radicles
b) Increase BMR in active area of brain
c) Acts on Cl" channel complex
d) Decrease intracranial pressure

867. Which of the following does not bind to GABA receptor chloride channels - *(AI04)*
a) Ethanol b) Alphaxolone
c) Zolpidem I d) Buspirone

868. Drugs of choice for insomnia in elderly - *(Manipal 04)*
a) Diazepam b)Fluoxetin
c) Flurazepam d) Oxazepam

869. Inverse agonist of benzodiazepine receptor is -
a) Phenobarbitone b)Flumazenil *(AI05)*
c) Beta-carboline d) Gabapentin

870. All of the following are hallucinogens, except -
a) LSD b) Phenhylcyclidine *(AI 05)*
c) Mescaline d) Methylphenidate

871. Which of the following statements best describes mechanism of action of benzodiazepenes -
a) Benzodiazepenes activate GABA receptor in the spinal cord *(Karnat 05)*
b) Their inhibition of GABA transminase lead to increased levels gaba
c) Benzodiazepenes block glutamate receptors in hierarchical neural pathways in the brain
d) They increase the frequency of opening of chloride ion channels that are coupled to GABA receptors

872. The following are the benzodiazepines of choice in elderly and those with liver disease, *except-*
a) Lorazepam b) Oxazepam *(AI06)*
c) Temazepam d) Diazepam

873. The following statements regarding benzodiazepines are true except - *(AI 06)*
a) Binds to both $GABA_a$ and $GABA_b$ receptors
b) They have active metabolites
c) Decreases nocturnal gastric secretion in human being
d) Extensively metabolized by CYP enzymes 3

874. Tiazinadine is - *(Manipal 2006)*
a) $GABA_a$ agonist b) Central a_2 agonist
c) Anti-muscaranic agent d) GABA B agonist

875. Moclobemide is - *(APPG 2006)*
a) SSRI
b) Antipsychotic drug
c) MAO inhibitors
d) Prevent recyclation of adrenaline

876. p-carboline is_____ of benzodiazepines -
a) Inverse agonist *(PGMCET07)*
b) Partial agonist
c) Antagonist
d) Agonist antagonist

877. All act through GABA receptors except -
a) Benzodiazepine *(AIIMS Nov 07)*
b) Barbiturates
c) Zopiclone
d) Promethazine

878. Which of the following drugs is not given for sedation, but has sedation as side effect -
a) Antihistamine and antidepressant *(AIIMSNov 07)*
b) Phenytoin
c) Cyclosporine and macrolides
d) Amphotericin B

855) a 856) b 857)b,c,d,e 858) a 859) b 860) b 861)c,d 862) c 863) a 864) d 865) a 866) c 867) d 868) d
869) c 870) d 871) d 872)d 873)a 874)b 875)c 876)a 877)d 878)a

879. The following is true regarding benzodiazepines -
a) It alters sleep pattern more than sedatives
b) All have pharmacologically active metabolites
c) Induces liver enzymes *(ARMSNov 07)*
d) If taken in higher doses it is less toxic than other sedatives

880. Flumazenil is a - *(A108)*
a) Diazepam antagonist
b) Diazepam reverse agonist
c) Agonist at BZD receptors
d) Selective serotonin reuptake inhibitor (SSRI)

881. Benzodiazepine antagonist ? *(AiimsMay08)*
a) Flumazenil b) Naloxone
c) Furazolidone d) Naltrexone

882. Shortest acting benzodiazipine ? *(APPG 08)*
a) Midazolam b) Lorazepam
c) Diazepam d) Clonazepam

883. Flumazenil is - *(UP08)*
a) Benzodiazepine antagonist
b) Benzodiazepine agonist
c) Melatonin receptor agonist
d) GABA analogue

884. Morphine cannot be used in all the following conditions except - *(Manipal09)*
a) Head injury b) Asthma
c) Hypot hydroidism d) Diabetes

885. Morphine cannot be used in all the following conditions except- *(Manipal09)*
a) Head injury b) Asthma
c) Hypothyroidism d) Diabetes

886. Flumazenil, false is - *(AIIMSNov 09)*
a) It is specific antagonist of BZD
b) It may be used in barbiturate poisoning as it acts on the same receptor i.e. gabaA
c) Given intravenously
d) Acts on gabaA receptor

887. Action not mediated by omega 2 receptors of benzodaizepines - *(Punjab 10)*
a) Hypnosis b) Anxiety
c) Sedation d) Muscle relaxation

888. Which among the following benzodiazepines has no active metabolite - *(Corned 10)*
a) Diazepam b) Lorazepam
c) Flurazepam d)Prazepam

889. All the following statements are true of diazepam EXCEPT thatit- *(Karn 11)*
a) Has high therapeutic index
b) Causes less distortion of sleep architecture
c) Causes microsomal enzyme induction
d) Has lower abuse liability

EPILEPSY

890. When carbamazepine is administered one should avoid- *(JIPMER 95)*
a) Erythromycin b) Amoxycillin
c) Ceftriaxone d) Sulfamethoxazole

891. Arun, diagnosed to have epilepsy recently and put on phenytoin. He was previously on antidepressents. He has developed fatigue and anorexia. His Hb=8.0; TC=7500 ; ESR=30 in first hour; SGOT=35; SGPT=35 and B-=0.6. the test for diagnosis would be - *(ARMS99)*
a) Chest x-ray b) Urine culture
c) MCV d) Blood culture

892. Treatment of choice of myoclonic jerks and absence seizure is - *(JIPMER 79, ARMS 87, 88)*
a) Carbamazepine b) Phenytoin
c) Valproate d) Ethosuximide

893. Which anti-eplieptic acts by potentiating the action of GABA - *(ARMS87)*
a) Valproic acid b) Carbamazepine
c) Phenytoin d) Suxinamides
e) Barbiturate

894. Which anticonvulsant is not used in Generalised Tonic clonic convulsion- *(ARMS82)*
a) Phenobarbitone b) Ethosuximide
c) Phenytoin d) Carbamazepine

895. Drug used to treat myoclonus in children is - *(PGI88)*
a) Clonazepam b) Sod. valproate
c) Phenobarbitone d) Ethosuximide

896. Absence seizures is treated by- *(AI91)*
a) Phenobarbitone b) Ethosuximide
c) Diazepam d) Phenytoin

897. Phenytoin dose should be reduced with all of the following except- *(ARMS79)*
a) Cimentidine b)Clofibrate
c) Choramphenicol d) Rifampicin

898. All are used in treatment of epilepsy except-
a) Ethosuximide b) Reserpine *(Kerala 94)*
c) Acetazolamide d) Vigabatrine

899. Use of which antiepileptic drug causes gingival hypertrophy and hirusitism? *(TN95)*
a) Primidone b) Diphenil hydantoin
c) Diazepam d) Carbamazepine

900. Which antiepileptic drug in therapeutic doses causes least sedation? *(TN 95)*
a) Primidone b) Clonazepam
c) Phenytoin d) Phenobarbitone

901. Carbamazepine is useful in the following conditions EXCEPT- *(Karn95)*
a) Grandmal epilepsy b) Petitmal epilepsy
c) Psychomotor epilepsy d) Trigeminal neuralgia

902. Phenytoin Causes- *(Assam95)*
a) Paracortical Hyperplasia
b) Follicular Hyperplasia
c) Osteoporosis
d) Paracortical Hypertrophy

903. Phenytoin does not cause- *(U.P96)*
a) Osteomalacia b) Gynacomastia
c) Gum hyperplasia d) Megaloblastic anemia

879) d 880)a 881)a 882)a 883)a 884)d 885)d 886)b 887)a 888)b 889)c 890)a 891)c 892) c
893) a,e 894) b 895) a,b 896) b 897) d 898) b 899) b 900) c 901) b 902) a 903) None

904. The drug carbamazepine is used for all except-
a) MDP *(AIIMS 97)*
b) Partial seizures
c) Trigeminal neuralgia
d) Migraine

905. Carbamezipine is used in all the following conditions except- *(All India 97)*
a) Mania b) Schizophrenia
c) Alcohol withdrawl d) Temporal lobe epilepsy

906. Drugs which increase GABA level in brains-(.4/*97)*
a) Diazepam b) Phenobarbitone
c) Sodium valproate d) Carbamazepine

907. Drug of choice of psychomotor epilepsy is - *(Rajasthan 97)*
a) Valproic acid b) Carbamazepine
c) Ethosuccimide d) Phenytoin

908. VIGABATRINis- *(Al 99)*
a) GABA agonist
b) GABA transaminase inhibitor
c) NMDA agonist
d) Dopa decarboxylase inhibitor

909. Which is not used in status epilepticus? *(Burdwan*
a) Lorazepam b) Phenytoin *2K)*
c) Phenobarbitone d) Valproate

910. Which of the antiepileptic drug contraindicated in pregnancy - **(***APPGE 04)*
a) Carbamazepine b) Phenobarbitone
c) Valproate d) Phenytoin

911. Antiepileptic which is also a mood stabilizer is - *(IN04)*
a) Phenytoin b) Phenobarbitone
c) Sodium valproate d) Diamox

912. All of the following are indicated in the treatment of petitmal epilepsy except - **(***SGPGI05)*
a) Ethosuximide b) Sodium-valproate
c) Phenytoin d) Clonazepam

913. Drug of choice in simple partial seizure is -
a) Carbamezapine b) Phenobarbitone *(SGPGI 05)*
c) Diazepam d) Phenytoin

914. With chronic use is seizure state, the adverse effects of this drug include coarsening of facial features, hirsutism, gingival hyperplasia and osteomalacia- *(Kamat 05)*
a) Carbamazepine b) Ethosuccimide
c) Gabapentin d) Phenytoin

915. Which of the following drugs exerts its antiseizures activity mainly as a result of interference with ion conductance through sodium channels, which results in inhibition of high frequency repetitive firing of neurons - *(MAHA 05)*
a) Carbamazepine b) Clonazepam
c) Ethosuximide d) Gabapentin

916. Which of the following antiepileptic agents acts on the GABAergic system to decrease the uptake of GABA into neurons and glial cells- *(AIIMS Nov 05)*
a) Vigabatrin b) Progabide
c) Gabapentin d)Tiagabine

917. Ethosuximide is used in the treatment of - *(AI06)*
a) Tonic-clonic seizure b) Absence seizure
c) Myoclonic seizure d) Simple partial seizure

918. Concomitant administration of clonazepam with which of the following antiepileptic drug can precipitate absence status - *(AI 06)*
a) Sodium valproate b) Phenobarbitone
c) Carbamazepine d) Phenytoin

919. Which one of the following drugs does not interfere with folic acid metabolism ? *(AI06)*
a) Phenytoin b) Gabapentin
c) Phenobarbitone d) Primidone

920. All are side effects of phenytoin -except -*(NINHAMS*
a) Hirsutism b) Gum hypertrophy*06)*
c) Ataxia d) Hypoglycemia

921. All are side effects of valproic acid except - *(NIMHANS06)*
a) Polycystic ovaries b) Fulminant hepatitis
c) Tremor d) Ataxia

922. Carbamazepine in elderly causes - *(COMED 2006)*
a) Hypernatremia b) Hyponatremia
c) Hyperkalemia d) Hypokalemia

923. Hepatotoxicity caused by valproate can be prevented by- *(Manipal 2006)*
a) Zinc b) Carnitine
c) Pyridoxine d) VitK

924. Which of the following is not an antiepileptic agent-
a) Phenytoin b) Topiramate (*AI 07)*
c) Flunarazine d) Carbamazepine

925. All of the following antiepileptic agents act via Na^+ channel except - *(AI07)*
a) Vigabatrin b) Phenytoin
c) Valproate d) Lamotrigne

926. Regarding phenytoin all are true except -
a) Potent microsomal enzyme inducer
b) Highly protein bound *(AIIMS Nov 07)*
c) At lower concentration it follows zero order kinetics
d) With increasing dose, the T 1/2 increases

927. Which one of the following anti epileptic drugs can be used as a mood stabilizing drug - *(UPSC-108)*
a) Phenobarbitone b) Phenytoin
c) Sodium valproate d) Lamotrigine

928. Which one of the following is an anticonvulsant of choice for alcohol withdrawal seizures -*(UPSC-108)*
a) Phenytoin b) Sodium valproate
c) Carbamezapine d) Benzodiazipine

929. Which statement is true about carbamazepine -
a) Used in trigeminal neuralgia *(AiimsMay08)*
b) Carbamazepine is an enzyme inhibitor
c) Can cause megaloblastic anemia
d) It is the drug of choice for status epilepticus

930. What is the drug of choice of antiepilepsy in porphyria ? *(APPG 08)*
a) Phenytoin b) Phenobarbitone
c) Valproate d) Clonazepam

904)d 905)b 906)c 907)b,d 908)b 909)d 910)c 911)c 912)c 913)a,d 914)d 915)a 916)d 917)b
918)a 919)b 920)d 921)a 922)b 923)b 924)c 925)a 926)c 927)c,d 928)d 929)a 930)d

931. Anticonvulsant drugs, which are also used to cure psychiatric disorders are - *(PGIDec 08)*
a) Phenytoin b) Na valproate
c) Lamotrigine d)Topiramate
e) Levetiracetam

932. Adverse effects of valproic acid derivatives include the following, Except - *(AI09)*
a) Alopecia b) Liver failure
c) Weight gain d) Osteomalacia

933. TVue about anticonvulsants - *(PGI Nov 09)*
a) Carbamazepine safe in pregnancy
b) Lamotrigine is safe
c) Monotherapy is recommended
d) Newer drugs are safe

934. Which of the following about phenytoin is true -
a) It follows zero order kinetics *(AIIMSNov09)*
b) Not a hepatic enzyme inducer
c) It is excreted unchanged in urine
d) It is not teratogenic

935. Ethosuxamide is the drug of choice for - *(AI10)*
a) Generalized tonic clonic seizures
b) Complex partial seizures
c) Absence seizures
d) Myoclonic seizures

936. All of the following statements about phenytoin are true, except - *(AI 10)*
a) Follows saturation kinetics
b) Is teratogenic
c) Is highly protein bound
d) Stimulates insulin secretion

937. Fetal hydantoin syndrome is caused by - *(AI 10)*
a) Phenytoin b) Alcohol
c) Tetracycline d) Sodium valproate

938. Carbamazepine in elderly causes - *(DPG10)*
a) Hypernatremia b) Hyponatremia
c) Hyperkalemia d) Hypokalemia

939. True about phenytoin is - *(PUNJAB 11)*
a) Not highly protein bound
b) Induces metabolism of other drugs
c) At very low doses, zero order kinetics occurs
d) Sedating antiepileptic

ANTI-PARKINSONISM

940. In the basal ganglia, the dopaminergic activity is balanced by- *(UPSC 2K)*
a) Serotonergic system b) Cholinergic system
^ c) GABA d) Glutamate

941. Bromocriptine is- *(Jipmer 87)*
a) A partial agonist of dopamine
b) A partial antagonist of dopamine
c) Used in the treatment of parkinsonism
d) Used to reduce GH secretion in acromegaly
e) All except b are correct

942. Which drug should not be given alongwith Levodopa-
a) Carbidopa b) MAO Inhibitors *(AI88)*
c) Atropine d)Benserzide

943. Drug of choice in drug induced parkinsonism is -
a) Levodopa b)Benzhexol *(AI90)*
c) Amantidine d) Carbidopa

944. Central Inhibitor of dopamine metabolism is-
a) Carbidopa b)Deperenyl *(AI 93)*
c) Orphenadrine d) Bromocriptine

945. Which of the following is contraindicated with levodopa? *(Karnat 96)*
a) Carbidopa b) Vitamin B Complex
c) Selegilline d) Methyldopa

946. Pergolide used in the treatment of Pasrkinsonism acts as- *(J&K2001)*
a) Dopamine agonist b) MAO - B inhibitor
c) MAO-A inhibitor d) Anticholinergic

947. COMT inhibitors is - (*PGMCETOn*)
a) Tolcapone b) Sertraline
c) Amantadine d) Fluoxetine

948. Drug of choice in drug induced parkinsonism is -
a) Levodopa b)Benzhexol *(UP 08)*
c) Selegilline d) Amantadine

949. Antiparkinsonism drugs are - *(PGI Dec 08)*
a) Rotigotine b) Rivastigmine
c) Quinagolide d)Ropinirole
e) Amantadine

950. Which of the following agents enhances the bioavailability of levodopa in patients with Parkinson's disease ? *(DELHIPGFeb. 09)*
a) Amantadine b)Ropinirole
c) Entacapone d) Selegiline

951. True statements about antiparkinsonism drugs -
a) Off & on phenomenon is seen with levodopa because up & down regulation of dopamineric receptor *(PGI Nov 09)*
b) Tolcapone cause greenish discolouration of urine
c) Apomorphine is used in treatment
d) Quinagolide is an ergot derivative
e) Ropinirole is used in restless leg syndrome

952. Methyldopa is primarily used in - *(AI 10)*
a) Parkinsonism
b) Pregnancy induced hypertension
c) Hirsuitism
d) Refractory hypertension

953. L-Dopa is combined with carbidopa in the treatment of parkinsonism to - *(AI 10)*
a) Decrease the efficacy of levodopa
b) Inhibit peripheral decarboxylation of levodopa
c) Increase the dose of levodopa required
d) Inhibit conversion of levodopa to dopamine in theCNS

954. Dopamine agonist used in treatment of parkinsonism? *(Maharashtra 10)*
a) Ropinirole b) Pramipexole
c) Bromocriptine d) All of the above

931)b,c,d,e 932)d 933)c 934)a 935)c 936)d 937)a 938)b 939)b 940)b 941)a,b,c,d 942)b,c 943)b 944) b 945) b 946)a 947)a 948)b 949)a,d,e 950)c 951)a,b,c,e 952)b 953)b 954)d

955. Not true about levodopa - *(PUNJAB 11)*
a) Shows on/off phenomenan
b) Penetrates poorly in brain
c) It can cause involuntary movements
d) Should not be given with pyridoxine

ANTI-PSYCHOTIC

956. Rabbit syndrome is a - *(Karnat 99)*
a) Late onset. Drug induced extra pyramidal symptoms
b) Late onset, drug induced anticholinergic side effect
c) Intermediate onset, drug induced extra pyramidal symptoms
d) Late onset effect of Parkinson's disease

957. Patient on phenothiazines complains of involuntary perioral movement this is suggestion of - *(AJ 9 7)*
a) Tardive dyskinesia
b) Torsion dystonia
c) Good pronnosis schizophrenia
d) All of the above

958. Cannabis has been used for the following medici nal purposes except - *(JIPMER 80, DNB 88)*
a) Epilepsy b) Glaucoma
c) Nausea d)TICS

959. Refractory schizophrenia - What is the treatment of choice- *(JIPMER 2003)*
a) Haloperidol b) Flupenthixol
c) Trifluoperazine d) Clozapine

960. The treatment of akathisia includes - *{PGI81, AIIMS*
a) Amantadine b)Benzhexol *86)*
c) Propranolol d) All of the above

961. The rabit syndrome (consisting of fine, rapid movement of the lips that mimic chewing movements of a rabit) is effectively treated by - *(PGI 81, NIMHANS 90)*
a) Trihexyphenidyl b) Lorazepam
c) Lithium d) Levodopa

962. Clozapine (a newer antipsychotic) is commonly associated with - *(PGI 80, NIMHANS 90)*
a) Seizures b) Depression
c) Agranulocytosis d) Tardive dyskinnesia

963. Phenothiazines are used in treatment of -
a) Depression *(Delhi 96)*
b) Organic brain syndrome
c) Anxiety neurosis
d) All

964. Irresistable urge to move about and increased motor activity is- *(IN 97)*
a) Rabbits syndrome
b) Malignant neuroleptic syndrome
c) Akathisia
d) Tardive dyskinesia

965. Treatment of choice for Ballismus - *(PGI 97)*
a) Chlorimipramine b) Amtryptiline
c) Haloperidol d) Busipirone

966. Clozapine causes - *(PGI 98)*
a) Sialorrhoea b) Hypertension
c) Akathesia d) Agranulocytosis

967. Vasanthi 45 years, was brought to casualty with abnormal movements which included persistent deviation of neck to right side one day before she was prescribed Haloperidol 5 mgs three times daily from the psychiatry OPD. She also had an altercation with her husband recently. Which of the following is the most likely cause for her symptoms - *(AIIMS 2K)*
a) Acute drug dystonia
b) Conversion reaction
c) Acute psychosis
d) Cerebrovascular accident

968. Akathisia is best treated with - *(Jipmer 2002)*
a) Haloperidol b) Fluoxetine
c) Lithium d) Propranolol

969. Least extrapyramidal side effects are seen with -
a) Clozapine *(PGI 2002)*
b) Thioridazine c) Haloperidol
d) Triflouperazine e) Chlorpromazine

970. Which phenothiazine has the least extra pyramidal effect- *(AI89)*
a) Thioridazine b) Chlorpromazine
c) Triflupromazine d) Fluphenazine

971. Which of the following is a longest acting butyrophenone- *(PGI 90, 93)*
a) Haloperidol decanoate b)Triperidol
c) Flupenthixol d) Penfluridol

972. I.V. fluphenazine decanoate is drug of choice in-
a) Simple Schizophrenia *(AIIMS 81, 84)*
b) Hebephrenic Schizophrenia
c) Catatonic Schizophrenia
d) Paranoid Schizophrenia

973. False statement regarding clozapine-
a) Used in resistant schizo phrenia *(All India 97)*
b) Can cause agranulocytosis
c) Decreases on & off effect
d) Has maximum extrapyramidal effects

974. Apatient on haloperidol for psychosis develops fever, altered sensorium and labile hypertension. Drug useful in treatment of this patient is - **(***UPSC 02)*
a) Cefotaxime b) Bromocriptine
c) Largactil d)Propanolol

975. Drug of choice for the treatment of negative symptoms of schizophrenia is - **(***Karnataka 02)*
a) Chlorpromazine b) Haloperidol
c) Clozapine d) Doxepin

976. Long term antipsychotic use definitely causes -
a) Depression b) Mania (*APPG 03)*
c) Schizophrenia d) Tardive dyskinesia

977. Antipsychotic with less extra pyramidal side effects- **(***Jipmer 04)*
a) Loxapine b)Pinozide
c) Qutetapine d) Resperidone

978. Which of the following medication is associated with an increased risk of agranulocyosis - *{Karnat 05,*
a) Clozapine b) Imipramine *UPSC 07,01)*
c) Lithium d) Haloperidol

955) b 956) a 957) a 958)a,c,d 959) d 960) d 961) a 962) a,c 963) c 964) c 965) c 966) a,d 967) a 968) d
969) a 970) a 971) d 972) a 973) d 974) b 975) c 976) d 977) c 978) a

979. Which one of the following drugs does not produce central anticholinergic syndrome - *{AIMS NOV05)*
a) Atropine sulphate
b) Glycopyrrolate
c) Antihistaminics
d) Tricyclic antidepressants

980. The major difference between typical and atypical antipsychotics is that - *(AI05)*
a) The latter cause minimal or no increase in Prolactin
b) The former cause tardive dyskinesia
c) The former are available as parenteral preparations.
d) The latter cause substantial sedation.

981. Antipyschotic drug - induced Parkinsonism is treated by- *(AI 05)*
a) Anticholinergics b) Levodopa
c) Selegiline d)Amantadine

982. All are side effects of Clozapine, except - *(AI06)*
a) Granulocytopenia
b) Seizures
c) Sedation
d) Extrapyramidal side effects

983. The most common side effect reported with treatment with haloperidol is - *(AI 06)*
a) Hypotension b) Akathisia
c) Dryness of mouth d) Tic disorder

984. Which of the following is true regarding olazapine except - *(Manipal 2006)*
a) It caused marked anti-muscaranic action
b) It causes weight gain
c) It cause mild increases in prolactin
d) Less epileptogenic action than phenothiazine

985. The following is a life-threatening side effect associated with the use of clozapine - (*Corned 08)*
a) Pancreatitis b) Hypoglycemia
c) Agranulocytosis d) Acute renal failure

986. Antipsychotic induced 'akathisia[9] is characterized by- (*Corned 08)*
a) Rigidity
b) Tremor
c) Spasm of muscle/muscle group
d) Restlessness

987. Antipsychotic drug with least extra pyramidal side effect is seen in - *(UP07)*
a) Triflupromazine b) Thioridazine
c) Pimozide d) Trifluoperazine

988. Antipsychotic drugs are - *(Manipal08)*
a) Clomipramine b) Carbamazepine
c) Sodium valproate d) Chlorpromazine

989. Pimozide belongs to - *(APPG 08)*
a) Thioxanthines b) Phenothiazines
c) Buprenorhine group d) Diphenyl group

990. Which of following are selective serotonin reuptake inhibitors (SSRI) except - *(PGI Dec 08)*
a) Duloxetine b) Paroxetine
c) Fluvoxamine d) Venlafaxine
e) Escitalopram

991. Which of the following drugs is not used in Acute angle closure glaucoma - *(AI 09)*
a) Pilocarpine b) Clozapine
c) Fluphenazine d) Duloxetine

992. Which of the following premedications is associated with extra pyramidal side effects - *(Corned 09)*
a) Metoclopramide b)Cimetidine
c) Scopolamine d) Glycopyrrolate

993. The following is a life-threatening side effect associated with the use of clozapine - *(Corned 10)*
a) Pancreatitis b) Hypoglycaemia
c) Agranulocytosis d) Acute renal failure

994. Not a mechanism of action of Neuroleptics -
a) Dopamine blockage *(PUNJAB 11)*
b) Block p receptors
c) Serotonin blockade
d) Blocks a receptors

ANTI-DEPRESSANT

995. All are side effects of tricyclic antidepressants except - *(AIIMS 86, AI 88)*
a) Diarhoea b) Metallic taste
c) Dry mouth d) Epigastric discomfort

996. Which does not compete with protein binding of imipramine - *(All India 93)*
a) Ethosuximide b) Phenytoin
c) Aspirin d) Phenyl butazone

997. Nausea is troublesome in the treatment with newer antidepressant -(,*JIPMER 80, NIMHANS 89)*
a) Trazodone b) Mianserin
c) Fluoxetine d)Doxepin

998. MAO inhibitors induced hypertensive crisis is reversed with - *{AIIMS 80, NIMHANS 88)*
a) Chlorpromazine b)Reserpine
c) Phentolamine d) Propranolol

999. Tricyclics adversely interact with-(PG7*80, AIMS 84)*
a) Tranylcypromine b) Propranolol
c) Furosemide d) Digoxin

1000. An antidepressant found to be associated with tardive dyskinesia and neuroleptic malignant syndrome is - *{JIPMER 81, NIMHANS 89, AI96)*
a) Fluoxetine b) Amineptin
c) Amoxapine d) Trazodone

1001. Drug of choice in an elderly with depression and coronary artery disease is - *{JIPMER 81)*
a) Fluoxetine b)Dothiepin
c) Mianserin d) Amoxapine

1002. Safest anti depressant in hypertension is -*{Kerala 95)*
a) Imipramine b) MAO inhibitors
c) Fluoxetine d) Amitryptylin

1003. Anti depressant is- *{Kerala 96)*
a) Chlorpropamide b) Imipramine
c) Benzhexol d) Lithium
e) Haloperidol

979) b 980) a,b 981) a 982) d 983) b 984) d 985) c 986) d 987) b 988) d 989) d 990) a,d 991) b 992) a 993)c 994)b 995)a 996)a 997)c 998)a,c 999)a 1000)c 1001)a 1002)c 1003)b

1004. Tricyclic antidepressants are contra indicated in-
a) Gastric ulcer b) Angle Closure Glaucoma
c) Depression d) Anxiety *(AP 97)*

1005. The second generation antidepressants are *~(PGI88)*
a) Trimipramine b)Mianserine
c) Maprotiline d) Amitriptyline

1006. Which is a antidepressant with no anti cholinergiceffects - *(ARMS 82)*
a) Imipiramine b) Fluvoxamine
c) Mainserine d)Amitriptyilne

1007. Imipramine is contra indicated in - (*A192)*
a) Diabetes b) Glaucoma
c) Hypertension d) Peptic ulcer

1008. Newer MAO inhibitors are useful in the treatment of- *(Kerala 94)*
a) Mania b) Schizophrenia
c) Hypertension d) Depression

1009. Specific MAO-B inhibitor is- *(Jimper 95)*
a) Phenelzine b) Tranylcypromine
c) Selegeline d) Haloperidol

1010. Selective 5 hydroxytryptophan antagonist is -
a) Amitriptyline b) Fluoxetine *(ARMS 97)*
c) Imipramine d) Clozapine

1011. Not an antidepressant- *(A197)*
a) Amitriptilline b) Fluoxetine
c) Trazodone d) Pimozide

1012. Mechanism of action of fluoxetine is- *(AJ 99,*
a) Serotonin uptake inhibition *ARMS 96)*
b) Serotonin uptake facilitation
c) Dopamine synthesis inhibition
d) Adrenaline synthesis inhibition

1013. Which is a 5 - HT receptor agonist? *(Orissa R)*
a) Ondansetron b) Ketanserine
c) Sumatriptan d) Risperidone

1014. 62 year old male who was on antidepressant treatment was brought to the hospital with history of having taken overdose. He was complaining of dry mouth, blurring of vision and history of having not passed urine for 12 hours.The bladder is palpable. The medication could be - *(UP 2K)*
a) Lithium b) Selengilline
c) Amitrytiline d) Dexamphetamine

1015. Mood stabilizing drugs are all except - (*Jipmer 03)*
a) Sodium valproate b) Carbamazepine
c) Lithium d) Ehosuximide

1016. Tianeptine is an antidepressant which is very popular nowadays. Its mechanism of action is -
a) Norepinephrine agonist *(Kerala 04, MAHA 05,*
b) Selective serotonin reuptake inhibitor *ARMS 98)*
c) Selective serotonin reuptake enhancer
d) Selective non-epinephrine reuptake inhibitor

1017. Dry mouth during antidepressant therapy is caused by blockade of - *(AI 05)*
a) Muscarinic acetylcholine receptors
b) Serotonergic receptors
c) Dopaminergic receptors
d) GABA receptors

1018. The common side effect with Fluoxetine therapy is -
a) Seizure b) Anxiety *(AI06)*
c) Hypotension d) Loose stools

1019. Patient with hypotension and cardiac disease best antidepressant is - *(N1MHANS 2006)*
a) Venlafaxine b) Mirtazapine
c) Duloxetine d)Cifaloprax

1020. MAO-A inhibitors should not be used with -
a) Amitryptiline b) Sertraline (*PGMCETOTl*)
c) Fluvoxamine d) All of the above

1021. The drug used prophylactically in bipolar mood disorder is- *(Manipal 08)*
a) Lithium b)Aripiprazole
c) Paliperidone d) Levomepromazine

1022. All of the following drugs are useful in detrussor instability except - *(ARMS Nov 08)*
a) Solefenacin b) Tolterodine
c) Flavoxate d) Duloxetine

1023. Drug (s) used in incontinence of urine is/are -
a) Oxybutynin b) Tolterodine *(PGI Dec 08)*
c) Tiotropium d) Solifenacin
e) Imipramine

1024. A woman consumes several tabs of Amitryptilline (case of amitryptiline poisoning). All of the following can be done except - *(ARMS Nov 10)*
a) Sodium bicarbonate infusion
b) Gastric lavage
c) Diazepam for seizure control
d) Atropine as antidote

1025. True about tricyclic antidepressants is -
a) May be useful in Nocturnal enuresis
b) Wide safety margin *(PUNJAB 11)*
c) Low oral bioavailability
d) Response time is short

1026. All of the following statements about serotonin syndrome are true, except - *(AI 11)*
a) It is not an idiosyncratic reaction
b) Can be caused by SSRI
c) Dantrone is the drug of choice
d) Associated with hyperthermia and hypertension

LITHIUM

1027. Which organ is not affected in Lithium toxicity -
a) Brain b) Liver *(ARMS 92)*
c) Heart d) Kidney

1028. The commonest symptom of lithium Toxicity is- *(ARMS 81, AMC 92)*
a) Nephrotic syndrome b) Polyurea
c) ARF d) Renal calculi

1029. Lithium is absolutely contraindicated in-*(ARMS81,*
a) Lactation b) Diabetes insipidus *93)*
c) Jaundice d) Hypothyroidism

1004)b 1005) b,c 1006) b 1007)b 1008)d 1009)c 1010)b 1011)d 1012)a 1013)c 1014)c 1015)d 1016)c 1017)a 1018) b 1019) b 1020) a 1021)a 1022)d 1023)a,b,d,e 1024)d 1025)a 1026)c 1027)b 1028)b 1029)a

1030. All of the following are recognised side effects of lithium carbonate therapy except - *(UPSC 95)*
a) Hypothyroidism b) Leucocytosis
c) Polyuria d)Hypercalcaemia

1031. Chronic use of lithium can result in - *(AIMS 97)*
a) Hepatotoxicity b) Bone marrow depression
c) Hypothyroidism d) Neutropenia

1032. Lithium clearance is decreased by -*(Karnataka 01)*
a) Hyperkalemia b) Hypokalemia
c) Hypernatremia d) Hyponatremia

1033. All of the following are true about lithium carbonate except- *(AI96)*
a) Very safe drug
b) Causes polyuria
c) Drug of choice in prophylaxis of MDP
d) Contraindicated in pregnancy

1034. Young female with bipolar disorder who failed to respond to adequate lithium therapy should be prescribed - *(MAHE 98)*
a) Chlorpromazine b) Amitryptilne
c) Carbamazepine d) Haloperidol

1035. Lithium level is increased by administration of which of the following drugs - *(SRMC 02)*
a) NSAIDs b) Diuretics
c) Verapamil d)Bronchodilators

1036. Pre-treatment evaluation for lithium therapy should include - *(AI06)*
a) Fasting blood sugar b) Serum creatinine
c) Liver function tests d) Platelet count

1037. All of the following are part of the treatment of lithium toxicity, *except* **-** *(AI 06)*
a) Treating dehydration
b) Ingestion of polystyrene sulfonate
c) Hemodialysis
d) Using an antagonist

1038. Long term use of lithium is associated with the following endocrine abnormality - **(***Corned 08)*
a) Hypothyroidism b) Diabetes mellitus
c) Hyperthyroidism d) Cushing's syndrome

1039. False statement regarding Lithium is - *(UP 07, 05)*
a) Contraindicated in pregnancy
b) Only marginal changes in high therapeutic dose
c) No individuals variation in the rate of excretion
d) No specific antidote

1040. Which one of the following renal injuries is characteristic of lithium toxicity ? *(UPSC-108)*
a) Acute tubulointerstitial nephritis
b) Acute tubular necrosis
c) Nephrogenic diabetes insipidus
d) Proliferative glomerulonephritis

1041. Which of the following continue drug treatment increases thirst and clear dilute diuresis - *(UP 08)*
a) Phenobarbitone b) Lithium
c) Chlorpramazine d) Clozapine

1042. Correct about the use of lithium is an important component of management of manic-depressive psychosis - *(DELHIPG Feb. 09)*
a) Is associated with delayed (>2 weeks) electrolyte disturbances
b) Can be given alone for acute episodes
c) Monitoring of serum lithium concentration is seldom useful for guiding dose adjustment
d) Cause benign and reversible depression of T wave onECG

1043. Most common congenital anomaly associated with lithium- *(AI10)*
a) Cardiac malformations
b) Neural tube defects
c) Renal anomaly
d) Fetal hydantoin syndrome

1044. Abnormality to check if lithium is given to a pregnant female - *(AIMS Nov 10)*
a) Cardiac anomaly b) Neural tube defect
c) Facial defect d) Urogenital defect

1045. Which of the following antihypertensive drugs should not be used in a patient on Lithium in order to prevent Lithium Toxicity - *(AI11)*
a) Clonidine b) Beta blockers
c) Calcium Channel Blockers d) Diuretics

1046. Not a side effect of lithium - *(PUNJAB 11)*
a) Tremors b) Polyuria
c) Sedation d) Tardive dyskinesia

ANXIOLYTIC

1047. The first of benzodiazepines, synthesized was -
a) Diazepam *(PGI81, AIMS 85)*
b) Chlordiazepoxide
c) Chloral hydrate
d) Lorazepam

1048. Which one of the following drugs produce rapid induction of sleep with least effect on sleep structure - *(St. Johns 02)*
a) Zolpidem b) Diazepam
c) Chlorpromazine d) Haloperidol

1049. Anxiolytic without benzodiazepineola structure -
a) Alprazolam b) Chlordiazepoxide *(Jipmer03)*
c) Diazepam d) Zolpidem

1050. Lorazepam differs from diazepam in that it is -
a) More lipid soluble
b) Fast entry into brain
c) Short-acting
d) Active metabolic produced

1051. Diazepam produces its effects by acting of the....
a) Ascending reticular activating system *(PGI88)*
b) Hippocampus
c) Amygdala
d) Cerebral cortex

1030)d 1031)c 1032)d 1033)a 1034)c 1035)a,b 1036) b 1037) d 1038)a 1039)c 1040)c 1041)b 1042)d 1043)a 1044) a 1045) d 1046)d 1047)b 1048)a 1049) None 1050)c 1051)a

1052. The specific antagonist for Benzodiazepines is -
a) Flumazenil *{Kerala 90)*
b) Alprozolam
c) Di-Isoprophyl phenol
d) Cremopher-ei

1053. Drug of choice of insomnia due to anxiety *is-(AP 85)*
a) Para aldehydeb) Meprobamate
c) Imipramine d) Morphine

1054. Non-sedating nonhabit forming anxiolytic is - *(ASSAM 95, JIPMER 02, PGI92, 93)*
a) Triazolamb) Buspirone
c) Alprazolam d) Oxazepam

1055. Secobarbitone is - *(DNB 90)*
a) Long acting barbiturate
b) Intermediate acting barbiturate
c) Short acting barbiturate
d) Ultra short acting barbiturate

1056. Secobarbital and ethanol when given together show- *(PGI 82)*
a) Additive sedative action
b) Reduced sedative action
c) Competitive antagonism
d) Chemical antagonism
e) None of the above

1057. Which of the fllowing are side effect of flumazenil - **(***PGI 92)*
a) Nausea b) Headache
c) Withdrawal seizures d) Dizziness

1058. Barbiturates are derivatives of - *(JIPMER 80,BIHAR*
a) Urea b) Ethyl alcohol *90)*
c) Tungstic acid d) Opium
e) Cinnamon

1059. Which of the folowing drugs is absorbed slowly-
a) Pitrazepam b) Oxazepam *(AMU87)*
c) Diazepam d) Chloral hydrate

1060. Nitrazepam is considered as a useful hypnotic in the sense that it does not produce marked-
a) Addiction *(AIIMS 84)*
b) Respiraty depression
c) Habitutation
d) Hang over

1061. Midazolam as compared to diazepam is - *(PGP95)*
a) Less cerebroprotective
b) More cerebroprotective
c) Same as diazepam
d) No cerebroprotective effect

1062. All are complications of Benzodiazepines except -
a) Ataxia b) Headache *(AP 96)*
c) Amnesia d) Tinnitus

1063. All are true about Alprazolam except- *(TN97)*
a) Anxiolytic b) Is a Benzodiazepine
c) Causes sedation d) Very short *Vi* life

1064. Primarily anxiolytic benzodiazepine is - *(MAHE 98)*
a) Flurazepam b) Oxazepam
c) Temazepam d) Alprazolam

1065. Least sedating drug among the following is -
a) Clonazepam b) Phenytoin *(MAHE 98)*
c) Primidone d) phenobarbital

1066. An anxiolytic benzodiazepine that has additional antidepressant property is- *(TNPSC 2K)*
a) Chlordiazepoxide b) Oxazepam
c) Alprazolam d)Lorazepam

1067. All are short acting barbiturates except - *(UP 07)*
a) Buto barbitone b) Seco barbitone
c) Pento barbitone d) Hexobarbitone

1068. Which of the following drug is not used in anxiety ?
a) Risperidone b) SSRI *(AI08)*
c) Clonazepam d) Buspirone

NSAIDS

1069. Aspirin inhibits - *(PGI 89)*
a) Lipoxygenase b) Prostacyclin synthesis
c) Cyclo oxygenase d) Phospholipase

1070. The major toxicity of acetaminophen overdose involves - *(PGI 78, AIIMS 84)*
a) TheCNS b) The heart
c) Liver d) Acid-base metabolism

1071. Incidence of Nasal allergy in asprine users is -
a) 1-2% b) 2-5% *(PGI 93, PGI 80)*
c) 5-7% d) 10-15%

1072. Which of the following is true of salicylate poisoning - *{PGI 88)*
a) Respiratory acidosis b) Metabolic acidosis
c) Respiratory alkalosis d) Common in children

1073. Chemically paracetomol is -
a) N-acetyl-p-aminophenol b) Chloroquine
c) Acetyl salicylate d) Acetophen

1074. Aspirin has all the properties except- *(TN91)*
a) Brings down elevated temperature
b) Brings down normal temperature
c) Prevents platelet aggregation
d) Used in rheumatoid arthritis

1075. Aspirin is contraindicated in a case who is on treat mentwith- *(Delhi 92)*
a) Predinisolone b) Warfarin
c) Theophyline d) Oral contraceptives

1076. Ketorolac tromethamine is useful as-
a) A bronchodilator *(JIPMER 84)*
b) An antihypertensive
c) Non-narcotic non steroidal
d) Narcotic non-steroidal analgesic

1077. Development of hepatic centrilobular necrosis secondary to acetaminophen overdose can be prevented effectively by which of the following if given within a few hours after ingestion?
a) N-acetylcysteine *(AIIMS 80, 84)*
b) Dimercaprol c) Sodium nitrite
d) Amyl nitrite e) Phenobarbital

1052) a 1053)b 1054)b 1055)c 1056)a 1057)c 1058)a 1059)b 1060)a,b,c 1061)None 1062)d 1063)d 1064)b,d
1065)b 1066) c 1067) d 1068)a 1069)c 1070)c 1071)a 1072)A11 1073) a 1074) b 1075)b 1076)c 1077)a

1078. The inhibitor of Lipoxygenase pathway is -
a) Ibuprofen *(J1PMER 79)*
b) Benoxzprofen
c) Indomethacin
d) None of the above

1079. Indomethacin reverses all the features of bartters syndrome except- *(ARMS 78)*
a) Hyperreninemia b) Hyperaldosteronism
c) Hypotension d) Hypokalemia

1080. Ibuprofen acts by inhibiting- *(Kerala 94)*
a) Lipoxygenase
b) Cyclo oxygenase
c) Resetting the hypothalamic thermostat
d) Increases the pain threshold

1081. None of the following analgesics is available in sublingual formulation except- *(Kam 94)*
a) Piroxicam b)Pentazocine
c) Buprenorphine d) Ketorolac

1082. Aspirin is used for secondary prevention of IHD because- *(A1IMS '95)*
a) It inhibits TXA2 synthesis by platelets
b) Inhibits prostacyclin synthesis
c) Inhibits release of EDRF
d) Inhibits synthesis of endothelium

1083. Single dose NS AID- *(IN 96)*
a) Aspirin b) Diclofenac
c) Naproxen d) Piroxicam

1084. Low dose aspirin during pregnancy is used in all except- *(All India 97)*
a) SLE b)IUGR
c) Deep veins thrombosis d) Preeclampsia

1085. Which drug does not cause platelet dysfunction-
a) Aspirin *(Kerala 97)*
b) Ibuprofen
c) Acetaminiphen
d) All of the above

1086. True about ketorolac is all except- *(M.P. 98)*
a) It inhibit cyclo-oxygenase
b) It is as effective for pain as morphine
c) It acts on opoid receptor
d) It acts only as an injectable

1087. Selective Cyclo oxygenase-2 inhibitor is -*(ARMS98)*
a) Ketorolac b) Nabumetone
c) Oxprazin d) Paracetamol

1088. Aspirin is useful in all except - *(MP 2K)*
a) Pre-eclampsia b) Deep ven thrombosis
c) Myalgia d) Deep seated abdominal pain

1089. All of the following are risk factors for NS AID induced mucosal injury except- *(ICS 2K)*
a) Old age and female sex
b) Prolonged use of high dose therapy
c) NS AID with steroid therapy
d) NS AID with misoprostol

1090. Selective COX - II inhibitor is - *(J&K2001)*
a) Diclofenac b) Mefanemic acid
c) Nimesulide d) Sulindac

1091. COX pathway is inhibited by- *(PG102)*
a) Aspirin b) Indomethacin
c) Betamethasone d) Calcitonin
e) Diclofenac

1092. Which one of the following statements is not true about NSAIDSs - *(ARMS May 05)*
a) Acetyl salicylic acid is an irreversible inhibitor of COX enzyme
b) Salicylic acid reduces in vivo synthesis of prostaglandins
c) Duration of action of aspirin is primarily related to the pharmocokinetic clearance of the drug from the body
d) Anitplatelet effect of low-dose aspirin as related to presystemic COX inhibition

1093. Aspirin toxicity true are - *(PGI June 06)*
a) Tinitus early symptom
b) 10-30 gm causes poisoning
c) Hyperthermia, tachypnea early complications
d) Cause thrombocytopenic purpura

1094. Which one of the following drug is not a non-opioid analgesic drug - *(COMED 2006)*
a) Meloxicam b) Methadone
c) Nimesulide d) Nabumetone

1095. NSAIDs which does not inhibit prostaglandin synthesis - *(Manipal 2006)*
a) Sulindac b)Nefopan
c) Ketorolac d) Mefenamic acid

1096. Selective inhibitors of COX2 does not have following action- **(***PGMCETOl***)**
a) Antipyretic b) Antiplatelet
c) Analgesic

1097. The salicylate intoxication in adults usually causes the following except - *(UPSC 07)*
a) Severe respiratory alkalosis
b) Mixed metabolic acidosis-respiratory alkalosis
c) Pure high aniion gap metabolic acidosis
d) Hyperchloremic Metabolic acidosis

1098. Which of the following is beneficial in NS AID induced gastric ulcer - *(AI07)*
a) PGE 1 agonist b) PGE 2 agonist
c) PGD agonist d) PGF 2 agonist

1099. Which of the following NS AID has good tissue penetrability with concentration in synovial fluid- *(UP 07, 06)*
a) Ketorolac b) Diclophenac sodium
c) Sulindac d) Piroxicam

1100. Early feature (s) of aspirin poisoning is/are -
a) Throbbing headache b) Rash *(PGI June 09)*
c) Ringing sensation in ear d) Vertigo
e) Metabolic acidosis

1101. Regarding COX-2 which of the following is its function - *(ARMS Nov 09)*
a) Cell adhesion b) Cell proliferation
c) Cell migration d) Cell differentiation

1078) None 1079)d 1080)b 1081)c 1082)a 1083)d 1084)c 1085)c 1086)c,d 1087)b 1088)d 1089)d 1090)c 1091)a,b,e 1092)c 1093)a,b 1094)b 1095)b 1096)b 1097)d 1098)a 1099)b 1100)a,c,d,e 1101)b

1102. Opioid agonist are A/E - *(AlIMSMay 10)*
a) Morphine b) Codeine
c) Ketamine d) Methadone

1103. Non selective COX-2 inhibitor - *(Jipmer 10)*
a) Meloxicam b) Parecoxib
c) Etoricoxib d)Tenoxicam

OPIOIDS

1104. Morphine withdrawal is characterized by all except- *(A195)*
a) Miosis b) Muscle aches and body pain
c) Yawning d) Rhinorrhoea

1105. The most potent derivative of morphine is -
a) Oxymoiphine b) Heroin *(JIPMER 79, PGI)*
c) Meperidine d) Codeine

1106. Therapeutic indications of morphine - *(PGI 90)*
a) Preterm labour b)Pain
c) Intractaole diarrhoea d) Abolishes rigors

1107. Methadoneis- *(TN90)*
a) Useful for long term treatment
b) No addiction liability
c) Better compliance
d) Used in maintenance of treatment

1108. Use of preoperative morphine is to - **(***Kerala 94)*
a) Decrease anxiety
b) To produce analgesia
c) For sedation
d) For muscle relaxation

1109. An orally effective opoid agonist without an antagonistic action - *(JIMPER 90)*
a) Dextropropoxyphene b) Buprenorphine
c) Pentazocine d) Cyclazocine

1110. Heroin differs from morphine in all respects except-
a) Causes more euphoria *(AI90)*
b) More constipation
c) Slowly metabolised to morphine
d) Synthetic congener of morphine

1111. The most potent narcotic analgesic is- *(AI 91)*
a) Morphine b) Pethidine
c) Bupheronorphine d) Pentazocine

1112. Morphine causes vomiting by stimulating- *(AI91)*
a) Medullary centre b) Spinal cord
c) Hypothalamus d) Chemoreceptor trigger zone

1113. Which is not a feature of morphine with drawal -
a) Constipation b) Pilo erection *(AIIMS 92,*
c) Rhinorrhoea d) Insomnia *PGI 93)*

1114. Opioid Specific antagonist is- *(AI93)*
a) Naloxone b) Naltrexone
c) Methadone d) Nalorphine

1115. Anti Spasmodic effect is seen with- *(Jipmer 93)*
a) Neostigmine b) Propantheline
c) Nikethamide d) Ambenonium

1116. The chemical name of Heroin is - *(JIPMER 81,*
a) Methyl dihydromorphinone *AIIMS 88)*
b) Dihydromorphinone
c) Diacetylmorphine
d) N-allynormorphine
e) Oxymorphone

1117. As compared to morphine, methadone is- *(DNB 89)*
a) Superior analgesic and inferior hypnotic
b) Superior hypnotic and inferior analgesic
c) Superior analgesic and superior hypnotic
d) Inferior analgenic and inferior hypnotic

1118. Buprenorphine is a- *(AI 95)*
a) Pure agonist
b) Pure antagonist
c) Agonist-antagonist
d) Opiate naturally occuring

1119. Pentazocineione of the following is false- *(AI95)*
a) Decreases vomiting and constipation compared to morphine
b) Risk of addiction is less
c) Agonist-antagonist
d) Risk of addiction is present

1120. One of the following acts on m receptors in CNS-
a) Morphine b) Buprenorphine *(AI 95)*
c) Pethidine d) Pentazocine

1121. One of the followig opioid derivatives is a partial agonist as well as antagonist - *(AI 96)*
a) Buprenorphine b) Naloxone
c) Nalorphine d) Naltrexone

1122. Morphine- *(Kerala 97)*
a) Stimulates CTZ zone of medulla
b) Stimulates respiratory centre of medulla
c) Depresses CTZ zone of medulla
d) None of the above

1123. In epidural analgesia morphine acts by acting on -
a) Substantia gelatinosa b) Axons *(AIIMS 98)*
c) Ventral horn d) Sensory nerve

1124. Wrong about pentazocine- *(TN 99)*
a) Orally effective b) Decreases B.P.
c) Tachycardia d) Addictive

1125. Most potent opioid is- *(Kerala 01)*
a) Fentanyl b) Sulfentanyl
c) Pethidine d) Morphine

1126. Which is true regarding naltrexone- *(PGI 01)*
a) It is an opioid antagonist
b) It is an opioid agonist
c) Used in alcohal dependence
d) Used to treat opioid dependence
e) Used as a respiratory stimulant

1127. Morphine canno't given in which of the following route- *(PGI 02)*
a) IM b) Transdermal
c) Epidural d) Subarachnoid
e) Oral

1102)c 1103)a 1104)a 1105)a 1106)b 1107)d 1108)a,b 1109)a 1110)a,b llll)c 1112)d 1113)a 1114)a,b 1115)b 1116) c 1117) a 1118) a 1119)None 1120)a,c 1121)c 1122)a 1123)a 1124)b 1125)b 1126)a,c,d 1127)b

1128. Which of the following actions is ascribed to delta type of opoid receptors- **(*AI04*)**
a) Supraspinal analgesis
b) Respiratory depression
c) Euphoria
d) Reduced intestinal motility

1129. The Mu receptor of the opioids is responsible for the following clinical actions *except-(AIIMSNov 05)*
a) Analgesia b) Respiratory depression
c) Sedation d) Diuresis

1130. Addition of which of the following agent can help in elimination of 15-20 Thblets of lOmgdextroamphetamine-
a) Acetazolamide b)NH_4Cl
c) Penicillamine d)$NaHC0_3$

1131. Following is 100 times more potent than morphine -
a) Codiene b) Pentozocine(*PGMCET0T7*)
c) Fentanyl d) Heroin

1132. Naloxone is not used during resuscitation of a child whose mother is on - *(Aiims May 07)*
a) Methadone b) Phenycyclidine
c) Amphetamine d) Cocaine

1133. Which of the following is non opioid analgesic and does not inhibit prostaglandin synthesis - *(UP 07)*
a) Nefopam b)Tenoxicam
c) Ketorolac d) Piroxicam

1134. No - tolerance is seen with - *(UP 07)*
a) Heroin b) Cocaine
c) Dextro propoxyphane d) Pethidine

1135. Buprenorphine is ? *(Aiims May 08)*
a) Pure agonist b) Pure antagonist
c) Partial agonist d) None

1136. Least narcotic - *(AIIMS Nov 09)*
a) Morphine b) Codeine
c) Heroine d) Papaverine

1137. Which is NOT used in treatment of heroin dependence? *(AIIMS May 10)*
a) Disulfiram b) Buprenorphine
c) Clonidine d)Lofexidine

1138. Which of the following statements about opioid receptor antagonists is false - *(AI10)*
a) Naloxone can be used to for treatment of opioid induced constipation
b) Naltrexone may be used for treatment of alcohol dependence
c) Nalmefine has a longer half life than naloxone
d) Naloxone is more potent than naltrexone

1139. Naloxone reduces the biliary colic induced by all the following drugs except - *(Jipmer 10)*
a) Fentanyl b) Morphine
c) Pethidine d) Buprenorphine

1140. Routes for fentanyl administration are-(PG7*Nov. 10)*
a) Oral b) Transmucosal
c) IV d) Spinal/Epidural
e) Transdermal

1141. TVue about buprenorphine- *(PGINov. 10)*
a) Naloxone cannot reverse its effects
b) Agonist at 5 receptor
c) Long acting
d) More potent than morphine
e) Partial receptor agonist

1142. Which is opioid - *(PG1 Nov. 10)*
a) Pethidine b) Diacetylmorphine
c) Naloxone d) Pentazocine
e) Morphine

1143. True statement about pethidine w.r.t morphine -
a) Cause more bradycardia *(PGINov 10)*
b) Constipation less marked
c) Cough more suppressed
d) More potent
e) Rapid onset

1144. Muscle rigidity due to opiods is becasue of their effect on - *(AIIMS May 11)*
a) b) kappa
c) sigma d) delta

1145. Buprenorphine is classified as - *(AI 11)*
a) Partial agonist at receptor
b) Partial agonist at k receptor
c) Full agonist at receptor
d) Full agonist at k receptor

1146. Opioid tolerance develops to all of the following actions, Except- *(AI 11)*
a) Miosis b) Analgesia
c) Euphoria d) Nausea and Vomiting

1147. All of the following statements about Epidural opioids are true, Except - *(AI 11)*
a) Acts on the dorsal horn substantia gelatinosa
b) May cause pruiritis
c) May cause Respiratory Depression
d) Gastrointestinal adverse effects are not seen

1148. Which of the following drug is most commonly used world wide in maintenance doses for opioid dependence- *(AI 11)*
a) Naltrexane b) Methadone
c) Imipramine d) Disulfiram

GOUT-ARTHRITIS

1149. The most common toxic reactions of gold therapy in the treatment of rheumatoid arthritis include
a) Agranulocytosis *(AIIMS 80, AMC 85)*
b) Dermatitis and stomatitis
c) Nausea and vomiting
d) Alopecia
e) Thrombophlebitis

1150. Drug which is used in rheumatoid arthritis and heavy metal poisoning - *(Kerala 97)*
a) Desferrioxamine b)Gold
c) Pencillamine d) Chloroquine

1128) a 1129) d 1130)b 1131)c 1132)a 1133)a 1134)b 1135)c 1136)d 1137)a 1138)d 1139)d 1140)A11
1141)a,c,d,e 1142)A11 1143)b,e 1144)a 1145)a 1146)a 1147)d 1148)b 1149)b 1150)c

1151. Colchicine is used in all except -
a) Adrenal adenoma *(JIPMER 79, AIIMS 92)*
b) Amyloidosis
c) Familial mediterranean fever
d) Cirrhosis of liver

1152. Which is an uricosuric drug- *(AI89)*
a) Allopurinol b) Probenecid
c) Indomethacin d) Aspirin

1153. In case of CCF with gout which diuretic is preferred-
a) Lasix b) Thiazide *(AI 89)*
c) Ticaynafen d) Ethacrynic acid

1154. Drug used in acute gout is- *(PGI88)*
a) Aspirin b)Indomethacin
c) Phenylutazone d) Allopurinol

1155. Gold and penicillaminne used in rheumatoid arthritis because- *(A195)*
a) They bring about immediate relief
b) Decreases severity and progression of disease on long term use
c) Useful in acute arthritis
d) None on the above

1156. Remission inducing drug for rheumatoid arthrits include- *(AIMS 86,88; PGI 86)*
a) Asprin b) Ibuprofen
c) Gold thiol d) Neproxan

1157. Prolonged allopurinol therapy in a patient with gout is not indicated for - **(***UPSC04)*
a) Acute gouty arthritis
b) Tophi
c) Urate nephropathy
d) Evidence of bone/joint damage

1158. Mechanism of action of Methotrexate in Rheumatoid arthritis - *(PGI June 08)*
a) Decreased Folate synthesis
b) Decreased thymidylate synthesis
c) Decreased purine synthesis
d) Increased purine synthesis

1159. Drug of choice in over producers of uric acid -
a) Probenecid b) Allopurinol *(Jipmer 10)*
c) Sulfasalazine d) Colchicine

MISCELLANEOUS

1160. Least addictive is - *(AI 99)*
a) Alprazolam b) Fluoxetine
c) Dihydroxypropoxyphene d) Buprinorphine

1161. The most efficient respiratory stimulant is -
a) Nikethamide b) Amiphenazole
c) Protheamide d)Doxapram

1162. C.N.S. stimulant action of nikethamide has target cells mainly in the - *(UPSC 88)*
a) Pons b) Medulla
c) Midbrain d) Cerebral cortex

1163. The term "soporofic" is synonymous with-
a) Aphrodisiac *(BIHAR 90)*
b) Psychotomimetic c) Hypnotic
d) Euphoric e) CNS stimulant

1164. No physical dependence is seen in - *(AIIMS 97)*
a) Dextropropoxyphene b)Fortwin
c) Fluoxetine d) Alprax

1165. Doxapramis---------—drug- *(TN99)*
a) Respiratory stimulant b) Antiepileptic
c) Sedative d) Antidiabetic

1166. Kaloo, 40 year old adult man on medication for psychiatric illness for the last 2 weeks, suddenly develops marked rigidity, immobility, fever, flue tuating BP and heart rate. Most likely diagnosis-
a) Akathisia *(AIIMS01)*
b) Parkinsonism
c) Malignant neuroleptic syndrome
d) Catatonic schizophrenia

1167. Drug used in alzheimer's disease having adverse effect on liver - **(***Jipmer 04)*
a) Tacrine b) Dionezepil
c) Thiocticacid d)Flumazenil

1168. The drug of choice for attention deficit hyperactivity disorder is - **(***COMEDK 05)*
a) Haloperidol b) Imipramine
c) Methyl phenidate d) Lecithin

1169. For treatment of cognitive symptoms of dementia, the drug most effective is - **(***COMEDK 05)*
a) Serotonergic drugs
b) Dopaminergic drugs
c) Catecholamines
d) Cholinesterase inhibitors

1170. Donepezil is used in the treatment of which of the following of the following conditions - *(Karnat 05)*
a) Schizophrenia b) Depression
c) Anxiety d) Alzheimer dementia

1171. One of the following is not true about nesiritide -
a) It is a brain natriuretic peptide analogue *(AI 05)*
b) It is used in actuely decompensated heart failure
c) It has significant oral absorption
d) It has a short half-life.

1172. All of the following drugs require dose reduction in cirrhosis except - *(AIIMS Nov 08)*
a) Lorazepam b) Diazepam
c) Metronidazole d)Rifampicin

1173. All of the following drugs can cause neuroleptic malignant syndrome except - *(AIIMSNov 08)*
a) Amantadine b) Domperidone
c) Haloperidol d) Metoclopramide

1174. All the following drugs are known to cause pseudotumour cerebri except - *(UPSC-109)*
a) Gentamicin b) Tetracycline
c) Vitamin A d) Oral contraceptive pills

1175. Buspirone is an - *(AIIMS Nov 09)*
a) Anxiolytic b) Muscle relaxant
c) Sedation d) Anti convulsant

1176. Which of the following drugs should not be used with rivastigmine in patients with alzheimer's disease- *(AI 10)*
a) SSRI b) Tricyclic antidepressant
c) RIMA d) Atypical antidepressants

1151)a,d 1152) b 1153)c 1154)b,c 1155)b 1156)c 1157)a 1158)None 1159)b 1160)b 1161)d 1162)b
1163) c 1164)c 1165) a 1166)c 1167)a 1168)c 1169)d 1170)d 1171)c 1172)a 1173)b 1174)a 1175)a 1176)b

1177. All of the following agents are used for prophylaxis of migraine, Except - *(A110)*
a) Propanalol b) Valproate
c) Topiramate d) Ethosuxamide

1178. Buspirone acts on which receptor - *(Punjab 10)*
a) 5-HTla b)5-HTlb
c) 5-HTlc d)5 -HTld

1179. All are true about Remelteon except -
a) It acts on both MT1 and MT2 receptors
b) Metabolized by CYP-450 *(AIIMSNov 10)*
c) It has a high addiction potential
d) Recently approved for insomnia

C.V.S.

DIGITALIS

1180. In infants, extracardiac digitalis toxicity is manifested by - *(TN 88)*
a) Vomiting b) Blurring of vision
c) Convulsions d) Rashes

1181. Digitalis given to atrial flutter often produces -
a) Atrial fibrillation *(AIIMS 79, Rohtak 85,*
b) Atrial tachycardia *JIPMER 86)*
c) Atrial asystole
d) Atrial bigeminy

1182. Drug Contra indicated in Hypertensive cardiac failure is - *(JIPMER 93)*
a) Nifedepine b)Captopril
c) Atenolol d) Hydrallazine

1183. Primary arterial dilators are all except - *(PGI88)*
a) Isosorbide b) Hydralazine
c) Phenoxybenzamine d)Captopril

1184. Drugs contraindicated in CCF - *(PGI 88)*
a) Propranolol b) Spriniolactone
c) Sorbitole d) Dopamine

1185. Pure arterial vasodilators are - *(PGI 84)*
a) Prazocin b) Hydralazine
c) Minoxidil d) Sod.Nitroprusside
e) Diazoxide

1186. Digitalic toxicity produce the following changes inECGexcept- *(KERALA 89)*
a) Inverted T wave b) Prolonged QT interval
c) ST depression d) Prolonged PR interval

1187. Drug of choice in hypertrophic cardiomyopa-thy is -
a) Propranolol b) Verapamil *(AP88)*
c) Digoxin d) Amiodarone

1188. The mechanism of action of digitalis is-*(JIPMER 90)*
a) Increase in heart rate with increase in oxygen consumption
b) Increase in heart rate without increase in oxygen consumption
c) Decrease in heart rate with out decrease in oxygen consumption
d) Decrease in heart rate with decrease in oxygen consumption

1189. Which of the following is false about digoxin -
a) Does reduced when used with quinidine *(AI90)*
b) Dose reduced in liver disease
c) Characteristic arythmia is PAT with block
d) Anorexia, nausea and vomiting are common side effects

1190. The dosage of dogoxin should be reduced in all except
a) Old age b) Liver failure *(A191)*
c) Hypercalcemia d) Renal faiture

1191. The side effects of digitalis are all except-
a) Ventricular tachycardia *{AIIMS 91)*
b) Vasodilatation
c) Nausea and vomiting
d) Ventricular Bigemini

1192. Digoxin is eliminated from the body by -
a) Tubular filtration *(JIPMER 92)*
b) Hepatic Conjugation
c) Glomerular filtration
d) Oxidation

1193. Drug of choice for Digitalis Induced arythmia is -
a) Verapamil b) Dilantin *(JIPMER 92)*
c) Quinidine d)Encainide

1194. True about Digoxin is all except - *(AIIMS 87,*
a) High therapeutic index *Delhi 93)*
b) Absorbed better than digitoxin
c) Decreases AV conduction
d) Dose to be decreased in elderly

1195. Digoxin can produce - *(AMC83)*
a) Tachycardia b) Bradycardia
c) Heart block d) All the above

1196. Digoxin toxicity: be treated by - *(AMC83)*
a) Phenytoin b) Potassium supplements
c) Diuretics d) All the above

1197. Both the therapeutic and toxic effects of digitalis are enhanced by - *{AIIMS 89)*
a) Sodium b) Chloride
c) Calcium d) Potassium

1198. In terms of therapeutic usefulness, the most important pharmacological action of digoxin in congestive heart failure is - *{JIPMER 78)*
a) The reduction in cardiac size
b) The increase in ventricular contracitile force
c) The slowing of heart rate
d) The diuretic effect
e) The increase in arterial

1199. Dose of oral digoxin in an adult (mg/kg) is -
a) 0.06-0.08 b) 0.05-0.1 *(JIPMER 80,Delhi89)*
c) 0.75-1.5 d)l.0-2.0

1200. The drug of choice in left ventricular failure-
a) IVFurosemide *(PGI80, 87)*
b) IVAminophylline
c) IV Morphine
d) Rapid digitalization

1201. The toxic level of digitalis is -*(BIHAR 91, AIIMS 82)*
a) 0.1-0.5ng/ml b)0.5-1.5ng/ml
c) 1.5-2.0 ng/ml d) More than 2.4 ng/ml

1177) d 1178) a 1179)c 1180)a 1181)a 1182)None 1183)a 1184)a 1185)b,c,e 1186)b 1187)a 1188)d 1189)b
1190)b 1191) b 1192)c 1193)b 1194)a,b,d 1195)d 1196)a,b 1197)c 1198)b 1199)b 1200)a 1201)d

**1202. The therapeutic plasma level of Digoxin \s-(*A!IMS*
a) 0.1-0.3ng/ml b)0.8 -1.5 ng/ml *87)*
c) 2-3 ng/ml d) 3-4 ng/ml

1203. The half life of digoxin is - *(AIIMS 79)*
a) 12hrs b)24hrs
c) 40 hrs d) 5 days

1204. Digoxin acts on the heart by - *(Kerala 94)*
a) Decreasing preload
b) Increasing the force of contraction
c) Decreasing the after load
d) Decreasing heart rate

1205. Levels of digoxin are increased by one of following-
a) Amiodarone b) Metoclopramide *(AI96)*
c) Antacids d) Propranolol

1206. Treatment of Digitals toxicity can include all except-
a) Potassium b) Phenytoin *(A197)*
c) Lidocaine d) Dialysis

1207. Cardiotonic action of digitalis is due to - *(PGI96)*
a) Na^+, K^+ pump bolck
b) K^+ $H^{4'}$ pump bolck
c) Increase $ca^{\wedge+}$ Ionic entry
d) Increase CAMP

1208. Regarding milrinone all are true except -
a) PGEIH inhibitor *(AIIMS 98)*
b) Used for short term control of CHF
c) Antiarrythmic properties present
d) Thrombocytopenia rare

1209. Digoxin is used in CHF due to - *(PGI99)*
a) HOCM
b) High output failure
c) AF with high ventricular rate
d) All

1210. Interaction occurring when quinine and digoxin are given together - *(PGI 99)*
a) Quinine decreases excretion of digoxin
b) Quinine displaces digoxin from protein binding sites
c) Increases the metabolism of digoxin
d) Digoxin causes cinchonism

1211. Diagoxin levels are increased by addition of which of the following - *(SGPGI05)*
a) Pheneytoin b) Quinidine
c) Furesemide d) Steroids

1212. Which of the following drug is contraindicated in hypertrophic cardiomyopathy - *(SGPGI 05)*
a) Digoxin b) Propranolol
c) Verapamil d) Phenylephrine

1213. First drug of choice for acute pulmonary edema is - *(Karnat 05)*
a) Frusemide b) Morphine
c) Aminophyline d) Oxygen

1214. The following drugs have significant drug interaction with digoxin, except - *(AI05)*
a) Cholestyramine b) Thiazide diuretics
c) Quinidine d)Amlodipine

1215. Digoxin toxicity aggravated in - *(PGI June 06)*
a) Hypokalemia b) Hyperkalemia
c) Hypercalcemia d) Hypermagnesemia

1216. Digitalis acts by inhibiting - *(TN02, PGMCET 01,*
a) Na^+K^+ ATPase *AIIMS 95, MAHE 05)*
b) H^+K^+ATPase
c) Na^+K^+ Cotransporter
d) Na^+H^+ ATPase

1217. Digoxin toxicity is precipitated by all except -
a) Electrolyte disturbance *(AiimsMay07)*
b) Acute myocardial infarction
c) Hepatic disease
d) Renal disease

1218. Drugs used in CHF - *(PGI June 07)*
a) Nesiritide b) Digoxin
c) Spironolactone d) Losartan

1219. Digoxin can accumulate to toxic levels in patients with - **(***Corned 08)*
a) Renal insufficiencyb) Chronic hepatitis
c) Advanced cirrhosisd) Chronic pancreatitis

1220. Following ECG changes can be caused by Digoxin except - *(DPGEE 08)*
a) P-R internal prolongation b) T-wave alteration
c) Q-T interval prolongation d) QRS widening

1221. Which of the following factors do not result in increased risk of digitalis toxicity? *(AIIMS Nov 08)*
a) Hypomagnesemia b) Hypercalcemia
c) Hyperkalemia d) Renal failure

1222. Digoxin toxicity is increased by all except -
a) Renal impairment *(AIIMS May 09)*
b) Hyperkalemia
c) Hypercalcemia
d) Hypomagnesemia

1223. Digoxin is used in CHF due to -
a) HOCM (Hypertrophic obstructive cardiomyopathy)
b) High output failure
c) Atrial fibrillation with high ventricular rate
d) All of the above

1224. Not true about digoxin is - *(PUNJAB 11)*
a) Slowing of A-V conduction
b) Causes nausea
c) Results in vision defects
d) Increase in heart rate

1225. Which of the following drug should be avoided in elderly? *(Jipmer 11)*
a) (3 - blockers in MI
b) Digoxin in CCF
c) ACE inhibitor in LV dysfunction
d) Warfarin in atrial fibrillation

ANTI-ARRHYTHMIC

1226. The drug available for the treatment of resistant cases of atrial fibrillation is- (*JIPMER 81,Rohtak*
a) Amiodarone b) Quinidine *88)*
c) Propranolol d) Digoxin

1202)b 1203) c 1204) b 1205)a 1206)d 1207)a 1208)c 1209)c 1210)a,b 1211)bl212)a 1213)a 1214)d 1215)a,c
1216) a 1217) c 1218) All 1219) a 1220)c 1221)c 1222)b 1223)c 1224)d 1225)b 1226)a

1227. In the treatment of presistent ventricular arrhythmias, the recommended infusion rate of lidocaine is - (*JIPMER 80, AIIMS 86)*
a) 5.0 to 10.0 mg/minb) 2.0 to 4.0 mg/min
c) 1.0 to 1.5 mg/min d) 0.5 to 1.0 mg/min
e) 0.1 to 0.5 mg/min

1228. Bretylium interferes with the release of -*(PGI84)*
a) Adrenaline b) Nor adrenaline
c) Dopa d) Dopamine

1229. All of the following drugs are used in the prophylaxis of ventricular tachycardia except - *(UPSC 95)*
a) Verapamil b) Amiodarone
c) Diagoxin d)Mexiletine

1230. Quinidine is contra indicated in - *(AI93)*
a) Atrial fibrillation b) Atrial flutter
c) Digitoxicity d) Supraventicular tachycardia

1231. Class III antiarrythmic agents are all except -
a) Sotalol b) Amiodarone *(Delhi 92)*
c) Verapamil d) Bretylium

1232. The appearance of ventricular tachycardia with the use of quinidine in the treatment of artial fibrillation is usually prevented by prior administration of - *(JIPMER 79, 81)*
a) Phenoxybenzamineb) Epinephirine
c) Digitalis d) Atropine

1233. Drug of choice for ventricular tachycardia is -
a) Pethidine b) Digoxin *(JIPMER 78, AMU*
c) Propranolol d)Xylocaine *87)*

1234. AO of the side effects are seen with amiodarone except- (*AI96)*
a) Hypothyroidism
b) Photosenstivity
c) Hyperthyroidism
d) Cardiac failure (Congestive heart failure)

1235. The false statement amongst following is -
a) Intravenous Procainamide causes hypotension
b) Quinidine causes cinchonism *(Delhi PG 96)*
c) Lidocaine causes lupus like syndrome
d) Bretylium causes orthostatic hypotension

1236. Antiarriythymic with greatest repolarisation phase is - *(AIIMS96)*
a) Quindine b) Amiodarone
c) Lignocaine d) Propranolol

1237. The ERP is reduced by (effective refractive period ERP)- *(JIPMER98)*
a) Procainamide b) Amiodarone
c) Lignocaine d) Sotalol

1238. All are side effects of Amiodarone except- *(AI98)*
a) Pulmonary fibrosis b) Corneal deposites
c) Osteoporosis d) Thyroid dysfunction

1239. The following are true (actions) of amiodarone except- *(KERALA98)*
a) Contains iodine
b) Shortens conduction across A.Vnode
c) Increased threshold for induction of VF
d) Does not depress myocardium in the usual dosage

1240. Quinidine exerts its action of hearts by inhibiting
a) Na^+ channel b) K^+ channel *(AI 99)*
c) Cl-channel d) $Ca2^+$ channel

1241. Pharmacological defibrillator is - *(PGI 99)*
a) Adenosine b) Bretylium
c) Lignocaine d) Amiodarone

1242. Best used in digoxin induced arrhythmia-fPG/ *97)*
a) Phenytoin b) Lignocaine
c) Quinidine d) Procainamide

1243. A Patient presents to the casulaty with the history of ringing in the ears, headache for taking some 'heart drug' the name of which is he does not know. Examination reveals incresed QT in *ECG*, theprobable drug is - (*NIMHANS 01)*
a) Quindine b) Lignocaine
c) Digoxin d) Amiodarone

1244. Cardiac or central nervous system toxicity may result when standard lidocaine doses are administered to patients with circulatory failure. This may be due to the following reason - *(AI 03)*
a) Lidocaine concentration are initially higher in relatively well perfused tissues such as brain and heart
b) Histamine receptors in brain and heart gets suddenly activated in circulatory failure.
c) There is a sudden outburst of release of adrenaline, noradrenaline and dopamine in brain and heart
d) Lidocaine is converted into a toxic metabolite due to its longer stay in liver

1245. The drug of choice in patient with Parkinson-White syndrome with fibrillation is - *(AIIMS 03)*
a) Digitalis b) Procainamide
c) Verapamil d) Adenosine

1246. Which of the following is not an adverse effect of chronic amiodarone therapy - *(AI 04)*
a) Pulmonary fibrosis
b) Hypothyroidism
c) Hyperthyroidism
d) System lupus erythmatosus

1247. Drug of choice for ventricular arrhythmias due to Myocardial infarction (MI) is - *(Karnat 05)*
a) Quinidine b) Amiodarone
c) Xylocaine d)Diphenylthy

1248. Drug of choice for Paroxysmal supraventricular tachycardia (PSVT) is -*(Karnat 05,Aiims 80, 83, 87)*
a) Verapamil b) Digitalis
c) Quinidine d)Diphenylthy

1249. Supra-ventricular arrhythmia can be treated with -
a) Adenosine *(Karnataka - PG MEE 06, AI 95)*
b) Flecainide
c) Tocainide
d) Disopyramide

1250. Drugs which shortens the duratio of action potential in Purkinje fibres is - *(PGMCET07)*
a) Amiodarone b) Quinidine
c) Flecainide d) Lignocaine

1227)c 1228) b 1229) a,c 1230) c 1231)c 1232)c 1233)d 1234)d 1235)c 1236)b 1237)c 1238)c 1239)b 1240)a
1241)b 1242)b 1243)a 1244)a 1245)b 1246)d 1247)c 1248)a 1249)a 1250)d

1251. All are toxicities seen with Amiodarone therapy except - *(AIIMS May 09)*
a) Pulmonary fibrosisb) Corneal micro-deposits
c) Cirrhosis of liver d) Productive cough

ANTI-ANGINAL

1252. Which of the following acts directly on blood vessels - *(AI89)*
a) Hydralazine b) Alphamethyl dopa
c) Captopril d) Propanolol

1253. Verapamil acts by - *(TN 89)*
a) Blocking membrane depolarisation
b) Calcium channel blockers
c) Membrane stabilising
d) Blocking membrane repolarisation

1254. Which of the following is a calcium channel blocker selective on cerebral blood vessels -
a) Nifedipineb)Nimodipine *(AIIMS 82)*
c) Verapamil d) Amiodarone

1255. Calcium channel blocker with predominant peripheral action is - *(AI 90, 91)*
a) Verapamilb) Diltiazem
c) Depranil d) Nifidepine

1256. All are true of minoxidil except - *(AI90, AI 97)*
a) Increased potassium permiability
b) Calcium channel blocker
c) Useful in hypertension
d) Increase hair synthesis

1257. All of the following are predominant arteriolar dilators except- *(AI 91)*
a) Sodium Nitroprusside b) Hydralazine
c) Nifedipine d) Nitrates

1258. Which antihypertensive does not have central actions- *(AI92)*
a) Clonidine b)Indapamide
c) Propranolol d) Alpha Methyl dopa

1259. Drug of choice in Acute myocardial infarction is- *(JIPMER93)*
a) Morphine b)I.V. heparin
c) Nitroglycerine d) Streptokinase

1260. Longest acting Nitro glycerin in preparation is -
a) Glyceryl trinitrate *(JIPMER 93)*
b) Amyl Nitrate
c) PentaErythritaltetranitrate
d) Isosorbide dinitrate

1261. Following side effects of diltiazem differs from lisinopril - *(AP 91)*
a) Bradycardia b) Ankle oedema
c) Headache d) Nausea

1262. Pentooxyphylline is contraindicated in the following except - *(AIIMS 84,89)*
a) Peripheral vascular disease
b) Massive retinal Haemorrhage
c) Acute M-I
d) Pregnancy

1263. Following are side effects of Nimodipine expect -
a) Hypotension *(PGI 89,91)*
b) Flushing
c) Headache
d) Marked changes in GIT motility

1264. Which following can be relieve angina pectoris by decreasing mycardial work, but may precipitate congestive heart failure- *(AIIMS 79, 81)*
a) Phentolamine b) Phenoxybenzamine
c) Propranolol d) Atropine
e) None of the above

1265. Masster's testis employed to evaluate clinically
a) Antihypertensive drugs *(AIIMS 80-84)*
b) Anti-anginal drugs
c) Anti-diabetic drugs
d) Anti-epileptic drugs

1266. In a patient with myocardial infarction, if congestive cardiac failure develops, the does of digoxin should be - *(DNB 89)*
a) Reduced b) Increased
c) Unaltered d) None of the above

1267. All of following are examples of calcium channel blockers except - *(AI 96)*
a) Nifedipine b) Diltiazem
c) Pirenzepine d) Verapamil

1268. Nitrites used in management of Angina have all the following action except - *(AI 9 7)*
a) Increase total coronary blood flow
b) Decrease cardiac 0_2 consumption
c) Decrease preload & after load
d) Redistribution of blood in subendocardial vessels

1269. Preferential arteriolar dilatation is by all except -
a) Hydralazine b) Minoxidil *(AI97)*
c) Diazoxide d) Sodium nitroprusside

1270. Verapamil increase toxicity of all except - *(PGI 96)*
a) Digoxin b) Phenobarbitone
c) Beznodiazepine d)NAIDS

1271. False about calcium channel blockers is -
a) Prevents leak of calcium channels *(Kerala 97)*
b) Causes increase in coronary blood flow
c) Cause negative inotropic effect
d) Closes voltage operated calcium channels

1272. Mechanism of action of dipyridamole- *(AI99)*
a) Adenosine reuptake inhibition
b) Increases PGI2
c) Inhibits cycloxygenase
d) None

1273. Not true about nitroglycerine is that - *(AI 99)*
a) Causes AV conduction delay
b) Causes tolerance
c) Caused reflex tachycardia
d) Caused hypotension

1251) d 1252) a 1253)b 1254)b 1255)d 1256)b 1257) a,d 1258) b 1259)d 1260)c 1261) a,b 1262) a 1263)d 1264)c
1265) b 1266) a 1267)c 1268)a 1269)d 1270)d 1271)a 1272)a 1273)a

1274. About the use of nitrates all are true except -
a) In HOCM-not given *(PGI2000)*
b) Acute M.I can be given
c) CHF and acute LVF
d) Methemoglobinemia

1275. Coronary steal phenomenon is shown by- *(AI2K)*
a) Disopyramide b) Verapamil
c) Nitroglycerin d)Amiodarone

1276. The beneficial effects of nitrates in the treatment of angina include the following except -
a) Decreased arterial pressure *(KERALA 2K)*
b) Decreased ventricular volume
c) Decreased diastole perfusion time
d) Decreased ejection time
e) Decreased left ventricular diastolic

1277. Mechanism of action of sodium nitroprusside in cyanide poisoning - *{PGI June 05)*
a) Produces metheoglobinemia
b) Increased blood flow to liver
c) Increased blood flow to heart
d) Increased blood flow to kidney

1278. Appropriate treatment of transient ischaemic attack is - *(HP 2006)*
a) Aspirin b) Heparin
c) Dipyrmidol d)Coumarin

1279. Which of the following is the function of nitric oxide- *(COMED2006)*
a) Vasodilatation b) Platelet inhibition
c) Immune regulation d) All of the above

1280. Dipyridamole is a drug which acts by inhibiting uptake and degradation of adenosine; Adenosine here acts by - *(MAHE 07)*
a) t Total coronary flow
b) t Myocardial contractility
c) Smooth muscle constriction
d) Smooth muscle relaxation

1281. Dipyridamole is a drug which acts by inbiting uptake and degradation of adenosine. Adenosine here acts by -
a) Total coronary flow *(Manipal 08)*
b) Myocardial contractility
c) Smooth muscle constriction
d) Smooth muscle relaxation

1282. Calcium channel blocker showing affinity to cerebral vessels ? *(APPG 08)*
a) Nimodipine b) Verapamil
c) Diltiazem d) All

1283. Nitroglycerine causes all, Except - *(AI09)*
a) Hypotension and Bradycardia
b) Methamoglobinemia
c) Hypotension and tachycardia
d) Vasodilatation

1284. Nitrates are not used in - *(AIIMS Nov 09)*
a) CCF b) Esophageal spasm
c) Renal Colic d) Cyanide poisoning

1285. Potassium Channel Openers are following except -
a) Pinacidil b)Diazoxide *(Maharashtra 10)*
c) Nicorandil d)Amiodarone

1286. All of the following statements about Ranolazine are true, except - *(AI 11)*
a) Piperazine derived antianginal agent
b) May be used as first line agent in chronic angina
c) May improve Glycemic control
d) Hypotension is an established adverse effect

ANTI-HYPERTENSIVE

1287. What is true of hydralazine therapy in hypertension - *{PGI80, AIIMS 87)*
a) Drowsiness b) Lupus syndrome
c) Positive coomb's test d) Syncope

1288. Postural hypotension and failure of ejaculation is most commonly seen in treatment with -
a) Guanethidine b) Minoxidil *(KERALA 91)*
c) Propranolol d) Sodium Nitroprusside

1289. Nifedipine and B-blockers is used to combat-
a) Pedal oedema by Nifedipine *(AIIMS 96, 95)*
b) Sympathetic overactivity due to Nifedipine
c) CCF caused by B- blockers
d) Heart block caused by B-blocker

1290. Antihypertensive drug which inhibits labour -
a) Reserpine b) Diazoxide *(UPSC 85 PGI 88)*
c) Minoxidil d) Captopril

1291. Verapamil must be used very carefully in the presence of - *(JIPMER 80, Delhi 8 7)*
a) Aminoglycosides
b) High cervical spinal injury
c) Extensive bums
d) Tricyclic antidepressants
e) Beta-adrenergic blocking agents

1292. Drug used for accelerated hypertension- *(PGI 88)*
a) Diazoxide b) Nitroprusside
c) Trimethaphan d) Reserpine
e) All of above

1293. All the antihypertensive drugs has central effects except- *(AI91,97)*
a) Clonidine b) Alpha methyldopa
c) Propranolol d) Sodium nitroprusside

1294. Which drug is not used in hypertensive emergency-
a) Trimethapan b) IV hydrallazine *(AIIMS 92)*
c) Indapamide d) Sublingual nifedipine

1295. Drug of choice in Renovascular hypertension is - *(JIPMER 93)*
a) Captropril b) Aldomet
c) Nifedipine d) Propranolol

1296. Drug which reduces afterload but not preload -
a) Captopril *(DELHI 92, UPSC 93)*
b) Isosorbide dinitrate
c) Nitroglycerin
d) Hydralazine

1297. All of the following drugs are used in hypertensive emergencies except - *{Delhi 93, AIIMS 92)*
a) Hydrallazine b)Labetolol
c) Minoxidil d) Thiazide

1274) d 1275) None 1276) c 1277) a 1278) a 1279) d 1280) d 1281) a 1282) a 1283) a 1284) c 1285) d 1286) d 1287) b 1288) a 1289)b 1290)b 1291)e 1292)a,b,c 1293)d 1294)c 1295)a 1296)d 1297)d

1298. The drug of choice in hypertension with dissection of aorta is - *(AIIMS 80,82, PGI87)*
a) Reserpine b) Sodium nitroprusside
c) Nefedipine d) Pindolol

1299. Drug of choice in hypertensive crisis of phaeochromocytoma is - *(PGI 80)*
a) Guanethidine b) Methoxamine
c) Trimethaphan d) Phentolamine

1300. All of the following antihypertensives decrease plasma renin activity except - *(Karn 94)*
a) Clonidine b) Methyldopa
c) Atenolol d) Chlorothiazide

1301. True about minoxidil is - *(KERALA 95)*
a) Increase hair growth b) Antihypertensive
c) Both d)None

1302. Sodium nitroprusside causes hypotension mainly by- *(KERALA 95)*
a) Arterial dilatation
b) veno dilatation
c) Central action
d) Negative ionotropic efect on heart

1303. Postural hypotension is commonest with- *(AI96, Kerala 04, AIIMS 98, MAHE 05)*
a) Captopril b) Prazosin
c) Hydralazine d) Clonidine

1304. Which of the following antihypertensives is an alpha-adrenoceptor blocker - *(KARN95)*
a) Clonidine b) Alpha-methyldopa
c) Atenolol d) Prazosin

1305. Drug contra indicated in insulin dependant dibetics with hypertension - *(AP96)*
a) Methyl Dopa b) Captopril
c) Propranolol d) colnidine

1306. Which antihypertensives is contraindicatd in pregnancy - *(JIPMER98)*
a) Methy dopa b) Beta-Blockers
c) Alpha and Beta Blockers d) ACE inhibitors

1307. K+ Channel opener is - *(MP 98)*
a) Verapamil b) Sodium nitropruside
c) Minoxidil d)Amrinone

1308. K^+ channel openers are all except- *(MAHE 01)*
a) Minoxidil b) Nicorandil
c) Glebenclamide d)Penacidil

1309. An elderly patient on antihypertensive treatment developed renal failure - *(PGI 2002)*
a) ACE inhibitors b) Ca^{2+} channel Blockers
c) Beta Blockers d) Prazosin
e) Angiotensin receptor antagonist

1310. Bradycardia is seen in all except- *(All India 95)*
a) Methyl dopa b) Reserpine
c) Hydralazine d) Propranolol

1311. Combination use of beta blockers and calcium channel blockers cause- *(PGI 01)*
a) Heart block b) Hypertension
c) Hypotension d) Bradycardia
e) Tachyarrhythimias

1312. All of the following are useful intravenous therapy for hypertensive emergencies except - *(AI 03)*
a) Fenoldopan b)Urapidil
c) Enalapril d) Nifedipine

1313. The anti-hypertensive contraindicated in pregnancy - *(UPPGMEE 04)*
a) Enalapril b) Hydralazine
c) Clonidine d) Alpha Methyldopa

1314. Calcium channel blocker with maximum effect on conduction of heart is - *(J & K 05, AIIMS 92, 81)*
a) Verapamil b) Nifedipine
c) Diltiazem d) Phenylanine

1315. For diabetes mellitus with hypertension & glomerulopathy. Drug of choice is - *(Orissa 05)*
a) ACE inhibitors b) Diuretics
c) a blockers d) Ca channel blocker

1316. Which of the following is the mechanism of action of methyldopa ? - *(Manipal 2006)*
a) a_2 agonist in the CNS
b) a_2 methylnorepinephrine act peripherally
c) Blocking B, receptor in heart
d) ACE inhibitor

1317. According to WHO, The guidelines for isolated systolic hypertension - *(Manipal 2006)*
a) 120mmHg b)130mmHg
c) 140mmHg d)145mmHg

1318. The major clinical use of nimodipine is in -
a) Hypertension *(Kanataka - PG MEE 2006)*
b) Angina pectoris
c) Subarachnoid haemorrhage
d) Raynaud's phenomenon

1319. All of the following drugs may be used in hypertensive crisis except - *(Corned 0 7)*
a) Nifedipine b) Labetalol
c) Furosemide d) Pindolol

1320. Antihypertensive not contraindicated in pregnancy-
a) Spironolactone *(Aiims May 07)*
b) Labetalol
c) Sodium Nitroprusside
d) ACE inhibitor

1321. Drug which increases Nitrix Oxide are all except-
a) Glycerine trinitrate *(Aiims May 07)*
b) Hydralazine
c) Sodium Nitroprusside
d) Fenoldopam

1322. Drug of choice in a patient with diabetic nephropathy and hypertension - *(MAHE 07)*
a) Enalapril b) Verapamil
c) CCB d)Diureties

1323. Side effects of directly acting vasodilators are -
a) Hypertrichosis *(PGI June 07)*
b) Hypotension

1324. Which of the following is the preferred drug for treatment of hypertension during pregnancy ?
a) Enalapril b) Prazosin *(UPSC-108)*
c) Indapamide d) Alpha methyl dopa

1298) b 1299) d 1300)d 1301)c 1302)a,b 1303) b 1304) d 1305)c 1306)d 1307)c 1308)c 1309)a,e 1310)c 1311)a,d
1312) d 1313) a 1314)a 1315)a 1316)a 1317)c 1318)c 1319)d 1320)b 1321)d 1322)a 1323)a,b 1324)d

1325. The following drugs have been found to be useful in the treatment of primary pulmonary hypertension except - *(UPSC-108)*
a) Calcium channel blockers
b) Prostacyclins
c) Beta blockers
d) Phosphodiesterase V inhibitors (Sildenafil)

1326. Drug of choice in a patient with diabetic nephropathy and hypertension - *(Manipal 08)*
a) Enalapril b) Verapamil
c) GCB d) Diuretics

1327. A anti hypertensive drugs develops positive coomb's test- *(UP 08)*
a) Methyldopa b)Clonidine
c) Hydralazine d) Sodium - nitropruside

1328. Rebound hypertension is seen with - *(PGI June 09)*
a) Amlodipine b) Methydopa
c) Clonidine d) Na nitroprusside
e) Atenolol

1329. Reduces blood pressure primarily by directly decreasing heart rate alone - *(DELHIPG Mar. 09)*
a) Propranolol
b) Prazosin
c) Alpha methyl dopa
d) Nitroprusside sodium

1330. Fenoldopam is used in the management of -
a) Hypertensive emergency *(DELHIPG Mar 09)*
b) Congestive heart failure
c) Migraine prophylaxis
d) Tacharrhythmias

1331. Which of the following is primarily a venodilator ? *(DELHIPG Mar 09)*
a) Hydralazine b) Minoxidil
c) Nitroprusside d) Nifedipine

1332. Which of the following is not a first line antihypertensive agent ? *(DELHI PG Mar 09)*
a) Enalapril b) Hydrochlorothiazide
c) Amlodipine d) Atenolol

1333. Which of the following can cause first dose syncope-
a) Prazosin b)Propanolol *(PGINov 09)*
c) ACE inhibitors d) Nitroprusside
e) Diuretics

1334. Reversible hearing loss can be seen (as side-effect) with- *(Maharashtra10)*
a) Clarithromycin b) Azithromycin
c) Roxithromycin d) Clindamycin

1335. Which of the following is true about diazoxide except-
a) K^+ channel opener *(AIIMS May 11)*
b) Can be used as antihypertensive agent
c) Causes severe hypoglycemia
d) Used in insulinoma

1336. Anti hypertensive of choice in a patient with diabetes and micro albuminuria - *(Jipmer 11)*
a) ACE inhibitors b) p - blockers
c) Diuretics d) Nitrates

1337. Mechanism of action of methyl dopa is at -
a) Vasomotor center *(Jipmer 11)*
b) Sympathetic nerve endings
c) Autonomic ganglia
d) Vascular smooth muscle

DIURETIC

1338. Diuresis is caused by - *(AIIMS 81 Delhi 92)*
a) Mannitol b) Glycerol
c) Urea d) All of the above

1339. One of the following diuretics should not be used inCRF - *(JIPMER 80)*
a) Lasix b) Chlorthiazide
c) Bumetanide d) Spironolactone

1340. All of the following occurs when aldosterone antagonist is given except - *(JIPMER 95)*
a) Hyponatremia b) Hyperkalemia
c) Hypovolemia d) Hyperuricemia

1341. Which of the following is false about mannitol -
a) Sugar with low mol. weight
b) Prevents ARF in shock
c) Used in crush syndrome
d) Used in obstructive jaundice surgeries

1342. Aldosterone antagonist is - *(AIIMS 97)*
a) Cyperoterone acetate b) Mifiprestone
c) Mistranol d)Riwazul

1343. Potassium conserving diuretic is - *(PGI 86, JIPMER 85, 88)*
a) Ethacrynic acid
b) Spirinolactone
c) Thaizide
d) Frusemide

1344. Chemically fresumide is - *(AP 86)*
a) Carbonic anhydrase inhibitor
b) Mercurial derivative
c) Sulphamoyl derivative
d) Aldostarone antogonist

1345. Potassium supplements are given with - *(AP 88)*
a) Spirinolactone b) Prednisolone
c) Thiazides d) None of the above

1346. Which is not a K^+ sparing diuretic - *(AIIMS 91)*
a) Indapamide b) Triamterene
c) Amiloride d) Spirinolactone

1347. Therapy with thiazide diuretics may result in - *(DNB89)*
a) Hypergeycemia b) Hypokalaemia
c) Both the above d) None of the above

1348. The drug of choice for treatment of diabetes insipidus is - *(AIIMS86)*
a) Desmopressin b) Diazoxide
c) Thiazide diuretics d) Chlorpropamide

1349. For quick and vigorous diuresis the drug of choice would be - *(AMU87)*
a) Thiazides b)Furosemide
c) Sprionolactone d) Acetazolamide

1325) c 1326) a 1327)a 1328)b,cl329)a 1330)a 1331)c 1332)d 1333)a,c 1334)a 1335)c 1336)a 1337)a 1338)d 1339) b,d 1340) d 1341) a 1342) None 1343)b 1344) c 1345) c 1346) a 1347) c 1348) a 1349)b

1350. Hyperkalemia may occur if potassium sparing diureties are given alongwith - *(Karnat 96)*
a) Captopril b) Atenolol
c) Prazosin d)Clonidine

1351. The following drugs are useful in diabetes insipidus except - *(Karnat 96)*
a) Desmopressin b) Lithium
c) Chlorpropamide d) Hydrochlorothiazide

1352. Frusemide differ from Thiazides by - *(A197)*
a) Acts on proximal & distal tubles
b) Onset & duration of action
c) Potassium loss
d) Potentiate ADH action

1353. TVue about triamterene is A/E- *(PGI99)*
a) Saluretic effect is greater than thiazide
b) Triamterence is often combined with thiazide
c) Action is just like amiloride
d) It is a K+ sparing diuretic

1354. Mannitol when given I/V causes - *(PGI98)*
a) >1 Blood viscosity b) T Blood viscosity
c) iGFR d) t ICT

1355. Osmotic diuretics cause following excepts-
a) Inhibit Renin release *(PGI98)*
b) T Intravascular volume
c) Reduce salt reabsorption in ascending limb
d) None of the above

1356. In chronic renal failure which one is contraindicated-
a) Furosenmide b) Ethacrynic acid *(PGI 98)*
c) Triamterene d)Bumetanide

1357. Spirinolactone & ACE inhibitors are not used concurrently because of danger of - *(JIPMER 98)*
a) Hyperglycemia b) Hypokalemia
c) Hyperkalemia d) Hypogycemia

1358. Side effects of Spironolactone are accelarated by concurrent administration by - *(JIPMER 98)*
a) Thyroxine b) ACE inhibitor
c) Salicylates d) Paracetamol

1359. The toxic effects produced by the thazide diuretics include the following except - *(Kerala 2K)*
a) Metabolic alkalosis
b) Metabolic acidosis
c) Impaired carbohydrate tolerance
d) Hyperlipidemia
e) Hyponatremia

1360. Drug which is useful in neuronal diabetes inspidus in both children and adults given intra nasally -
a) Vasopressin b) Desmopressin *(MAHE 01)*
c) Lypressin d) Presselin

1361. Thiazide diuretics are best avoided in which of the following conditions when associated with hypertension? - *(UPSC2001)*
a) Heart failure b) Diabetes mellitus
c) Heart block d)Gout

1362. The following thiazide diuretic is active if the GFR is 30 - 40 mm Hg. - *(JIPMER 2002)*
a) Metalozone b) Chlorthiazide
c) Chlorthalidone d) Benzthiazide

1363. Which does not cause hypercalcemia - (*Kerala 03)*
a) Thiazides b) Loop diuretics
c) Sipronolactanone d)All

1364. Mineralocorticoid antagonist is - **(***TN 03)*
a) Frusemide b) Cryptoterone acetate
c) Spironolactone d) Thiazides

1365. A vasopressin analogue does not produce therapeutic effect through vasopressin V-2 receptor in which one of the following - *(AI03)*
a) Central diabetes insipidus
b) Bleeding esophageal varices
c) Type I van Willebrand's disease
d) Primary nocturnal enuresis

1366. Canrenone is the prodrug of - *(APPGE 04)*
a) Ampicillin b) Spironolactone
c) Frusemide d)Acetazolamide

1367. Aldosterone antagonists are not useful in the treatment of - **(***AIIMS 04)*
a) Hypertension b) Congestive heart failure
c) Gynecomastia d) Hirsutism

1368. One of the following diuretics doesnot require its presence in the tubular lumen for its pharmacological effects - **(***JIPMER 05)*
a) Thiazide diuretics
b) Loop diuretics
c) Carbonic anhydrase inhibitors
d) Aldosterone antagonists

1369. Which among the following is NOT an adverse effect of furosemide - **(***Corned 08)*
a) Hypokalemia b) Ototoxicity
c) Hypercalcemia d) Hyperuricemia

1370. All are true about mannitol except - *(MAHE 07)*
a) iGFR b) Osmotic diuretic
c) Non - electrolyte d) Renal vasodialator

1371. Which of the following diuretics causes, Hypercalcemia and renal calcium stone formation-
a) Spironolactone *(UP 07, PGI 81, Karn 94)*
b) Furosemide
c) Chlorothiazine
d) Mannitol

1372. Following is true about frusemide - *(AIIMSNov 07)*
a) It is given only by IV route
b) It causes mild diuresis
c) It is used in pulmonary edema
d) Acts on PCT

1373. Thiazides false is - *(AIIMS Nov 07)*
a) Used in CCF
b) Causes hyperglycemia
c) Increases uric acid concentration in serum
d) Increases calcium excretion in urine

1374. All are true about mannitol except - *(Manipal 08)*
a) iGFR b) Osmotic diuretic
c) Non-electrolyte d) Renal vasodilator

1375. The electrolyte abnormality seen with the use of loop diuretics - *(Manipal 08)*
a) Hyperkalemia b) Hypokalemia
c) Hypouricaemia d) Hypernatremia

1350) a 1351)b 1352)b 1353)a 1354)b 1355)d 1356)c 1357)c 1358)b 1359)b 1360)b 1361)d 1362)a 1363)b,c
1364)c 1365)b 1366)b 1367)c 1368)d 1369)c 1370)a 1371)c 1372)c 1373)d 1374)a 1375)b

1376. In which of the following conditions acetazolamide is not used ? *(APPG 08)*
a) Epilepsy b) Cirrhosis
c) Meningitis d) All

1377. Loop diuretics act by - *(PGI Dec 08)*
a) Inhibition of Na^+-Cl* symport
b) Inhibition of Na^+-K^+-2C1' cotransport
c) Inhibition of Na^+-K^+ATPase
d) Inhibition of H^+-K^+ ATPase
e) Inhibition of renal epithelial Na^+channel

1378. Which of the following is associated with Thiazide diuretics - *(A1IMS Nov 09)*
a) Hyperkalemic paralysis b) Hypouricemia
c) Hypolipidemia d) Impotence

1379. All of the following statements about trientine are true, Except - *(AI10)*
a) More potent than penicillamine and orally absorbed
b) Alternative to penicilliamine in non tolerant
c) Not given with iron within two hours of ingestion
d) May cause iron deficiency anemia

1380. Adverse effects of thiazides - all except '■ *(Jipmer 10)*
a) Hypokalemia b) Hypercalcemia
c) Hyper uricemia d) Metabolic acidosis

1381. Vasopressin is inhibited by - *(Jipmer 11)*
a) Alcohol b)Clofibrate
c) Carbarnazepine d)Amiodarone

ACE - INHIBITORS

1382. Most potent vasopressor is - *(AI 88)*
a) Angiotesin II b) Renin
c) Aldosterone d) Cortisol

1383. Captopril exerts antihypertensive effect by- *(AIMS 89)*
a) Inhibits conversion of angiotensin Ilto I
b) Inhibits conversion of angiotensin I to II
c) Decreases renin production
d) Inhibits conversion of angiotensinogen to angiotensin

1384. Which of the following is an ACE inhibitor -
a) Saralasin b)Diltiazem (*AI90*)
c) Captopril d) Spirinolactone

1385. Which is correct of Enalapril as compared to captopril- *(PGI 93)*
a) Longer action
b) More potent
c) Faster onset of action
d) More adverse reactions

1386. Contraindication of lisinopril includes - *(UPSC93)*
a) Renovascular hypertension
b) Cardionegaly
c) Bilateral renal artery stenosis
d) Unilateral renal artery stenosis

1387. All of the following are true about Enalapril except -
a) A prodrug *(Delhi 93)*
b) Used in treatment of hypertension
c) Blocks angiotensin Ij
d) Inhibits ACE

1388. False about enalapril - *(AI 95)*
a) It is a produrg
b) It is more effective than captopril
c) It is a dipeptide
d) Less adverse effects

1389. ACE inhibitors are contraindicated in all of the following except- *(Karnat. 96)*
a) Pregnancy b) Renal failure
c) Single kidney d) Congestive cardiac failure

1390. About losartan false is - *(AIIMS 98)*
a) Angiotensin II inhibitor
b) Long acting metabolite present
c) Does not cause cough
d) Hyperuricemia is a side effect

1391. About Losartan - true is - *(Calcutta 2K)*
a) Cough
b) No angioedema
c) No hypotension with high renin hypertension
d) No foetopathic effect

1392. A patient was started on antihypertensive medications; developed Renal failure, the drug offended is- *(PGI02)*
a) Beta-blocker b) Alfa-blocker
c) Calcium channel blocker d) ACE inhibitor
e) Clonidine

1393. ACE inhibitors are given in Diabetes mullitus in which situation - *(Jharkand03)*
a) Type I nephropathy b) Type II nephropahty
c) Both d)None

1394. Cough & Angioedema in ACE inhibitors are because of- *(Jharkand03)*
a) Bradykinin b) Renin
c) Angiotensin II d)All

1395. Action of Angiotensin II- *(PGI June 05)*
a) Systemic vasconstriction
b) Systemic vasodilatation
c) Renal vasodilatation
d) Re-absorption of Na proximal renal tubule
e) Water re-absorption

1396. All of the following are the indications for use of ACE inhibitors, except - *(AIIMS May 05)*
a) Hypertension
b) Myocardial Infarction
c) Left Ventricular Dysfunction
d) Pheochromocytoma

1397. Which of the following statements regarding ace inhibitors is true ? *(AIIMS Nov 08)*
a) These convert angiotensinogen to angiotensin-1
b) Omission of prior diuretic dose decreases the risk of postural hypotension
c) Lisinopril is shorter acting the enalapril
d) These are contra-indicated in diabetic patients

1376)b 1377)b 1378)d 1379) a 1380) d 1381)a 1382)a 1383)b 1384)c 1385)a,bl386)c,d 1387) c 1388) c 1389)c,d
1390)d 1391) b 1392)d 1393}c l¦394)a 1395)a,d,e 1396)d 1397)b

1398. Regarding ACE inhibitor which of the following is true - *(A1IMS May 09)*
a) Inhibits conversion of angiotensinogen to angiotensin 1
b) T *Vi* of enalapril is more than lisinoproil
c) Omission of prior diuretic dose decreases the risk of postural hypotension
d) It is effective only with left ventricular systolic dysfunction

1399. Angiotensin converting inhibitors when used for a long time in patients with hypertension, cause - *(DELHI PG Feb. 09)*
a) rightward shift in renal pressure-natriuresis curve
b) Reduction in filtration fraction
c) Significant increase in heart rate
d) No change in compliance of large arteries

1400. Which diuretic could be considered appropriated for combining with ACE inhibitors? *(DELHI PG Feb. 09)*
a) Spironolactone b)Eplerenone
c) Hydrochlorothiazide d)Amiloride

1401. Regarding ACE inhibitor which of the following is true - *(AIIMS May 11)*
a) Inhibits conversion of angiotensinogen to angiotensin 1
b) *TVz* of enalapril is more than lisinopril
c) Omission of prior diuretic dose decreases the risk of postural hypotension
d) It is effective only with left ventricular systolic dysfunction

1402. Which of the following is an Angiotensin Converting Enzyme (ACE) inhibitor? *(UPSC 111)*
a) Atenolol b) Prazosin
c) Hydralazine d) Enalapril

ANTI-COAGULANT

1403. The treatment of choice in dicumarol poisoning is- *(PGI 86,89)*
a) Heparin b)Aminocaproicacid
c) Vitamin K d) Vitamin C

1404. Vitamin K is required for - *(PGI80, AIIMS 81)*
a) Overdosage of Dindevan
b) Overdosage of Heparin
c) Haemophilia
d) Chrishmas disease

1405. Streptokinase overdose is treated with-^TTVS'C *2K)*
a) Warfarin b) Aspirin
c) Epsilon aminocaproic acid d) Vit K

1406. Platelet aggregation is inhibited by all except -
a) Indomethacin b) Salycylates (*AI88)*
c) Dipyradimole d) Phenobarbitone

1407. Warfarin is stopped----------days prior to surgery -
a) 1-3 b)3-5 *(AIIMS 98)*
c) 6-8 d)8-10

1408. What is the interaction of phenobarbitone and warfarin - *{PGI 89)*
a) Displacement of warfarin from binding site
b) Dereased absorption of warfarin
c) Increased metabolism of warfarin
d) Decreased metabolism of warfarin

1409. Platelet aggregation is inhibited by- *(JIPMER 90)*
a) Clofibrate b) Aspirin
c) Dipyridamole d) All of the above

1410. Streptokinase acts by - *(AIIMS 91)*
a) Vasodilator action
b) Anticoagulant action
c) Fibrinolysis
d) Antiplatelet action

1411. All the following drugs are used in preventing fibrinolysis except - *(PGI88)*
a) EACA b) Tranexamic acid
c) Stanazoid d) Aprotinine

1412. Antitode for heparin is - *(Kerala 95)*
a) Protamine b) EDTA
c) VitK d) Desferrioxamine

1413. Which does not have antiplatelet action- *{Kerala 95)*
a) Paracetamol b) Dipiridamole
c) Aspirin d) Ibuprofen

1414. In Dicumarol poisoning, which Vit K is used- *{JIPMER 98)*
a) Menadione b) Menaqunone
c) Phytonadione d) None of the above

1415. Heparin is- *(ROHTAK97)*
a) Polysaccharide b) Lipoprotein
c) Monosaccharide d) Polyenoic acid
e) Ceramide

1416. Among following least anaphylaxis is seen with-
a) Streptokinase *(PGI 2000)*
b) Urokinase
c) Anisolated streptokinase
d) TPA

1417. A patient on warfarin was given phenobarbitone, The result would have been - *(PGI 99)*
a) Increase the dose of warfarin
b) Decrease the dose of warfarin
c) Increase the dose of phenobarb
d) Decerease the dose of phenobarb

1418. Not true about heparin is - *(PGI 98)*
a) Activates antithrombin III
b) Small unionized molecule are not absorbed orally
c) Protamine sulphate always used to reverse its action
d) Release lipoprotein lipase from vessel wall and tissues

1419. Antifibrinolytic agent is - *{DNB 01)*
a) Aspirin b) Aminocaproic acid
c) Ticlopidine d)Abciximab

1420. Dazoxiben is a - *{Kerala 01)*
a) Lipoxygenase inhibitor
b) Prostacyclin synthetase inhibitor
c) Cycloxygenase inhibitor
d) TXA2 inhibitor

1398)c 1399)b 1400)c 1401)c 1402)d 1403)c 1404)a 1405)c 1406)d 1407)c 1408)c 1409)b,c 1410)c 1411)c 1412) a 1413)a 1414)c 1415)a 1416)d 1417)a 1418)b,c 1419)b 1420)d

1421. Which of the following is an inhibitor of fibrinolysis-
a) Tranexemic acid b)Tictopidine *(JIPMER02)*
c) Alteplase d) Urokinase

1422. The tissue plasminogen activator produced by recombinant DNA technology is - *(JIPMER 2002)*
a) Anestreplase b) Reteplase
c) Altepase d)Abciximab

1423. Which one of the following statements is NOT correct - *(UPSC 02)*
a) Unfractionated Heparin does not cross the placenta
b) Low molecular Heparins can cross the placenta
c) Warfarin crosses the placenta
d) Breast feeding is safe for the infant of a mother taking Warfarin

1424. Epsilon aminocaproic acid given prophylactically is useful in - *(Karnat 05)*
a) C_8 deficiency b) Cj inhibitor deficiency
c) C_5 deficiency d) C_{3b} inactivator deficiency

1425. Heparin is the commonly used anticoagulant in cardiac surgery. All of the following are true about heparin except - *(AIIMS NO V 05)*
a) Weakest acid found in living things
b) Most commercial preparations of heparin now utilize pig intestinal slimes
c) Act via Antithrombin activation
d) Produce thrombocytopenia

1426. In a warfarin treated patient skin necrosis found m-
a) Protein C deficiency *(PGI June 06, PGI03)*
b) Protein S deficiency
c) AT III deficiency

1427. Synthetic factor Xa inhibitor is - *(COMED 2006)*
a) Enoxaparin b)Dalptrin
c) Fondaparinux d) Heparin

1428. Bleeding due to urokinase overdose controlled by- *(Manipal 2006)*
a) Adrenochrome b) Vasopressin
c) EACA d) Protamine sulphate

1429. All have anti-platelet action, except - (*PGMCET01)*
a) Thromboxane A_2 b) ADP uptake inhibitors
c) PGlj d) Aspirin

1430. Following is administered as a bolus -*(PGMCET 07)*
a) rPA b) TPA
c) r TPA d) None of the above

1431. Abciximab acts by inhibiting - *(PGMCET07, MANIPAL 01, AMU 05)*
a) GP Ilb/IIa
b) Platelet aggregation
c) Adenosine reuptake
d) Anti-thrombin III

1432. Which one of the following is direct thrombin inhibitor - *{Corned 08)*
a) Enoxiparin b)Daltiparin
c) Fondaparinux d) Argatroban

1433. Prothombin time (PT) of a patient is 26, control PT is 13 seconds and sensitivity index is 1.41. What will be the INR of this patient - *(AI07)*
a) 26/13 b) (26/13) 1.41
c) $(26/13)^{141}$ d) $(26/13)^{1/141}$

1434. All of the following statements about Heparin are true except - *(AI 07)*
a) Causes Alopecia
b) Non Teratogenic
c) Releases lipoprotein lipase
d) Causes Hypokalemia

1435. All of the following are GpIIb/HIa antagonist except-
a) Abciximab b) Clopidogrel *(AI07)*
c) Tirofiban d) Epitifibatide

1436. The anticoagulant of choice in pregnancy is -
a) Heparin b) Warfarin *(UP 07, 06)*
c) Dicumarol d) Phenindione

1437. Phenytointoxicity- *(PGIJune 07)*
a) Gum hypertrophy
b) Acne rosacea
c) Exacerbation of acne vulgaris
d) Loss of hair

1438. All the following drugs are used for thrombo prophylaxis except - *(AIIMS Nov 07)*
a) Heparin b) Warfarin
c) Aspirin d) Anti thrombin

1439. Heparin acts by following mechanisms except -
a) Prolong prothrombin time *(DPGEE 08)*
b) Clears lipemic plasma
c) Fibrinolytic activity
d) Prevents fibrin formation

1440. Which of the following drug crosses placenta -
a) Heparin b) Warfarin *(UP 08)*
c) Dicumarol d) Nicoumalone

1441. All are true about warfarin, *e\cept-(AIIMSMay 09)*
a) It causes inhibition of vitamin K dependent clotting factors
b) *TVi* 36 hours
c) Crosses placenta
d) Dose is increased in liver disease

1442. Drug used in heparin overdose - *(AIIMSMay 09)*
a) Protamine sulfate b) Phylloquinone
c) Ticlopidine d) Clopidogrel

1443. Heparin is the most widely used antithrombotic agent. IT act by activating - *(PGI June 09)*
a) Plasmin b) Antithrombin III
c) Fibrinolysin d) Factor X
e) Thrombin

1444. Drug (s) used in prevention of thrombosis is/are -
a) Antiplatelets drugs *(PGIJune 09)*
b) Anticoagulent
c) Antifibrinolytic
d) Antiinflamantory agents (NS AIDS)

1445. As compared to unfractionated heparin, low molecular weight heparins - *(DELHIPG Feb. 09)*
a) Are absorbed more uniformly when given subcutaneously
b) Require more frequent lab monitoring
c) Can be given to patient with heparin induced thrombocytopenia
d) A higher risk of osteopenia

1421) a 1422) b,c 1423) b 1424)b 1425)a 1426)a 1427)a,b,c 1428)c 1429)a 1430)c 1431)a 1432)d 1433)c
1434) d 1435)b 1436)a 1437) a,c 1438) d 1439)c 1440)b 1441)d 1442)a 1443)b 1444)a,b 1445)a

1446. Which of the following drugs is recommended for the treatment of heparin induced thrombocytopenia-
a) Abciximab b) Lepirudin *(AI10)*
c) Warfarin d)Alteplase

1447. Abciximabis- *(Maharashtra 10)*
a) Antithrombin III inhibitor
b) Gp Ilb/IIIa antibody
c) Alanine analogue
d) P2YAC Purine receptor antagonist

1448. Which among the following drugs blocks platelet glycoprotein Hb/IHa receptors - *(Corned 10)*
a) Abciximab b) Etanercept
c) Adalimumab d) Infliximab

1449. Oral Anticoagulants dose will not be altered in co-administration with following drugs -
a) Nifedipine b)Rifampicin *(PGINov.10)*
c) Diltiazem d)Isoniazid
e) Procainamide

1450. Large dose of EDTA are used in carbonic anhydrase enzyme inactivation. The mechanism by which EDTA act is- *(AIIMS Nov 10)*
a) It chelates with the metal ion of the enzyme
b) It combines with the substrate and doesn't react with the enzyme
c) Combines with the substrate and doesn't react with the enzyme
d) Enzyme-EDTA complex can not be attached to substrate

1451. The following are true of heparin EXCEPT that -
a) It inhibits plasma antithrombin 111 *(Kam 11)*
b) It is administered parenterally
c) It is safe during pregnancy
d) Bleeding occurs in its overdose

HYPOLIPIDEMIC

1452. Which is contraindicated in treating a Child with familial hypercholesterolemia -*(AIIMS 80, Delhi 80)*
a) Cholestyramine b) Oestrogen
c) Nicotinic acid d) Thyroxine

1453. About plasma expanders all are true except-
a) Dextran interferes with platelet aggregation
b) Albumin is have 69 AA *(PGI2000)*
c) Half life of albumin -15 hours
d) Amylopectin

1454. Lipid lowering agents Statins, acts in all the following ways, except - *(AIIMS 2K)*
a) Decreased hepatic cholesterol synthesis
b) Decreased LDL receptors
c) Inhibiting HMG Co-A reductase
d) Decreasing VLDL

1455. Statin induced myopathy is not exacerbated by which of the - *(AIIMS 2K)*
a) Nicotinic acid b) Enalpril
c) Erythromycin d)Clofibrate

1456. Agents which dissolve cholestrol stones are -
a) Lithocholic acid *(AIIMS 88)*
b) Chenodeoxycholic acid
c) Ursodeoxycholic acid
d) Cholestyramine
e) B & C are correct

1457. Cholestyramine increases activity of - *(AI95)*
a) HMG CoA reductase
b) Acetyl CoA carboxylase
c) Pyruvate Kinase
d) Glucose 6 phosphatase

1458. For tratment of hypertriglyceridemia drug used inthe primary stage - **(***JIPMER 98)*
a) Cholestyramine b) Nicotinic acid
c) Gemfibrozil d) Resins

1459. The HMG CoA reductase inhibitor is - *(TN98)*
a) Gemfibrozil b) Clofibrate
c) Lovastatin d) None of the above

1460. Which (Enzyme) inhibits initial step of cholesterol synthesis - *(PGI 2000)*
a) Lovastatin b) Gemfibrozil
c) Probucol d) Cholestyramine

1461. Machanism of action of nicotinic acid are all except-
a) Increased catabolism of HDL (*CUP GEE 01)*
b) Catabolism of LDL
c) Catabolism of VLDL
d) Catabolism of cholesterol

1462. All the following drugs increase statin induced rhabdomyolysis except - *(AIIMS 2K)*
a) Nicotinic acid b) Clofibrate
c) Erythromycin d) Captopril

1463. Drug acting on rate - limiting step in cholesterol synthesis is - **(***Jipmer 03)*
a) Nicotinic acid b) Simvastatin
c) Gemfibrozil d) Cholestryamine

1464. Which one of the following statements about stavudine is accurate - **(***COMEDK 05)*
a) Bone marrow suppressions is dose limiting
b) It cause neurotoxicity
c) It inhibits HIV protease
d) It is a non nucleoside reverse transcriptase inhibitor

1465. Orlistat is effective in obesity by - *(COMEDK 05)*
a) Reduction of food intake
b) Beta-1 adrenoreceptor agonist activity
c) Inhibition of pancreatic lipase
d) 5 HT receptor agonist activity

1466. Blood and serum sample for blood group and cross matching will be providing non-reliable results when, which of the following colloidal solution is given to patient - *(PGMCET07)*
a) Dextran b)Hemacceal
c) Albumin d) Mannitol

1467. HDL is increased by - *(PGMCET07)*
a) Lovastatin b) Nicotinic acid
c) Clofibrate d) Gemfibrozil

1446) b 1447) b 1448) a 1449)a,c,e 1450) a 1451) a 1452) b 1453) c 1454) b 1455) b 1456) e 1457) a 1458) c 1459) c 1460) a 1461)a 1462)d 1463)b 1464)b 1465)c 1466)a 1467)b

1468. Type II DM patient, poorly controlled has hypertriglyceridemia with normal LDL and decrease HDL. Avoiding risk of myopathy what would you give-
a) Nicotinic acid b) Gemfibrozil *(PGMCET07)*
c) Statin d) Cholestryramice

1469. Plasma expanders are used in - *(UP 0 7)*
a) Severe anemia b) Severe trauma
c) Pulmonary oedema d) Cardiac failure

1470. Fibrates - false is - *(AIIMS Nov 07)*
a) They increase lipoprotein lipase activity through PPAR alpha, and cause increased lipolysis of triglycerides.
b) They are better absorbed when taken on empty stomach, than when taken with food
c) Cause utricaria, rashes, alopecia, myopathy and GI. distress.
d) Are first line of drugs in severe dysbetalipoproteinemias and hypertriglyceridemias

1471. Fibrates acts by reducing ? *(APPG 08)*
a) Chylomicrons b)VLDL
c) IDL d)HDL

1472. Which of the following anti-lipidemic drugs reduces cholesterol levels by reducing the cholesterol absorption in inte tine by acting on NPC1L1 receptors? *(Maharashtra 10)*
a) Ezetimibe b) Nicotinic acid
c) Lovastatin d) Fibrates

1473. Drug contraindicated in hypertriglyceridemia -
a) Cholestyramine b) Fibrates *(Jipmer10)*
c) Niacin d) Simvastatin

1474. Favorable lipid profile is provided by the following hypolipidemic drug - *(Jipmer 11)*
a) Atorvastatin b) Nicotinic acid
c) Cholestyramine d)Clofibrate

G.I.T.

ANTI-ULCER

1475. Omeprazole blocks- *(AIIMS87)*
a) H^+/K^+ - ATPase pump
b) H^+Na^+ -ATPase pump
c) Na^+K^+-Diffusion across cell membrane
d) Na^+CL^--pump diffusion across cell membrane
e) None of the above

1476. Carbenoxolone sodium is used in peptic ulcer because it - *(AI91)*
a) Systemic antacid
b) Orally used antacid
c) Promotes the ulcer healing
d) Defoaming agent

1477. Antacid interfere with the absorption of all except- *(AIIMS 92)*
a) Ketoconazole b) Erythromycin
c) Ofloxacin d) Oxytetracycline

1478. Theprimary aim of duodenal ulcer management is -
a) To excise the ulcerogenic mucosa *(JIPMER 93)*
b) To prevent complications
c) To rule out malignancy
d) To derease acid output

1479. Which of the following is not a recomended gastric antacid- *(DELHI 83)*
a) Aluminium hydroxide
b) Silicon dioxide
c) Sodium bicarbonate
d) Magnesium trisilicate

1480. Of the following which is a constipating antacid -
a) Calcium carbonate *(DELHI 86, 92)*
b) Sodium bicarbonate
c) Magnesium hydroxide
d) Aluminium hydroxide

1481. Action of one of following is not affected by food
a) Cimetidine b) Ranitidine *(AI96)*
c) Famotidine d)Roxatidine

1482. True about Omeprazole is - *(AI97)*
a) Causes leiomyoma
b) Is a competitive antagonist of histamine receptor
c) Anticancer drug
d) It is a implicated in causation of carcinoid in rats

1483. Decreased gastric acid secretion is by - *(MP 98)*
a) PGE, b)PGF_{2a}
c) PG^ d) Thromboxane A_2

1484. Which prostaglandin is used in NSAID induced ulcer- *(PGI2000)*
a) Misoprostol b) Carboprost
c) Mirtazapine d)Miprinone

1485. A patient was detected to have acid peptic disease. He was given omeprazole, antacid and sucralfate. What is the defect in the rationale with this therapy *4AI2K, 04)*
a) Omeprazole cannot act in presence of antacid
b) Antacids should not be given along with sucralfate since sucralfate needs a low pH for its activation
c) Omeprazole cannot act in presence of sucralfate
d) All of the above

1486. Which of the following is true regarding omeprazole except- *(Manipal 2006)*
a) It is H^+ K^+ATPase pump inhibitor
b) It is most potent H_2 antagonist
c) It is the treatment of choice in GERD
d) Warfarin inhibitor omeprazole

1487. Which of the following doesn't change pH of stomach-
a) Sucralfate b)H_2 blocker *(APPG 08)*
c) Omeprazole d) Ranitidine

1488. Proton pump inhibitors suppress gastric acid secretion by inhibition of - *(Corned 09)*
a) H^+/C1 ATPase pump b) H^+/K^+ ATPase pump
c) Na^+/K^+ ATPase pump d) Na^+/K^+ ATPase pump

1468) b 1469) b 1470)b 1471)b 1472)a 1473)a 1474)b 1475)a 1476)c 1477)b 1478)b 1479)b 1480)a,d 1481)a
1482) d 1483) a,c 1484) a 1485) b 1486)b 1487)a 1488)b

1489. A patient of peptic ulcer was prescribed ranitidine and sucralfate in the morning hours. Why is this combination incorrect - *(Manipal 09)*
a) Ranitidine combines with sucralfate and prevents its action
b) Combination of these two drugs produces serious side effects like agranulocytosis
c) Ranitidine decreases the gastric pH so sucralfate is not able to act
d) Sucralfate inhibits absorption of ranitidine

1490. Which of the following is a 'Protein pump inhibitor'-
a) Ranitidine b) Misoprostol *(AI10)*
c) Omeprazole d)Laxatidine

1491. Sucrolfate does not interfere with the absorption of-
a) Phenytoic b) Digoxin
c) Ciprofloxacin d) Phenoxymethyl penicillin

1492. Adverse effect of Cimetidine includes -
a) Constipation *(PGINov. 10)*
b) Impotence
c) t In plasma Aminotranferase
d) 1 In prolactin level
e) Gynaecomastia

1493. Alginates adn simethicone are given with antacids in peptic ulcer disease because of - *(PGINov 10)*
a) Alginates decrease proton secretion from stomach
b) Alginates prevent GERD
c) Simethicone relieve flatulence
d) Simethicone forms protective layer over ulcer
e) Simethicone prevent GERD

ANTI-EMETIC

1494. Drug of choice in intractable hiccoughs is -
a) Metoclopramaide *(JIPMER81, AMU 89)*
b) Haloperidol
c) Thioridazine
d) Chlorpromazine

1495. Drug of choice in motion sickness is - *(AI 90)*
a) Metoclopromide
b) Transdermal scopolamine
c) Diphenhydramine
d) Chlorpromazine

1496. Which of the following emetic agents stimulate nodose ganglion of the vagus - *(AIIMS 91)*
a) Quinidine b) Salicylate
c) Veratrum alkaloids d) Apomorphine

1497. Not used as an anti emetic in motion sickness -
a) Domperidone b)Cyclizine *(AI97)*
c) Hyoscine d) Meclizine

1498. Metoclopramide is useful for all except - *(TN98)*
a) Motion sickness
b) Chemotherapy induced vomiting
c) Anti emetic
d) Promoting lactation

1499. Granisetron causes antiemetic action due to blockade of - *(MP 98)*
a) Dopamine b)5HT
c) Alpha-Receptors d) Opoid receptors

1500. Patient is on Cisapride for gastroesophageal reflux develops upper respiratory tract infection, and physician prescribes erythromycin. What pharmalogical interaction would be expected -
a) Dereased level of erythromycin and exacerbation ofURTI *(AIMS 01)*
b) Decreased effect of cisapride due to enzyme inductor of erythromycin
c) Fatal ventricular arrhythmia
d) Hemorrhagic cystitis

1501. Drug with highest emitogenic potential is -
a) Cis-platinum b) Emetine *(J&K 2001)*
c) Bleomycin d)Vanomycin

1502. Anti emitic action is through - *(PGI 02)*
a) iChemorceptor triggerzone (CTZ)
b) Hj agonist
c) Dj antagonist
d) Olfactory apparatus
e) 5 HT_4 agonist

1503. Ondansteron used in cancer acts in - *(PGI2002)*
a) 5 HT3 antagonism
b) Vomiting centre
c) D1 & D2 receptors
d) Chemoreceptor trigger zone
e) Orphan receptors

1504. Prokinetic drug without D_2 blockade is-*(Kerala 03)*
a) Metoclopramide b) Cisapride
c) Domperidome d) Chlorpromazine

1505. Which one of the following drugs has been shown to offer protection from gastric aspiration syndrome in a patient with symptoms of flux - *(AI 05)*
a) Ondansetron b) Metoclopramide
c) Sodium citrate d) Atropine

1506. Which one of the following is an antiemetic with minimal CNS side effects ? *(UPSC 07, UP 2K)*
a) Ondansetron b) Chlorpromazine
c) Metoclopramide

1507. All are antiemetics except - *(AiimsMay07)*
a) Domperidone b) Ondensetron
c) Phenazocine d)Cyclizine

1508. Which of the following 5HT3 receptor blockers has highest receptor affinity - *(AIIMS Nov 07)*
a) Ondansetron b) Granisetron
c) Dolasetron d) Palonosetron

1509. Drug used to control post-operative vomiting -
a) Diazepam b) Phenobarbitone *(PGI June*
c) Apretitant d)Droperidol *08)*
e) Ondansetron

1489) d 1490)c 1491)d 1492)a,b,c,e 1493) b,c,ci,e 1494)d 1495)b 1496)c 1497)a 1498)d 1499)b 1500)c 1501)a 1502) a 1503)a.d 1504)b 1505)bl506)a 1507)c 1508)d 1509)d,e

1510. Metoclopramide- *(DELHIPG Feb. 09)*
a) Inhibits cholinergic smooth muscule stimulation in the gastrointestinal tract
b) Decreases lower esophageal sphicter pressure
c) Stimulates D_2 receptor
d) Enhances colonic motility

1511. The statement that is NOT true of domperiodone is that- *(Karn 11)*
a) It rarely causes extrapyramidal side effects
b) It is a DO receptor antagonist
c) Its antiemetic efficacy is higher than metoclopramide
d) It causes loose stool

MISCELLANEOUS

1512. Which of the following is true of oral rehydration solution concentration - *(AI90)*
a) Sodium 70 mEq/litre
b) Potassium 20 mEq/litre
c) Chloride 30 mEq/litre
d) Bicarbonate 80 mEq/litre

1513. Osmolality of ORS recommended by WHO is -
a) 330mosm b)300mosm *(A199)*
c) 270mosm d)260mosm

1514. The average fecal sodium excretion in rota virus diarrhoea is - *(AIIMS 83)*
a) 120meq/l b)90meq/l
c) 30meq/l

1515. Diarrhoea which respond to antibiotic therapy is -
a) Tropical sprue *(JIPMER 92)*
b) Irritable bowel syndrome
c) Travellers diarrhoea
d) Salmonella diarrhoea

1516. True about lactulose are all except - *(MP2K)*
a) It is a cathartics
b) Inhibits absorption of ammonia
c) Inhibits absorption of amino acids
d) Causes bacteria to utilize ammonia

1517. The of choice in the treatment of gastroparesis is
a) Bisacodyl b) Liquid paraffin *(TNPSC 2K)*
c) Cisapride d) Eposom salt

1518. Methyl Poly Siloxane is (MPS) - **(***AI91)*
a) Sysntemic antacid b) Orally used antacid
c) Promotes ulcer healing d) Defoaming agent

1519. Constipation is caused by all except -
a) Morphine *{AIIMS 80 Delhi 92)*
b) Codeine
c) Verapamil
d) Magnesium Sulphate

1520. Which of the following drug is useful in dissolving Gall bladder stone - *{DELHI93)*
a) Clofibrate b) Chenodeodycholic acid
c) Lactulose d) Lithocholic acid

1521. Anthrol acts as purgative due to - *(AIIMS 79,82)*
a) Irritant action
b) Bulk formation in intestinal lumen
c) Osmotic action
d) Emollient effect

1522. Ture about lactulose is - *(PGI98)*
a) Blood ammonia
b) 10% absorbed from gut
c) Osmotic laxative
d) Disaccharide of lactose and sucrose

1523. Which purgative causes hypokalemia - *(UP2K,*
a) Liquid parffin b) Bisacodyl*J&.K05)*
c) Castor oil d) Osmotic purgatives

1524. Which of the following is a tertiary bile acid -
a) Cholic acid *{J&K01)*
b) Chenodeoxycholic acid
c) Urso-deoxycholic acid
d) 7-keto deoxycholic acid

1525. Neither addictive nor constipation - *(HP 06)*
a) Codeine b) Dextromethorphan
c) Diphenoxylate d) Levophenol

1526. False statement about lactulose - *(MAHE 07)*
a) Not effective in opium induced constipation
b) Flatulence is common
c) Not absorbed
d) Osmotic purgative

1527. Bisacodyl is - *(UP 07)*
a) Bulk forming b) Stool softner
c) Stimulant purgative d) Osmotic purgative

1528. The following drugs for the treatment of peptic ulcer disease alter gastric acid pH except - *(UPSC-108)*
a) Ranitidine b) Sucralfate
c) Rabeprazole d) Pirenzepine

1529. False statement about lactulose - *(Manipal 08)*
a) Not effective in opium induced constipation
b) Flatulence is common
c) Not absorbed
d) Osmotic purgative

1530. Ezetimibe acts by - *(DELHI PG Feb. 09)*
a) Enhanced excretion of bile acids
b) Decreased absorption of cholesterol
c) Inhibits intracellular lipase
d) Inhibits intracellular lipase

1531. For oral iron supplements used for iron deficiency anemia - *(DELHI PG Feb. 09)*
a) Treatment dose will deliver 40 to 60 mg of iron per day
b) Mass of total salt is important in determining daily dose
c) Treatment should be stopped as soon as normal hemoglobin level is reached
d) Desired rate of hemoglobin imporovement is 0.5 mg per day

1510) None 1511)c 1512)b 1513)None 1514)c 1515)c,dl516)c 1517)c 1518)d 1519)d 1520)b 1521)a 1522)c 1523) b,c 1524) None 1525)b 1526)a 1527)c 1528)b 1529)a 1530)b 1531)a

ANTI MICROBIAL

GENERAL PROPERTY

1532. All of the following drugs are of fungal origin except - *(AIIMS 80, Delhi 83)*
a) Colistins b) Polymyxins
c) Cycloserine d) Aztreonam

1533. Which of the following combination is not synergistic-
a) Penicillin and streptomycin in endocarditis
b) Amphotericin B and flucytosine in cryptococcal meningitis
c) Pencillin and chlortetracycline in pneumococcal meningitis
d) Sulphmethoxazole and trimethoprim in UTI

1534. In the presence of renal failure.....should not be given - *(JIPMER 86)*
a) Furosemide b) Bumetanide
c) Spironolactone d) Thiazides

1535. Safest antibiotic in Renal failure - *(PGI93)*
a) Cloxacillin b) Streptomycin
c) Gentamicin d) Cephaloridine

1536. Prolonged use of antibiotics orally will result in- *(AIIMS 85)*
a) Diarrhoea b) Fungal infection
c) Enterocolitis d) All of the above

1537. Antibiotic which act by inhibiting cell wall synthesis- *(AIIMS 85, PGI 87, AI88)*
a) Penicillin b)Gentamycin
c) Vancomycin d) Chloramphenicol

1538. All of the following are bactericidal except- *(AI 89)*
a) Cephalexin b) Rifampicin
c) Isoniazid d) Oxytetracycline

1539. Inhibition of protein chain initiation at the ribosomal level is the principal mechanism of antibacterial action of- *(AIIMS 80, 85)*
a) Chloramphenical b) Amikacin
c) Erythromycin d) Tetracycline
e) Nitrofurantoin

1540. Nucleic acid synthesis is inhibited by- *(Kerala 94)*
a) Ampicilin b) Sulpha drugs
c) Griseofulvin d) Cephalosporins

1541. Drugs used in neutropenic patients should be- *(Kerala 94)*
a) Bactericidal b) Bacteriostatic
c) Highly potent d) Be given by IV route

1542. Does not act by inhibting cell wall synthesis -
a) Griseofulvin b) Bactitracin *(AI95)*
c) Cycloserine d) Penicillin

1543. Drug clinically interacting with ribosomes to interfere with translation in bacteria - *(PGI2000)*
a) Tetracycline b) Erythromycin
c) Puromycin d) Oilgomycin

1544. Bacitracin acts on - *(AI 03)*
a) Cell wall b) Cell membrane
c) Nucleic acid b) Ribosome

1545. AO of the foUowing drugs act on cell membrane except- *(A103)*
a) Nystatin b) Griseofulvin
c) Amphotericin B d) Polymixin

1546. The antimicrobial agent which inhibits the ergoterol biosynthesis is - *(AIIMS 03)*
a) Ciprofloxacin b) Amphotercin B
c) 5-Fluorocytosine d) Griseofluvin

1547. All of following inhibit protein synthesis except- *(Manipal 04)*
a) Chloramphenicol b) Tetracycline
c) Puromomycin d) Erythromycin

1548. Streptomycin acts by utilizing differential action in prokaryote & eukaryokate of - *(Orissa 04)*
a) Translation b) Transcription
c) Transmethylation d) DNA interference

1549. Drug resistance most commonly transmitted by- *(Jipmer 04)*
a) R. plasmid b) Bacteriophages
c) Episomes d) Introns

1550. Which of the following drugs combination shows antimicrobial synergism - *(PGI June 05)*
a) Penicillin + streptomycin in SABE
b) Ampicillin + tetracycline in endocarditis
c) Sulphamethoxazole + Trimethoprim in UTI
d) Amphotericin B + fluocytocin in cryptococeal meninges

1551. Creatinine clearance < 10 ml/min. Which of the foUowing drugs does reduction is needed-(PG7 *June 05)*
a) Anaikacin b) Ketoconazole
c) Lithium d) Budesonide
e) Theophylline

1552. Tetracycline inhibits protein synthesis by -
a) Inhibiting initiation and causing misreading of mRNA
b) Binding to 30 S subunit and inhibits binding of aminoacyl tRNA
c) Inhibiting peptidyl transferase activity
d) Inhibiting translocation

1553. The group of antibiotics which possess additional antiinflammatory and immunomodulatory activities is- *(AI05)*
a) Tetracyclines b) Polypeptide antibiotics
c) Fluoroquinolones d) Macrolides

1554. EpsUometer test is done to detect - *(COMEDK 05)*
a) Bacterial motility
b) Rate of bacterial growth
c) Antibiotic susceptibility
d) Coliform count

1555. AU of the foUowing antibacterial agents acts by inhibiting ceU wall synthesis, except - *(AI 06)*
a) Carbapenems b)Monobactams
c) Cephamycins d) Nitrofurantoin

1556. Which of the following medications is contraindicated in patients with allergy to sulphonamides ? *(AI 06)*
a) Levobunolol b) Bimatoprost
c) Brinzolamide d) Brimonidine

1532) All 1533)a,c 1534)c,d 1535)a 1536)d 1537)a,c 1538)d 1539)b 1540)b 1541)a 1542)a 1543)a,b 1544)a 1545)b 1546)b 1547)None 1548)a 1549)a 1550)a,c,d 1551) a,c 1552)b 1553)d 1554)c 1555)d 1556)c

1557. In antibiotic associated colitis, organism involved is - *(PGI June 06)*
a) Clostridium difficile b) Pseudomonas
c) Staphylococcus d) Enterococcus

1558. Antimicrobial of choice in pregnancy is - *(Manipal 06)*
a) Clarithromycin b) Streptomycin
c) Doxycycline d) Chloramphenicol

1559. FK-506 is a - *(Aiims May 07)*
a) It is a macrolide antibiotic
b) Immunoglobulin antibody
c) Non depolarising muscle relaxant
d) Opioid analgesic

1560. Mechanism of action of vancomycin is - *(UP 07)*
a) Inhibit protein synthesis
b) Inhibit cell wall synthesis
c) Inhibiting bacterial DNA replication
d) Inhibit DNA dependent RNA synthesis

1561. All the following drugs action pseudomonas infection except - *(UP 07)*
a) Carbenicillin b)Azlocilline
c) Peperacilline d) Azithromycin

1562. Which of the following drug is given in renal failure-
a) Carbenicilline b)Rifampicin *(UP 07)*
c) Cotrimoxazole d) Pefloxacine

1563. Cell wall synthesis is inhibited by all of the following Except- *(AI08)*
a) Amoxycillin b) Penicillin G
c) Tetracycline d) Cefotetan

1564. Which of the following antibiotics is least Nephrotoxic - *(AI 08)*
a) Streptomycin b)Gentamycin
c) PolymixinB d) Doxycycline

1565. Which of the following antibiotics acts by inhibiting cell wall synthesis ? *(Aiims May 08)*
a) Cefepime b) Aminoglycosides
c) Erythromycin d) Doxycycline

1566. All of the following drugs inhibit cell wall synthesis except- *(Jipmer 10)*
a) Cycloserine b) Dactinomycin
c) Amoxicillin d) Bacitracin

SULFONAMIDE

1567. The most common adverse effect of silver sulfadiazine is - *(AIIMS 79, AMU 88)*
a) Crystalluria
b) Methaemohlobinemia
c) Transient leucopenia (Neutrophenia)
d) Transient jaundice

1568. The drawback of mafenide application is -
a) Expensive *(JIPMER 81, AP 88)*
b) Toxicity
c) Painful
d) All of the above

1569. The cells most commonly affected by silver sulfadiazine cream are - *(JIPMER 80,81, TN 90)*
a) Lymphocytes b) Neutrophils
c) Mast cells d) Eosinophils

1570. Mafenide is effective as an ll.l%suspension in a water soluble cream base in all of following infections except - *(JIPMER 81, PGI 86)*
a) Staph aureus b) Clostridia
c) Candida albicans d) Streptococcus

1571. Sulphonamides are conjugated by - *(AIIMS 86)*
a) Glucoronic b) Cysteine
c) Metionine d) Acetic acid

1572. Sulphamethoxazole is combined with - *{Kerala 94)*
a) Trimethoprim b) Clotrimazole
c) Cotrimoxazole d) Nitrofurantoin

1573. Sulpha drugs act by- **(***Kerala 94)*
a) Covalent modification
b) Non competitive inhibition
c) Allosteric modification
d) Competitive inhibition

1574. TVimethoprim acts by- *(PGI95)*
a) Inhibiting DHFR b) Bleomycin
c) Nitrosoureas d) Vincristine

1575. All of the following are topically used sulphonamides except- *(AI 05)*
a) Sulphacetamide b) Sulphadiazine
c) Silver sulphadiazine d) Mafenide

1576. A girl on sulphonamides developed abdominal pain and presented to emergency with seizure. What is the probable cause ? *(AIIMS Nov 08)*
a) Acute intermittent porphyria
b) Congenital erythropoietic porphyria
c) Infectious mononucleosis
d) Kawasaki's disease

1577. Which of the following is not an indication of cotrimoxazole - *(AIIMS May 11)*
a) Lower UTI b) Prostatitis
c) Chancroid d) Typhoid

QUINOLONES

1578. Ciprofloxacillin acts by inhibiting - *(JIPMER 92, 93*
a) Protein synthetsis b) DNA gyrase
c) Cell wall synthesis d) mRNA synthesis

1579. Following drug often interacts with ofloxacin except - *(AIIMS89)*
a) Antacids b) Theophylline
c) Captopril d) Ketorolac

1580. Ciprofloxacin should not be used with theophylline because- *(AI96)*
a) it decreases efficiency of theophylline
b) it increases toxicity of theophylline
c) it decreases efficiency of ciprofloxacin
d) it decreases absorption of theophylline

1581. The most phototoxic quinolone is - *(AI97)*
a) Ciprofloxacin b) Norfloxacin
c) Ofloxacin d)Pefloxacin

1557) a 1558) a 1559)a 1560)b 1561)d 1562)b 1563)c 1564)d 1565)a 1566)b 1567)None 1568)c 1569)b 1570)c 1571) None 1572)a 1573)d 1574)a 1575)b 1576)a 1577)c 1578)b 1579)c 1580)b 1581)d

1582. CNS side effects of ciprofloxacin are increased by simultaneous intake of - *(JIPMER 98)*
a) Salicylates b) Ceftriaxone
c) Nifedipine d) Erythromycin

1583. All are true about fluoroquinolones except-
a) Found to be teratogenic *(ALL INDIA 99)*
b) Cause arthropathy in children
c) Potentiate action of muscle relaxants
d) Increase the toxicity of theophylline

1584. Fluoroquinolones in children are contraindicated as it causes- *(CUPGEE 2001)*
a) Arthropathy b) Agranulocytosis
c) Anemia d) Thrombocytopenia

1585. Increased photosensitivity is seen with - *(Kerala 03)*
a) Ciprofloxacin b) Sparfloxacin
c) Floxacin d)Pefloxacin

1586. Whic of the following fluoroquinolones does not require dose adjustment in a patient with creatinine clearance of < 50mg/min - *(AJ 04)*
a) Ciprofloxacin b) Trovafloxacin
c) Lomefloxacin d) Sparfloxacin

1587. Flouroquinolones act by - *(SGPGI05)*
a) Binding to DNA gyrase and preventing DNA synthesis
b) Inhibiting protein synthesis
c) Inhibiting cell wall synthesis
d) Causing misreading of RNA

1588. Fluoroquinolones acts by - *(PUNJAB 11)*
a) Inhibits cell wall synthesis
b) Inhibits protein synthesis
c) Inhibits DNA gyrase
d) Interferes with intermediary metabolism

PENICILLIN & CEPHALOSPORIN

1589. Penicillin acts on which component of cell wall -
a) Hyaluronic acid *(AIIMS 83)*
b) Muramic acid
c) N-acetylmuranic acid
d) Cellulose

1590. Major advantage of phenoxymethyl penicillin over penicillin G is - *(AIIMS 79, UPSC 82)*
a) Broader spectrum b) Longer shelf life
c) Lower cost d) More reliable

1591. First generation cephalosporins are not effective in...infection - *(AI 90)*
a) Pseudomonas b) Proteus
c) Streptococci d) Staphylococci

1592. Ampicillin is used in all except - *(TN 91)*
a) Urinary tract infection
b) Lower respiratory infection
c) Typhoid
d) Infectious mononucleosis

1593. Acid Labile penicillin is- **(***Jipmer91***)**
a) Cloxacillin b) Flucloxacillin
c) Methicillin d) Phenoxy Methyl penicillin
e) None of the above

1594. Third generation caphalosporine include -
a) Cephalexin b) Cepharadine *(NIMHANS 87)*
c) Cephazolin d)Moxalactum
e) Cefactor

1595. The following is not a penicillinase resistant penicillin - *(AIIMS 84)*
a) Methicillin b) Ampicillin
c) Oxacillin d) Nefacillin

1596. Orally as well as parenterally effective penicillin is- *(IN 90)*
a) Phenoxymethyl penicillin b) Amoxycillin
c) Cloxacillin d) Carbenicillin

1597. Beta lactam ring is present in all except •*(JIPMER*
a) Vancomycin b)Imipenem *91)*
c) Cephalexin d) Sulbactam

1598. The penicillin that is effective against proteus and pseudomonas aeruginosa is - *(AIIMS 79,86,*
a) Ampicillin b) Cloxacillin *JIPMER 80)*
c) Amoxycillin d) Carbenicillin

1599. The antibacterial spectrum of penicillin most closely resembles that of- *(AMU87)*
a) Sulphonamides b) Streptomycin
c) Nitrofurantoin d) Bacitracin

1600. For the commercial production of penicillin, extraction is made from- *(JIPMER 80, AMU 86)*
a) Penicillium notatum
b) Penicillium chrysogenum
c) Bacillus cereus
d) Streptomyces erytheus

1601. Following drug interact with cefotaxime- *(JIPMER*
a) Digoxin b) Paracetamol *84, AIIMS 90)*
c) Loop diuretics d) Nifedipine

1602. One milligram of penicillin G is equivalent to- *(PGI80, 82, DNB 90)*
a) 16,667 units b) 1,667 units
c) 166.7 units d) 16.7 units

1603. The penicillin with longest duration of action is-
a) Pottassium phenethicillin *(DNB 91)*
b) Benethamine penicillin
c) Procaine penicillin
d) Benzathine penicillin

1604. Most serious adverse effect of penicillin is -
a) Skin rashes *(Kerala 94)*
b) Jarish hexheimer reaction
c) Anaphylaxis
d) Convulsion

1605. Procaine in procaine penicillin- *(Kerala 95)*
a) Relieves pain
b) Prolongs duration of action
c) Increases absorption
d) Adjuvant

1606. The *Vi* life of Benzyl Penicillin is - *(CUPGEE 95)*
a) 30 minutes b) 60 minutes
c) 90 minutes d) 24 hours

1607. 1 gm penicillin is equivalent to - *(ROHTAK 98)*
a) 1.667MIU b) 1667 MU
c) 16667MIU d).1667MIU

1582) a 1583)c 1584)a 1585)b 1586)b 1587)a 1588)c 1589)c 1590)d 1591)a 1592)d 1593)c 1594)d 1595)b
1596) b,c 1597) a 1598) d 1599)d 1600)b 1601)c 1602)b 1603)d 1604)c 1605)b 1606)a 1607)a

1608. Antifungal agent having affinity for keratin-(77V99)
a) Gresieofulvin b) Ketoconazole
c) Nystatin d) Clotrimazole

1609. Drug of choice of MRSA infection - *(KERALA 01)*
a) Cloxacillin b) Amoxicillin
c) Teicoplanin d) Carbenicillin

1610. Which is true regarding cefepime -
a) 4th generation cephalosporin *(01)*
b) Once a day dose is sufficient
c) Antipseudomonal action
d) Dose should be reduced in liver pathology
e) It is a prodrug

1611. Amoxycillin clavulanic acid combination-fPG*/2000)*
a) t spectrum b) 11/2 life of amoxy
c) *i* 1/2 life of both d) t Side effects

1612. When allergic to penicillin, other drugs C.I. -
a) Monobactams *(PGI2000)*
b) Carbapenems
c) Cephalosporins
d) Semisynthetic penicillin

1613. Of the patients who have previously been given penicillin without incident, what percentage will have an allergic reaction when given penicillin-
a) Fewer that 1 % b) 1 to 5% *(MAHA 05)*
c) 5 to 10% d) 10 to 15%

1614. 4th Generation Cephalosporin is - **(***Orissa 05)*
a) Cefepime b) Cefuroxime
c) Cefoperazone d)Cefactor

1615. One of the following is not penicillinase susceptible-
a) Amoxicillin b) Penicillin G *(A105)*
c) Piperacillin d) Cloxacillin

1616. All of the following are therapeutic uses of penicillin G, except - *(AI06)*
a) Bacterial meningitis b) Rickettsial infection
c) Syphilis d) Anthrax

1617. A diabetic patient developed cellulitis due to staphylococcus aureus, which was found to be Methicillin resistant on the antibiotic sensitivity testing. All the following antibiotics will be appropriate except - *(AI 06)*
a) Vancomycin b)Imipenem
c) Teichoplanin d) Linezoiid

1618. Cilastatin is an inhibitor of - **(***Corned 07)*
a) Beta lactamase b) Dihydropeptidase
c) Transpeptidase d) Peptide transferase

1619. Which among the following drugs is safest in a patient allergic to penicillin - **(***Corned 08)*
a) Cephalexin b)Imipenem
c) Cefepime d) Aztreonam

1620. The following drug is not useful for MRSA -
a) Cefaclor *(AiimsMay07,AI07)*
b) Cotrimoxazole
c) Ciprofloxacin

1621. All of the following statements regarding penicillin-G are true Except - *(AI 08)*
a) Can be given orally
b) Active against gram positive organisms
c) Probenecid given along with penicillin-G increases its duration of action
d) Acts by inhibition of cell wall synthesis

1622. All are true about cefuroxime except - *(UP 08)*
a) Inhibit cell wall synthesis
b) III generation cephalosporins
c) Same aquired resistance with penicilline
d) More active against gram negative organism

1623. In Ampicilline & Amoxycilline, Amoxycilline is better due - *(UP 08)*
a) Better bioavailobility in taken with foods
b) Lesser bioavailability in taken with foods
c) Incidence of diarrhoea is higher
d) More active against Shigella and H. influenza

1624. Cephalosporin that does not require dose reduction in patient with any degree of renal impairment is- *(AIIMSNov 08)*
a) Cefuroxime b) Cefoperazone
c) Ceftazidime d) Cefotaxime

1625. Which of the following cephalosporins does not need dose modifications even in presence of raised levels ofGFR- *(AI09)*
a) Cefipime b)Cefoperazone
c) Cefotaxim d) Cefuroxime

1626. All are true about cephalosporins, except- *(AIIMSMay 09)*
a) Cephtazidime is a 3rd generation cephalosporin
b) Cephoperazone has got antipseudomonal effect
c) Cefoxitine has got no activity against anaerobes
d) Cephalosporin act by inhibiting cell wall synthesis

1627. True about Methicillin resistance staphylococcus aureus (MRSA) - *(PGI June 09)*
a) Isoxazolyl pencillin is highly effective
b) All MRSA are multi drug resistance
c) Vancomycin is effective
d) MRSA are more virulent than sensitive strains
e) Resistance develop due to altered binding protein

1628. Drug of choice for treatment of infection caused by Methicillin resistant Staphylococcus aureus is :
a) Macrolides *(DELHIPG Mar 09)*
b) Third generation cephalosporins
c) Carbapenems
d) Glycopeptides

1629. Caphalosporin having renal excretion (or renal failure) is/are - *(PGINov 09)*
a) Cefazolin b) Ceftriaxone
c) Ceftazidime d) Cefuroxime
e) Cefoperazone

1630. Drug most useful in Bacteroides fragilis -
a) Cefipime b) Ceftazidine *(Jipmer11)*
c) Cefotetan d) Cefoxitin

1608) a 1609) None 1610) a,c 1611)a 1612)d 1613)a 1614)a 1615)d 1616)b 1617)b 1618)b 1619)d 1620)a
1621)a 1622)b 1623)a 1624)b 1625)b 1626)c 1627)b,c,d 1628)d 1629)a,c,d 1630)c

TETRACYCLINE

1631. Compared with tetracycline, chloramphenicol is more effective in typhoid fever but ineffective in-
a) Entamoeba histolytica *(DNB 89)*
b) E.coil
c) Streptococcus aureus
d) Pseudomonas
e) Klebsiella

1632. Mechanism of action of tetracycline- *(PGI2K)*
a) Prevents binding of tRNA to mRNA
b) Misreading of mRNA
c) Transcription of DNA to RNA inhibited
d) Binds to 30 S ribosome

1633. All of the following statements about adverse effects of tetracyclines are true Except - *(AI08)*
a) May lead to discolouration of teeth
b) Are a common cause of superinfections
c) May precipitate liver damage
d) Are not known to be teratogenic

CHLORAMPHENICOL

1634. Mechanism of action of chloramphenicol - *(PGI 2K, 96)*
a) Binds to 50 S and prevents activity
b) Prevents chain elongation
c) Misreading of DNA
d) Binds to nuclear proteins

1635. Metabolism of chloramphenicol is by- *(PGI 97)*
a) Glucoronide conjugation b) Oxidation
c) Acetylation d) Sulfation

163 6. Chloramphenicol inhibits protein biosynthesis by
a) Releasing the incomplete peptide material from ribosomes *(ICS 98)*
b) Inhibiting the binding of mRNA to ribosomes
c) Inhibiting DNA polymerase
d) Inhibiting union of 60s and 40s lobes of ribosomes to form full ribosome

1637. Mechanism of action of chloramphenicol *is-(PGI 99)*
a) Preventing binding of t RNA to ribosome
b) Polypeptide elongation
c) Protein chain elongation
d) Inhibiting cell wall synthesis

AMINOGLYCOSIDES

1638. Mechanism of action of clindamycin is inhibiton of- *(AI 98)*
a) Protein synthesis b) DNA gyrase
c) Lysosomal enzyme d) Cell wall synthesis

1639. Intraperitoneal irrigation with which antibiotic(s) cause(s) a potentiation of the curare effect and results in respiratory distress - *(JIPMER 81, AMC 85)*
a) Kanamycin b) Neomycin
c) Choramphenicol d)Linomycin
e) Ampicillin

1640. Nerve deafness is caused by- *(AIIMS 85)*
a) Gentamycin b) Dihydrostreptomycin
c) Rifampicin d) Neomycin

1641. An aminoglycoside with an outstanding feature of being little or not affected by majority of inacti vating enzymes is- *(Kamat, 89, 95)*
a) Gentamycin b) Tobramycin
c) Amikacin d) Sisomycin

1642. Aminoglycoside which is not ototoxic- *(Jipmer 91)*
a) Tobramycin b) Amikacin
c) Netilmycin d) Gentamycin

1643. Which of the following is not a Aminoglycoside -
a) Cycloserine *(JIPMER 84, AMC 90)*
b) Framycetin
c) Amikacin
d) Paramomysin

1644. Which of the following aminoglycosides is not available for parenteral use? *(TN 95)*
a) Sisomycin b) Amikacin
c) Framycetin d) Gentamycin

1645. Which aminoglycoside can't be used as Anti TB drug- *(JIPMER 98)*
a) Gentamycin b) Amikacin
c) Tobramycin d) Streptomycin

1646. False about streptomycin- **(***TN98***)**
a) has poor bioavailability
b) has high urine clearance
c) extensively bound to plasma proteins
d) has poor enterohepatic circulation

1647. Mechanism of action of streptomycin- *(AI 99)*
a) Inhibition of translation
b) Inhibition of signal transduction
c) Inhibition of citric acid cycle
d) Inhibits mitochondria

1648. Mechanism of resistance to aminoglycosides-
a) Produces enzymes *(PGI 2000)*
b) Inactivation of RNA dependent DNA polymerase
c) Inactivation of RNA
d) Prevents chain elongation

1649. Streptomycin single dose is more effective than multiple small doses because it is - *(Jipmer 04)*
a) Concentration dependent lytic effect
b) Longer half life
c) Not dependent on renal clearance
d) Tubular secretion and reabsorption is more

1650. Gentamycin, the amino glycoside antibiotic produces nerve deafness by causing - (J & K 05)
a) Demyelination of 8th cranial nerve fibres
b) Thickening of ear drum
c) Destruction of auditory ossicles
d) Obstruction of mechanosensitive channels in the stereocillia of hair cells

1651. All are aminoglycoside antibiotics except -
a) Lincomycin b) Netilmycin *(MAHE 07)*
c) Framycetin d) Sisomycin

1631)a 1632) a,d 1633) d 1634)a 1635)a 1636)a 1637)a 1638)a 1639)a,b 1640)a,b,d 1641)c 1642)None 1643)a
1644)c 1645) a,c 1646)c 1647)a 1648)a 1649)a 1650)d 1651)a

1652. True about aminoglycoside is all except -
a) Are bacteriostatic *(AiimsMay08)*
b) Distributed only extracellularly
c) Excreted unchanged in urine
d) Teratogenic

1653. All are aminoglycoside antibiotics except -
a) Linocomycin b)Netilmycin *(Manipal 08)*
c) Framycetin d) Sisomycin

1654. Which of the following is not an adverse effect of aminoglycosides - *(DPGEE 08)*
a) Nephrotoxicity b) Ototoxicity
c) Hepatic damage d) Neuromuscular blokade

1655. Least nephrotoxic aminoglycoside is -*(Maharashtra 10)*
a) Amikacin b)Gentamycin
c) Streptomycin d) Netilmycin

1656. Aminoglycosides are used against following organisms except - *(PGI May 10)*
a) Staph, aureus b) Streptococci
c) E. coli d) Anaerobes
e) Salmonella typhi

U.T.I.

1657. The drug which acts by the release of formaldehyde in the urinary tract is - *(JIPMER 80, AIIMS81, 87)*
a) Ammonium chloride
b) Nalidixic acid
c) Nitrofurantoin
d) Methenamine mandelate

1658. Nalidixic acid is used in - *(Kerala 94)*
a) UIT b) Bacillary dysentry
c) Enteric fever d) Malaria

1659. Erythromycin acts on 50S ribosome by the inhibiting-
a) Translocation b) Translation *(PGMCET07)*
c) Transcription d) Secretion

ANTI-TUBERCULOSIS

1660. In tuberculosis, multidrug treatment is used for the following reason - *(JIPMER 90)*
a) Decrease drug resistance
b) Action at different level
c) Reduced complication
d) All of the above

1661. In the treatment of tuberculosis, corticosteroid therapy is indicated in all of the following except -
a) Progressive primary pulmonary tuberculosis
b) Miliary tuberculosis *(UPSC 98)*
c) Tubercular pericardial effusion
d) Tubercular meningitis

1662. Which of the following are indications of prophylactic anti tuberculosis therapy-
a) Infant of infectious parents *(JIPMER 86)*
b) Recent tuberculin convertes in 3 years
c) Patients on immunosuppression
d) Tuberculin positive adolescents
e) All of the above

1663. Which drug is most active against intracellular mycobacteria - *(PGI 89)*
a) Rifampicin b)Isoniazid
c) Ethambutol d) Pyrazinamide

1664. Bactericidal anti T.B. drug- **(***PGI87, UPSC 85)*
a) Streptomycin b)Gthambutol
c) Cycloserine d)Ethinomide
e) Pyrazinamide

1665. Antituberculur drug which crosses the blood brain barrier - *(Kerala 86, AP 85)*
a) Streptomycin b) Ethambutol
c) Cycloserine d) INH
e) Pyrazinamide

1666. Optic neuritis is caused by - *(TN89)*
a) INH b) SM
c) Rifampicin d) Ethambutol

1667. The drug causing peripheral neuropathy is -
a) Rifampicin b)INH *(AI91)*
c) Ethambutol d) Cycloserine

1668. INH is metabolied in the body by - *(Jipmer 93)*
a) Acetylation b) Conjugation
c) Hydroxylation d) Decarboxylation

1669. Flu like syndrome is a side effect of- *(Jipmer 93)*
a) PAS b) Rifampicin *(CUPGEE96)*
c) Pyrazinamide d) Streptomycin

1670. Resistance to drugs in Tuberculosis develops by -
a) Transduction b) Conjugation *(DELHI92)*
c) Transformation d) Mutation

1671. The least toxic antitubercular drug *is-(KERALA 90)*
a) Thiacetazone b) Cycloserine
c) Ethambutol d) Rifampicin

1672. Which of the following is not a side effect of Rifampicin- **(** *UPSC 8 7)*
a) Renal damage b) Jaundice
c) Purpura d) SGOT increase

1673. Safest drug in pregnancy is- *(AllIndia 95)*
a) INH b) Rifampicin
c) Ethambutol d) Streptomycin

1674. Which drug increases uric acid level- *(U.P 96)*
a) Pyrazinamide b) Rifampicin
c) INH d) Ethambutol

1675. Short course chemotherapy is not used in any of the following except - *(Kamat 96)*
a) HIV associated T.B.
b) Bone and joint T.B.
c) Central nervous system T.B.
d) T.B. lymphadenitis

1676. Steroids are indicated in - *(Kamat 96)*
a) Miliary T.B. b) T.B, Meningitis
c) T.B. Spine d) Endobronchial T.B.

1677. Neuropsychiatric side effect is a manifestation of - *(AI97, Kerala 97)*
a) Ethosuximide b) Cycloserine
c) Pyrazinamide d) Rifampicin

1652) a 1653) a 1654)c 1655)c 1656)d,e 1657)dl658)a 1659)a 1660)d 1661)a 1662)e 1663)d 1664)a,e 1665)b,c,d,e 1666)b,c,d 1667)b,c 1668)a 1669) b 1670) d 1671)c 1672)a 1673)a,b,c 1674) a,d 1675) b,c,d 1676)a,b 1677)b

1678. The following can be used as a second line antituberculous drug except- *(AI99)*
a) Kanamycin b) Cycloserine
c) Ofloxacin d) Thicytosine

1679. Which antitubercular drug metabolism is under genetic control - *(PGI2000)*
a) Rifampicin b)INH
c) Cyclosporine d)PZM
e) Kanamycin

1680. The most important factor which limits the use of the combination of isoniazid, rifampicin and pyrazinamide in tuberculosis patient is - *(UPSC 02)*
a) Ototoxicity
b) Nephrotoxicity
c) Bone marrow suppression
d) Hepatotoxicity

1681. The following drug penetrates into caseous necrosis inTB- *(JIPMER2002)*
a) INH b) Rifampicin
c) Pyrazinamide d) Streptomycin

1682. A 35 year old pilot has been detected to have pulmonary tuberculosis. Which one of the following should not be prescribed for him - *(UPSC 02)*
a) Isoniazid b) Ethambutol
c) Pyrazinamide d) Streptomycin

1683. Drug which is NOT used for TB and leprosy is -
a) Ofloxacin b) Rifampicin *(Kerala 03)*
c) Ethionamide d) None

1684. The anti tubercular drug safe in liver disease is -
a) INH b) Rifampicin *(UPSC 04)*
c) Ethambutol d) Pyrazinamide

1685. Patients suffering from multidrug resistant tuberculosis can be treated with all the following drugs except - *(AI 04)*
a) Tobramycin b) Amikacin
c) Ciprofloxacin d) Clarithromycin

1686. The following drugs are useful in the treatment of isoniazid poisoning - *(Karnataka 04)*
a) Pyridoxine b) Diazepam
c) Bicarbonate d) All of the above

1687. All of the following are complication of INH except -
a) Psychosis *(SGPGI05)*
b) Optic neuritis
c) Hepatitis
d) Peripheral neuropathy

1688. All of the following antimicrobial agents are bactericidal except - *(SGPGI05)*
a) Cephalexin b)Roxithromycin
c) Isoniazid d) Rifampicin

1689. Which of the following is most active against both Dormant & nondormant bacilli - *(AMU 05)*
a) Pyrazinamide b) Rifampicin
c) Streptomycin d) INH

1690. Which one of the following ant T.B. drugs is contraindicated in pregnancy - *(UPSC 05, Delhi 86)*
a) Rifampicin b) Isoniazid
c) Streptomycin d) Pyrazinamide

1691. Which one of the following anti tuberculosis drugs does not have bactericidal action - *(UPSC 05)*
a) Rifampicinb) Para-aminosalicylic acid
c) Pyrazinamide d) Isoniazid

1692. Which of the following Antitubercular Drugs inhibits mycotic acid synthesis - *(Orissa 05)*
a) Rifampicinb) Pyrazinamide
c) Ethambutol d) Cycloserine

1693. All are known side effects of INH except -
a) Hepatitis *(NIMHANS 06)*
b) Rash
c) Peripheral neuritis
d) Flu syndrome

1694. Treatment of mycobacteria avium complex is all except - *(APPG 2006)*
a) Ciprofloxacin b) Clarithromycin
c) Rifabutin d) Pyrizinamide

1695. Most common drug resistance in TB in India is found for - *(Corned 07, AI 89)*
a) INH b) Rifampicin
c) Streptomycin d) Ethambutol

1696. INH toxicity may cause the following except -
a) Psychosis *(UPSC-108)*
b) Nephropathy
c) Hepatitis
d) Peripheral neuropathy

1697. Cross resistance of isoniazid is seen with -
a) Rifampicin b) Ethionamide *(Aiims May 08)*
c) Cycloserine d) Ethambutol

1698. Which of the following antitubercular drug is prefer in severe liver disorder - *(UP 08)*
a) Streptomycin + Isoniazid
b) Streptomycin + Ethambutol
c) Isoniazid+Rifampicin
d) Rifamicin+Ethambutol

1699. Which of the following antimicrobial agents do not require reduction in dose in patients with renal failure- *(AI09)*
a) Rifampicin b) Fluconazole
c) Vancomycin d)Imipenem

1700. Ethambutol causes - *(DELHI PG Feb. 09)*
a) Retrobulbar neuritis b) Deafness
c) Red urine d) Peripheral neuritis

1701. Which of the following anti-tubercular drugs is associated with cross-resistance? *(Maharashtra 10)*
a) INH b) Rifampicin
c) Ethambutol d) None of the above

1702. True about ATT - *(PGINov. 10)*
a) Ethambutol readily cross BBB
b) Pyrazinamide is bacteriocidal for intracellular bacteria
c) INH does not has cross-resistance with other antitubercular drugs.
d) Resistance to rifampin is difficult to develop

1678)d 1679)b 1680)d 1681)b 1682)b 1683)d 1684)c 1685)a 1686)d 1687)a 1688)b 1689)d 1690)c 1691)b
1692)b 1693)d 1694)d 1695)a 1696)b 1697)b 1698)b 1699)a 1700)a 1701)a 1702)b,c

1703. Prolonged treatment with INH leads to deficiency of- *(All!)*
a) Pyridoxine b) Thiamine
c) Pantothenic acid d) Niacin

1704. Patients receiving INH therapy require supplementation with which of the following vitamins? *(UPSCI11)*
a) Thiamine b)Pyridoxine
c) Niacin d) Folic acid

ANTI-LEPROTIC

1705. The first line antileprosy drugs include all except- *(PGI78,Delhi 83)*
a) Dapsone b) Thiacetazone
c) Clofazimine d)Rifampicin

1706. One of the following is a side effect of clofazimine used in leprosy therapy- *(AI96)*
a) Hyperpigmentation
b) Erythema
c) Discoloration of body secretions
d) Macular rash

1707. Commonest side effect of Dapsone- *(PGI 97)*
a) Hemolytic anemia
b) Thrombocytopenia
c) Cyanosis
d) Bone marrow depression

1708. Dapsone is useful for treating all except - *(AP85)*
a) Leprosy b) Dermatitis Herpetiformis
c) Madura Foot d) Lymphoma

1709. Pigmentation & lcthyosis are side effects of-
a) Clofazamine b)Rifampicin *(AIIMS97)*
c) Minocycline d) Dapsone

1710. Minimal lethal dose of Dapsone in mice is -
a) 0.30 mg/dl b) 0.003mg/dl *(JIPMER 98)*
c) 0.3ng/dl d) 3ng/dl

1711. All of the following are used to treat leprosy except-
a) Ofloxacin b) Dapsone *(J & K O I)*
c) Clofazimine d) Pyrimenthamine

1712. Skin pigmentation occurs with which of the following drugs- *(PGI 01)*
a) Clofazimine b) Minocycline
c) Sulfonamides d)Gold
e) Rifampicin

1713. The most effective drug against M. leprae is -
a) Dapsone b) Rifampicin *(AI03)*
c) Clofazamine d) Prothionamide

1714. Adverse effect of dapsone includes - *(PGI Nov 09)*
a) Peripheral neuropathy b) Hemolytic anemia
c) Agranulocytosis d) Hepatitis
e) Methemoglobinemia

ANTI-FUNGAL

1715. Broad spectrum antifungal agent is - *(UP 07)*
a) Econazole b) Miconazole
c) Ketoconazole d) Clotrimazole

1716. Antifungal drugs include all except - *(PGI87 AI88)*
a) Miconazole b) Amphotericin B
c) 5-FU d) Flucytosine
e) Ketoconazole

1717. Econazole is useful for the treatment of all except
a) Tinea corporis *(AIIMS82)*
b) Histoplasma capsulatum
c) Cutaneous candidiasis
d) Tinea pedis

1718. Griseofulvin is not useful in one of the following-
a) Tinea capitis b) Tinea cruris *(Kerala 90)*
c) Tinea versicolor d) Tinea pedis

1719. Not used topically - *(AI 95)*
a) Nystatin b) Ketoconozole
c) Griseofulvin d) Miconazole

1720. Which is wrong about griseofulvin - *(AI 93)*
a) Antabuse like action
b) Fat increases absorption
c) Halflife-48hours
d) Increased Phenobarbitone absorption

1721. Intravenous amphotericin - B is the treatment of choice for - *(Orissa 90)*
a) Onychomycosis
b) Candidiasis
c) Cutaneous larva migrans
d) Disseminated forms of N. American blastom cosis

1722. Treatment of systemic fungal infection *is-(UPSC 88)*
a) Oral fluorocytosine + I/V amphotericin
b) I/V Fluorocytosine + I/V amphotericin
c) Oral miconzole + I/V amphotericin
d) I/V miconazole + I/V amphotericin

1723. Which is not useful in fungal infections- *(Kerala 94)*
a) Nystatin b) Clotrimozole
c) Gentian violet d)Ampicillin

1724. The drug used to treat epidermophyton infection is -
a) Nystatin b) Griseofiilvin *(IN95)*
c) Amphotericin B d) Salicylic acid

1725. Maximum endocrinal side effects are seen with -
a) Ketoconazole b) Fluconazole *(JIPMER*
c) Miconazole d) Nystatin *98)*

1726. All are true about Ketoconazole except -(.*MAHE 98)*
a) Antacids reduce absorption
b) Extensively metabolized
c) Highly protein bound
d) Rifampicin increases its activity

1727. Antifungal which is used orally only *\s-(CUPGEE 99)*
a) Fluconazole b) Clotrimazole
c) Itraconazole d) Econazole

1728. The antifungal antibiotic used intravenously for systemic mycosis is- *(TNPSC 2K)*
a) Griseofulvin b) Nystatin
c) Amphotericin d)Hamvein

1729. Which of the following antifungal drugs given orally is not useful in systemic fungal infections-
a) Griseofulvin b) Flucytosine *(Kerala 2K)*
c) Fluconazole d) Ketoconazole
e) Itrconazole

1703) a 1704) b 1705)b 1706)a,c 1707) a 1708) d 1709)a 1710)a 1711)d 1712)a,b,d 1713)b 1714)A11 1715)c
1716)c 1717) b 1718)c 1719)c 1720)c 1721)d 1722)a 1723)d 1724>b 1725)a 1726)d 1727)c 1728)c 1729)a

1730. MAO of amphotericin B - *(St. Johns 02)*
a) Acts on DNA
b) Acts on RNA
c) Acts on sterols in membrane
d) Alters protein synthesis

1731. Which of the following drug absorption is increased in Achlorhydria - *(Jharkand 03)*
a) Ketoconazole b) Penicillin
c) Chloramphenicol d) Ciprofloxacin

1732. True about of antifungal drug is all of the following except- *(Karnataka 04)*
a) Ketoconazole inhibits ergosterol synthesis
b) Ketoconazole causes adrenal insufficiency
c) Nystatin is used in Systemic disease
d) Fluoconazole is used in candidiasis

1733. Drug which is antifungal and anticancer *-(AMU05)*
a) Ketoconazole b) Flucytosine
c) 5-Flurouracil d) Cytosine arabinoside

1734. Amphotericin should be administered in- *(COMEDK05)*
a) Glucose infusion b) Mannitol infusion
c) Saline infusion d) Ringer lactate infusion

1735. Which one of the following antifungal agents is used only intravenously - *(UPSC05)*
a) Fluconazole b) Amphotericin
c) Miconazole d) Ketozonazole

1736. Patients on amphotericin 'b' therapy may develop signs and symptoms of deficiency of one of the cations. The cations is - *(Karnat 05)*
a) Sodium b) Potassium
c) Magnesium d) Calcium

1737. Treatment of choice of cryptococcus neoformans -
a) Amphoterecin B b) INH *(HP06)*
c) Ketoconazole d) Metronidazole

1738. Amphotericin may be administered mixed in any of the following EXCEPT - *(Corned 0 7)*
a) Glucose infusion b) Mannitol infusion
c) Saline infusion d) Lipid-complex (ABLC)

1739. Which of the following drugs is not an antifungal agent- *(AI08)*
a) Ciclopiroxolamine b) Ketoconazole
c) Undecylenic acid d) Clofazimine

1740. Which drug would treat both dermatophysis and candidal infection ? *(A iims May 08)*
a) Ketoconazole b) Griseofulin
c) Nystatin d) Tolnafet

1741. Liposomal amphotericin B has the following advantage over conventional amphotericin B:
a) Lesser nephrotoxicity *(DELHIPG Feb. 09)*
b) Lesser cost
c) Absence of infusional toxicity
d) Once a week administration

1742. Voriconazole is not effective against *-(AIIMSNov 09)*
a) Aspergillosis b) Mucormyocosis
c) Candida albicans d) Candida tropicalis

1743. Amphoterecin B toxicity can be lowered by -
a) Giving it with glucose *(AI 10)*
b) Decreasing the dose
c) Using liposomal delivery systems
d) Combining with flucytosine

1744. Amphotericin B treatment madates the monitoring of which of the following electrolytes - *(AI 11)*
a) Na^+ b) Ca^{2+}
c) K^+ d) Mg^{2+}

ANTI-VRAL

1745. The analogue for bromodeoxyuridine is - *(A196)*
a) Adenine b) Guanine
c) Cytosine d) Thymine

1746. The antiviral drug 5-iodo-2 deoxy uridine- *(IDU)* **inhibits the synthesis of -** *(KARNA T 98)*
a) DNA b)RNA
c) DNA and RNA d) None of the above

1747. The following are side effects of interferons except-
a) Hypertension b) Prostration *(PGI88)*
c) Fever d) Hepatitis

1748. Ganciclovir is most effective against which viral infection - *(AIIMS 8 7)*
a) Herpes simplex I b) Herpes simplex II
c) Vericella Zoster d) Cytomegalovirus

1749. Interferon 3 to 5 million units thrice a week for three to six months is useful in the treatment of-
a) Wilson's disease *(ICS 98)*
b) 1- antitrypsin deficiency
c) Chronic hepatitits B
d) Chronic autoimmune hepatitis

1750. Amantidine an antiflu drug is useful in *-(NIMHANS*
a) Acromegaly b) Interstitial lung disease *88)*
c) Parkinsonism d) Toxoplasmosis

1751. The contraindications of amantadine include all except - *(PGI80, AMU88)*
a) Peptic ulcer b) Severe renal disease
c) History of convulsion d) Pregnancy

1752. Antiviral drugs are- *(PG 90)*
a) ketoconazole b) Amantidine
c) Acyclovir d)Flucytosine

1753. The following drug blocks the action of reverse transcriptase in HTV infection (AIDS) - *(AIIMS 88)*
a) Azathioprine b) Zidovudine
c) Cyclophosphamide d)Adriamycin

1754. Hie following is a side effect ofDidanosine-^4/ZMS^r *91)*
a) Mycarditis b) Pancreatitis
c) Aplastic anemia d) Seizures

1755. Which is not an antiviral drug - *(Keala 94)*
a) vidarbine b) acyclovir
c) zidovidin d) mitomycin

1756. Primary mechanism of action of Zidovudin is -
a) Proliferation of B & T cells *(Kam. 94, PGI99)*
b) Inhibition of transcriptase
c) Activation of macrophages
d) Stimulation of lymphokines

1730)c 1731)a 1732)c 1733)c,d 1734)a 1735)None 1736)b 1737)a 1738)c 1739)d 1740)a 1741)a 1742)b 1743)c>d 1744)c>d 1745)d 1746)a 1747)a,d 1748)d 1749)c 1750)c 1751)b 1752)b,c 1753)b 1754)b 1755)d 1756)b

1757. Drug of choice in acute bronchiolitis is - *{AI96, PGI98)*
a) Acyclovir b) Ribavarin
c) Vidarabine d) Interferon

1758. Side effect of zidovudine in AIDS patients is -
a) Megaloblastic anemia *(AIIMS 98)*
b) Peripheral neuropathy *
c) Marrow suppression
d) Pancreatitis

1759. Amantadine- *{PGI98)*
a) Inhibits DNA b) Inhibits mRNA
c) Inhibits tRNA d) Inhibits rRNA

1760. Idoxuridine- **(***Karnat 99)*
a) Is an analogue of thymidine
b) Is too toxic for routine systemic use
c) Inhibits the replication of somema-containing viruses by causing the synthesis of fraudulent visral protein
d) Is useful as topical treatment for herpes simplex infection of the skin and cornea

1761. Which of the following antiviral drugs cannot be given orally- *{Kerala 2K)*
a) Zidovudine b) Zalcitabine
c) Acyclovir d) Iodoxuridine
e) Amantadine

1762. Protease inhibitors are- *(PGI 02)*
a) Saquinavir b) Nevirapine
c) Nelfinavir d)Abacavir
e) Efavirenz

1763. AZT has following side effects except- *(PGI2000)*
a) i platelet b) Megaloblastic anemia
c) Pancreatitis d) Cardiomyopathy

1764. Mechanism of Acyclovir resistance - *(PGI2000)*
a) Thymidine kinase
b) DNA - dependent RNA polymerase
c) *i* spectrum
d) *X* Side effects

1765. Zidovudine given for HTV in preganancy because -
a) Decreases chance of vertical transmission
b) Decrease severity of infection in mother *(PGI 99)*
c) Decrease severtiy of infection in new bom
d) Cause no benefit

1766. Which is a protease inhibitor- *{NIMHANS 01)*
a) Azothymidine b)Zidovidine
c) Squanavir d) Acyclovir

1767. Nucleoside reverse transcriptase inhibitors -
a) Lamivudine b) Zalcitabine *(PGI04)*
c) Nevirapine d) Ticlopidine
e) Delaveridine

1768. Which of the following is not a nucleoside reverse transcriptase inhibitor - *(AI 04)*
a) Zalcitabine b) Lamivudine
c) Nevirapine d) Didanosine

1769. The antiretroviral drug which is also effective in chronic active hepatitis-B infection is - *(Kam 04)*
a) Zidovudine b) Nelfinavir
c) Efacirenz d) Lamivudine

1770. Nucleoside analogues used in the treatment of HIV infection include - *(Karnataka 04)*
a) Indinavir b)Nevirapine
c) Didanosine d) Efavirenz

1771. Which is not used as a antiherpes drug - *(AMU 05)*
a) Acyclovir b) Nelfinavir
c) Ganciclovir d) Foscamet

1772. Which of the following will be optimum treatment in a patient of chronic hepatitis B whose serum AST levels are arised - *(MAHA 05)*
a) Lamivudine b) Lamivudine + interferons
c) Immunoglobulins d) Interferons

1773. Drug safe in pregnancy with HIV infection is -
a) Zidovudine b) Indinavir *(Orissa 05)*
c) Lamuvidine d) All of the above

1774. Resistance to zidovudine develops due to - *(AIIMS May 05)*
a) Mutations at reverse transcriptase
b) Increased efflux of the drug from inside the cell
c) Increased metabolism of the drug
d) Decreased zidovudine 5 triphosphate formation

1775. All of the following drugs are protease inhibitors except- *(AI 06)*
a) Nelfinavir b) Saquinavir
c) Abacavir d) Ritonavir

1776. Nevirapine is a - *(AI 05, 06, 07)*
a) Protease inhibitor
b) Nucleoside reverse transcriptase inhibitor
c) Non-nucleoside reverse transcriptase inhibitor
d) Fusion inhibitor

1777. Complications of Zidovudine - *(PGI June 06)*
a) Nausea & Vomiting b) Anemia
c) Steatosis

1778. Which one of the statements is false regarding adefovir dipivoxil ? - *(Karnataka PGMEE2006)*
a) Acyclic nucleotide analogue
b) Well tolerated orally
c) Used in chronic hepatitis C infection
d) Used in anti-retroviral therapy

1779. All the following anti-retroviral drugs produce dyslipidemia except - *(Kamakata-PGMEE 2006)*
a) Atazanavir b) Saquinavir
c) Amprinavir d) Nelfinavir

1780. The recommended drug for the prophylaxis of influenza A and B is - *(Corned 08)*
a) Acyclovir b) Ganciclovir
c) Amantadine d) Foscamet

1781. False about protease inhibitors in HIV is -
a) They are powerful enzyme inhibitors
b) Of all the protease inhibitors saquinavir is the most powerful inhibitor of CYP3 A4 *(AIIMSNov 07)*
c) They cause hepatic toxicity
d) All protease inhibitors are substrates for P glycoprotein coded by MDR gene

1757) b 1758) a 1759)d 1760)a,b,d 1761)d 1762)a,c 1763)c 1764)a 1765)a 1766)c 1767)a,b 1768)c 1769)d 1770)c 1771)b 1772) a 1773)a 1774)a 1775)c 1776)c 1777)a,b,c 1778)c 1779)a 1780)c 1781)b

1782. AZT, DDI, HAART are combination of three drugs are used in AIDS acts by - *(UP 08)*
a) Inhibitory effects on viral DNA
b) Nucleoside reverse transcriptase inhibitors
c) Inhibit the synthesis of group 24
d) P53 anti - apoptotic molecule synthesis

1783. Which of the following HIV drug inhibit drug metabolizing enzymes - *(PGI Dec 08)*
a) Ritonavir b)Lamivudine
c) Nevirapine d) Delavirdine
e) Enfuvirtide

1784. Peripheral neuropathy is limiting factor in use of -
a) Zidvudine b) Stavudine *(PGI June 09)*
c) Efavirenz d) Zalcitabine
e) Nevirapine

1785. The basis of combining ritonavir with lopinavir is - *(DELHIPG Feb. 09)*
a) Pharmaceutical compatibility
b) CYP3 A4 inhibition by ritonavir
c) Long elimination half life of ritonavir
d) Ability to couteract side-effects of lopinavir

1786. Which one of the following is a nucleotide reverse transcriptase inhibitor ? *(UPSC-109)*
a) Ritonavir b) Indinavir
c) Tenofovir d) Nelfinavir

1787. Which of the following combination (s) is/are false-
a) Oral valacyclovir - DOC for herpes zoster
b) Cidifovir - CMV retinitis *(PGI Nov 09)*
c) Ribavarin - chronic HBV infection
d) Valganicyclovir - >90% oral bioavailability
e) Fomivirsen-An antisense oligonucleotide for treatment of CMV retinitis

1788. Adverse effect (s) of Foscarnet includes all except-
a) Hypercalcemia b) Hyperkalemia *(PGINov 09)*
c) Hypocalcemia d) Hypokalemia
e) Penile ulcer

1789. SNRI is/are - *(PGI Nov 09)*
a) Escitalaprom b) Venlafaxine
c) Mirtazepine d) Duloxetine
e) Parmexetine

1790. Integrase inhibitors approved for HIV is - *(AI11)*
a) Raltegravir b) Indinavir
c) Lopinavir d) Elvitegravir

1791. Not effective in herpes zoster - *(PUNJAB 11)*
a) Acyclovir b) Valacyclovir
c) Ganciclovir d) Famciclovir

ANTI-MALARIAL

1792. Which of the following statements anout antimalarial drugs is/are correct - *(UPSC 86)*
a) A standard course of treatment with chloro quine will prevent relapses of vivax malaria
b) The 4- amonoquinolines are no longer useful for malaria prophylaxis
c) Primaquine is the antimalarial drug of choice for perosns with glucose-6- phosphate dehydro genase deficiency
d) Pyrimethamine or trimenthoprim in combination with a sulfonamide has been used successfully to treat chloroquine resistant falciparum malaria

1793. Halofantrine is used in the treatment of -
a) Plasmodium falciparum b)AIDS *(AIIMS97)*
c) Leprosy d) Toxoplosmosis

1794. Chloroquine in large doses causes- *(AP97, 04)*
a) Irreversible retinopathy b) Cataract
c) Corneal deposits d) Glaucoma

1795. The aim of Radical treatment of falciparum malaria is - *(AIIMS91)*
a) Transmission prevention
b) Resistant ffoms are eliminated
c) Compliations are pervented
d) Exo-Erythrocytic cycle is eliminated

1796. Drug of choice for cerebral malaria is - *(PGI 93)*
a) Metkalfin b) Quinine
c) Chloroquine d) Primaquin

1797. The half life of chloroquine is- *(AIIMS 81, UPSC 83)*
a) 6 hours b) 7 days
c) 12 hours d) 24 hours

1798. Primaquine has no role in infection *with-{AIIMS 78, UPSC 84)*
a) P. vivax b) P.falciparum
c) P. malariae d) P. ovale

1799. Malarial relapse is due to - **(***JIPMER 95)*
a) Sporozoites b) Hypnozoites
c) Merozoites d) Trophozoites

1800. Chloroquine cause exacerbation of- *(AI91)*
a) Malaria b) Psorisasis
c) DLE d)Photosensitivity

1801. Chloroquine is used in the treatment of - *(AI89)*
a) DLE b) Pemphigus
c) Psoriasis d) Nummular eczema

1802. Radial cure ofplasmodium vivax is by- *(PGI86)*
a) Quinine b) Chloroquine
c) Proguanil d) Primaquines

1803. Primaquine sensitivity is due to def!ciency-(vlPSS)
a) cholinesterase
b) pseudocholinesterase
c) glucose 6 phosphates
d) Glucose-6 phophate dehydrogenase

1804. Side effects of chloroquine is/are- **(***PGI 89)*
a) Retinopathy b)Arrythmias
c) Ataxia d) Tranquision

1805. Chloroquine is used in all except - *(TN91)*
a) Intestinal amoebiasis b) Hepatic amoebiasis
c) DIE d) Malaria

1806. Which drug is used to treatP.Vivax in pregnancy- *(AIIMS 91)*
a) Quninine b) Chloroquin + Proguanil
c) Chloroquin d) Chloroquin + Pyrimethamine

1782) b 1783) a,d 1784)b,d 1785)b 1786)c 1787)c,d 1788)b 1789)b,d 1790)a 1791)c 1792)d 1793)a
1794) a 1795) a 1796)b 1797)b 1798)b 1799)b 1800)b 1801)a 1802)d 1803)d 1804)a,bl805)a 1806)c

1807. Primaquine is not a - *(AIIMS 92)*
a) Primary tissue Schizonticidal
b) Secondary tissue Schizonticidal
c) Gametocidal
d) Sporozoiticidal

1808. Dose of Chloroquine for infants under NMEP is -
a) lOmg b)50mg *(AIIMS92)*
c) 60 mg d)75mg

1809. Treatment for chloroquine resistant plasmodium falciparum infection is- *(Kerala 95)*
a) Pyrimethamine b) Primaquine
c) Fancidar d)all

1810. Chloroquine in malaria acts on- *{Kerala 95)*
a) Erythrocytic cycle b) Exo erythrocytic cycle
c) liver d) schizonts

1811. The drug active against malarial sporozoites -
a) Proguanil b) Chloroquine *(AI95)*
c) Pyrimethamine d) Quinine

1812. Long term use of chloroquine does not lead to -
a) lichenoid eruptions *(All India 95)*
b) visual; deterioration
c) T-Wave changes in EKG
d) Weight gain

1813. Chloroquine is cidal to - *(AIIMS }95)*
a) Tissue schizonts b) Merozoites
c) Blood schizonts d) Gemetocytes

1814. Volume of distribution (Vd) for chloro quine is -
a) 5-8L b) 9-15L *(KarnOl)*
c) 100-650L d) above 1300L

1815. Druge safely given in pregnancy-(PG7 *02, Karn 94)*
a) Antifolate b) Quinine
c) Chloroquine d) Primaquine
e) Tetracycline

1816. Quinine given to a patient of falciparum malaria caused sweating and palpitation, the likely cause is- *(PGI99)*
a) Cinchonism b)Hyperglycemia
c) Hypoglycemia d) Hypokalemia

1817. Mefloquine should not be used with - *(PGI98)*
a) Quinine b) Verapamil
c) Ajmpicillin d) Aspirin

1818. Antimalarial of choice in a pregnant woman (1 timester) who is chloroquine resistant is-
a) Quinine *(JIPMER2002)*
b) Proguanil
c) Dapsone & pyrimethamine
d) Mefloquine

1819. Primaquine is used to treat Falciparum malaria in order to - *(UPSC 02)*
a) Prevent transmission b) Prevent relapse
c) Hasten recovery d) Protect liver

1820. Pyronaridine is- *(AIIMS 03)*
a) Antimalarial b) Anti-HIV
c) Antifungal d) Antibacterial

1821. Chloroquine toxicity manifests as all except -
a) Myopathy b) Retinopathy *{APPGE 04)*
c) GI bleed d) Hypertension

1822. Which of the following antimalarial is a slow acting schizontocide -
a) Artemether b) Mefloquine
c) Pyrimethamine d) Quinine

1823. Which of the following drug is contraindicated in pregnancy ? - *(APPG 2006)*
a) Chloroquine b) Primaquine
c) Quinine d)Amidoquine

1824. Chloroquine resistant malaria is treated by all except- *(Manipal 2006)*
a) Quinine b) Proguanil
c) Mefloquin d) Halofantrin

1825. Anti-malarial which causes neuropsychiatric side effects- *(PGMCET 07)*
a) Mefloquine b) Quinine
c) Artemisin d) Artesunate

1826. Artemisin is discontinued because of its which of the following side effect - *(PGMCET 0 7)*
a) Hemolysis
b) Hypoglycemia
c) Rapid recrudescence
d) Neuropsychiatric features

1827. Which of the following drugs will not precipitate folate deficiency - *(AI09)*
a) Alcohol b) Chloroquine
c) Sulfasalazine d) Phenytoin

1828. Treatment of choice for severe falciparum malaria is- *(AI09)*
a) Chloroquine b) Intravenous artesunate
c) Intravenous quinine d) Intravenous quinidine

1829. Most common side effect of artemisin is -
a) Nausea b) Vomiting *(PGI Nov 09)*
c) Diarrhoea d) Bone marrow suppression
e) Pigmentation

1830. Drug of choice for severe malaria is - *(PUNJAB 11)*
a) Artesunate b) Quinine
c) Mefloquine d) Chloroquine

1831. A patient who was given primaquine develops dark coloured urine one day after administration of the drug. The likely diagnosis is - *(AI 11)*
a) Glucose -6 phosphate dehydrogenase deficiency
b) Glucose -6 phosphate deficiency
c) Galactose -6 phosphate dehydrogenase deficiency
d) D. Galactose -6 phosphatase deficiency

ANTI-AMOEBIC

1832. Which is not cysticidal for entamoeba - *{PGI93)*
a) Paramomycin b) Chloroquine
c) Tetracycline d)Diloxanide

1833. Intraluminal amoebicide of choice is-
a) Metronidazole *{PGI87, AIIMS87, UPSC88)*
b) Diloxanide furoate
c) Chloroquine
d) Tetracycline
e) Quinidochlor

1807) None 1808)d 1809)b,c 1810)a 1811)a,c 1812)d 1813)c 1814)c 1815)c 1816)c 1817)a 1818)a 1819)a
1820) a 1821) d 1822)c 1823)b 1824)b 1825)a 1826)c 1827)b 1828)b 1829)a,b,c 1830)a 1831)a 1832)b 1833)b

1834. Side effect of Diloxanide furoate is - *(AIIMS 88)*
a) Flatulance b) Constipation
c) Vomitting d) Pruritus
e) Gastritis

1835. Iodohydroxy quinoline causes- *(UPSC 82, 85)*
a) Jaundice b) Diarrhoea
c) Fibrosing alveolitis d) Eye defects

1836. All are used in treatment of amoebic liver abscess except- *(Manipal 08)*
a) Diloxanide furoate b) Chloroquine
c) Metronidazole d) Emetine

ANTI HELMINTHS

1837. Invermectin is used in the treatement *of-(AIIMS 79)*
a) Schistosomiasis b)Filariasis
c) Ascarisasis d) Strongyloidosis

1838. Antihelminthic which acts by flaccidly paralysis of worms is- **(***AI89)*
a) Piperazine b)Bephenium
c) Pyrantel d)None

1839. Drug of choice in Guinea worm infestation is -
a) Metronidazole b) Mebendazole *(AIIMS 84)*
c) Niridazole d)Hetrazan

1840. Drug of choice for cutaneous larva migrans is -
a) Mebendazole b) Niridazole
c) Hetrazan d) Thiabendazole

1841. Drugs used in cysticercosis- **(***PGI88)*
a) Praziquantal b) Metronidazole
c) Niclosamide d) Pyrantel

1842. Levamisole is used as all except - *(PGI89)*
a) Single dose in ascariasis
b) Immunostimulant
c) Paralysis of worms by depolarisation
d) Immuno depressant in high doses

1843. Niclosemide is not effective for treatment of -
a) T. Saginata b) T. Solium *(Kerala 91)*
c) D. Latum d) Echinococcus granulosum

1844. Mebendazole is used in the treatment of all except-
a) Hookworm b) Trichuris trichura *{AIIMS 91)*
c) Roundworms d) Strongyloides

1845. Mebendazole is effective against all except -
a) Strongyloides b) Trichuris *(AIIMS92)*
c) Ascaris d) Ancylostoma

1846. False regarding mebendazole - *(AIIMS 94)*
a) It is broad spectrum
b) Can be used in pregnancy
c) Effective against both larva and adults
d) Decreased bioavailability when given orally

1847. Drug used in Cysticecosis are all, except -
a) Niclosemide b) Praziquental *(AIIMS 96)*
c) Albendazole d) Flubendazole

1848. Neurocysticercosis all can be given except -
a) Albendazole b) Prazequantel *(JIPMER 98)*
c) Niclosemide d) Ivermectin

1849. Albendazole is not used for- *(AIIMS 97)*
a) Cysticercosis b) Schistosomiasis
c) Ascariasis d) Thread worm

1850. Pyrantel pamoate is effective in both- *(Kerala '97)*
a) Amoebiasis and trichuriasis
b) Enterobius and ascariasis
c) Amoebiasis and strogyloides
d) Taenia solium and ascariasis

1851. DEC is preferred over Ivermectin inWuchereria scortal filariasis because- *(AI 99)*
a) DEC kills mecrofilaria and is more effective than ivermactin
b) DEC kills adult and is more effective than ivermactin
c) DEC kills microfilaria and adult and is more effective than ivermectin
d) Ivermectin is more effective in adult and DEC more effective in microfilaria

1852. Drug effective for most trematodes and many cestodes- *(TN89)*
a) Praziquental b) Pirenzipine
c) Niclosamids d) Pyrantel palmoate

1853. DOC in tapeworm infestation - *(PGI98)*
a) Niridazole b) Niclosamide
c) Albendazle d) Praziquantel

1854. Mebendazole is effective for following except -
a) Cysticercosis b) T.trichuria *(PGI 97)*
c) Trichinella d) Ascaris

1855. Broadspectrum Antihelminthes - *(PGI04)*
a) Niclosamide b) Praziquantel
c) Albendazol d)Mebendezol
e) Pyrantel pamote

1856. Crusted scabies is caused by sarcoptis scabei Ivermectin is used to treat it. It acts by following neurotransmitter - **(***UPPGMEE 04)*
a) Acetylcholine b) Adrenaline
c) Noradrenaline d) GABA

1857. Round worm infection is best treated with -*(UP 07)*
a) Metronidazole b) Mebendazole
c) Albendazole d) Pyrantel pamoate

1858. Praziquantel is an effective drug to treat the following conditions except - *(UPSC-108)*
a) Schistosomiasis b) Cysticercosis
c) Hydatid disease d) Trichinosis

1859. Ivermectin is used in all except - *(Jipmer 10)*
a) Malaria b) Filariasis
c) Onchocerciasis d) Ascariasis

1860. Anti helminthic contraindicated in epilepsy patients-
a) Pyrantel pamoate b) Albendazole *(Jipmer 11)*
c) Piperazine d) DEC

ANTI-PSEUDOMONALS

1861. The following are a ureidopenicillins except-
a) Aztapenicillin b) Mezlopenicillin *(TN89)*
c) Piperacillin d) Carbenicillin

1834) a,b 1835) d 1836) a 1837) b,d 1838) a 1839) a 1840) d 1841) a 1842) d 1843) d 1844) d 1845) a 1846)b 1847) a 1848) c,d 1849)b 1850)b 1851)c 1852)a 1853)d 1854)a 1855)c,d 1856)d 1857)b,c 1858)d 1859)a 1860)c 1861)d

1862. The penicillin that is effective against proteus and pseudomonas aeruginosa is - *(AIIMS 86)*
a) Ampicillinb) Cloxacillin
c) Amoxycillin d) Carbenicillin

1863. Which one of the following anbtibiotics is not effective against pseudomonas aeruginosa -
a) Cefatazidime b) Piperacillin *(UPSC04)*
c) Vanomycin d)Aztreonam

1864. Which one of the following drugs is an antipseudomonal penicillin ? *(AI06)*
a) Cephalexin b) Cloxacillin
c) Piperacillin d) Dicloxacillin

MISCELLANEOUS

1865. Spectinomycin is not effective in which gonococcal infection - *(JIPMER 81)*
a) Urethritis
b) Anorectal gonorrhea
c) Gonococcal pharyngitis
d) Arthritis

1866. An organism which has a tendency to infect patients receiving cephalosporins is - *(AIIMS 88)*
a) Escherichia coil b) Salmonella
c) Pseudomonas d) Mima Herellea

1867. Erythromycin is the drug of choice in the treatment of childhood infection due to the following organisms except - *(UP 97)*
a) Pertussis
b) Mycoplasma pneumoniae
c) Pneumocystis carini
d) Chlamydia trachomatis

1868. What antibiotic therapy results in superinfection-
a) Tetracycline *(NIMHANS 88)*
b) Gentamycin
c) Chloramphenicol
d) Streptomycin

1869. Probenecid excretion is increased by -*(Kerala 94)*
a) Penicillin b) Cephalosporin
c) $NaHC0_3$ d) Tetracyclin

1870. Drug which is commonly used in Renal dysfunction- *(IN 89)*
a) Tetracycline b) Doxycycline
c) Oxytetracycline d) Minocycline

1871. Which of the following drug can be used without reducing the dosage in renal failure - *(AI 91)*
a) Cefaclor b) Rifampicin
c) Erythromycin d) Tetracycline

1872. Which is true of Bacitracin- *(Jipmer 91)*
a) Poly peptide
b) Systemic antifungal
c) Derived from bacteria
d) Effective against gram negative organism

1873. Which antibiotic is preferably not used in myasthenia gravis? *(PGI81)*
a) Cephalosporins b) Tetracyclines
c) Erythromycin d) Streptomycin

1874. Enterohepatic circulation is seen in- *(TN97)*
a) Ampicillin b) Benzylpenicillin
c) Norfloxacin d) Streptomycin

1875. Pick the true statement- *(Chandigarh Dec '96)*
a) Amox: Clavalunic, Clavalunic increases amox.activity
b) Sulbactum is used in treatment of Leprosy
c) Aztreonam is a metabolite of clarethromycin
d) Cilastatin imipenam-cilastatin prevents hydrolysis of imipenam

1876. In renal disease, dose of the following need to be reduced, except: *(AIIMS '97)*
a) Doxycycline b) Clindamycin
c) Vancomycin d) Chloramphenicol

1877. In a CRF patient does is reduced for all except -
a) Polymyxin-B b) Vancomycin *(MP 98)*
c) Amoxycillin d) Gentamycin

1878. Creatinine clearance < 30 ml/min. Drug which requires dose reduction is all except- *(AIIMS 98)*
a) Rifampicin b) INH
c) Kanamycin d)Ethambutol

1879. DNA gyrase inhibitor - *(JIPMER99)*
a) Tetracyclines b) Quinolones
c) Monobactums d) Erythromycin

1880. A patient on terfenadine for the allergy developed arrythymia on starting treatment for upper respiratory infection. The antibiotic used could be- *(AIIMS 99)*
a) Erythromycin b) Amoxycillin
c) Co-trimoxozole d)Cephalex

1881. Which antibiotic causes Torsade-de-pointers ?
a) Erythromycin b) Griseofulvin
c) Ciproflaxin d) Amoxicilin *(Burdwan 2K)*

1882. Which of these antibiotics are safe in renal failure-
a) Cephalexin *(PGI 02)*
b) Tetracycline c) Nitrofurantoin
d) Gentamicin e) Doxycycline

1883. Drugs useful for treatment of H.pylori are-
a) Bismuth sulphate *(PGI2000)*
b) Tetracycline c) Metronicazole
d) Ranitidine e) Albendazole

1884. Drug contraindicated in infectious mononucleosis is - *(PGI 99)*
a) Ampicillin b) Doxycycline
c) Atropine d) Gentamicin

1885. Macrolide antibiotic which causes minimal hepatic cytochrome 450 involvement is-*(Kerala 03)*
a) Erythromycin b) Roxithromycin
c) Azithromycin d)None

1886. Which of the following drug acts on "motilin" receptors - *(SGPGI04, MP 2K)*
a) Erythromycin b) Tetracycline
c) Norfloxacin d) Chloramphenicol

1887. The antibiotic known to cause "Red Man" syndrome is- *(Karnataka 04)*
a) Clindamycin b) Cefadroxil
c) Vancomycin d) Azithromycin

1862)d 1863) c 1864)c 1865)c 1866)c 1867)c 1868)a,c 1869)None 1870)b 1871)c 1872)a,c 1873)d 1874)a 1875)d 1876) a,d 1877) a 1878) a 1879)b 1880)a 1881)a 1882)e 1883)a,b,c,d 1884)a 1885)c 1886)a 1887)c

1888. All of the following drugs are indicated in the treatment of MRS A except - (*SGPGI05)*
a) Ciprofloxacin b)TMP-SMZ
c) Vancomycin d) Oxacillin

1889. Which one of the following is best associated with Lumefantrine - *(AI05)*
a) Antimycobacterial b) Antifungal
c) Antimalarial d) Antiamoebic

1890. Which of the following does NOT increase neuromuscular blockade - *{Corned 08)*
a) Clindamycin b)Lincomycin
c) Streptomycin d) Erythromycin

1891. Orange coloured urine is due to - *(AI07)*
a) Rifampicin b)INH
c) Pyrazinamide d) Ethambutol

1892. Anthraquinones cause - *(MAHE 07)*
a) Adenoma b) Lung Ca
c) Bladder CA d) CA Oesophagus

1893. All the drugs are used in treatment of enteric fever except - *(MAHE07)*
a) Vancomycin b) Cefoperazone
c) Refampicin d) Azithromycin

1894. Discolouration of the teeth seen in following intake- *(UP 07, 03)*
a) Tetracyclines b) Chloramphenicol
c) Minocycline d)Lymecycline

1895. Which of the following is an antipseudomonal penicillin ? *(AI08)*
a) Piperacillin b) Amoxycillin
c) Oxacilline d)Nafcillin

1896. Which of the following drugs is not given in enteric fever- *(AI08)*
a) Amikacin b) Co-trimoxazole
c) Ciprofloxacin d) Ceftriazxone

1897. Drug not used in H. pylori - *(AiimsMay08)*
a) Metronidazole b)Omeprezole
c) Mosapride d) Amoxicillin

1898. All the drugs are used in treatment of enteric fever except - *(Manipal 08)*
a) Vancomycin b) Cefoperazone
c) Rifampicin d)Azithromyin

1899. About silver sulfadiazine which of the following is true-
a) Penetrate sore *(PGI Dec 08)*
b) Bacteriostatic
c) Thrombocytopenia occur as a S/E.
d) Adverse reactions are frequent
e) Systemic absorption may occur

1900. C YP 3 A inhibitors is/are - *(PGI June 09)*
a) Ritonavir b)Amiodarone
c) Verapamil d) Rifampin
e) Barbiturates

1901. mutational drug resistance is/are seen in -
a) Rifampin - Staphylococcus aureus
b) Multi drug resistant - Mycobacteria
c) Fluoroquinolones-S.typhi *(PGI June 09)*
d) Tetracyclin-Vibrio chloreae
e) lactam Enterococus

1902. Synegistic action is used in - *(PGI June 09)*
a) Enterococcal endocarditis
b) Viridans streptococcal endocarditis
c) Pencillin + Erythromycin - Gr. A streptococci
d) Carebencillin/ticarcillin + gentamicin - pseudomonas infection
e) Pencillin + Tetracycline/ chloramphenicol - pneumococci

1903. Which of the following statements is not true about tacrolimus - *(Manipal 09)*
a) It is a macrolide antibiotic
b) It is indicated for the prophylaxis of organ transplant rejection
c) Glucose intolerance is a well recognized side effect
d) It can be safely administered with any nephrotoxic drug

1904. A post-operative patient developed septicemia and was empirically started on combination chemotherapy by a new resident doctor. However, when the patient did not respond even after 10 days of antibiotics treatment, the review of the charts was done. It was found that the resident doctor had started the combination of antibiotics which was mutually antagonistic in action. Which one of the following is the most likely combination that was given -
a) Vacomycin and amikacin *(Manipal 09)*
b) Cephelexin and gentamicin
c) Ampicillin and chloramphenicol
d) Ciprofloxacin and piperacillin

1905. Which of the following drugs is effective against Pseudomonas infection ? *(DELHI PG Feb. 09)*
a) Ampicillin b) Ceftriaxone
c) Colistin d) Cefixime

1906. Imipenem is co-administered with cilastin because:
a) Cilastatin aids the gastrointestinal absorption of the active moiety, imipenem *(UPSC-109)*
b) Cilastatin inhibits (3-lactamase that destroys imipenem
c) Cilastatin inhibits an enzyme in the kidney that destroys imipenem
d) Cilastatin prevents the hypoprothrombotic effect of imipenem

1907. Erythromycin is given in decreased bowel motility because - *(AIIMS Nov 09)*
a) It increases bacterial count
b) It decreases bacterial count
c) It binds to adenyl cyclase
d) It binds to motilin receptor

1908. All of the following drug is CYP3A inhibitor except - *(AIIMS May 10)*
a) Erythromycin b) Itraconazole
c) Ritonavir d) Saquinavir

1909. Which of the following should be monitored in patient receiving linezolid therapy - *(AI 10)*
a) Renal function b) Liver function
c) Auditory function d) Platelet count

1888) d 1889)c 1890)d 1891)a 1892)None 1893)a,b,c 1894)a 1895)a 1896)a 1897)c 1898)a 1899)b,c,e
1900)a,c 1901)a,b,c 1902)a,b,d 1903)a 1904)c 1905)c 1906)c 1907)d 1908)d 1909)d

1910. Which of the following is a aldosterone antagonist?
a) Eplerenone *(Maharashtra 10)*
b) Amiloride
c) Triamterene
d) All of the above

1911. All of the given drugs inhibit microbial cell wall synthesis except - *(Corned 10)*
a) Neomycin b) Vancomycin
c) Meropenem d) Bacitracin

1912. Drugs not effective in pseudomonas infection -
a) Ciprofloxacin *(PGI May 10)*
b) Norfloxacin
c) Aminoglycosides
d) Ampicillin
e) Piperacillin

1913. Correctly matched pairs are - *(PGIMay 10)*
a) Rifampicin- inhibit bacterial DNA polymerase
b) Terbinafine- inhibit fungal DNA polymerase
c) Acyclovir - inhibit viral DNA polymerase
d) Cytarabine- inhibit human DNA polymerase

1914. Amphotericin B toxicity is ted by -
a) Normal saline *(PGIMay 10)*
b) Cardiac failure
c) Lipid formulations
d) Aminoglycosides

1915. Drugs not used in MRSA - *(PGINov. 10)*
a) Vancomycin b) Teicoplanin
c) Imipenem d) Cloxacillin
e) Amoxi-clav

1916. Drugs not used in gram - ive infections -
a) Imipenem *(PGINov. 10)*
b) Ceftazidime
c) Vancomycin
d) Cimprofloxacin
e) Amikacin

1917. A patient in the ICU having fever since 1 week. He empirically started on a ceftriaxone & amikacin, the pus sent for culture after 48 hours blood culture report showed klebsiella with ESBL, what is the next step- *(AIIMS Nov 10)*
a) Increasing the dose of the same antibiotics
b) Change amikacin to quinolone
c) Change cerftriaxone to Imipenem
d) Change ceftriaxone to ceftazidime

1918. All are true about ESBL except - *(AIIMSMay 11)*
a) Sensitive to carbapenems
b) Ambler classification is based on molecular structure
c) Classification is based on 3rd g. cefalosporin sensivity
d) 3rd & 4th g. cefalosporin sensivity testing is must to confirm the ESBL

1919. The statement that is NOT true of linezolid is that it-
a) Is suitable for treatment of enterococcal endocarditis
b) Is a monoamine oxidase inhibitor *(Kam 11)*
c) Inhibits bacterial protein synthesis
d) Is active against Vancomycin Resistant Staphylococcus Aureus (VRSA)

1920. The following antimicrobial produces its action primarily by inhibiting cell wall synthesis -
a) Ciprofloxacin b) Nystatin *(Kam 11)*
c) Sulfamethoxazole d) Cycloserine

1921. Which of the following drug interferes with neuromuscular blockade - *(Jipmer 11)*
a) Aminoglycosides b) Cephalosporins
c) Ampicillin d) Penicillin

1922. Linezolid is- *(Jipmer 11)*
a) Macrolide b) Streptogramins
c) Aminoglycosides d) Oxazolidonediones

1923. A non specific MAO inhibitor - *(Jipmer 11)*
a) Ampicillin b) Linezolid
c) Spectinomycin d)Tazobactam

DbObCb

1924. Drug of choice in Legionella pneumonia is - *(Jipmer 878, Kerala 88)*
a) Ampicillin b) Amikacin
c) Erythromycin d) Streptomycin
e) Dapsone

1925. Drugs used in LGV - *(PGI 88)*
a) Erythromycin b) Sulphonamides
c) Tetracyclines d) Penicillins

1926. The drug of choice for chloramphenicol resistant typhoid fever is - *(AI91, JIPMER 93)*
a) Cefaclor b)Cefotaxine
c) Ciprofloxacin d)Cefazoline

1927. Erythromycin is the drug of choice for all except -
a) Diptheria *(AI91)*
b) Whooping cough
c) Pneumocystitis carinii
d) Chlamydia trachomatis

1928. Drug of choice in Gonorrhoea is - *(Jimper 92)*
a) Norfloxacillin b) Doxycycline
c) Sulfonamide d) Penicillin

1929. The drug of choice in 6 months old child with mycoplasma infection - *(AI 95, AIIMS 94)*
a) Tetracycline b) Streptomycin
c) Clotrimazole d) Erythromycin

1930. Drug of choice for P.Carnii - *(Assam 95)*
a) Cotrimoxazole b)Erythromycin
c) Gentamycin d) Pentamidine

1931. Drug of choice for penicillinase producing gonocococcus - (C. *U.P. GE.E 95)*
a) Benzathine Penicillin G
b) 3rd generation cephalosporin
c) Quinolines
d) None

1932. Drug of choice for plague is - *(C. U.P.G.E.E. 95)*
a) Tetracycline b) Chloramphenicol
c) Streptomycin d) Any of the above

1933. Not effective against pseudomonas aeroginosa-
a) Cefotaxime b) Cefaclor *(ARMS 97)*
c) Ceftazidime d) Ceftrioxone

1910)a 191 l)a 1912) b,d 1913)c,d 1914) b,d 1915)d,e 1916)c 1917)c 1918)d 1919)a 1920)d 1921)a 1922)d 1923) b 1924) None 1925)a,c 1926)c 1927)c,d 1928)None 1929)d 1930)a 1931)b>c 1932)c 1933)b

1934. Drug of choice for cholera prophylaxis- *(Kerala 96)*
a) Chloramphenicol b) Procaine penicillin
c) Doxycycline d) Erythromycin
e) Septran

1935. Not used in H .Pylori gastritis is - *(AIIMS 97)*
a) Colloidal bismuth b) Metronidazole
c) Clarithromycin d) Cisapride

1936. Anaerobic streptococci ; which is the most effective *(AIIMS97)*
a) Penicillin b) Clindamycin
c) Vancomycin d) Erythromycin

1937. Drug of choice in pseudomonas aeroginosa is all except- *(Rajasthan97)*
a) Carbenicillin b)Azlocillin
c) Meziocillin d)Moxalactum

1938. All are effective against pseudomonas except -
a) Azithromycin b)Imipenem *(AI98)*
c) Ceftazidine d) Piperacillin

1939. Drug of choice for Kala-azar - **(***MP2K***)**
a) Diethyl carbazine b) Pentamidine
c) Albendazole d) Metronidazole

1940. Drug of choice for Methicillin resistant staphylococcus aureus is (MRSA) - *(PGI01)*
a) Amoxicillin-Clavulanate b) Vancomycin
c) Flucloxacillin d) Clindamycin
e) Erythromycin

1941. Drug of choice for Tropical Pulmonary Eosinophilia is - *(Karnat05)*
a) Diethylcarbamazipine (DEC)
b) Corticosteroids
c) Ivermectin
d) None of the above

1942. The drug that is not effective against strep tococcus-
a) Ciprofloxacin b) Azithromycin *(APPGE 05)*
c) Chloramphenicol d) Vancomycin

1943. The blood culture from a patient of febrile neutropenia has grown Pseudomonas aeruginosa, It was found to be a producer of extended spectrum beta lactamase enzyme. The best choice of antimicrobial therapy should be - **(***ARMS NOV 05)*
a) Ceftazidine+Amikacin b)Aztreonam+Amikacin
c) Cefpirome+Amikacin d) Imipenem+Amikacin

1944. Which one of the following is used in therapy of Toxoplasmosis - *(AI05)*
a) Artensenuate. b) Thiacetazone
c) Ciprofloxacin d) Pyrimethamine

1945. Drug of choice for chemo prophylaxis against Rheumatic fever is - *(Karnat 05)*
a) Penicillin V b) Erythromycin
c) Benzathine penicillin d) Procaine penicillin

1946. Drugs used in MRSA - *(PGI June 06)*
a) Quinupristine/dalfopristine
b) Linezolid
c) Teicoplanin
d) Penicillin
e) Piperacillin (Tazobectum)

1947. Drug of choice for prophylaxis in diphtheria is -
a) Erythromycin b) Doxycycline *(AI08)*
c) Tetracycline d) Clindamycin

1948. The drug of choice for treatment of Neurosyphilis is - *(AI08)*
a) Benzathine penicillin G b) Procaine penicillin G
c) Penicillin V d) Tetracycline

1949. Drug of choice in nocturnal enuresis is - *(UP 08)*
a) Imipramine b) Diazepam
c) Amoxapine d) Reboxetine

1950. Drug of choice for Zollinger-Ellison syndrome -
a) Antihistaminics *(ARMS May 10)*
b) Proton lump inhibitors
c) Dopamine agonists
d) Antacids

1951. A young male presents with meningococcal meningitis and allergy to penicillin. Which is the most suitable drug - *(AI 10)*
a) Chloramphenicol b)Meropenem
c) Ciprofloxacin d) Teicoplanin

ANTI-CANCER

1952. Acitomycin D interferes with enzyme induction by combining with - *(AMU 86)*
a) TRNA
b) DNA
c) R-RNA
d) Repressor protein
e) Negative feedback inhibition system

1953. Inhibitors of DNA synthesis - *(DNB 88, Bihar 88)*
a) Penicillin b) Polymyxins
c) Chloramphenicol d) Actinomycin

1954. Anticancer drug with maximum emetic effect is -
a) Busulphan b) Chlorambucil
c) Thiotepa d)Cisplatinum

1955. Mode of action of actinomycin - D is to prevent-
a) Transcription of D.NA. *(JIPMER 79, Delhi 88)*
b) D.NA. synthesis
c) D.N.A. elongation
d) Diabetes mellitus

1956. Bulsulfan cause-*(ARMS 78, PGI82, NIMHANS88)*
a) Hemorrhagic cystitis b) Neurotoxicity
c) Pulmonary fibrosis d) Alopecia

1957. Commonest side effect of 5 flouro-uracil is -*(AI 97)*
a) Cardiotoxiciyt b) Bone marrow supression
c) Stomatitis d) Neurotoxicity

1958. Sodium 2 - mercapto ethance sulfonate (mesna) is used as a protective agent in - **(***ARMS2003)*
a) Radiotherapy b) Cancer chemotherapy
c) Lithotrypsy d) Hepatic encephalopathy

1959. Which antimaliganacy drug is most nephrotoxic -
a) Vincristine b) Cyclohposphamide
c) CIS-Platinum d) Methotrexate
e) 5-fu

1934)c 1935) d 1936)b 1937)d 1938)a 1939)b 1940)b 1941)c 1942)d 1943)d 1944)d 1945)c 1946)a,b 1947)a
1948)b 1949) a 1950)b 1951)a 1952)b 1953)d 1954)d 1955)a 1956)c 1957)c 1958)b 1959)c

1960. Anticancer drug which crosses the blood brain barrier - *(JIPMER 86 UPSC 88)*
a) CIS-Platinum b) Vincristine
c) Vinblastine d) Procabazine
e) Nitroso-ureas

1961. Methotrexate acts by- **(***AI89)*
a) folic acid antagonism b) Purine antagonism
c) Pyramidine antagonism d)All

1962. Which of the following is not and adverse effect of cyclophosphamide - *(AI89)*
a) Cystitis b) Alopecia
c) Hypoglycemia d) GIT disorder

1963. 5-FU is not used in.....Cancer - *(AI89)*
a) Liver b) Stomach
c) Mycosis Fungoides d) Breast

1964. The following are alkylating agents except -
a) Cyclophosphamide b) Methotrexate
c) Chlorambucil d) Busulphan

1965. Busulfan toxicity does not include - **(***AIIMS89)*
a) Hyperpigmentation b) Toxic carditis
c) Hyperuricemia d) Pulmonary fibrosis

1966. Mitosis is inhibited by - *(Kerala 91)*
a) 5-Fu b) Methotrexate
c) Vincristine d) Cyclophosphamide

1967. The dose of 6 Mercaptourine is altered when given along with - *(AIIMS 91)*
a) Allopurinol b) Vincristine
c) Folic acid d) Azothioprine

1968. Drug which arrests mitosis in metaphase - *(AI93)*
a) Busulfan b)5-fu
c) Vinca Alkaloids d) Methotrexate

1969. An antimetabolite which undergoes biotransformation to form an inhibitor of DNA polymerase is - *(JIPMER 81, AIIMS 86, 90)*
a) Vinablastine b) Cytosine arabinoside
c) Methotrexate d) Chlorambucil

1970. Successful treatment with single drug in hodgkin's disease has been seen with- *(DNB89)*
a) Procarbazine b) Mithramycin
c) Mechlorethamine d) Radiophosphorus

1971. Which of the following anticancer antibiotics is cardiotoxic - *(KARN 94)*
a) Mitomycinb) Adriamycin
c) Bleomycin d) Mithramycin

1972. Whichis chemotheraputic agent that must be included in treatment of ovarian carcinoma - *(JIPMER 95)*
a) Methotrexateb) Cyclo phosphamide
c) Flouro uracil d) Pro carbazine

1973. To treat methotrexate toxicity_____ is used -
a) Folic acid b) Folinic acid *(JIPMER 95)*
c) Riboflavin d) Cyanocobalamin

1974. The folic acid antagonist which has antineoplastic activity & extensively used as a chemothera peutic agent is - *(DELHIPG 96)*
a) Pentamidine b) Methotrexate
c) Trimethoprim d) Pyrimethamine

1975. The chemotherapentic agent used in brain tumour is- *(PGI95)*
a) Cisplatin b) Bleomycin
c) Nitrosoureas d) Vincristine

1976. Which of the following is not an alkylating agent -
a) Cytarabine b) Nitrosoureas *(CUPG.EE96)*
c) Thiotepa d) Melphalan

1977. The enzyme which is used as an anticancer drug- *(IN98)*
a) L-asparginase b) Cytosine arabinoside
c) Methotrexate d) Vincristine

1978. Adriamycin is classified as - *(PGI97)*
a) Antibiotic b) Antimetabolite
c) 5-FU antagonist d) Vinca alkaloids

1979. All are S/E of chemotherapeutic agents except- *(PGI98)*
a) Dermatitis b) Teratogenicity
c) BM suppression d) Hypertension

1980. Non-myelosuppressive agent is - *(PGI98)*
a) Vinblastine b) Vincristine
c) Bleomycin d) Methotrexate

1981. Cyclophosphamide is used in all except - *(PGI98)*
a) Burkitt's lymphoma b) Hodgkin's
c) Choriocarcinoma d) Ovarian Ca

1982. Adenosine deaminase inhibitors is - *(PGI 98)*
a) Pentostatin b)TxA2
c) Cladribine

1983. Inhibits mitosis by forming microtubules-(PG7*98)*
a) Vinca alkaloids b) Docetaxel
c) Etoposide d) Colchicine

1984. Drugs which act by intercalating with DNA-*(PGI2K)*
a) Actinomycin D b) Tetacycline
c) Bleomycin d) Doxorubicin

1985. Drugs inhibiting formation of purines - *(PGI2K)*
a) 5-FU b) 6- mercaptopurine
c) Hydroxyurea d) Methotrexate
e) Cytosine arabinoside

1986. Hormone used in breast cancer are - *(PGI02)*
a) Danazol b) Cyproterone acetate
c) Tamoxifen d) LHRH analogue

1987. Metaphase arrest is caused by- *(PGI02)*
a) Griseofiilvin b) Vincristine
c) Paclitaxel d) Colchichine
e) Etoposide

1988. Methotrexate causes - *(PGI 02, 03)*
a) Inhibition of dihydrafolate reductase
b) Inhibition of folate synthatase
c) Not absorbed oraly
d) Folic acid antagonizes it's toxicity

1989. Alkylating agents include - *(PGI 02)*
a) Doxorubicin b) Chlorambucil
c) Vinblastine d) Busulphan
e) Methtrexate

1990. All of the anticancer agents cause bone marrow depression except - *(AI 04)*
a) Chlorambucil b) Daunorubicin
c) Doxorubicin d)Flutamide

1960)e 1961)a 1962)c 1963)c 1964)b 1965)b 1966)c 1967)a 1968)c 1969)b 1970)c 1971)b 1972)b 1973)b 1974)b 1975)c 1976)a 1977)a 1978)a 1979)d 1980)c 1981)c 1982)a,c 1983) b 1984) a,c,d 1985)b,d 1986)a,c 1987)b,c,d 1988) a 1989)b,d 1990)d

1991. Vincristine arrests cell cycle at - (*Jipmer 04)*
a) Metaphase b) Anaphase
c) Telophase d) Prophase

1992. Antineoplastic drug not acting at cell level -
a) Cisplatin b) Vincristine (*Jipmer 04)*
c) Hydroxyurea d)Busulfan

1993. Actinomycin D acts by - *(SGPGI05)*
a) Inhibiting cell wall synthesis
b) Inhibiting protein synthesis
c) Antagonising c-AMP
d) Damaging DNA linkage in the cell

1994. Which one of the following statements is false regarding vincristine - (*JIPMER 05)*
a) It is an alkaloid
b) It use is associated with neurotoxicity
c) It does not cause alopecia
d) It is useful drug for induction of remission in acute lymphoblastic leukaemia

1995. Which of the following chemotherapeutic drugs has selective action on hypoxic tumor cells - *(AIIMS NOV 05)*
a) Mitomycin C b) Cisplatin
c) Doxorubicin d) 5 Flurouracil

1996. The chemotherapeutic agent, most commonly administered by continuous infusion is -*(ARMSNOV 05)*
a) Ara-C b) F-FU
c) Cisplatin d) Etoposide

1997. In treatment of Papillary Carcinoma thyroid, Radioiodine destroys the neoplastic cells predominantly by - (*AIIMS NO V 05)*
a) X rays b) P rays
c) yrays d) a particles

1998. The new agent pemetrexed, useful in breast cancer, belongs to which of the following category of drugs- *(AIIMS NOV 05)*
a) Antitumor antibiotic b) Alkylating agent
c) Hormonal agent d) Antimetabolite

1999. Which one of the following drugs is 'Topoisomerase 1 inhibitor - *(AI05)*
a) Doxorubicin b) Irinotecan
c) Etoposide d) Vincristine

2000. Eternacept acts by one of the following mechanisms
a) By blocking tumor necrosis factor *(AI 05)*
b) By blocking bradykinin synthesis
c) By inhibiting cyclo-oxygenase -2
d) By blocking lipoxygenase

2001. The most important target of action of chlorambucil is- *(COMED2006)*
a) Myeloid tissue b) Lymphoid tissue
c) Neural tissue d) Skin

2002. Which of the following antitumor agents works by impairing de novo purine synthesis - *(Corned 08)*
a) Hydroxyurea b) 5-fluorouracil
c) Methotrexate d) Allopurinol

2003. Which among the following is a cell cycle specific anti-neoplastic drug - *(Corned 08)*
a) Cyclophosphamide b) Doxorubicin
c) Methotrexate d) Cisplatin

2004. Which of the following is not an alkylating agent -
a) Cyclophosphamide b) 5 - FU ' *(AI 07)*
c) Busulfan d) Chlorambucil

2005. The following drug acts by hypomethylation -
a) Gemcitabine b) Capecitabine *(AI07)*
c) Decitabine d) Cytosine arabinoside

2006. Drug causing hypercoagulability is - *(AI 07)*
a) L asparginase b) Busulfan
c) Melphalan d) 5 FU

2007. Methotrexate is used in high doses in - *(AI 07)*
a) Osteosarcome b) Retinoblastoma
c) Rhabdomyosarcoma d) Ewing's sarcoma

2008. Which is an antimetabolite - *(AiimsMay07)*
a) Cyclosporine b) Methotrexate
c) Etoposide d) Vinblastine

2009. Imatinib used in CML acts by - *(Aiims May 07)*
a) inhibiting Bcr/abl translocation via tyrosine kinase
b) Blocking the action of P-glycoprotein
c) Competitive inhibition of ATP binding site of Abl kinase
d) C-kit kinase inhibition

2010. Which one of the following is not an alkylating agent? *(UPSC-108)*
a) Melphalan b) Methotrexate
c) Cyclophosphamide d)Ifosfamide

2011. Which of the following antibiotics is an anti tumour peptide? *(AI 08)*
a) Bleomycin b)Doxorubcin
c) Valinomycin d) L. Asparaginase

2012. Mechanism of action of paclitaxel is- *(AI 08)*
a) Inhibits DNA synthesis
b) Topoisomerase II inhibitor
c) Inhibition of tubulin
d) Stabilisation of tubules

2013. Leucovorin is given with - *(AI 08)*
a) Methotrexate b) Cytosine arabinoside
c) 6-MP d) Thio Tepa

2014. Imatinib is used in the treatment of -*(Aiims May 08)*
a) Chronic myelomonocytic leukemia
b) MDS
c) ALL
d) GIST

2015. Sustained neutropenia is seen with -*(Aiims May 08)*
a) Vinblastin b) Cisplatin
c) Carmustine

2016. Drug used in the treatment for methotrexate toxicity are all except - *(Manipal 08)*
a) Folinicacid b) Folic acid
c) Carboxypeptidase - G_2 d) Thymidine

2017. Anticancer antibiotics are - *(PGIDec 08)*
a) Bleomycin b) Spiramycin
c) Mitomycin d) Actinomycin
e) Tetracyclin

1991)a 1992)None 1993)d 1994)c 1995)a 1996)c 1997)b 1998)d 1999)b 2000)a 2001)b 2002)c 2003)a 2004)b 2005)c 2006)a 2007)a 2008)b 2009)c 2010)b 2011)a 2012)d 2013)a 2014)a,d 2015)c 2016)b 2017)a,c,d

2018. Which of the following is not an alkylating agent?
a) Cyclophosphamide *(AIIMSNov08)*
b) Busulfan
c) 5-Fluorouracil
d) Melphalan

2019. Ifosfamide belongs to which group of anticancer drugs- *(AIIMSNov 08)*
a) Alkylating agents
b) Antiimetobolites
c) Mitotic inhibitors
d) Topoisomerase inhibitors

2020. Thalidomide can be used in all of the following conditions except? *(AIIMS Nov 08)*
a) Behcet syndrome
b) HIV associated peripheral neuropathy
c) HIV associated mouth ulcers
d) Erythema nodosum leprosum

2021. Which of the following anticancer drug is excreted by lungs ? *(AIIMS Nov 08)*
a) 5-Fluorouracil b) Cyclophosphamide
c) Doxorubicin d) Cisplatin

2022. Ifosfamide is an - *(AI09)*
a) Alkylating agent b) Antimetabolite
c) Folate antagonist d) Plant alkaloid

2023. Which of the following anticancer drugs in cell cycle phase specific - *(AI09)*
a) Ifosfamide b) Bleomycin
c) Cisplatin d) Chlorambucil

2024. Bleomycin toxicity is characterized by hyperplasia of- *(AI 09)*
a) Endothelial cells
b) Type I pneumocytes
c) Type II pneumocytes
d) Alveolar macrophages

2025. 'Hand Foot' syndrome can be caused by ? *(AI09)*
a) Cisplatin b) Capecitabine
c) Vincristine d)Azathioprine

2026. All except, aggravates myastheia gr avis-f^Z/MS*May*
a) Aazathioprine b) Phenytoin *09)*
c) Tetracycline d) Aminoglycoside

2027. Which of the following can be given *OY2J\y-(AIIMS*
a) Cytosine ara b) Actinomycin D *May 09)*
c) Doxorubicin d) Mesna

2028. Cetuximab (an EGFR antagonist) can be used in -
a) Palliation in head and neck cancer
b) Anal canal ca *(AIIMS May 09)*
c) Gastric ca
d) Lung ca

2029. Most emetogenic drug is - *(AIIMS May 09)*
a) Cisplatin
b) Carboplatin
c) High dose cyclophosphamide
d) High dose methotrexate

2030. All are alkylating agents, except - *(AIIMSMay 09)*
a) 5-FU b) Melphalan
c) Cyclophosphamide d) Chlorambucil

2031. Thaliomide is used in all except - *(AIIMS May 09)*
a) ENL b) HIV neuropathy
c) HIV associated ulcer d) Behcet's syndrome

2032. Aromatase inhibitors which are used in Breast Ca- *(PGI June 09)*
a) Letozole b) Anastrozole
c) Exemestone d)Flutamide
e) Fluoxymesterone

2033. Alkyalating agents (s) is/are - *(PGI June 09)*
a) Isosfamide b) Chlorambucil
c) Paclitaxel d) Nitrosoureas
e) Cytarabine

2034. All of the following anticancer agents cause bone marrow depression except- *(Manipal 09)*
a) Chiorambucil b) Daunorubicin
c) Doxorubicin d)Flutamide

2035. All of the following anticancer agents cause bone marrow depression except- *(Manipal 09)*
a) Chlorambucil b) Daunorubicin
c) Doxorubicin d)Flutamide

2036. Antifolate cancer drug are - *(PGI Nov 09)*
a) Methotrexate b) Azathioprine
c) Cyclosporin d) Vincristine
e) Cisplatin

2037. Which of the following statement (s) is/are true regarding anticancer drugs - *(PGI Nov 09)*
a) Cell cycle non specific agents - can act on any phase of cycle including GO
b) Mitosis during cell division - devoted to DNA replication
c) No mitotic activity - GO phase
d) Cytarbine act on S phase of cell cycle
e) Cyclophosphamide is cell cycle specific

2038. Most common dose limiting toxicity of chemotherapeutic agent ? *(AIIMS May 10)*
a) Myelosuppression b) GI. toxicity
c) Neurotoxicity d) Alopecia

2039. Which is NOT an alkylating agent?*(AIIMSMay 10)*
a) 5-FU b) Chlorambucil
c) Melphalan d) Cyclophosphamide

2040. All of the following statements about thalidomide are true, Except - *(AI 10)*
a) It has been reintroduced for its activity in ENL
b) Developed as antiemetic in pregnancy but withdrawn because of phacomelia
c) Used for new and relapsed cases of multiple myeloma
d) Most common side effects are diarrhea and euphoria

2041. Which of the following newer drugs has activity on both HER 1 and HER 2 neu receptors - *(AI 10)*
a) Erlotinib b)Gefitinib
c) Canertinib d)Lapatinib

2018)c 2019)a 2020)b 2021)a 2022)a 2023)b 2024)c 2025)b>a 2026)a 2027)d 2028)a 2029)a 2030)a 2031)b 2032)a,b,c 2033)a,b,d 2034)d 2035)d 2036)a 2037)a,b,c,d 2038)a 2039)a 2040)d 2041)d

2042. Tyrosine kinase inhibitors are used in the treatment of- *(A110)*
a) Gastrointestinal stromal tumors (GIST)
b) Acute myeloid leukemia
c) Neurofibromatosis
d) Small cell carcinoma lung

2043. Which of the following agents is recommended for treatment of gastrointestinal stromal tumors (GIST)- *(Al10)*
a) Sorafenib b) Imatinib
c) Gefitinib d)Erlotinib

2044. Which of the following statements about mycophenolate mofetil is not true - *(AI10)*
a) Most common adverse effect is nephrotoxicity
b) Used in transplant rejection
c) It is a prodrug and converted to mycophenolic acid
d) Is not used with azathioprine

2045. Which of the following is not used in hormonal therapy of breast carcinoma? *(Maharashtra 10)*
a) Letrozole b) Anastrozole
c) Tibolone d)Exemestane

2046. Which of the following is/are used in hormonal therapy of breast carcinoma? *(Maharashtra 10)*
a) Letrozole b) Anastrozole
c) Tamoxifen d) All of the above

2047. Methotrexate is - *(Jipmer 10)*
a) Antibiotic b) Alkylating agent
c) Anti metabolite d) Folate agonist

2048. Epilation agents are - *(PGI Nov. 10)*
a) Methotrexate b) Vincristine
c) 5-FU d)Cisplatin
e) Adriamycin

2049. Methotrexate resistance occurs by -*(AIIMSNov 10)*
a) Depletion of folate
b) Overproduction of DHFR
c) Deficiency of thymidylate synthase
d) Deficiency of thiamine kinase

2050. HER-2/ neu receptor play a role in - *(AIIMSNov 10)*
a) Predicting therapeutic response
b) Determining treatment for recurrence of tumor
c) Diagnosis of breast Ca
d) Screening of breast Ca

2051. Drug used in estrogen dependent breast cancer -
a) Tamoxifen *(AIIMS Nov 10)*
b) Clomiphene citrate
c) Estrogen
d) Adriamycin

2052. Methotrexate is used in all except -(*AIIMS May 11)*
a) Sickle cell anemia
b) Psoriasis
c) Rheumatoid arthritis
d) Ankylosing spondylitis

2053. All are true about Ifosfamide except -
a) It is nitrogen mustard *(AIIMS May 11)*
b) Metabolised by CYP3 A4 to form active metabolite
c) Chloracetaldehyde is active form
d) Less neurotoxic than cyclophosphamide

2054. Topical mitomycin C is used in the treatment of -
a) Basal skull ca *(AIIMS May 11)*
b) Tracheal stenosis
c) Skull base osteomyelitis
d) Angiofibroma

2055. Blenomycin toxcity is characterized by destruction of- *(AIIMS May 11)*
a) Endothelial cells
b) Type I pneumocytes
c) Type II pneumocyutes
d) Alveolar macrophages

2056. Use of tamoxifen for breast cancer can cause all of the following adverse effects, except-
a) Thromboembolism *(AIIMS May 11)*
b) Endometrial carcinoma
c) Carcinoma in contralateral breast
d) Cataract

2057. All of the following statements about Erlotinib are true, except - *(AI 11)*
a) Tyrosine kinase inhibitor
b) Food decreases its absorption
c) Rashes may occur
d) Used in Non small cell lung carcinoma

2058. Which of the following agents is used for the treatment of Thrombocytopenia secondary to myelosupressive cancer chemotherapy - *(AI 11)*
a) Filgrastim b) Sargramostim
c) Oprelvekin d) Erythropoetin

2059. Alkalinization of urine is done during administration of which of the following chemotherapeutic drugs - *(AI 11)*
a) Ara-C b) Methotrexate
c) Cisplatin d) Ifosafamide

2060. Pulmonary fibrosis is caused by - *(PUNJAB 11)*
a) Buspirone b) Bleomycin
c) Mitoxantrone d) Vincristine

2061. PPI's for peptic ulcer disease should be taken -
a) Before breakfast *(Jipmer11)*
b) After breakfast
c) After lunch
d) After dinner

2062. Tyrosine kinase inhibitor imatinib is used for the treatment of - *(Jipmer 11)*
a) Fibrosarcoma phylloides b)GIST
c) MALT d) Seminoma

■MMUNOMOPULATOR

2063. Cyclosporin mainly affects - *(AIIMS 96, 97)*
a) CD4+cells b)CD8+cells
c) B-cells d)CD3+cells

2042)a 2043)b 2044)a 2045)c 2046)d 2047)c 2048)e 2049)b 2050)a 2051)a 2052)a 2053)d 2054)b 2055)b
2056)c 2057)b 2058)c 2059)b 2060)b 2061)a 2062)b 2063)a

2064. Which one of the following is an immunostimulant- *(NIMHANS 88)*
a) Miconazole b)Levamisole
c) Ketonazole d) Albendazole

2065. The following are the toxicity of cyclosporin except - *(AIIMS 80, KERALA 90)*
a) Nephrotoxicity b) Hypokalemia
c) Tremor d) Hirsutism

2066. Which drug is immunomodulator - *(DNB 2001)*
a) Levamisole b) Methotrexate
c) Ifosfamide d) Procarbazine

2067. Which is an immuno stimulant - *(Kerala 94)*
a) Methimazole b) Levamizole
c) Ketokonazole d)Zidovidine

2068. Cyclosporin acts by inhibiting - *(AI99, AIIMS 2K)*
a) IL. 1 production b) IL.2 production
c) IL.6 d) Macrophage

2069. FK-506 is used in - *(PGI2000)*
a) Organ transplant
b) Bronchial asthama
c) Diabetic diarroea
d) Chemotherapecutic agent

2070. A 50 year old male from renal failure underwent kidney transplant. He was prescribed a nucleotide derivative following the organ transplant. The nucleotide derivative of therapeutic importance in this organ transplant is - *{AIIMS 03, TN 89)*
a) Azathioprine b) 5-Flurouracil
c) Cytarbine d)Allopurinol

2071. Cyclosporin nephrotoxicity aggravated by - *(PGI04)*
a) Amphototerian B b) Itraconazole
c) INH d) Lovastatin

2072. IL-2 mediated effects are inhibited by - *{PGI 04)*
a) Cyclosporin b) Tacrolimus
c) OKT4 d) Steroids
e) Azathioprine

2073. Which of the following statements is not true about tacrolimus - *(AI04)*
a) It is a macrolide antibiotic
b) It is indicated for the prophylaxis of organ transplant rejection
c) Glucose intolerance is a well recognized side effect
d) It can be safely administered with any nephrotoxic drug

2074. Immunosupressant- *{Manipal04)*
a) Steroids b) Cyclosporine
c) Tacrolimus d)All

2075. Which of the following pharmacologic agents is most effective in causing activation of phagocytes and production of oxygen metabolites that are toxic microorganisms - *(MAHA 05)*
a) Dexamethasone b) Interferon-alpha-2b
c) Interferon-beta-la d) Interferon-gamma-lb

2076. Which of the following is the established biological therapy for Crohn's disease - *(AIIMSNOV05)*
a) Anti TNF a-antibody b) IL-1 antagonist
c) IL-6 antagonist d) IL-8 antagonist

2077. Nephrotoxicity is a side effect of one of the following immuno-suppressives - *(AIIMS NO V 05)*
a) Sirolimus b) Tacrolimus
c) Mycophenolate mofetil d) Azathioprine

2078. How long does the protection from passive immunization using an immune globulin preparation typically last - *(MAHA 05)*
a) 1 to 3 days b) 1 to 3 weeks
c) 1 to 3 months d) 1 to 3 years

2079. One of the following statements regarding mycophenolate mofetil is incorrect - *(AI 06)*
a) It is a prodrug
b) It is a selective uncompetitive and reversible inhibitor
c) It also inhibits calcineurin
d) Selectivity inhibits lymphocyte proliferation

2080. Complications of cyclosporine are - *(PGI June 06)*
a) Hypertension
b) Pulmonary fibrosis
c) Hirsutism

2081. All of the following is true about "Imiquimod"except-
a) Direct antiviral activity *(APPG 2006)*
b) Indirect antiviral
c) Antitumor activity
d) It release cytokines

2082. Which one of the following drugs is useful in treating Crohn's disease ? - *(Karn PGMEE 2006)*
a) Infliximab b) Azathioprine
c) Tacrolimus d) Cyclosporine

2083. Tacrolimus acts by - *{PGMCET 01)*
a) Specific action on T cells
b) Reducing lymphoproliferation
c) Negative stimulation of B cells
d) All of the above

2084. Fully humanized TNF a antagonist used in RA -
a) Anakinra b)Etanercept *{PGMCET 01)*
c) Infliximab d)Adalimumab

2085. All of the following are tumor necrosis factor blocking agents except - *{Corned 08)*
a) Adalimumab b) Etanercept
c) Infliximab d)Abciximba

2086. All are true about immunosuppressants except -
a) Tacrolimus inhibits calcineurin pathway *{AI 07)*
b) Steroids binds to cytosolic receptors and heat
c) Mycophenolate inhibit purine synthesis via GMP dehydrogenase
d) Sirolimus will block kinase in the IL 2 receptor pathway

2087. Adverse effect of Tacrolimus include all of the following Except- *(AI 08)*
a) Neurotoxicity b) Nephrotoxicity
c) Diabetes d) Hirsutism

2088. Immunomodulator which is used for genital warts is -
a) Podophyllin b) Imiquimod *(AI08)*
c) Predrisolone d)sIFN

2064)b 2065)b 2066)a 2067)b 2068)b 2069)a 2070)a 2071)a 2072)a,b 2073)d2074)d 2075)d 2076)a 2077)b 2078) b 2079) c 2080) a,c 208 l)c 2082) a 2083) a 2084) d 2085) d 2086) c 2087) d 2088) b

2089. All are true about cyclosporine - A- EXCEPT -
a) Given orally as too toxic to intravenous *(UP 08)*
b) Prophyloactic given in renal transplant
c) Selectively inhibit T - lymphocytes proliferations
d) It causes renal toxicity

2090. All of the following drugs are used as immunosuppressants except - *(AIIMSNov 08)*
a) Glucocorticoids b) Cyclosporin
c) Cephalosporin d) Azathioprine

2091. A 56 year old female presented with breast carcinoma and she was prescribed herceptin (trastuzumab). Which of the following statement regarding this drug is true ? *(AIIMS Nov 08)*
a) It is an antibody produced entirely from mouse containing no human component
b) It is a monoclonal antibody produced by injecting her-2 antigen
c) It is a polyclonal antibody
d) It is a monoclonal antibody containing only human component

2092. All of the following drugs can precipitate Tacrolimus toxicity, Except - *(AI09)*
a) Gentamycin b)Cisplatin
c) Vancomycin d) Rifampicin

2093. All ofthe following are side effects of tacrolimus except-
a) Nephrotoxicity b) Ototoxicity *(AI09)*
c) Neurotoxicity d) Hepatotoxicity

2094. Interferon is used in *(PGIJune 09)*
a) Hairy cell leukemia b) Multiple myeloma
c) Breast carcinoma d) Kaposi sarcoma
e) Leiomysarcoma

2095. Correct pair (s), of drug & Mechanism of action is/ are - *(PGI June 09)*
a) Erlotinib-Human EGFR1 monoclonal Ab
b) Trastuzumab -Human EGFR 1 monoclonal Ab
c) Cetuximab -Angiogenesis inhibitors
d) Rituximab Anti CD 24 monoclonal Ab
e) Omalizumab-IgG monoclonal Ab

2096. False about cyclosporin A- *(Manipal 09)*
a) Is a fungal metabolite
b) Has poor tissue penetration when applied topically
c) Is the drug of choice in Behcet's disease
d) Causes hepatotoxicity as the main side effects

2097. Thalidomide, used for multiple myeloma is- *(DELHIPGFeb. 09)*
a) Associated with peripheral neuropathy
b) Characterized by enantiomeric interconversions
c) Metabolized extensively by hepatic C YP system
d) Safe for use in pregnant females

2098. Anti TNF is not used in - *(AIIMS Nov 09)*
a) RA with HIV b) RA with Hepatitis B
c) RA with HCV d) RA with pulmonary fibrosis

2099. Thalidomide is used in all except - *(AIIMSMay 10)*
a) HIV induced peripheral neuropathy
b) HIV induced mouth ulcer
c) Bechet's syndrome
d) Erythema nodosum leprosum

SKIN

2100. Following is the disadvantage of iodine as an antiseptic agent - *(AIIMS 84)*
a) Limited microbial spectrum
b) Allergic reaction in some patients
c) Long contact time
d) High cost

2101. The mechanism of action of psoralen is -
a) Binding to DNA *(JIPMER 79, PGI 80)*
b) Inhibiting protein synthesis
c) Inhibits angiogenesis
d) Inhibits keratinization

2102. Ciclopirox Oleamine is used in - *(AP 96)*
a) Dermatophytosis b)Acne
c) Psoriasis d) Lichen Planus

2103. Drug of choice in chronic recalcitrant cystic acne is- *(AIIMS 92)*
a) Steroids b) Retinoids
c) Erythromycin d) Tetracycline

2104. The oxdising antiseptics are *excej)t-(AIIMS 82, 86)*
a) Phenol
b) Zinc peroxide
c) Sodium perborate
d) Potassium permanganate

2105. Calamine powder contains zinc oxide and -
a) Salicyclic acid b) Benzoic acid *(Delhi 87)*
c) Mercuric chloride d) Ferric oxide

2106. The following are keratolytic agents except -
a) Salicyclic acid b) Resorcinol *(CMC 98)*
c) Zinc oxide d) Dithramol

2107. Which is NOT used in Acne - *(Kerala 03)*
a) Erythromycin b)Ampicillin
c) Clindamycin d) Doxycycline

2108. NOT used in scabies ? *(Aiims May 08)*
a) BHC b) Permethrin
c) Ciclopirox oleamine d)Crotamiton

CHELATING AGENT

2109. Penicillamine is used in..... poisoning - *(PGI85)*
a) Lead b) Copper
c) Arsenic d) Mercury

2110. D.Penicillamine is used to treat - *(NIMHANS 88)*
a) Wilson disease b) Rheumatoid arthritis
c) Lead poisoning d) Arsenic poisoning
e) AH

2111. D.penicillamine is useful in all except -
a) Rheumatoid arthritis *(NIMHANS 88)*
b) Mercury poisoning
c) Wilsons disease
d) Hemochromatosis

2112. Diethylene Triamino penta acetic acid is used in .....chelation - *(PGI 89)*
a) Copper b)Lead
c) Iron d) Molybdeum

2089)a 2090)c 2091)b 2092)d 2093)b 2094)a,b,d 2095)a 2096)d 2097)a 2098)a 2099)a 2100)b 2101)a 2102)a 2103)b 2104)a 2105)d 2106)c 2107)b 2108)c 2109)a,b,d 2110)a,b,c 211 l)d 2112)b

2113. Pencillamine is commonly used in the management of following heavy metal poisoning, except - *(UP 97)*
a) Arsenic b) Copper
c) Lead d) Mercury

2114. The iron preparation that can be given intravenously is- *(TNPSC2K)*
a) Ferrous sulphate
b) Iron dextran
c) Iron sorbitol citric acid complex
d) Colloidal ferric hydroxide

2115. The most appropriate drug used for chelation therapy in beta thalassemia maj or is - *(AI03)*
a) Oral desferrioxamine b) Oral deferiprone
c) Intramuscular EDTA d) Oral succimer

2116. N-acetyl penicillamine is used in the treatment of poisoning by - *(UPSC 04)*
a) Mercury b)Lead
c) Cadmium d) Arsenic

VITAMIN

2117. Half life of cyanocobalamine is - *(DNB91)*
a) About 24 hours b) About 2 months
c) About 6 months d) About 12 months

2118. Isotretinoin is - *(PGI02)*
a) A vitamin A analogue b) Used in cystic acne
c) Safe in pregnancy d) Used in psoriasis
e) Bony hyperostoses is a side effect

2119. Drug which increases absorption of oral iron -
a) Folic acid b) Nalidixic acid *(Orissa 04)*
c) Vitamin C d) Tetracycline

2120. Clinically significant drug interaction occurs between pyridoxine and all the following drugs except - *(AI 04)*
a) Isoniazid b) Cyclosporin
c) Levadopa d) Hydralazine

2121. Hypervitaminosis A is chracterized by all of the following, except - *(SGPGI04)*
a) Alopecia b) Anorexia
c) Bony Swellings d) Peripheral neuritis

2122. Which of the following given in pregnancy has teratogenic affects - *(APPGE 04)*
a) $VitB_6$ b) Vit B_3
c) Folic acid d)VitD

2123. Oral iron chelating agent (s) is/are -*(PGI June 09)*
a) Desferropxamine b) Deferiprone
c) Defersirox d) BAL
e) Succimer

2124. BAL is useful in treating poisoning due to all except - *(Manipal 09)*
a) Lead b) Organic mercury
c) Cadmium d) Arsenic

2125. Pyridoxine deficiency can cause all except- *(DELHIPGFeb. 09)*
a) Convulsion in infants b) Anemia
c) Peripheral neuritis d) Growth retardation

MISCELLANEOUS PREGNANCY

2126. Breast feeding is contraindicated if the mother is receiving - *(AIIMS 83)*
a) Streptomycin
b) Insulin
c) Antithyroid drugs
d) Broad spectrum antibiotics

2127. Breast feeding is contraindicated if the mother is taking - *(PGI 88)*
a) Propranolol b) Broad spectrum antibiotics
c) Sulfonyl ureas d) Insulin

2128. A new born child is having cleft lip, cleft palate and inter atrial septal defect. A list of the drugs taken by the mother during pregnancy is given. Which of the following could be the likely cause for the above anomalies - *(AIIMS2K)*
a) Ibuprofen b) Dicyclomine
c) Erythromycin d) Isotretinoin

2129. Anti hypersensitive contraindicated in pregnancy -
a) Losartan b) Methyldopa *(CUPGEE 02)*
c) Hydralazine d) All of the above

2130. Congenital malformations with use to drug in 1st trimester is seen with - *(AIIMS92)*
a) Steroids b) Heparin
c) Cloxacillin d) Aminoglycosides

2131. Which anticoagulant is not contra indicated in pregnancy - *(JIPMER93)*
a) Warfarin b)Caumarin
c) Phenindione d) Heparin

2132. A lady gave birth to a child with multiple defects like spina bifida, cleft palate, causative drug -
a) Isotretinoin b) Thalidomide *(AIIMS 01)*
c) Penicillin d)None

2133. Following drugs are contraindicated in lactation except- *(AIIMS84, 88)*
a) Lithium b) Ciprofloxacin
c) Spiramycin d) Diazepam

2134. The following are significantly excreted in milk, except - *(AIIMS80)*
a) Iron b) Opium
c) Alcohol d) Antibiotics

2135. Intake of which one of the following drugs by a nursing mother is an indication for immediate stoppage of breast feeding - *(CUPGEE96)*
a) Lithium b)Digoxin
c) Ranitidine d) Amoxycillin

2136. Drug Contraindicated in pregnancy - *(AIIMS 97)*
a) Penicillin b) Cephalexin
c) Tetracyline d) Erythomycin

2137. Which of the following drugs are secreted in breast milk- *(PGI01)*
a) Antithistaminics b) Antithyroid drugs
c) Penicillin d) Diazepam
e) Antiepileptics

2113)a 2114)b 2115)b 2116)a,b 2117)c 2118)a,b,e 2119)c 2120)b 2121)d 2122)d 2123)b,c 2124)c 2125)d 2126)c,d 2127)b 2128)d 2129)a 2130)a 2131)d 2132)a 2133)c 2134)a 2135)a 2136)c 2137)A11

2138. Which drug is contra indicated in pregnancy -
a) Chloroquine b) Primaquine *(DNB 2001)*
c) Ampiciliin d) Erythromycin

**2139. Drug not safe in pregnancy - (<*Orissa 04)*
a) Thiazide b) Prazosin
c) Clonidine d) Quinine

2140. The class of antihypertensive drugs which is contraindicated in pregnancy is - *(Corned 10)*
a) Central sympatholytics
b) Calcium channel antagonists
c) Beta-blockers
d) Angiotensin converting enzyme inhibitors

2141. All the following can occur in a pregnant woman taking tetracycline except - *(Jipmer 11)*
a) Staining of teeth
b) Gingival hyperplasia
c) Increased intracranial tension
d) Reduced linear growth of bone

MISCELLANEOUS

2142. BAL is used for.....poisoning - *(AJ 89)*
a) Mercury b)Lead
c) Copper d)Iron

2143. Which is a wrong combination - *(A189)*
a) Mercury-Bal
b) Organophosphorus cpd-Atropine
c) Lead - Penicillamine
d) Morphine Apomorphine

2144. Hemodialysis is useful in poisoning with all except -
a) Salicylate b) Barbiturates *(JIPMER 80)*
c) Methanol d) Diazepam

2145. No speicific antivenin is available for treatment of enviommentation by which of the following -
a) Rattlesnake (Crotalus species) *(PGI83, AMC*
b) Water moccasin (Agkistrodon species) *85)*
c) Brown recluse spider (Loxosceles reclusa)
d) Black widow spider (Latrodectus mactans)
e) Coral snake (Micrurus fulvitus)

2146. Strychnine acts by - *(PGI 86, AI88)*
a) Removing the inhibitory effects of renshaw cell in the spinal cord
b) Direct excitation of nervous pathway
c) Decreasing level of GABA
d) Increasing post sympatic stimulation
e) None of the above

2147. Drugs to be avoided in the first trimester of pregnancy - *(AI 88)*
a) Insulin b) Phenytoin
c) Tinidazole c) Methyl dopa

2148. Chloropropamide Intracts with - *(AI91)*
a) Diazepam b) Alcohol
c) Lorazepam d) Chlordia zepoxide

2149. The drug causing curare like effect is - *(AI 91)*
a) Chloramphenicol b) Clindamycin
c) Tetracycline d) Streptomycin

2150. Diazoxide is a - *(TN 91)*
a) Myocardial depressant
b) Centrally acting agent
c) Antihypertensive acting directly on blood vessels
d) Adrenergic blooking agent

2151. Hemodialysis is not useful in propranolol poisoing beacuseof- *(JIPMER91)*
a) Intra erythrocytic storage
b) High protein binding
c) Rapid metabolism
d) Extensive distribution

2152. Breast feeding is not contra indicated when the mother taking the following medications excepts-
a) Metronidazole *(JIPMER92)*
b) Cimetidine
c) Theophylline
d) Chloramphenicol

2153. Which of the following drugs is not effective on the treatment of motion sickness - *(AMC 91)*
a) Metoclopramide b)Cyclizines
c) Meclozine d) Hyoscine

2154. Which of the following antitussive is contraindicateed in patients with suspected glucoma-
a) Noscapine b) Codeine *(DNB 92)*
c) Benzonatate d) Carbetapentane

2155. Mazindole is a drug being investigated, reducing craving for - *(ARMS 82, 89)*
a) Food b) Alcohol
c) Benzodiazepines d) CNS stimulants

2156. Not metabolised in liver - *(ARMS 98)*
a) Cimetidine b) Phenytoin
c) Diazepam d) Penicillin G

2157. Antineoplastic activity is seen with - *(JIPMER 99)*
a) Retinoids
b) Saturated fatty acids
c) Fish proteins
d) Polyunsaturated fatty acids

2158. Drug monitoring (serem levels) is done *lor-(DNB 01)*
a) Salbutamol b) Theophylline
c) Corticosteroids d) Iepratropine

2159. Drugs derived from natural sources is/are-
a) Chloroquine b) Liquorice *(PGI 87)*
c) Digitalis d) Neostigmine

2160. Which of the following drugs do not cross the placenta - *(ARMS 82)*
a) Dilantoin b) Diazepam
c) Acinocoumarin d) Heparin

2161. Drug levels should be monitored in the treatment of- *(Jipmer 91)*
a) Diabetes b) Epilepsy
c) Status Asthmaticus d) Hypertension

2162. D-Penicilliamine is not used in the treatment of-
a) Erythropoietic porphyria *(ARMS 92)*
b) Rheumatoid arthritis
c) Wilsons disease
d) Mercury Poisoning

2138)b 2139)a,d 2140)d 2141)b 2142)a,b,c 2143)d 2144)d 2145)c 2146)a 2147)b 2148)b 2149)d 2150)c
2151)b 2152)d 2153)a 2154)d 2155)a 2156)a 2157)a 2158)b 2159)b,c 2160)d 2161)b,c 2162)a

2163. Drug most concentrated in collagen- *(PGI93)*
a) Sulfa b) Penicillin
c) Chloroquine d) Mepacrine

2164. Drug of choice of hepatolenticular degeneration-
a) Calcium disodium edetate *(DNB92)*
b) Penicillamine
c) Desferoxamine
d) Dimercaprol

2165. The following drugs are excreted in the bile except - *(NIMHANS 89)*
a) Erythromycin b) Novobiocin
c) Chloramphenicol d)Rifampicin

2166. Reversible leukopenia is most often detected following administration of of- *(AP 90)*
a) Tobramycin b) Trimethoprim
c) Nitrofiirantion d) Chloramphenicol

2167. A bactericidal drug would be preferred over a bacteriostatic drug in a patient with - *(DNB 89)*
a) Neutropenia b) Renal insufficiency
c) Cirrhosis d) Hemolytic anemia
e) Congestive heart failure

2168. A Patient with anosmia will rewpond to inhala lion of- *(AMC 82 DELHI 90)*
a) Clove oil b) Liquor ammonia
c) Tobacco d) All the above

2169. Best drug for stopping fibrosis - *(UPSC 88)*
a) Antibiotics b) Aspirin
c) Steroids d) Enzyme preparation

2170. All of following are example of gastric prokinetic drugs except- *(AI96)*
a) Metoclopramide b) Domperidone
c) Ampicillin d) Ciprofloacin

2171. Acetyl salicylate & Phenobarbitone are better absorbed from stomach because they are- *(PGI96)*
a) Weak acids remain non-ionic in gastric pH
b) Weak acids remain ionic in gastric pH
c) Strong acids fully ionised in gastric pH
d) Weak bases Which are ionised at gastric pH

2172. Hyperlipidemia is caused by- *(AIIMS96)*
a) Nifedipine b) Propranolol
c) ACE inhibitors d) Alpha methyl dopa

2173. Slow channel syndrome' is due to - *(JIPMER 98)*
a) Accumulation of Na^+ ions in channels
b) Accumulation of K^+ ions in channels
c) Accumulation of mg^ ions in channels
d) Accumulation of Ca^{++} ions in channels

2174. The following drug is not secreted in bile -*(Kerala 97)*
a) Penicillin b) Phenophthalein
c) Novobiocin d) Erythromycin

2175. Maximum tachycardia is seen with-*(ROTHAK98)*
a) Nifedipine b) Verapamil
c) Propanolol d) Amlodipine
e) Atenolol

2176. All of the following reduces bronchial secretions except- *(CUPGEE99)*
a) Alcohol b) Atropine
c) Phenothiazines d)Imipramine

2177. Troglitazone is the drug used in the tratmentof-
a) Petit mal epilepsy *(JIPMER2K)*
b) Type 2 diabetes mellitus
c) Hyperlipidaemia
d) Sea sickness

2178. Drug acting as a free radical scavenger is -
a) Finasteride b) Lamotrigine *(MP 2K)*
c) Cyclophosphamide d)Gugulip

2179. Cytoprotective drug- *(CALCUTTA2K)*
a) Misopristol b) Ranitidine
c) Omeprazole d) Ketoconazole

2180. Group of drugs likely to induce hyperglycemia and hypercalcemia- *(ORISSA98)*
a) Beta-adrenoreceptor blocker
b) Thiazides
c) MAO inhibitors
d) Tricyclic antidepressants

2181. Which of the following chelating agents is derived from a micro- organism? *(Kerala 2K)*
a) Dimercaprol b) EDTA
c) Desferoxamine d) Trientine
e) None of the above

2182. Acts on NMDA receptors - *(NIMHANS 01)*
a) Opiod b) Benzodiazepine
c) Non-benzodiazepine d) NS AIDS

2183. Which of these can be given intra nasally?-
a) Histrelin b)Naferelin *(CUPGEE02)*
c) Goserelin d) Synthetic progestogens

2184. Tizanidine is used in the treatment of-
a) Hypertension *(JIPMER 2002)*
b) Spasticity
c) Glaucnoma
d) Benign prostatic hyperplasia

2185. High hepatic extracion ratio is seen with -*(PGI02)*
a) Lidoaine b) Diazepam
c) Phenytoin d) Propranolol
e) Theophyline

2186. Recent anti-histaminics in allergic rhinitis are-
a) Azelastine *(PGI 03)*
b) Fexofenadine
c) Chlorpheniramine maleate
d) Desloratidine

2187. Most important side effect of dapsone is hemolytic anaemia, the next adverse effect - *(PGI 03)*
a) G - 6 - P D deficiency
b) Infectious mononucleosis like syndrome
c) Agranulocytosis
d) Lichenoid eruption
e) Skin pigmentation

2188. True about vitamin K - *(PGI 03)*
a) Ted synthesis of factor II, VII, IX & X
b) Does'nt require exposure to sunlight
c) Cause hemolytic anemia
d) T 7 is < 6 hour

2163)d 2164)b 2165)None 2166)d>c 2167)a 2168)b 2169)c 2170)d>c 2171)a 2172)b 2173)d 2174)a
2175)a 2176)a 2177)b 2178)d 2179)a 2180)b 2181)c 2182)c 2183)b 2184)b 2185)a,b,d 2186)a,b,d 2187)b,c,e
2188) a,c

2189. Treatment of parkinson's disease - *(PGI03)*
a) Levodopa b)Mazindol
c) Bromocriptine d) Acyclovir
e) Benserazide

2190. Bone marrow depressive drugs in the treatment of AIDS patient are - *(PGI 03)*
a) Didanosine b) Zalcitabine
c) Dapsone d) Cotrimoxazole
e) Gancyclovir

2191. Treatment of chorioretinitis in AIDS pt. - *(PGI 03)*
a) Valaciclovir b) Ganciclovir
c) Rivabirin d) Amantidine
e) Cidofovir

2192. True about Dezocine - *(PGI03)*
a) Slow acting morphine
b) Low potent morphine
c) Acts via GABA
d) Does'nt increase histamine release
e) Ted plasma catecholamines

2193. True about Esmolol- *(PGI03)*
a) It is a - blocker
b) It has no intrinsic activity
c) It has longer half life
d) It is a cardioselective
e) It precipitates heart failure

2194. True about Esmolol- *(PGI 03)*
a) It is a cardioselective
b) It increased the airway resistance
c) It causes tachycardia
d) Its $1^1/2$ is 4 hrs
e) It has no ionotropic activity

2195. SSRI are - *(PGI03)*
a) Citalopram b) Fluoxetine
c) Mirtazapine d)Imipramine
e) Sertraline

2196. Anticancer antibiotic - *(PGI 03)*
a) Vancomycin b) Actinomycin D
c) Bleomycin d) Mithramycin

2197. Best drug for anaerobic infections - *(PGI 03)*
a) Metronidazole b)Imipenem
c) Aztreonam d) Clotrimazole
e) Vancomycin

2198. Folic acid metabolism is inhibited by - *(PGI 03)*
a) Sulfonamides b)Mtx
c) N_20 d) Trimethoprim
e) 5-Flucytosine

2199. Hepatotoxic drugs are - *(PGI03)*
a) Chloroform b) Ether (diethly)
c) N_20 d) Halothane
e) Enflurane

2200. Antiarrhythmic drugs causing torsades pointes are-
a) Quinidine b) Dysopyramide *(PGI 03)*
c) Procainamide d)Lidocaine

2201. Side effect of timolol maleate- *(PGI 03)*
a) Hypertension b) Asthma
c) Depression d) Tachycardia
e) Hypotension

2202. True about Carvedilol- *(PGI 03)*
a) 0Cj blocker b)β blocker
c) p_2 blocker d) Antioxidant
e) Used in hypertension

2203. Prophylaxis of migraine is/are- *(PGI 03)*
a) Flunarizine b) Cinarizine
c) p blocker d) Sodium Valproate
e) Carbamazepine

2204. Which of the following are prodrugs- *(PGI 03)*
a) Mercaptopurine b)Dipivefrine
c) Enalapril d) Phenytoin
e) Linezolid

2205. First pass metabolism is seen in- *(PGI03)*
a) Lignocaine b) Propranolol
c) Salbutamol d) Dypyridamol
e) Erythromycin

2206. True about Quinidine - *(PGI03)*
a) It increases effective refractory period
b) Used in hypertension
c) Causes paradoxical techycardia
d) It decreases absolute refractory period
e) Cinchonism is seen

2207. Regarding Ritonavir in AIDS patient which of the following is/are true - *(PGI 03)*
a) Interacts with terfenadine
b) GI. symptoms are seen
c) Contraindicated in renal failure
d) It isNNRTI
e) Should not be used in AIDS patient with bleeding disorder

2208. Antihypertensive drugs beneficial or neutral role in Lipid metabolism - *(PGI 03)*
a) Prazocin b) Propranolol
c) Furosemide d) Losartan
e) Chlorthiazide

2209. Neurochemical mechanism of analgesia - *(PGI03)*
a) VR-1 b) Nicotinic cholinergic
c) Nocistatin pattern d) Nociceptin pattern
e) Anandomide

2210. Side effects of phenytoin are - *(PGI 04)*
a) Gum hypertrophy b) Alopecia
c) Subungal exostosis d) Onycholysis
e) Acne rosacea

2211. Ototoxicity of aminoglycoside is increased with concurrent use of which of the following drug (s)-
a) Cisplatin b)Furosemidef
c) Vancomycin d) Vincristin
e) Erythromycin

2212. Rx of penicilinase producing Neisseria gonorrhoeae is/are- *(PGI 04)*
a) Amoxycillin b)Ciprofloxacin
c) Cefotaxime d) Doxycycline
e) Azithromycin

2189)a,c,e 2190)c,d,e 2191)b,e 2192)d 2193)b,d,e 2194)a 2195)a,b,e 2196)b,c,d 2197)a,b 2198)b,d 2199)a,d 2200) a,b,c 2201)b,c,e 2202) All 2203) a,c,d 2204)a,b,c 2205)a,b,c 2206) a,c_5e 2207) a,b 2208) a,d 2209)a,b,d,e 2210) a 2211)a,b,c 2212) b,c

2213. True about Pseudocholineesterase - *(PGI04)*
a) Present in neuromuscular junction
b) Level is increased in pregnancy
c) Succinylcholine is metabolized
d) Organophosphorus inhibit it

2214. Alkylating agents are- *(PGI04)*
a) Vincristin b)Actinomycin-D
c) Chlorambucil d) 5 - Fu
e) Cyclophosphamide

2215. Lignocaine and adrenaline; this Combination should be avoided in - *(PGI 04)*
a) Penile block b) Axillary block
c) On face d) In lower limb

2216. Budesonide is - *(J&K 05, Delhi 92)*
a) A new bronchodilator b) Used in AIDS
c) A new antiepileptic d) New antihypertensive

2217. Which of the following substances does not bind to activated charcoal - *(J&K 05)*
a) Methanol b) Carbamazepine
c) Dapsone d) Salicylates

2218. Which of the following drugs has covalent interaction with its target - *(AIIMS NO V 05)*
a) Aspirin b) Penicillin
c) Nitric oxide d) Bosentan

2219. Mechanism of action of sildenafil is - *(UPSC 05)*
a) A-adrenoceptor antagonist
b) Dopamine agonist
c) Phosphodiesterase Type 5 inhibitor
d) Direct action on vascular smooth muscles

2220. Mg^ administered in - *(PGI June 06)*
a) Eclampsia b) Cardiac arrhythmia
c) Seizure d) Tetani

2221. All of the following is the true about azithromycin except -
a) Inhibits microsomal enzyme
b) Macrolide
c) Long half life
d) First choice in legionnaires pneumonia.

2222. The drug used in the treatment of complications of multiple sclerosis is - *(Corned 07)*
a) Rifampicin b)Isoniazid
c) Ethambutol d) Streptomycin

2223. Metrifonate is effective against- *(Corned 08)*
a) Amoebiasis b) Leishmaniosis
c) Schistosomiasis d) Giardiasis

2224. The following drugs may be used in erectile dysfunction except - *(A107)*
a) Phenylephrine b) Apomorphine
c) Alprostidil d) PGE 1 analogues

2225. The following drugs are used in obesity except -
a) Orlistat b) Sibutaramine *(AI07)*
c) Olestra d) Neuropeptide Y agonist

2226. Nestritide is a - *(AI07)*
a) Brain natriuretic peptide analogue
b) Endothelin R antagonist
c) Gp lib / Ilia antagonist
d) TNF alpha antogonist

2227. Filgrastim is used in treatment of - **(***AI07)*
a) Anemia b) Neutropenia
c) Malaria d) Filarial

2228. Which of the following drugs is to be discontinued on the day of surgery - *(AIIMS Nov 0 7)*
a) Atenolol b) Amlodipine
c) Metformin d) Statins

2229. Drug causing hyperglycemia is - *(AlIMSNov 07)*
a) Beta blockers b) Glucocorticoid
c) Alcohol d) Indomethacin

2230. SIADH is caused by all except - *(AiimsMay08)*
a) Vincristine b) Vinblastine
c) Actinomycin D d) Cyslophosphamide

2231. Not used in erectile dysfunction ? *(Aiims May 08)*
a) PGE-2 b) Vardalafil
c) Phenylephrine d) Alprostadil

2232. Drug contraindicated in pregnancy - *(PGI June 08)*
a) Lithium b) Acetaminophen
c) Digoxin d) Cyclophosphemide
e) Prophylthiouracil

2233. Gastric irritation is least with NSAI*D-(PGIJune 08)*
a) Diclofenac b)Aminosalicyclicacid
c) Ibuprofen d) Naproxen
e) Indomethacin

2234. Anthraquinones cause - *(Manipal 08)*
a) Adenoma b) Lung Ca
c) Bladder Ca d) Oesophageal Ca

2235. Least plasma halflife ? *(APPG 08)*
a) Dehydroepiandrostendione
b) Aldosterone
c) Norepinephrine
d) Dapsone

2236. All are hepatotoxic drugs except - *(UP 08)*
a) Erythromycin b) Rifampicin
c) Tetracycline d)None

2237. Which of the following drug is contraindicated in pregnancy and lactation ? *(APPG08)*
a) Mebendazole b) Albendazole
c) Metronidazole d)None

2238. Which drug causes gynaecomazia ? *(APPG 08)*
a) Ketoconazole b) Fluconazole
c) Aspirin d) Diltiazem

2239. Which of the following is associated with renal stones ? *(APPG08)*
a) Tiagabine b)Zonasimide
c) Lamivudine d) Acyclovir

2240. Disease modifying agents in Rheumatoid arthritis are- *(PGINov09)*
a) Leflunomide b) Methotrexate
c) Abatacept d) Etanercept
e) Tacrolimus

2241. Drug NOT used in pulmonary hypertension -
a) Calcium channel blocker *(AIIMS May 10)*
b) Endothelin receptor antagonist
c) Alpha blocker
d) Prostacyclin

2213)c 2214)c,e 2215)a 2216)None 2217)a 2218)a 2219)c 2220)A11 2221)a 2222)b 2223)c 2224)a 2225)d 2226) a 2227) b 2228) c 2229) b 2230) c 223 l)c 2232)a,d,e 2233) b 2234) a 2235) c 2236) d 2237) c 2238) a 2239) b 2240) a,b 2241) c

2242. Serotonin syndrome may be precipitated by all of the following medications, Except - *(AI10)*
a) Chlorpromazine b) Pentazocine
c) Buspirone d) Meperidine

2243. Allopurinol is used in the treatment of - *(AI 10)*
a) Osteoarthritis
b) Gout
c) Rheumatoid arthritis
d) Ankylosing spondylitis

2244. Drugs used in migraine prophylaxis are all except-
a) Flunarazine b) Propranolol*(DPG10)*
c) Cyproheptadine d) Sumatriptan

2245. Erythropoietin is definitely indicated in -
a) Liver failure *(Jipmer 10)*
b) Heart failure
c) End stage renal failure
d) Polycystic kidney disease

2246. Which of the following are neutracceuticals -
a) Coq 10 b) Tryptophan *(PGI May 10)*
c) P- carotene d) Lycopene

2247. A person while driving a vehicle met with an accident. He was taking certain medications. Which of the following drugs he might be taking -
a) Fluoxetineb) Fexofenadine *(PGIMay 10)*
c) Tramadol d) Buspirone
e) Chlorzoxazone

2248. Peptides drugs are - *(PGIMay 10)*
a) PolymixinB b) Valinomycin
c) Streptomycin d) Gramicidin S
e) Nodularin

2249. Drugs which precipitates in renal tubule & cause obstruction- *(PGI May 10)*
a) Indinavir b) Ceftriaxone
c) Guaifenesin d) Atazanavir

2250. Drugs that crosses blood brain barrier -
a) Erythromycin b) Cotrimoxazole *(PGIMay 10)*
c) Ampicillin d) Aminoglycosides
e) Ceftriaxone

2251. Drugs used in chemotherapy induced nausea & vomiting- *(PGI Nov. 10)*
a) Dexamethasone b) Ondansetron
c) Palonosetrone d) Metoxantrone
e) Metoclopramide

2252. Which is used in overactive bladder -
a) Duloxetine b)Darfinacin *(AIIMSNov 10)*
c) Flavoxate d)Oxybutynin

2253. Which of the following drug is used in sickle cell anemia - *(AIIMS May 11)*
a) Hydroxyurea b)Carmustine
c) Paclitaxel d) Bleomycin

2254. All of the following statements about 'Aprepitant[9] are true, except - *(AI 11)*
a) Agonist at Neurokinin receptor (NK1)
b) Crosses the blood brain barrier
c) Metabolized by CyP3 A4 pathway
d) Ameliorates nausea and vomiting of chemotherapy

2255. Widest spectrum aminoglycoride is -
a) Amikacin *(NEET/DNB Pattern)*
b) Gentacucin
c) Kauacycin
d) Capreomycin

2256. Main mechanism of combined OCP ?
a) Feedback inhibition of pituitary (causing of LH sarge)
b) Change in camical mues *(NEET/DNB Pattern)*
c) Decreased motility and secretion of the fallopian tube
d) Preveelts impautiation

2257. Which of the following drug does not cause renal toxicity ? *(NEET/DNB Pattern)*
a) Cisplatin b) Cytarabine
c) Oxaliplatin d) Cladirabine

2258. Oseltanavir dose is - *(NEET/DNB Pattern)*
a) 75mgBDx5day b) 150 mg BD x 5 day
c) 75 mg OD x 5 days d)

2259. Size of inhalation steroid ? *(NEET/DNB Pattern)*
a) 1-5 b) 5-10
c) 10-15 d) 15-20

2260. Dapsone is used in - *(NEET/DNB Pattern)*
a) Dermatitis herpetifomis b) Pemphigus vulgaris
c) Acne d) SLE

2261. Least glucocoticoid action is seen with ?
a) Cortisone *(NEET/DNB Pattern)*
b) Hydrocortisone (cortisol)
c) DOC A
d) Fludrocortisone

2262. Which of the following anticonvulsant is not an enzyme inducer - *(NEET/DNB Pattern)*
a) Phenytoin b) Phenobarbitone
c) Carbamazepine d) Valproate

2263. Doxycycline - *(NEET/DNB Pattern)*
a) has narrow half life than other tetracyclines
b) has renal toxicity
c) can be used in renal failure
d) Food has no relation with absorption of doxycycline

2264. Longest acting statin ? *(NEET/DNB Pattern)*
a) Rosuvastatin b) Atorvastatin
c) Lovastatin d) Simvastatin

2265. Which of the following can cause change in iris colour - *(NEET/DNB Pattern)*
a) Latanoprost b) Brimonidine
c) Timolol d) Brinzolamide

2266. All are effects of prostaglandin except -
a) Natriuresis *(NEET/DNB Pattern)*
b) Hypokalemia
c) Vasodilation
d) Water retention

2267. Side effect of thiazide diuretics are all exacpt ?
a) Hyponatremia *(NEET/DNB Pattern)*
b) Hypokalemia
c) Erectile dysfunction
d) Hypocalcemia

2242)a 2243)b 2244)d 2245)c 2246)a,b,c,d 2247)c,e 2248)a,b,d 2249)a,c,d 2250)b,c,d 2251)a,b,c,e 2252)b,c,d 2253)a 2254)a 2255)a 2256)a 2257)b 2258)a 2259)a 2260)a 2261)c 2262)d 2263)c 2264)a 2265)a 2266)d 2267)d

2268. Which of the following drug does not cross BBB?
a) Aminoglycoside *(NEET/DNB Pattern)*
b) Corticosteroid
c) Albendazole
d)

2269. Drugs C/I in pregnancy - *(NEET/DNB Pattern)*
a) Enalapril b)CCB
c) (J-blockers d)

2270. Nevirapine is - *(NEET/DNB Pattern)*
a) NRTT b)NNRTI
c) ETI d)FI

2271. Toxic metabolite of acetaminophen ?
a) NAPQI *(NEET/DNB Pattern)*
b)
c)
d)

2272. Furesomide has following effect-
a) Hypercalcemia *(NEET/DNB Pattern)*
b) Hypernatremia
c) Hyperkalemia
d) Hyperuricemia

2273. Mechanism of action of lovastatin ?
a) HMG CoA reductase inhibitor
b) Decarboxylase inhibitor *(NEET/DNB Pattern)*
c)
d)

2274. Mode of action of azathioprine ?
a) TlL-2 *(NEET/DNB Pattern)*
b) T-cell blockade
c) Decreased lymphophagocytic activity
d)

2275. All of the following have interaction with warfarin except - *(NEET/DNB Pattern)*
a) Barbirate b) Oral contraceptive
c) Cephalosporins d) Benzodiazepens

2276. Which of the following is a synthetic estrogen ?
a) Estradiol *(NEET/DNBPattern)*
b) Estriol
c) Ethinyl estradiol
d) Estrone

2277. Extrapyramidal side-effect least seen with -
a) Clozapine *(NEET/DNBPattern)*
b) Haloperidol
c) Thioridazine
d) Fluphenazine

2278. Along with INH, which vitamin is given -
a) Riboflavin *(NEET/DNBPattern)*
b) Pyridoxine
c) Niacin
d) Cyanocobalamine

2279. Which antihistamine is not used due to this side-effect : torsades de points - *(NEET/DNB Pattern)*
a) Terfenadine
b) Astemizole
c) Ebastive
d)

2280. Toxic dose of li - *(NEET/DNB Pattern)*
a) 0.6 b) 1.2
c) 2.6 d)<0.6

2281. Mechanism of action of NO - *(NEET/DNB Pattern)*
a) PDE_5 b)PDE_6
c) PDE_4 d)PDE_3

2282. PGE_2 cause all except - *(NEET/DNB Pattern)*
a) Water retention b) Uterine contraction
c) Flushing

2283. Sulphonamides act by - *(NEET/DNB Pattern)*
a) Competitive inhibition
b) Non-competitive inhibition
c) Allosteric inhibition

2284. All are true about ciprofloxacin except -
a) C/I in pregnancy *(NEET/DNB Pattern)*
b) DNA gyrase
c) Most potent 1st generation fluoroquinolone
d) More active at acidic pH

2285. Ticlopidine acts by - *(NEET/DNB Pattern)*
a) Decreaseing ADP mediated interaction
b) Decrease COX enzyme irreversibly
c) Gp Ilb/IIIa antagoist

2286. Myelosuppression due to drug toxicity ?
a) > 2 weeks *(NEET/DNB Pattern)*
b) > 4 weeks
c) 7-10 weeks
d) < 7 days

2287. Steroid causes all except - *(NEET/DNB Pattern)*
a) Decreased healing of wound
b) Water retention
c) Ted bone matrix formation
d)

2288. Action of aspirin is due to - *(NEET/DNB Pattern)*
a) Decreased thrmboxaneA_2
b) i Adenyl cyclase
c) GP n_b/III_a dunear

2289. Clopidogrel action - *(NEET/DNB Pattern)*
a) Thromboxane A_2 decrease
b) Adenyl cyclase decrease
c) GP II_b/III_a alteration
d)

2290. *tVi* of digoxin is - *(NEET/DNB Pattern)*
a) 40 hr b)20hr
c) 5-7 days d) 14 days

2291. Which of the following is a selective serotonin & nor-epinephrine reuptake inhibitor ?
a) Fluoxetine *(NEET/DNB Pattern)*
b) Venalafexine
c) Sertraline
d) Escitalopram

2268)a 2269)a 2270)b 2271)a 2272)d 2273)a 2274)b 2275)d 2276)d 2277)a 2278)b 2279)a 2280)c 2281)a
2282)a 2283)a 2284)d 2285)a 2286)d 2287)c 2288)a 2289)b 2290)a 2291)b

2292. All of the following statements are true about ergometrine except - *(NEET/DNB Pattern)*
a) Causes increase in B.P.
b) Does not affect milk secretion
c) Useful in diagnosis of variant angina
d) Contracts uterus

2293. Which opoid does not require kidney & liver for metabolism ? *(NEET/DNBPattern)*
a) Remifentanil b) Pethidine
c) Morphine d) Fentanyl

2294. Centrally acting antihypertensive drugs -
a) Methyldopa *(NEET/DNBPattern)*
b) Prazosin
c) Captopril
d) Verapamil

2295. Calcineurin inhibitor ? *(NEET/DNB Pattern)*
a) Cyclosporine
b) Sirolimus
c) Azathioprine
d) Mycophenolate inhibitor

2296. Finesteride inhibits - *(NEET/DNBPattern)*
a) 5-a reductase
b) Phosphodiesterase
c) Na^+K^+AT Pase
d) CAMP inhibitor

2297. Which of the following stool softener does not interfere with fat absortion ? *(NEET/DNB Pattern)*
a) Docussats b) Phenolplenttali
c) Mineral oil d) Castor oil

2298. Which of the following antineoplastic drugs should not be given by rapid IV infusion -
a) Cyclophosphamide *(NEET/DNB Pattern)*
b) Busulfan
c) Carmustine
d) Dacarbazine

2299. Digoxin MOA - *(NEET/DNB Pattern)*
a) Na^+K^+ ATPasepump inhibition
b) Phosphodiesterase inhibitors
c) Calcium channel inhibitor
d)

2300. Which of the following does not cause insulin release? *(NEET/DNB Pattern)*
a) Rosiglitazone b) Glimepiride
c) Repaglinide d) Glibenclamide

2301. All of the following antiepileptic are inducers of enzyme except- *(NEET/DNB Pattern)*
a) Valproate b) Carbamazepine
c) Topiramate d) Tiagabine/ Phenytoin

2302. Dopamine all of the following is true except -
a) Cause **GI.** ischemia *(NEET/DNB Pattern)*
b) Decrease milk secretion
c) Does not penetrate blood brain barrier
d) Little effect on diastolic B.P.

2303. Guanethidine -MOA - *(NEET/DNB Pattern)*
a) Prevents exocytosis (impulse coupled release ofNA)
b) Blockade of vascular uptake
c) MAO-inhibitors
d) Receptor blockage

2304. Antiandrogen used in heart failure ?
a) Spironolactone *(NEET/DNBPattern)*
b) Danazol
c) Flutamide
d) Fineasteride

2305. Selective progestron modulator ?
a) Ulipristal *(NEET/DNBPattern)*
b) Tamoxifen
c) Raloxifen
d) Tibolome

2306. All are a-blocker except - *(NEET/DNB Pattern)*
a) Atenolol b) Phenoxybenzamine
c) Prazosin d)Tamsulosin

2307. Conivaptan ? *(NEET/DNBPattern)*
a) Vasopressin receptor agonist
b) Vasopressin receptor antagonist
c) Oxyotocin agonist
d) Oxytocint antagonist

2308. Stool softener not interefering with absorption of fat-
a) Docusate *(NEET/DNB Pattern)*
b) Liquid paraffin
c) Psyllium
d) methylcellulose

2309. Use of Buspirone is? *(NEET/DNB Pattern)*
a) Anxiolytic b) Sedative
c) Anaesthetic d) Respiratory depression

2310. Dose of VitK? *(NEET/DNB Pattern)*
a) 10 mg b) 20 mg
c) 30 mg d) 40 mg

2311. Which drug doesn't include DMARD ?
a) Vincristine *(NEET/DNB Pattern)*
b) Methotrexate
c) Azathioprine
d) Leflunomide

2312. Glipizide oral hypoglycemic drug -
a) Helps in insulin secretion *(NEET/DNB Pattern)*
b) Inhibit gluconeogenesis and glycogenolysis
c) Increase utilisation
d) Inhibit absorbtion of glucose

2313. Which of the following are true about ondansetron ?
a) $5HT_1$ agonist *(NEET/DNB Pattern)*
b) Dopamine agonist
c) $5HT_3$ antagonist
d) $5HT_4$ agonist

2314. Longest acting sulphonamide is ?
a) Sulphadoxine *(NEET/DNB Pattern)*
b) Sulphadiazine
c) Sulphamethoxazole
d) Sulphasalazine

2292)b 2293)a 2294)a 2295)a 2296)a 2297)a 2298)a 2299)a 2300)a 2301)a 2302)a 2303)a 2304)a 2305) a 2306)a 2307)b 2308)a 2309)a 2310)a 2311)a 2312)a 2313)c 2314)a

2315. Prostaglandins are used in all except -
a) Cervical ripening *(NEET/DNB Pattern)*
b) PPH
c) Erectile dysfunction
d) Emergency contraception

2316. Thiazide cause- *(NEET/DNBPattern)*
a) Metabolic alkalosis b) Hypocalcemia
c) Metabolic acidosisd) Hypernatremia

2317. Slidenafil mechanism of action ?
a) tCAMP formation by phosphodiesterase-4 inhibitors *(NEET/DNBPattern)*
b) tCAMP formation by phosphodiesterase-5 inhibitors
c) TDAG pathway
d) None

2318. Sumitanib is used in ? *(NEET/DNBPattern)*
a) AML
b) CML
c) GIST
d) Hepatocellular cancer

2319. S/E of long term ethinyl estradiol therapy ?
a) Weight gain *(NEET/DNBPattern)*
b) Acne
c) Ovarian dysgenesis of offspring
d) Mood swings

2320. Petracyoline is C/I in all except ?
a) Pregnancy *(NEET/DNB Pattern)*
b) Lactation
c) Children
d) Active bleeding

2321. Not used as t/t for lymphatic filariasis -
a) Ivermectin *(NEET/DNB Pattern)*
b) DEC
c) Albendazole
d) Pyrantel palmoate

2322. Low molecular weight heparin acts on -
a) Xa b) Ha *(NEET/DNB Pattern)*
c) Ila&Xa d) None

2323.5HT_3 antagonist ? *(NEET/DNB Pattern)*
a) Ondansetron b) Metoclopromide
c) Domperidone d) Tegaserod

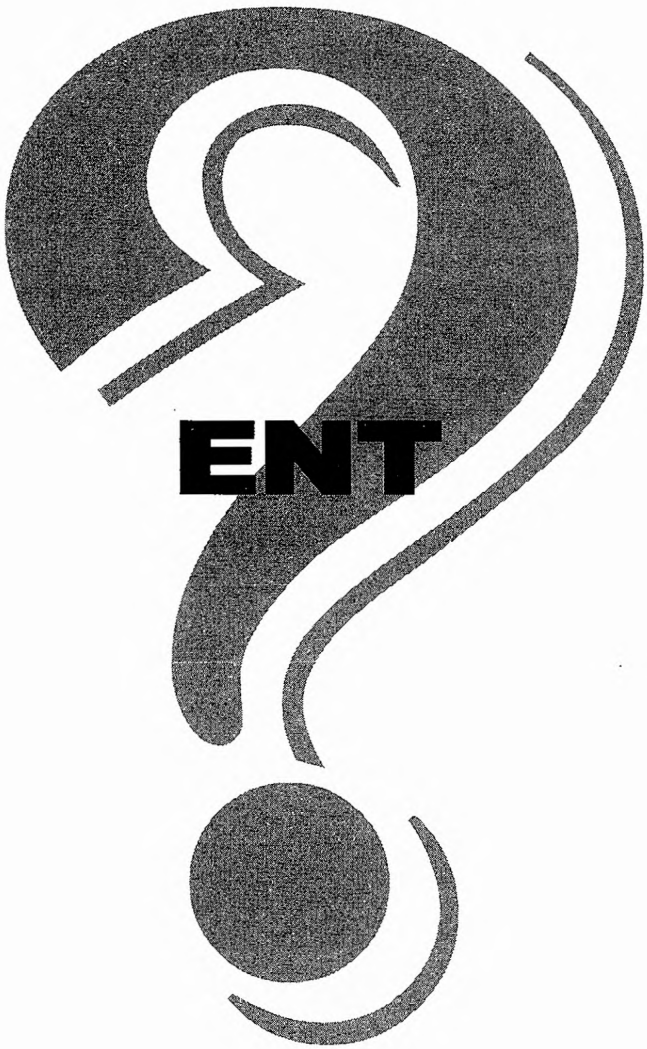
2324. Steroid with 12-36 hrs life ? *(NEET/DNB Pattern)*
a) Prednisolone b) Hydrocortisone
c) Dexamethasone d) Betamethasone

2325. Clofazimine S/E ? *(NEET/DNB Pattern)*
a) Chrysiasis b) Fixed drug reaction
c) Hypotension d) Headache

2326. Drugs C/I in diabetic is - *(NEET/DNB Pattern)*
a) Mannitol b) Glycerol
c) Spironolactone d) Acetazolamide

***

2315)d 2316)a 2317)b 2318)c 2319)c 2320)d 2321)d 2322)a 2323)a 2324)a 2325)a 2326)b


ENT

ANATOMY OF EAR

1. Cartilagenous part of external auditory canal is -
a) Medial 1/3 b) Lateral 1/3 *(PGI97)*
c) Medial 2/3 d) Lateral 2/3

2. Dehiscence of anterior wall of the external auditory canal cause infection in the parotid gland via- *(SGPGI01)*
a) Fissure of santorini b) Notch of rimus
c) Petrous fissure d) Retropharyngeal fissure

3. Ceruminous glands present in the ear are -
a) Modified eccrine glands *(A1IMS May 05)*
b) Modified apocrine glands
c) Mucous gland
d) Modified holocrine glands

4. Nerve supply for external ear are all except -*(MAHE07)*
a) Greater occipital nerve
b) Greater auricular nerve
c) Auriculotemporal nerve
d) Lesser occipital nerve

5. All of the following nerves supply auricle & external meatus except - *(TN 03)*
a) Trigeminal nerve b) Facial nerve
c) Auditory nerve d) Vagus nerve

6. Sensory supply of external auditory meatus is by -
a) Pterygomandibular ganglion *(PGI June 07)*
b) Geniculate ganglion
c) Facial nerve
d) Auriculotemporal nerve

7. Pars flaccida of the tympanic membrance is also called-
a) Reissner's membrane *(MP 07)*
b) Shrapnel's membrane
c) Basilar membrane
d) Secondary tympanic membrane

8. "Cone of light" is du e to - *(AIIMS 96)*
a) Malleolar fold b) Handle of malleus
c) Anterior inferior quadrant d) Stapes

9. Which of the following is false about tympanic membrane-
a) Cone of light is antero- inferior *(Delhi 08)*
b) Shrapnel's membrane is also known as parsflaccida
c) Healed perforation has three layers
d) Anterior malleolar fold is longer than posterior

10. What is the colour of the normal tympanic membrane- *(CUPGEE 96)*
a) Pearly white b)Grey
c) Yellow d) Red

11. Nerve supply of tympanic memberane-/PG/ *Dec. 02)*
a) Auriculotemporal b) Auricular branch of vagus
c) Occipital nerve d) Great auricular nerve
e) Glossopharyngeal nerve

12. Nerve supply of the tympanic membrane is by -
a) Auriculotemporal *(AI95, NEET/DNB Pattern)*
b) Lesser occipital
c) Greater occipital
d) Parasympathetic ganglion

13. Narrowest part of middle ear is - *(PGI 97)*
a) Hypo tympanumb) Epitympanum
c) Attic d) Mesotympanum

14. Prussack's space is situated in - *(MAHE 02)*
a) Epitympanum b)Mesotympanum
c) Hypotympanum d) Ear canal

15. All are components of epitympanum except -
a) Body of incus b) Head of malleus
c) Chorda tympani d) Footplate of stapes

16. Tegmen separates middle ear from the middle cranial fossa containing temporal lobe of brain by -
a) Medical wall of middle ear *(Karn. 06)*
b) Lateral wall of middle ear
c) Roof of middle ear
d) Anterior wall of middle ear

17. Opening of Eustachian tube in middle ear -*(PGI 99)*
a) Medial wall b) Lateral wall
c) Anterior wall d) Posterior wall

18. Facial recess or the posterior sinus is bounded by -
a) Medially by the vertical part of VII nerve *(TN 03)*
b) Laterally by the chorda tympani c) Above by the fossa incudis
d) All of the above

19. Promontory seen in the middle ear \s-*(PGI June 98)*
a) Jugular bulge b) Basal turn of cochlea
c) Semicircular canal d) Head of incus

20. Stapes foot plate covers - *(AIIMSMay 03)*
a) Round window b) Oval window
c) Inferior sinus tympani d) Pyramid

21. Secondary tympanic membrane is present over- *(Delhi 2000)*
a) Round window b) Oval window
c) Lateral wall of middle ear d) Scala media

2 2. The distance between tympanic membrane and medial wall of middle ear at the level of center is -*(PGI 00)*
a) 3mm b)4mm c) 6mm d)2mm

23. Distance of promontory from tympanic membrane -
a) 2mm b)5mm c) 6mm d)7mm

24. The size of the Fenestra Vestibule on an average is-
a) 3.50 mm long and 2.50 mm wide *(DPG Mar. 09)*
b) 3.25 mm long and 1.75 mm wide
c) 3.75 mm long and 1.50 mm wide
d) 4.00 mm long and 2.00 mm wide

25. What is the type of joint between the ossicles of ear- *(AI08)*
a) Fibrous joint
b) Primary cartilaginous
c) Secondary cartilaginous
d) Synovial joint

26. Sensory nerve supply of middle ear cavity is provided by - V *(AI 95, NEET/DNB Pattern)*
a) Facial b) Glossopharyngeal
c) Vagus d) Trigeminal

l)b 2) a 3)b 4)a 5)c 6)c,d 7)b 8)b 9)c 10)b ll)a,b,e 12)a 13)d 14)a
15) d 16)c 17)c 18) d 19)b 20)b 21)a 22)d 23)a 24)b 25)d 26)b

27. **All of the following form the boundary ofMacEwen's triangle except -** *(Delhi 08)*
a) Temporal line
b) Posterosuperior segment of bony external auditory canal
c) Promontory
d) Tangent drawn to the external auditory meatus

28* **What forms lateral wall of mastoid antrum -**
a) Squamous temporal *(NEET/DNB Pattern)*
b) Tegmen Antri
c) SCC
d) None BpS?? gggjg

29. **About Eustachian tube -** *(PGI June 02)*
a) 24 mm in length
b) Outer l/3rds is cartilagenous
c) Inner 2/3rds is bony
d) Inner 2/3rds is cartilaginous
e) Opens during swallowing

30. **The length of Eustachian tube is -** *(AP 99, TN 06,*
a) 16 mm b)24mm *Punjab 11)*
c) 36 mm d)40mm

31. **Eustachian tube opens into middle ear cavity at-** *(UP 00)*
a) Anterior walls b) Hypotympanum
c) Superior surface d) Posterior wall

32. **TVue about Eustachian tube is / are -** *(PGI June 01)*
a) Size is 3.75 cm
b) Cartilagenous 1/3 & 2/3rd bony
c) Opens during swallowing
d) Nasopharyngeal opening is narrowest
e) Tensor palati helps to open it

33. **True about Eustachian tube -** *(PGI Nov 10)*
a) Length is 36 mm in adults and 1.6 mm to 3 mm in children
b) Higher elastin content in adults
c) Ventilatory function of ear better developed in infants
d) More horizontal in adults
e) Angulated in infants

34. **Which of the following causes opening of Eustachian tube?** *(Maharashtra 10)*
a) Salpingopharyngeus b) Levator veli palatini
c) Tensor veli palatini d) None of the above

35. **Inner ear is present in which bone -** *(PGI 97)*
a) Parietal bone
b) Petrous part of temporal bone
c) Occipital bone
d) Petrous part of squamous bone

36. **Inner ear bony labyrinth is -** *(Karn. 06)*
a) Strongest bone in the body
b) Cancellous bone
c) Laminar bone
d) Membranous bone

37. **Crus commune is in -** *(Jharkhand 2006)*
a) Cochlea b) Middle ear
c) Behind retina d) Part of lens

38. **Cochlear aqueduct -** *(PGI June 98)*
a) Connects internal ear with subarachnoid space
b) Connects cochlea with vestibule
c) Contains endolymph
d) Same as S media

39. **Infection of CNS spreads in inner ear through -**
a) Cochlear aqueduct *(AIIMS Nov 10, May 10)*
b) Endolymphatic sac
c) Vestibular aqueduct
d) Hyrtle fissure

40. **Most potential route for transmission of Meningitis from CNS to Inner ear is -** *(AI09)*
a) Cochlear Aqueduct b) Endolymphatic sac
c) Vestibular Aqueduct d) Hyrtle fissure

41. **Movement of stapes causes vibration in -** *(DNB 02)*
a) Scala media b) Scala tympani
c) Scala vestibuli d) Semicircular canal

42. **Organ of corti is situated in -** *(TN- 06)*
a) Basilar membrane b) Utricle
c) Saccule d) None of the above

43. **Hair cell of organ of corti supported by-** *(PGINov 09)*
a) Onodi cells b)Deitercell
c) Hensen cell d)Bullarcell
e) Heller cell

44. **Endolymphatic duct drains into -** *(JIPMER 98)*
a) subdural space b) Extradural space
c) Subarachnoidspace d) Sacculus

45. **Endolymphatic duct connects which structure -**
a) Scala media to epidural space *(Delhi 05)*
b) Scala vestibule to aqueduct of cochlea
c) Scala tympani to aqueduct of cochlea
d) Scala tympani to subdural space

46. **Endolymph in the inner ear -** *(AIIMSMay 10)*
a) Is a filterate of blood serum
b) Is secreted by Stria vascularis
c) Is secreted by Basilar membrane
d) Is secreted by Hair cells

47. **CSF is similar to -** *(Orissa 07, NEET/DNB Pattern)*
a) Endolymph b) Perilymph
c) Cortilymph d) Urine

48. **Fluid, which has high potassium and low sodium contents, is -** *(Jipmer 03)*
a) CSF b)Ectolymph
c) Endolymph d) Pleural fluid

49. **Site where endolymph is seen -** *(NEET/DNB Pattern*
a) Scala vestibuli b) Scala media *Kerala 97)*
c) Helicotrem d) Organ of corti

50. **Labyrinthine artery is a branch** *of-(NEET/DNBPattern*
a) Internal carotid artery *AIIMS 91)*
b) Basilar artery
c) Posterior cerebellar artery
d) Anterior inferior cerebellar artery

51. **Pinna develops from -** *(MH02)*
a) 1 st pharyngeal arch
b) 1 st and 3rd pharyngeal arch
c) 1 st and 2nd pharyngeal arch
d) 2nd pharyngeal arch

27) c 28) a 29)d,e 30) c 31) a 32)a,c,e 33) b 34) c 35) b 36) c 37) None >a 38) a 39) a
40) a 41)c 42) a 43)b,c 44)b 45)a 46)b 47)b 48)c 49)b 50)d 51)c

52. Eustachian tube develops from - *(PGI97)*
a) 2nd and 3rd pharyngeal pouch
b) 1st pharyngeal pouch
c) 2nd pharyngeal pouch
d) 3rd pharyngeal pouch

53. The following structure represents all the 3 components of the embryonic disc - *(IN 98)*
a) Tympanic membrane b) Retina
c) Meninges d) None of the above

54. All of the follwoing are of the size of adult at birth except- *(APPG 06, Punjab 11)*
a) Tympanic membrane b) Ossicle
c) Cochlea d) Mastoid process

55. Korner's septum is seen in - *(PGI99)*
a) Petrosquamous suture
b) Temporosquamous suture
c) Petromastoid suture
d) Frontozygomatic suture

56. The cough response caused while cleaning the ear canal is mediated by stimulation of -*(A1IMSDec 02)*
a) The V cranial nerve
b) Innervation of external ear canal by C_1 and C_2
c) The X cranial nerve
d) Branches of the VII cranial nerve

57. During ear examination, cough occurs due to stimulation of - *(NEET/DNB Pattern)*
a) Vagus b) Trigeminal
c) Hypoglossal d) Trochlear

58. Singular nerve is a - *(AP 07)*
a) Superior Vestibular nerve supplying posterior semiciruar canal
b) Inferior vestibular nerve supplying post semicircular canal
c) Superior Vestibular nerve supplying anterior semicircular canal
d) Interior vestibular nerve supplying anterior semicircular canal

59. Not correctly matched pair is - *(TN 0 7)*
a) Utricle and sacule- Semiciruclar canal
b) Oval window - Foot plate of staps
c) Aditus and antrum - MacEwen's triangle
d) Scala vestibule- Resissner's membrane

60. In carcinoma base of tongue pain is referred to the ear through - *(Kerala 94)*
a) Hypoglossal nerve b) Vagus nerve
c) Glosspharyngeal nerve d) Lingual nerve

PHYSIOLOGY OF EAR

61. Ear sensitive to - *(DPG 09, Jharkhand 03)*
a) 500-3500Hz b) 1000-3000 Hz
c) 300-5000 Hz d) 5000-8000 Hz

62£ Impedence matching occurs *dit-(NEET/DNB Pattern)*
a) Difference of surface area of tympanic membrane and foot plate
b) Semicircular canal fluid
c) Utricle & Saccule
d) None

63. Ossicles of middle ear are responsible for which of the following ? *(DNB04)*
a) Amplification of sound intensity
b) Reduction of sound intensity
c) Protecting the inner ear
d) Reduction of impedance to sound transmission

64. Impedance denotes- *(PGI99)*
a) Site of perforation b) Disease of cochlea
c) Disease of ossicles d) Higher function disorder

65. Function of ear ossicles is -*(NEET/DNB Pattern)*
a) Impedance matching b) Amplification
c) Equilibrium d) None

66. Mechanical advantage provided by lever action of malleus- *(UP01)*
a) 2:1 b) 1.3:1
c) 1.8:1 d) 1:1

67. Ossicular ratio is =_____ *(DNB06)*
a) 1.3:1 b) 1.2:1
c) 1.1:1 d) 1 :1

68. The effective diameter of the tympanic membrane -
a) 25 mm^2 b) 3 0 mm^2 *(UP-05)*
c) 40 mm^2 d)45mm^2

69. Surface area of tympanic membrance -*(Manipal 06)*
a) 55 mm^2 b)70mm^2
c) 80 mm^2 d)90mm^2

70. Ratio of tympanic membrane to oval window is -
a) 17 : 1 b) 22 : 1 *(NEET/DNB Pattern)*
c) 50 : 1 d) 25 : 1

71. Resonance of tympanic membrane-
a) 800 b) 800-1600 *(NEET/DNB Pattern)*
c) 3000K d) None

72. Sense organ for hearing is - *(PGI99)*
a) Organ of Corti b)Cristae
c) Macula d)None

73. Primary receptor cells *of hmring-(NEET/DNB Pattern)*
a) Supporting cell b) Tectorial membrane
c) Tunnel of corti d) Hair cell

74. All of the following are concerned with auditory pathway except - *(AT95)*
a) Trapezoid body
b) Medial geniculate body
c) Genu of internal capsule
d) Laeral leminiscus

75. Higher auditory centers detemine - *(AIIMSMay 09)*
a) Sound frequency b) Loudness
c) Speech discrimination d) Sound localization

76. Semicircular canals are stimulated by - *(MP 2K)*
a) Gravity b) Linear acceleration
c) Rotation d) Sound

77. Angular movement is sensed *by-(NEET/DNB Pattern*
a) Cochlea b) Saccule *(JIPMER 07)*
c) Utricle d) Semicircular canal

78. Static equilibrium is due to *-(NEET/DNB Pattern)*
a) Macula b) Cupula
e) End organ of corti d) Cristae ampulla

52) b >c 53) a 54) d 55) a 56) c 57) a 58) b 59) c>a 60) d 61) a 62) a 63) d 64) c 65) a
66) b 67) a 68) d 69) d 70) a 71) b 72) a 73) d 74) c 75) d 76) c 77) d 78) a

79. All are correctly matched except - *(TN07)*
a) Otolith- Made up of Uric acid crystals
b) Position of otolith - Changes with head position
c) Otoliths- Stretch receptors
d) Otolith organs - Stimulated by gravity and linear acceleration

80. Horizontal semicircular canal responds to-*(UP 05)*
a) Horizontal acceleration
b) Rotational acceleration
c) Gravity
d) Antero posterior acceleration

81. Angular movements are sensed by - *(JIPMER 93)*
a) Cochlea b) Saccule
c) Utricle d) Semicircular canals

ASSESSMENT HEARING LOSS

82. All are tuning fork test except -
(UP 02, DNB 02, NEET/DNB Pattern)
a) Schwaback test b) Grants test
c) Rinne's test d) Weber's test

83. Tuning fork of 512 FPS is used to test the hearing because it is - *(Kam 06)*
a) Better heard b) Better felt
c) Producesover tones d) Not heard

84. Rinne's test is - *(PGI97)*
a) For hearing b) For vestibular function
c) For cognitive function d) For vision

85. Rinne test is positive - *(PGI 03)*
a) Normal b) Sensorineural deafness
c) Conductive deafness d) All of the above

86. Positive rinne test indicates -*(NEET/DNB Pattern)*
a) AC > BC b)BC>AC
c) BC=AC. d) None

87. Threshold for bone conduction is normal and that for air conduction is increased in disease of -
a) Middle ear b) Inner ear *(AP 96)*
c) Cochlear nerve d) Temporal lobe

88. Rinne's test is negative if minimum deafness is -
a) 15-20 dB b) 25-30 dB *(SRMC 02)*
c) 35^0 dB d) 15-50dB

89. Weber test is best elicited by - *(AI02)*
a) Placing the tuning fork on the mastoid process and comparing the bone conduction of the patient with that of the examiner.
b) Placing the tuning fork on the vertex of the skull and determining the effect of gently occluding the auditory canal on the threshold of low frequencies.
c) Placing the tuning fork on the mastoid process and comparing the bone conduction in the patient
d) Placing the tuning fork on the forehead and asking him to report in which ear he hears it better

90. In the right middle ear pathology, weber's test will be- *(AI 04)*
a) Normal b) Centralized
c) Lateralised to right side d) Lateralised to left side

91. What should be the loss of hearing at least for Weber's test to lateralise - *(Rajasthan 04)*
a) 5dB b) 10 dB
c) 15dB d)20dB

92. A 38 year old gentleman reports of decreased hearing in the right ear for the last two years. On testing with a 512 Hz tuning fork the rinne's test without masking is negative on the right ear and positive on the left ear. With the weber's test the tone is perceived as louder in the left ear. The most likely patient has - *(AIIMS Nov 02)*
a) Right conductive hearing loss
b) Right sensorineural hearing loss
c) Left sensorineural hearing loss
d) Left conductive hearing loss

93. A middle aged women presented with right sided hearing loss Rinne's test shows positive result on left side and negative result on right side. Weber's test showed lateralization to left side, diagnosis is - *(AIIMS June 2k)*
a) Right sided conductive deafness
b) Right sided sensorineural deafness
c) Left sided sensorineural deafness
d) Left sided conductive deafness

94. One man had 30 decibel deafness in left ear with weber test showing more sound in left ear and BC (Bone conduction) more of left side and normal hearing in right ear, his test can be summarized as -
a) Weber's test left lateralized, Rinne-right positive, BC > AC on left side
b) Weber's right lateralized, Rinne-left positive, AC > BC on right side
c) Weber's-left lateralized, Rinne-false positive on right side, BC > AC on left side.
d) Weber's left lateralized, Rinne equivocal, BC > AC on right side

95. Patient with both ear Rinne's positive and Weber's test to lateralised to the left. Diagnosis is -
a) Left conductive deafness *(MAHE 01, AIIMS 02)*
b) Left sensory - Neural deafness
c) Right sensory - Neural deafness
d) Right conductive deafness

96. Test of detecting damage to chochlea -
a) Caloric test *(MHPGM CET 05 Jan, MH2K)*
b) Weber test
c) Rinnies test
d) ABC

97. For diagnosing middle ear deafness the following test is done -
a) Testing Babinski's reflex
b) Eliciting Bhvosted's reflex
c) Finger- nose test
d) Weber's test

79) a 80) b 81)d 82)b 83)a 84)a 85)a,b 86)a 87)a 88)a 89)d 90)c 91)a 92)b
93) b 94) a 95) c 96) d 97) d

98. An aged violin player can get a correct pitch only by touching his teeth to the vibrating instrument. He is most likely to damage - *(AIIMS 86)*
a) Inner ear b) Middle ear
c) Cochlear nuclei d) Medial geniculate body

99. All are subjective tests for audiometry except -
a) Tone decay b) Impedance audiometry
c) Speech audiometry d) Pure tone audiometry

100. Objective tests of hearing include all except:
a) Impedance audiometry *(DPGMar. 09,Jipmerll)*
b) Otoacoustic emissions
c) BERA
d) Pure tone audiometry

101. In pure tone autiogram the symbol X is used to mark-
a) Air conduction in right ear *(Jipmer 02)*
b) Air conduction in left ear
c) Bone conduction in right ear
d) No change in air conduction in right ear

102. The "O" sign in a pure Tone Audiogram indicates -
a) Air conduction of right ear *(AP 05)*
b) Air conduction of left ear
c) Bone conduction of right ear
d) Bone conduction of left ear

Pgg Trough shaped curve in audiometry is seen in - . *(NEET/DNB Pattern)*
a) CongenitalSNHL b) Otitis media
c) Otosclerosis d) Acoustic neuroma

Hi! I mpedance audiometry is for pathology of - *(^§Mf00^attern)*
£§t®p.
a) External ear b) Middle ear
c) Mastoid air cell d) Inner ear

105. Impedance audiometry is done using frequency probe of- *(Delhi 07)*
a) 220Hz b) 555 Hz
c) 440 Hz d) 1000 Hz

106. B-type tympanogram is seen*in-(NEET/DNB Pattern)*
a) Serous otitis media b) Ossicular discontinuity
c) Otosclerosis d) All of the above

107. Flat & dome shaped graph in tympanogram is found in- *(RJ03)*
a) Otosclerosis b) Ossicular discontinuity
c) TM perforation d) Middle ear fluid

108. Flat tympanogram is seen in - *(PGI00)*
a) A.S.O.M b) Otosclerosis
c) Serous otitis media d) Ossicular chain disruption

109. In osteogenesis imperfecta, the tympanogram is - *(DNB 03)*
a) Flat b) Non-compliance
c) High-compliance d) Low-compliance

110. A young man presents with an accident leading to loss of hearing in right ear. On otoscopic examination the tympanic membrane was into pure tone audiometry shows an Air-Bone gap of 55 dB in the right with normal cochlear reserve. Which of the following will be the like tympanometry finding - *(AI09)*
a) As type tympanogram b) AD type tympanogram
c) B type tympanogram d) C type tympanogram

111. Which of the following test assesses resistance in middle ear - *(MAHE 2K)*
a) Pure tone audiometry
b) Impedance audiometry
c) Caloric test
d) BERA (Brainstem evoked response audiometry)

112. Stapedial reflex is mediated by-*(NEET/DNB Pattern)*
a) V and VII nerves b) V and VIII nerves
c) VII and VI nerves d) VII and VIII nerves

113. Stapedial reflex is absent in - *(KamOl)*
a) Otosclerosis b) X nerve lesion
c) VIII nerve lesion d) V nerve lesion

114. Regarding stapedial reflex, which of the following is true - *(AI2K)*
a) It helps to enhance the sound conduction in middle ear
b) It is a protective reflex against loud sound
c) It helps in masking the sound waves
d) It is unilateral reflex

115. Stapedial reflex is mediated through -*(Jharkhand 06)*
a) 8th & 7th cranial nerve b) 7th & 9th cranial nerve
c) 6th & 8th cranial nerve d) 6th & 8th cranial nerve

116. Tone decay test is done for - *(Manipal 01)*
a) Cochlear deafness b) Neural deafness
c) Middle ear problem d) Otosclerosis

117. To distinguish between cochlear and post cochlear damage test done is - *(PGI Dec 9 7)*
a) Brainstem evoked response
b) Impedance audiometry
c) Pure tone audiometry
d) Auditory cochlear potential

118. Ib normal adidt wave Vis generated from -
a) Cochlear nucleus *(J &K 05, Delhi 08,*
b) Superior olivary complex *NEET/DNB Pattern)*
c) Lateral leminiscus
d) Inferior colliculus *y;* J

119. Brainstem evoked response audiometry useful in -
a) Can differentiate cochlear & retrocochlear lesion
b) Can not differentiate the site of lesion in sensorineural hearing loss *(PGI June 09)*
c) Can differentiate barbiturate poisoning from other cause of coma
d) As a screening procedure for infants
e) To diagnose brainstem pathology

120. In infant most sensitive audiometric screening is -
a) Electrocochleography *(PGIDec 98, NEET/DNB*
b) BERA *Pattern)*
c) Cortical evoked response
d) Tympanometry

121. Which is the investigation of choice in assessing hearing loss in neonates -
a) Impedance audiometry
b) Brainstem Evoked Response Audiometry (BERA)
c) Free field audiometry
d) Behavioral audiometry

98) b 99) b 100)d 101)b 102)a 103)a 104)b 105)a 106)a 107)d 108)a,c 109)d 110)b lll) b
112) d 113) a,c 114) b 115)a 116)b 117)a 118)c 119)a,b,e 120)b 121)b

122. Initial screening test for newborn hearing disorder - *(A1IMS May 12)*
a) ABR - Auditory Brainstem Response
b) Otoacoustic Emissions (OAE)
c) Free Field Audiometry
d) Visual reinforcement audiometry

123. True about otoacoustic emissions - *(PGI June 09)*
a) Are accousted by product of outer hair cell
b) Are accousted by product of inner hair cell
c) Used as a screening test of hearing in newborn infant
d) Useful in ototoxicity monitoring
e) Disappear in 8th nerve pathology

124. Otoacoustic emissions arise from -
a) Inner hair cells *(AIIMSMay05,AI 10)*
b) Outer hair cells
c) Both inner and outer hair cells
d) Organ of corti

125. High frequency audiometry is used in -
a) Otosclerosis *(AIIMS May 09)*
b) Ototoxicity
c) Non-organic hearing loss
d) Meniere's disease

HEARING LOSS

126. According to WHO classification, for severe degree of impairment of hearing is at - *(TN 04)*
a) 26-40dB b) 41-55 dB
c) 56-70 dB d) 71-79 dB

127. Sensorineural deafness seen in - *(PGI 02)*
a) Alport's syndrome
b) Pendred syndrome
c) Treacher - Collins syndrome
d) Crouzon's disease
e) Michel's aplasia

128. Sensorineural deafness may be feature of all, except-
a) Nail-patella syndrome *(Karn 01)*
b) Distal renal tubular acidosis
c) Bartter syndrome
d) Alport syndrome

129. Deafness is associated with all *except-(Manipal 09)*
a) Cockayne's syndrome b) Alstrom's syndrome
c) Alport's syndrome d) Abetalipoproteinaemia

130. All of the following can cause hearing loss except -
a) Measles b) Mumps *(UP 01)*
c) Chickenpox d) Rubella

131. Virus causing acute onset sensorineural deafness -
a) Corona virus b) Rubella, measles
c) Mumps d) Adeno virus
e) Rota virus *(PGI Dec 04)*

132. All are ototoxic drugs except - *(RJ 00)*
a) Streptomycin b) Quinine
c) Diuretics d)Propanolol

133. Following is an ototoxic drug - *(MP 98)*
a) Tetracycline b) Vincristine
c) Ampicillin d) Pencillin

134. All of the following will produce conductive hearing loss, Except - *(AI12)*
a) Otosclerosis
b) Serous otitis media
c) Endolymphatics Hydrops
d) Suppurative otitis media

135. Conductive deafness occurs in - *(UP 07)*
a) Travelling in aeroplane or ship
b) Trauma to labyrinth
c) Stapes abnormal at oval window
d) High noise

136. All are causes of sensorineural deafness Except -
a) Old age b) Cochlear otosclerosis
c) Loud sound d) Rupture of tympanic membrane

137. Post head injury, the patient had conductive deafness and on examination, tympanic membrane was normal and mobile. Likely diagnosis is -
a) Distortion of ossicular chain
b) Haemotympanum
c) EAC sclerosis
d) Otosclerosis

138. Commonest cause of hearing loss in children is -
a) CSOM *(AIIMS Dec. 95)*
b) ASOM
c) Acostic - neuroma
d) Chronic secretory otitis media

139. Commonest cause of deafness is - *(AP97)*
a) Trauma b) Wax
c) Acute mastoiditis d) Meniere's disease

140. Rinne's test is negative in - *(AIIMSNov. 94)*
a) Sensorineural deafness b) Acoustic neuroma
c) Tympanosclerosis d) Meniere's disease

141. Rinne's test negative is seen in - *(JIPMER 92)*
a) Presbycusis b)CSOM
c) Labyrinthitis d) Menieres disese

142. Positive Rinne test is seen in - *(JIPMER 91)*
a) Otosclerosis b) CSOM
c) Wax impacted ear d) Presbycusis

143. Rinne's test is positive in - *(AIIMS 91)*
a) Chronic suppurative otitis media
b) Normal individual
c) Wax in ear
d) Otomycosis

144. True about idiopathic sudden sensorineural loss -
a) Vertigo always present *(PGI 09)*
b) Carbogen (5% $C0_2$ + 95 % 0_2) is beneficial
c) Hearing loss occur within 24 hours
d) Hearing loss occur within 72 hours
e) Audiometric threshold changes occur over at least 3 frequencies

145. Voice induced impairment of hearing at - *(UP 08)*
a) 1000 Hz b) 2000 Hz
c) 3000 Hz d) 4000 Hz

122)b 123) a,c,d 124)b 125)b 126)d 127)A11 128)None 129)d 130)c 131)b,c 132)None 133)c 134)c
135) a,c,d 136) d 137)a 138)d 139)b 140)c 141)b 142)d 143)b 144)b,c,d,e 145)d

146. Acoustic dip occurs at - *(TN 95)*
a) 2000 Hz b) 4000 Hz
c) 500 Hz d) 1500 Hz

147. Prolonged exposure to noise levels greater than the following can impair hearing permanently - *(Kamat 96)*
a) 40 decibels b) 85 decibels
c) 100 decibels d) 140 decibels

148. Auditory fatigue is seen at - *(NEET/DNB Pattern)*
a) 90 dB, 4000Hz b) 110 dB, 4000Hz
c) 130 dB, 4000IIz d) 150 dB, 4000Hz

149. Presbycusis is - *(TN07, 05)*
a) Loss of accommodation power
b) Hearing loss due to aging
c) Noise induced hearing loss
d) Congenital deafness

150. 65 year old person with hearing loss with normal speech discrimination is suffering from-
a) Noise induced hearing loss *(NEET/DNB Pattern)*
b) Presbycusis
c) Ototoxic drug
d) NOHI.

151. Which one of the following test is used to detect malingering- *(TN 07)*
a) Stenger's test b) Buinge's test
c) Weber's test d) Rinne's test

152. After rupture of tympanic membrane the hearing loss is - *(PGIJune99)*
a) 10-40 dB b) 5-15 dB
c) 20 dB d) 300 dB

153. Which of the following conditions causes maximum hearing loss -
a) Ossicular disruption with intact tympic membrane
b) Disruption of malleus and incus with intact tympanic membrane
c) Partial fixation of the stapes footplate
d) Otitis media with effusion

154. Which of the following is a features of tympanic membrane perforation - *(UP 00)*
a) Tinnitus b) Vertigo
c) Conductive deafness d) Fullness in ear

155. Ototoxic drugs generally affect the hearing of what frequencies of sound - *(NEET/DNB Pattern)*
a) 500-1000 Hz b) 2000-3000 Hz
c) 3000-4000Hz d) 4000-5000 Hz

156. Hyperacusis is defined is - *(PGI Dec 97)*
a) Hearing of only loud soundy
b) Normal sounds heard as loud and painful
c) Completely deaf
d) Ability to hear in noisy surroundings

157. Nerve involved in hyperacusis - *(NEET/DNB Pattern)*
a) Facial nerve b) Glossopharyngeal
c) Vagus d) Hypoglossal

158. Intolerance to loud sound nerve affected-
a) 7th nerve b) 5th nerve
c) 10th nerve d) None

159. In monoaural displacusis the lesion is in the -
a) Cochlea b) Auditary nerve *(AT91)*
c) Brainstem d)Cerebrum

160. At which level sound is painful - *(Jharkhand 04)*
a) 100-120dB b)80-85dB
c) 60-65dB d)20-25dB

161. During nomalconversationspimd heardatl meter distance is - *(NEET/DNB Pattern)*
a) 80 dB b) 60 dB
c) 90 dB d) 120 dB

162. Normal conversation sound level- *(Bihar 05)*
a) 20-25 dB b) 60-65 dB
c) 80-85dB d) 90-100 dB

ASSESSMENT OF VESTIBULAR FUNCTION

163. Vestibular function is tested by - *(PGIDec 02)*
a) Galvanic stimulation test
b) Acoustic reflex
c) Fistula test
d) Impedance audiometry
e) Cold caloric test

164. Hallpike test is done for - *(DNB 02)*
a) Vestibular function b) Corneal test
c) Cochlear function d) Audiometry

165. Fistula test stimulates - *(AT 93)*
a) Lateral semicircular canal
b) Posterior semicircular canal
c) Anterior semicircular canal
d) Cochlea

166. A positive fistula test during Siegelisation indicates-
a) Ossicular discontinuity *(A1IMS95)*
b) Para-labyrinthitis due to erosion of lateral semicircular canal
c) CSF leak through the ear
d) Fixation of stapes bone

167. False positive fistula test is associated with - *(TN05)*
a) Perilymph fistula b) Malignant sclerosis
c) Congenital syphilis d) Cholesteatoma

168. On otological examination all of the following with have positive fistula test except - *(AT 02)*
a) Dead ear
b) Labyrinthine fistula
c) Hypermobile stapes footplate
d) Following fenestration surgery

169. A 38 year old male presented with a suspected diagnosis of suppurate labyrinthitis. A positive rinne's test and positive fistula test was recorded on initial examination. The patient refused treatment, and returned to the emergency department after 2 weeks complaining of deafness in the affected ear. On examination, fistula test was observed to be negative. What is the likely expected finding on repeating the Rinnie test - *(AT - 09)*
a) True positive Rinne's Test
b) False positive Rinne's Test
c) True negative Rinne's Test
d) False negative Renine Test

146)b 147)c 148) a 149)b 150)b 151)a 152)a 153)a 154)c 155)None>d 156)b 157)a 158)a
159) a 160) a 161)b 162)b 163)a,c,e 164)a 165)a 166)b 167)c 168)a 169)d

170. At what angle is hallpike thermal caloric test done -
a) 15° b)30° *(APPGI06)*
c) 45° d)60°

171. In Fitzgerald and Hallpike differential caloric test, cold-water irrigation at 30 degrees centigrade in the left ear in a normal person will include -
a) Nystagmus to the right side *(Karn 00)*
b) Nystagmus to the left side
c) Direction changing nystagmus
d) Positional nystagmus

172. In cold caloric stimulation test, the cold water, induces movement of the eye ball ipi the following direction -
a) Towards the opposite side *(AJ 99, NEET/DNB*
b) Towards the same side L *Pattern)*
,* c) Upwards ‘ ./ /. ' \ '!
!; d)• DownwardiS* ^ X / X X 'r-y-'V;-'), X } X ' X • ; /

173. Cold caloric test stimulates - *(AP 08)*
a) Cochlea
b) Lateral semi circular canal
c) Posterior semicircular canal
d) All

174. Stimulation of posterior semicircular canal produces- *(NEET/DNB Pattern)*
a) Horizontal nystagmus
b) Vertical nystagmus
c) Rotatory nystagmus " ’ 'M

175. Postitional vertigo is - *(UP 01)*
a) Lateral b) Superior
c) Inferior d) Posterior

176. What is the treatment for Benign Positional vertigo - *(APPG 06)*
a) Vestibular exercises b) Vestibular sedatives
c) Anthistamines d) Diuretics

177. Latest treatment in BPPV is- *(Kerala 03)*
a) Intralabrynthine streptomycin
b) Intralabrynthine steroids
c) Valsalva maneuver
d) None

178. Epleys maneuvear - *(NEET/DNB Pattern)*
a) Positional vertigo ^ b) Otosclerosis L;\;
c) ASOM : S^ CSOM

179. Vestibular Evoked Myogenic Potential (VEMP) detects lesion of - *(A1IMS May 12)*
a) Cochlear Nerve
b) Superior Vestibular Nerve
c) Inferior Vestibular N erve
d) Inflammatory Myopathy

180. Post traumatic vertigo is due to - *(PGI June 06,03)*
a) Perilymphatic fistula
b) Vestibulr neuritis
c) Secondary endolymphatic hydrops
d) Ossicular discontinuity
e) Benign Positional vertigo

181. Vertigo of vestibular origin, all except -
a) Meniener^sj disease *(NEET/DNB Pattern)*
b) BPV
c) Vertibrobasilar insufficiency
d) Vestibular neuronitis

182. True about central nystagmus - *(Kerala 01)*
a) Horizontal
b) Direction fixed
c) Direction changes
d) Not suppressed by visual fixation
e) Suppressed by visual fixation

183. Spontaneous vertical nystagmus is seen in the lesion of - *(Kolkata 05)*
a) Midbrain b) Labyrinth
c) Vestibule d) Cochlea

184. Site of lesion in unilateral past pointing nystagmus is-
a) Posterior semicircular canal *(AIIMS June 97)*
b) Superior semicircular canal
c) Flocculonodular node
d) Cerebellar hemisphere

185. Destruction of right labyrinth causes nystagmus to-
a) Right side *(DPG Feb. 09)*
b) Left side
c) Rotatory nystagmus
d) No nystagmus

186. Semicircular canal involved in Positive Romberg test with eyes closed detects defect in - *(AIIMS June 97)*
a) Proprioceptive pathway b) Cerebellum
c) Spinothaimic tract d) Peripheral nerve

DISEASES OF EXTERNAL EAR

187. External otitis is also known as - *(DNB 03)*
a) Glue ear b) Malignant otitis externa
c) Telephonist’s ear d)ASOM

188. Common causes of otitis externa - *(PGI08)*
a) Aspergillus b)Mucor
c) Candida d) Pseudomonas
e) Klebsiela

189. Haemorrhagic external otitis media is caused by -
a) Influenza b) Proteus *(PGI Dec 98)*
c) Staph d) Streptococcus

190. Myringitis bullosa is caused by - *(AJ 93)*
a) Virion b) Fungus
c) Bacteria d) Virus

191. Malignant otitis externa is caused by-*(AP 96, Corned 07,*
a) S. aureus b) S. albus *NEET/DNB Pattern)*
:c) P aeruginosa d) E. coli'Y!;YYY’\

192. Mailgnant otitis externa is due to - *(MAHE 05)*
a) Wax impaction b) Hypertesion
c) Diabetes d) None of above

193. A female diabetic having severe ear pain, granulation tissue in external auditary canal and facial palsy is due to- *(Bihar 04)*
a) Malignant otits externa b) Herpes zoster otitis
c) Otomycosis d)None

170)b 171)a 172) a 173)b 174)b 175)d 176)a 177)None 178)a 179)c 180)a,c,e 181)c 182)a,c,d
183) a 184) d 185)b 186)a 187)c 188)a,c,d 189)a 190)d 191)c 192)c 193)a

194. An old diabetic male presented with rapidly spreading infection of the external auditory canal with involvement of the bone and presence of granulation tissue. The drug of choice for this condition is -
a) Ciprofloxacin *(AIIMS May 08)*
b) Penicillin
c) Second generation cephalosporin
d) Aminogly cosides

195. A 60 year old diabetic patient presents with extermely painful lesion in the external ear and otorrhea not responding to antibiotics. There is evidence of granulation type tissue in the external ear and bony erosion with facial nerve palsy is noted. The most likely diagnosis is-
a) Malignant Otitis Externa *(AI12)*
b) Nasopharyngeal carcinoma
c) Chronic suppurative otitis media
d) Acute suppurative otitis media

196. Malignant otitis externa is characterized -
a) Caused by pseudomonas aeruginosa
b) Malignancy of external auditory canal
c) Granulation tissue is seen in the floor of extra auditory canal *(PGI Dec. 03, June 06)*
d) Radiotherapy can be given
e) Gallium scan helpful for monitoring treatment

197. Which of the following is not a typical feature of malignant otitis externa? *(AIIMSMay 06)*
a) Caused by Pseudomonas aeruginosa
b) Patients are usually old
c) Mitotic figures are high
d) Patient is immune compromised

198. Facial nerve palsy is seen in - *(Jipmer 03)*
a) Seborrhoeic otitis externa
b) Otomycosis
c) Malignant otitis externa
d) Eczematous otitis externa

199. True statement about malignant otitis externa is -
a) Not painful *(PGI 96)*
b) Common in diabetics and old age
c) Caused by streptococcus
d) All of the above

200. Malignant otitis externa is - *(PGIDec. 99)*
a) Malignancy of external ear
b) Caused by hemophilus influenzae
c) Blackish mass of aspergillus
d) Pseudomonas infection in diabetic patient

201. Regardffig^'b^fii ibti^titsr externa ^alf aie true except - *(NEET/DNB Pattern)*
a) Caused b^pseu^omohSfr^
b) Surgery never done
c) Facial nerve involved
d) Common in diabetics

202. Causes of Otomycosis - *(PGI 08)*
a) Candida b) Aspergillus
c) Thermophylus d) Staphylococcus

203. Fungus causing otomycosis most commonly is -
a) Aspergillus fumigatus *(Delhi 96, NEET/DNB*
b) CandicSI *Pattern)*
c) Mucor
d) Penicillin

204. Otomycosis is caused by - *(PGIDec. 98)*
a) Candida b) Aspergillus
c) Both d)None

205. Keratosis obtu^ahs is - *((TN, 0 7,NEEIYDNB Pattern)*
a) Foreign body Mjextemal auditory canal
b) Desquamated epithelial cell + Cholesterol
c) Cholesterol crystals surrounded
d) Wax in external auditory canal

206. Chondritis of aural cartilage is most commonly due to- *(NIMHANS06)*
a) Staphylococcus b) Pseudomonas
c) Candida d) Both staph & Pseudomonas

207. Cauliflower ear is due to - *(Kerala 93)*
a) Haematoma b) Carcinoma
c) Fungal infection d) Herpes

208. Cauliflower ear is - *(Manipal06)*
a) Keloid
b) Perchondritis in Boxers
c) Squamous cell carcinoma
d) Anaplastic cell carcinoma

209. Direction of water jet while doing syringing of ear should be - *(Mahara02)*
a) Anterior b) Posterior
c) Anterosuperior d) Posteroinferior

210. A new born presents with bilateral microtia and external auditory canal atresia. Corrective surgery is usually performed at - *(AI 07)*
a) < 1 year of age b) 5-7 years of age
c) Puberty d) Adulthood

211. Surfers ear is - *(PGI May 10)*
a) Exostosis b) Otosclerosis
c) Otitis externa d) Squamous cell Ca
e) Fibrous dysplasia

212. Commonest cause of Eustachian tube diseases -
a) Adenoids b) Sinusitis *(Manipal 05)*
c) Otitis media d) Pharyngitis

213. All are tests to check eustachian tube patency except- *(AIIMS 98)*
a) Valsalva manourvere b) Fistula's test
c) Frenzel's maneuver d) Tonybee's maneuver

Otitic barotrauma results due to- *(PGIJune97, NEET/DNB Pattern)*
a) Ascent in air-
b) Descentin;#ffil!S
c) Linear acceleration
d) Sudden acceleration

215. At what atmosphere pressure gradient barotraumatic otitis media occurs - *(DPG 08, Jipmer 02)*
a) 80 mm of Hg b)90mmofHg
c) 100 mm of Hg d) 120 mm of Hg

194)b 195)a 196)a,c,e 197)c 198)c 199)b 200)d 201)b 202)a,b 203)b 204)c 205)b 206)b 207)a 208)b 209)None 210)b 211)a 212)a 213)b 214)b 215)b

216. Features of moderately retracted tympanic membrance are all except - *(MH 05)*
a) Handle of malleus appearance foreshortened
b) Cone of light is absent or interrupted
c) Lateral process of malleus becomes more prominent
d) None

217. Dysfunction of tympanic membrane is characterized by all except - *(AP 2000)*
a) Normal 'cone of light' b) Retracted TM
c) Nonprominent umbo d) Fullness in middle ear

218. Blulrehr drum is seen in - *(NEET/DNB Pattern)*
a) Serous otitis media b) CSOM
c) Perforation d) None

OTITIS MEDIA

219. Ear infection causes throat infection through -
a) Blood spread *(PGI98)*
b) Eustachian tube
c) Nasocranial spread
d) Simultaneous infection

220. Commonest cause of acute otitis media in children is - *(AIMS June 2K, 95, 91; Delhi 06, UP 03)*
a) H. influenza b) Strepto-pneumoniae
c) Staph aureus d) Pseudomonas

221. True statement about ASOM is - *(AI99)*
a) Most frequently it resolves without sequelae
b) Commonly follows painful parotitis
c) Radical mastoidectomy is required for treatment
d) Most common organism is pseudomonas

222. Cart Wheel sign is seen in - *(MP 08)*
a) ASOM b) AOM
c) OME d) CSOM

223. Light house sign is seen in ASOM in which stage -
a) Stage of suppuration *(NEET/DNB; Pattern)*
b) Stage of hyperemia
c) Stage of resolution
d) Stage of pre-suppuration

224. A-7 year child presenting with acute otitis media, does not respond to ampicillin. Examination reveals full and bulging tympanic membrane, the treatment of choice is - *(AI 98)*
a) Systemic steroid b) Ciprofloxacin
c) Myringotomy d) Cortical mastiodectomy

225. A 3 year old child presents with fever and ear ache. On examination there is congested tympanic membrane with slight bulge. The treatment of choice is - *(AI 95)*
a) Myringotomy with penicillin
b) Myringotomy with grommet
c) Only antibiotics
d) Wait and watch

228.^·'|^sC common perforation site in tympanic membrane- *(NEET/DNB Pattern)*
a) Anterinferior b) Posteroinferior
c) Anterosuperior d) Posterosuperior

227. A boy with ASOM undrgoing treatment with penicillin therapy for 7 days now presents with subsidence of pain and persistence of deafness, diagnosis is - *(Kolkata 03)*
a) Ototoxicity b) Secretory otitis media
c) Adhesive otitis media d) Tympanosclerosis

228. Secretory otitis media is diagnosed by- *(PGI June 98)*
a) Impedance audiometry b) Pure tone audiometry
c) X-ray d) Otoscopy

229. Treatment of choice for glue ear is - *(AIMSMay 07)*
a) Myringotomy with cold knife
b) Myringotomy with diode laser
c) Myringotomy with ventilation tube insertion
d) Conservative treatment with analgesics & antibiotics

230. 6 year old child with recurrent URTI with mouth breathing and failure to grow with high arched palate and impaired hearing is - *(AIMSMay 07,12)*
a) Tonsillectomy
b) Grommet insertion
c) Myringotomy with grommet insertion
d) Adenoidectomy with grommet insertion

231. A child presenting with recurrent respiratory tract infection, mouth breathing & decreased hearing treatment is - *(PGI 08)*
a) Tonsillectomy b) Adenoidectomy
c) Grommet insertion d) Myringotomy
e) Myringoplasty

232. A child has Adenoidectomy done but he has effusion in middle ear. What is done next -
a) Gr *n)*
b) Mastoidectomy *rnmmmmmmm* mu
c) Tympanoplasty
d) None

233. Cause of U/L secretory otitis media in an adult is -
a) CSOM *(PGI Dec 99; Ij P, Q.4/NEET/DNB Pattern)*
b) Nasopharyngeal carcinoma
c) Mastoiditis
d) Foreign body of external eat /

234. Acute non suppurative otitis media in adults is due to- *(UP03)*
a) Allergic-rhinitis b)URTI
c) Trauma d) Malignancy

235. Glue ear- *(DNB03)*
a) Is painful
b) Is painless
c) Radical mastoidectomy is required
d) NaF is useful

236. Following statements are true about otitis media with effusion in a child - *(PGIDec 03)*
a) Immediate myringotomy is done
b) Type B tympanogram
c) The effusion of middle ear is sterile
d) Most common cause of deafness in a child in day care patients

216) d 217)a 218) a 219)b 220)b 221)a 222)a 223)c 224)c 225)c 226) a 227)b 228)a 229)c 230) d>c 231)b,c,d 232) a 233) b 234) d 235) b 236)b,c,d

237. In serous otitis media which one of the following statements is true - *(AJ2000)*
a) Sensorineural deafness occurs as a complication in 80% of the cases
b) Intracranial spread of the infection complicates the clinical courses
c) Tympanostomy tubes are usually required for treatement
d) Gram-positive organisms are grown routinely in culture in the aspirate

238. Medical treatment is NOT effective in which type of suppurative otitis media - *(UP 07)*
a) Tuberculous OM
b) Secretory OM
c) Acute suppurative OM
d) Chronic suppurative OM

239. All except one are true in a case of secretory otitis media- *(MAHE 05)*
a) BlueTM
b) B shaped tympanogram
c) Marginal perforation most common
d) Rinne test +ve

240. Cholesteatoma commonly a/w - *(PG1 June 08, AI94)*
a) Attico-antral b) Tubotympanic
c) Tympanosclerosis d) Foreign body in ear
e) Keratosis obturans

241. Cholesteatoma is usually present at - *(Delhi 01)*
a) Anteroinferior quadrant of tympanic membrane
b) Posteroinferior quadrant of tympanic membrane
c) Attic region
d) Cental part

242. Perforation of tympanic membrane with destruction of tymapnic annulus is called - *(Bihar 04)*
a) Attic b) Marginal
c) Subtotal d) Total

243. What is true in case of perforation of pars flaccida -
a) CSOM is a rare cause *(AIIMSMay93)*
b) Associated with cholesteatoma
c) Usually due to trauma
d) All of the above

244. Treatment of choice in central safe perforation is -
a) Modified mastoidectomy *(AJ 94)*
b) Tympanoplasty
c) Myringoplasty
d) Conservative management

245. TVue about C.S.O.M. - *(PG1 Dec 2K)*
a) Etiology is multiple bacteria
b) Oral antibiotics are not effective
c) Ear drops are best
d) Otitic hydrocephalus is a known complication
e) Common in females than males

246. Cholesteatoma is seen *(RJ06, NEET/DNB Pattern)*
a) ASOM b) CSOM
c) Secretory ottitis media d) Osteosclerosis

247. Levinson's criteria for diagnosing congenital cholesateatoma includes - *(PG1 Nov 10)*
a) Whitish mass behind intact TM
b) Normal pars tensa and pars flaccida
c) Recurrent attacks of otorrhea
d) Prior otitis media is not an exclusion criteria

248. Scanty, foul smelling, painless discharge from the ear is characteristic feature of which of the following lesions - *(AIIMS Nov 00, 04)*
a) ASOM b) Cholesteatoma
c) Central perforation d) Otitis externa

249. Cholesteatoma (Atticoantral) true about -
a) Scanty, malodorous discharge *(PG1 June 06)*
b) Otalgia
c) Central perforation
d) Ossicular involvement
e) Eustachian tube dysfunction

250. True about cholesteatoma - *(PG1 June 06)*
a) Benign tumour
b) Bone erosion present
c) MC cause of conductive deafness
d) Found in apex of petrous bone commonly
e) Contains cholesterol

251. True about cholesteatoma is/are - *(PG1 Dec 02, 06)*
a) It is a benign tumour
b) Metastasizes to lymphnode
c) Contains cholesterol
d) Erodes the bone
e) Malignant potential

252. Cholesteatoma commonly perforates - *(PG12K)*
a) Lat. semicircular canal
b) Sup. semicircular canal
c) Promontory
d) Oval window

253. The treatment of choice for atticoantral variety of chronic suppurative otitis media is - *(AIIMS Nov 02)*
a) Mastoidectomy
b) Medical management
c) Underlay myringoplasty
d) Insertion of ventilation tube

254. Treatment of choice for perforation in pars flaccida of the tympanic membrane with cholesteatoma is -
a) Myringoplasty *(A196)*
b) MRM-Modified Radical Mastoidectomy
c) Antibiotics
d) Radical mastoidectomy

255. Primary treatment of middle Ear Cholesteatoma is -
a) Surgery b) Medical and Surgery
c) Radiotherapy d) Chemotherapy *(AJ 03)*

256. In CSOM commonest operation done is - *(PGI97)*
a) Modified radical mastoidectomy
b) Radical mastoidectomy
c) Simple mastoidectomy
d) Tympanoplasty

237) c 238) b 239) c,d 240) a 241) c 242) b 243) b 244) d 245)a,b,c 246) b 247)a,b,c 248) b 249)a,d,e 250) b,d 251) d 252) a 253) a 254) b 255) a 256) a

257. A-30-year old male is having Attic cholesteatoma of left ear with lateral sinus thromboplebitis. Which of the following will be the operation of choice -
a) Intact canal will be the operation of choice *(AI06)*
b) Simple mastoidectomy with tympanoplasty
c) Canal wall down mastoidectomy
d) Mastoididectomy with cavity obliteration

258. Most difficult site to remove cholesteatoma in sinus tympani is related with - *(Kolkata 01)*
a) Anterior facial ridge b) Posterior facial ridge
c) Epitympanum d) Hypotymparum

259. A child presents with ear infection with foul smelling discharge. On further exploration a small perforation is found in the pars flaccida of the tympanic membrance. Most appropriate next step in the management would be - *(AIIMS Nov 07)*
a) Topical antibiotics and decongestants for 4 weeks
b) IV antibiotics and follow up after a month
c) Tympanoplasty
d) Tympano-mastoid exploration

260. A 57 year old boy been diagnosed to have posterior superior retraction pocket cholesteotoma. All would constitute part of the management, except - *(AI03)*
a) Audiometry b) Mastoid exploration
c) Tympanoplasty d) Myringoplasty

261. The postero superior retraction pocket, if allowed to progress, will lead to - *(AI 06)*
a) Sensori-neural hearing loss
b) Secondary cholesteatoma
c) Tympanosclerosis
d) Tertiary cholesteatoma

262. In unsafe CSOM with cholesteatoma and sensorineural deafness treatment of choice is -
a) Simple mastoidectomy *(AIIMS 94)*
b) Modified radical mastoidectomy
c) Radial mastoidectomy
d) Tympanoplasty

263. Treatment of choice in deafness associcated with attico antral perforation- *(AIIMS 92)*
a) Simple mastoidectomy
b) Modified radical mastoidectomy
c) Watch and wait
d) Instillation of antibiotic drops

264. Cholesteatoma commonly associated with - *(PGI08)*
a) Attico-antral b) Tubotympanosclerosis
c) Tympanosclerosis d) Foreign body in ear
e) Keratosis obturans

265. A patient of CSOM has choleastatoma and presents with vertigo. Treatment of choice would be - *(AI 98)*
a) Antibiotics and labyrinthine sedative
b) Myringoplasty
c) Immediate mastoid exploration
d) Labyrinthectomy

266. Treatment of cholesteatoma with facial paresis in child is - *(AIIMS 93)*
a) Antibiotics to dry ear and then mastoidectomy
b) Immediate mastoidectomy
c) Observation
d) Only antibiotic ear drops

267. Extracranial complications of CSOM - *(PGIDec 02)*
a) Epidural abscess b) Facial nerve palsy
c) Hearing loss d) Labyrinthitis
e) Sigmoid sinus thrombosis

268. Extracranial complications of CSOM -*(PGI June 01)*
a) Labyrinthitis b) Otitic hyrocephalus
c) Bezold's abscess d) Facial nerve plasy
e) Lateral sinus thrombophlebitis

269. Most common complication of acute otitis media in children- *(SRMC 02)*
a) Deafness b) Mastoiditis
c) Cholesteatoma d) Facial nerve palsy

270. Commonest complication of CSOM is -
a) Subperiosteal abscess *(Corned 08, DNB 07)*
b) Mastoiditis
c) Brain abscess
d) Meningitis

271. Commonest complication of CSOM is -
a) Conductive deafness *(Karn 96; DPG 09, NEET/*
b) Meningitis *DNB Pattern)*
c) Temporal lobe abscess
d) Cholesteatoma

272. The most common complication of chronic supprative otitis media is - *(UPSC 05)*
a) Meningitis b) Intracerebral abscess
c) Cholesteatoma d) Conductive deafness

273. Most common extra-cranial complication of
ASOB^is*-|||J» J -.{{UP fife; *NEET/DNB Pattern)*
a) Fadialnprve^ralysis // 2 '0
11 * jp b) LateraJ sinus thrpmto|fc^^ ||ggp k I |§g " ^ 1 ,%.
c) Subperiosteal abscess
M K d) Bfaih abscess f 1 pSlfl Hll |lgS|! |§§! 1

274. Most common nerve to be damaged in CSOM is -
a) III b) VII *(NEET/DNB*
c) HI d) VI*Pattern)*

***215.* A case of CSOM presenting with vertigo can have any of the following except-** *(PGI 99)*
a) Dural separation
b) Cerebellar abscess
c) Fistula with semicircular canal
d) Any of the above

276. Ossicle M/C involved in CSOM - *(Kolkatta 04)*
a) Stapes b)Long process of incus
c) Head malleus d) Handle of malleus

***111.* Middle ear infections are known to spread to the brain from all of the following routes, except -** *(AI 12)*
a) Direct Bony Invasion b) Oval / Round window
c) Hematogenous spread d) Lymphatic spread

257) c 258) b 259) d 260) d 261) a 262) b 263) b 264) a 265) c 266) b 267) b,d 268)a,c,d 269) b 270) c
271) c 272) b 273) c 274)b 275)a 276)b 277)d

278. Essential radiological feature of acute mastoiditis is - *(UP 03)*
a) Temporal bone pneumatisation
b) Clouding of air cells of mastoid
c) Rarefaction of petrous
d) Thickening of temporal bone

279. Mastoid reservoir phenomenon is positive in -
a) CSOM *(PGI June 99)*
b) Petrositis
c) Coale scent otitis media
d) Coalescent mastoiditis

280. Bezolds abscess is located in - *(AIIMS 92, DNB 07)*
a) Submandibular region b) Stemomastoid muscle
c) Digastric triangle d) Infratemporal region

281. Mastoid tip is involved in - *(UP 06)*
a) Bezold abscess b) Luc abscess
c) Citelli abscess d) Parapharyngeal abscess

282. Mastoid infection which erodes through the outer cortex of bone results in - *(DPG 10)*
a) Sub-periosteal abscess
b) Epidural abscess
c) Perichondritis
d) Lateral sinus thrombosis

283. Light house sign characterizes - *(RJ 00)*
a) ASOM b) CSOM
c) Menieresdisease d) Cholesteatoma

284. Pulsatile otorrhoea seen in - *(AP 97)*
a) Glomus tumour b) CSF otorrhea
c) ASOM d) Fistula

285. All are true for Gradenigo's syndrome except- *(AI05)*
a) It is associated with conductive hearing loss
b) It is caused by an abscess in the petrous apex
c) It leads to involvement of the cranial nerve V and VI
d) It is characterised by retro-orbital pain

False about gardeitigos syndrome- *(NEET/DNB Pattern)*
a) Retrobulbar pain b) Otitis media
c) Facial palsy d) Petrositis

287. True about Gradenigo's syndrome - *(PGI 08)*
a) Abscess of petrous apex
b) Retro-orbital pain
c) Cranial nerve-V & VI involved
d) Ear discharge
e) Conductive deafness

288. Gradenigo's syndrome characterised by -
a) Retroorbital pain *(PGI Dec 02)*
b) Profuse discharge from the ear
c) VII nerve palsy
d) Diplopia

289. The diagnosis in a patient with 6th nerve palsy, retro orbital pain and persistent ear discharge is -
a) Gradenigo's syndrome *(PGI June 99)*
b) Sjogrens syndrome
c) Frey's syndrome
d) Rendu osier weber disease

290. Lateral sinus thrombosis is associated with all except- *(AI08)*
a) Greisinger sign b) Gradenigo sign
c) Crowe-Beck test d) Tobey Ayer test

291. Tober Ayer test is positive in - *(DNB 05)*
a) Lateral sinus thrombosis
b) Petrositis
c) Cerebral abscess
d) Subarachnoid hemorrage

292. Tobey Ayer test is used for - *(AMU 95)*
a) Lateral Sinus b) Spinal cord injury
c) Pontine injury d)None

293. Griesinger's sign is seen in - *(DPG 08, TN03)*
a) Lateral sinus thrombosis b) Meningitis
c) Brain abscess d) Cerebellar abscess

294. Commonest cause of brain abscess - *(PGI June 2K)*
a) CSOM b) Pyogenic meningitis
c) Trauma d) Chr. sinusitis

295. Patient presents with high fever, Signs of raised ICT and a past history of chronic otitis media likely diagnosis is - *(DPG Feb. 09)*
a) Brain abscess
b) Pyogenic meningitis
c) Acute subarachnoid hemorrhage
d) Acute osteomyelitis of skull bone

296. Tuberculous otitis media is characterized by all except - *(AP 04, PGI Dec 99)*
a) Multiple perforations b) Pale granulations
c) Pain d) Thin odourless fluid

297. Which of the following is characteristic of T.B. otitis media - *(AIIMS May 95)*
a) Marginal perforation b) Attic perforation
c) Large central perforation d) Multiple perforation

OTOSCLEROSIS & MENIERE'S DISEASE

298. True about otosclerosis - *(PGI June 03)*
a) 50% have family history
b) Males are affected twice than females
c) More common in Negro's and African's
d) Deafness occurs in 20-30 yrs but less in before 10 yrs and after 40 yrs
e) Pregnancy has bearing on it

299. Otospongiosis is inherited as - *(AI 95)*
a) Autosomal dominant b) Autosomal recessive
c) X-linked dominant d) X-linked recessive

300. Common age for otosclerosis is - *(UP 06)*
a) 5-10yrs b)10-20yrs
c) 20-30 yrs d) 30-45 yrs

301. Commonest site of otosclerosis is - *(Corned 07)*
a) Round window b) Oval window
c) Utricle d) Ossicles

302. The part most commonly involved Otosclerosis is - *(PGI June 99, Rohtak 98, UP 08)*
a) Oval window b) Round window
c) Tympanic membranes d) Malleus
e) Ossicles

278) b 279) d 280) b 281) a 282) a 283) a 284) c 285) a 286) c 287)a,b,c,d 288)a,b,d 289) a 290) b
291) a 292) a 293) a 294) a 295) a 296) c 297) d 298)a,d,e 299) a 300) c 301) b 302) a

303. Most common site for the initiation of otosclerosis is - *(Karri. 06)*
a) Foot plate of stapes b) Margins of stapes
c) Fissula antefenestrum d) Fissula post fenestrum

304. In otosclerosis, tinnitus is due to - *(Bihar 05)*
a) Cochlear otosclerosis
b) Increased vascularity in lesion
c) Conductive deafness
d) All

305. True about cochlear otosclerosis - *(PGIMay 10)*
a) Also known fenesterate otosclerosis
b) Mixed hearing loss occurs
c) MRI show decreased signal on T_2 images
d) CT show pericochlear hypodense double ring
e) Necrotic mass is present

306. Otospongiosis causes - *(AI96)*
a) U/L conductive deafness
b) B/L conductive deafness
c) U/L sensorineural deafness
d) B/L sensorineural deafness

307. Paracusis willis is feature of - *(MHPGMCET02,*
a) Tympanosclerosis *JlPMERMar. 2000, MH 05)*
b) Otosclerosis
c) Meniere's disease
d) Presbyaccusis

®O$a

Schwartze sign seen in- *(MAHE 05, PGI 98, NEET/DNB Pattern)*
ua> Glomus Jugulare b) Otosclerosis
c) Meniere's diseases d) Acoustic neuroma

309. Carharts notch in audiogram is deepest frequency of-
a) 0.5 KHz b) 2 KHz *(AI 03; IN 03)*
c) 4KHz d)8KHz

310. Gelle's phenomenon is absent in - *(DPGEE 08)*
a) CSOM b) Tympanosclerosis
c) Meniere's disease d) Otosclerosis

311. Gelle's test is for- *(Bihar 06)*
a) Otosclerosis b)NIHL
c) Sensorineural deafness d) None

312. Carhart's notch in audiometery is seen \n-(MAHE 05)
a) Ossicular discontinuity b) Haemotympanum
c) Otomycosis d) Otosclerosis

313. A pure tone audiogram with a dip at 2000Hz is characteristic of - *(NEET/DNB. Pattern)*
a) Presbyacusis b) Ototoxicity
c) Otosclerosis d) Noise induced hearing loss

314. Otosclerosis treatment includes all except - *(NEET/DNB Pattern)*
a) Sodium fluoride
b) Hearing Aids
c) Stapedectomy
d) Radical mastoidectomy

315. All of the following statements about sodium fluoride in otosclerosis are true, except - *(AI 11, 10)*
a) Acts by inhibiting proteolytic enzymes in cochlea
b) Acts by inhibiting osteoblastic activity
c) Is contraindicated in chronic nephritis
d) Is indicated in patients with a positive schwartze sign

316. Following operations are done in case of otosclerosis
a) Stapedectomy b) Fenestration *(PGIDec. 03)*
c) Stapedotomy d) Sacculotomy
e) Mastoidectomy

317. In otosclerosis during stapedectomy surgery, prosthesis used is - *(UP 06)*
a) Teflon biston b) Grommet
c) Total ossicular replacement d)All

318. A 31 year old female patient complainsts of bilateral impairment of hearing for the 5 year.On examination, tympanic membrane is normal and audiomgram shows a bilateral conductive deafness. Impedance audiometry shows As type of curve and acoustic reflexes are absent. All constitute part of treatment, except- *(DPG 09)*
a) Hearing aid b) Stapedectomy
c) Sodium fluoride d) Gentamycin

319. A 30- year old woman with family history of hearing loss from her mother's side developed hearing loss which is bilateral, slowly progressive, Pure tone audiometry bone conduction hearing loss with an apparent bone conduction hearing loss at 2000 Hz. What is the most likely diagnosis? *(AIIMSMay 06)*
a) Otosclerosis
b) Acoustic neuroma
c) Otitis media with effusion
d) Sigmoid sinus thrombosis

320. Lady has B/L hearing loss since 4 years which worsened during pregnancy. Type of impedence auditometry graph will be - *(AIIMSMay 07, Nov 06)*
a) Ad b) As
c) B d)C

321. A patient has bilateral conductive deafness, tinnitus with positive family history. The diagnosis is -
a) Otospongiosis *(AIIMS Nov 09, AIIMS 93)*
b) Tympanosclerosis
c) Meniere's disease
d) B/L otitis media

322. A 30 years woman presents with progressive conductive deafness bilaterally. The most common cause is - *(AP 05)*
a) Tympanosclerosis
b) Otospongiosis
c) Meniere's disease
d) Bilateral wax in external ears

323. Feature in otosclerosis include - *(AP 03)*
a) Sounds not heard in noisy environment
b) Normal tympanum
c) More common in males
d) Malleus is most commonly affected

324. All are true about otosclerosis except-(PG7 *June 06)*
a) Increased incidence in female
b) Sensorineural deafness
c) Irreversible loss of hearing
d) Carhart's notch at 2000 Hz
e) Family history positive

303)c 304)a 305)b,d 306)b 307)b 308)b 309)b 310)d 311)a 312)d 313)c 314)d 315)b
316)a,b,c 317)a 318)d 319)a 320)b 321)a 322)b 323)b 324)b,c

325. Characteristic feature of Otosclerosis are all except - *(AIIMS June 97)*
a) Conductive deafness b) Positive rinne's test
c) Paracusis willisii d) Mobile ear drum

326. Ture statements about otosclerosis - *(PGI June 05)*
a) Unilateral b) Carhart's notch seen
c) Fluctuating headache d) Deafness
e) Male are commonly affected

327. Not true about hearing loss in otosclerosis?
a) Common in male of age > 40 yrs *(Maharashtra 10)*
b) Vertigo +
c) Paracusis Willisi
d) Schwartz sign

328. Meniere's disease is characterized by - *(AI04)*
a) Conductive hearing loss and tinnitus
b) Vertigo, ear discharge, tinnitus and headache
c) Vertigo, tinnitus, hearing loss and headache
d) Vertigo, tinnitus and hearing loss

329. Meniere's disease is - *(PGI June 99)*
a) Perilymphatic hydrops
b) Endolymphatic hydrops
c) Otospongiosis
d) Coalescent mastoiditis

330. True about Meniere's disease - *(PGI June 03)*
a) Tinnitus b) Episodic vertigo
c) Deafness d) Diarrhoea
e) Vomiting

331. Which of the following is not a typical feature of menieres disease? *(AIIMS May 06)*
a) Sensorineural deafness b) Pulsatile tinnitus
c) Vertigo d) Fluctuating deafness

332. In a classical case of Meniere's disease which one of the following statement is true - *(Karn 01)*
a) Carhart's Notch is a characteristic feature in puretone audiogram
b) Schwartz's sign is usually present in the tympanic membrane
c) Low frequency sensorineural deafness is often seen in pure tone audiogram
d) Decompression of fallopian canal is the treatment of choice

333. Recruitment phenomenon is seen in?
a) Otosclerosis *(DNB 07, Kolkatta 02)*
b) Meniere's disease
c) Acoustic nerve schwannoma
d) Otitis media with effusion

334. Episodic vertigo, tinnitus and normal hearing is characteristic feature of - *(Bihar 04)*
a) Acoustic neuroma b) Meniere's disease
c) Vestibular neuritis d) All of the above

335. Glycerol test is done in - *(AP 95, TN00)*
a) Otosclerosis b) Lateral sinus thrombosis
c) Meniere's disease d) None of the above

336. Destructive procedures for Meniere's disease are -
a) Fick's procedure *(PGI Nov 09)*
b) Cody tack procedure
c) Vestibular neuronectomy
d) Trans-labyrinthine neuronectomy
e) Labyrinthectomy

337. Endolymphatic decompression is done in -
a) Tinnitus *(Delhi 06, PGI June 05)*
b) Acoustic neuroma
c) Meniere's disease
d) Endolymphatic fistula

338. Endolymphatic hydrops is seen in - *(AI 11)*
a) Meniere's disease b) Otosclerosis
c) Acoustic neuroma d) Glomus tumor

339. A 55 years old female presents with tinnitus, dizziness and h/o progressive deafness, differential diagnosis includes all except - *(AIIMS Nov. 01)*
a) Acoustic neuroma b) Endolymphatic hydrops
c) Meningioma d) Histiocytosis - X

340. Differential diagnosis of Meniere's disease are all expect- *(UP 07)*
a) Acoustic neuroma b) CNS disease
c) Labyrinthitis d) Suppurative otitis media

341. Meniere's disease is characterised by all except -
a) Diplopia b) Tinnitus *(AIIMS Dec. 98)*
c) Vertigo d) Fullness of pressure in ear

342. True about Endolymphatic hydrops - *(PGI June 06)*
a) B/L Condition b) Females more common
c) 3 rd to 4th decades d) Conductive deafness

343. All are manifestations of Meniere's disease except -
a) Tinnitus *(AI 97)*
b) Vertigo
c) Sensorineural deafness
d) Loss of consciousness

344. Meniere's disease is characterized by all except -
a) Conductive deafness *(UP 08)*
b) Sensorineural deafness
c) Vertigo
d) Tinnitus

345. Meniere's disease is characterised by -
a) Fluctuating hearing loss *(PGI Dec 03)*
b) Also called endolymphatic hydrops
c) Tinnitus and vertigo most common symptom
d) It is a disease of inner ear
e) Endolymphatic decompression is done

FACIAL NERVE AND ITS DISORDERS

346. First branch of the facial nerve is - *(UP 04, NEET/DNB Pattern)*
a) Greater petrosal nerve
b) Lesser petrosal nerve
c) Chorda-tympani nerve
d) Nerve to the stapedius

325) b 326) b,d 327) a 328) d 329) b 330)All 331)b 332) c 333) b 334) b 335) c 336) e 337) a 338) a>c
339) d 340) d 341) a 342) c 343) d 344) a 345)All 346) a

347. Lacrimation is affected when facial nerve injury is at- *(AI98)*
a) Geniculate ganglion
b) In semicircular canal
c) At sphenopalatine gangila
d) None

348. A patient presents with hyperacusis, loss of lacrimation and loss of taste sensation in the anterior 2/3rd of the tongue. Oedema extends up to which level of facial nerve - *(2001)*
a) Vertical part
b) Vertical part proximal to nerve to stapedius
c) Vertical part and beyond nerve to stapedius
d) Proximal to geniculate ganglion

349. Dryness of eye is caused by inj ury to facial nerve at-
a) Chorda tympani *(AI 96)*
b) Cerebellopontine angle
c) Tympanic canal
d) Geniculate ganglion

350. Intratemporal lesion of chorda tympani nerve result in - *(AIIMS dec 94)*
a) Loss of taste sensations from papilla of tongue
b) Loss of taste sensations from anterior 2/3^ of tongue
c) Loss of taste sensations from posterior 1/3"* of tongue
d) Loss of secretomotor fibres to the submandibular salivery gland

351. Dryness of mouth with facial N.injury-site of lesion is at- *(UP 08)*
a) Chorda tympani N
b) Cerebellopontine angle
c) Geniculate ganglion
d) Concussion of tympanic membrane

352. Facial nerve palsy at stemomastoid canal can cause-
a) Loss of corneal reflex at side of lesion
b) Loss of taste sensation anterior 2/3 of ipsilateral tongue
c) Loss of lacrimation at side of lesion
d) Hyperacusis

353. All the following muscles are innervated by the facial nerve except - *(AIIMS May 03)*
a) Occipito-fontalis b) Anterior belly of digastric
c) Risorius d) Procerus

354. Right upper motor neuron lesion of facial nerve causes - *(AIIMS 95)*
a) Loss of taste sensation in right anterior part of tongue
b) Loss of corneal reflex on right side
c) Loss of wrinkling of forehead on left side
d) Paralysis of lower facial muscles on left side

355. Which one of the following statements is correct in facial paralysis - *(MP 09)*
a) The nasolabial fold is obliterated on same side
b) The nasolabial fold is obliterated on opposite side
c) The face deviates to the same side
d) The face deviates to the opposite side

356. Which test can detect facial nerve palsy occurring due to lesion at the outlet of stylomastoid foramen - *(AIIMS Nov 93)*
a) Deviation of angle of mouth towards opposite side
b) Loss of taste sensation in anterior 2/3 of tongue
c) Loss of sensation over right cheek
d) Deviation of tongue towards opposite side

357. Hyperacusis in Bell's palsy is due to the paralysis of the following muscle - *(AIIMS May 06)*
a) Tensor tympani b) Levator palatii
c) Tensor veli palatii d) Stapedius

358. Hyperacusis is caused by damage *to?* *(MH01, NEEI7 DNB Pattern)*
a) Stapedius b)T. Palate
c) T. tympani d)All

359. Which of the following is not true about bell's palsy-
a) Acute onset *(Delhi 08)*
b) Always recurrent
c) Spontaneous remission
d) Increased predisposition in Diabetes Mellitus

360. Which one of the following statements truly represents bed's paralysis - *(AIIMSMay 05; AI 04)*
a) Hemiparesis and contralateral facial nerve paralysis
b) Combined paralysis of the facial, trigeminal, and abducens nerves
c) Idiopathic ipsilateral paralysis of the facial nerve
d) Facial nerve paralysis with a dry eye

361. All of the following are seen in bell's palsy except - *(SGPGI 05, NEET/DNB*
a) Ipsilateral facial palsy
b) Ipsilateral loss oftaste^tpsatiqi^f - *^%g&iiern)*
c) Hyperacusis
d)p§4laj:efaf,ptqsis

362. Bed's palsy patient comes on day 3. Treatment given would be - *(AIIMS Nov 09)*
a) Intratympanic steroids
b) Oral steroids+Vitamin B
c) Oral steroids + Acyclovir
d) Vitamin B vasodilator

363. True about Beds palsy - *(NEET/DNB Pattern)*
h) Spdntafcdhs 'recdyqrf; ||§|||||| '?
b) Steroid contraindicated
c) 25% have resolved
d) Antibiotics mainstay of treatment

364. TVue about lower motor neuron palsy ofVHth nerve-
a) Other motor cranial nerves also involves
b) Melkersson's syndrome cause recurrent paralysis
c) Eye protection done *(PGI Nov 09)*
d) Prognois can be predicted by serial electrical studies
e) Bell's palsy is commonest cause

365. Bed's palsy is paralysis of - *(Corned 07)*
a) UMNV nerve b) UMN VII nerve
c) LMNV nerve d) LMN VII nerve

366. Most common cause of lower motor neuron facial palsy is - *(MP 04)*
a) Cholesteatoma b) Cerebello-pontine angle tumors
c) Bell's palsy d) Postoperative (ear surgery)

347)a 348)d 349)d 350)d 351)a 352)a 353)b 354)d 355)a,d 356)a 357)d 358)a 359)b 360)c
361) d 362) c 363) a 364)b,c,d,e 365) d 366) c

367. True about bell's palsy is/are - *(PG12000)*
a) Most common cause of facial palsy
b) Associated with tinnitus & vertigo
c) Crocodile tears & synkinesis
d) No role of steroids

368. Most common cause of facial palsy -
a) Post operative b) Trauma
c) Ramsay hunt syndrome d) Bell's palsy

369. Bell's palsy not responding to steroid. What will be the further line of managment - *(MP 2K)*
a) Increase the dose of steroid
b) Vasodilators and ACTH
c) Surgical decompression
d) Electrophysiological nerve testing

370. A case of Bell's palsy on steroids, shows no improvement after two weeks. Next step in manangement is -
a) Vasodilators and ACTH
b) Physiotherapy
c) i Steroids dose
d) Electrophysiological nerve testings

371. Ramsay hunt syndrome is caused by- *(PGIDec98)*
a) H. simplex b)H.zoster
c) Influenza d) Adenovirus

372. Ramsay hunt syndrome all are true except -
a) VII Nerve is involved *(SGPGI05)*
b) Facial muscle are involved
c) Facial vesicles is seen
d) Herpes zoster is etiologic agent

373. In Ramsay Hunt syndrome, all nerves are involved except-
a) 5 b)7 *(RJ 02)*
c) 8 d)9

374. All of the following are true for Ramsay hunt syndrome except - *(AI 02)*
a) It has viral etiology
b) Involves Vllth nerve
c) May involve VUIth nerve
d) Results of spontaneous recovery are excellent

375. True about Ramsay-hunt syndrome except - *(JJP2K)*
a) Involves VII nerve
b) May involves VIII nerve
c) Surgical removal gives excellent prognosis
d) Causative agent is virus

376. A man presents with vesicles over external acoustic meatus with ipsilateral facial palsy of LMN **type. The cause is -** *(AP 05)*
a) Herpes zoster b) Herpes simplex virus-I
c) Varicella d)None

377. Which fracture of the petrous bone will cause facial nerve palsy - *(AI0 7)*
a) Longitudinal fractures
b) Transverse fractures
c) Mastoid
d) Facial nerve injury is always complete

378. Which is the correct statement regarding facial nerve palsy in temporal bone fractures? *(AI 08, AIIMSMay 08)*
a) More common with transverse fractures
b) More common with longitudinal fractures
c) Facial palsy is of immediate onset
d) It is always associated with CSF leakage

379. Iatrogenic traumatic facial nerve palsy is most commonly caused during -
a) Myringoplasty b) Stapedectomy
c) Mastoidectomy d) Ossiculoplasty

380. A patient presents with facial nerve palsy following head trauma with fracture of the mastoid; best intervention here is - *(AI 01)*
a) Immediate decompression b) Wait and watch
c) Facial sling d) Steroids

381. Treatment of choice in traumatic facial nerve inj ury is - *(ARMS Sep 96)*
a) Masterly inactivity b) Facialsling
c) Facial decompression d) Systemic corticosteroid

382. Treatment of choice for mastoid # with facial nerve palsy is - *(ARMS June 99)*
a) Nerve decompression
b) High dose of steroid
c) Sling operation
d) Repair the # and wait and watch

383. Facial nerve palsy is seen in - *(NEET/DNB Pattern)*
a) Sarcoidosis b) VZV
c) Acoustic neuroma d) All

384. Crocodile tears is due to - *(Delhi 05)*
a) Cross innervation of facial nerve fibers
b) Cross innervation of trigeminal nerve fibers
c) Improper regeneration of trigeminal nerve
d) Improper regeneration of facial nerve

3 85. Gustatory sweating and flushing (Frey's syndrome) follows damage to the - *(Jipmer 80, DNB 91)*
a) Trigeminal nerve b) Facial nerve
c) Glossopharynegeal nerve d) Vagus nerve
e) Auriculotemporal nerve

3J8f6. Frey's syndrome is caused *by -(NEET/DNB Pattern)*
a) Post traumatic nerve fibres of facial nerve with parasympathetic of auriculotemporal nerve
b) Greater auricular with auriculotemporal nerve
?7 c) Facial nerve with greater auriculkf nerve
d) None

387. Frey's syndrome is due to involvement of- *(Bihar 03)*
a) Auriculotemporal nerve b) Glosopharyngeal nerve
c) Vagus nerve d)All

688. Nerve of the pterygoid canal is also known as -
a) Arnolds nerve b) Vidian nerve
c) Nerve of Kuntz d) Criminal nerve of grassi

389. Etiology of facial nerve paralysis include all of the following EXCEPT- *(Karn 11)*
a) Mumps
b) Bell's palsy
c) Acoustic neuroma
d) Modified Radical Mastoidectomy

367) a,c 368) d 369) d 370) d 371)b 372) c 373)None 374) d 375) c 376) a 377) b 378) a 379) c 380) a
381)c 382)a 383)d 384)d 385) b,e 386)a 387)a 388)b 389)None

TUMOURS

390. Acoustic neuroma commonly arises from -
a) Superior division of vestibular nerve
b) Inferior division of vestibular nerve
c) Cochlear nerve *(AI11, 10, ARMS Nov 09, A11MS*
d) VIIth nerve *98, J & K 05)*

391. Schwannoma involves the - *(AI 99)*
a) Vestibular part of VUIth nerve
b) Cochlear part of VHIth nerve
c) Vagus nerve
d) Hypoglossal nerve

392. True about Acoustic neuroma - *(PGI June 04)*
a) Malignant tumor
b) Arises from vestibular nerve
c) Upper pole displaces IX,X,XI nerves
d) Lower pole displaces trigeminal cranial nerve

393. The earliest symptom of acoustic nerve tumor is -
a) Sensorineural hearing loss *(AI 95, Delhi-05,*
b) Tinnitus *Karnatak-09)*
c) Vertigo
d) Otorrhea

394. Earliest sign seen in Acoustic neuroma is-*(UPSC05)*
a) Facial weakness b) Unilateral deafness
c) Reduced corneal reflex d) Cerebellar signs

395. In acoustic neuroma, cranial nerve to be involved earliest is - *(AI07i UP 08; NEET/DNB Pattern)*
a) 5 b)7
c) 10 d)9

396. Acoustic neuroma causes - *(PGI June 99)*
a) Cochlear deafness b) Retrocochlear deafness
c) Conductive deafness d) Any of the above

397. A 70 year old male presents with loss of sensation in external auditory meatus (Hitzelberg's sign positive). The likely diagnosis is - *(AI 08)*
a) Vestibular schwannoma
b) Mastoiditis
c) Bells palsy
d) Middle ear cholesteatoma

398. In acoustic neuroma all are seen except - *(MP2000)*
a) Loss of corneal reflex b) Tinnitus
c) Facial palsy d) Diplopia

399. In a patient with acoustic neuroma all are seen except- *(SGPGI07)*
a) Facial nerve may be involved
b) Reduced corneal reflex
c) Cerebellar signs
d) Acute episode of vertigo

400. In acoustic neuroma, the earliest ocular finding is -
a) Diplopia *(Delhi 06, Kerala 04, PGI*
b) Ptosis *00, NEET/DNB Pattern)*
c) Loss of pupillary reflex
d) Loss of corneal reflex

401. Acoustic neuroma causes the following except-fPG/
a) Ptosis b) Nystagmus *97)*
c) Unilateral deafness d) Loss of corneal reflex

402. Vestibular neuroma - not correct - *(AP 05)*
a) Nystagmus
b) High frequency sensorineural deafness
c) Absence of caloric response
d) Normal corneal reflex

403. TVue about CPangle tumour - *(AIIMS 9 7)*
a) Absent corenal reflex b) I/L rectus palsy
c) pupillary dilatation d) Medial rectus palsy

404* Acoustic schwannoma most common site is -
a) CP angle *(NEET/DNB Pattern)*
b) Fossa of Rosenmuller
c) Retropharyngeal space
d) None

405. Progressive loss of hearing, tinnitus and ataxia are commonly seen in a case of - *(SGPGI05)*
a) Otitis media b) Cerebral glioma
c) Acoustic neuroma d) Ependymoma

406. True about cerebello pontine angle tumor - *(PGI 01)*
a) Tinnitus b) Diplopia
c) Lost comeal reflex d) Conductive deafness

407. A patient is suspected to have vestibular shwanomma the investigation of choice for its diagnosis is -
a) Contrast enhanced CT scan *(ARMS 04)*
b) Gadolinium enhanced MRI
c) SPECT
d) PET scan

408. Treatment of choice for acoustic neuroma-(Xera/a *08)*
a) Steroid b) Radiotherapy
c) Anti-neoplastic chugs d) Surgery

409. Acoustic neuroma of 1 cm diameter, the investigation of choice- *(Kerala 97)*
a) CTScan b) MRI Scan
c) Plain X-ray skull d) Air encephalography

410. Which of the following would be the most appropriate treatment for rehabilitation of a patient who has bilateral profound deafness following surgery for bilateral acoustic schwanoma - *(DPGFeh. 09)*
a) Bilateral with powered digital hearing AID
b) Bilateral cochlear implants
c) Unilateral cochlear implant
d) Brain stem implant

411; Investigation of choice in vestibular schwannoma -
a) MRI b) CT *(NEET/DNB Pattern)*
c) USG d) X-ray ,

412. The usual location of glomus jugulare tumor is -
a) Epitympanum *(DPG10)*
b) Hypotympanum
c) Mastoid tip cells
d) Internal auditory meatus

413. FISCH classification is used for-
a) Juvenile nasopharyngeal angiofibroma
b) Nasopharyngeal ca *(NEET/DNB Pattern)*
c) Vestibular schwannoma
d) Glomus tumor

414. Earliest symptom of glomus tumor is - *(UP 06)*
a) Pulsatile tinnitus b) Deafness
c) Headache d) Vertigo

390) a 391) a 392)b 393)a 394)c 395)a 396)b 397)a 398)c 399)d 400)d 401) a 402)d 403)a
404)a 405)c 406)a,b,c 407)b 408)d 409)b 410)d 411)a 412)b 413)d 414)a

415. Brown sign is seen in - *(AI07, NEET/DNB Pattern)*
a) Glomus tumor b) Meniere's desease
c) Acoustic neuroma d) Otoscleorsis

416. Phelps sign is seen in - *(A1IMS May 02, NEET/DNB Pattern)*
a) Glomus jugulare
b) Vestibular Schwannoma
c) Menniers disease
d) Neurofibromatosis

417. The glomus tumor invasion of Jugular bulb is diagnosed by- *(UP 05)*
a) Carotid angiography
b) Vertebral venous venography
c) X-ray
d) Jugular venography

418. A patient presents with bleeding from the ear pain tinnitus and progressive deafness. On examination there is a red swelling behind the intact tympanic membrane which blanches on pressure with pneumatic speculum. Management includes all except- *(AIIMSNov. 01)*
a) Radiotherapy b) Surgery
c) Interferons d) Preoperative embolization

419. Condition where pulsatile tumor is found in external auditory meatus which bleed on touch - *(DPG10,*
a) Cholesteatoma b) Polyp *AIIMS 95)*
c) Glomus tumor d) Malignancy middle ear

420. True about Glomus- jugulare tumour -
a) Most common in male *(PGI June 04)*
b) Aries from non- chromaffin cells
c) Lymph node metastasis seen
d) Multicentric
e) Fluctuating tinnitus and conductive type of hearing loss seen

421. Pulsatile tinnitus in ear is due to - *(IN 01)*
a) Malignant otitis media
b) Osteoma
c) Mastoid reservoirs
d) Glomus jugulare tumour

422. Mass in ear, on touch bleeding heavily, cause is -
a) Glomus Jugulare b) Ca mastoid *(DNB 01)*
c) Acoustic neuroma d) Angiofibroma

423. Most common bony tumour of middle ear is -*(UP 07)*
a) Adenocarcinoma
b) Squamous cell carcinoma
c) Glomous tumour
d) Acoustic neuroma

424. Treatment of middle ear malignancy includes -
a) Excision of petrous part of temporal bone
b) Subcortical excision *(Make 07)*
c) Modified radical mastoidectomy
d) None

MISCELLANEOUS EAR

425. Cochlear implant is done in - *(Bihar 05)*
a) Scala vestibuli b) Scala tympani
c) Cochlear duct d) Endolymphatic duct

426. A child aged 3 years, presented with severe sensorineural deafness was prescribed hearing aids, but showed no improvement What is the next line of management - *(AIIMS May 01)*
a) Fenestration surgery b) Stapes mobilisation
c) Cochlear implant d) Conservative

427. Regarding cochlear implant, which of the following is true - *(AIIMS Nov 10)*
a) Not contraindicated in cochlear malformation
b) Contraindicated in < 5 yrs
c) Indicated in mild to moderate hearing loss
d) Implanted through oval window

428. All of the following statements about cochlear implants are true, except - *(AI12)*
a) Improved speech and sound perception
b) Better chance of acquiring normal or near normal verbal skills
c) Improved sound localization and discrimination is possible
d) Tinnitus enhancement in patients with tinnitus prior to implantation

429. Which of the following would be the most appropriate treatment for rehabilitation of a patient, who has bilateral profound deafness following surgery for bilateral acoustic schwannoma - *(AIIMS Nov 03)*
a) Bilateral high powered digital hearing aid
b) Bilateral cochlear implants
c) Unilateral cochlear implant
d) Brain stem implant

430. In cochlear implants electrodes are most commonly placed at -
a) Oval window b) Round window
c) Horizontal semicircular canal d) Cochlea

431. In a case of bilateral hearing loss, what should be done - *(PGI June 99)*
a) Stapedectomy b) Cochlear implant
c) Hearing aid bone implant d) Sodium fluoride

432. A child was treated for H.influenza menigitis for 6 month. Most important investigation to be done before discharging the patient is - *(AI 99)*
a) MRI
b) Brainstem evoked auditory response
c) Growth screening test
d) Psychotherapy

433. All of the following diseases have consistent symptom of tinnitus, except - *(AP 08)*
a) Meniere's disease b) CSOM
c) Otosclerosis d) Mastoiditis

434. Pulsatile tinnitus in ear is due to - *(TN 01)*
a) Malignant otitis media b) Osteoma
c) Mastoid resevoirs d) Glomus jugulare tumour

435. A man Rajan, age 70 yrs, presents with tinnitus. Most probable diagnosis is - *(AIIMS Nov 2K)*
a) Acoustic neuroma b) ASOM
c) Labyrynthitis d) Acoustic trauma

415)a 416)a 417)d 418)c 419)c 420)b,d,e 421)d 422)a 423)b 424)a,c 425)b 426)c 427)a 428)d 429) d 430) d 431)a,b,c,d 432) b 433) d 434) d 435) a

436. CSF otorrhoea is caused by - *(ARMS 92)*
a) Rupture of tympanic membrane
b) Fracture of cribriform plate
c) Fracture of parietal bone
d) Fracture of petrous temporal bone

437. The most common cause of cerebrospinal otorrhoea is-
a) Rupture of tympanic membrance *(UP 97)*
b) Fracture of petrous ridge
c) Fracture of mastoid air cells
d) Fracture of parietal bone

438. Two months after tonsillectomy the patient has referred pain to ear, cause is - *(ARMS 92)*
a) Temporomandibular joint dislocation
b) Injury to glossopharyngeal (9th cranial) nerve
c) Injury to vagus nerve
d) Infection of tonsillar bed

439. Which nerve is responsible for reffered pain of the ear - *(NEET/DNB Pattern)*
a) IX N. b) III N
c)'XTN. d)XnN

440. Features of superior canal dehiscence are -
a) Positive romberg's sign *(PGI Nov 10)*
b) Positive tullio's phenomenon
c) Positive hennerbert's sign
d) oscillopsia
e) Positive Dix-Hallpike maneuver

441. Chalky white tympanic membrane is seen in- *(RJ01)*
a) ASOM b) Otosclerosis
c) Tympanosclerosis d) Cholesteotoma

442. Fluctuating recurring variable sensorineural deafness is seen in - *(APPGI06)*
a) Serous otitis media b) Heamotympanum
c) Perilabyrinthine fistula d) Labrinthine concussion

443. Bone which is Pneumatic - *(PGI June 0 7)*
a) Maxillary b) Parietal
c) Temporal d) Frontal
e) Ethmoidal

444. Use of seigel's speculum during examination of the ear provides all except - *(AI05)*
a) Magnification
b) Assessment of movement of the tympanic membrane
c) Removal of foreign body from the ear
d) As applicator for the powdered antibiotic of ear

445. The focal length of the mirror used in head lamp -
a) 85mm b) 150mm
c) 250mm d) 400 mm

446. Focal length of head mirror used in ENT-OPD -
a) 9 inch b) 10 inch (25 cm) *(Bihar 05,*
c) 11 inch d) 12 inch *NEET/DNB Pattern)*

447. Diameter of head mirror in ENT is - *(Bihar 05)*
a) 20 cm b)22cm
c) 10cm d)26cm

448. 40 db compared to 20 db is - *(DNB01)*
a) Double b) 10 times
c) 100 times d) 1000 times

ANATOMY OF NOSE

449. Choanais- *(TN 03)*
a) Anterior nares b) Posterior nares
c) Tonsils d) Larynx

450. Inferior turbinate is a - *(Jipmer 04)*
a) Part of maxilla b) Part of sphenoid
c) Separate bone d) Part of ethmoid

451. Which of the following is known as fourth tubrinate-
a) Posterior ethmoid cells *(UP 01)*
b) Anterior ethmoid cells (Agger-nasi)
c) Medial ethmoid cells
d) Lateral ethmoid cells

452. Osteomeatal complex (OMC) connects- *(MH 02)*
a) Nasal cavity with maxillary sinus
b) Nasal cavity with sphenoid sinus
c) The two nasal cavities
d) Ethmoidal sinus with ethmoidal bulla

453. Nasal valve is formed by - *(MP 08)*
a) Upper lateral cartilage
b) Lower lateral cartilage
c) Lower end of upper lateral cartilage
d) Upper end of lower lateral cartilage

454. Ethmoid bone forms A/E- *(Bihar 05)*
a) Superior turbinate b) Middle turbinate
c) Interior turbinate d) Uncinate process

455. Tubinate that articulates with ethmoid is- *(AP02)*
a) Superior b) Middle
c) Inferior d) All of the above

456. Hiatus semilunaris is present in - *(CUPGEE 02)*
a) Superior meatus b) Middle meatus
c) Inferior meatus d) Spenoethmoidal recess

457. Paranasal sinus opening in middle meatus-
a) Maxillary *(PGI 03, 98)*
b) Anterior ethmoid c) Posterior ethmoid
d) Frontal e) Sphenoid

458. Which of the following bones do not contribute the nasal septum- *(AI 03)*
a) Sphenoid b) Lacrimal
c) Palatine d) Ethmoid

459. Quadrilateral cartilage is attached to all except -
a) Ethmoid b) Vomer *(DNB 01)*
c) Sphenoid d) Maxilla

460. All these structure are found in the lateral nasal wall except - *(MP 07)*
a) Superior Turbinate b) Vomer
c) Agger nasi d) Hasner's vale

461. Direction of nasolacrimal duct is - *(AI 99)*
a) Downwards, backwards and medially
b) Downwards, backwards and laterally
c) Downwards, forwards and medially
d) Downwards, forwards and laterally

i46;2. Frontonasal du^p^ii5;int0,^^p'i'^i *NEET/DNB*
a)^Inferior meatus * , " -\y) Middle p^eatus *Pattern)*
c) Superior meatus d) Inferior turbinate

436)d 437)b 438)b 439)a 440)b,d 441)c 442)c 443)a,c,d,e 444)c 445)c 446)b 447)c 448)c 449)b
450) c 451)None 452) a 453) c 454) c 455) c 456) b 457)a,b,d 458) b 459) c 460) b 461) b 462) b

463. The maxillary sinus opens into middle meatus at the level of- *(DNB02)*
a) Hiatus semilunaris b) Bulla ethmoides
c) Infundibulum d) None of the above

464. Frontal sinus drain into - *(PGI98, 97)*
a) Superior meatus b) Inf. meatus
c) Middle meatus d) Ethmoid recess

465. All drains into middle meatus except -
a) Lacrimal duct *(DNB 02, NEET/DNB Pattern)*
b) Maxillary sinus
c) Frontal sinus,
d) Ethmoidal sinus

466. Opening of posterior ethmoid sinus in -
a) Middle turbinate *(Jharkhand 06, Punjab 11)*
b) Superior turbinate
c) Inferior turbinate
d) None

467. Nasolacrimal duct opens into - *(MAHE 05, Kam. 11)*
a) Superior meatus b) Middle meatus
c) Inferior meatus d) Sphenopalatine recess

DISEASE OF EXTERNAL NOSE & NASAL SEPTUM

468. True about rhinophyma - *(PGI 01)*
a) Premalignant b) Common in alcoholics
c) Acne rosacea d) Fungal etiology
e) Treatment is shaving, dermabrasion and skin grafting

469. Rhinophyma is associated with- *(AI07, AP 96, UP 01)*
a) Hypertrophy of the sebaceous glands
b) Hypertrophy of sweat glands
c) Hyperplasia of endothelial cells
d) Hyperplasia of epithelial cells

470. Commonest presentation of infant with bilateral choanal atresia - *(AIIMS06)*
a) Difficulty inbreathing b) Dysphagia
c) Smiling d) Difficulty in walking

471. Choanal atresia is associated with - *(PGI Dec 08)*
a) Colobomatous blindness
b) Heart disorder c) Renal anomaly
d) Ear disorder e) CNS lesion

472. Percentage of newborn with deviation of nasal septum - *(PGI93)*
a) 2% b) 10%
c) 20% d) 50 %

473. Features associated with DNS include all of the following except - *(AI98)*
a) Epistaxis
b) Atrophy of turbinate
c) Hypertrophy of turbinate
d) Recurrent sinusitis

474. For deviated nasal septum, surgery is required for -
a) Septal spur with epistaxis *(PGI01)*
b) Marked septal deviation
c) Persistent rhinorrhea
d) Recurrent sinusitis
e) Prolonged DNS

475. DNS may be associated with all the following except-
a) Recurrent sphenoiditis *(AI 95, AIIMS 93)*
b) Bilateral septal spur
c) Hypertrophy of the inferior turbinate
d) Recurrent maxillary sinusitis

476. Cottel[9]s test tests the patency of the nares in -
a) Atrophic rhinitis *(Jipmer 2K)*
b) Rhinosporidiosis
c) Deviated nasal septum
d) Hypertrophied inferior turbinate

477. Improvement in nasal patency by retracting the lateral part of the cheek and thus testing the vestibular component of nose is - *(MH 08)*
a) Epley's maneuver b) Cottle's test
c) Schwartz maneuverd) Helmich maneuver

478. Nasal septum perforation occurs in all the following except- *(UP 04, NEET/DNB Pattern)*
a) Tuberculosis b) Nasal surgery
c) Syphilis d) Rhinosporidiosis

479. Most common cause of perforation of cartilaginous part of nasal septum- *(Kolkata 06)*
a) Syphilis b) Tuberculosis
c) Wegener's granulomatosis d) Septal abscess

480. Septal perforation is not seen in - *(DNB 02)*
a) Septal abscess b) Leprosy
c) Rhinophyma d) Trauma

481. Nasal septal perforation is characteristically seen in - *(IN 04)*
a) Wegener's granulomatosis
b) Polymorphic reticulosis
c) Sarcoidosis
d) Tuberculosis

482. True about septal hematoma is - *(PGI 02)*
a) Occurs due to trauma
b) Can lead to saddle-nose deformity
c) Conservative treatment
d) May lead to abscess formation

483. The etiology of anterior ethmoidal neuralgia is- *(AIIMS May 03)*
a) Inferior turbinate pressing on the nasal septum
b) Middle turbinate pressing on the nasal septum
c) Superior turbinate pressing on the nasal septum
d) Causing obstruction of sphenoid opening

GRANULOMATOUS DISORDERS OF NOSE. NASAL POLYP AND FOREIGN BODY

484. True statement about Rhinosporidiosis is - *(AI99)*
a) Most common organism is klebsiella rhinoscleromatis
b) Seen only in immunocompromised patients
c) Present as a nasal polyp
d) Can be diagnosed by isolation of organism

485. Rhinosporidiosis is caused by - *(PGI99, UP 2K, NEET/DNB Pattern)*
a) Fungus b) Virus
c) Bacteria d) Protozoa

463)a 464)c 465)a 466)b 467)c 468)c,e 469)a 470)a 471)a,b,d,e 472)b 473)b 474)a,b,c,d 475)b 476) c 477) b 478) d 479) None 480) c 481)a,c,d 482)a,b,d 483) b 484) c 485) c

486. Which of the following is not a feature of rhinosporidiosis - *(JIPMER 00)*
a) Bleeding polyp
b) Russel bodies are seen
c) Oral dapsone is useful in treatment
d) Excision with the knife is the treatment

487. Ideal treatment of rhinosporidiosis is - *(A1IMS 97)*
a) Rifampicin b) Excision with cautery at base
c) Dapasone d) Laser

488. In rhinosporidiosis, the following is true - *(PGI99)*
a) Fungal granuloma
b) Grayish mass
c) Surgery is the treatment
d) Radiotherapy is treatment

489. Nasal polyps with subcutaneous nodules are seen in- *(MP 01)*
a) Zygomycosis b) Rhinosporidiosis
c) Sporotrichosis d) Aspergilosis

490. Which of the following is/are true about Rhinoscleroma except - *(PGI June 09)*
a) Biopsy is diagnostic
b) Causative organism can be cultured
c) Occur in endemic areas
d) Conservative management is done
e) Surgical intervention is treatment of choice

491. Atrophic dry nasal mucosa, extensive encrustations with, woody' hard external nose; is suggestive of -
a) Rhinosporidiasisb) Rhinoscleroma *(MH05)*
c) Atrophic rhinitis d) Carcinoma of nose

492. Rhinoscleromatis is caused by » *(PGI 99)*
a) Klebseilla b) Autoimmune
c) Spirochetes d) Rhinosporidium.

493. Rhinoscleroma is due to which infection -
a) Viral b) Bacterial *(NEET/DNB Pattern)*
c) Fungal d) None

494. Mikulicz and russel bodies are characteristic of -
a) Rhinoscleroma *(JIPMER 02,NEET/DNB Pattern)*
b) Rhinosporidiosis
c) Plasma cell disorder
d) Lethal midling granuloma

495. Russell body is found in - *(Bihar 06)*
a) Rhinospordisosis b) Rhinoscleroma
c) Muromycosis d)All

496. Apple jelly nodules on the nasal septum are found in cases of - *(MP 05)*
a) Tuberculosis b) Syphilis
c) Lupus Vulgaris d) Rhinoscleroma

497. 68 year old chandu is a diabetic and presented with black, foul, smelling dicharge from the nose Examination reveraled blackish discoloration of the inferior turbinate. The diagnosis is - *(AIIMS 99)*
a) Mucormycosis b) Aspergillosis
c) Infarct of inferior turbinnate d) Foreign body

498. IDDM patient presents with septa perforation of nose with brownish black discharge probable diagnosis is- *(AI97, RJ06)*
a) Rhinosporidiosis b) Aspergillus
c) Leprosy d) Mucormyocis

499. All of the following are true about antrochonal polyp, except- *(IN 07)*
a) Single b) Unilateral
c) Premalignant d) Arises from medullary antrum

500. All of the following are true of antrochoanal polyp except- *(AI 94)*
a) Common in children
b) Single & Unilateral
c) Bleeds on touch
d) Treatment involves Avulsion

501. The current treatment of choice for a large antrochoanal polyp in a 30 year old man is -
a) Intranasal polypectomy *(AIIMSNov. 05)*
b) Caldwell luc operation
c) F.E.S.S. (Endoscopic Sinus Surgery)
d) Lateral Rhinotomy and excision

502. The most appropriate management for antrochoanal polyp in children is - *(AIIMS 02)*
a) Caldwell-Luc operation
b) Intranasal polypectomy
c) Corticosteroids
d) Wait and watch

503. Treatment of choice for antrochoanal polyp in a 10 yr. old child- *(PGI 96)*
a) Caldwell luc's
b) Intranasal polypectomy
c) Conservative treatment till 16 years
d) Exploratory rhinotomy

504. TVeatment for recurrent Atrochoanal polyp -*(MP07)*
a) Caldwell Luc operation b)FESS
c) Simple polypectomy d)BothA&B

505. Antrochoanal polyp is characterized by -*(PGIDec.03)*
a) Usually bilateral
b) It is of allergic origin
c) It arises from maxillary antrum
d) Caldwell luc operation is treatment of choice in recurrent cases
e) Recurence is common

506. Regarding antrochonal polyp which one is true -
a) Origin from maxillary sinus and goes to nasopharynx
b) Present with severe bleeding *(Kolkota 05)*
c) Bilateral
d) Seen in elderly person

507. Antrochoanal polyp - *(NEET/DNB Pattern)*
a) Single & grows posteriorly b) Multiple
c) Bleeding d) None

508. Which of the following statements is not correct for Ethmoidal polyp- *(AIIMS 02)*
a) Allergy is an etiological factor
b) Occur in the first decade of life
c) Are bilateral
d) Are often associated with bronchial asthma

509. Regarding ethmoidal polyp, which one of the following is true - *(Kolkata 05)*
a) Epistaxis b) Unilateral
c) < 10 years d) Associated with bronchial asthma

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486) b 487) b 488) c 489) b 490) e 491)b 492) a 493) b 494) a 495) b 496) c 497) a 498) d 499) c
500)c 501)c 502)b 503)b 504)d 505)c,d 506)a 507)a 508)b 509)d

510. In a patient with multiple bilateral nasal polyps with X-ray showing opacity in the Paranasal sinuses. The treatment consists of all of the following except- *(AIIMS02)*
a) Epinephrine b) Corticosteroids
c) Amphoterecin B d) Antihistamines

511. Patient with ethmoidal polyp undergoes polypectomy. Presents 6 months later with ethmoidal polyp. Correct Rx- *(AIIMS95)*
a) Intranasal ethmoidectomy
b) Extranasal ethmoidectomy
c) Caldwel luc procedure
d) Polypectomy

512. Recurrent polyp are seen in - *(UP07)*
a) Antrochoanalpolyp b) Ethmoidal polyp
c) Nasal polyp d) Hypertrophic turbinate

513. Which of the following best differentiates antrochoanal polyp from ethmoidal polyp? *(MH08)*
a) They are multiple
b) Best seen on posterior rhinoscopy
c) They are bilateral
d) Reurrence on polypectomy

514. Sampters triad includes - *(PGI May 10)*
a) Bronchiectasis b) Asthma
c) Aspirin sensitivity d) Nasal polyposis
e) Tinnitus

515. "Bernoulli's theorem" explains - *(UP07)*
a) Nasal polyp b) Thyroglossal cyst
c) Zenker's diverticulum d) Laryngomalacia

516. About foreign body in a child true is - *(PGI June 03)*
a) Unilateral fetid discharge
b) Presents with unilateral nasal obstruction
c) Has torrential expistaxis
d) Inanimate is more common than animate
e) Always removed under G A

517. The commonest cause of U/L mucopurulent rhinorrhoea in a child is - *(Kolkatta 01)*
a) Foreign body
b) Adenoids which are blocking the airways
c) Deviated nasal septum
d) Inadequately treated acute frontal sinusitis

518. A child presented with history of unilateral purulent nasal discharge with occasional bloody discharge from the same side, The diagnosis is - *(SGPGI05)*
a) Antrochoanal polyp b) Foreign body
c) Angiofibroma d) Rhinosporidiosis

519. Maggots in nasal cavity are most commonly treated by- *(AI98, 96)*
a) Chloroform diluted with water
b) Liquid paraffin
c) Systemic antibiotics
d) Lignocaine spray

EPITAXIS AND RHINITIS

520. Nasal mucosa is supplied by- *(AI92)*
a) Only external carotid atery
b) Only internal carotid
c) Mainly external carotid artery
d) Mainly internal carotid artery

521. Which artery does not contribute to little's area-
a) Septal branch of facial artery *(PGI 97)*
b) Anterior ethmoidal artery *(NEET/DNB Pattern)*
c) Sphenppalantine A a
d) Posterior ethmoidal A '

522. WootfrtlfFs plexus is seen at - *(AP 03, 95, 77199)*
a) ^Sfeibinferior part of superior turbinate
b) Middle turbinate *(NEET/DNB Pattern)*
c) Posterior part of inferior turbinate
d) Anterior part of inferior turbinate

523. Little area is situated in nasal cavity in - *Kerala 00)*
a) Anterior inferior b) Anterior superior
c) Posterior inferior d) Posterior superior

524. Main vascular supply of Little's area is all, except- *(DPGFeb. 09)*
a) Septal branch of superior labial artery
b) Nasal branch of sphenopalatine artery
c) Anterior ethmoidal artery
d) Palatal branch of sphenopalatine

525. Kiesselbach's plexus is formed by - *(PGIDec 08)*
a) Greater palatine artery
b) Septal branch of sphenopalatine artery
c) Posterior ethmoidal artery
d) Septal branch of superior labial artery
e) Anterior ethmoidal artery

526. Kisselbach's plexus is formed by septal branches of all except - *(Manipal 08)*
a) Posterior ethmoidal artery
b) Anterior ethamoidal artery
c) Sphenopalatine artery
d) Greater palatine artery

527. Common sites of bleeding - *(PGI 08)*
a) Woodruff plexus b) Brown area
c) Littles area d) Vestibular area

528. Site of epistaxis are all except - *(Kolkata 08)*
a) Little's area
b) Woodruff's area
c) Middle meatus
d) Posterosuperior aspect above superior turbinate

529. Cause of epistaxis aire all *except-(NEET/DNB Pattern)*
a) Allergic rhinitis b) Foreign body
c) Tumor *y:r;h* d) Hypertension

530. Diagnosis in a ten year old boy with recurrent epistaxis and a unilateral nasal mass is -*(SGPGI 05)*
a) Antrochoanal polyp b) Hemangioma
c) Angiofibroma d)Rhinolith

510)c 511)b 512)b 513)b 514)b,c,d 515)a 516)a,b,d 517)a 518)b 519)a 520)c 521)d 522)c 523)a
524) d 525)a,b,d,e 526) a 527) a,c 528) d 529) a 530) c

531. Recurrent epistaxis in a 15 year old female the most common cause is - *(Jipmer 90, NEET/DNB Pattern)*
a) Juvenile nasopharyngeal fibroma
b) Rhinosporiodiosis
c) Foreign body'
d) Hematological disorder

532. Commonest cause of epistaxis in children is -
a) Trauma *(UP 07, NEET/DNB Pattern)*
b) Foreign body
c) Nasal diphtheria
d) Enlarged adenosis

533. Most common cause for nose bleeding *(AIIMS95)*
a) Trauma to little's area
b) A.V. aneurysm
c) Postero superior part of nasal septum
d) Hiatus - semilunaris

534. TMost common sit^f,npse bleed machfld^gc^
a) Woodruff area *(NEET/DNB Pattern)*
b) Brown area
c) Little's area
d) None

535. MC cause of epistaxis in 3 years old child - *(PGI98)*
a) Nasal polyp b) Foreign body
c) Upper respiratory catarrh d) Atrophic rhinitis

536. In a 5 year old child, most common cause of unilateral epistaxis is - *(PGI97)*
a) Foreign body b) Polyp
c) Atrophic rhinitis d) Magoot's

537. Most common cause of bleeding in children-
a) Nose picking *(NEET/DNB Pattern)*
b) Hypertension
c) Tumor
d) None

538. Epistaxis in elderly patient is commonest in - *(PGI 90)*
a) Nasapharyngeal carcinoma b) Foreign body
c) Bleeding disorder d) Hypertension

539. Epistaxis in elderly person is common in- *(Kerala 04)*
a) Foreign body b) Allergic rhinitis
c) Hypertension d) Nasopharyngeal carcinoma

540. Posterior epistaxis is commonly seen in -
a) Children with ethmoidal polyps *(NEET/DNB*
b) Foreign bodies of the nose *Pattern)*
c) Hypertension
d) Nose,picking

541. Recurrent epistaxis is not a common feature of- *(AI96)*
a) DNS b) Atrophic rhinitis
c) Nasal polypi d) Maxillary carcinoma

542. If posterior epistaxis cannot be controlled, which artery is ligated - *(Kolkata 2K)*
a) Posterior ethmoidal artery
b) Maxillary artery
c) Sphenopalatine artery
d) External carotid artery

543. In case of uncontrolled epistaxis, ligation of internal maxillary artery is to be done in the - *(Kolkata 01)*
a) Maxillary antrum b) Pterygopalatine fossa
c) At the neck d) Medial wall of orbit

544. Source of epistaxis after ligation of external carotid artery is - *(AIIMS93)*
a) Maxillary artery b) Greater palatine artery
c) Superior labial artery d) Ethmoidal artery

545. Treatment of choice in recurrent epistaxis in a patient with hereditary hemotelangiectasis -
a) Anterior ethmoidal artery ligation *(Kolkata 05)*
b) Septal dermatoplasty
c) External carotid artery ligation
d) Internal carotid artery ligation

546. Which of the following organisms is known to cause Atrophic Rhinitis - *(MP07)*
a) Klebsiella pneumoniae
b) Klebsiella Ozaena
c) Streptococcus pneumoniae
d) Streptococcus foetidis

547. All are true about ozaena except - *(UP 03)*
a) Common in female
b) It is usually unilateral
c) Nasal cavity is filled with greenish crusts
d) Atrophic pharyngitis

548. Most comon cause of obstruction in atrophic rhinitis is- *(PGI97, 2K)*
a) Excessive formation of crust
b) Polyp
c) Synechiae
d) Hypertrophy of turbinate

549. Young's operation is done for - *(Jipmer 02, MP03 Jharkhand 06, MAHE05)*
a) Allergic rhinitis
b) Atropic rhinitis
c) Vasomotor rhinitis
d) Idiopathic rhinitis

550. Regarding atrophic rhinitis which is incorrent -
a) Common in females *(AP 98)*
b) Seen at 50-60 years of life
c) Due to chronic nasal drops
d) Anosmia

551. All are true regarding atrophic rhinitis except -
a) More common in males *(AP 04)*
b) Crusts are seen
c) Anosmia is notice
d) Young's operation is useful

552.; Ozaena is also^knowi^ as"- *0E£T/D^ Pattern)*
NIL
a) Hypertrophic rhinitis b) Vasomotor rninitis
c) Allergic rhinitis d) Atrophic rhinitis

553. Early mediators of allergic rhinitis are - *(PGI 03)*
a) Leukotriene b)IL-4
c) ID5 d)Bradykinin
e) PAF

554. In Allergic rhinitis nasal mucosa is - *(MP 03)*
a) Pale & swollen b) Pink & swollen
c) Atrophied d) Bluish & atrophied

555. Allergic rhinitis treatment: include all except - *(NEET/DNB Pattern)*
a) Antibiotics
b) Avoiding allergen
c) Corticosteroids
d) Surgery

531) d 532) a 533)a 534)c 535)c 536)a 537)a 538)d 539)c 540)c 541)c 542)c 543)b 544)d
545)b 546)a 547)b 548)a 549)b 550)c 551)a 552)d 553)a,b 554)a 555)a

556. All of the following surgical procedure are used for allergic Rhinitis, except - *(AIIMS 04)*
a) Radiofrequency ablation of the inferior turbinate
b) Laser ablation of the inferior turbinate
c) Submucosal placement of silastic in inferior turbinate
d) Inferior turbinectomy

557. 5yr .old child with recurrent cold cai use is -
:*§ aJIAiieridids *hV* *(NEET/DNB Pattern)*
b) Angiofibroma
c) Carcinoma
d) None

558. "Mulberry" mucosa is seen in - ^*(belKits)*
a) Irritative rhinitis
b) Chronic atrophic arhinitis
c) Hypertrophic rhinitis
d) All of the above

PARANASAL SINUSES

559. First paranasal sinus to develop at birth *is-(AIIMS 98,*
a) Maxillary b) Ethmoidal *NEET/DNB Pattern)*
c) Frontal d) Sphenoidal

560. Onodi cells and Haller cells are seen in relation to following respectively - *(AI11, AIIMS Nov 09)*
a) Optic nerve and floor of the orbit
b) Optic nerve and internal carotid artery
c) Optic nerve and nasolacrimal duct
d) Orbital floor and nasolacrimal duct

561. Frontal sinuses may not be developed normally maximum up to what years of age ? *(MH 02)*
a) 2 b)4
c) 8 d) 12

562. Sinus not present at birth is - *(Maharashtra 02)*
a) Ethmoid b) Maxillary
c) Sphenoid d) None

563. Sinus not present at birth is-*(UPSC 86,J1PMER 86)*
a) Ethmoid b)Sphenoid
c) Maxillary d) Frontal

564. True about sphenoid sinus - *(PGI May 10)*
a) Lined by stratified squamous epithelium
b) Duct open in middle meatus
c) Open in sphenoethmoid recess
d) Present at birth
e) Present in greater wing of sphenoid

565. Pain sensations from the ethmoidal sinus are carried by- *(AI 11)*
a) Frontal Nerveb) Lacrimal Nerve
c) Nasocilliary Nerve d) Infra orbital Nerve

566>. Antrum of Highmore is - *(NEET/DNB Pattern)*
a) Maxillary b) Ethmoid
c) Sphenoid d) Frontal

567. Common organisms causing sinustitis - *(PGI01)*
a) Pseudomonas
b) Moraxella catarrhalis
c) Streptococcus pnenumoniae
d) Staph epidermidis
e) H. Influenzae

568. Which among the following sinuses is most commonly affected in a child - *(UPSC 07, PGI 99)*
a) Sphenoid b) Frontal
c) Ethmoid d) Maxillary

569. Sinusitis is least involved in - *(UP 08, NEET/DNB*
a) Maxillary b) Ethmoid *Pattern)*
c) Frontal d) Sphenoid

570. Symptoms of sinusitis are all except - *(MP 2000)*
a) Blood stained rhinorrhea b) Facial edema
c) Nasal blockage d) Diplopia

571. Pathognomic features of Maxillary sinusitis is -
a) Mucopus in the middle meatus *(UP07)*
b) Inferior turbinate hypertrophy
c) Purulent nasal discharge
d) Atrophic sinusitis

572. Periodicity is a characteristic feature in which sinus infection - *(COMED06)*
a) Maxillary sinus infection
b) Frontal sinus infection
c) Sphenoid sinus infection
d) Ethmoid sinus infection

573. Sphenoid sinusitis pain is referred most commonly to- *(Manipal08)*
a) Occiput b) Vertex
c) Frontal d) Temporal region

574. Most definitive diagnosis of sinusitis is -*(AIIMS 92)*
a) X- ray PNS b) Proof puncture
c) Sinuscopy d) Transillumination test

575. Definitive diagnosis of sinusitis is by- *(Manipal 01)*
a) Transilluminationb) Endoscopy
c) X - ray d) Proof puncture

576. A 35 year old male presented with nasal discharge, facial pain and fever which subsided with a course of antibiotics and antihistaminics, which recurred again after 2 months. O/E mucopurulent discharge from middle meatus, and inflammed sinus openings, investigation of choice - *(AIIMS Nov 07)*
a) X-ray PNS b)NCCTPNS
c) MRI of the face d) Inferior meatal puncture

577. Sinusitis most tonimdn *comp)ication-(NEET/DNB*
a) Orbital cellulitis b) Meningitis *Pattern)*
c) Brain abscess d) Septicemia

578. Complications of acute sinusitis - *(PGI 03)*
a) Orbital cellulitis b) Pott's puffy tumour
c) Conjunctival chemosis d) Subdural abscess

579. A two year old child with a long history of purulent nasal discharge & fever now presents with conjunctival congestion and edema. His fever is 102°/103°F and WBC count 12000. The culture of eye discharge was negative. X-ray show opacification of ethmoid sinus. Which of the following should be the next step in evaluating this patient - *(AI 10)*
a) CT scan b) Urine culture
c) Blood culture d) Repeat culture of eye discharge

580. Mucocele is commonly seen is sinus - *(DNB07,*
a) Frontal b) Maxillary *MH 11)*
c) Ethmoid d) Sphenoid

556) c 557) a 558) c 559) a 560) a 561)d 562) c 563) b,d 564) c 565) c 566) a 567)b,c,e 568) c 569) d
570) d 571) a 572) b 573) a,b 574) c 575) b 576) b 577) a 578)a,b,c,d 579) a 580) a

581. A patient with sinus infection develops chemosis, B/L proptosis and fever, the diagnosis goes in favour of- *(PGI99)*
a) Lateral sinus thrombosis
b) Frontal lobe abscess
c) Cavernous sinus thrombosis
d) Meningtitis.....

582. Unilateral proptosis & bilateral 6th nerve palsy is seen in - *(NEET/DNB Pattern)*
a) Cavernous sinus thrombosis
b) Meningitis
c) Hydrocephalus
d) None

583. Complication of sinus disease include - *(AIIMS 93)*
a) Retrobulbar neuritis
b) Orbital cellulitis
c) Cavernous sinus thrombosis
d) Superior orbital fissure syndrome
e) All of the above

584. Sinusitis can be a/w - *(PGI June 08)*
a) Menigitis b) Brain abscess
c) Pott's puffy tumour d) Proptosis
e) Cavernous sinus thrombosis

585. Which of the following is the most common etiological agent in paranasal sinus mycoses? *(AIIMS May 06)*
a) Aspergillus sp b) Histoplasma
c) Conidiobolus coronatus d) Candida albicans

586. Which among the following is true regarding fungal sinusitis - *(PGI 01)*
a) Surgery is required for treatment
b) Most common organism is Aspergillus niger
c) Amphoterecin B i.v is used for invasive fungal sinusitis
d) Hazy appearance on X-ray with radio-opaque
e) Seen only in immunodeficient conditions

587. All of the following are diagnostic criteria of allergic Fungal sinusitis (AFS) Except - *(AI 08)*
a) Areas of High attuenuation on CT scan
b) Orbital invasion
c) Allergic epsinophilic mucin
d) Type 1 Hypersensitivity

588. Allergic fungal sinusitis - *(NEET/DNB Pattern)*
a) Immunocompetent Pt b) Immunqcopromized Pt
c) Diabetic Pt d) None

589. Pneumatocele is seen in fracture of - *(ASSAM 95)*
a) Maxillary sinus b) Frontal sinus
c) Ethmoid sinus d) Sphenoid sinus

590. Most common site for osteoma is - *(MP 08)*
a) Maxillary sinus b) Ethmoid sinus
c) Frontal sinus d) Sphenoid sinus

591. Most common malignancy in maxillary antrum is -
a) Muco-epidermoid Carcinoma *(PGI 93)*
b) Adeno cystic Ca
c) Adenocarcinoma
d) Squamous cell Ca

592. Wood workers are associated sinus Ca-
a) Adeno Ca *(PGI Dec.06, NEET/DNB Pattern)*
b) Sq. cell Ca
c) Anaplastic Ca
d) Melanoma

593. Adenocarcinoma of ethmoid sinus occur's commonly in- *(PGIDec. 06)*
a) Fireworkers b) Chimney workers
b) Watch makers d) Wood workers

594. CA maxillary sinus stage III (T3 No Mo), treatment of choice is / Ca maxillary sinus is treated by -
a) Radiotherapy *(IN 06, AP 05, AIIMS 97)*
b) Surgery + Radiotherapy
c) Chemotherapy
d) Chemotherapy + Surgery

595. First lymph node involved in maxillary carcinoma
a) Submental b) Submandibular *(RJ2K)*
c) Clavicular d) Jugular

596. Squamous cell carcinoma of maxilla T3N0M0 staging. Treatment is - *(AIIMS 01)*
a) Radiotherapy
b) Maxillectomy
c) Radiotherapy and maxillectomy
d) Maxillectomy and chemotherapy

597. Common about tumors of PNS and Nasal Ca-
a) Sq cell Ca is the M.C. type *(PGIDec. 06)*
b) Adeno Ca is the M.C type
c) Melanoma can occur

MISCELLANEOUS (NOSE & PNS)

598. The most common site of leak in CSF rhinorrhoea is- *(AI 05, NEET/DNB Pattern)*
a) Sphenoid sinus b) Frontal sinus
c) Cribriform plate d) Tegmen typmani

599. Most common site for CSF rhinorrhoea is- *(AIIMS May 10)*
a) Ethmoidal sinuses b) Maxillary sinuses
c) Frontal sinus d) Tegmen tympani

600. Common site for CSF Rhinorrhoea is - *(AI07)*
a) Ethmoidal sinus b) Frontal sinus
c) Petrous d) Cribriform plate

601. CSF rhinorrhoea is diagnosed by - *(AI 0 7)*
a) Beta 2 microglobulinb) Beta 2 transferrin
c) Thyroglobulin d) Transthyretin

602. All of the following statements about CSF leak are true, except - *(AI 10)*
a) Most common site of CSF leak is fovea ethmoidalis
b) Beta 2 transferrin estimation is highly specific for diagnosis
c) Fluorescin Dye can be used itrathecally for diagnosis of site of leak
d) MRI (Godolinium enhanced) T1 images are best for diagnosis of site of leak

581)c 582)a 583)e 584)All 585)a 586)a,c,d 587)b 588)a 589)b 590)c 591)d 592)a 593)d 594)b 595) b 596) c 597) a,c 598) c 599) a 600) d>a 601) b 602) d

603. Immediate treatment of CSF Rhinorrhoea requires-
a) Antibiotics and observation *(AIIMS 97)*
b) Plugging with paraffin guage
c) Blowing of nose
d) Craniotomy

604. CSF rhinorrhea 'immediate" management is -
a) Plugging with petrolleum jelly plugs
b) Wait & watch for 7 days + antibiotics
c) Blow the nose repeatedly *(AIIMS Nov 10)*
d) Surgery

605. *True* about CSF rhinorrhea is - *(PGI02)*
a) Occurs due to break in cribriform plate
b) Contains glucose
c) Requires immediate surgery
d) Contains less protein

606. CSF Rhinorrhea occurs due to fracture of -
a) Roof of orbit *(AIIMS 97)*
b) Cribriform plate of ethmoidal bone
c) Frontal sinus
d) Sphenoid bone

607. Oblique and horizontal fracture of nasal septum is called as - *(PGI 97, 88)*
a) Jaijavay and chevallete fracture
b) Arnold fracture
c) Citteli fracture
d) Thudicum fracture

608. InJarjaway fracture of nasal bone, the fracture hue i" is- *(M&hawshtra 07,-NEET/DNBPattern)*
a) Oblique b) Comminuted
c) Vertical d) Horizontal

609. In Chevallet fracture of nasal bone, the mechanism of trauma is - *(MH 08)*
a) Blow from side b) Blow from below
c) Blow directly from front d) Any of the above

610. Ideal time of correction fracture of nasal bone is - *(Kolkota 2K)*
a) Immediately b) After few days
c) After 2 weeks d) After 3-4 weeks

611. A female who underwent laproscopic appendicectomy for acute appendicitis, on post op. day 2 bumped her nose on to a table. She developed difficulty in breathing and examination showed a swelling in the anterior part of the nasal septum. Next line of management is - *(AIIMS Nov 07)*
a) Incision and drainage
b) Oral antibiotics for 7-10 days
c) Observation
d) IV antibiotics

612. Craniofacial dissociation is seen \u-{*SGPGI08, TN*
a) Lefort 1 fracture b)Lefort 2 fracture *06)*
c) Lefort 3 fracture d) Tripod fracture

613. Lefort classification involves which bone fracture? *(NEET/DNB Pattern)*
a) Maxilla b) Mandible
c) Zygomatic arch d) Nasal:bone

614. Tripoid fracture is seen in- *(MP08, NEET/DNB*
a) Mandible b) Maxilla *Pattern)*
c) Nasal bone d) Zygoma

615. Clinical feature(s) of fracture Zygoma is/are -
a) Cheek swelling b) Trismus *(PGI June 09)*
c) Nose-bleeding d) Infraorbital anesthesia
e) Diplopia

616. Fracture Zygoma shows all the features except -
a) Diplopia b) CSF rhinorrhoea
c) Epistaxis d) Trismus *(AI97)*

617. Tear drop sign is seen in - *(SGPGI05)*
a) # of floor of orbit b) # of lateral wall of nose
c) Le forts # d) # Zygomatic arch

618. Blow out fracture refers to *r(NEET/DNB Pattern)*
a) Fracture of orbit
b) Fracture of nasal septum
c) Fracture base of skull
d) Fracture of mandible

619. A patient presents with enophthalmos after a trauma to face by blunt object. There is no fever or extraocular muscle palsy. Diagnosis is -
a) Fracture maxilla *(NEET/DNB Pattern)*
b) Fracture zygoma
c) Blowout fracture
d) Fracture ethmoid

620. CSF rhinorrhea is seen in - *(PGI June 03)*
a) Lefort's # type I b) Nasal #
c) Nasoethmoid # d) Frontozygomatic #

621. True about inverted papilloma - *(PGI Dec 08)*
a) Arises mainly from nasal septum
b) Common in children
c) Risk of malignancy
d) Post operative radiotherapy useful
e) Also known as Schneiderian papilloma

622. True about inverted papilloma - *(PGI Nov 09)*
a) Predispose to child
b) May present with Epistaxix
c) Recurrance rare
d) Absolutely benign in nature
e) Arise from lateral wall of nose

623. All of the following are true about inverted papilloma except- *(Delhi 08)*
a) Most common in females
b) Arises from lateral wall of nose
c) Can causes epistaxis
d) Recurrent in nature even after removal

624. Inverted papilloma is characterized by all except -
a) Also called as Schneiderian papilloma *(MP 06)*
b) Seen more often in females
c) Presents with epistaxis and nasal obstruction
d) Originates from lateral wall of nose

625. Inverted papiloma- *(PGI 02)*
a) Is common in children b) Arises from lateral wall
c) Always benign d) Can be premalignant
e) Causes obstruction

603)a 604)b 605)a,b,d 606)b 607)a 608)d 609)a,b 610)b 611)a 612)c 613)a 614)d 615)A11 616)b
617) a 618) a 619)c 620)b,c,d 621)a,e 622)b,e 623)a 624)b 625)b,d,e

626. TVue about nasal glioma - *(PGI June 09)*
a) Soft & compressible
b) 60% Extranasal
c) CT provides the bony detail
d) MRI dufferentiate between glioma & nasal encepholocele
e) Present as midline swelling with obstruction & leak at birth

627. True about nasal T-cell lymphoma - *(PGI June 09)*
a) Presents with nasal obstruction & epistaxis
b) Association with EBV
c) Cell express T-cell marker
d) Wide local excision is treatment of choice
e) Locally invasive

628. Tbmor arising from olfactory nasal mucosa is-*(AI12)*
a) Nasal Glioma
b) Adenoid cystic carcinoma
c) Nasopharyngeal carcinoma
d) Esthesioneuroblastoma

629. Prolonged and repeated use of nasal decongestants leads to- *(CUPGEE 95)*
a) Rhinitis medicamentosa b) Bronchitis
c) Both d) None

630. Rhinitis medimentosa is due *to-(NEET/DNB Pattern)*
a) Nasal decongesants b) Steroids
c) Antihistaminics? d) Surgery

631. About nasal syphilis true - *(PGI 02)*
a) Perforation occurs in septum
b) Saddle nose deformity may occur
c) In new bom, it presents as snuffles
d) Atrophic rhinitis is a complication
e) Secondary syphilis is the common association

632. Orbital cellulitis is a complication of - *(MP 09)*
a) Parasinusitis
b) Faciomaxillary trauma
c) Endoscopic sinus surgery
d) All of these

633. Ciliary movement rate of nasal mucosa is - *(UP 01)*
a) l-2mm/min b) 2-5 mm/min
c) 5-10mm/min d) 10-12 mm/min

634. During inspiration the main current of airflow in a normal nasal cavity is through - *(AI 0 7)*
a) Middle part of die cavity in middle meatus in a parabolic curve
b) Lower part of the cavity in the inferior meatus in a parabolic curve
c) Superior part of the cavity in the superior meatus
d) Through olfactory area

635. Nasal cycle is the cyclical alternate nasal blockage occurring - *(DELHI PG Mar. 09)*
a) Every 6-12 hours b) 2*/2-4 hours
c) Every 6-8 hours d) Every 12-24 hours

636. Parosmia is - *(MAHE 01)*
a) Perversion of smell sensation
b) Absolute loss of smell sensation
c) Decreased smell sensation
d) Perception of bad smell

637. - Which of the follotvihg is premalignant -
a) Atrophic rhinitis *& (NEET/DNB Pattern)*
b) Rhinitis sicca
c) Rhinoscleroma
d) Rhinitis caseosa

ANATOMY OF PHARYNX AND ADENOIDS

638. Which of the following structures is seen in oropharynx? *(TN 06)*
a) Pharyngotympanic tube b) Fossa of Rosenmuller
c) Palatine tonsil d) Piriform fossa

639. Which of the following part is NOT included in hypopharynx is - *(UP 01)*
a) Pyriform sinus
b) Post cricoid region
c) Antrior pharyngeal wall
d) Posterior pharyngeal wall

640. Which is not a part of hypopharynx- *(SRMC 02)*
a) Posterior cricoid region
b) Ary epiglottic folds
c) Posterior pharyngeal wall
d) Pyriform fossa

641. Killian's dehisence is seen in - *(MH 2000)*
a) Oropharynx b)Nosophrynx
c) Cricopharynx d) Vocal cords

642. Afi^oj^£^Mso called? * *(NEET/DNB Pattern)*
a) Nasopharyngeal tonsils b) Palatine tonsils
c) Pharyngeal tonsils d) Lingual tonsils

643. Regarding adenoids true is/are - *(PGI 02)*
a) There is failure to thrive
b) Mouth breathing is seen
c) CT scan should be done to assess size
d) High-arched palate is present
e) Immediate surgery even for minor symptoms

644. Adenoids hypertrophy treatment is- *(NEET/DNB Pattern)*
a) Nasal decohgests
b) Antibiotics
c) β-blockers'
d) None

TONSILS

645. The palatine tonsil reveives its arterial supply from all of the follwing except - *(AIIMS May 05)*
a) Facial b) Ascending palatine
c) Sphenopalatine d) Dorsal lingual

646. Arterial supply of tonsil is mainly - *(PGI 9 7)*
a) Tonsillar branch of facial artery
b) Maxillary artery
c) Middle meningeal artery
d) Ext. carotid artery

647. Ascending pharyngeal artery is a branch of-*(RJ06)*
a) Maxillary b) Internal carotid
c) External carotid d)None

626) b,c,d 627) a,b,c,d 628) d 629) a 630) a 631)e 632) a,b 633) c 634) a 635) b 636) a 637) None
638) c 639) c 640) b 641) c 642) a 643)a,b,d 644) a 645) c 646) a 647) c

648. All of the following vessels supply blood tothe tonsils EXCEPT- *(NEET/DNW Pattern),*
a) Ascending pharyngeal artery
b) Tonsillar branch of facial artery
c) Superior labial artery
d) Dorsal lingual artery

649. Referred pain from tonsils to the middle ear is along the- *(Kolkota 01)*
a) Vagus nerve
b) Glossopharyngeal nerve
c) Auriculotemporal nerve
d) Greater auricular nerve

650. Tonsils reach their maximum size by - *(PGI93)*
a) 1 years b) 3 years
c) 5 years d) 12 years

651. Most common cause of acute tonsilitis - *(AI98)*
a) Streptococcus pneumoniae
b) H. Influenza
c) p- hemolytic streptococci
d) Staphylococcus aureus

652. Which of the following is the most common cause of tonsillitis in children - *(Manipal 06)*
a) Follicular b) Atrophic
c) Hypertrophic d) Parenchymatous

653. All of the following cause a grey - white membrane in the throat except - *(SGPGI05, AI 97)*
a) Streptococcal tonsillitis
b) Diphtheria
c) Ludwig's angina
d) Adenovirus pharyngitis

654. Membrane in throat is caused by all except- *(AI95)*
a) Steptococcus b) Staphylococcus
c) Pneumonia d)Borreliavincenti

655. All of the following cause a gray - white membrane on the tonsils, except - *(AIIMS May 04)*
a) Infectious mononucleosis b) Ludwig's angina
c) Streptococcal tonsillitis d) Diphtheria

656. All can cause white membrane over tonsils, except- *(AIIMS 93)*
a) Streptococcus b) Candida
c) Diphtheria d)Borreliavincenti

657. White patch in the throat may be due to- *(DPGFeb. 09)*
a) Streptococcus b) Actinomycetes
c) Sporotrichosis d) All of these

HEAD & NECK SPACE INFECTIONS

658. In which of the following locations there is collection of pus in the quinsy - *(AIIMS 04)*
a) Peritonsillar space b) Parapharyngeal space
c) Retropnaryngeal space d) Within the tonsil

659. All of the following is true about peritonsillar abscess except? *(AP 06, NEET/DNB Pattern)*
a) Bulge in soft palate
b) Does not involve floor of mouth
c) Abscess is collected lateral to the superior constrictor
d) Trismus is commonly associated

660. True about quinsy is - *(PGI 02)*
a) Penicillin is used in treatment
b) Abscess is located in capsule
c) Commonly occurs bilaterally
d) Immediate tonsillectomy should be done
e) Patient presents with toxic features and drooling

661. 7 years old child with peritonsillar abscess presents with trismus, the best treatment is - *(AIIMS 96)*
a) Immediate abscess drain orally
b) Drainage externally
c) Systemic antibiotics up to 48 hours then drainage
d) Tracheostomy

662. The ideal time for operation of quinsy after an attacks of acute tonsilitis is - *(PGI 98)*
a) 2 weeks b) 4 weeks
c) 6 weeks d) 12 weeks

663. Treatment for peritonsillar abscess is - *(AP 05)*
a) Tonsillectomy b) Incision and drainage
c) Antibiotics alone d) I & D + antibiotics

664. Swelling between tonsillar area of superior constrictor muscle is known as - *(MH 2000)*
a) Quinsy
b) Dental abscess
c) Parapharyngeal abscess
d) Retropharyngeal abscess

665. Quinsy is synonymous with - *(AI 99)*
a) Parapharyngeal abscess
b) Retropharangeal abscess
c) Peritonsillar abscess
d) Paratonsillar abscess

666. Parapharygeal space is also known as- *(PGI June 05)*
a) Retropharyngeal space
b) Pyriform sinus
c) Lateral pharyngeal space
d) Pterygomaxillary space

667. A male Shyam, age 30 years presented with Trismus, fever, swelling pushing the tonsils medially and spreading laterally posterior to the middle sternocleidomastoid. He gives a h/o excision of 3rd molar few days back for dental caries. The diagnosis is- *(UP 08, AIIMS 01)*
a) Retropharyngeal abscess
b) Ludwigs angina
c) Submental abscess
d) Parapharyngeal abscess

668. Middle age diabetic with tooth extraction with ipsilateral swelling over middle one-third of sternocleidomastoid & displacement of tonsils towards contralateral - *(NEET/DNB Pattern)*
a) Parapharyngeal abscess
b) Retropharyngeal abscess
c) Ludwigs angina
d) None

wm

648) c 649) b 650) d 651)c 652) d 653) c 654) c 655) b 656) None 657) a 658) a 659) c 660) a,e 661) c
662) c 663) d 664) a 665) c 666) c,d 667) d 668) a

669. The medial bulging of pharynx is seen in - *(AI91)*
a) Pharyngomaxillary abscess
b) Retropharyngeal abscess
c) Peritonsillar abscess
d) Paratonsillar abscess

670. Parapharyngeal abscess-all true except -
a) Midline swelling
c)Trismus
d) Torticollis

671. Gillette's space is - *(NEET/DNB Pattern)*
a) Velopharyngeal space b) Peritonsillar space
c) Parapharyngeal space d) None

672. True statement about Chronic retropharngeal abscess- *(PG103)*
a) Associated with tuberculosis of spine
b) Causes psoas spasm
c) Suppuration of Rouvier lymph node
d) Treatment by surgery

673. Commonest causeof chronicretropharyngeal abscess- *(Kolkata 01)*
a) Suppuration of retropharyngeal lymph node
b) Caries of cervical spine
c) Infective foreign body
d) Caries teeth

674. Which of the foDowing is not true about acute retropharyngeal 'abscess - *(NEET/DNB• Pattern)*
a) Dysphagia ,
b) Swelling on posterolateral wall of pharynx
c) Torticollis
d) Caries of cervical spine is usually a common cause

675. All of the following are true about retropharyngeal abscess except - *(ARMS Nov 10)*
a) Confined to one side of the midline
b) Can be palpable per orally by pressing the finger on posterior pharyngeal wall
c) Lies behind the prevertebral fascia
d) Presents with dysphagia & difficulty in breathing

676. Nodes of Rouvier - *(NKET/DNB Pattern)*
a) Retropharyngeal node b) Parapharyngeal node
c) Adenoids d) None

677. True about Ludwig's angina- *(PGI07)*
a) Involves both submandibular and sublingual spaces
b) Most common cause is dental infection
c) Bilateral
d) Spreads by lymphatics

678. Ludwig's angina is characterized by all the following except- *(AI94)*
a) Cellulitis of the floor of the mouth
b) Caused by anaerobic organisms
c) Aphthous ulcers in the pharynx
d) Infection spreads to retropharyngeal space

679. True about ludwig's angina - *(PGI June 03)*
a) Rapidly spreading cellulitis of neck
b) H. Influenzae in most common organism
c) Edema of floor of mouth
d) Sub- lingual and sub- maxillary spaces are involved
e) When operated *i* GA chances of aspiration, shock can develop

680. Infection of Submandibular space is seen in -
a) Ludwig's angina *(Manipal OS,*
b) Vincent's angina *NEET/DNB Pattern)*
Tffikmetal Vangiha Hf
dJTJmtable angina

TUMOURS OF PHARYNX

681. Site of origin of angiofibroma - *(Jipmer 04, AI 00)*
a) Roof of nasopharyx
b) Anterior wall of sphenoid bone
c) Posterior part of nasal cavity close to the sphenopalatine ganglion
d) Later wall of nasal canaiy

682. Angiofibroma bleeds excessively because - *(DNB 01)*
a) It lacks a capsule
b) Vessels lack a contractile component
c) It has multiple sites of origin
d) All of the above

683. In angiofibroma of nasopharynx all are correct Except- *(Kolkata 00)*
a) Common in female
b) Most common presentation is epistaxis
c) Arises from roof of nasopharynx
d) In late cases frog face deformity occurs

684. Frog face deformity of nose caused by- *(NEET/DNB Pattern)*
a) Rhinoscleroma b) Angiofibroma
c) Antral polyp d) Ethmoidal polyp

685. Most appropriate investigation for angiofibroma is -
a) Angiography b) CT scan *(ARMS 97)*
c)MRIscan d) Plain X-ray

686. Antral sign is seen in - *(NEET/DNB Pattern)*
a) Juvenile angiofibroma b) Otosclerosis
c) CSOM d) Sinusitis

687. True about nasopharyngeal angiofibroma-
a) Commonly seen in girls *(PGI Dec 03)*
b) Hormonal etiology
c) Surgery is treatment of choice
d) Radiotherapy can be given
e) Recurrence is common

688. Radiotherapy is used in treatment of angiofibroma when it involves - *(MP 04)*
a) Cheek b) Orbit
c) Middle cranial fossa d) Cavernous sinus

689. An 18- year old boy presented with repeated epistaxis and there was a mass arising from the lateral wall of his nose extending into the nasopharynx. It was decided to operate him. All management except-
a) Requires adequate amount of blood to be transfused
b) A lateral rhinotomy approach may be used
c) Transpalatal approach used *(ARMS 02)*
d) Transmaxillary approach

669) a 670) a 671) a 672) a,d 673) b 674) d 675) c 676) a 677)a,b,c 678) c 679)c,d,e 680) a 681)c
682) b 683) a,c 684) b 685) b 686) a 687)b,c,d,e 688) c 689) None

690. Treatment of choice for angiofibroma -
a) Surgery *(RJ 02,NEET/DNB Pattern)*
b) Radiotherapy
c) Both
d) Chemotherapy

691. Which of the following is not true for juvenile angiofibroma - *(NEETVDNB Pattern)*
a) Biopsy for diagnosis b) Benign tumor
c) Surgical excision d) Second decade

692. Stage 2B nasopharyngeal angiofibroma best treated with - *(NEE18084ferk)*
a) Surgery b) Chemotherapy
c) Radiotherapy d) None

693. Chandu a 15 year aged boy presents with unilateral nasal blockade mass in the cheek and epistaxis; likely dianosis is - *(AI01)*
a) Nasopharyngeal ca b) Angiofibroma
c) Inverted papilloma d) None of the above

694. Clinical features of nasopharyngeal angiogibroma are- *(PGI02)*
a) 3rd to 4th decades
b) Adolescent male
c) Epistaxis and nasal obstruction are the cardinal symptom
d) Radiotherapy is the Rx of choice
e) Arises from posterior nasal cavity

695. A14 years boy presented with repeated epistaxis, and a swelling in cheek. Which of these statements may be correct - *(PGI 02)*
a) Diagnosis is nasopharyngeal angiofibroma
b) Contrast CT scan should be done to see the extent
c) High propensity to spread via lymphatics
d) Arises from roof of nose
e) Surgery is therapy of choice

696. True about juvenile nasopharyngeal angiofibroma -
a) Surgery is treatment of choice *(PGI June 06)*
b) It is malignant tumour
c) T Incidence in females
d) Hormones not used in Rx
e) Miller's sign positive

697. A10 year old boy presents with nasal obstruction and intermittent profuse epistaxis. He has a firm pinkish mass in the nasopharynx. All of the following investigations are done in this case except-(T/PiSC *98)*
a) X - ray base of skull b) Carotid angiography
c) CT scan d) Biopsy

698. A 9 year boy presents with nasal obstruction, proptosis, recurrent epistaxis from 3-4 years. Management includes - *(PGI Nov 10)*
a) Routine radiological investigations
b) Embolisation alone should be done
c) Surgery is TOC
d) Embolisation followed by surgery
e) Conservative management is sufficient

699. A12 years child presents with B/L nasal pink masses. Most important investigation prior to undertaking surgery is - *(AI 97)*
a) Ultrasound b) FNAC
c) Biopsy d) Contrast C.T. Scan

700. A 10 years child has unilateral nasal obstruction epistaxis, swelling over cheek, the diagnosis is -
a) Nasal polyp *(AIIMS 99)*
b) Nasopharyngeal carcinoma
c) Angiofibroma
d) Foreign bodies

701. A13 year old boy presents with swelling in the cheek with recurrent epistaxis. Most likely cause is -
a) Angiofibroma *(UP 08, NEET/DNB*
b) Ca Nasopharynx *Pattern)*
c) Rhabdomyosarcoma
¥009 dVNbheff - / 7 ^ .tiiN/fA

702. Nasopharyngeal Ca is caused by - *(AIIMS98, 91,*
a) EBV b) Papilloma virus *MAHE 05)*
c) Parvo virus d) Adeno virus

703. Nasopharyngeal Ca involve - *PGI 02)*
a) Nasal cavity b) orophaynx
c) Oral cavity d) Tympanic cavity
e) Orbit

704. Most common site for nasopharyngeal carcinoma -
■ ■ª> Nasal septum ;; f). V. ■ / \ *(AIIMS 97, MP 02,*
b) Fossa of rosenmuller *NEET/DNB Pattern)*
c) Vault of nasopharynx
d) Antero-superior wall

705. Most common presentation m nasopharyngeal carcinoma is with - *(AI 97, NEET/DNB Pattern)*
a) Epistaxis b) Hoarseness of voice
c) Nasal stuffiness d) Cervical lymphadenopathy

706. Nasopharyngeal carcinoma presents as -
a) Epistaxis b) Mass in neck
c) Headache d)Vetigo

TO^rX A bet^bn with neck node and B type tympanogram -
a) Acoustic neuroma *(NEET/DNB Pattern)*
b) Nasopharyngeal CA
c) Angiofibroma
d) None

*1*08. Trotter's triad includes all of the following Except -**
a) Mandibular neuralgia b) Deafness *(AI 09)*
c) Palatal palsy d) Seizures

709. True about Trotters triad - *(PGI Dec 08)*
a) Conductive deafness b) Involvement of CN VI
c) Involvement of CNX d) Palatal paralysis
e) Associated with nasopharyngeal angiofibroma

716. Trotfer's triadffidiide&allexceptr^! ^·‹ v;
imqn $) Sensoiy fifeturbMee over distributionof 5th cranial
• nerve *(NEET/DNB Pattern)*
; ^ b) Drpibpia / * 1 1
-/v c) Conductive < leafness *.&jK'Ay>,7*
d) Palatal palsy *tmm*

711. Trotter's triad is seen in - *(NEET/DNB Pattern)*
'\N > a) Nasopharyngeal ca b) Maxillary sinusitis
c) Maxillary ca d) Angiofibroma >

690) a 691)a 692)a 693)b 694)b,c,e 695)a,b,e 696)a,e 697)d 698)a,d 699)d 700)c 701)a 702)a 703) a,d,e 704) b 705) d 706) a,b 707) b 708) d 709)a,c,d 710)b 711) a

712. TVeatment of choice for T2 carcinoma of nasopharynx is - *(Karnataka 05, AI 98)*
a) Surgery
b) Radiotherapy
c) Chemotherapy
d) Surgery + postoperative radiotherapy

713. TVeatment of nasopharyngeal carcinoma T1 -
a) Radiation therapy b) Surgery *(PGIDec. 05)*
c) Local resection d) Chemotherapy

714. Horners syndrome is caused by - *(PGI 97)*
a) Nasopharyngeal carcinoma metastasis
b) Facial bone injury
c) Maxillary sinusites
d) ethmoid polyp

715. Nasopharyngeal carcinoma causes deafness by -
a) Blocking the Eustachian tube *(PGIDec.07)*
b) Serous otitis media
c) Temporal bone metastasis
d) Radiation

716. A 70 year old male presents with hearing loss and tinnitus. On examination he was observed to have a conductive type of deafness and a dull tympanic membrane on the right side. Lymph nodal enlargement of 3x3 cm was noted in the posterior triangle of neck. Tympanogram revealed a type B wave. The most likely diagnosis is - *(AI 08)*
a) Middle tumor
b) Nasopharyngeal malignancy
c) Acoustic neuroma
d) T.B. of middle ear

717. 70 year old man with cervical lymphadenopathy.What can be the cause - . *(NEET/DNB Pattern)*
a) Nasopharyngeal carcinoma
b) Angiofibroma
c) Acoustic neuroma
d) Otosclerosis

718. All of the following statements about Nasopharyngeal carcinoma are true, except - *(AI 10)*
a) Bimodal age distribution
b) Nasopharyngectomy with radical Neck dissection is the treatment of choice
c) IgA antibody to EBV is observed
d) Squammous cell carcinoma is the most common histological subtype

719. Type of speech seen in nasopharyngeal carcinoma - *(Manipal 08)*
a) Rhinolalia clausa b) Rhinolalia aperta
c) Hot potato voice d) Hoarse voice

720. Commonest site of origin of nasopharyngeal carcinoma is- *(Jharkand 03)*
a) Lateral lingual b) Base of tongue
c) Tonsillar bed d)All

721. Nasopharyngeal Ca- *(PGI 02)*
a) Me nerve involve is vagus
b) Unilateral serous otitis media is seen
c) TOC radiotherapy
d) Metastasized to cervical LN
e) EBV is responsible

722. Which among the following is not true regarding nasopharyngeal carcinoma - *(PGI 01)*
a) Associated with EBV infection
b) Starts in the fossa of Rosenmuller
c) Radiotherapy is the treatment of choice
d) Adenocarcinoma is usual
e) If elderly patients present with unilateral otitis media it is highly suggestive

723. Nasopharyngeal Ca Causes deafness by -
a) Temporal bone metastasis *(PGI Nov. 05)*
b) Middle ear infiltration
c) Serous effusion
d) Radiation therapy

724. Trotters triad is seen in carcinoma of - *(Corned 08, NEET/DNB Pattern)*
a) Maxilla b) Larynx,
c) Nasopharynx d) Ethmoid sinus

ANATOMY OF LARYNX

725. All are paired cartilage of larynx except - *(RJ 01)*
a) Arytenoid b)Comiculate
c) Cuneiform d) Cricoid

726. Which of the following cartilage has signet ring shape- *(TN93)*
a) Thyroid b) Cricoid
c) Cuneiform d) Arytenoid

727. Laryngeal cartilage forming complete circle -
a) Arytenoid b) Cricoid *(TN 08)*
c) Thyroid d) Hyoid

728. Elastic cartilage is present in - *(NEET/DNB Pattern)*
a) Thyroid cartilage b) Epiglottis
c) Cricoid d) Aretynoid cartilage

729. Abductor of vocal cord is - *(AI 95, Kerala 95, NEET/DNB Pattern)*
a) Posterior cricoarytenoid
b) Lateral cricoarytenoid
c) Cricothyroid
d) None of the above

730. All are elevators of larynx except - *(AP 04)*
a) Thyrohyoid d)Diagastric
c) Stylohyoid d) Sternohyoid

731. Closure of glottis is by, all except - *(TN 08)*
a) Posterior cricoarytenoids
b) Lateral cricoarytenoids
c) Cricothyroid
d) Thyroarytenoids

732. Tensor of vocal cord is - *(NIMS 92, TN 06)*
a) Posterior cricoarytenoid
b) Lateral cricoarynoid
c) Cricothyroid
d) Thyro arytenoids-extemal part

733. Which of the following is the only intrinsic muscle of larynx that lies outside the laryngeal framework-
a) Cricothyroid *(NEET/DNB Pattern)*
b) Superior constrictor
c) Cricopharyngeus
d) Lateral cricothyroid

712)b 713)a 714)a 715)a,b 716)b 717)a 718)b 719)a 720)None 721)b,c,d,e 722)d 723)c 724)c
725) d 726) b 727) b 728) b>d 729) a 730) d 731) a 732) c 733) a

734. All of the following are Extrinsic Laryngeal Membranes/Ligaments, except - *(AI10)*
a) Hyoepiglottic b) Cricothyroid
c) Cricotracheal d) Thyrohyoid

735. The water cane in the larynx (saccules) are present in- *(UP 07)*
a) Paraglottic spaceb) Pyriform fossa
c) Reinke's spaced) Laryngeal ventricles

736. Supraglottis includes all of the following except -
a) Aryepiglottic fold *(PGI03)*
b) False cord
c) Lingual surface of epiglottis
d) Laryngeal surface of epiglottis

737. All of the following are paired except - *(PGINov 05)*
a) Inter arytenoids b) Comiculate
c) Vocal cords d) Cricothyroids
e) Thyroid

738. True about larynx in neonates - *(PGI 03)*
a) Epiglottis is large and omega shaped
b) Cricoid narrowest part
c) It extends C 4,5,6 vertebrae
d) Tongue is small comparison to oral cavity
e) Funnel shaped

739. Narrowest part of infantile Larynx is- *(Assam 95,*
a) Supraglottic b) Subglottic *RJ 05)*
c) Glottic d) None of the above

LARYNGEAL PARALYSIS

740. Which of the following muscle is not supplied by recurrent laryngeal nerve - *(PGI Dec 08)*
a) Post cricoarytenoid b) Thyroarytenoid
c) Lateral cricoarytenoid d) Cricothyroid
e) Inter arytenoids

741. Cricothyroid muscle is supplied by -*(Jharkhand 03)*
a) Superior laryngeal nerve
b) External laryngeal nerve
c) Vagus nerve
d) Glossophryngeal nerve

742. Position of vocal cord in cadaver is - *(DNB 2K)*
a) Median b) Paramedian
c) Intermediate d) Full abduction

743. Injury to superior laryngeal nerve causes -
a) Hoarseness *(DELHIPG Feb. 09)*
b) Paralysis of vocal cords
c) No effect
d) Loss of timbre of voice

744. Wagner and Grossman theory is related to -
a) Palatal palsy *(DELHIPG Mar. 09)*
b) Vocal cord palsy
c) Facial palsy
d) Hypoglossal palsy

745. In Bilateral abductor paralysis, which of following is seen - *(PGI Dec 08)*
a) Vocal cord in paramedian position
b) Voice is affected early
c) Stridor and dysponea occur
d) Vocal cord lateralisation is done
e) Hoarseness occur

746. A patient presented with stridor and dyspnea which he developed after an attack of upper respiratory tract infection. On examination he was found to have a 3 mm glottic opening. All of the following are used in the management except - *(AIIMS 02)*
a) Tracheostomy b) Arytenoidectomy
c) Teflon injection d)Cordectomy

747. In bilateral abductor palsy of vocal cords following is done except - *(PGI 98)*
a) Teflon paste b) Cordectomy
c) Nerve muscle implant d) Arytenoidectomy

748. A 10 year old boy developed hoarseness of voice following an attack of diphtheria. On examination, his Rt vocal cord was paralysed. The treatment of choice for paralysed vocal cord will be-
a) Gel foam injection of right vocal cord
b) Fat injection of right vocal cord
c) Thyroplasty-type-I *(AIIMS Nov 05)*
d) Wait for sponteneous recovery of vocal cord

749. Symptom of sudden onset bilateral vocal cord palsy- *(Kerala 96)*
a) Dyspnea & Stridor b) Hoarseness of voice
c) Asymptomatic d) Bovine cough
e) Difficulty in deglutation

750. The voice in a patient with Bilateral abductor paralysis of larynx is - *(AP 05)*
a) Pubophonia
b) Phonasthenia
c) Dysphonia plicae ventricularis
d) Normal or good voice

751. The voice is not affected in - *(UP 08)*
a) Unilateral abductor palsy
b) Unilateral adductor palsy
c) Partial abductor palsy
d) Total adductor palsy

752. Hoarseness with stridor seen in - *(TN 08)*
a) Unilateral abductor palsy
b) Bilateral abductor palsy
c) Both
d) None

753. Respiratory distress is seen *in-(NEET/pNB Pattern)*
a) Bilateral abductor palsy
b) Unilateral abductor palsy
c) JlLNPalsy Unilateral
d) None

754. In complete bilateral palsy of recurrent laryngeal nerves, there is - *(AIIMS Nov 03)*
a) Complete loss of speech with stridor and dyspnea
b) Complete loss of speech but not difficulty in breathing
c) Preservation of speech with severe stridor and dyspnea
d) Preservation of speech and not difficulty in breathing

734) b 735) d 736) None 737) a,e 738)a,b,e 739) b 740) d 741) a 742) c 743) d 744) b 745)a,c,d 746) c 747) a 748)d 749)a 750)d 751)a 752)d 753)a 754) c

755. Partial recurrent laryngeal nerve palys produces vocal cord in which position - *(UP 96)*
a) Cadeveric b) Abducted
c) Adducted d) Paramedian

756. Which one of the following lesions of vocal cord is dangerous to life - *(UPSC 01)*
a) Bilateral adductor paralysis
b) Bilateral abductor paralysis
c) Combined paralysis of left side superior and recurrent laryngeal nerve
d) Superior laryngeal nerve paralysis

757. U/L vocal cord palsy treatment includes -
a) Isshiki type I thyroplasty *(PG1 Nov 09)*
b) Isshiki type II thyroplasty
c) Woodmann operation
d) Laser arytenoidectomy
e) Teflon injection

758. The most common cause of vocal cord palsy is -
a) Total thyroidectomy *(UPSC 05)*
b) Bronchogenic carcinoma
c) Aneurysm aorta
d) Tuberucular lymph nodes

759. The most common cause of vocal cord palsy is -
a) Total thyroidectomy *(UPSC 05)*
b) Bronchogenic carcinoma
c) Aneurysm of aorta
d) Tubercular lymph nodes

760. Vocal cord palsy is not associated with - *(AP 03)*
a) Vertebral secondaries
b) Left atrial enlargement
c) Bronchogenic carcinoma
d) secondaries in mediastinum

761. Bilateral (B/l) recurrent laryngeal nerve palsy is/ are caused by - *(PGI00)*
a) Thyroid surgery
b) Thyroid malignancy
c) Aneurysm of arch of aorta
d) Viral infection
e) Mitral valve surgery

762. Cause of B/L recurrent laryngeal nerve palsy are- *(PGINov 09)*
a) Thyroid Ca b) Thyroid surgery
c) Bronchogenic cancer d) Aortic aneurysm

763. Bilateral recurrent laryngeal nerve palsy is seen in - *(Delhi08)*
a) Thyroidectomy
b) Carcinoma thyroid
c) Cancer cervical oesophagus
d) All of the above

764. Left sides vocal cord palsy is commonly due to -
a) Left hilar bronchial carcinoma *(TN05)*
b) Mitral stenosis
c) Thyroid malignancy
d) Thyroid surgery

765. The most common cause of unilateral left vocal cord palsy is - *(Delhi 96)*
a) Carcinoma thyroid b) Trauma
c) Carcinoma esophagus d) Idiopathic

766. Right sided vocal cord palsy seen in - *(AIIMS 99)*
a) Larynx carcinoma
b) Aortic aneurysm
c) Mediastinal lymphadenopathy
d) Tr. vocal nodule

767. Paralysis of recurrent laryngeal nerve true is -
a) Common in (Lt.) side *(Bihar 05)*
b) 50 % idiopathic
c) Cord will lie laterally
d) Speech therapy given

768. Most common nerve pressed by an enlarged left atrium is - *(Al 96)*
a) Phrenic nerve
b) External laryngeal nerve
c) Recurrent laryngeal nerve
d) Sympathetic nerve

769. Type I thyroplasty is for- *(Al 03)*
a) Vocal cord medialization
b) Vocal cord lateralization
c) Vocal cord shortening
d) Vocal cord lengthening

770. In thyroplasty type 2, vocal cord is - *(AP 04)*
a) Lateralized b)Medialized
c) Shortened d) Lengthened

771. Isshiki thyroplasty type I is - *(COMED06)*
a) Lateralisation of the vocal cord
b) Medialisation of the vocal cord
c) Shortening of the vocal cord
d) Lengthening of the vocal cord

772. Androphonia can be corrected by doing - *(Al05)*
a) Type 1 Thyroplasty b) Type 2 Thyroplasty
c) Type 3 Thyroplasty d) Type 4 Thyroplasty

CONGENITAL LESIONS, STRIDOR AND INFLAMMATION OF LARYNX

773. Laryngocele arises from - *(AIIMSMay 08,05)*
a) Anterior commisure b) Saccule of the ventricle
c) True cords d) False cords

774. Laryngocele arises as a herniation of laryngeal mucosa through the following membrance-(^47*06,*
a) Thyrohyoid b) Cricothyroid
c) Cricotracheal d) Crisostemal

775. About laryngomalacia, all are true except - *(PGI 08)*
a) MC neonatal respiratory lesion
b) Decreased symptoms during prone position
c) Self-limiting by 2-3 years of age
d) Omega shaped epiglottis seen
e) Surgery is treatment of choice

755) c,d 756) b 757) a,e 758) a 759) a 760) a 761)a,b,d 762) a,b 763) d 764) a 765) b 766) a 767) a 768) c 769) a 770) a 771)b 772) d 773) b 774) a 775) e

776. MC cause of intermittent stridor in a 10 days old child is - *(A101, ARMS 95)*
a) Laryngomalacia b) Foreign body
c) Vocal nodule d) Hypertrophy of turbinate

111. **Most common congenital anomaly of larynx-**
a) Laryngeal web *(TN 99, Delhi 08)*
b) Laryngomalacia
c) Laryngeal stenosis
d) Vocal and palsy

778. Regarding laryngomalacia - *(PGI02)*
a) Most common cause of stridor in newbron
b) Omega- shaped epiglottis
c) Inspiratory stridor
d) Requires immediate surgery
e) Stridor worsens on lying in prone position

779. All are true regarding Laryngomalacia except -
a) Poor prognosis *(AP 02)*
b) Most common congenital abnormality
c) Stridor with cyanosis
d) Gets relieved in prone position

780. All are true about Laryngomalacia except -
a) Most common congenital anomaly of larynx
b) Strider disappear on supine position
c) Manifest many weeks after birth *(Jharkhand 04)*
d) It needs not treatment in most of the cases

781. About laryngomalacia all are true except - *(Bihar 06)*
a) Curled epiglottis, Flaccid arytenoids
b) Curled epiglottis, Flaccid aryepiglotic fold
c) Flaccidity of supraglottic larynx
d) Treatment is conservative

782. Most common mode of treatment for laryngomalacia is- *(UP 07)*
a) Reassurance b) Medical
c) Surgery d) Wait & Watch

783. Main treatment of congenital laryngeal stridor is -
a) Tracheostomy *(Jipmer 04)*
b) Steroid therapy
c) Ressurance to the child's parents
d) Amputating epiglottis

784. Most common cause of stridor in children is -
a) Laryngeal papilloma *(UP 04, PGI 99)*
b) Laryngeal web
c) Laryngomalacia
d) Vocal cord palsy

785. TVue about laryngomalacia - *(PGI02)*
a) Most common cause of congenital stridor
b) Inspiratory stridor normal on crying
c) Prone position worsens condition
d) 50% of patients requires surgery
e) Omega shaped epiglottis

786. All of the following statements about Laryngomalacia are true, Except - *(A112)*
a) It is the most common congenital anomaly of the larynx
b) It is associated with an omega shaped epiglotitis
c) Stridor is increased on crying and relieved on lying prone
d) Surgical Traceostomy is the treatment of choice

787. Stridor is caused by - *(DPG Mar 09)*
a) Obstruction of the airway below the level of larynx
b) Obstruction of the airway at the level of larynx
c) Obstruction of the airway above the level of larynx
d) Obstruction of the airway above the level of trachea

788. Most common cause of stridor in children is -
a) Laryngomalacia *(UP 07)*
b) Congenital laryngeal paralysis
c) Foreign body in larynx
d) Congenital laryngeal tumors

789. The most common cause of laryngeal stridor in a 60 year old male is - *(JIPMER 00)*
a) Nasopharyngeal carcinoma
b) Thyroid carcinoma
c) Foreign body aspiration
d) Carcinoma larynx

790. Causes of congenitla laryngeal stridor is/ are -
a) Laryngomalacia *(PGI 00)*
b) Laryngeal papillomatosis
c) Subglottic papilloma
d) Laryngeal stenosis
e) Hemangioma of larynx

791. A 2 years male boy presenting with sudden severe dyspnoea, most common cause is- *(Bihar 06)*
a) Foreign body b) Bmchiolits
c) Asthmatic Attack d)None

792. Maximum stridor is seen in - *(Kerala 91)*
a) Unilateral incomplete paralysis
b) Bilateral incomplete paralysis
c) Unilateral complete paralysis
d) Bilateral complete paralysis

793. WMch ofthe fdlldwihgis the aetiological agent most often associated with Epiglottitis in children -
a) Streptococcus pneumoniae *(ARMS May 05,*
b) Haemophilus influenzae type b *Nov 04, May 94,*
c) Neisseria sp *NEET/DUB Pattern)*
d) Moraxella catarrhalis

794. Thumb sign in lateral X- ray of neck seen in -
a) Epiglottitis b) Internal haemorrhage
c) Saccular cyst d) Ca epiglottis
e) Valecular cyst *(PGI Dec. 04)*

795. Regarding acute epiglottitis which of the following is/are true - *(PGI Dec 08)*
a) Caused by Haemophilus influenzae type B
b) Thumb sign on X-ray
c) Ciprofloxacin is drug of choice
d) Diagnosis is made by indirect laryngoscopy
e) Odynophagia & drolling of saliva can occur

796. A child presents with stridor, barking cough and difficulty in breathing since 2-3 days. He has fever and elevated leukocyte count. All of the following statements about his condition are true, except -
a) Subglottis stenosis and hypopharyngeal dilatation may be seen on x-rays. *(AI10)*
b) Boys are more commonly affected than girls
c) Symptoms are predominantly caused by involvement of the subglottis
d) Antibiotics form the mainstay of treatment

776) a 777) b 778)a,b,c 779) a 780) b,c 781) a 782) a 783) c 784) c 785) a,e 786) d 787) d 788) a 789) d 790)a,d,e 791) a 792)b 793)b 794) a 795)a,b,d,e 796) d

797. Steeple sign is seen in - *(SCwS5iVBm NEET/DNB Pattern)*
a) Croup
b) Acute epiglottitis
c) Laryngomalacia
d) Quinsy

798. Which of the following statements is not true for contact ulcer ? *(A1IMS 03)*
a) The commonest site is the junction of anterior l/3rd and middle 1 /3rd of vocal cord and gastroesophageal reflux is the causative factor
b) Can be caused by intubation injury
c) The vocal process is the site and is caused / aggravated by acid reflux
d) Can be caused by adductor dysphonia

799. In a patient hoarseness of voice was found to be having pachydermia laryngitis. All of the following are true except- *(A1IMS02)*
a) It is a hyperkeratotic lesion present within the anterior 2/3rd of the vocal cords
b) It is not premalignant lesion
c) Diagnosis is made by biopsy
d) On microscopy it shows acanthosis and hyperkeratosis

800. Wrong about Laryngitis sicca - *(PGI June 04)*
a) Also known as Laryngitis atrophica
b) Caused by klebsiella ozaena
c) Caused by Rhinosporodium
d) Common in women

801. True about laryngitis sicca - *(PGI June 05)*
a) Caused by Klebsiella ozaena
b) Caused by Klebsiella rhinoscleromatosis
c) Hemorrhagic crust formation seen
d) Antifungal are effective
e) Microlaryngoscopic surgery is a modality of treatment

802. Tubercular laryngitis affects primarily - *(DPG08, IN 01)*
a) Anterior commissure
b) Posterior commissure of larynx
c) Anywhere within the larynx
d) Superior surface of larynx

803. A 50 year old male chronic smoker complains of hoarseness for the past 4 months. Microlaryngoscopic biopsy shows it to be keratosis of the larynx. All are suggested treatment modalities for this condition, except - *(AI02)*
a) Laser vaporizer b) Stop smoking
c) Stripping of vocal cord d) Partial laryngectomy

804. Rajesh, a 7 month old child, presents with failure of gaining weight & noisy breathing which becomes worse when the child cries. Laryngoscopy shows a reddish mass in subglottis. Treatment modality may include all, except - *(AI 02)*
a) Radiation
b) Steroids
c) Tracheostomy
d) Carbon dioxide laser treatment

805. Reinke's oedema is seen in - *(JIPMER 98, Karn 01)*
a) Vestibular folds
b) Edges of vocal cords
c) Between true & false vocal cords
d) In pyriform fossa

806. Reinke's layer seen in - *(CMC 03)*
a) Vocal cord b) Tympanic membrane
c) Cochlea d)Reissner's membrane

807. Infection involving anterior larynx - *(MP 01)*
a) TB b) Sarcoidosis
c) Syphillis d) All the above

808. Palpatory thud, audible slap is seen in- *(NEET/DNB Pattern)*
a) Tracheal foreign body
b) Bronchial foreign body
c) Laryngeal foreign body
d) Nopp

TUMOR OF LARYNX

809. True about vocal nodule is/are - *(PGI2K)*
a) Also known as screamer's node
b) Occur at junction of ant. l/3rd & post. 2/3rd of vocal cords
c) Most common presentation is aphonia
d) Microlaryngoscopic surgery is not useful

810. Most common location of vocal nodule -
a) Anterior 1/3 and posterior 2/3 junction
b) Anterior commissure *(UP 04, PGI 2K)*
c) Posterior 1/3 and anterior 2/3 junction
d) Posterior commissure

811. Treatment of choice of vocal nodule is - *(AIIMS 95)*
a) Radial excision
b) Microlaryngoscopic removal
c) Cryotherapy
d) Wait and watch

812. A 30 year old female with history of singing, vocal abuse and gastrooesophageal reflux developed nodules at junction of anterior l/3rd & middle 3rd of her vocal cords. What is treatment of choice ? *(AI 08)*
a) Speech therapy and Proton pump inhibitor (PPI)
b) Microlaryngascopic surgery & $C0_2$ laser
c) Microlaryngectomy
d) Direct laryngoscopy and biopsy

BENIGN TUMORS

813. All of the following statements about recurrent laryngeal papillomatosis are true, Except - *(AI 09)*
a) Caused by human papilloma virus (HPV)
b) HPV6 and HPV11 are most commonly implicated
c) HPV6 is more virulent than HPV 11
d) Transmission to neonate occurs through contact with mother during vaginal delivery

797)a 798)a 799)a 800)c 801)a,c,e 802)b 803)d 804)a 805)b 806)a 807)c 808)a 809)a,b 810)a 81 l)b 812) a 813)c

814. True about multiple papillomatosis - *(PGIDec 05)*
a) HSV is causative agent
b) Radiotherapy treatment of choice
c) It is premalignant
d) It is more common in 15 to 33 yrs
e) If recurs cause is due to parturition.

All of the following are true regarding Juvenile Papilloma except - *(AP 01;MEE7VDNB Pattern)*
a) Commonlyoccurin children Vvv,
b) ;Läsef:surgeryds; the/treatmehtiof(choice |
c) Stridor is common ;
d) Remissions areuncommon^ ^^*rml* ^ ^ r⁵

816. True about juvenile respiratory papillomatosis -
a) Affects children commonly *(PGI 2K)*
b) Lower respiratory tract can be involved
c) May resolve spontaneously
d) Microlaryngoscopic surgery is treatment of choice

817. Regarding Juvenfle papillomas true is/are-
a) Single b) Multiple *(PGI 2K)*
c) Seen in children d) Recurrent
e) Associated with HPV

818. The treatment of choice for recurrent respiratory papillomatosis is - *(DPG Mar. 09)*
a) Laser ablation
b) Diathermy excision
c) Excision with microdebrider
d) Wait for spontaneous resolution

819. Kamla 4 yrs of age presented in emergency with mild respiratory distress. On laryngoscopy she was diagnosed to have multiple juvenile papilomatosis of the larynx. Next line of management is - *(AIIMS 01)*
a) Tracheostomy b) Microlaryngoscopy
c) Steroid d) Antibiotics

820. Juvenile papillomatoses is caused by -
a) IIPV b)EBV *(NEET/DNB Pattern)*
c) CMV d)IISV

821. All are true about Adult laryngeal papill oma except-
a) M >F *(NEET/DNB Pattern)*
nji ^ nDrecur tiSiis
c) Posterior half of voc al cord
\~y r.y Sqj
ill
(1) Treatment is surgery

MALIGNANT TUMORS

822. Premalignant conditions for carcinoma larynx -
a) Leukoplakia b) Lichen planus *(PGI 01)*
c) Papillomas d) Smoking
e) Chronic laryngitis

823. Which one of the following condition is considered to be definitely precancerous in the larynx - *(AP 07)*
a) Vocal nodules b) Angioma of vocal cords
c) Leukoplakia d) None of the above

824. Which of the following is precancerous lesion-(T/P *00)*
a) Pachydermia of larynx b) Laryngitis sicca
c) Keratosis of larynx d) Scleroma larynx

825. Epilarynx includes - *(PGI Nov 10)*
a) Suprahyoid epiglottis b) Infrahyoid epiglottis
c) Arytenoids d) False cords
e) Posterior commisure

826. All the following are true about Laryngeal carcinoma except- *(AI94)*
a) More common in females
b) Common in patients over 40 years of age
c) After laryngectomy, esophageal voice can be used
d) Poor prognosis

827. Features of laryngeal Ca- *(PGI June 05)*
a) Glottis is the MC site
b) Commonly metastasizes to cervical lymphnode
c) Lesions seen at the edge of the vocal cord
d) Laryngeal compartments acts as barrier

828. Supraglottic Ca present with- *(PGI June 03)*
a) Hot potato voice
b) Aspiration
c) Smoking is common risk factor
d) Pain is MC manifestation
e) LN metastasis is uncommon

829. The most common and earliest manifestation of carcinoma of the glottis is - *(AI 05, RJ 06)*
a) Hoarseness b) Haemoptysis
c) Cervical lymph nodes d) Stridor

830. Lymphnode metastasis in neck is almost never seen with - *(AI 96)*
a) Carcinoma vocal cords
b) Supraglottic carcinoma
c) Carcinoma of tonsil
d) Papillary carcinoma thyroids

831. Involvement of neck lymph nodes is seen in all the following except - *(AI 96)*
a) Hodgkin's lymphoma
b) Vocal cord carcinoma
c) Tumors of the hypopharynx
d) Nasopharyngeal carcinoma

832. Select correct statements about Ca larynx -*(PGI02)*
a) Glottic Ca is the most common
b) Supraglottic Ca has best prognosis
c) Lymphatic spread is the most common in subglottic Ca
d) T j tumor is best treated by radiotherapy
e) Smoking predisposes

833. Highest lymph-node involvement seen *in-(AHMS 98)*
a) Glottic Ca b) Subglottic Ca
c) Supraglottic Ca d) Equal incidecne in all

834. Which of the following carcinomas commonly presents with neck nodes - *(AI 95)*
a) Cricoid b) Glottic
c) Epiglottis d) Anterior commissure

835. Hoarseness of voice occurs early in - *(RJ 04)*
a) Glottic Ca b) Subglottic Ca
c) Supraglottic d)None

814)c 815)d 816)a,b,c,d 817)b,c,d,e 818)a 819)b 820)a 821)c 822)a,c 823)c 824)c 825)a,c 826)a,d 827) a,b,c,d 828)a,b,c,d 829) a 830) a 831)b 832)a,d,e 833) c 834) c 835) a

836. True about carcinoma larynx - *(PGI2K)*
a) Glottis is most common site
b) Rarely presents with metastasis
c) Adenocarcinoma is commonest type
d) Responds to chemotherapy very well

837. Treatment of Ca larynx in stage. $T_{1?}$ M_0N_0 is - *(AI2K)*
a) Radiotherapy b) Surgery total laryngectomy
c) Laser therapy d) Microlaryngoscopic surgery

838. In a case of glottic carcinoma with fully mobile cords, the treatment of choice is - *(AP 96, AIIMS 92)*
a) Total laryngectomy b) Radiotherapy
c) Hemilaryngectomy d) Chemotherapy

839. Involvement of anterior commisure in Ca larynx. Best treatment - *(NEET/DNB Pattern)*
a) Laryngectomy
b) Radiotherapy followed by surgery
c) Chemotherapy
d) None

840. A patient presents with carcinoma of the larynx involving the left false cords, left arytenoid and the left aryepiglottic folds with bilateral mobile true cords. Treatment of choice is - *(AIIMS Nov 07)*
a) Vertical hemilaryngectomy
b) Horizontal partial hemilaryngectomy
c) Total laryngectomy
d) Radiotherapy followed by chemotherapy

841. The treatment of choice for stage I cancer larynx is-
a) Radical surgery *(AIIMS 03, PGI 98)*
b) Chemotherapy
c) Radiotherapy
d) Surgery followed by radiotherapy

842. Treatment of choice in stage HI carcinoma larynx is- *(AI 98, RJ 02, AIIMS 96)*
a) Chemotherapy b) Surgery + radiation
c) Surgery + chemotherapy d) Only radiotherapy

843. T_3 Nj M_0 stage of carcinoma larynx is treated by -
a) Radiotherapy *(DNB 02)*
b) Surgery
c) Chemotherapy
d) Surgery and radiotherapy

844. Treatment of choice for carcinoma larynx T^IV^ stage- *(AI02)*
a) External beam radiotherapy
b) Radioactive implants
c) Surgery
d) Surgery & radiotherapy

845. A patient of carcinoma larynx with stridor presents in casualty, immediate management is - *(AIIMS 91)*
a) Planned tracheostomy
b) Immediate tracheostomy
c) High dose steroid
d) Intubate, give bronchodilator and wait for 12 hours, if no response, proceed to tracheostomy
e) None

846. A case of carcinoma larynx with the involvement of anterior commissure and right vocal cord, developed perichondritis of thyroid cartilage. Which of the following statements is true for the management of this case - *(AIIMSMay 06)*
a) He should be given radical radiotherapy as this can cure early tumors
b) He should be treated with combination of chemotherapy and radiotherapy
c) He should first receive radiotherapy and if residual tumour is present then should undergo laryngectomy
d) He should first undergo laryngectomy and then post-operative radiotherapy

847. Radiotherapy is treatment of choice for -
a) Nasopharyngeal Ca T_3 N. *(AIIMSNov 09)*
b) Supraglottic CaT_3N_0
c) Glottic CaT_3Nj
d) Subglottic Ca T_3N_0

848. A middle aged male comes to the outer patient department (OPD) with the only complaint of hoarseness of voice for the past 2 years. He has been a chronic smoker for 30 years. On examination, a reddish area of mucosal irregularity overlying a portion of both cords was seen. Management would include all except - *(AI 03)*
a) Cessation of smoking
b) Bilateral cordectomy
c) Microlaryngeal surgery for biopsy
d) Regular follow - up

849. Contraindication of supraglottic laryngectomy is/are-
a) Poor pulmonary reserve
b) Tumor involving pyriform sinus
c) Tumor involving preepiglottic space
d) Vocal cord fixation
e) Postcricoid area extension

850. The preferred treatment of verrucous carcinoma of the larynx is - *(UP 07)*
a) Pulmonary surgery b) Electron beam therapy
c) Total laryngectomy d) Endoscopic removal

MISCELLANEOUS OF LARYNX

851. In Dysphonia plica ventricularis, sound is produced by - *(AIIMS 99)*
a) False vocal cords b) True vocal cords
c) Ventricle of larynx d) Tongue

852. Features of functional aphonia - *(PGI June 06)*
a) T Incidence in males
b) Due to vocal cord paralysis
c) Can cough
d) On laryngoscopy vocal cord is abducted
e) Speech therapy is the treatment of choice

836) a 837) a 838) b 839) a 840) b 841) c 842) b 843) d 844) a 845) b 846) d 847) a 848) b 849) a,b,d,e 850) d 851) a 852) c,d

853. Habitual dysphoria is characterized by-*(PGIDec. 04)*
a) Poor voice in normal environment
b) Related to stressful events
c) Treatments is vocal exercise and re- assurance
d) Whispering voice
e) Quality of voice is constant

854. All of the following statements about spasmodic dysphoria are true, except- *(AI12)*
a) It is a dystonia of Laryngeal Muscles
b) Standard treatment is with injection of Botulinum Toxin
c) Multiple injections of Botulinum toxin are required
d) Patient with Abductor type dysphonia have a strained and strangled voice

855. Rhinolalia clausa is associated with all of the following except - *(AI 07)*
a) Allergic rhinits b) Palatal paralysis
c) Adenoids d) Nasal polyps

856. In a patient with hypertrophied adenoids the voice abnormality that is seen is -*(JIPMER 00, Karn. 01)*
a) Rhinolalia clausa b) Rhinolalia aperta
c) Hotopotato voice d) Scatacto voice

857. Changing in pitch of sound is produced by which muscle - *(Jharkhand 04)*
a) Posterior cricoarytenoids
b) Lateral crico arytenoids
c) Cricothyroid
d) Vocalis

858. In Esophageal speech, the dynamic component is-
a) Buccal segment *(AI 00)*
b) Pharyngo- esophageal segment
c) Trachea
d) Pharynx

859. A patient with Pancoast's tumour, develops loss of voice after radiation. It is due to - *(AI 2K)*
a) Vocal cord infiltration with secondaries
b) Involvement of recurrent laryngeal nerve
c) Irradiation to vocal cords
d) Radiation stenosis of larynx

860. Gold standard test for diagnosis of laryngopharyngeal reflux is - *(AI 11)*
a) 24 hr double probe pH monitoring
b) Flexible endoscope
c) Barium swallow
d) Laryngoscopy

861. Reflux laryngitis produces - *(PGI Dec 04)*
a) Sub- glottic stenosis b) Ca larynx
c) Cord fixation d) Acute supra- glottitis
e) Laryngitis

862. Pharyngeal Pseudosulcus is seen secondary *to-(AI09)*
a) Vocal Abuse b) Laryngopharyngeal Reflux
c) Tuberculosis d) Corticosteroid usage

863. A 5 year old boy while having dinner suddenly becomes aphonic and is brought to the casualty with complaint of respiratory distress. What should be the appropriate management? *(AI 11)*
a) Cricothyroidotomy b) Emergency tracheostomy
c) Humidified oxygen d) Heimlich manoeuvre

864. Best management for inhaled Foreign body in an infant- *(RJ 02, NEET/DNBPattern)*
a) Tracheostomy b) Steroids
c) Bronchoscopy d) IPPV

865. Laryngeal cartilage involvement, investigation of choice is- *(Bihar 03)*
a) CT b) MRI
c) Radionucleids scans d) X- ray

866. Laryngofissure is - *(Jipmer 04)*
a) Opening the larynx in midline
b) Making window in thyroid cartilage
c) Removal of arytenoids
d) Removal of epiglottis

867. About total laryngectomy all is correct except -
a) Loss of smell b) Loss of taste
c) Speech difficulty d) Difficult swallowing

868. Maintenance of airway during laryngectomy in a patient with carcinoma of larynx is best done by -
a) Tracheostomy *(J & K 05,NEET/DNB Pattern)*
b) Laryngeal mask airway
c) Laryngeal tube
d) Combi tube

869. According to European laryngeal Society, Subligamental cordectomy is classified as -
a) Type I b) Type II *(AIMS May 11)*
c) Type III d) Type IV

870. Drug of choice in Laryngeal stenosis is - *(AI 10)*
a) Cyclophosphamide b) Doxorubicin
c) Adriamycin d) Mitomycin C

871. Topical mitomycin C is used to aid the following treatment - *(AIMS May 11, AI 09, 12)*
a) Endoscopic treatment of angiofibroma
b) Treatment of laryngotracheal stenosis
c) Skull base osteomyelitis
d) Sturge weber syndrome

872. Which of the following lasers is most commonly used in Laryngeal surgery - *(AI 10)*
a) $C0_2$ laser b)NdYAG laser
c) Argon laser d) KTP laser

ORAL CAVITY

873. Ranula is - *(Jipmer 95)*
a) Hypertrophid lymphoid tissue
b) Arises from mucosa of floor of mouth
c) Hard and Haemorrhagic
d) An abscess

874. Regarding ranula all are true except - *(MAHE 05)*
a) Retention cyst
b) Arises from submandibular gland
c) Translucent
d) Plunging may be a feature

875. Ranula is a - *(AP 03)*
a) Mucous cyst
b) Tumor
c) Submandibular gland swelling
d) Swelling on dorsum of tongue

853)a,c,d,e 854)d 855)b 856)a 857)c 858)b 859)b 860)a 861)a,b,e 862)b 863)d 864)c 865)b 866)a
867) None 868) a 869) b 870) d 871)b 872) a 873) b 874) b 875) a

876. All are precancerous lesions of oral cavity except -
a) Leukoplakia *(MP 09)*
b) Erythroplakia
c) Diffuse oral submucous fibrosis
d) Diffuse aphthous ulcers

877. The most common pre-malignant condition of oral carcinoma is- *(AI95, 96)*
a) Leukoplakia b) Erythroplakia
c) Lichen planus d) Fibrosis

878. Premalignant lesion of oral cavity includes -
a) Erythroplakia *(PGI Nov 10)*
b) Fordyce's spot c) Leukoplakia
d) Keratoacanthoma e) Aphthous ulcer

879. Which of the following is premalignant - *(AIIMS 91)*
a) Chronic glossitis
b) Submucous fibrosis
c) Hypertrophic glossitis
d) Aphthous stomatis

880. Premalignant lesions (s) are - *(Kolkata 2K)*
a) Submucous fibrosis b) Leukoplakia
c) Erythroplakia d) All of the above

881. Treatment ofleukoplakia- *(NEET/DNB Pattern)*
a) Local excision -
b) Excision and radiotherapy
c) Topical chemotherapy
d) Repositioning of ill fitting dentures

882. Not included in oral cavity Ca - *(PGI May 10)*
a) Base of tongue b) Gingivobuccal sulcus
c) Soft palate d) Hard palate
e) Buccal mucosa

883. The most common malignant tumor of adult males in India is - *(AI 04)*
a) Oropharyngeal carcinoma
b) Gastric carcinoma
c) Colo-rectal carcinoma
d) Lung cancer

884. Which ca has best prognosis - *(AIIMS 98)*
a) Carcinoma Lip b) Carcinoma Cheek
c) Carcinoma Tongue d) Carcinoma palate

885. The commonest site of oral cancer among Indian population is - *(AI 04, NEET/DNB Pattern)*
a) Tongue b) Floor of mouth
e) Alveobuccal complex d)Lip

886. Carcinoma tongue most frequently develops from -
a) Tip b) Lateral border *(AI 02)*
c) Dorsal portion d) All portions equally

887. Metastasis of carcinoma buccal mucosa goes to -
a) Regional lymph node b) Liver *(AIIMS 96)*
c) Heart d) Brain

888. Carcinoma of buccal mucosa commonly drain to the following lymph nodes sites - *(AI 97)*
a) Submental b) Submandibular
c) Supraclavicular d) Cervical

889. In carcinoma of lower lip secondaries are seen in- *(AI 91)*
a) Upper cervical LN b) Supra clavivular LN
c) Axillary LN d) Mediastinal LN

890. True about AJC stagine of ofal cavity carcinoma - *(PGI June 09)*
a) Involvement of pterygoid plate in stage T_3
b) Involvement of pterygoid plate in stage T_4
c) Involvement of lateral pterygoid muscle in stage T_4
d) Involvement of medial pterygoid muscle T_3

891. A patient has carcinoma of right tongue on its lateral border of anterior 2/3rd, with lymph node of size 4 cm in level 3 on left side of the neck, stage of disease is- *(AIIMSMay 07)*
a) N_0 b)N,
c) N_2 d)N_3

892. Gum tumor with 2 contralateral mobile lymph nodes in cheek comes under - *(PGI 99)*
a)$T_3N_2M_0$ b)$T_2N_2M_0$
c)$T_4N_2M_0$ d)$T_3N_3M_0$

893.. True statement about oral cancer is/are - *(PGI04)*
a) Most common in buccal mucosa
b) Systemic metastasis uncommon
c) Responds to radiotherapy
d) Surgery is treatment of choice
e) Syphilis and dental irridation predisposes

894. The most common site for squamous cell carcinoma in oral cavity is - *(DPG Mar. 09)*
a) Tongue b) Floor of mouth
c) Upper and lower alveolus d) Buccal mucosa

895. The highest frequency of palpable metastasis in neck on presentation is - *(DPG Mar 09)*
a) Carcinoma tongue b) Buccal mucosa
c) Alveolus d) Lip

896. Second primary tumor of Head and Neck is most commonly seen in malignancy of - *(AIIMS May 12)*
a) Oral cavity b) Larynx
c) Hypopharynx d) Paranasal sinuses

897. All are true about nasolabial cyst Except -
a) Arises from odontoid epithelium *(AIIMS Nov 08)*
b) Presents submucosally in anterior nasal floor
c) Bilateral
d) Usually seen in adults

898. True about aphthous ulcer - *(PGI June 05)*
a) Viral predisposition
b) Recurrent ulcer
c) Deep ulcers
d) Involves the mucosa of the hard palate
e) Steroids given as treatment

899. Fordyce's [spots] Granules Oral cavity arise from -
a) Mucous glands *(AIIMS 04)*
b) Sebaceous glands
c) Taste buds
d) Minor salivary glands

900. True about Quinke disease - *(PGI June 05)*
a) Bacterial infection b) Peritonsillar abscess
c) Vocal cord edema d) Edema of uvula
e) Allergy is an etiology

876) d 877) a 878) a,c 879) b 880) d 881)d 882) a,c 883) a 884) a 885) c 886) b 887) a 888) b 889) a 890) b,c 891) c 892) a,b 893)b,c,d,e 894) a 895) a 896) a 897) a 898)a,b,e 899) b 900)a,b,d,e

ESOPHAGUS

901. All statement about Plummer Winsbn Syndrome are true except- *(PGI 96, NEET/DNB Pattern)*
a) Commonly leads to carcinoma in lower third of esophagus
b) Common with iron deficiency
c) Common infematesi
d) Premahgnant

902. Which of the following region is involved in plummer-vinson syndrome-fUP *01, NEET/DNBTattem) SWfNS)* Pyriformtsinus b) Post cricoid^regidn H|
c) Valleculae d) Posterior pharyngeal wall

903. Which type of diverticulum is common in the oesophagus - *(Kerala89)*
a) Traction type b) Pulsion type
c) Rolling hernia d) None

904. Which of the following is known as "Gateway of tears"- *(Delhi08)*
a) Killian's dehiscence b) Ratheke's pouch
c) Waldeyer's ring d) Sinus of Morgagni

905. One of the following is true regarding Zenker's diverticulum - *(A 195)*
a) It is asymptomatic
b) Occurs in the mid oesophagus
c) Treatment is simple excision
d) It occurs in Children

906. Dohlman's operation is related to - *(DPGMar. 09)*
a) Carcinoma esophagus b) Carcinoma larynx
c) Zenker's diverticulum d) Nasal carcinoma

907. An elderly male presents with history of dysphagia, regurgitation foul breath and cough. Bilateral Lung crepts are noted on examination. The most likely diagnosis is - *(AI12)*
a) ShatzkiRing
b) Zenker's Diverticulum
c) Corkscrew Esophagus
d) Plummer-Vinson Syndrome

908. Intermittent dysphagia is caused by - *(PGI June 04)*
a) Stricture
b) Reflux esophagitis
c) Achalasia cardia
d) Pharyngeal diverticululam
e) Diffuse esophageal spasm

909. Dysphagia is caused by all except-
a) Esophageal varices *(DPG10, Kerala 95)*
b) Achlasia cardia
c) Stricture
d) Gastro-esophageal reflux of long standing duration

910. Dysphagia for fluids but not to solids is seen in -
a) Stricture *(Karnataka 04)*
b) Achalasia
c) Carcinoma oesophagus
d) Reflux oesophagitis

911. Dysphagia lusoria is because of - *(UPSC 88)*
a) Esophageal webs b) Achalasia
c) Esophageal Stricuture d) Aberrant great vassels

912. The commonest type of tracheo-oesophageal anomaly is - *(DPGMar. 09)*
a) Oesophageal atresia without tracheo-oesophageal fistula
b) Oesophageal atresia with distal tracheo-oesophageal fistula
c) Oesophageal atresia with proximal tracheo-oesophageal fistula
d) Tracheo-oesophageal fistula without oesophageal atresia

913. Odynophagis is - *(MH2K)*
a) Pain during swallowing
b) Difficulty in swallowing
c) Bad odour from mouth
d) Psychatric disease

914. A coin is struck at 25 cm from incisor in oesophagus, this place coincides *wiih-(Kolkata 2K)*
a) Cricopharyngeal junction
b) Bronchus bifurfation
c) Aortic arch
d) Oesophago-gastric junction

915. Site of lodging foreign body in esophagus is -
a) Upper constrictor *(Bihar 05)*
b) Bifurcation of trachea
c) Aortic body
d) Lower esophagus

916. Lump in the throat not interfering with swallowing-
a) Globus hystericus *(PGI 87)*
b) Cervical spondylosis
c) Pharyngeal divericula
d) Carcinoma esophagus

917. The commonest benign intramural tumor of the oesophagus is - *(AIIMS 80, Rohtak 86)*
a) Fibroma
b) Leiomyoma c) Angioma
d) Lipoma e) Neuroma

DIAGNOSTIC AND OPERATIVE ENT

918. Myringotomy is indicated in - *(PGI 98)*
a) Coalescent mastoiditis b) Choleastetoma
c) ASOM d) External otitis media

919. Grommet tube is used in - *(TN 02)*
a) Secretory otitis media b) Mucoid otitis media
c) Serous otitis media d) All of the above

920. Ideal site for myringotmy and grommet insertion-
a) Anterior superior aquadrant *(CUPGEE 02,*
b) Anterior inferior quadrant *Kolkata 02, RJ 01,*
f|p .e) Posterior superior / > *NEET/DNB Pattern)*
d) Posterior inferior

921. Procedure for serous otitis media is - *(AP 02)*
a) Tympanoplasty b) Mastoidectomy
c) Myringotomy d) Medical treatment

922. Surgery on ear drum is done using - *(Kerala 91)*
a) Operative microscope b) Laser
c) Direct vision d) Blindly

901)a 902)b 903)b 904)a 905)c 906)c 907)b 908)d,e 909)a 910)b 911)d 912)b 913)a 914)c
915)a 916) a 917)b 918) c 919)d 920)b 921) c 922)a

923. For ASOM, myringotomy is done in which quadrant-
a) Antero- inferior b) Antero - superior £4/ *95)*
c) Postero- superior d) Postero - inferior

924. Commonest cause for grommet insertion- *(IN08,*
a) Secretory otitis media *NEET/DNB Pattern)*
b) Otosclerosis
c) CSOM
d) Cholesteatoma

92$. **What is tympanoplasty -** *(NEET/DNB Pattern)*
a) Eradication of middle ear disease with reconstruction
\ý >£ *%m* of tympanic membrane & ossicles
b) Eradication of disease from internal ear
c) Repair of tympanic membrane only
d) Repair of ossicle only

926. Columella effect is seen in - *(TN 05)*
a) Tympanoplasty b) Septoplasty
c) Tracheostomy d) None of the above

927. Columellar tympanopl asty is - *(NEET/DNB Pattern)*
a) Type I b) Type II
c) Type If! 4) Type IV:

928. Myringoplasty is done using - *(PGI97)*
a) Temporalis fascia b) Dura mater
c) Perichondrium d) Mucous membrance

929. For myringoplaty, Graft material of choice is -
a) Peritoneum b) Palmer fascia *(RJ03)*
c) Temporalis fascia d) Fascial lata

930. Material used in Tympanoplasty - *(PGI 98)*
a) Temporalis fascia b) Cartilage
c) Muscle d) Mucous membrane

931. Austin's classification for ossicular chain defects depends on- *(DP G Mar 09)*
a) Malleus head and stapes footplate
b) Malleus handle and stapes suprastructure
c) Malleus head and stapes suprastructure
d) Malleus head and steps head

932. Tympanoplasty is mainj^i^i||9ʳʳ |3fi| *ET/DNB*
a) Otosclerosis b) CSOM *Pattern)*
£AT*\c) ASOM d) None

933. Myringoplasty is plastic repair of- *(PGI 90)*
a) Middle ear b) Internal ear
c) Eustachian tube d) Tympanic membrane

934. Schwartz operation is also called as - *(PGI97)*
a) Cortical mastoidectomy
b) Modified radical mastoidectomy
c) Radial mastoidectomy
d) Fenestration operation

935. Schwartz operation is done in - *(UP 2K)*
a) CSOM b) Serous otitis media
c) Otosclerosis d) Acute mastoiditis

936. Simple mastoidectomy is done in - *(MP 04)*
a) Acute mastoiditis
b) Cholesteatoma
c) Coalescent mastoiditis
d) Localized chronic otitis media

937. Cortical mastoidectomy in indicated in - *(AIIMS 93)*
a) Cholesteatoma without complication
b) Coalescent mastoiditis
c) CSOM with brain abscess
d) Perforation in Pars flaccida

938. Simple mastoidectomy is done for - *(PGI 97)*
a) Lateral sinus thrombophlebitis
b) Small localized cholesteatoma
c) ASOM
d) Acute mastoiditis

939. Modified radical mastoidectomy is indicated in all except- *(MP00)*
a) Safe CSOM
b) Unsafe CSOM with attticoantral disease
c) Coalescent mastoiditis
d) Limited mastoid pathology

940. Radical mastoidectomy is done for - *(DNB 00)*
a) ASOM
b) CSOM
c) Atticoantral cholesteotoma
d) Acute mastoiditis

941. All of the following steps are done in radical mastoidectomy except - *(AJ97)*
a) Lowering of facial ridge
b) Removal of middle ear mucosa and muscles
c) Removal of all ossicles except stapes footplate
d) Maintainance of patency of eustachian tube

942. Radical mastoidectomy includes all except -
a) Closure of the auditory tube *(AIIMS 00)*
b) Ossicles removed
c) Cochlea removed
d) Exteriorisation of mastoid

943. All of the following techniques are used to control bleeding from bone during mastoid surgery except -
a) Cutting drill over the bleeding area
b) Diamond drill over the bleeding area
c) Bipolar cautery over the bleeding area
d) Bone wax

944. Nerve damaged in radical mastiodectomy is -
a) Facial b) Chochlear *(MH 00)*
c) Vestibular d)All

945. All of the following true of sub- mucous resection [SMR] operation for DNS except - *(UPSC)*
a) Indicated in septal deviation
b) Mucoperichondrium is removed
c) Preferably done after 16 years of age
d) Done in some cases of epistaxis

946. Which of the following surgery is contraindicated below 12 years of age? *(MH03)*
a) Rhinoplasty b) Antral puncture
c) SMR d) Septoplasty

947. Alternative for SMR - *(DNB 01)*
a) Tympnaplasty b) Septoplasty
c) Caldwell Luc operation d) Turboplasty

948. Common indication of septoplasty - *(PGI June 04)*
a) DNS with symptoms b) Anosmia
c) Sluder's neuralgia d) Septal spar

923) d 924) a 925) a 926) a 927) c 928)a,b,c 929) c 930) a,b 931)b 932) b 933) d 934) a 935) d 936) a,c
937) b 938) d 939) d 940)c 941) d 942)c 943)a 944)a 945)b 946)c 947)b 948) a

949. **Killian's incision is used for-** *(TN 04)*
a) Sub- mucus resection of nasal septum
b) Intranasal antrostomy
c) Caldwell- Luc oepration
d) Myringoplasty

950. **Which is not done in Septoplasty -** *(St. Johns 02)*
a) Elective hypotension
b) Throakpack
c) Nasal preparation with 10% cocaine
d) None

951. **Local anaesthetic used for nasal surgery-**
a) Cocaine paste *(AIIMS 80; DNB 90)*
b) Xylo caine
c) Both
d) None of the above

952. **To prevent synachiae formation after nasal surgery, which one of the following packings is the most useful -** *(AIIMS Nov 04)*
a) Mitomycin
b) Ribbon gauze
c) Ribbon gauza with liquid paraffin
d) Ribbon gauza steroids

953. **Antral puncture is done through-** *(RJ06)*
a) Superior meatus b) Inferior meatus
c) Middle meatus d)All

954. **In Caldwell- Luc operation the nasoantral window is made through-** *(TN04)*
a) Superior meatus b) Inferior meatus
c) Middle meatus d) None of the above

955. **Caldwell luc approach opens -** *(NEET/DNB Pattern)*
a) Maxillary sinus b) Frontal sinus
I| lH c) Spfienoid'rsmus ^ Ethmdiff^inu^ gglgfljf

956. **Commonest complication of Caldwell-Luc operation is -** *(AP 00)*
a) Oroantral fistula b) Infra orbital nerve palsy
c) Haemorrhage d) Orbital cellulites

957. **FESS means -** *(Mahara02)*
a) Factual endoscopic sinus surgey
b) Functional endonasal sinus surgery
c) Factual endonasal sinus surgery
d) Functional endoscopic sinus surgery

958. **Indications of FESS-** *(PGI03, PGI June 06)*
a) Inverted papilloma b) Nasal Allergic polyposis
c) Mucocele d)Ca maxilla

959. **FESS are used for -** *(PGINov 10)*
a) Inverted papilloma
b) Orbital abscess
c) Nasal polyposis
d) Optic nerve decompression
e) CSF rhinorrea

960. **Endoscopic nasal surgery is indicated in-**
a) Chronic sinusitis b) Epistaxis *(Manipal 04)*
c) Both d)None

961. **Endoscopic surgery is not done in -** *(MP 03)*
a) Optic nerve compression b) CSF rhinorrhea
c) Dacryocystic carcinoma d) Ethmoidal polyps

962. **Which of the following is the very first step in Functional endoscopic sinus surgery ?** *(MH10)*
a) Opening of bulla ethmoidalis
b) Uncinectomy
c) Middle meatal antrostomy
d) Middle turbinectomy

963. **All of the following are indications for tonsillectomy except-** *(TN95)*
a) Foreign body in tonsils
b) Unilateral enlargement of tonsils with suspected malignancy
c) Keratin tonsil
d) Recurrent quinsy

964. **Tonsillectomy is indicated in -** *(AI94)*
a) Acute tonsillitis
b) Aphthous ulcers in the pharynx
c) Rheumatic tonsillitis
d) Physiological enlargement

965. **Contraindications to tonsillectomy are all except -**
a) Submucus fibrosis *(MH 02)*
b) Bleeding disorders
c) Epidemic of polio
d) Tonsilitis

966. **Not a Contraindications of routine Tonsillectomy -**
a) Upper respiratory tract infections *(MP 02)*
b) Bleeding disorder
c) Diphteria carriers
d) Cleft palate

967. **Tonsillectomy is contraindicated in which of the following situations ?** *(MP 03)*
a) Diphtheria (after four weeks)
b) Acute tonsillitis
c) For avulsion of glossopharyngeal nerve
d) Suspected tonsillar malignancy

968. **Contraindication of Adeno- tonsillectomy-** *(PGI04)*
a) Age < 4 yr b) Poliomyelitis
c) Haemophilus infection d) Upper RTI

969. **Tonsillectomy : following peritonsillar abscess is done after weeks -** *(PGI 98, 97)*
a) 1-3 b)6 - 8
c) 4-6 d)8-12

970. **Haemorrhage occurring 6 hours after Tonsillectomy is called as -** *(TN 00)*
a) Primary haemorrhage
b) Secondary haemorrhage
c) Reactionary haemorrhage
d) None of the above

971. **After tonsillectomy, secondary hemorrhage occurs-** *(JIPMER 03, NEET/DNB Pattern)*
a) Within 24 hours
b) After 2 weeks
c) 5-10 post operative days
d) After 1 month

972. **Time of occurence of secondary haemorrhage after tonsillectomy -** *(AI 11)*
a) 24 hrs **b) 6 days**
c) 12 days d) 12 hrs

949) a 950) d 951)c 952)a 953)b 954)b 955)a 956)b 957)d 958)a,b,c 959)A11 960)c 961)c 962)b
963) a,c 964) c 965) a 966) c 967) b 968)b,c,d 969) b 970) c 971) c 972) b

973. Commonest post operative complication of tonsilectomy is - *(PGI85)*
a) Palatal palsy b) Hemorrhage
c) Injury to uvula d) Infection

974. Excessive hemorrhage from tonsillectomy is due to injury of the- *(A194)*
a) Paratonsillar vein
b) Ascending palatine artery
c) Rheumatic tonsillitis
d) Physiological enlargement

*9J*q* **Torrential bleed during tonsillectomy is due to -**
a) Facial artery *(NEET/DNB Pattern)*
b) Tonsilar artery
c) Paratonsillar vejiij IgyMj
d) None

976. Ramu, 15 yrs of age presents with haemorrhage 5 hrs after tonsillectomy. TVeatment of choice is -
a) External gauze packing *(AIIMS 99)*
b) Antibiotics & mouth wash
c) Irrigation with saline
d) Reopen immediately

977. The position adopted for tonsillectomy is also adopted for this procedure. [Rose Position] - *(JIPMER 03)*
a) Direct laryngoscopy b) Bronchoscopy
c) Tracheostomy d) Indirect laryngoscopy

978. A5 year- old patient is scheduled of for tonsillectomy. On the day of surgery he had running nose, temperature, 37.5°C and dry cough. Which of the following should be the most appropriate decision for surgery? *(AI 06)*
a) Surgery should be cancelled
b) Can proceed for surgery if chest is clear and there is no history of asthma
c) Should get X- ray chest before proceeding for surgery
d) Cancel surgery for 3 weeks and patient to be on antibiotic

979. Indication for Adenoidectomy in children includes -
a) Recurrent respiratory tract infections *(AP 00)*
b) Middle ear infection with deafness
c) Recurrent allergic rhinitis
d) Multiple adenoids

SUP **Adehoidectoinv contraindicated in-** *(NEET/DNB*
'a) SOM , **g||g§l|** CSOhi$^{M\Lambda 7}$ *Eattetp)*
c) Bleeding disorder d) None

981. Tracheostomy is not indicated in (Rajasthan 1997) -
a) Emphysema b) Bronchiectasis *(TN 04)*
c) Atelectasis d) Pneumothorax

982. What is the most common indication of tracheostomy in a child? *(UPSC1I10)*
a) Carcinoma of larynx b) Laryngeal diphtheria
c) Vocal cord paralysis d) Poliomyelitis

m® **A high tracheostomy may be indicated in-** *(SGPGI05)*
a) Scleroma of the larynx *(NEET/DNB Pattern)*
b) Multiple papillomatosis of larynx
c) Bilateral vocal cdrd paralysis
d) Carcinoma of larynx

984. High tracheostomy is indicated in - *(DNB 04)*
a) Carcinoma b)TB
c) Tetanus d) Diphtheria
e) All of the above

985. Tracheostomy done at which level- *(NEET/DNB Pattern)*
a) Tl b) T3
c) T4 d) T5

986. Early complications of tracheostomy are -
a) Haemorrhage *(AIIMS 81; Bihar 91)*
b) Displacement of tube or obstruction
c) Surgical emphysema
d) Tracheal stenosis

987. Most common complication of tracheostomy is -
a) Tracheoesophageal fistula
b) Tracheocutaenous fistula
c) Surgical emphysema
d) Tracheal stenosis

988. A tracheostomised patient, with Portex tracheostomy tube, in the ward, developed sudden complete blockage of the tube. Which of the following is the best next step in the management - *(AIIMSMay 04)*
a) Immediate removal of the tracheostomy tube
b) Suction of tube with sodium bicarbonate
c) Suction of tube with saline
d) Jet ventilation

989. TVacheostomy is indicated in all except - *(MP 97)*
a) Carcinoma larynx
b) Uncomplicated bronchial asthma
c) Diphtheria
d) Comatose patient

990. TVacheostomy is indicated in all except - *(AI91)*
a) Tracheal stenosis
b) Bilateral vocal cord palsy
c) Foreign body larynx
d) Uncomplicated bronchial asthma

991. All are true about tracheostomy tube except -
a) Jackson's tube has 2 lumens *(MP 01)*
b) Removal of metallic tube in every 2-3 days
c) Cuffed tube is used to prevent aspiration of pharyngeal secretion
d) Made up of titanium silver alloy

992. Alpha Lvnch Howarth surgery is for -
||gt:|^|pfS^^®^m^gmtion *(NEET/DJIB pattern)*
111IS WvSi0na§^;:^m^rs:f *ilu'Skr* **fit!**
c) Acoustic a e u r o t n a r „ > , r
d) Otosclerosis

993. In direct laryngoscopy which of following can be visualised - *(PGI Dec. 01)*
a) Cricothyroid b) Lingual surface of eniglottis
c) Arytenoids d) Pyriform fossa
e) Tracheal cartilage

994. Which of the following is difficult to visualize or examine on Indirect Laryngoscopy? *(MH08,07)*
a) True vocal cord b) Anterior commissure
c) Epiglottis d) False vocal cord

973) b 974) a 975)c 976)d 977)c 978)d 979)a 980)c 981)d 982)None 983)d 984)a 985)b 986)a,b,c 987)None 988)a 989)b 990) d 991)b 992)b 993)All 994)b

995. In indirect larynogscopy not seen is - *(CUPGEE 02)*
a) Base of tongue b) Pyriform fossa
c) Glottis d) Sub glottis

996. In right handed person, Direct Laryngoscope is held by which hand? *(AIMS May 12)*
a) Left b) Right
c) Both d) Either of these

997. Which is not visualised on posterior rhinoscopy-
a) Eustachian tube b) Inferior meatus *(AI92)*
c) Middle meatus d) Superior concha

998. Thudichum's nasal speculum is used to visualize -
a) Tonsils b) Larynx *TN03)*
c) Anterior nasal cavity d) Posterior nares

999. Which focal length in the objective piece of microscope is commonly used for ear surgery?
a) 100mm b) 250 mm *(AIMSMay 05)*
c) 450mm d) 950 mm

1000. Which of the following structures is not seen on bronchoscopy - *(AI10, AIMS May 08)*
a) Trachea
b) Vocal cords
c) Subcarinal lymph nodes
d) First segmental division of bronchi

1001. Advantage of fibrooptic bronchoscopy over rigid bronchoscopy is - *(AIMS May 2000)*
a) Foreign body removal
b) Good view
c) Better airway control
d) In a sick child it can be passed through endotracheal tube

1002. Openings of the tube of bronchoscope are known as-
a) Holes b) Apertures *(MH 03)*
c) Vents d) Any of the above

1003. Rigid esophagoscopy is not done in - *(PGI01)*
a) Cervical spine rigidity b) Aortic aneurysm
c) Carcinoma esophagus d) Esophageal web
e) Lung abscess

1004. In a one year old child intubation is done using -
a) Straight blade with uncuffed tube *(MP 02)*
b) Curved blade with uncuffed tube
c) Straight blade with cuffed tube
d) Straight curved blade with cuffed tube

1005. Laparoscopic Intranasal approach is used for accessing all EXCEPT? *(AIMS Nov 10)*
a) Lacrimal sac b) Cerebellum
c) Pituitary gland d) Optic nerve

1006. MicroWick and Microcatheter sustained release devices are used in - *(AIMS May 11, Nov 08)*
a) Drooling of saliva
b) Frey's syndrome
c) Conrol of epistaxis
d) Delivering drug to the round membrane

1007. ;Most common neryfc injured: in. ligation of sup thyroid artery *(NEET/DNB Pattern)*
a) ELN b) Facial N.
c) Mandibular M. d) Auditory N.

1008. Laryngeal mirror is warmed before use by placing-
a) Glass surface on flame *(Karn. 89)*
b) Back of mirror on flame
c) Whole mirror into flame
d) Mirror in boiling water

1009. Route of approach of glossopharyngeal neurectomy-
a) Tonsillectomy approach *(Calcutta 00)*
b) Transpalatal approach
c) Transmandibular approach
d) Transpharyngeal approach

MISCELLANEOUS ENT

1010. X-ray view for supra orbital fissure - *(AIMS 97)*
a) Towne's b) AP
c) Caldwell d)Basal

1011. Which structure is NOT seen in occipitomental (water's) view - *(AIMS May 97)*
a) Anterior ethmoid air cells
b) Posterior ethmoid air cells
c) Maxillary sinus
d) Sphenoid sinus

1012. Caldwell lac view (occipito-frontal) can visualise -
a) Sphenoid sinus b) Nasal bone *(PGI 02)*
c) Maxillary bone d) Ethmoid
e) Frontal sinus

1013. Basal skull view (submentovertical view) X-ray is best to visualize - *(PGI 2K)*
a) Ethmoid sinus b) Frontal sinus
c) Sphenoid sinus d) Maxillary sinus
e) Nasopharynx

1014. Frontal Sinus can be best visualized *hy~(AIIMSNov 10)*
a) Caldwell's view b) Water's view
c) Towne's view d) Schuller's view

1015. Which of the following views is recommended for radiological examination of maxillary sinus - *(2003)*
a) Water's view b) Caldwell view
c) Ferguson's view d) Skyline view

1016. The peri-orbital view is carried out for -
a) Petrous apex *(DPG Mar. 09)*
b) Mastoid process
c) Bilateral mastoid pathologies
d) Internal auditory meatus

1017. Stenver's view is used for - *(NEET/DNB Pattern)*
a) Temporal bone
b) Nasopharyngeal carcinoma
c) Paranasal sinuses

1018. "Gold standard" surgical procedure for prevention of aspiration is - *(AIMS Nov 03)*
a) Thyroplasty
b) Tracheostomy
c) Tracheal division and permanent tracheostome
d) Feeding gastrostomy jejunostomy

995) d 996) a 997)b 998)c 999)b 1000)c 1001)b 1002)c 1003)a,b 1004)a 1005)b 1006)d 1007)a 1008)a 1009) a 1010) c 1011) None >d 1012)b,c,d,e 1013)c 1014)a 1015)a 1016)d 1017)a 1018)c

1019. A female Mamta, 26 year old presented with gradually increasing respiratory distress since 4 days. She gives history of hospitalisation and mechanical ventilation with orotracheal intubation for 2 weeks. Now she is diaganosed as having severe tracheal stenosis What would be the next line of management- *(AIIMSMay 01)*
a) Laser excision and stent insertion
b) Steroids
c) Tracheal dilation
d) Tracheal resection and end to end anastomosis

1020. Laser laryngectomy is done in - *(PGI May 10)*
a) Hemangioma
b) Arytenoidectomy
c) Papilloma larynx
d) Malignant T_4 lesions of the vocal cord

1021. Neck nodes are commonly seen with occult primary in- *(MP2K)*
a) Nasopharyngeal carcinoma
b) Papillary carcinoma of thyroid
c) Medullary carcinoma of thyroid
d) Bronchogenic carcinoma

1022. Mandibular hypoplasia are seen in - *(PGI May 10)*
a) CATCH-22 syndrome
b) Treacher-Collins syndrome
c) Crouzon's syndrome
d) Velocardio-facial syndrome
e) Achondroplasia

1023:: Commbiiest site of Ivory ostebma - *(MP 98, ^EET/DNB Pattern)*
a) Frontal-Ethmodial region
b) Mandible
c) Maxilla
d) Sphenoid

1024. Maxilla achieves maximum size at - *(Manipal 06)*
a) At birth b) At primary dentition
c) At secondary dentition d) At puberty

1025. Hyposmia is common in - *(PGI01)*
a) Coryza b) Influenza
c) CSF rihinorrea d) Fracture base skull
e) Antrochoanal polyps

1026. Which of the following are of viral origin - *(PGI 03)*
a) Laryngeal papilloma
b) Nasopharyngeal carcinoma
c) Vocal nodule
d) Laryngeal web

1027. Kartagener's syndrome-Characteristic is - *(PGI98)*
a) Absence of cilia
b) Cilia under
c) Ultra structural abnormality of cilia
d) None of the above

1028. Bifurcation af trachea takes place at -
a) T_4 - T_5 b) C_6 - C_7 *(NEET/DNB Pattern)*
c) C_3 - C_4 d) T_{10} - T_n

1029. Which of the following is not the site for paraganglioma - *(AIIMS 03)*
a) Carotid bifurcation b) Jugular foramen
c) Promontary in middle ear d) Geniculate ganglion

1030. A patient presented with a 3.5 cms size lymph node enlargement, which was hard and present in the submandibular region. Examination of the head and neck did not yield any lesion. The next investigation to be done - *(AIIMS May 02, MAHE 05)*
a) Chest x ray
b) Triple endoscopy
c) Supravital oral mucosa staining
d) Laryngoscopy

1031. Most radiosensitive tumour of the following is-
a) Supraglottic Ca b) Ca glottis *(AI01)*
c) Ca nasopharynx d) Subglottic ca

1032. Most radiosensitine tumor of the following is -
a) Ca glottis **b)** Ca nasopharynx *(RJ 03)*
c) Ca subglotic area d) Ca thyroid

1033. Herpangina is caused by virus- *(RJ 01)*
a) GroupAcoxackie b) Group B coxackie
c) Measles d) Adenovirus

1034. Thornwalt cysf- " - % \ *J(HEMfJ^$BpBakern)*
[a) Laryngeat cyst * *b)* Nasopharyngeal cyst
It c) Ear c y s t - ; ' d) None ipM jUS

1035. Thornwaldt's abscess is seen in - *(RJ 02)*
a) Ludwig angina b) Pharyngeal bursitis
c) Lateral sinus thrombosis d) Hydrocephalus

1036. Thornwaldt's Abscess FALSE is *(NEET/DNB Pattern)*
a) Antibiotics **b)** Marsopialization
c) Removal of lining d) Antihistaminics

1037. The most common presentation of Wegener's granulomatosis include - *(AP 07)*
a) Fever
b) Sinusitis
c) Glomerulonephritis
d) Diffuse pulmonary infiltrate

1038. Guy's aprosexia is seen in - *(AP 07)*
a) Chronic laryngitis b) Chronic adenoiditis
c) Allergic rhinititis d) Acute tonsillitis

1039. Olfactory area commonly looks - *(AP 2000)*
a) Pink colour b) Yellow colour
c) Greyish white colour d) Blue colour

1040. Treacher collins syndrome, all are present except- *(Bihar 03)*
a) Aural artesia b) Webbed neck
c) Hypoplasia of mandible d) Atrophic lid margins

1041. About skull of newborn, true are all except-
a) Paranasal sinuses are absent *(DNB 01)*
b) Absent diploic spaces
c) Middle ear ossicles are of same size as in adults
d) Mastoid process is not completely formed

1042. Muller's maneuver is - *(MH 02)*
a) Forceful expiration against closed glottis
b) Forceful inspiration against closed glottis
c) Forceful expiration against open glottis
d) Reverse of Valsalva's maneuver

1043. Styalgia is also called as - *(MH08)*
a) Eagle syndrome b) Costen's syndrome
c) Sluder syndrome d) Ramsay Hunt syndrome

1019) d 1020) a,b,c 1021)a 1022)a,b,d 1023)a 1024)c 1025)A11 1026)a,b 1027)c 1028)a 1029)d 1030)b 103 l)c 1032)b 1033) a 1034)b 1035)b 1036)d 1037)b 1038)b 1039)b 1040)b 1041)a 1042)d 1043)a

1044. The commonest cause of hoarseness of voice in elderly man of more than 3 months duration- *(Kerala 94)*
a) Cancer larynx b) Chronic bronchitis
c) Acute laryngitis d) Nodular goitre

1045. The nasopharyngeal space is visualized in OPD by -
a) PNS mirror
b) Tongue depressor
c) Both PNS mirror & tongue depressor
d) None

1046. Oral diaphragm is formed by - *(TN02)*
a) Mylohyoid b) Genioglossus
c) Hyoglossus d) Buccinator

1047. Citelli's angle is - *(J& K 05; NEET/DNB Pattern)*
a) Solid angle b) CP angle
c) Sinodurai angle d) Part of Mac Evans triangle

1048. The sleep apnea syndrome is defined as -
a) 30 or more episodes of apnea during 12 hours sleep *(DELHIPG Mar 09)*
b) 28 or more episodes of apnea during 7 hours sleep
c) 30 or more episodes of apnea during 7 hours sleep
d) 30 or more episodes of apnea during 10 hours sleep

1049. After mandibulectomy, muscle preventing falling back of tongue - *(PGI98)*
a) Genioglossus b) Hyoglossus
c) Palatopharyngeus d) All of the above

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1044) a 1045) c 1046)a 1047)c 1048)c 1049)b



OPHTHALMOLOGY

ANATOMY, DEVELOPMENT & CLINICAL EXAMINATION

1. Anteroposterior stability of eyeball is provided by all except - *(AIIMS May 09)*
a) Suspensory ligament of the eye ball
b) Superior oblique
c) Superior rectus
d) Orbital fat

2. The length of the eye ball is - *(AI 94)*
a) 12mm b)16mm
c) 20mm d)24mm

3. The following ocular structure is not derived from surface ectoderm - *(AIIMS May 06)*
a) Crystalline lens
b) Sclera
c) Corneal epithelium
d) Epithelium of lacrimal glands

4. Surface ectoderm gives rise to all of the following structures except - *(AIIMSMay 03, Punjab 11)*
a) Lens b) Corneal epithelium
c) Conjunctival epithelium d) Anterior layers of iris

5. Smooth muscle of the IRIS is developed from- *(COMED06)*
a) Surface Ectoderm b) Mesoderm
c) Neural Crest d) Neural Ectoderm

6. Cornela endothelium is embryologically derived from - *(AIIMS May 09)*
a) Neural crest b) Ectoderm
c) Mesoderm d)Endoderm

7. Retinal blood vessels are developed from - *(AMU 05)*
a) Surface ectoderm b) Paraxial mesoderm
c) Endoderm d) Neuro ectoderm

8. Coloboma, most common site - *(NEET/DNB Pattern)*
a) Superotemporal b) Inferonasal
c) Inferotemporal d) Superonasal

9. Which continues to grow in the Iifetime-(fera/a *03)*
a) Cornea b)Iris
c) Lens d) Retina

10. Axial length of eye ball at birth is_____ % of adult eye - *(Maharashtra 10)*
a) 100 b) 90
c) 70 d)40

11. All statements are true about the eye of a newborn except - *(AI93)*
a) Optic nerve is myelinated only upto lamina cribrosa
b) Orbit is more divergent than adult
c) Apart from macular area the retina is fully differentiated
d) New bom is usually myopic by -2 to -3D

12. Refractive condition of the eye at birth is- *(PGIJune 99)*
a) Hypermetropia of 2D b) Myopia of 2 D
c) Hypermetropia of 5D d) Myopia of 5D

13. Infant Eye is - *(AIIMS Sep 96)*
a) Myopic b) Astigmatism
c) Hypermetropic d)None

14. Critical period of development of fixation reflex is - *(AI 95)*
a) 2-4 months of age b) 6-8 months of age
c) 2 years d) 3 years

15. Keratometry is useful in measuring - *(PGI June 05)*
a) Comeal curvature b) Comeal thickness
c) Comeal diameter d) Depth of anterior chamber

16. Curvature of cornea can be measured by -
a) Keratometry *(PGIDec 05, June 05)*
b) Direct ophthalmoscopy
c) Retinoscopy
d) Perimetry

17. Gonioscopy is used to study - *(PGI June 97)*
a) Ant. Chamber b) Post chamber
c) Angle of anterior chamber d) Retina

18. The thickness of cornea is measured by using -
a) Schiotz tonometer b) Keratometer *(UPSC 04)*
c) Pachymeter d) Aesthesiometer

19. Tonography helps you to determine - *(AI 02)*
a) The rate of formation of aqueous
b) The facility of outflow of aqueous
c) The levels of intraocular pressure at different times.
d) None of the above

20. Facility of aqueous outflow is_____ 1/ min/mm Hg. - *(Maharashtra 10)*
a) 0.8 b)0.6
c) 0.4 d)0.2

21. Inverted Purkinje image is seen *on-(AIIMS Nov 93)*
a) Anterior surface of cornea
b) Anterior surface of lens
c) Posterior surface of cornea
d) Posterior surface of lens

22. Area of fundus seen with direct ophthalmoscope is - *(NEET/DNB Pattern)*
a) 1 DD b). 2 DD
c) 3 DD d) 4 DD

23. The magnification obtained with a direct ophthalmoscope is - *(AI 06, AIIMS May05)*
a) 5 times b) 10 times
c) 15 times d) 20 times

24. Image seen by indirect ophthalmoscopy is- *(PGIDec 00)*
a) Inverted + Virtual b) Erect+Virtual
c) Inverted + Real d) Erect+Real

2 5. Image formed in direct opthalmoscopy *is-(PGIDec 09, Punjab 11)*
a) Real and erect b) Real and inverted
c) Virtual and erect d) Virtual and inverted

2 6. Magnification in Indirect ophthalmoscopy-
a) Depends on power of lens used *(PGI Dec 06)*
b) Depends on refractive error of pt
c) Independent of refractive error of pt

27. Periphery of retina is visualized by - *(PGIDec 02)*
a) Indirect ophthalmoscopy
b) Direct ophthalmoscopy
c) Goniocopy
d) Contact lens

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l)a 2)d 3)b 4)d 5)b 6)a 7)b 8)b 9)c 10)c 11) d 12)a 13)c 14)a
15) a 16) a 17)c 18)c 19)b 20)d 21)d 22)b 23)c 24)c 25)c 26)a,b 27)a

28. Indirect opthalmoscopy detects A/E - *(AIIMS Sep 96)*
a) Examination of ora serrta
b) Retinal periphery
c) Examination of vitreous base
d) Examination of fovea

29. Indirect ophthalmoscopy is done for - *(PGIJune 97)*
a) Central retina b) Periphery of retina
c) Sclera d) Angle of ant. chamber

30. All are true about indirect ophthalmoscope except -
a) Image is real and inverted *(PGI June 97)*
b) Details of fundus can be seen even with slightly hazy media
c) Magnification is more than direct ophthalmoscope
d) Used for seeing periphery of fundus

31. Distant direct ophthalmoscopy is done at a distance of-
a) 20 cm b) 25 cm *(AI99, AIIMS Dec 94)*
c) 50 cm d) 100 cm

32. Fluorescent dye for ophthalmological diagnosis is injected in - *(AI 97)*
a) Antecubital vein b) Popliteal vein
c) Femoral vein d) Subclavian vein

33. Fluorescein angiography is used to identify lesions in all EXCEPT -
a) Retina b) Lens
c) Optic nerve head d) Iris

34. The periphery of retina is visualized with -
a) Indirect binocular ophthalmoscopy *(PGIDec 01)*
b) Direct opthalmoscopy
c) Contact lens
d) Goldman's three mirror contact lens
e) Hruby lens

35. Indocyanine Green Angiography (ICG Angiography) is most useful in detecting - *(AI 09)*
a) Occult Choroidal Neovascularization (Occult CNV)
b) Classic choroidal neovascularization(Calssic CNV)
c) Angioid streaks with choroidal Neovascularization (CNV)
d) Polypoidal choroidal vasculopathy

36. Which type of tonometer is best for measuring IOT-
a) Schiotz tonometer *(Kerala 01)*
b) Applantation tonometer
c) Pulse air tonometer
d) Intendation tonometer

37. Corneal endothelial cell count is done by -
hhtfSfy Specular *tmcxosco^^^f^^ET^JNB Pattern}^*
b) Keratometry
c) Gonioscopy
d) Slit%mp"

38. A wave in ERG is due to activity of- *(NEET/DNB Pattern)*
a) Pigmented epithelium b) Rods a nd cones
c) Ganglion cell d) Bipolar cell

39. Arden index is related to - *(AI 10)*
a) ERG (Electroretinogram)
b) EOG (Electroculogram)
c) VER (Visual Evoked response)
d) Perimetry

40. Perimetry is a test to assess the - *(Karn 11)*
a) Visual acuity b) Intraocular pressure
c) Visual field d) Depth of the anterior chamber

41. True about visual testing in a child - *(PGI Dec 06)*
a) Visual evoked potential
b) Teller's acquity card test
c) Perimetry
b) Keratometry

42. All except one are tests for macular fucntions-
a) Laser interferometry *(AIIMS Dec 97)*
b) Two point discrimination
c) Maddox rod test
d) Retinal ERG Electrorectinogram

43. Amsler grid is used in - *(PGI Dec 00)*
a) Detecting maculopathy b) Optic disc examination
c) Squint d) Retinal examination

44. Coloured halos are seen in all, except -
a) Cataract *(AIIMS Nov 93)*
b) Angle closure glaucoma
c) Corneal edema
d) Corneal opacity

45. Coloured halo is seen in all except - *(PGI June 99)*
a) Open angle glaucoma b) Closed angle glaucoma
c) Cataract d) Any of the above

46. Coloured halos are seen in all, except -
a) Mucopurulent conjunctivitis *(AIIMS Dec 90)*
b) Acute anterior uveitis
c) Tetracycline
d) Glaucoma

47. Floaters can be seen in following *except-(AHMSMay 95)*
a) Vitreous haemorrhage b) Retinal detachment
c) Uveitis d) Ac. congestive Glaucoma

48. Sudden painful loss of vision seen in - *(PGI Dec 04)*
a) Angle closure glaucoma
b) Central retinal artery occlusion
c) Acute uveitis
d) Endopthalmitis
e) Retinal detachment

49. Painful loss of vision is seen in - *(PGI Dec 06)*
a) Senile cataract
b) Primary open angle glaucoma
c) Primary angle closure glaucoma
d) Anterior uveitis

50. Painless sudden visual loss is seen in all except - *(AIIMS May 05)*
a) CRAO b) Retinal detachment
c) Vitreous hemorrhage d) Angle closure glaucoma

51. In the normal human right eye, the peripheral field of vision is usually least - *(AI 02)*
a) On the left side (nasally)
b) In the downwad direction
c) In the upward direction
d) On the right side (temporally)

28) d 29) b 30) c 31)b 32) a 33) b 34) a 35) a 36) b 37) a 38) b 39) b 40) c 41) a,b
42) d 43) a 44) d 45) None >a 46)b,c 47) d 48)a,c,d 49)c,d 50) d 51) c

ELEMENTARY OPTICS

52. Power of a reduced eye is normally - *(A197)*
a) 20-D b)35-D
c) 18-D d)58-D

53. Normal eye power is - *(NEET/DNB Pattern)*
a) 6D b) 8D
c) +60D d) +17D

54. Refractive index of cornea is - *(AIIMS Dec 97)*
a) 133 b) 1.37
c) 1.42 d) 1.45

55. Most important factor determining convergence of light rays on retina is - *(AI97)*
a) Length of eyeball
b) Dioptre power of lens
c) Refractive index of cornea
d) Physical state of vitreous

56. Most important factor determining convergence of light rays on retina is - *(ARMS May 95)*
a) Physical state of vitreous b) Diopter power of lens
c) Curvature of cornea d) Length of eyeball

ill 1 Whicfrcomponentof the eyehas maximumrefractive index - *(AIIMS May 10, May 09, Nov 08, NEET/DNB Pattern)*
a) Anterior surface of the lens
b) Posterior surface of the lens
c) Centre **or** the lens
d) Cornea

58. Refractive power of eye depends upon mainly following factor/ factors - *(PGI Dec 02)*
a) Lens b) Cornea
c) Vitreous haemorrhage d) Aq. Humours
e) Axial length of the eye

59. If the axial length of the eyeball is changed by 1 mm then the power changes by - *(ARMSMay 02)*
a) 1 diopter b) 2 D
c) 3D d)4D

60. Visual axis is - *(NEET/DNB Pattern)*
a) Center of cornea to retina b) Object to fovea
c) Center of lens to cornea d) None

ERRORS OF REFRACTION

61. Anisometropia means - *(SGPGI05)*
a) Both the eye are not oriented in the same parallel axis
b) There is high difference of refractive errors between the two eye
c) Subluxation of one of the eye
d) Difference in image sizes

62. Unequal eye power is known as - *(MAHE 05)*
a) Anisometropia b)Emmetropia
c) Ametropia d) Astigmatism

63. A man, 35 yrs of age complains of poor near vision Distant vision is normal. Retinoscopy at 1 meter shows + 2D spherical lens. He has - *(ARMSNov 99)*
a) Hypermetropia b) Presbyopia
c) Myopia d) Accommodation paralysis

64. Pseudopapillitis is seen in - *(DPG 10)*
a) Myopia b) Hypermetropia
c) Squint d) Presbyopia

65. Hypermetropia - True is - *(Manipal 08)*
a) Accommodative convergent squint may develop in children
b) Light fals in front of retina
c) Corrected with concave glasses
d) Short sight

66. A child presented with difficulty in seeing the blackboard in school. His teachers say that he frequently squeezes his eyes. Most probable cause is- *(ARMS Nov 00)*
a) Hypermetropia b) Myopia
c) Presbyopia d) Astigmatism

67. True in myopes - *(PGI Dec 06)*
a) Use diverging lens
b) Image formed in front of retina
c) Far point becomes near
d) Fundus normal

68. The most common cause of myopia is - *(MAHE 07)*
a) A-P diameter is increased
b) The thickness of lens is increased
c) The viscosity of squous humour is increased
d) The viscisity of vitous humour is increased

69. Fundal picture in myopia - *(Jipmer 03)*
a) Soft exudate
b) Hard exudates
c) Cystoid degeneration
d) Flame shaped hemorrhages

70. Foster's fusch's spots are seen in - *(NEET/DNB Pattern)*
a) Hypermetropia b) Myopia
c) Astigmatism d) None

71. Which is the most common complication of pathological myopia? *(DPG10)*
a) Glaucoma b) Cataract
c) Haemorrhage d) Retinal detachment

72. Which one of the following is the serious complication of degenerative myopia in the eye -
a) Retinal detachment *(UPSC02)*
b) Vitreous liquification
c) Myopic crescent
d) Posterior staphyloma

73. Which of the following is used for treatment of Myopia- *(Jipmer04)*
a) Nd-YAG LASER b)Excimer Laser
c) Carbamazepine d)SSRI

74. The most accepted modality of treatment of 2D myopia in a 13 year old girl is - **(***UPSC 05)*
a) Spectacles b) Excimer laser
c) Contact lens d) Radial keratotomy

75. Soft contact lens is used - *(APPG 06)*
a) High myopia b) Astigmatism
c) Presbyopia d) Keratoconus

52) d 53) c 54) b 55)c 56)c 57)c 58)a,b,e 59)c 60)b 61)b 62)a 63)a 64)b 65)a
66) b 67) a,b,c,d 68) a 69) c 70) b 71) d 72) a 73) b 74) a 75) a

76. Astigmatism is due to - *(SRMC 02)*
a) Irregularity of curvature of cornea
b) Irregularity of curvature of lens
c) Forward displacement of the lens
d) Backward displacement of lens

77. In simple astigmatism, foci of image formed on -
a) Both image are formed in front of retina
b) Both image are formed behind retina *(PGIDec 08)*
c) One image front & other behind the retina
d) One on retina, other behind the retina
e) One on retina, other front of the retina

78. A55-years-old male with a limbal scar presents to the ophthalmology clinic with markedly defective vision for near and far. Clinical examination reveals a wide & deep anterior chamber, iridodonesis and a dark pupillary reflex. A vision of 6/6 is achieved with correcting lens of+11D. Which of the following is the most likely diagnosis - *(AI 12)*
a) Aphakia
b) Pseudophakia
c) Hypermetropia
d) Posterior Dislocation of Lens

79. Treatment of choice in aphakia - *(AI 98,96, UP 07, 06)*
a) Contact lens b) Spectacles
c) IOL d) Laser therapy

80. Jkpk in feoi scotoma is seen affeF .correction of Aphakia by - *(NEET/DNB Pattern)*
a) IOL b) Spectacles
c) Contact lens d) None

81. Aniseikonia means - *(AIIMSMay 03)*
a) Difference in the axial length of the eyeballs
b) Difference in the size of corneas
c) Difference in the size of pupils
d) Difference in the size of image formed by the two eyes

82. ? Accommodation is due to - *(NEET/DNB ~Pattern)*
a) Relaxation of ciliary muscles
b) Gontractiohofciliarymusclps
c) Contraction ofdilatorpupillae
d) None

83. True about presbopia - *(PGI June 04)*
a) Age related defect of refraction
b) Defect in accommodation
c) Concave lens used
d) Convex lens used

84. Treatment of presbyopia - *(PGI Dec 02)*
a) LASIK b) Concave lens
c) Convex lens d) Radial keratotomy

85. A14 yrs old boy complains of pain during reading. On examination, his both eyes are normal and vision with Snellen's reading is 6/5. He still complains of pain on occluding one eye. The diagnosis is- *(AIIMSMay 01)*
a) Myopia b) Pseudomyopia
c) Hyperopia d) Emmetropia

86. A 35 years old hypermetrope is using 1.50D sphere both eyes. Whenever his glasses slip downward on his nose he will feel that his near vision - *(AI 02)*
a) Becomes enlargedb) Becomes distorted
c) Becomes decreased d) Remains the same

87. A 30 year old man has 6/5vision each eye, unaided. His cyclopegic retinoscopy is + 0.0 D sph. at 1 metre distance. His complaints are blurring of newsprint at 30 cm, that clears up in about two minutes. The most probable diagnosis is - *(AI 05)*
a) Hypermetropia b) Presbyopia
c) Accommodative inertia d) Cycloplegia

88. Retinoscopy is done on a 0.5D myopic patient at a distance of 1 metre. Movement of the image will -
a) Move with the mirror *(AIIMS Nov 01)*
b) Move opposite to the mirror
c) No movement of image with mirror
d) Image can move to any side

89. On performing refraction using a plane mirror on a patient who has a refractive error of -3 D sphere with-2 D cylinder at 90° from a distance of 1 metre under no cycloplegia, the reflex would be seen to move- *(AIIMS May 04)*
a) With the movement in the horizontal axis and against the movement in the vertical axis
b) With the movement in both the axes
c) Against the movement in both the axes
d) With the movement in the vertical axis and against the movement in horizontal axis

90. In retinoscopy for refractive error at 1 m we add ID if done at distance of 66 cm, the addition factor will be- *(PGI Dec 99)*
a)-2 b) -1.5
c) -0.5 d)-5

Objective assessment of the refractive state of the eye is termed - *(Corned 08, NEET/DNB Pattern)*
a) Retinoscopy b) Gonioscopy
c) Ophthalmoscopy d) Kcratoscopy

92. Duochrome test is for - *(NEET/DNB Pattern)*
a) Subjective verification of refraction
b) Subjective refinement, of refraction
c) Subjective binocular balancing
d) None

93. Cross cylinders is - *(PGI June 05)*
a) One plus cylinder and one minus cylinder of equal strength
b) One plus cylinder and one minus cylinder of unequal strength
c) Two plus cylinders
d) Both minus cylinders
e) One spherical & one cylindrical lens

94. The Most convenient form of cross cylinder is a combination of - *(Maharashtra 10)*
a) -0.5 Diopter sphere with+1 Diopter Cylinder
b) +0.5 Diopter sphere with -1 Diopter Cylinder
c) +0.25 Diopter sphere with-0.5 Diopter Cylinder
d) -0.25 Diopter sphere with +0.5 Diopter Cylinder

76) a 77) d,e 78) a 79) c 80) b 81)d 82) b 83)b,d 84) c 85) b 86) a 87) c 88) a 89) c
90) b 91) a 92) b 93)a,e 94) a

95. Agent used for dilatation of pupil in children is -
a) Atropine *(AIIMS Feb 97,*
b) Homatropine *AI96, AIIMS Dec 98)*
c) Tropicamide
d) Phenylephrine

96. A patient Mohan, aged 60 yrs* needs an eye examination. He needs a drug which will dilate his eyes but not paralyse his ciliary muscles- *(AIIMS*
a) Atropine b) Phenylephrine *Nov01)*
c) Cyclopentolate d) Tropicamide

97. All of the following are cycloplegics except - *(AI 97)*
a) Phenylephrine b) Atropine
c) Homatropine d) Cocaine

98. All of the following are examples of mydriatics except-
a) Atropine b) Homatropine *(AI 97)*
c) Tropicamide d) Pirenzepine

99. Mydriatic used in 3 years old child for refraction is - *(AI 99)*
a) 1 % Atropine drops
b) 1% Atropine ointment
c) 1% Homoatropine drops
d) 1% Tropicamide drops

100. For refraction in a hypermetropic child, which is the best drug - *(AIIMS May 93)*
a) Phenylephrine b) Atropine ointment
c) Atropine drops d) Homatropine

101. Soft contact lens is made up of - *(AIIMS May 94)*
a) PMMA b) HEMA
c) Glass d) Silicone

102. Contact lens wear is proven to have deleterious effects on the corneal physiology. Which of the following statements is incorrect in connection with contact lens wear ? *(AI 05)*
a) The level of glucose availability in the corneal epithelium is reduced
b) There is a reduction in hemidesmosome density
c) There is increased production of $C0_2$ in the epithelium
d) There is a reduction in glucose utilization by corneal epithelium.

103. Complications of soft contact lens are A/E -
a) Giant papillary conjunctivitis *(PGIDec09)*
b) Folliculosis
c) Corneal vascularization
d) Corneal erosion
e) Acanthomeba keratitis

104. A patient with contact lens is diagnosed to have overweare syndrome. He has symptoms of photophobia, redness, blurring of vision, Treatment should be - *(AIIMS June 00)*
a) Antibiotic + cyclopegic
b) Avoid wearing of contact lens for 48 -72 hours
c) Removal of contact lens and wear new lens
d) Send the lens for culture sensitivity

105. A soft contact lens user presents to you with pain, watering, photophobia and a white spot in the centre of the cornea. What will be you initial management?
a) Start frequent antibiotic eye drops after discontinuing the contact lens *(AIIMS May 04)*
b) Pad & bandage the eye for 12 hours
c) Frequent instillation of artificial tears
d) Topical non steroidal anti inflammatory drugs (NSAIDS)

106. A soft contact lens users has corneal keratitis cause is- *(AIIMS June 99)*
a) Acanthamoeba - ulcer b) Erosion of cornea
c) Pseudomonas infection d) Herpes infection

107. Commonest cause of keratitis in soft contact lens users is - *(PGI June 98)*
a) Acanthamoeba b) Staph aureus
c) Naegleria d) Herpes

108. An otherwise healthy Person who wears contact lenses develops a small ulceration of eye. what is the cause - *(HP 2006)*
a) Acanthamoeba b) Cytomegalovirus
c) Toxocama d) Toxoplasma

109. A person with prolonged usage of contact lenses presented with irritation of left eye. After examination a diagnosis of keratitis was made and corneal scrapings revealed growth of pseudomonas aeroginosa. The bacteria were observed to be multidrug resistant. Which of the following best explains the mechanism of antimicrobial resistance in these isolated pseudomonas aeroginosa strains - *(AI 10)*
a) Ability to transfer resistance genes from adjacent commonsal flora
b) Improper contact lens hygiene
c) Frequent and injudicious use of topical antibiotics
d) Ability of pseudomonas to produce biofilms

110. Treatment modalities for myopia are - *(PGIDec 00)*
a) Radial keratotomy b) LASER Keratomileusis
c) Epikeratophakia d) LASER Keratoplasty

111. Refractive power of eye can be changed by- *(PGI Dec 02, June 02)*
a) Radial keratotomy b) Keratomileusis
c) IOL d) LASIK
e) Photocoagulation

112. Radial keratotomy is used as treatment modality for-
a) Small degree in myopia *(PGI Dec 9 7)*
b) Progressive non healing ulcer
c) High astigmatism
d) High hypermetropia

113. LASIK is used in - *(Manipal 06)*
a) Myopia b) Hypermetropia
c) Astigmatism d) Presbyopia

114. A lady wants LASIK surgery for her daughter. She asks for your opinion. All the following things are suitable for performing LASIK surgery except -
a) Myopia of 4 Diopters *(AI 03)*
b) Age of 15 years
c) Stable refraction for 1 year
d) Corneal thickness of600 microns

95) a 96) b 97)a 98)c 99)b 100)b 101)b 102)a 103)b 104)a 105)a 106)c 107)a 108)a 109)d 110)a,b lll)a,b,c,<i 112)a 113)a>b,c,d 114)b

CONJUNCTIVA

115. Conjunctival epithelium is- *(PGIJune05)*
a) Pseudostratified
b) Stratified columnar
c) Stratified non keratinized squamous
d) Transitional

116. Maximum density of globlet cells is seen in *-(AI04)*
a) Superior conjunctiva b) Inferior conjunctiva
c) Nasal conjunctiva d) Temporal conjunctiva

117. Staphylococcal conjunctivitis is associated with -
a) Corneal margin infiltration *(PGI Dec 01)*
b) Phylctenular conjunctivitis
c) Vernal conjunctivitis
d) Hordeolum
e) Follicular conjunctivitis

118. Ophthalmia neonatorum is caused *by-(PGIDec 03,*
a) Gonorrhoea b) H. Influenzae *02)*
c) Chlamydia d) Pseudomonas
e) Staph, aureus

119. Neonatal conjunctivitis is caused by ail except- *(NEET/DNB Pattern)*
a) Gonococcus b) Chlamydia
c) Aspergillus d) Pseudomonas

120. Unilateral watery discharge from the eye of a new born, with no edema or chemosis is due to - *(AI 00)*
a) Chamydia b) Gonococcus
c) Sticky eye d) Chemical conjunctivitis

121. Which of the following is not given in ophthalmia neonatorum - *(ARMS May 94)*
a) Erythromycin locally b) Tetracycline 1%
c) Penicillin locally d) Silver nitrate

122. Inclusion body conjunctivitis true is all except-
a) Self limiting *(NEET/DNB Pattern)*
b) Present only in infants
c) Occurs while passage from birth canal
d) Caused by chlamydia

123. Angular conjunctivitis is caused by *-(PGI June 00)*
a) Moraxella b) Virus
c) Bacteroides d) Fungus

124. Angular conjunctivitis is caused by -
a) H. influenza *(SRMC, NEE*
b) Adenovirus type 3 **2** *p*
c) Morax-axenfield bacillus
d) Brahnmella

125. The specific topical remedy suggested for angular conjunctivitis is - *(ARMS June 92)*
a) Dexamethasone b)Sulphacetamide
c) Zinc sulphate d) Penicillin

126. In membranous conjunctivitis membrane is found in- *(TN03)*
a) Limbus b) Palpebral conjunctiva
c) Bulbar conjunctiva d) Cornea

127. Pseudomembranous conjunctivitis is caused by-
a) Gonococcus *(PGI 90)*
b) Staphylococcus
c) Streptococcus
d) Keratoconjunctivitis sicca

128. Conjunctivitis is seen in all except- *(ARMS98)*
a) CMV b) Adenovirus
c) CoxsackieA-24 d)Entero70

129. Which of the following does *not* cause hemorrhagic conjunctivitis - *(AI 95)*
a) Adenovirus b) Coxsackie - 24
c) Enterovirus - 70 d) Papilloma virus

130. Hemorrhagic conjunctivitis occurs with- *(ARMS*
a) Herpes zoster b) Herpes simplex *May 94)*
c) Enterovirus d) Picomavirus

131. A patient complains of pain in both eyes with congestion. Blurring of vision, photophobia and mucopurulent discharge since one day. Many cases have been reported from the same community. The causative agent is probably - *(ARMSMay 01)*
a) Adenovirus b) Enterovirus 70
c) Herpes simplex d) ECHO virus

132. Acute hemorrhagic conjunctivitis is seen with- *(DPGFeb. 09)*
a) Adenovirus b)Staphylococcal
c) Pneumococcus d) Hemophilus

133. Seen in trachoma are/ is - *(PGIDec 00)*
a) Papillary hypertrophy b) Follicles
c) Pannus formation d) Herbert's pits
e) Ropy discharge

134. Pathognomonic of trachoma is - *(Jipmer 03)*
a) Bulbar papillae b) Palpebral papillae
c) Bulbar follicles d) Palpebral follicles

135. Herbert's pits are seen in *-(MH10, ARMS May 95)*
a) Trachoma b) Spring catarrh
c) Phlyctenular conjunctivitis d) Sarcoidosis
e) Molluscum contagiosum

136. Arlt's line is seen in - *(AI 04, PGI June 02)*
a) Vernal keratoconjunctivitis b) Pterygium
c) Ocular pemphigoid d) Trachoma

137. Which of the following is/are caused by trachoma -
a) Entropion b) Ectropion
c) Pinguecula d) Corneal opacity
e) Dry eye

138. All are seen in stage HI trachoma except - *(DPG10)*
a) Tarsal epitheliofibrosis
b) Trachomatous pannus
c) Herbert's pits
d) Disappearance of Bowman's membrane

139. All are features of TVachoma stage HI, except -
a) Herbert's pits *(PGI Dec 08)*
b) Pannus
c) Necrosis in scar
d) Scar on tarsal conjunctiva

140. All statements are true about trachoma except-
a) Trachoma is caused by bedsonian organism of psittacosis - lymphogranuloma - trachoma (PLT) group.
b) Strains mainly responsible are A, B, Ba and C
c) Marked papillary hyperplasia with limbal follicles are seen in stage III
d) Mature follicles are seen in stage Ha

115) c 116)c 117)a,b 118)a,c,d,e 119)c 120) d 121) d 122)b 123) a 124) c 125) c 126)b 127)a,b,c
128) a 129) d 130)c,d 131)b 132)a 133)a,b,c,d 134)c 135)a 136)d 137)a,d,e 138)b 139)b 140)c

141. In the grading of trachoma, trachomatous inflammation -follicular is defined as the presence of- *(AIIMS Nov 02)*
a) 5 or more follicles in the lower tarsal conunctiva
b) 3 or more follicles in the lower tarsal conjunctiva
c) 5 or more follicles in the upper tarsal conjunctiva
d) 3 or more follicles in the upper tarsal conjunctiva

142. Follicles of a diameter of 5mm are typically seen in-
a) Pharyngoconjunctival fever *(Karn 11)*
b) Trachoma
c) Drug induced follicular conjunctivitis
d) Ophthalmia neonatorum

143., Drug of choice of trachoma is - *(AIIMS Dec 90)*
a) Penicillin b) Sulfonamide
c) Tetracycline d) Chloramphenicol

144. Tetracycline ointment for mass prophylaxis -
a) 0.1% b) 0.5% *(NEET/DNB Pattern)*
c) 1% d) 5%

145 , Inclusion conjunctivitis is caused by - *(PGINov 08)*
a) Chlamydia trachomatis b) Chlamydia psittaci
c) Herpes d) Gonorrhea

Spring catarrah is - *(PGI June 05, NEET/DNB Pattern)*
a) Type 1 hypersensitivity reaction
b) Type II
C) Type III
d) Type IV

"Ropy discharge" from the eye is seen in - *(AI91,*
a) Phylectenular conjunctvitisA'A7iT//}.VZ? *Pattern)*
b) Swimming pool conjunctvitis
c) Spring catarrh
d) Epidemic keratoconjunctivitis

148. Features of vernal conjunctivitis ar *z-(PGI May 10)*
a) Shield ulcer b) Homer-Tranta's spots
c) Papillary hypertrophy d) Herbert pits
e) Pannus

149. Ramu, age 10, yr present with itching in his eye, foreign body sensation, & ropy discharge since several months. These symptoms are more prominent in summer. Most probable diagnosis is -
a) Vernal conjunctivitis *(AI04, AIIMS Nov 01)*
b) Fungal keratoconjunctivitis
c) Viral conjunctivitis
d) Trachoma

150. A recurrent bilateral conjunctivitis occurring with the onset of hot weather in young boys with symptoms of burning, itching, and lacrimation with polygonal raised areas in the palpebral conjunctiva is - *(AI03)*
a) Trachoma
b) Phylctenular conjunctivitis
c) Mucopurulent conjunctivitis
d) Vernal kerato conjunctivitis

151. A 12 years old boy presents with recurrent attacks of conjunctivitis for the last 2 years with intense itching and ropy discharge. The diagnosis is- *(AIIMS May 01)*
a) Vernal conjunctivitis
b) Phlyctenular conjunctivitis
c) Trachoma
d) Viral conjunctivitis

152. A/E seen in spring catarrh - *(PGIDec 06)*
a) Follicles b)Pseudogeronto
c) Shield's ulcer d) Tranta's spot

153. Features of vernal keratoconjunctivitis are -
a) Papillary hypertrophy *(PGI Dec 05, June 03)*
b) Follicular hypetrophy
c) Herbert's pits
d) Trantra's Spot
e) Ciliary congestion

154. Seen in vernal catarrh are - *(PGI Jun 03)*
a) Papillary hypertrophy b) Follicles
c) Pannus formation d) Shield ulcer
e) Ropy discharge

155. Trantas spots are seen in - *(UP 08, AIIMS June 98, May 93, AI 96)*
a) Vernal conjunctivitis
b) Eczematous conjunctivitis
c) Ophthalmia nodosa
d) Tularemia

156. Cobblestone appearance of conjunctiva is typically seen with - *(AIIMS Feb 97, Dec 94, PGI Dec 99, June 98)*
a) Phlyctenular conjunctivitis
b) Foreign body
c) Spring catarrh
d) Trachoma

157. Vernal keratoconjunctivitis - *(Manipal09)*
a) Is usually unilateral
b) Eosinophil is common in the papillae
c) Is commoner in adult than children
d) Causes corneal melt

158. Complication of vernal kerato conjunctivitis -
a) Cataract *(NEET/DNB Pattern)*
b) Keratbconus
c) Retinal detachment
d) Vitreoiis hemorrhage

159. Treatment of vernal keratoconjunctivitis includes • all except - *(NEET/DNB Pattern)*
a) Steroids b) Chromoglycate
c) Olopatadine d) Antibiotics

160. Topical sodium cromoglycate is used in treatment of- *(COMED09)*
a) Phlyctenular conjunctivitis
b) Vernal catarrh
c) Subconjunctival haemorrhage
d) Trachoma

161. Type IV hypersensitivity to Mycobacterium tuberculosis antigen may manifest as - *(AI 03)*
a) Iridocylitis
b) Polyarteritis nodosa
c) Phlyctenular conjunctivitis
d) Giant cell arteritis

141)c 142) b 143) c 144)c 145)a 146)a 147)c 148)a,b,c 149)a 150)d 151)a 152)a 153)a,d 154)a,d,e
155) a 156) c 157)b 158)b 159)d 160)b 161)c

162. Phlyctenular conjunctivitis false is - *(Manipal 09)*
a) The most common cause is tuberculosis
b) The lesions are typically found near the limbus
c) Predominantly affects children
d) Is a type IV hypersensitivity reaction

163. Phlycten is due to - *(PGI Dec 98)*
a) Exogenous allergy b) Endogeneous allergy
c) Viral keratitis d) Fungal keratitis

164. Phlyctencular conj unctivitis is associated with -
a) Tuberculosis *(UPSC-110)*
b) Syphilis
c) Stevens Johnson syndrome
d) Leprosy

165. A malnourished child from a poor socioeconomic status, residing in overcrowded and dirty areas presents with a nodule around the limbus with hyperemia of surrounding conjunctiva in his left eye. He is also observed to have axillary and cervical lymphadenopathy. Which of the following is the most likely diagnosis - *(A1 12)*
a) Phlyctenular conjunctivitis
b) Foreign body granuloma
c) Vernal keratoconjunctivitis
d) Episcleritis

166. Papillae are seen in - *(Manipal 08)*
a) Trachoma b) Viral conjunctivitis
c) Spring catarrh d) All the above

167. Follicular conjunctivitis are found in all except -
a) Herpes simplex conjunctivitis *(PGI Nov. 10)*
b) Drug induced
c) Adult inclusion conjunctivits
d) Allergic conjunctivits
e) Molluscum contagiosum

168. Giant Papillary Conj unctivitis is caused by -
a) Contact Lens wear *(Karnataka 04)*
b) Ocular Prosthesis
c) Protruding corneal sutures
d) All of the above

169. Giant papillary conjunctivitis is seen - *(APPG 06)*
a) Trachoma
b) Contact lens
c) Phlytenular conjunctivitis
d) Vernal kerato conj unctivitis

170. Pterygium is - *(AIIMSMay 08)*
a) A vascular anomaly
b) A connective tissue degeneration
c) An inflammatory condition
d) Associated with Vit. A deficiency

171. Pterygium all are true except - *(PGI June 08)*
a) Arise from any part of conjunctiva
b) Can cause astigmatism
c) Surgery is treatment of choice
d) UV exposure is risk factor
e) Stromal defect seen

172. The histology of pterygium includes - *(Manipal 09)*
a) Elastotic degeneration
b) Epithelial inclusion bodies
c) Precancerous changes
d) Squamous metaplasia of the epithelium

173. Stocker's line is seen in - *(AIIMS Nov 10)*
a) Pinguencula
b) Pterygium
c) Congenital Ocular Melanosis
d) Conjunctival epithelial melanosis

174. Visual impairment in pterygium is due to -
a) Astigmatism b) Myopia *(Jipmer 11)*
c) Hypermetropia d) Hazy cornea

175. Subconjunctival hemorrhage occurs in all conditions except - *(Jipmer 04)*
a) Passive venous congestion
b) Pertusis
c) Trauma
d) High intraocular tension

176. Subconj unctival cyst is seen *m-(NEET/DNBPattern)*
a) Toxoplasmosis b) Cysticercosis
c) Leishmaniasis d) Chaga's disease

177. Parenchymatous xerosis of conjunctiva is caused by-
a) Trachoma *(PGI 02)*
b) Vitamin A deficincy
c) Vernal catarrh
d) Phlyctenular keratoconjunctivitis
e) Alkali bums

CORNEA

178. True about anatomy of adult cornea - *(PGI June 09, Dec 07)*
a) Horizontal diameter is 12 mm
b) Horizontal diameter is 10 mm
c) In megalocomea diameter is > 12mm
d) In microcomea diameter < 10mm
e) Vertical diameter > Horizontal diameter

179. True about cornea - *(PGI Nov. 10)*
a) Power is 43 D
b) Majority of refraction occur at air - tear interface
c) With the rule astigmatism is present because vertical meridian more steep than horizontal meridian
d) Spherical structure
e) Refractive index 1.334

180. Corneal epithelium is composed of - *(PGI Dec 01)*
a) Stratified keratinized epithelium
b) Stratified non- keratinized epithelium
c) Columnar epithelium
d) Pseudostratified epithelium
e) Transitional epithelium

181. This layer of cornea has no regenerating capacity -
a) Stroma/Bowman's membrane *(Manipal 08, UP 08)*
b) Endothelium
c) Epithelium
d) Descemet's membrane

162) a 163) b 164)a 165)a 166)d 167)None 168)d 169)b 170)b 171)a 172)a 173)b 174)a 175)d 176)b 177) a,e 178)a,d 179)a,b,c 180)b 181)a

182. Avascular coat in eye is - *(PGI Dec 99)*
a) Sclera b) Cornea
c) Retina d) Choroid

183. Metabolically active layer of cornea is - *(AI91)*
a) Endothelium b) Stroma
c) Descemet membrane d) Epithelium

184. Corneal transparency is maintained by all except -
a) Relative dehydration *(AHMS Nov 07)*
b) Increased mitotic figures in centre of cornea
c) Unmyelinated nerve fibres
d) Uniform spacing of collagen fibrils

185. The corneal transparency is maintained by -
a) Keratocytes *(AIIMSNov05)*
b) Bowman's membrane
c) Descement's membrane
d) Endothelium

186. Corneal transparency is due to all except - *(WB 98)*
a) Na^+ -K^+ pump
b) Normal IOT
c) Hypercellular stroma
d) Peculiar arrangement of lamella

187. Ionic pump in corneal endothelium is necessary for maintaining deturgescence of the cornea and thus transparency. It can be blocked by -*(A1IMS Nov 07)*
a) Inhibition of anaerobic glycolysis
b) Activation of anaerobic glycolysis
c) Inhibition of Kreb's cycle
d) Inhibition of HMP pathway

188. Corneal layer responsible for deturgescence -
a) Bowman's membrane *(MAHE 05)*
b) Endothelium
c) Epithelium
d) Stromal

189. Which of the following organism can penetrate the normal cornea - *(PGIDec 02)*
a) Gonococcus b) Pseudomonas
c) Diphtheria d) Streptococcus
e) Staphylococcus epidermidis

190. Intact cornea can be penetrated by-*(NEET/DNB Pattern)*
a) Gonococcus b) Pseudomonas
c) Streptococcus d) Pneumococcus

i 91. Ulcer serpens is caused by - *(DPG10)*
a) Pseudomonas pyocynaeceous
b) Pneumococcus
c) Corynebacteria
d) Gonorrhoea niesseria

192. True about fungal corneal ulcer - *(PGI June 08)*
a) Satellite lesion b) Symptoms more than signs
c) Purulent ulcer d) Hypopyon
e) Dry ulcer

193. Features of fungal ulcer - *(PGI June 06, Dec 05)*
a) Symptoms more than signs
b) Dry ulcer
c) Diffuse corneal edema
d) Hyphated margins

194. All are features of fungal keratitis, except -
a) Less symptoms, more signs *(ARMSNov 93)*
b) Infected hypopyon
c) Early vascularisation of cornea
d) Dry white slough

195. True about fungal corneal ulcer - *(PGIDec 04)*
a) Symptoms are severe b) Dry looking ulcer
c) Satellite lesion d) Shifting hypopyon
e) Immunogenic ring

196. A young man aged 30 years, presents with difficulty in vision in the left eye for the last 10 days. He is a rural community and gives history of trauma to his left eye with vegetative matter 10-15 days back. On examination, there is an ulcerative lesion in the cornea, whose base has raised soft creamy infiltrate. Ulcer margin is feathery and hyphate. There are a few satellite lesions also. The most probable etiological agent is - *(A1IMS May 04)*
a) Acanthamoeba b) Corynebacterium diphtheriae
c) Fusarium d) Streptococcus pneumoniae

197. A 30 year old male presents with a history of injury to the eye with a leaf 5 days ago and pain, photophobia and redness of the eye for 2 days. What would be the most likely pathology ? *(ARMSNov 02)*
a) Anterior uveitis b) Conjunctivitis
c) Fungal corneal ulcer d) Corneal laceration

198. Microscopy of corneal ulcer showed branching septate hyphae. The probable diagnosis - *(ARMS 2K)*
a) Candida b)Mucormycosis
c) Aspergillus d) Histoplasma

199. Which of thefollowingis the drug of choice of treatment of corneal ulcers caused by filamentous fungi ? a) Itraconazole b) Natamycin *(AI06)*
c) Nystatin d) Fluconazole

200. Topical antifungal used in corneal fungal infection - *(ARMS May 08)*
a) Silver sulfadiazine b) Neomycin
c) Natamycin d) Griseofulvin

201. Which of the following will be the most important adjuvant therapy in a case of fungal corneal ulcer -
a) Atropine sulphate eye ointment *(AI 04)*
b) Dexamethasone eye drops
c) Pilocarpine eye drops
d) Lignocaine eye drops

202. Satellite nodules are seen in -*(UP 08, ARMS Feb 97,*
a) Fungal corneal ulcer *ARMS Sep 96, Dec 95,*
b) Tuberculosis *AI 95)*
c) Sarcoidosis
d) Viral ulcer
e) All

203. Satellite lesions in eye is caused by - *(AIIMS Dec 92, NEET/DNB Pattern)*
a) Herpes zoster
b) Herpes simplex
c) Aspergillosis
d) Trachoma

182)b 183)a,b 184)b 185)d 186)c 187)a 188)b 189)a,c 190)a 191)b 192)a,d,e 193)b,d 194)c 195)b,c,e 196)c 197)c 198)c 199)b 200)c 201)a 202)a 203)c

204. Steroid are contraindicated in - *(AIIMS Dec 95)*
a) Herpes keratitis b) Atropic dermatitis
c) Fungal corneal ulcer d) Exposure keratitis

205. Steroids are contraindicated in - *(AI95)*
a) Phlyctenular conjunctivitis
b) Granular conjunctivitis
c) Mooren's ulcer
d) Dendritic ulcer

206. Not true about herpetic keratitis- *(NEET/DNB Pattern)*
a) Stromal Keratitis b) Dendritic Ulcer
c) Corneal guttata d) Disciform Keratitis

207. Disciform keratitis is seen - *(NEET/DNB Pattern)*
a) HSV b) HTV
c) HBV d) Rubella

208. A dendritic ulcer is caused by- *(PGI98, AIIMS 94,*
a) Mycetoma b) Herpes simplex *93, 91)*
c) Staphylococcus d) Pneumococcus
e) Gonococcus

209. '^porttgal sensation is lost in- *(NEET/DNB Pattern,*
a) Herpes simplex b) Conjunctivitis *AI 96)*
c) Fungal infection d) Trachoma

210. Corneal sensation is diminished in - *(COMED09)*
a) Band Keratopathy b) Exposure keratitis
c) Phylectenular keratitis d) Dendritic keratitis

211. Which of the following is true of dendritic ulcer-
a) Caused by Herpes simplex virus *(PGI Dec 01)*
b) Topical corticosteroid given suppresses the symptoms
c) Oral acyclovir is effective in treatment
d) Topical acyclovir is effective in treatment
e) Heals spontaneously

212. Rx of dendritic ulcer - *(PGI Dec 03, 02)*
a) Acyclovir b) Idoxuridine
c) Steroid d) Tetracycline
e) Trychophyton cains

213. Ocular symptom not seen in Herpes zoster is- *(AI 01)*
a) Nummular keratitis b) Glaucoma
c) Uveitis d) Cranial nerve palsies

214. A 56 year old man has painful weeping rashes over the upper eyelid and forehead for the last 2 days along with ipsilateral acute punctate keratopathy. About a year back, he had chemotherapy for Non-Hodgkin's lymphoma. There is no other abnormality. Which of the following is the most likely diagnosis? *(AIIMS Nov 04)*
a) Impetigo
b) Systemic Lupus Erythematosus
c) Herpes Zoster
d) Pyoderma gangrenosum

215. In Herpes zoster keratitis all occurs except-
a) Pseudodendritic keratitis *(AIIMS Nov 11)*
b) Anterior endothelial keratitis/Uveitis
c) Sclerokeratitis
d) Endothelitis

216. Herpes zoster ophthalmicus is predictor of-
a) Leukemia b) Lymphoma
c) HIV d) Disseminated T.B
e) Metastasis *(PGI Dec. 03, June 03)*

217. Which of the following statement is true regarding Acanthamoeba keratitis?
a) For the isolation of the causative agent, corneal scraping should be cultured on a nutrient agar plate
b) The causative agent, Acanthamoeba is a helminth whose normal habitat is soil
c) Keratitis due to Acanthamoeba is not seen in the immunocompromised host
d) Acanthamoeba does not depend upon a human host for the completion of its life-cycle

218. A17 year old girl with keratitis and severe pain in the eye came to the hospital and acanthamoeba keratitis was suspected. The patient gave the history of following 4 points. Out of these which is not a risk factor for acanthamoeba keratitis- *(AIIMSNov 02)*
a) Extended wear contact lens
b) Exposure to dirty water
c) Comeal trauma
d) Squamous blepharitis

219. Kallu, a 25 yr male pt. presented with a red eye and complains of pain, photophobia, watering and blurred vision. He gives a history of trauma to his eye with a vegetable matter. Corneal examination shows a dendritic ulcer. A corneal scraping was taken and examined. Microscopy showed macrophages like cells on culturing the corneal scrapings over a non-nutrient agar enriched with E.coli, there were plaque formations. Which organism is most likely -
a) Herpes simplex b) Acanthameba *(AIIMS May*
c) Candida d)Adenovirus *02)*

220. A regular contact lens user presents with complaints of servere pain, redness, photophobia and blurring of vision for more than two weeks not responding to standard treatment On examination, a paracentral ring shaped lesion with stromal infiltrates and overlying epithelial defects is observed in the affected eye. Which of the following is the most likely diagnosis - *(AI 12)*
a) Bacterial keratitis b)Acanthomoeba keratitis
c) Viral keratitis d) Fungal keratitis

221. A soft contact lens wearer developed pain and itching of the eye and showed a reticular pattern on the corneal epithelium the cause could be - *(Orissa 98)*
a) Comeal dystrophy b) Acanthamoeba
c) Pseudomonas d) Recurrent

222. A patient using contact lens develops corneal infection. Laboratory diagnosis of acanthamoeba keratitis was established. The following is the best drug for treatment - *(AI 03)*
a) Propamidine b) Neosporine
c) Ketoconazole d)Polyhexamethylenebiguanide

204)c 205)d 206)c 207)a 208) b 209)a 210)d 211)a,d 212)a,b 213)d 214)c 215)c 216)all 217)d 218)d 219) b 220) b 221)b 222)d

223. Neurotrophic keratopathy is caused by - *(Al93)*
a) Bell's palsy
b) Facial and trigeminal nerve palsy both
c) Trigeminal nerve palsy
d) All of the above

224. Corneal dystrophies are usually - *(AIIMS May 12)*
a) Primarily unilateral
b) Primarily bilateral
c) Primarily unilateral without systemic disease
d) Primarily bilateral with systemic disease

225. Corneal dystrophies are - *(PGI Dec 08)*
a) Macular b) Granular
c) Lattice d) Moorens
e) Fuchs

226. Which of the following is the least common corneal dystrophy - *(Al 10)*
a) Macular dystrophy
b) Lattice type I
c) Lattice type III
d) Granular corneal dystrophy

227. Which one of the following stromal dystrophy is a recessive condition ? *(Al 06)*
a) Lattice dystrophyb) Granular dystrophy
c) Macular dystrophy d) Fleck dystrophy

228. Recu^h^&S^niSofi^n *in-(AIINfSJune 98,*
a) Corneal dystrophy *NEET/DNB Pattern)*
b) Keratoglobus
c) Keratoconus
d) Peutz- anomalies'

229. Posterior polymorphous dystrophy - *(Manipal 09)*
a) Causes corectopia
b) Is inherited in an autosomal recessive fashion
c) Causes blindness in over 90% of sufferers
d) Can be treated with lamellar corneal grafts

230. Thining of cornea occurs in - *(UPSC 02)*
a) Megalocomea b) Bullous keratopathy
c) Endothelial dystrophy d) Keratoconus

231. In Keratoconus, all are seen except - *(PGI June 00)*
a) Munson's sign
b) Thinning of cornea in center
c) Distortion of corneal reflex at center
d) Hypermetropic refractive error

232. TVue about keratoconus - *(PGI Dec 02)*
a) Munson sign seen
b) Protrusion of anterior cornea
c) Protrusion of posterior cornea
d) Fleisher's sign positive

233. TVeatment option for keratoconus includes -
a) Spectacles *(PGINov 09, June 08)*
b) Contact lens
c) Kerotoplasty
d) LASIK
e) IOL

234. IVue about keratoconus - *(PGI June 04)*
a) **T** curvature of cornea **b)** Astigmatism
c) K.F. ring seen d) Thick cornea
e) Soft contact lens used

235. Fleischer ring is characteristic of -*(AIIMSNov 93,*
a) Megalocomea b) Diabetes *Punjab 11)*
c) Chalcosis d) Keratoconus

236. Munsòh-ssignis seen in^P^jifc^OSf^E^/DNti
~ | §g a) Keratoconus §| ' b) Keratoglobus *Pattern)*
Bfif **c) Keratomalacia d) All of these**

237. Keratoconus is associated with all except-
a) Down's syndrome *(Manipal 09)*
b) Ehlers-Danlos' syndrome
c) Marfan's syndrome
d) Usher's syndrome

Plgp To prevent keratoconus what is used - *(NEET/DNB*
a) Antibiotics b) Cycloplegics *Pattern)*
c) Glasses d) None

239. Interstitial keratitis is seen in all except -
a) Syphilis *(PGI Nov. 10)*
b) Acanthamoeba
c) Chlamydia Trachomatis
d) HSV
e) HZV

240. Salmon patch is seen in - *(Jipmer 11)*
a) Interstitial keratitis b) Disciform keratitis
c) Acne rosacea d) Phlectenular keratitis

241. Band shaped keratopathy is caused *by~(AIIMSMay 06)*
a) Amyloid b) Calcium
c) Monopolysaccharide d) Lipid

242. Sarcoidosis is associated with - *(Al 08)*
a) Band keratopathy b) Systemic amylodosis
c) Angioid streaks d) Cataracta nigra

243. Band shaped keratopathy seen in ? *(APPG 08)*
a) JRA b)RA
c) SLE d)DLE

244. Corneal vascularisation is/are caused by-
a) Graft rejection *(PGINov 09, June 09, 07)*
b) Chemical bum
c) Contact lens use
d) Vitreous haemorrhage
e) Viral infection

245. All of the following may lead to corneal opacity in newborn except - *(Al 93)*
a) Endothelial dystrophy
b) Sclerocomea
c) Mucopolysaccharidosis
d) Droplet keratopathy

246. Corneal deposits are seen in all except -*(Kerala 94)*
a) Reis- bucklers comeal dystrophy
b) Endothelial dystrophy of fuchs
c) Hunters disease
d) Hurler's disease

247. The central nebular corneal opacity is easily treated with- *(DPGEE 08)*
a) Lamellar keratoplasty
b) Penetrating keratoplasty
c) Gas permeable contact lens
d) Soft contact lens

223) c 224) b 225)a,b,c,e 226) a 227) c 228) a 229) a 230) d 231)d 232)a,b,d 233)a,b,c 234) a,b 235) d
236) a 237) d 238) d 239) b 240) a 241) b 242) a 243) a 244)a,b,c,e 245) d 246) a 247) a

248. 0.1 to 0.2 mm nebular corneal opacity is treated by -
a) Penetrating keratoplasty *(AMU 05)*
b) Lamellar keratoplasty
c) Enucleation
d) Evisceration

249. A 20 year student has a myopia of -2.0D and a post traumatic nebular corneal opacity in her right eye. Which of the following is the best refractive surgery option for her? *(AIIMS Nov 04)*
a) Photorefractive keratectomy b)LASIK
c) Radial keratotomy d) Epikeratoplasty

250. Photophthalmia is seen with - *(AI95)*
a) Ultraviolet rays b) Infra red rays
c) Gamma rays d) X-rays

251. Snow blindness is caused by - *(AI 97)*
a) Ultravoilet rays b) Infrarads
c) Microwaves d) Defect in mirror

252. Treatment of photophthalmia includes-fPG/ *May 10)*
a) Irrigation with saline water
b) Padding & Bandaging
c) Cold compresses
d) Lubricant eyedrop
e) Analgesics

253. Treatment for photophthalmia- *(PGI01)*
a) Flush with saline b) Apply pad and bandage
c) Topical antibiotics d) Steroid eye drops
e) Reassurance

254. In human corneal transplantation, the donor tissue is- *(AIIMS May 05)*
a) Synthetic polymer
b) Donated human cadaver eyes
c) Donated eyes from live human beings
d) Monkey eyes

255. Which of the following statements regarding corneal transplantation is true - *(AI 10)*
a) Whole eye needs to be preserved in tissue culture
b) Donor not accepted if age > 60 years
c) Specular microscopy analysis is used to assess endothelial cell count
d) HLA matching is mandatory

256. For transplatation cornea is preserved *\n-(AUMS 95)*
a) Modified MK medium b) Glycerine medium
c) Wet medium d) None of the above

257. Signs of graft rejection are all except - ***(PGI*** *05)*
a) Krachmer spots b) Khodadoust line
c) Oedema d) Epithelial line
e) Foster spot

258. What is percentatage of endothelial cell loss during Descemet's stripping automated endothelial keratoplasty - *(AIIMS Nov 11)*
a) 0-5% b) 10-20%
c) 30-40% **d)**50-60%

259. Following corneal transplantation, most common infection occur - *(NEET/DNB Pattern)*
a) Staph epidermidis b) Streptococcus
c) Klebsiella d) Pseudomonas

260. Enlarged corneal nerves may be seen in all of the following except- *(AI 05)*
a) Keratoconus b) Herpes simplex keratitis
c) Leprosy d) Neurofibromatosis

261. Prominent corneal nerves are seen in all except- *(Manipal 09)*
a) Ectodermal dysplasia b) Ichythyosis
c) Refsum's syndrome d) Macular dystrophy

262. Pigment deposition on cornea seen in -*(PGI Dec 0 7)*
a) Chloroquine b)Digoxin
c) Ranitidine d) Amiodarone

263. A patient on amiodarone is diagnosed to have cornea verticillate. What should be management-
a) Stop the drug b) Penetrating keratoplasty
c) Lamellar keratoplasty d) Observation
e) Steroids *(PGI Nov. 10)*

264. A 28 year old male complains of glare in both eyes. The cornea shows whorl like opacities of the epithelium. He also gave a history of long term treatment with amiodarone. The most likely diagnosis is - *(Corned 08)*
a) Terrain's marginal degeneration
b) Cornea verticillata
c) Band shaped keratophathy
d) Arcus juvenalis

265. Dellen is - *(Manipal 06)*
a) Localized thinning of peripheral cornea
b) Raised lesions in comeo limbal junction
c) Age related macular degeneration
d) Marginal keratitis

266. Megalocornea is associated with A/E - *(Punjab 11)*
a) Down syndrome b) Turner syndrome
c) Marfan syndrome d) Ehler danlos syndrome

267. Topical antiviral drugs not indicated in -*(PGI Dec 04)*
a) Dendritic ulcer
b) Metaherpetic ulcer
c) Stromal necrotizing keratitis
d) Neuroparalytic keratitis
e) Disciform keratitis

SCLERA

268. Sclera is thinnest at - *(AIIMS Nov 09, May 09,*
a) Limbus *Corned 08)*
b) Equator
c) Anterior to attachment of superior rectus
d) Posterior to attachment of superior rectus

269. Staphlyoma involvement - *(NEET/DNB Pattern)*
a) Iris with conjunctiva
b) Conjunctiva with cornea
c) Choroid with retina
d) Iris with cornea

270- Most common cause of posterior staphyloma -
a) Trauma b) Glaucoma *(NEET/DNB Pattern)*
c) Myopia d) Scleritis

248) b 249) a 250)a 251)a 252)b,c,d,e 253)b,c,e 254)b 255)c 256)a 257)e 258)c 259)a 260)b 261)d
262) a,d 263) a 264) b 265) a 266) b 267) b,c 268) d 269) d 270) c

271. Blue sclera is seen in -
a) Alkaptonuria
b) Osteogenesis imperfecta
c) Ehler - Danlos syndrome
d) Kawasaki syndrome

272. The most common systemic association of scleritis is- *(AIIMSNov 05)*
a) Ehlers - Danlos syndrome
b) Disseminated systemic sclerosis
c) Rheumatiod arthritis
d) Giant cell arteritis

273. In scleritis all are true except- *(Manipal 09)*
a) Scleromalacia perforans are more commonly associated with systemic diseases than posterior scleritis
b) Pain is not a prominent feature
c) Retinal detachment is a known complication
d) Glaucoma is a known complication

UVEALTRACT

274. Circulus iridis major is seen at - *(AIIMSDec 91)*
a) Ciliary body b) Root of iris
c) Colaretteofiris d) Pupillary margin of iris

275. Granulomatous uveitis is seen in -*(PGI Nov. 10)*
a) Vogt- Koyanagi - Harada disease
b) Fuch's disease
c) Bechet's syndrome
d) Sarcoidosis
e) Psoariasis

276. All are causes of chronic granulomatous uveitis except- *(UP 07)*
a) Sarcoidosis
b) Tuberculosis
c) Brucellosis
d) Fuchs heterochromic iridocyclitis

277. Chorioretinitis is caused by - *(PGIDec 06)*
a) Toxoplasmosis b)CMV
c) Rubella d) Oncocerca volvulus
e) Adeno virus

278. Uveitis is caused by - *(PGI June 04)*
a) T.B b) Staphylococcus
c) Streptococcus d) Klebsiella
e) E.Coli

279. Uveitis is seen in all except - *(CMC 05)*
a) Leprosy b)Ankylosing spondylitis
c) Sarcoidosis d) Reiter's syndrome

280. A10 yr boy present with b/1 chronic uveitis. Which investigation should be ordered - *(PGIMay 10)*
a) Hemogram b) X-ray of sacroiliac jt.
c) HIV test d) Mantoux test

281. The investigation of anterior uveitis of a young boy are - *(PGIDec 03, June 03)*
a) HLAB27 b) X-ray sacroiliac joint
c) TORCH agents d) ELISA for HIV
e) USG abdomen

282. Most common cause of anterior uveitis associated with arthritis- *(AZLUSDec 98, NEET/DNB Pattern)*
a) Ankylosing spondylitis b) Rheumatoid arthritis
c) Syphilis d) Tuberculosis

283. Uveitis is associated most commonly with - *(ABMSMay 02)*
a) Rheumatoid arthritis b) Systemic JRA
c) Pauciarticular JRA d) Polyarticular JRA

284. Iridocyclitis is a feature of - *(AIIMSDec 97)*
a) Juvenile rheumatoid arthritis with systemic involvement
b) Seropositive, pauciarticular, juvenile rheumatoid arthritis
c) Seronegative pauciarticular juvenile rheumatoid arthritis
d) Seropositive, polyarticular juvenile rheumatoid arthritis

285. Pauciarticular JRA is characterised by all except -
a) Uveitis b) Scleritis *(AIIMS Dec 98)*
c) Cataract d) Keratopathy

286. Signs of uveitis - *(PGI June 07)*
a) Generalized conjunctival congestion
b) Circumciliary congestion
c) Cells and flare in aqueous

287. Anterior uveitis is characterized by A/E -
a) Aqueons flare *(AIIMS Jun 97)*
b) Shallow anterior chamber
c) Circumcomeal cangestion
d) Miosis

288. Pupil in acute attack of Ant. Uveitis is-
a) Semidilated *(AIIMS Dec 95)*
b) Large and fixed
c) Irregular & constricted
d) Constricted & sluggish reacting

289. In acute anterior uveitis, pupil is - *(AIIMSMay 93)*
a) Oval b) Circular
c) Small, irregular d) Any of the above

290. The type of synechiae in iris bombe is -
a) Ring b) Totaled/ *94, AIIMS 90)*
c) Goniform d) Filiform

291. Mutton fat keratic precipitates are not seen in -
a) Tuberculosis *(Manipal 09)*
b) Fuch's heterochromia cyclitis
c) Sarcoidosis
d) Fungal infection

292. Pathognomic sign of Acute Iridocyclitis is - *(UP 08)*
a) Aquous flare b) Keratic precipitates
c) Small pupil d) All of the above

293. 1st sign of anterior uveitis - *(NEET/DNB Pattern)*
a) Keratic precipitate b) Aqueous flare
c) Hypopyon d) Miosis

294. Keratic precipitates are on which layer of cornea - *(NEET/DNB Pattern)*
a) Epithelium b) Endothelium
c) Stroma d) Bowman's membrane

271)b,c 272)c 273)b 274)b 275)a,d 276)d 277)a,b,c,d 278)a,b,c 279)None 280)d 281)a,b 282)a 283)c
284) c 285) b 286) b,c 287) b 288) c,d 289) c 290) a 291) b 292) b 293) b 294) b

295. Which of the following indicates activity of ant uveitis - *(NEET/DNB i Pattern)*
a) Cells in anterior chamber
b) Circumcomeal congestion
c) Keratic precipitate
d) Comeal edema

296. Ali are seen in acute Iridocyclitis except *(PGA June 2K)*
a) Pain b) Ciliary congestion
c) Mucopurulent discharge d) Small pupil

297. A patient has miotic pupil, IOP=25, normal anterior chamber, hazy cornea and a shallow anterior chamber in fellow eye. Diagnosis is - *(AlIMSMay 01, June 99, AI01)*
a) Acute anterior uveitis
b) Acute angle closure glaucoma
c) Acute open angle glaucoma
d) Senile cataract

298. Lallo, 25 yr old man, presented with h/o of pain, redness & watering of left eye for last 1 day. There is also intolerance to light. Most probable diagnosis is- *(AIIMSNov 00)*
a) Keratitis
b) Acute anterior uveitis
c) Acute posterior uveitis
d) Epidemic kerato conjunctivitis

299. A 25 - year old male gives a history of redness, pain and mild diminution of vision in one eye for past 3 days.There is also a history of low backache for the past one year. On examination there is circumcomeal congestion, cornea is clear apart form a few fine keratic precipitates on the corneal endothelium, there are 2+ cells in the anterior chamber and the intraocular pressure is within normal limits. The patient is most likely suffering from -
a) Acute attack of angle closure glaucoma
b) HLA B -27 related anterior *uveitis(AIIMS May 04)*
c) JRA associated uveitis
d) Herpetic keratitis

300. A 25 year old lady presents with severe sudden onset of pain, corneal congestion, photophobia and deep anterior chamber in the right eye. The left eye is normal. X-ray pelvis shows sacroilitis. The diagnosis is- *(AlIMSMay 01)*
a) Anterior uveitis b) Posterior uveitis
c) Intermediate uveitis d)Scleritis

301. In patients with anterior uveitis, decrease in vision due to posterior segment involvement can occur because of - *(AIIMS May 12)*
a) Visual floaters
b) Inflammatory disc edema
c) Exudative retinal detachment
d) CME

302. Complication of acute anterior uveitis are all EXCEPT- *(AIIMS June 98)*
a) Secondary glaucoma b) Cataract
c) Retinal detachment d) Macular oedema

303. What is the most common complication in recurrent anterior uveitis - *(AlIMSMay 93)*
a) Staphyloma b) Glaucoma
c) Cataract d) Vitreal haemorrhage

304. Which of the following statements is incorrect about pthisis bulbi ? *(AI 2006)*
a) The intraocular pressure is increased
b) Calcification of the lens is common
c) Sclera is thickened
d) Size of the globe is reduced

305. Metamorphopsia is seen in *M (JJEET/DNB pattern)*
a)Anterior uveitis b Posterior uveitis
d)Glau<#ma

306. Keoppe nodules are present on *P(NEET)DNB*
a) Cornea b). Conjunctiva
d)Retina

307. Mutton fat keratic precipitate and Busacca's nodules is seep to - *(APPG 06| NEET/BNB Pattern}*
a) Granulomatous uveitis
b) Non-granulomatous uveitis
c) Posterior uveitis
d) Choroiditis

308. Snow banking is typically seen in *PGI June 99, NEET/ DNB Pattern)*
a) Pars planitis b) Endophthalmitis
c) Coat's disease d)Eale's disease

309. Commonest complication of pars planitis- *(NEET/ DNB Pattern)*
a) Glaucoma b) Cataract
c) Retinal detachment d) Vitreous hemorrhage

310. Panuveitis involves - *(AMU 95)*
a) Iris b) Choroid
c) Iris, ciliary body, choroid d) None

311. Treatment of choice for acute anterior uveitis is -
a) Local steroids b) Systemic steroid
c) Local NS AIDS d) Systemic NS AIDS

312. Atropine is drug of choice in - *(AIIMS Dec 92)*
a) Chorioretinitis b) Lens induced glaucoma
c) Iridocyclitis d) Close angle glaucoma

313. Drug of choice for acute iridocyclitis is-*(DPGFeb 09)*
a) Steroids b)Acetazolamide
c) Atropine d) Antibodies

314. Primary objective of use of atropine in anterior uveitis - *(AIIMS June 00)*
a) Rest to the ciliary muscle
b) Increase supply of antibody
c) Increase blood flow
d) Prevents posterior synechia formation

315. Mainstay of treatment of uveitis - *(Jipmer 11)*
a) Antibiotics and cycloplegics
b) Steroids and cycloplegics
c) Antibiotics and steroids
d) Surgery

316. In a case of hypertensive uveitis, most useful drug to reduced intraocular pressure is - *(AI 02)*
a) Pilocarpine b) Latanosprost
c) Physostigmine d) Dipiveffine

295) a 296) c 297)a 298)a 299)b 300)a 301)d 302)c 303)c 304)a 305)b 306)c 307)a 308)a 309) b 310)c 311) a 312)c 313)a 314)a 315)b 316)d

317. Uveitis with raised intraocular tension is best managed by - *(AIIMSJune 97)*
a) Timolol b) Atropine
c) Pilocarpine d) Steroid

318. Drug of choice for increased IOT in acute anterior uveitis - *(A1IMS Dec 97)*
a) Atropine b) Timolol
c) 5% Epinephrine d) 2% Pilocarpine

319. In anterior uveitis with secondary glaucoma, all mydriatics can be given, except - *(AlIMSMay 94)*
a) Pilocarpine b) Homatropine
c) Epinephrine d) Tropicamide

320. Anterior uveitis in hypertensive patient, Drug of choice to decrease IOP - *(AIIMSJune 00)*
a) Lanatoprost b) Pilocarpine
c) Epinephrine d) Timolol

321. Which should not be used in raised IOT associated with uveitis - *(PGI June 99)*
a) Timolol b) Pilocarpine
c) Atropine d)Acetazolamide

322. All the following drugs are used in acute anterior uveitis except - *(AI95)*
a) Pilocarpine b) Atropine
c) Timolol d) Propranolol

323. All are given in anterior uveitis except -*(Manipal 08)*
a) Pilocarpine b) Atropine
c) Cyclophosphamide d) Corticosteroids

324. Drug of choice of choroiditis is - *(AIIMS Dec 90)*
a) Cycloplegic (atropine) b) Analgesic
c) Steroid d)Antibotic

325. Endop hthalmitis involves inflammation of all of the following, Except - *(AI 10)*
a) Sclera b)Uvea
c) Retina d) Vitreous

326. Late onset endothalmitis after lens implantation is caused by- *(AI 11)*
a) Staphylococcus epidermidis
b) Pseudomonas
c) Streptococcus pyogenes
d) Propionibacterium acne

327. A 60-year old diabetic patient has an uneventful phacoemulsification with IOL implantation. He presented with pain, diminution of vision, redness, watering and a grayish yellow pupillary reflex on the third postoperative day. Examination revealed circumcorneal congestion, aqueous cells 4+, hypopyon in the anterior chamber with posterior synechinae and retrolental flare. The most likely diagnosis is-
a) Keratitis b) Glaucoma
c) Endophthalmitis d) Postoperative cyclitis

328. Uveal effusion syndrome may be associated with all of the following, Except - *(AI 09)*
a) Myopia
b) Ciliochoroidal detachment
c) Structural defect in Sclera
d) Nanophthalmos

329. In heterochromic cyclitis - *(Manipal 09)*
a) 60% of patients develop glaucoma
b) Show a good response when treated with steroids
c) Lens implantation following cataract surgery is contraindicated
d) Hyphaema during cataract surgery is due to iris neovascularization

330. True about heterochromic uveitis- *(NEET/DNB Pattern)*
a) Involves posterior surface of iris
b) Involves anterior part of iris
c) Involves posterior chamber
d) P^sSiiJf syriechiae HE

331. A young patient presents to the ophthalmic outpatient department with gradual blurring of vision in the left eye. Slit lamp examination reveals fine stellate keratatic precipitates and aqueous flare and a typical complicated posterior subcapsular cataract. No posterior synechiae were observed. The most likely diagnosis is - *(AI 12)*
a) Intermediate Uveitis (Pars Plants)
b) Heerfordt's disease
c) Heterochromic Iridocyclitis of Fuch's
d) Subacute Iridocyclitis

332. Skin depigmentation b/1 uveitis and tinitus are features of - *(AIIMS June 98)*
a) Vogt Koyanagi harada syndrome
b) Waadenberg Syndrome
c) Alport Syndrome
d) Werner's Syndrome

333. The Uveitis associated with vitiligo & auditory defects occurs in - *(AIIMS June 98)*
a) Bechet's syndrome
b) Steven's Johnson syndrome
c) Vogt- Koyanagi syndorme
d) Ankylosing - spondylitis

334. Vogt Koyanagi - Harada (VKH) syndrome *is-(NEET/DNB Pattern)*
a) Chronic granulomatous uveitis
b) Chronic non-granulomatous uveitis
c) Acute purulent uveitis
d) None

335. In which of the following, intraocular pressure is very high and inflammation is minimum? *(MH10)*
a) Acute iridocyclitis
b) Glaucomatocyclic crises
c) Angle closure glaucoma
d) Hypertensive uveitis

336. All the following are true regarding acute anterior uveitis in ankylosing spondylitis EXCEPT -
a) More common in female (*SGPGI05)*
b) Recurrent attacks occur
c) Fibrous reaction in anterior chambers
d) Narrowing of joint spaces and sclerosis of the sacroiliac joints

337. Drug of choice for Herpes simplex Enophthalmitis is-
a) Acyclovir b) Vidarabine *(UPSC 05)*
c) Amantidine d) Interferon

17) d 318) b 319) a 320)d 321)b 322)a 323)a 324)c 325)a 326)d 327)c 328)a 329)d 330)b
331)c 332) a 333)c 334)a 335)b 336)a 337)a

338. Histological changes in lens induced uveitis include- *(Manipal 09)*
a) Ghost cells b) Giant cell reaction
c) Amyloid in the cornea d) Vasculitis

339. Choroidal neurovascularization is seen in all except - *(AIIMS May 08)*
a) Trauma b) Angiod streak
c) Myopia d)Hypermetropia

340. Drug used in LUMINATE programme for non-infectious uveitis is - *(AIIMS Nov 11)*
a) Cyclosporine b) Voclosporin
c) Methotrexate d) Infliximab

LENS

341. Equatorial diameter of the lens is - *(J&K2001)*
a) 7mm b)8mm
c) 9mm d)10mm

342. Lens contains the oldest cells in - *(AIIMSMay 02)*
a) Nucleus
b) Anterior surface of lens
c) Posterior surface of lens
d) Nucleo- cortical junction

343. The capsule of the crystalline lens is thinnest at -
a) Anterior pole b) Posterior pole *(UP08)*
c) Equator d)None

344. The crystalline lens derives its nourishment from -
a) Blood vessels *(AIIMSMay 06)*
b) Connective tissue
c) Aqueous and vitreous
d) Zonules

345. The major function of Major Intrinsic Protein 26 (MIP-26) is - *(AI08)*
a) Glucose transport in lens
b) Transport of water in lens
c) Diffusion barrier
d) Capsule of lens

346. Which does not handle free radicals inside lens - *(AIIMS May 10, 07, May 08, AI07)*
a) Vitamin A b) Vitamin C
c) VitaminE d) Catalase

347. Transport of Ascorbic acid to lens is done by -(AI 07)
a) Myoinositol b) Choline
c) Taurine d) Na-K ATP ase

348. Commonest cause of cataract -*(PGI June 04, Dec 05)*
a) Hereditary b) DM
c) Trauma d) Age related
e) Radiation

349. Causes of cataract - *(PGI May 10)*
a) Infrared b) Microwaves
c) UV rays d) Obesity

350. Cataract can be caused by - *(PGIDec 06)*
a) HypoCa^{2+} b) Obesity
c) Steroids c) Chloroquine

351. Cataract is caused by all except - *(PGI Dec 01)*
a) Ultraviolet radiation b)MRI
c) Infrared radiation d) Microwave radiation
e) Ionizing radiation

352. Cataract is seen in following except -
a) Gluocorticoid administration *(AIIMS May 95)*
b) Rheumatoid arthritis
c) Hypoparathyroidism
d) Galactosemia

353. All are causes of cataract except - *(Manipal 08,*
a) Smoking b) Diabetes mellitus *MAHE07)*
c) Hypertension d) Epilepsy

354. All are causes of cataract except - *(Manipal 08)*
a) Galactosemia b) Neurofibromatosis
c) Myotonic dystrophy d) Fabrey's disease

355. Which of the following is the only reversible cataract- *(NEET/DNB Pattern)*
f§ a) Senile Cataract || b) Cataract ifrG^qtoslmia
c) Congenital Cataract d) None

356. Minimum vision loss *mm* which cataract -
a) Blue dot cataract |g|Sj|l ,^*0PMT/D^B Paiterfp*
ijs^lfecfeif^bnular c&taract §f8
c) Anterior polar cataract
d) Posterior polar cataract

357. Most common cataract in new born is - *(PGIDec 98)*
a) Zonular b) Morganian
c) Ant. Polar d) Post. Polar

358. Most common type of congenital cataract is- *(AIIMS June 91, NEET/DNB Pattern)*
a) Capsular b) Zonular
c) Corailiform d) Blue dot

359. Commonest type of cataract is- *(PGI Dec 98)*
a) Blue dot b) Zonular
c) Cupuliform d) Cuneiform

360. Congenital cataract commonly associated with visual defect- *(NEET/DNB Pattern)*
a) Punctate Cataract b) Blue dot cataract
* c).Zonular cataract d)Fusiformcataract

361. An infant present with bilateral white pupillary reflex. On slit lamp examination a zone of opacity is observed arround the fetal nucleus with spoke like radial opacities. The most likely diagnosis is-
a) Caracto Centralis Pulverulenta *(AI 12)*
b) Lamellar cataract
c) Coronary cataract
d) Posterior polar cataract

362. Rider's cararact is seen in - *(AI 91)*
a) Blue dot cataract b) Zonular cataract
c) Anterior capsular cataract d) Coronary cataract

363. A child has got a congenital cataract involving the visual axis which was detected by the parents right at birth. This child should be operated -
a) Immediately *(DPG10, AI 03)*
b) At 2 months of age
c) At 1 year of age when the globe becomes normal sized
d) After 4 years when entire ocular and orbital growth becomes normal

338)b 339)d 340)b 341)d 342)a 343)b 344)c 345)b 346)a 347)?>d 348)d 349)a,b,c,d 350)a,b,c,d
351) b 352) b 353)d 354)d 355)b 356)a 357)a 358)d 359)d 360)c 361)b 362)b 363)a

364. A two week old child presents with unilateral cataract. Which of the following statement represents the best management advice - *(A104)*
a) The best age to operate him to get the best visual results is four weeks
b) The best age to operate him to get the best visual results is four months
c) The best age to operate him to get the best visual results is four years
d) The eye is already lost, only cosmetic correction is required

365. To avoid amblyopia, congenital cataract should be ideally operated within the age of- *(MH11)*
a) 6 weeks b) 6 months
c) 12 months d) 24 months

366. Treatment of choice in a new born child with cataract - *(PG1 June 08)*
a) ICCE b) Pars plana lansectomy
c) EGCE d) Vitrectomy
e) Aspiration

367. Treatment of choice for congenital cataract is -
a) Pharmacotherapy *(DPGMar. 09)*
b) Combined cataract surgery and Goniotomy
c) Cataract surgery with IOL implant and primary posterior capsulotomy
d) Pars plana lensectomy with no IOL implant

368. Treatment of congenital cataract is - *(PGIDec97)*
a) Needing and aspiration
b) Intracapsular extraction
c) Extracapsular extraction
d) Cryotherapy

369. Treatment of paediatric cataract - *(PG1 June 04)*
a) Needle aspiration
b) Discission
c) Intra- ocular lens implantation
d) Lensectomy
e) Phacoemulsification

370. The biochemistry of cataract formation is - *(UP 0 7)*
a) Hydration intumescence
b) Denaturation of lens proteins
c) Slow sclerosis
d) All of the above

371. Which morphological type of cataract is most visually handicapping ? *(ARMS Nov 02)*
a) Cortical b) Nuclear
c) Posterior subcapsular d) Zonular

372. Good vision in dim light and clusmy in day lights seen in- *(PGI DEC 98)*
a) Cortical cataract b) Morgagnian cataract
c) Nuclear cataract d) Steroid induced cataract

373. A 55 year old patient complains of decreased distance vision. However, now he does not require his near glasses for near work. The most likely cause is -
a) Posterior subcapsular cataract *(AI1MS Nov 05)*
b) Zonular cataract
c) Nuclear sclerosis
d) Anterior subcapsular cataract

374. Second sight phenomenon is seen in - **(77V***03)*
a) Nuclear cataract b) Cortical cataract
c) Senile cataract d) Iridocyclitis

375C'^?^^le^^te'^a'ct;cab cause **(NEEf01^iPciit&tii)*
a) Myopia *M* ^b)'TTyperopki Afffe
\giif **c) Presbyopia** **d) Astigmatism**

376. Uniocular polyopia is seen in which stage of cataract-
a) Incipient b) Itumescent *(AP 97)*
c) Mature d) Hypermature

377. The most common complication of hypermature sclerotic cataract is - *(ARMSMay 01)*
a) Dislocation of the lens
b) Phakomorphic glaucoma
c) Uveitis
d) Neovascularization of retina

378. Which type of senile cataract is notorious for glaucoma formation - *(ARMS June 00)*
a) Incipient cataract b) Hypermature morgagni
c) Intumescent cataract d) Nuclear cataract

379. Fluctuating refractive errors with cataract are seen in - *(ARMS June 92)*
a) Morgagnian cataract b) Diabetic cataract
c) Intumescent cataract d) Traumatic cataract

380. Cataract in a diabetic patients is because of accumulation of sorbital in lens. The enzyme responsible for this is - *(ARMS Nov 99)*
a) Hexokinase
b) $NADPH^+$ dependant aldolase reductase
c) Glucokinase
d) Phosphofructo isomerase

381. Typical appearance of diabetic cataract is-
a) Sunflower type *(AIIMS May 95, June 98,*
r;: b) ;Br|adcrumb" *typen^^^^NEEl^NjB^ Pattern)*
c) Polychromatic lusture
d) Snow flake appearance

382. Polychromatic lusture is seen *m~(NEET/DNB Pattern)*
a) Complicated cataract b)Diabetes mellitus *A!04)*
c) Post radiation cataract d) Congenital cataract

383. Polychromatic Lustre is seen in - *(ARMS Sep 96)*
a) Posterior cortical cataract
b) Zonular cataract
c) Cupuliform cataract
d) Posterior subcapsular

384. Clinical features of complicated cataract are all, EXCEPT- *(ARMS Dec 91)*
a) Polychromatic lusture
b) Axial spread of opacity
c) Opacity along sutures
d) Posterior subcapsular opacity

385. Causes of anterior polar cataract - *(PGI June 09,07)*
a) DM b) Perforating corneal injury
c) Irradiation d) Chalcosis

386. Steroid induced cataract is - *(AI96)*
a) Posterior subcapsular cataract
b) Anterior subcapsular cataract
c) Nuclear cataract
d) Cupuliform cataract

364) a 365) a 366)c>b,d,e 367) c 368) c 369)c,d,e 370) a,b 371)c 372)a,c,d 373) c 374) a 375) a 376) a 377) a 378) c 379)b 380)b 381)d 382)a 383)a 384)c 385)b 386)a

387. Sunflower type cataract is characteristically seen in - *(A197, NEET/DNB Pattern)*
a) Chalcosis b) Diabetes
c) Stragardt's disease d) Congenital syphilis

388. Sunflower cataract is seen in - *(A194)*
a) Hypertension b) Diabetes
c) Trauma d) SLE

389. Sun flower cataract is seen in - *(AIIMSMay 95)*
a) Galactosemia
b) Injuries
c) Laurence Moon Biedel syndrome
d) Wilson's disease

390* Christmastree cataract is seen in - *y/i (PGI June 99, NEET/DNB Pattern)*
a) Down's syndrome b) Rubella
c) Myotonic dystrophy d) Diabetes

391. Rubella cataract is seen as - *(COMED09)*
a) Posterior polar cataract b) Nuclear cataract
c) Blue dot cataract in young d) Cuneiform cataract

392. Rosette cataract seen in ? *(APPG 08, MH11)*
a) Ocular trauma b) Diabetes
c) Wilsons d)None

393. Hypovitaminosis - D causes - *(MAHE07)*
a) Zonular cataract b) Blue - Dot cataract
c) Rosette cataract d) Cupliform cataract

394. Most common type of cataract following radiation is- *(PGI93)*
a) Posterior subcapsular b) Anterior subcapsular
c) Tear drop cataract d) Diffuse cataract

395. Spontaneous absorption of lenticular material is seen in - *{Corned08)*
a) Myotonic dystrophy
b) Hallermann Streiff syndrome
c) Aniridia
d) Persistent hyperplastic primary vitreous

396. In preoperative assessment of cataract patient following is to be done - *(PGI Dec 05; PGI Dec 03)*
a) Axial length of eyeball b) Corneal thickness
c) Keratometry d) Thickness of the lens
e) Corneal curvature

397. Cataract is evaluated by - *(PGI June 03)*
a) Gonioscopy b) Tonometry
c) Stereoacuity d) Contrast
e) Clour vision

398. Power of Intraocular lens is determined by?
a) Keratometry *(APPG 08)*
b) Retinoscopy
c) Ophthalmoscopy
d) Gonioscopy/Biometry

399. Infective complication in cataract operation can be decreased by - *(PGI 01)*
a) Antibiotic eye drops
b) Intracamarel instillation of antibiotics at the end of the operation
c) Intraoperative antibiotics
d) Preoperative antibiotics
e) Post operative oral antibiotics

400. Method followed to decrease post-op infection in cataract surgery - *(PGI 96)*
a) Pre-op antibiotics
b) Intra op antibiotics
c) Post op subconjuctival gentamicin injection
d) Post op IV antibiotics

401. Which of the following is the most important factor in the prevention of the endophthalmitis in cataract surgery? *(AIIMSMay 06)*
a) Preoperative preparation with povidone iodine
b) One week antibiotic therapy prior to surgery
c) Trimming of eyelashes
d) Use of intravitreal antibiotics

402. Postcataract infection can be prevented by -
a) Preop oral antibiotics *(PGI May 10)*
b) Postop oral antibiotics
c) Intraop IV antibiotics
d) Postop topical antibiotics

403. Extra capsular cataract extraction (ECCE) is -
a) Posterior capsulectomy only *(AIIMS May 94)*
b) Lens extracted with posterior capsule left behind
c) Posterior capsulectomy with no lens removal
d) Anterior capsulectomy with no lens removal

404. All are indications of intracapsular cataract extraction except - *(PGI June 98)*
a) Mature cataract in age group above 45 years
b) Immature cataract
c) Subluxated and dislocated lens
d) Mature cataract in age group of 30-45 years

405. The standard sutureless cataract surgery done with phaco- emulsificaton and foldable IOL has an incision of- *(AIIMS Nov 2002)*
a) 1mm-1.5mm b) 2mm-2.5mm
c) 3mm-3.5mm d) 3.5mm -4.5mm

406. Phacoemulsification includes - *(PGIJune 08)*
a) Hydrodissection
b) Hydrodelineation
c) Continuous curvilinear capsular incision
d) IOL
e) Aspiration of lens matter

407. Recovery in cataract surgery is fastest with which of the following - *(Mahara 02)*
a) ICCE b)ECCE
c) Phacoemulsification d) ECCE with ICI

408. The best irrigating fluid during ECCE is -
a) Ringer lactate *(AIIMS May 02)*
b) Normal saline
c) Balanced salt solution
d) Balanced salt solution + glutathione

409. Which of the following instrument is NOT used in intracapsular extraction of lens - *(AIIMS Jun 98)*
a) Cryo b) Elschning's forceps
c) Phaco-emulsifier d) Van-graefe's cataract knife

410. In Cataract, spectacles are advised for following number of weeks after operation - *(AI9 7)*
a) 6 weeks b) 10 weeks
c) 12 weeks d) 14 weeks

387) a 388) c 389)d 390)c 391)b 392)a 393)a 394)a 395)b 396)a,c,e 397)a,b,d,e 398)a 399)a,b,c,d 400)a,b 401)a 402)d 403)b 404)c>a,b 405)c 406)A11 407)c 408)d 409)c 410)a

411. Whichisnota cataract *Hnrgeryr(NEET/DMB Pattern)*
a) Lensectomy b) Goniotomy
c) Phacoemulsification d) IOL

412. Treatment of traumatic cataract in children -
a) ECCE+IOL b) Lensectomy *(NEET/DNB*
c) €opitact lens d) Glasses *Mattefy)*

413. Most appropriate position for intraocular implant in extracapsular extraction is -
a) Capsular *(PGI June 01, AIIMS 94; June 97)*
b) Posterior chamber
c) Anterior chamber
d) Any of the above

414. Best site for IOL implantation-fZJPG *Feb. 09, PGI 01)*
a) Iris b) Capsular bag
c) Anterior chamber d) Sulcus

415. Best IOL is - *(PGI Dec 98)*
a) Ant chamber b) Post chamber
c) Iris supported d) Angle supported

416. Intraocular lenses are made up of - *(AIIMS June 01)*
a) PMMA b) HEMA
c) Glass d) Plastic

417. Modern IOL is made up of - *(PGI June 03)*
a) Acrylic acid b) PMMA
c) PML d) Silicon
e) Glass

418. Complications of cataract surgery - *(PGI Dec 04)*
a) Endophthalmitis b) Optic neuropathy
c) Retinal detachment d) Vitreousloss
e) Lagophthalmos

419. Leaving the capsule behind in cataract surgery is advantageous because it - *(PGI Dec 01)*
a) Prevents cystoid macular edema
b) Decreases endothelial damage
c) Progressively improves vision
d) Decreased chance of retinal detachement
e) Decreased chance of endophthalmitis

420. Advantages of extracapsular cataract extraction (ECCE)- *(PGI Jun 01)*
a) Less chance of vitreous h'ge & RD
b) Decreased chances of CME (cystoid macular edema)
c) Can be used in traumatic lens dislocation
d) Minimal endothelial damage
e) Sutureless surgery

421. Most common complication of extracapsular cataract surgery is - *(PGI 95)*
a) Retinal detachment
b) Opacification of posterior capsule
c) Vitreous haemorrhage
d) None

422. The complication of extra capsular extraction of lens is- *(PGI June 97)*
a) Cystoid macular oedema
b) Opacification of capsule
c) Iritis
d) Glaucoma

423. A 56 year old patient presents after 3 days of cataract surgery with a history of increasing pain and diminution of vision after an initial improvement. The most likely cause would be - *(ARMS Nov 03)*
a) Endophthalmitis
b) After cataract
c) Central retinal vein occlusion
d) Retinal detachment

424. A 60 years old male patient operated for cataract 6 months back now complains of floaters and sudden loss of vision. The diagnosis is - *(AIIMS May 01)*
a) Vitreous hemorrhage
b) Retinal detachment
c) Central retinal artery occlusion
d) Cystoid macular edema

425. Common complications of IOL lens are except -
a) Corneal dystrophy *(PGI June 00)*
b) Glaucoma
c) Anisocoria
d) macular edema

426. In which of the follwoing uveitic conditions it is contraindicated to put in an intraocular lens after cataract surgery ? *(AI06)*
a) Fuch's heterochromic cyclitis
b) Juvenile rheumatoid arthritis
c) Psoriatic arthritis
d) Reiter's syndrome

427. Ring of Sommerring is seen in - *(AIIMS May 94)*
a) Galactosemia
b) Dislocation of lens
c) Acute congestive glaucoma
d) After cataract

428. Which laser is used in the management of after cataracts- *(AIIMS May 05; AIIMS May 93;*
a) Argon *AIIMS Dec 92, NEET/DNB Pattern)*
h) Krypton
c) Nd-YAG
d) Kxeirrier

429. Laser used in cutting out cataract capsule is- *(AIIMS Dec 91)*
a) Nd: YAG laser b) Argon laser
c) DYE laser d) Diode

430. In posterior capsular cataract, treatment is- *(AIIMS May 94)*
a) Krypton Laser b) Nd - YAG Laser
c) Argon Laser d) $C0_2$ Laser

431. A patient presents to the emergency department with uniocular diplopia. Examination with oblique illumination shows golden crescent while examination with co-axial illumination show a dark crescent line. Which of the following is the most likely diagnosis - *(AI 12)*
a) Lenticonus b) Coloboma
c) Microspherophakia d) Ectopia lentis

411)b 412)a 413)a,b 414)b 415)b 416)a 417)a,b,d 418)a,c,d 419)a,b,d,e 420)a,b,d,e 421)b 422)a,b,c,d
423) a 424) b 425) c 426) b 427) d 428) c 429) a 430) b 431)d

43'2;,iDisldcati^niofiI^a$ is seen<iii^UfthefQllow[ng h conditions except - *(AI2000, NEET/DNB Pattern)*
<} a) Congential Rubella b) March^%^^d|o^
c) Marfan Syndrome i S^Ho®^ystiiii^|aj jgtjj

433. Ectopia lentis is seen in - *(PGINov. 10)*
a) Marfan's syndrome b) Congenital rubella
c) Homocystinuria d) Sulfite oxidase deficiency
e) Myotonic dystrophy

434. Eye lens dislocation seen in - *(PGIDec 06)*
a) Marfan's sydrome b) Homocystinuria
c) Down's syndrome d) Klinefelter syndrome

435. Dislocation of lens is seen in - *(PGI June 98)*
a) Trachoma b) Diabetes mellitus
c) Homocystinuria d) Turner's syndrome

436. Typically bilateral inferior subluxations of the lens is seen in - *(AI06)*
a) Marfan's syndrome b) Homocystinuria
c) Hyperinsulinemia d) Ocular trauma

437. In Mafan's syndrome lens dislocation is commonly seen- *{Corned 07)*
a) Upwards b) Downwards
c) Supero-temporally d) Nasally

438. '^enssuW^ ates in homocystinuria - *(NEET/DNB*
7 aj Inferotempc^lpf|5^^^^^W^^^lf^
c) Superonasal d) Superotemporal

439. Traumatic dislocation of lens is diagnosed by -
a) Direct ophthalmoscopy *(DPG Feb. 09)*
b) Indirect ophthalmoscopy
c) Distant direct ophthalmoscopy
d) Slit lamp examination

440. Which prominent ocular manifestation is associated with Marfan's syndrome - *(AI 04)*
a) Microcomea b) Microspherophakia
c) Megalocomea d) Ectopia lentis

441. Anterior lenticonus is found in - *(AI 96)*
a) Lowe's syndrome b) William's syndrome
c) Alport's syndrome d) Down's syndrome

442. Cataract associated with convulsion is seen in -
a) Toxoplasmosis *(AIIMS Dec 94)*
b) Tay Sac's disease
c) Galactosemia
d) Birth asphyxia with prematurity

GLAUCOMA

443. Regarding aqueous humor which one of them are correct - *(PGI June 02)*
a) It is secreted at rate of 2-3 microL/min
b) Secreted by ciliary process
c) Has less protein than plasma
d) Provides nutrition
e) Normal pressure is 5-15 mm Hg

444. The conversion of $C0_2$ and H_20 into carbonic acid during the formation of aqueous humour is catalysed by which one of the following enzymes- *(AIIMS*
a) Carboxylase b) Carbamylase *May05)*
c) Carbonic anhydrase d) Carbonic deoxygenase

445. Which of the following is primary glaucoma -
a) Juvenile glaucoma *(PGIDec 08)*
b) Steriod induced glaucoma
c) Pigmentary glaucoma
d) Congenital glaucoma
e) Infantile glaucoma

446. Ratio of incidence of open angle to closed angle glaucoma is - *(DPG Feb. 09, PGI 93)*
a) 1:1 b) 2:1
c) 3:1 d)4:l

447. Rapid change of presbyopic glass is a feature of -
a) Senile cataract b) Retinal detatchment
c) Intumescent cataract d) Open angle glaucoma

448. Open angle glaucoma causes - *(COMED09)*
a) Sudden loss of vision
b) Difficulty in dark adaptation
c) Amaurosis fiigax
d) Uniocular diplopia

449. In POAG (primary open angle glaucoma) which is not seen - *(PGIDec 06)*
a) Horizontal cupping
b) Bayonetting sign (crossing of vessels)
c) Macular oedema
d) Dot sign

450. Early sign of glaucoma includes following except- *(PGI97)*
a) Nerve fibre atrophy b) Splinter hemorrhage
c) Vertical cup d) Horizontal cup

451. Earliest field defect in open angle glaucoma is -
a) Contraction of the all isopters *(UP08)*
b) Enlarged blind spot
c) Nasal tip
d) Arcuate scotoma

452. Earliest visual field change in open angle glaucoma is- *(AIIMS Dec 91)*
a) Paracentral scotoma b) Ring scotoma
c) Siedel's scotoma d) Arcuate scotoma

453. Earliest field defect in primary open angle glaucoma- *(AIIMSFeb 97)*
a) Reidel's scotoma
b) Scotoma in Bjerrumns field
c) Arcuate scotoma
d) Nasal spur

454. First sign seen in open angle glaucoma -
a) Arcuate scotoma *(PGI June 00)*
b) Extension above blind spot
c) Roene's nasal step
d) Siedel's scotoma

455. You have been referred a middle-aged patient to rule out open angle glaucoma. Which of the following findings will help in the diagnosis - *(AI 02)*
a) Cupping of the disc
b) Depth of anterior chamber
c) Visual acuity and refractive error
d) Angle of the anterior chamber

432) a 433) a,c,d 434) a,b 435) c 436) b 437) c 438) b 439) d 440) d 441) c 442) c 443)a,b,c,d 444) c 445) a,d,e 446) None 447) d 448) b 449) a,c 450) d 451) a 452) a 453) b 454) b 455) a

456. In open Angle Glaucoma which investigation is least useful- *(AIIMS Sep 96)*
a) Indirect opthalmoscopy b) Tonometry
c) Direct opthalmoscopy d) Perimetry

457. A 75-year old patient presents with deterioration of vision. On examination the pupillary reflex is observed to be sluggish and the Intraocular pressure is normal. Optic disc evaluation shows a large and deep cup and primarily shows paracentral scotomas. The most likely diagnosis is - *(AI 12)*
a) Primary Narrow Angle glaucoma
b) Normal Tension Glaucoma
c) Neovascular Glaucoma
d) Absolute Glaucoma

458. Which of the following drugs is not used topically for treatment of open angle glaucoma - *(All India 06)*
a) Latanoprost b) Brimonidine
c) Acetazolamide d) Dorzolamide

459. Which one of the following is NOT used in glaucoma - *(AIIMS May 04)*
a) Timolol b)Physostigmine
c) Donepezil d) Dipivefrine

460. Rx of primary open angle glaucoma - *(PGI Dec 02, NEET/DNB Pattern)*
J |i§-;-0\Timolol malcate
b) Atropine
i itg c) Acetazolamide **y§ iiiiii** ^
d) Prostaglandin analogue

461. Drug used in glaucoma is - *(PGI June 9 7)*
a) Propranolol b) Atenolol
c) Timolol d) Pindolol

462. Topical beta blocker is the drug of choice of -
a) Angle closure glaucoma *(Karnataka 03)*
b) Open angle glaucoma
c) Hypopyon corneal ulcer
d) Ac granulomatous uveitis

463. The first line of treatment of open angle glaucoma is - *(COMED 08, NEET/DNB Pattern)*
a) Timolol b) Pilocarpine
f,j5:U^"^Ejpinephrme, d) Carbonic anhydrase inhibitor\1

464. Most ideal drug in open angle glaucoma with myopia is- *(UPSC 04)*
a) 2% pilocarpine b) 10% phenylephrine
c) 0.5% timolol d) Atropine

465. Argon Laser trabeculoplasty is done in - a) Open angle glaucoma *(Corned 08, AP 08)*
b) Secondary glaucoma
c) Angle recession glaucoma
d) Angle closure glaucoma

466. All except one predispose to angle closure glaucoma - *(AIIMS Nov 00, NEET/DNB Pattern)*
* a) Small cornea,' b) Flat cornea ~ ;,
,%£Shallo^yA^ , ç: dVsjiortaxiallengtjtuyfeyeb|JI

467. True about primary angle closure glaucoma -
a) More common in females *(PGINov 10)*
b) Shallow anterior chamber is a risk factor
c) Deep anterior chamber is a risk factor
d) Shorter diameter of cornea is a predisposing factor
e) Common in myopes

468. In acute angle closure glaucoma, primary mechanism of pathogenesis is - *(NEET/DNB Pattern)*
a) Increased secretion
b) Increased absorption but increased secretion
c) Outflow obstruction
d) None

469. Which one of the following procedures is most likely to increase intraocular pressure of glaucoma patient-
a) Use of atropine *(AIIMS 86)*
b) Decreased pressure in jugular vein
c) High does of vitamin C
d) Dark environment
e) Carbonic anhydrase inhibitors.

470. Which of the following is not a feature of Acute congestive glaucoma - *(PGI June 05)*
a) Deep angle
b) Painful condition
c) Vertically oval pupil
d) Increased intraocular pressure
e) Non reactive pupil

471. Not a symptom of angle closure glaucoma -
a) Blurring of vision *(NEET/DNB Pattern)*
b) Coloured Halos
c) Metamorp **lifi**
d) Headache **lSiEt**

472. A woman complains of coloured haloes around lights in the evening, with nausea and vomiting, IOP is normal Diagnosis is - *(AI 01)*
a) Incipent stage glaucoma open angle
b) Prodromal stage, closed angle glaucoma
c) Migraine
d) Cluster Headache

473. A patient presents with h/o evening halos and occasional headache for some months. His examination shows normal IOP but shallow AC. He is in which stage of glaucoma - *(AIIMSNov 09)*
a) Acute b) Absolute
c) Prodrome d) Constant instability

474. A patient has complaint of seeing coloured holoes in the evening and blurring of vision for last few days with normal IOP - *(AIIMS Nov 99)*
a) Prodromal phase of acute angle closure glaucoma
b) Acute angle closure glaucoma
c) Chronic glaucoma
d) Epidemic dropsy

475. Acute angle closure glaucoma - ***(PGI** Dec 05)*
a) Colored halos present b) Flashes of light seen
c) Deep anterior chamber d) Vertically oval pupil
e) Increased IOP

476. Kusum lata presents with acute painful red eye and mild dilated vertically oval pupil. Most likely diagnosis is - *(AI 02, AIIMS June 00)*
a) Acute retrobulbar neuritis
b) Acute angle closure glaucoma
c) Acute anterior uveitis
d) Severe kerato- conjunctivitis

456) a 457) b 458) c 459) c 460) a 461) c 462) b 463) a 464) c 465) a 466) b 467)a,b,d 468) c 469) a,d
470) a 471) c 472) b 473) c 474) a 475)a,d,e 476) b

477. Mild dilated fixed pupil seen in - *(AIIMS Dec 97)*
a) Acute congestive glaucoma
b) Iridocyclitis
c) Chronic congestive glaucoma
d) Open angle glaucoma

478. In acute congestive glaucoma, pupil is- *(PGJJune 97, NEET/DNBPattern)*
a) Oval and horizontal b) Oval and vertical
c) ^rcidar ' " ^ 4)t§litJ|^ev,v";r

479. A 30 year old woman with sudden right- sided painful red eye associated with nausea, vomiting and headache. The diagnosis is - *(PGI June 99)*
a) Acute congestive glaucoma
b) Endophthlmtis
c) Eale's disease
d) Trachoma

480. The most reliable provocative test for angle closure glaucoma - *(ARMS 95)*
a) Homatropine mydratic test
b) Mydriatic - miotic test
c) Water drinking test
d) Dark room test

481. In a case of acute attack of glaucoma Vogt's triad excludes - *(ARMS Feb 97)*
a) Iris atrophy b) Goniosynechiae
c) Pigment dispersal d) Glaucoma floaters

482. A 60 year male presented with the feature of coloured halos was examined with fincham's test, which revealed that halos split and then reunion, Diagnosis is- *(ARMS Dec 98)*
a) Acute congestive glaucoma
b) Open angle glaucoma
c) Senile immature cataract
d) Mucopurulant conjunctivitis

483. Fincham's test differentiates cataract from -
a) Conjunctivitis *(ARMSDec 95)*
b) Iridocyclitis
c) Open angle Glaucoma
d) Ac. Congestive Glaucoma

484. Drug used in acute congestive glaucoma are all except- *(PGINov 09, Dec 08)*
a) Atropine b) Pilocarpine
c) Acetozolamide d) Mannitol
e) Timolol

485. Treatment of acute congestive glaucoma includes all except - *(PGI Nov 09)*
a) Sclerectomy b)Trabeculectomy
c) Trabeculoplasy d) Vitrectomy
e) Iridotomy

486. Treatment of choice in acute congestive glaucoma -
a) Pilocarpine *(AI 99, 98, NEET/DNB Pattern)*
b) Laser iridotomy
tA ~ ***E)*** Timolol *■ r" - ^
d) Trabeculoplasty

487. Treatment of primary angle closure glaucoma is -
a) Trabeculectomy b) Pilocarpine *(AI 96)*
c) Timolol d) Iridectomy

P8§ **Drug of choice for acute congestive glaucoma is -**
a) 1-2% pilocarpine *(ARMSDec 99, 94; AI 96,*
b) Timolol *NEET/DNB Pattern)*
c) Levobunanol
Li d) Atropine

489. A 55 year old female comes to the eye casualty with history of severe eye pain, redness and diminution of vision. On examination the visual acuity is 6/60, there is circumcorneal congestion, corneal oedema and a shallow anterior chamber, Which of the following is the best drug of choice - *(ARMS Nov 05)*
a) Atropin ointment
b) I.V. Mannitol
c) Ciprofloxacin eye drops/
d) Betamethasone eye drops

490. Earliest drug used in acute angle closure glaucoma - *(AIIMS June 98)*
a) Diamox b) Pilocarpine
c) Atropine d)DFP

491. The treatment of choice of angle closure glaucoma is-
a) Parasympathomimetic drugs *(SGPGI05)*
b) Iridectomy
c) Trabeculoplasty
d) Timolol

492. Treatment of choice for the other eye in open angle glaucoma is - *(PGI June 97)*
a) Tabeculectomy b) Laser iridotoomy
c) Laser trabeculoplasty d) Peripheral iridectomy

493. The treatment of choice of fellow eye of acute angle closure glaucoma is - *(ARMS Sept 96, Dec 94, June*
a) Pilocarpine *92, PGI June 02, Dec 97, 93)*
b) Nd: YAG laser iridotomy
c) Peripheral iridectomy
d) Careful follow up

494. Prophylactic peripheral iridectomy is done in -
a) Narrow angle glaucoma *(PGIDec 97)*
b) Ac. Congestive glaucoma
c) Congenital glaucoma
d) Secondary glaucoma

495. Congenital glaucoma present as - *(TN 03)*
a) Microopthalmos b) Photophobia
c) Leucoria (white reflex) d)Pain

496. Photophobia in an infant could be due to- *(PGI June 99)*
a) Buphthalmos b) Lid coloboma
c) Cataract d) Any of the above

497. True about Buphthalmos - *(PGI June 04)*
a) Large cornea b) Haab's stria
c) Shallow AC d) Glaucoma
e) Medical treatment helps

498. In Buphthalmos, seen are all except - *(PGIDec 98)*
a) Subluxated lens b) Large cornea
c) Small cornea d)Big eye ball

499. In buphthalmos, lens is - *(PGI Dec 98)*
a) Anteroposterior flat b) Small
c) Large d) None of the above

477)a 478)b 479)a 480)d 481)d 482)c 483)d 484)a 485)c,d 486)b 487)d 488)a 489)b 490)a
491) b 492) b 493) b 494) b 495) b 496) a 497)a,b,d 498)a,b,d 499) a

500. Habb's striae are seen in - *(PGI June 02)*
a) Angle closure glaucoma b) Infantile glaucoma
c) Stargardt disease d) Disciform keratitis
e) Leber's disease

501. A neonate, 30 days old, presented with excessive lacrimation and photophobia. He has a large and hazy cornea. His both lacrimal duct systems are normal. The diagnosis is - *(AIIMSMay 01)*
a) Megalocomea b) Keratoconus
c) Congenital glaucoma d) Hunter's syndrome

502. Babloo a 5 yrs old child presents with large cornea, lacrimation and photophobia; Diagnosis *is-(AI 01)*
a) Megalocomea b) Congenital glaucoma
c) Congenital cataract d) Anterior uveitis

503. A child presents with lid lag and an enlarged cornea with a diameter of 13mm. Examination of the eye reveals double contoured opacities concentric to the limbus. Which of the following is the most likely diagnosis - *(AI 12)*
a) Superficial keratitis b) Deep keratitis
c) Thyroid Endocrinopathy d) Congenital Glaucoma

504. The treatment of congenital glaucoma is -
a) Essentially topical medications
b) Trabeculoplasty *(AIIMS May 03)*
c) Trabeculotomy with trabeculectomy
d) Cyclocryotherapy.

505. Treatment of choice for congenital glaucoma with corneal ulcer - *(CUPGEE 99)*
a) Trabeculotomy b)Goniotomy
c) Miotics d) Steroids

506. On mutation, which of the following may give rise to hereditary glaucoma. *(AIIMS May 03)*
a) Optineurin b) Ephrins
c) RBA8 d) Huntingtin

507. A male patient with a history of hypermature cataract presents with a 2 day history of ciliary congestion, photophobia, blurring of vision and on examination has a deep anterior chamber in the right eye. The left eye is normal. The diagnosis is-*(AIIMSMay 01)*
a) Phakomorphic glaucoma
b) Phakolytic glaucoma
c) Phakotoxic glaucoma
d) Phakoanaphylactic uveitis

508. False about phacolytic glaucoma - *(NEET/DNB Pattern)*
a) Due to contact of iris to lens
b)Open angle glaucoma
c) Seen in hypermature stage of cataract
d) Lens'induced glaucoma

509. Neovascularization of iris is frequently seen in all / except- *(MP 04)*
a) CRVO
b) Diabetic retinopathy
c) Fuch's heterochromic cyclitis
d) Congenital cataract

510. Rubeosis iridis is not seen in - *(PGI June 99)*
a) CRVO b)CRAO
c) Diabetic retinopathy d) Neovascularization

511. Rubeosis iridis is seen in all except - *(Jipmer 11)*
a) Open angle glaucoma b) Diabetic maculopathy
c) CRVO d) Uveitis

512. The laser procedure, most often used for treating iris neovascularization is - *(AIIMS May 06)*
a) Goniophotocoagulation
b) Laser trabeculoplasty
c) Panretinal photocoagulation (PRP)
d) Laser iridoplasty

513. Malignant glaucoma is seen in - *(PGIDec 04)*
a) Anterior chamber normal
b) Misdirected aqueous flow
c) Pilocarpine is the drug of choice
d) Management is medical only
e) Atropine is also given

514. Malignant glaucoma is seen in - *(PGIDec 99)*
a) Malignancy
b) After surgery for cataract or glaucoma
c) Trauma
d) Thrombosis

515. In which type of glaucoma the coloured haloes are NOT seen - *(AIIMS June 98)*
a) Phacomorphic glaucoma
b) Pigmentary glaucoma
c) Glaucoma of epidemic dropsy
d) Steroid induced glaucoma

516. Krukenberg spipdles - *(/0EEP/DNB Pattern)*
a) Involves anterior surface of cornea
b) Involves anterior lens surface
c) Involves posterior surface of cornea
d) Involves posterior surface of lens

517. Pigmentary glaucoma- findings seen is -
a) Fevy line *(NEET/DNB Pattern)*
b) Flesscher's line
c) Hadson hauti line
d) Kjmkeriberg's spmdles

518. iridocorneal endothelial syndrome is associated with- *(AIIMSMay 08)*
a) Progressive atrophy of iris stroma
b) Bilateral stromal edema of iris & cornea
c) Deposition of collagen in Descemef s membrane
d) Deposition of glycosaminoglycan in Descemet's membrane

519. Intractable secondary glaucoma is seen in - *(AI 08)*
a) Diffuse iris melanoma
b) Nodular iris melanoma
c) Melanocytic deposits in anterior part of iris
d) Melanocyte proliferation in posterior uveal tissue

520. In haemolytic glaucoma the mechanisms are all except- *(PGI 95)*
a) Siderosis of trabeculae
b) Deposition of haemosiderin
c) RBC clogging the trabeculae
d) Inflammation

521. Hypersecretory glaucoma is seen in - *(AI 94)*
a) Epidemic dropsy b) Marfan's syndrome
c) Hypertension d) Diabetes

500) b 501) c 502) b 503) d 504) c 505) a 506) a 507) b 508) a 509) d 510) None >b 511) a 512)c
513)b,e 514)b 515)None>d 516)c 517)d 518)a 519)a 520)d 521)a

522. Treatment option for glaucoma includes all except- *(PGI June 08)*
a) Trabeculectomy b) Trabeculotomy
c) Vitrectomy d) Viscoanulostomy
e) Iridectomy

523. Latanoprost used topically in glaucoma primarily acts by - *(A104)*
a) Decreasing aqueous humour formation
b) Increasing uveoscleral outflow
c) Releasing pupillary block
d) Increasing trabecular outflow

524. The following anti glaucoma drug increases uveoscleral outflow - *(JIPMER 2002)*
a) Latanoprost b) Timolol
c) Pilocarpine d)Acetazolamide

525. Hyperosmolar agents in glaucoma acts by ?
a) Increasing aqueous outflow *(APPG 08)*
b) Decreasing vitreous volume
c) Decrease aqueous production
d) Facilitate uveoscleral outflow

526. Which of the following antiglaucoma medications can cause drowsiness? *(AI06)*
a) Latanoprost b) Timolol
c) Brimonidine d) Dorzolamide

527. A patient of glaucoma with bronchial asthma presents to the emergency with status asthamaticus, causative agent might have been - *(ARMSNov 99)*
a) Pilocarphine eye drop b) Timolol eye drop
c) Betaxolol eye drop d) Levobunolol eye drop

528. A patient having glaucoma develops blepharoconjunctivitis after instilling some antiglaucoma drug. Which of the following drug can be responsible for it - *(AI 02)*
a) Timolol b) Latanosprost
c) Dipiverine d) Pilocarpine

529. Contraindication of topical beta blockers -
a) Hypertension b) Asthma *(PGIJune 04)*
c) Tachycardia d) Hypotension
e) Depression

530. All of the following conditions are contraindicated or likely to women in a case of Primary Open Angle glaucoma, when treated with Timolol maleate 0.5% eye drops, except - *(ARMS Nov 03)*
a) Hypertenison b) Hypercholesterolemia
c) Depression d) Bronchial asthma

531. Which of the following is not used in glaucoma in a hypertensive patients - *(ARMS Nov 00)*
a) Dipiverffine b) (3-blockers
c) Alpha agonist d) Trabeculoplasty

532. Epinephrine not used in - *(ARMS Dec 97)*
a) Uveitis glaucomab) Open angle glaucoma
c) Aphakic glaucoma d) Neovascular glaucoma

533. Which of the following drugs is contraindicated in a patient with history of sulfa allergy presenting with an acute attack of angle closure glaucoma -
a) Glycerol b) Acetazolamide *(ARMS Nov 05)*
c) Mannitol d) Latanoprost

534. Which of the following antiglaucoma medication is UNSAFE in infants - *(DPG 09)*
a) Timolol b) Brinzolamide
c) Latanoprost d) Dorzolamide

535. Anti-glaucoma drug that is long acting and used once daily- *(MH11)*
a) Bromonidine b) Dorazolamide
c) Latanoprost d) Timolol

536. Side effects of Pilocarpine are A/E - *(DPG 09, ARMS Dec 97)*
a) Shallow anterior chamber
b) Punctate stenosis
c) Follicular conjunctivitis
d) Posterior synechia

537. False statement about depth of anterior chamber -
a) Less in women than men *(PGI Nov. 10)*
b) Correspondent to volume of anterior chamber
c) Increase with age
d) More in myopes
e) Less in hypermetropes

538. Shallow Anterior Chamber is seen in all except -
a) Old age *(TN 03)*
b) Steroid induced cataract
c) Hypermetropia
d) Angle closure glaucoma

539. Glaucomflecken is - *(NEET/DNB Pattern)*
a) Acute uvetis due to glaucoma
b) Lens opacity due to glaucoma
c) Retinal detachment due to glaucoma
d) Corn *mmSBBBM* glaucom

rileni

VITREOUS

540. Mucopolysaccharide hyaluronic acid is present in - *(ARMS May 10, 07, Nov 06,AI 07)*
a) Vitreous humor b) Cornea
c) Blood vessels d) Lens

541. A vitreous aspirate has been collected in an emergency at 9 pm. What advice you like to give to the staff on duty regarding the overnight storage of the sample - *(AI 03)*
a) The sample should be kept at 4°C
b) The sample should be incubated at 37° C
c) The sample should be refrigerated in deep freezer
d) The sample should be refrigerated for the initial 3 hours and then incubated at 37°C

542. Persistent primary hyperplastic vitreous (PHPV) is associated with - *(AI 08)*
a) Patau syndrome b) Edward syndrome
c) Trisomy 14 d) Downs syndrome

543. Which one of the following statements, concerning persistent hyperplastic primary vitreous (PHPV) is not true? *(ARMS May 06)*
a) It is generally unilateral
b) Visual prognosis is usually good
c) It may calcify
d) It is most easily differentiated from retinoblastoma by the presence of exophthalmos or cataract

522) c 523) b 524) a 525) b 526) c 527) b 528) a 529) b 530) a 531)c 532) c 533) b 534) b 535) c>d
536) b 537)b,c 538)b 539)b 540) a 541) a 542) a 543)b,c,d

544. The most common cause of vitreous hemorrhage in adults is - *(AI06)*
a) Retinal hole b) Trauma
c) Hypertension d) Diabetes

545. A 25 year old male gives history of suddden painless loss of vision in one eye for the past 2 weeks. There is no history of trauma. On examination the anterior segment is normal but there is no fundal glow. Which one of the following is the most likely cause? *(AI 05)*
a) Vitreous haemorrhage
b) Optic atrophy
c) Development cataract
d) Acute attack of angle closure glaucoma.

546. In a young patient presenting with recurrent vitreous hemorrhage, diagnosis is - *(PGI June 02)*
a) Eale's disease b)CRVO
c) Proliferative retinopathy d) Coat's disease
e) Episcleritis

547. Eales disease is - *(NEET/DNB Pattern)*
a) Recurrent optic neuritis
b) Recurrent pappilloedema
c) Recurrent pcriphelbitis retinae
d) None

548. Eale's disease is - *(NEET/DNB Pattern)*
a) Retinal hemorrhage
b) Vitreous hemorrhage
c) Conjunctival hemorrhage
d) Choroidal hemorrhage

549. All of the following are true of Eale's disease except-
a) Occurs in the young *(AI 94)*
b) Vitreous hemorrhage is present
c) Retinal detachment
d) Optic neuritis

550. A 25year old male presents with painless sudden loss of vision, ocular and systemic examination is not contributory. What is probable diagnosis-(^ZZMS'
a) Retinal detachment b) Eale's disease *Nov 10)*
c) Glaucoma d) Cataract

RETINA

551. The average distance of the fovea from the temporal margin of the optic disc is - *(AI 06)*
a) 1 disc diameter b) 2 disc diameter
c) 3 disc diameter d) 4 disc diameter

552. Regarding fovea, which of the following statements is true- *(PGIDec 01)*
a) Has the lowest threshold for light
b) Contains only cones
c) Contains only rods
d) Maximum visual acuity
e) Is located at apex of optic nerve

553. Most sensitive part of retina is - *(AIIMSJune 98)*
a) Macula b) Fovea-centralis
c) Optic disc d) Peripheral - retina

554. True about fovea centralis - *(PGI May 10)*
a) Cones present b) Visual acquity lowest
c) Optic nerve passes d) Rods present
e) Visual acquity highest

555. The following are true about optic disc -
a) Forms an absolute scotoma in the eye field
b) Optc disc measures vertically 1.84 mm & horizontally 1.76 mm *(PGIDec 07)*
c) Approx. 1 million nerve fiber
d) Supplied by central retinal artery
e) Fovea centralis situated nasally

556. True about Optic disc - *(PGI June 09)*
a) Horizontal diameter 1.76 mm
b) Vertical diameter 1.88 mm
c) Contain 1 million nerve fibre
d) Central retinal artery directly supplies this area

557. Diameter of the optic disc is - *(J &. KOI)*
a) 0.5mm b) 1.5 mm
c) 2.5mm d) 3.5 mm

558. Broadest neuroretinai rim is seen in - *(NEET/DNB Pattern)*
a) Sup pole b) Inf pole
c) Nasal pole d) Temporal lobe

559. The retina receives its blood supply from all, except- *(AI 06)*
a) Posterior ciliary artery
b) Central retinal artery
c) Retinal arteries
d) Plexus of Zinn and Haller arteries

560. Strongest force of bonding b/w retina and RPE -
a) Vitreous gel pressure *(JIPMER 06)*
b) Intraocular fluid pressure
c) RPE water transport
d) IPM

561. Which of the following is not seen in the interphotoreceptor matrix - *(AI08)*
a) Metalloproteinase
b) Sialoprotein Associated with Rods and Cones (SPARC)
c) Tissue Inhibitors of metalloproteinases (TIMP)
d) Memicane

562. Soft exudates are found in - *(PGI Dec 07)*
a) DM b)HTN
c) Toxemia d) Coat's disease
e) All

563. Cotton wool spots are commonly seen *in-(PGI June 01)*
a) AIDS b) DM
c) Hypertension d) CMV

564. Cotton wool spots are commonly seen in A/E -
a) HIV b) DM *(PGI Dec 00)*
c) Hypertension d) CMV

565. Which of the following are differential diagnosis for cotton wool spots in fundus- *(PGI2K)*
a) AIDS b) Diabetic retinopathy
c) Hypertension d) Eales's disease
e) Coat's disease

544) d 545) a 546) a 547) c 548) b 549) d 550) b 551) b 552)a,b,d 553) b 554) a,e 555)a,b,c,d 556)a,b,c
557) b 558) b 559)a 560)d 561)d 562)e 563)a,b,c 564)d 565)a,b,c,d

566. Cotton wool spot is /are seen in - *(PGIMay 10)*
a) DR b) Hypertensive retinopathy
c) AIDS d) Retinoblastoma
e) Toxaemia of pregnancy

567. Hard exudates not seen in - *(PGI June 08)*
a) Hypertension b)DM
c) Toxemia of pregnancy d)SLE
e) Coat's disease

568. Hard exudates seen in - *(PGI June 00)*
a) CRVO b) DM
c) HTN d) Neovascularization

569. Hard exudates are seen in all except -*(PGINov 09)*
a) Diabetic retinopathy
b) Retinitis pigmentosa
c) Eale's disease
d) Retinal artery macroaneurysm
e) Choroidal neovascularisation

570. Cherry red spot found in - *(PGI June 04)*
a) Gangliosidosis
b) Retinopathy of prematurity
c) Tay- Sach's disease
d) Gaucher's disease
e) Retinal detachment

571. Cherry Red spot is found in all of the following except- *(AI07)*
a) Nimen Pick's disease
b) GM1 gangliosidosis
c) Krabbe's disease
d) Multiple sulfatase deficiency

572. Cherry red spot is seen in all except - *(AI 10)*
a) Niemann pick disease b) GMI gangliosidosis
c) Tay sach's disease d) Gaucher's disease

573. Cherry red spot is seen in -*(MAHE 07; SGPGI05, AI 94, NEET/DNB Pattern)*
a) Eale's disease
b) Retinitis pigmentosa
:Eff:plsjE) **Central retinal arterylhrombos^^^p|5g|^i^||ii |H111 d) Central retinalvein occlusion**

574. Cherry red spot is seen in - *(AI 98, 96)*
a) CRVO b) Blunt Trauma
c) Diabetes mellitus d) Retinitis pigmentosa

575. Cherry red spot at macula is not seen in -
a) Macular infarction *(AIIMS Jun 97)*
b) Niemann picks disease
c) Commotio retinae
d) CRVO

576. Cherry red spot is seen in - *(PGIDec 97)*
a) Retinitis pigmentosa
b) Retinopathy of prematurity
c) Metachromatic leukodystrophy
d) CRV occlusion

577. Cherry red spot on retina is seen in A/E-
a) CRAO b)CRVO
c) Nieman - pick disease d) Tay- sach's disease

578. A 30 year old patient with history of recurrent headache was sent for fundus evaluation. He was found to be having generalized arterial attenuation with multiple cotton wool spots and flame shaped haemorrhages in both eyes. The most likely casue is- *(AIIMSNov 05)*
a) Diabetic retinopathy
b) Hypertensive retinopathy
c) Central retinal artery occlusion
d) Temporal ateritis

579. All the following changes are caused in the retina by benign hypertension except - *(AI 94)*
a) Narrowing of arterioles b) Exudates
c) Cotton wool spots d) Retinal hemorrhage

580. All of the following take part in the pathogenesis of macular edema in diabetic retinopathy except -
a) Retinal pigment epithelium dysfunction
b) Oxidative stress *(AIIMS May 08)*
c) VEGF
d) Increased protein kinase-C

581. Degree of diabetic retinopathy depends on -
a) Type of disease *(AIIMS May 93)*
b) Duration of disease
c) Severity of disease
d) Retinal involvement

582. First retinal abnormality in diabetic retinopathy -
a) Microaneurysm *(PGI June 09, 00, PGI Dec 07,*
b) Hard exudates *AIIMS 91, Punjab 11)*
c) Soft exudates
d) Cotton wool spots

583. Which of following is not a feature in diabetic retinopathy on fundus examination - *(AI 01)*
a) Microaneurysmsb) Retinal hemorrhages
c) Arteriolar dilatation d) Neovascularisation

584. Features of non - proliferative DR is all except -
a) Neovascularisationb) Soft exudate
c) Hard exudate d) Vitreous detachment
e) Cotton - wool spot *(PGI May 10)*

585. Diabetic retinopathy is characterized by-
a) Hard exudates b) Neovascularisation
c) Glaucoma d) Cataract
e) Retinal detachment *(PGI June 08)*

586. Diabetic retinopathy is characterized *by-(PGIDec 97)*
a) Hard exudates, dot haemorrhage and microaneurysm
b) Flame shaped haemorrhages, soft exudates
c) Deep haemorrhage only
d) Hard exudates only

587. One of the following is NOT a sign of diabetic retinopathy- *(DPGMar. 09)*
a) Microaneurysms
b) Cotton wool spots
c) Hard exudates
d) Choroidal neovascularization

566)a,b,c,e 567)c 568)a,b,c,d 569)b 570)a,c,d 571)None>c 572)None>d 573)c 574)b 575)d 576)c 577) b 578)b 579) c 580) a 581)b 582) a 583) c 584) a,d 585)AH 586) a,b 587) d

588. Diabetes mellitus can lead to - *(PGI June 02)*
a) Vitreous haemorrhage b) Rubeosis iridis
c) Retinal detachment d) HI, IV and VI nerve palsy
e) Hypermetropia

589. A 40 year old male with diabetes presents with vitreous hemorrhage. What is the cause?
a) Posterior retinal detachment *(AIIMS May 12)*
b) Neovascularization at disc
c) Central retinal vein occlusion
d) Trauma to central retinal artery

590. A 29 years old man with IDDM for the last 14 years develops sudden vision loss, has non- proliferating diabetic retinopathy, cause is - *(AIIMSNov 99)*
a) Macular oedema b) Vitreous haemorrhage
c) Subretinal haemorrhage d) Retinal traction

591. Commonest cause of loss of vision in non-proliferative diabetic retinopathy is - *(AIIMS 99)*
a) Vitreous heamorrhage b) Macular edema
c) Detachment of retina d) Subretinal haemorrhage

592. A 35 year old insulin dependent diabetes mellitus(lDDM) patient on Insulin for the last 10 year complains of gradually progressive painless loss of vision. Most likely he has - *(AIIMS Nov 04)*
a) Cataract
b) Vitreous haemorrhage
c) Total rheugmatogenous retinal detachment
d) Tractional retinal detachment not involving the macula

593. Causes of floaters in DM is- *(PGIMay 10, 01, 96)*
a) Vitreous hemorrahage b) Vitreous detachment
c) Maculopathy d) Infarction

| . | Vitreous hemorrhage diabeficjrefittbpathy |§§|
^i§jg
b) Proliferative diabetic retinopathy
c) Both *(NEET/DNB Pattern)*
d) None

595. Diabetic retinopathy is treated by-
a) Strict glycemic control *(PGI Dec 03, June 03)*
b) Panphotocoagulation
c) Antihypertensive
d) Cyclophotocoagulation

596. Treatment of advanced proliferative diabetic retinopathy with extensive vitreoretinal fibrosis and tractional retinal detachment involves all of the following except - *(AI09)*
a) Reattachment of detached or tom retina
b) Removal of epiretinal membrane
c) Vitrectomy
d) Exophotocoagulation

597. Treatment of diabetic retinopathy - *(PGI June 07)*
a) Phocoemulsification
b) Retina laser photocoagulation
c) LASIK
d) Pars plana vitrectomy

598. Treatment of diabetic retinopathy neovascularisation is/are - *(PGI June 09)*
a) Retinal laser photocoagulation
b) Pars plana vitrectomy
c) Phacoemulsion
d) AntiVEGEAb
e) LASIK

599. Grid laser photocoagulation is indicated in -
a) Ischaemic maculopathy *(COMED 09)*
b) Clinically significant macular oedema
c) Macular hole
d) Proliferative diabetic retinopathy

600. Panretinal photocoagulation is indicated in -
a) Macular edema *(DPGMar. 09)*
b) Retinal breaks
c) Proliferative diabetic retinopathy
d) Tractional retinal detachment

601. A case of Non - Insulin dependent diabetes mellitus (NIDDM) with a history of diabetes for one year should have an ophthalmic examination? *(AI 06)*
a) As early as feasible
b) After 5 years
c) After 10 years
d) Only after visual symptoms develop

602. Child with Type I Diabetes. What is the advised time for fundus examinations from the time of diagnosis?
a) After 5 years b) After 2 years
c) After 10 years d) At the time of diagnosis

603. In NIDDM, fundus examination is done -
a) At the time of diagnosis *(PGI Dec 01)*
b) 5 year after diagnosis
c) At diagnosis & 5 years after diagnosis
d) At 2 years

604. In maturity onset diabetes mellitus, ophthalmoscopy should be done at - *(AIIMS June 00)*
a) Immediately b) After 5 years
c) After 10 years d) After 15 years

605. In recently reconised IDDM patient examination of fundus is done at - *(PGI 96)*
a) Immediately b) At 1 year
c) At 5 year d) None of the above

606. Diabetic retinopathy, most likely present with -
a) IDDM with 2 years duration *(AIIMS Dec 98)*
b) NIDDM with 2 years duration
c) Juvenile diabetes
d) Gestational diabetes

607. ETDRS vision chart study is done in patients with diabetic retinopathy. ETDRS stands for-
a) Extended therapy for diabetic retinopathy & its sutdy
b) Emergency treatment for diabetic retinopathy and study *(AIIMS Nov 01)*
c) Eye testing or rotatory drum & its study
d) Early treatment for diabetic retinopathy study

588)All 589) b 590) a 591) b 592) a 593) a 594) b 595)a,b,c,d 596) d 597) b,d 598) a,d 599) b 600) c
601) a 602)a 603)a 604)a 605)c 606)b 607) d

608. Which of the following agents is not used in the treatment of Diabetic Macular Edema/ Retinopathy-
a) Ruboxistaurim b) Pyridazinones *(AI11)*
c) Benfotiamine d) Tamoxifen

609. A young patient presented with sudden painless loss of vision with systolic murmur over chest, ocular examination reveals - cherry red spot in macula with clear AC, with perception of light, diagnosis -
a) Central retinal artery occlusion *(AIlMSNov99)*
b) Central retinal vein occlusion
c) Macular choroiditis with infective endocarditis
d) Central serous retinopathy

610. An elderly male with heart disease presents with sudden loss of vision in one eye; examination reveals cherry red spot; diagnosis is - *(AI 01)*
a) Central retinal vein occlusion
b) Central retinal artery occlusion
c) Amaurosis fugax
d) Acute ischemic optic neuritis

611. On fundoscopic examination of a patient of giant cell arteritis, who has had history of sudden & painless loss of vision two days back, the surgeon finds orange reflex. He also notices segmentation of blood column in vessels. These vessels are - & patient had suffered from - *(AI 93)*
a) Retinal arteries & Central Retinal Artery occlusion
b) Retinal veins & CRAO
c) Retinal veins &CRVO
d) Retinal arteries & CRVO

612. Following are seen in CRA occlusion except -
a) Gradual loss of vision *(PGI June 98)*
b) Headache
c) Sudden loss of vision
d) Retained central vision

613. Cattle track appearehce,. *(NEET/DNB A1$S|||*
a) CRVO b) CRAO
c) Diabetic retinopathy d) Syphilitic retinopathy

614. All of the following may be used to differentiate Central Retinal Venous Occlusion (CRVO) from ocular Ischemic syndrome due to carotid artery stenosis, Except - *(AI 09)*
a) Dilated retinal vein b) Tortuous retinal vein
c) Retinal artery pressure d) Opthalmodynamometry

615. Neovascularisation is seen in - *(AIIMS June 98)*
a) Central vein obstruction
b) Central retinal artery obstruction
c) Branch retinal vein obstruction
d) All of the above

616. A 25 year old executive presents with metamorphopsia in his right eye. On examination the fundus shows a shallow detachement at the macula. The fluorescein angiography shows a "smoke stack" sign. Which of the following management should be given ? *(AIIMSNov 03)*
a) Topical antibiotic- corticosteroid combination
b) Systemic corticosteroid for two weeks and then taper
c) Pulse Methyl Prednisolone for three days and then taper
d) Just wait and watch for spontaneous recovery

617. A **young adult male presented with sudden painless loss of vision. He recovered spontaneously within 3 months Most likely cause of his blindness is -**
a) Central serous retinopathy
b) Macular hole
c) Myopic crescent
d) Vitreous haemorrhage

618. Enlarging dot sign in fundus fluorescein scanning is seen in - *(PGI June 99)*
a) Cystoid macular edema
b) Central serous retinopathy
c) Significant macular edema
d) Coat's disease

619. In central serous retinopathy - *(Manipal 09)*
a) Often shows focal leakage on fluorescein fundus photography
b) A macular hole is a common end result
c) The image perceived by the patient on the affected side in unilateral cases is bigger than on the normal side
d) A dense central scotoma is the most common presentation

620. In retinal detachment -
a) Effusion of fluid into the suprachoroidal space
b) Retinoschisis *(MAHE 07, NEET/DNB Pattern)*
c) Separation of sensory retina from pigment epithelium
d) None of the above

621. Commonest type of Retinal detachment - *(MH10)*
a) Rheugmatogenous b) Choroidal hemorrhage
c) Exudative d) Tractional

622. Retinal detachment seen in - *(PGI Dec 07)*
a) Myopia b) Hypermetropia
c) Eale's disease d) Cataract extraction
e) Nd Yag photocoagulation

623. Risk factors for Retinal detachment are -
a) Diabetic retinopathy b) Myopia *(PGI Nov 09)*
c) Hypermetropia d)CRVO
e) Retinopathy of prematurity

624. Cause of exudative retinal detachment are -
a) Scleritis *(PGI June 09, PGI Dec 08)*
b) Toxaemia of pregnancy
c) Dysthyroid eye disease
d) Central serous retinopathy
e) Sickle cell retinopathy

625. Causes of exudative retinal detachment -
a) Central retinal artery occlusion *(PGI June 07)*
b) Hypertensive retinopathy
c) Harada's sydrome
d) Coat's disease

626. Retinal detachment is not seen in - *(Kerala 03)*
a) High myopia b) Aphakia
c) Choroiditis d) Hypermetropia

608) d 609) a 610)b 611)b 612)a 613)b 614)a 615)a 616)d 617)a 618)b 619)a 620)c 621)a 622) a,c,d 623)a,b,e 624)a,b,d 625) c,d 626) d

627. A patient with detachment of retina with photopsia with floaters in the eye. Diagnosis is - *(A12000)*
a) Vitreous haemorrhage
b) Exudative retinal detachment
c) Rheugmatogenous retinal detachments
d) Tractional retinal detachment

628. Photopsia seen in ? *(APPG 08, Jipmer 11)*
a) Choroiditis b) Retinitis
c) Retinal detachment d)All

629. All are features of early retinal detachment except -
a) Retroorbital pain *(Manipal 08)*
b) Photopsia
c) Floaters
d) Darkened peripheral field of vision

630. Features in retinal detachment all except -
a) Field defect *(PGI June 08)*
b) Retinal tears
c) AAV vitreous haemorrhage
d) Greyish - brown fundus
e) Defective vision

631. Shaffer's sign is seen in - *(NEET/DNB Pattern)*
a) Retinitis pigmentosa b) Retinal detachment
c) CRVO d) CRAO

632. RD is diagnosed by - *(PGI June 03)*
a) + 90D
b) Hurby lens
c) 3 mirror contact lens
d) Direct ophthalmoscopy
e) Indirect ophthalmoscopy

633. A 60 year old male patient operated for cataract 6 months back now complains of floaters and sudden loss of vision. The diagnosis is - *(AIIMS May 01)*
a) Vitreous hemorhage
b) Retinal detachment
c) Central retinal artery occlusion
d) Cystoid macular edema

634. An 18 years old girl who was using spectacles for last 10 years, came with the history of photopsia and sudden loss of vision in right eye. Which one of the following clinical examinations should be performed to clinch the diagnosis ? *(AIIMSNov 04)*
a) Cycloplegic refraction
b) Indirect Ophthalmoscopy
c) Schiotz tonometry
d) Gonioscopy

635. A friend of yours has a spectacle correction of -6.0 and-8.0. He telephones you one morning and tells that he has started seeing some opacities floating in front of his eye and that his vision has decreased slightly over the last few days. As an intern in the ophthalmology section, what would you do -
a) Reassure *(ARMS Nov 02)*
b) Refraction and prescribe a new spectacle
c) Direct opthalmoscopy
d) Indirect opthalmoscopy

636. In rheugmatogenous retinal detachment,all are true except- *(CUPGEE02)*
a) Holes are seen b) Scleral buckling is done
c) Follows trauma to eye d) Occurs in myopia

637. A patient presented with sudden onset of floater & perception of falling of a curtain (veil) in front of the eye which one of the following is the most appropriate diagnosis- *(AI -11)*
a) Retinal detachment b) Eale's disease
c) Vitreous hemorrhage d) Glaucoma

638. Exudative retinopathy in hypertensive is due to -
a) Co- arctation of aorta *(ARMS June 00)*
b) Type I Takayasu's arteritis
c) Renal artery stenosis
d) Diabetic atherosclerosis

639. Retinitis Pigmentosa is associated with all except -
a) Usher Syndrome *(ARMS May 08)*
b) Marfan's Syndrome
c) Kearns-Sayre Syndrome
d) Bussen - Komzweig Syndrome

640. Retinitis pigmentosa is a feature of all except -
a) Refsum's disease *(ARMS Nov 10)*
b) Hallervorden-Spatz disease
c) NARP
d) Abetalipoproteinemia

641. The ocular features of retinitis pigmentosa include-
a) Bony corpuscular appearanced *(Korn 11)*
b) Waxy pallor of the optic disc
c) Attenuation of the retinal arterioles
d) All of the above

642. Retinitis pigmentosa is due to defect in which gene - *(NEET/DNB Pattern)*
a) Scotopsin b) Rhodopsin
c) Pigmented epithelium d) None

643. All are true about retinitis pigmentosa EXCEPT -
a) Genetic inheritence (X-linked) *(ARMS Nov 99)*
b) Early diagnosis and treatment
c) Visual acuity not diminished till late in course
d) Associated with systemic abnormalities

644; Earliest symptom ofretinitis pigmentosar *(NEET/DNB Pattern)*
a) Ring scotoma b) Night blindness
c) Tubular vision d) None

645. A patient presented with peripheral Held loss and fundus examination shows waxy exudates & pale disc with pigmentation around retinal vessels, diagnosis is - *(ARMS June 99)*
a) Behcet's syndrome b) Chorio- retinitis
c) Open angel glaucoma d) Retinitis - pigmentosa

646. Attenuated retinal vessels with bony corpuscular like lesion seen in - *(APPGE 04)*
a) Diabetes mellitus b) Hypertension
c) Retinitis pigmentosa d) Eales disease

627)c 628)c 629)a 630)c 631)b 632)A11633)b 634)b 635)d 636)None 637)a 638)c 639)b 640)b
641) d 642) b 643) b 644) b 645) d 646) c

647. A young adults presents with night blindness and tubular vision. On examination, Intraocular Pressure was observed to be 18mm and the anterior segment was unremarkable. Fundoscopy showed attenuation of arterioles and waxy pallor of the optic disc with bony corpuscles like spicules of pigmentation in mid peripheral retina. Ring scotomas were observed on perimetry. Which of the following is the most likely diagnosis - *(AI 12)*
a) Pigmentary Retinal Dystrophy
b) Primary Open Angle Glaucoma
c) Lattice degeneration of Retina
d) Diabetic Retinopathy

648. Retinal inflammatory diseases which give to pseudoretinitis pigmentosa type of picture are all except-
a) Rubella b) Syphilis *(J&K05)*
c) Toxocara d) Toxoplasma

649. Most characteristic finding of retinitis pigmentosa -
a) Ring scotoma b) Peripheral field defect *(AI 02)*
c) Central scotoma d) Diplopia

650. The most frequent cataract type seen in adult Retinitis pigmentosa patient is - *(J&K 05)*
a) PSC b) Anterior polar
c) Cortical d) Mixed

651. In Retinitis pigmentosa, following are true except -
a) Pigments present b) Pale waxy disc
c) Narrowing of vessels d) ERG- normal

652. Fundus?inretinitis;Pigmentosais -
a) White spots with red disc *(NEET/DNB Pattern)*
b) Jet- black spots with pale-waxy disc
c) No pigmentation *mm*
d) Dilatation of arterioles

653. Ring scotoma is seen in - *(PGI June 98)*
a) Retinitis pigmentosa b) Glaucoma
c) Cataract d) Retinal detachment

654. Ring scotoma is a feature of - *(A1IMS Jun 97)*
a) Blue dot cataract b) Diabetic retinopathy
c) Nuclear cataract d) Retinitis pigmentosa

655. Idiopathic nyctalopia is due to a hereditary -
a) Absence of rod function *(AIIMSNov 05)*
b) Absence of cone function
c) Absence of rod and cone function
d) Decrease of cone function

656. Photoretinitis is due to - *(AP 96)*
a) Ultravoilet rays b) Infrared rays
c) X-rays d) Gamma rays

657. A 10 year old boy after watching the sun during eclipse in the apparent twilight developed persistant negative after image of the sun. He was taken to an ophthalmic surgeon who examined his fundus and found it normal. Most probable diagnosis is - *(AI 93)*
a) Malingering b) Photophthalmia
c) Photoretinitis d) Light induced maculopathy

658. Retinopathy in neonate is due to - *(PGI June 00)*
a) Prematurity < 1500 gm b) 0_2 toxicity
c) Trauma d) Diabetes

659. While working in a neonatal ICU. Your team delivers a preamature infant at 27 weeks of gestation and weighing 1500gm. How soon will you request fundus examination by an ophthalmologist ? *(ARMSNov 02)*
a) Immediately
b) 3- 4 weeks after delivery
c) At 34 weeks gestational age
d) At 40 weeks gestational age

660. A 70-year-old man presents with deterioration of vision 3 weeks after cataract extraction and IOL implantation. Slit lamp examination shows honeycomb maculopathy and Fluorescin angiography (FA) shows 'flower petal' hyperfluorescence. The most likely diagnosis is - *(AI 12)*
a) Age related macular degeneration (ARMD)
b) Central serous Retinopathy (CSR)
c) Macular Dystrophy
d) Cystoid Macular Edema

661. Macular edema is caused by all except- *(PGIDec 98)*
a) Microaneurysm b) Cap dilatation
c) Neovascularization d) None

662. Which of the following has autosomal dominant inheritance - *(ARMSMay 10,07, Nov 06, AI 07)*
a) Best's disease
b) Gyrate atrophy
c) Laurence Moon Biedl syndrome
d) Bassen-Komzweig's disease

663. Which is not an AR disorder - *(Jipmer 04)*
a) Gyrate atrophy
b) Goldmann syndrome
c) Bardet - Biedi syndrome
d) Butterfly macular dystrophy

664. Best diagnostic test for Best disease is - *(Jipmer 99,*
a) Dark adaptation b) ERG *CMC 01)*
c) BOG d) Gonioscopy

665. Coat's disease - *(Manipal 09)*
a) Has equal sex incidence
b) Caused by peripheral neovascularization
c) Is inherited in an autosomal dominant pattern
d) Can be treated with laser

666. All of the following statements are true about Juxtafoveal Retinal Telangiectasias, Except -
a) Variant of Coat's disease
b) Associated with telangiectasias in the macula
c) Associated with structurally abnormal Retinal Vessels
d) Associated with peripheral telangiectasias

667. What is the treatment of threshold ROP?
a) Laser photocoagulation *(ARMS Nov 10)*
b) Slow reduction in oxygen
c) Retinal reattachment
d) Antioxidants

668. Baby born prematurely at 29 wks, on examination at 42wks with ROP both eyes shows stage 2 zone 1 'plus' disease, how will u manage the patient?
a) Examine the patient after 1 week *(ARMSMay 11)*
b) Laser photocoagulation of both eyes
c) Laser photocoagulation of worse eye, follow up of other eye
d) Vitreoretinal surgery

647) a 648) c 649) a,b 650) a 651)d 652) b 653) a,b 654) d 655) a 656) None >a 657) c 658) a 659) c
660) d 661) d 662)a 663) d 664)c 665) d 666) d 667)a 668) b

669. "Photodynamic therapy" is used in the eye for the following disease - *(AI04)*
a) Cataract
b) Glaucoma
c) Uveitis
d) Wet AMD (Age related macular degeneration)

670. Angioid streaks in the eyes are seen in -
a) Pseudoxanthoma elasticum *(AIIMS Nov 05)*
b) Tendinous xanthoma
c) Xanthelasma
d) Eruptive xanthoma

671. In a patient with AIDS chorioretinitis is typically caused by - *(AI 03; AIIMS Nov 02)*
a) Cytomegalovirus
b) Toxoplasma gondii
c) Crytococcus neoformans
d) Histoplasma capsulatum

672. Salt & pepper fundus - *(NEET/DNB Pattern)*
a) Cong toxoplasmosis b) Cong histoplasmosis
c) Congenital syphilis d) None:

673. Sauce and cheese retinopathy is seen in-*(AIIMSNov*
a) CMV b) Rubella *93; June 92)*
c) Toxoplasmosis d) Congenital syphilis

674; H^a^^hfin feg appeari^ceS«^B tff^!' p|§§
a) Syphilis b) Toxoplasmosis *(NEET/DNB*
c) Toxocara d) Herpes *•Pattern)*

675. Bull's eye lesion seen with -*(TGI Nov 09, Dec 07, June*
a) Chloroquine b) Dapsone *99, AIIMS Nov 93,*
c) Rifampicin d) Ethambutol *Jipmer 11)*
e) Gold

676. Roth spots are seen in - *(COMED09)*
a) Hypertension b) Septicemia
c) Diabetes d) Central retinal occlusion

677. Roth spots are seen in - *(NEET/DNB Pattern)*
a) Bacterial endocarditisb) HTN retinopathy
c) DM retinopathy d) None

678. 'Snow ball' Opacity in vitreous is seen in-*(PGIDec 03,*
a) Pars planitis b) Sarcoidosis *June 03)*
c) Juvenile RA d) Toxplasmosis
e) Fuch's lesion

679. Lattice retinal degeneration seen *in-(AIIMSDec 98)*
a) Myopia b)Hypermetropia
c) Presbyopia d) Anisocoria

680. Peripheral retinal degeneration is most common in case of - *(AIIMSMay 93)*
a) Myopia b) Presbyopia
c) Hypermetropia d) Astigmatism

681. A patient with clinically significant diabetic macular edema with non progressive diabetic retinopathy was treated with Macular grid photocoagulation. The patient still has vitreo macular traction. What is the preferred treatment? *(AIIMS May 11)*
a) Intravitreal bevacizumab
b) Pars plana vitrectomy
c) Repeat macular grid photocoagulation
d) Augmented macular photocoagulation

682. A 60 yr old man has both HTN and DM for 10 yrs. There is reduced vision in one eye. On fundus examination there is a central bleed and the fellow eye is normal. The diagnosis is - *(AIIMS Nov 10)*
a) Retinal tear
b) Optic neuritis
c) Diabetic retinopathy
d) Hypertensive retinopathy

683. Mizuo-phenomenon is seen in - *(AIIMS Nov-11)*
a) Fundus albipathicusb) Fundus flavimaculatus
c) Oguchi's disease d) Choroideremia

684. Which retinal layer is most radioresistant-
a) RPE *(AIIMS Nov 11)*
b) Layer of rods and cones
c) Bipolar cell layer
d) Ganglion cell layer

685. 'Sea-Fan' retina is seen in- *(MH 11)*
a) CRAO b) SLE
c) Sickle cell disease d) Gaucher's disease

686. Central Retinal artery occlusion is known to be associated with - *(AI 12)*
a) Panophthalmitis b) Diabetic Retinopathy
c) CMV retinitis d) Orbital mucormycosis

NEURO-OPHTHALMOLOGY

687. All are true about optic nerve except - *(PGIMay 10)*
a) Arises from axons of bipolar neurons
b) 4 cm long
c) Covered by 3 layers continuous with meninges
d) Crossed by ophthalmic artery

688. Optic nerve is - *(DPGEE 08)*
a) Second order neuron b) First order neuron
c) Fourth order neuron d) Third order neuron

689. The visual pathway consists of all of these except -
a) Optic tract *(PGI June 02)*
b) Geniculocalcarine tract
c) Inferior colliculus
d) Lateral geniculate body
e) Pretectal region

690. Components of pupillary reflex are - *(PGI June 01)*
a) Retina
b) Pretectal nucleus
c) Lateral geniculate body
d) Edinger- westphal nucleus
e) Calcarine sulcus

691. The afferent pathway for light pupillary reflex is- *(AIIMSMay 06)*
a) Trigeminal nerve b) Optic nerve
c) Abducent nerve d) Ciliary nerve

692. In pupillary reflex nerve tested is - *(PGI Dec 98)*
a) 2^{nd} b) 3^{rd} !
c) Both 2^{nd} and 3^{rd} d)4^{th}

669) d 670) a 671) a 672) c 673) a 674) b 675) a 676) b 677) a 678) a,b 679) a 680) a 681) b 682) c
683) c 684) b 685) c>b 686) d 687) a,b 688) a 689) c,e 690)a,b,d 691) b 692) c

693. A patient presented with normal eyesight and absence of direct and consensual light reflexes. Which of the following cranial nerves is suspected to be lesioned? *(AIIMS May 04)*
a) Occulomotor b) Trochlear
c) Optic d) Abducent

694. Which is not a part of the pupillary light reflex -
a) Lateral geniculate body
b) Pre- tectal area
c) Retina
d) Edinger- Westphal nucleus

695. In unilateral Afferent pupillary defect, when light is moved from normal to affected eye, there is -
a) Dilatation in affected side and constriction in normal eye
b) Dilatation in normal eye and constriction in affected side
c) Dilatation in both pupils
d) Constriction in both pupils

696. Relative afferent pupillary defect (RAPD) is characteristically seen in damage to - *(A110)*
a) Optic nerve b) Optic tract
c) Lateral geniculate body d) Occulomotor nerve

697. Swinging light test is positive in - *(NEET/DNB Pattern)*
a) Conjunctivitis b) Glaucoma
c) Retrobulbar neuritis d) Keratoconus

698. Marcus Gunn Pupil is due to - *(MAHE 05)*
a) Defect anterior to optic chiasma
b) Defect at optic chiasma
c) Defect posterior to optic chiasma
d) Defect in ciliary muscles

699. Wernicke's hemianopic pupillary reponse is seen in lesions at- *(AI02, NEET/DNB Pattern)*
a) Optic tract b) Optic chiasma
c) Optic radiation d) Lateral geniculate body

700. Pupil that responds to convergence but light reflex is absent - *(DPG 10, UP 04, PGI Dec 99)*
a) Adies pupil b) Argyl Robertson pupil
c) Hutchison pupil d) Myotonic pupil

701. All of the following statements about Argyll Robertson Pupil are correct, Except - *(AI 11)*
a) Near Reflex Normal
b) Direct light Reflex Absent
c) Consensual Light Reflex Normal
d) Visual Acuity Normal

702. Light reflex absent but accommodation reflex present is seen in - *(PGI June 97)*
a) Hutchison's pupil b) Argyl Robertson pupil
c) Adies pupil d) Homer's syndrome

703. In Holmes-Adie pupil all are true except -
a) There is absent or retarded pupil reactions to light and near *(Manipal 09)*
b) Most cases are bilateral
c) Causes reduced or absent accommodation
d) Constricts with 2.5% methacholine

704. Loss of convergence with slight light reflex is seen in - *(PGIDec 01)*
a) ARP b) Holme Adie's pupil
c) Marcs gun pupil d) Wimecke's pupil

705. Homonymous hemianopia is seen in - *(PGIDec 97)*
a) Pituitary adenoma b) Optic nerve damage
c) Post chiasmic damage d) Cortical lesion

706. Homonymous hemianopia is seen in lesion of -
a) Optic tract b) Optic chiasma
c) Optic radiation d) Optic nerve
e) Occipital cortex *(PGI Dec 03, 02)*

707. Homonymous hemianopia is seen in all except -
a) Optic nerve lesion (*SGPGI05)*
b) Optic tract lesion
c) Lesions of lateral geniculate body
d) Visual cortex lesion

708. Lesion of right optic tract will leads to -
a) Bitemporal hemianopia *(NEET/DNB Pattern)*
b) Right homonymus hemianopia
c) Left homonymous hemianopia
d) Binasal hemianopia

709- Bitemporal hemianopic field defect feecharactersitic *(AIIMS May 06, NEET/DNB Pattern)*
a) Glaucoma b) Optic neuritis
c) Pituitary tumour d) Retinal detachment

710. Site of lesion in Bitemporal hemianopia is - *(PGI Nov 09, AIIMS Nov 93, NEET/DNB Pattern)*
a) Optic nerve
b) Optic tract
c) Optic chiasma
d) Occipital radiation

711. Headache with bitemporal hemianopia with 6/6 vision is seen in - *(AIIMS Nov 09)*
a) Optic neuritis b) Trauma
c) Chiasmal lesion d) Bilateral cavernous lesion

712. Field defect seen in pituitary adenoma -
a) Bitemporal hemianopia *(PGI Jun 01)*
b) Binasal hemianopia
c) Quadrantanopia
d) "Pie in sky" defect
e) Amaurosis in one eye & temporal hemianopia in other eye

713. Visual field defect in pituitary tumour with supracellar extension is - *(AIIMS June 00, Jipmer 11)*
a) Bitemporal hemianopia
b) Binasal hemianopia
c) Homonymous hemianopia
d) Pie in the sky vision

714. Visual defect in optic chiasmal lesion -
a) Bitemporal hemianopia *(PGI June 04)*
b) Binasal hemianopia
c) Homonymous upper temporal hemianopia
d) Homonymous upper nasal hemianopia
e) Homonymous lower temporal hemianopia

715. Lesion in the optic chiasma causes - *(PGIDec 05)*
a) Bitemporal hemianopia b) Upper nasal
c) Lower nasal d) Upper temporal
e) Lower temporal

693) a 694) a 695) c 696) a 697) c 698) a 699) a 700) b 701) c 702) b 703) b 704) b 705) c,d 706)a,c,d 707) a 708) c 709) c 710) c 711)c 712)a,b,c,d 713) a 714)a,b,c,e 715)a,d,e

716. Which of the following can cause Superior quadrantopia - *(AI94; AIIMS Dec 98)*
a) Temporal lobe tumor b) Fontal lobe tumor
c) Pituitary tumor d) Craniopharyngioma

717. A homonymous upper quadrantic field defect is typical of lesion in - *(AIIMS June 92)*
a) Parietal lobe b) Temporal lobe
c) Occipital lobe d) Optic chiasma

718. A lesion of the optic radiation involving the Meyer's loop casues - *(AIIMS May 02)*
a) Homonymus hemianiopia
b) Superior quadratopia
c) Inferior quadrantopia
d) Central scotoma.

719. In a patient presenting with headache and eye complaints, Examination of right eye reveals: Right eye superotemporal quadrotpsia. Left eye reveals: Left eye superotemoral quadrotopsia Left eye reveals: Left eye centrocecal scotoma. Likely site of lesion is - *(AI 98)*
a) Left optic nerve + chiasma
b) Left optic tract + chiasma
c) Right optic nerve + chiasma
d) Right optic tract + chiasma

720. Optic tract lesions presents with - *(SGPGI05)*
a) Bitemporal hemianopia
b) Binasal hemianopia
c) Homoymous hemianopia
d) Superior quadraopia

721. Field defect seen in pituitary adenoma is - *(DPG10)*
a) Bitemporal hemianopia
b) Binasal hemianopia
c) Quadrantanopia
d) "Pie in sky" defect

722. Macular sparing is seen in the affection of -
a) Optic nerve b) Optic tract *(Jipmer 03)*
c) Optic chiasma d) Occipital lobe

723. TVue regarding cortical blindness -
a) Direct and consensual reflexes are present in both the eyes *(AIIMS Nov 00, Dec 94)*
b) Direct and consensual reflexes absent in both the eyes
c) Direct reflex is present and consensual absent on the normal side
d) Direct reflex is absent on normal side and consensual reflex present

724. A female presented with loss of vision in both eyes and on examination has normal pupillary responses and normal fundus, Her visually evoked response (VER) examination shows extinguished responses. The most likely diagnosis is - *(AIIMS Nov 05)*
a) Hysteria b) Cortical blindness
c) Optic neuritis d) Retinal detacment

725. All satements are true about papilloedema except -
a) Collection of extra - cellular fluid *(AI 0 7)*
b) Disruption of neurofilament
c) Stasis of axoplasmic transport
d) Swelling of the axon

726. Fundoscopic features of papilledema include all the following except - *(AI 94)*
a) Ill-defined disc margin
b) Deep physiological cup
c) Absent venous pulsation
d) Bending of blood vessels

727. In papilledema, all the following are true except -
a) Blurring of the disc *(AI94)*
b) Congestion of retinal veins
c) Soft white exudates around the disc
d) Sudden loss of vision

728. Increased ICT is associated with all of the following exept- *(AI99)*
a) Disc - oedema b) Macular oedema
c) Normal vision d) Afferent pupillary defect

729. All are seen in papilledema after a head injury except - *(AIIMS Nov 01)*
a) Blurring of disc margin b) Hyperemia
c) Afferent pupillary defect d) Filling of cup

730. All the following are true about Papilledema except*
a) It is a purely non-inflammatory phenomenon
b) Transient loss of vision occurs *(AI 95)*
c) First sign is blurring of the nasal side of the optic disc
d) Sudden loss of vision with painful eye movement

731. Field defect seen in papilledema - *(Karnataka 04)*
a) Seidel's scotoma
b) Constriction of peripheral fields
c) Centro-caecal scotoma
d) None of the above

732. Features of papilloedema are all except-
a) Loss of vision *(CUPGEE 02)*
b) Normally reacting pupil
c) Peri pupillary congestion
d) Increased IOT

733. Acute Papilloedema present with *AM-(AIIMS Sep 96)*
a) Post neuritic atrophy b) Increase blind spot
c) Severe loss of vision d) Hypermic field

734. All are seen in papilloedema *except-(AIIMSJune98)*
a) Hyperemia of disc b) Sudden vision loss
c) Post - neuritic atrophy d) Macular fan

735. Papilloedema is characterised by all of the following except - *(AIIMS June 92)*
a) Loss of retinal venous pulsations
b) Transient obscurations of vision
c) Sudden painless loss of vision
d) Disc oedema

736. Significant loss of vision in a patient with hypertension can occur due to all of the following, except -
a) Occipital infarct *(AIIMSNov 02)*
b) Anterior ischemic optic neuropathy
c) Papilloedema
d) Retinal hemorrhage

716) a 717) b 718) b 719) a 720)c 721) a 722)d 723)a 724)b 725)b 726)b 727)d 728)d 729)c
730) d 731)b 732) a 733) a,c 734) b 735) c 736) c

737. Papilloedema is characterised by all except -
a) Sudden loss of vision *(UP 08)*
b) Blurred vision
c) Hyperaemic disc
d) Venous engorgement marked

738. Ispilateral optic atrophy with contralateral papilloedema is a feature of - *(AI99)*
a) Fischer syndrome
b) Foster kennedy syndrome
c) Vogt- kayanagi- Harada syndrome
d) WAGR syndrome

739. Foster Kennedy syndrome is - *(AI 99)*
a) I/L Papilloedema C/L optic atrophy
b) I/L Optic atrophy C/L papilloedema
c) I/L Optic atrophy and papilloedema
d) I/L Papilloedema C/L Papilitis

SB Unilateral papilloedema with optic atrophy on the other side is a feature of - *(DPGEE 08, NEET/DNB Pattern)*
a) Foster kennedy syndrome
b) Fisher syndrome
c) Vogt-koyanagi harada syndrome
Iflfe'd) WAGR;syiidrome -

741. A 40 year old lady presents with bilateral Papilloedema. CT scan shows normal ventricles. Diagnosis is - *(AI 2000)*
a) Benign intracranial hypertension
b) Malignant hypertension
c) Papillus
d) Raised intraocular pressure

742. In Optic neurities in children all symptoms are present EXCEPT - *(AIMS Sep 96)*
a) Afferent pupillary defect
b) Headache and vomiting
c) Pain on movements of eye ball
d) Sudden vision loss

743. A child presents with sudden loss of vision with painful ocular movements. The eye is white and there are no obvious signs on ophthalmoscopy. The most likely diagnosis is - *(AI 96)*
a) Optic nerve glioma b) Retrobulbar neuritis
c) Craniopharyngioma d) Papillitis

744. 'y^l^iinln B deficiency is likely to cause r *(AI?0J, NEET/DNB Pattern)*
a) Bitemporal heminanopia
b) Binasal hemianopia
!§§ c) Heteronymous hemianqpia;
d) Centrocecal scotoma

745. All are true regarding optic neuritis except -
a) Decreased visual acuity *(AI 01)*
b) Decreased pupillary reflex
c) Abnormal electroretinogram
d) Abnormal visual evoked response retinogram

746. Optic neuritis causes - *(NEET/DNB Pattern)*
a) Gradual painless loss of vision
b) Sudden painless loss of vision
c) Gradual painful loss of vision.
d) Sudden painful loss of vision

747. All of the following can cause Optic Neuritis, except- *(AI 2000)*
a) Rifampicin b) Digoxin
c) Chloroquine d)Ethambutol

748. Which of the following ATT drugs is associated with visual deterioration - *(AI 95)*
a) INH b) Rifampicin
c) Capreomycin d) Ethambutol

749. Optic neuritis is seen in all except - *(PGIJune 2000)*
a) DM b) Methanol poisoning
c) Multiple sclerosis d)SLE
e) None

750. Visible range of electromagnetic spectrum of human eye- *(PGI June 04)*
a) 370 - 740 nm b) 740-1140 nm
c) 200-370 nm d)200-370nm
e) 370-770 nm

751. The colours best appreciated by the central cones of our foveo- macular area are - *(AI 02)*
a) Red and blue b) Blue and green
c) Red and green d) Blue and yellow

752. Chalky white optic disc on fundus examination is seen in all except - *(AI 01)*
a) Syphilis
b) Lebers hereditary optic neuropathy
c) Post papilledema optic neuritis
d) Traumatic injury to the optic nerve

753. Fundoscopy of a patient shows chalky white optic disc with well defined margins. Retinal vessels and surrounding Retina appears normal. Which of the following is the most likely diagnosis -
a) Primary Optic Atrophy *(AI 12)*
b) Post-neuritic secondary optic atrophy
c) Glaucomatous optic atrophy
d) Consecutive optic atrophy

754. In optic atrophy, the optic disc appears to pale is index of- *(UP 08)*
a) Atrophy of the nerve fibre b) Los of vasculature
c) Gliosis d) All of the above

755. Consecutive optic atrophy is seen in -
a) Papilloedema *(UP 07, NEET/DNB Pattern)*
, b) Papilitis
c) Retinal detachments;
d) Retihitis-pigmcntosa

756. A15 year old boy has bilateral optic atrophy, diabetes mellitus and diabetes insipidus. The diagnosis is-
a) Kjer syndrome b) Behr syndrome *(AI93)*
c) Wolff am syndrome d)None

757. An optic nerve injury may result in all the following except - *(AIMS May 03)*
a) Loss of vision in that eye b) Dilatation of pupil,
c) Ptosis d) Loss of light reflex.

758. First sign of optic nerve disease is -
a) Papilloedema *(SGPGI05, AIMS Nov 93)*
b) Colour blindness
c) Afferent pupillary defect
d) Efferent pupillary defect

737) a 738) b 739) b 740) a 741) a 742) b 743) b 744) d 745) c 746) d 747) a 748)d>a749)e 750) a
751) c 752) c 753) a 754)b 755) d 756) c 757) c 758) c

759. Best investigation for optic nerve damage amongst the following is - *(AI9 7)*
a) Opthalmoscopy b)Flourscence angiograhy
c) Ultrasound d) Perimetry

760. A case of injury to right brow due to a fall from scooter present with sudden loss of vision in the right eye.The pupil shows absent direct reflex but a normal consensual pupillary reflex is present. The fundus is normal. The treatment of choice is -
a) Intensive intravenous corticosteroids as prescribed for spinal injuries to be institued within six hours
b) Pulse methyl Prednisolone 250 mg four times daily for three days
c) Oral Prednisolone 1.5 mg/kg body weight
d) Emergency optic canal decompression

761. A young man with blurring of vision in right eye, followed by left eye after 3 months, showing disc hyperemia, edema, circumpapillary telangiectasia with normal pupillary response with centrocecal scotoma on perimetry, the cause is -*(AIIMS May 09)*
a) Typical optic neuritis
b) Acute Papilledema
c) Toxic optic neuropathy
d) Leber's hereditary optic neuropathy

762. The most common condition of inherited blindness due to mitochondrial chromosomal anomaly is -
a) Retinopathy of prematurity *(AI 04)*
b) Leber's Hereditary Optic neuropathy
c) Retinitis pigmentosa
d) Retinal detachment

763. Leber's optic neuropathy - *(Manipal 09)*
a) Typically presents in the fourth decade of life
b) Males do not transmit the disease
c) Is inherited in autosomal X-link fashion
d) The optic disc is pale early in the disease

764. True about color blindness - *(PGI Dec 05, 04)*
a) Age related b) Hereditary
c) Males only d) Female only
e) Can be treated

765. A person has defective blue colour appreciation. His condition is better named as - *(AI 93)*
a) Deuteranomalous b) Deuteranopia
c) Tritanopia d) Tritanomalous

766. Protonopes have defect in identifying which colour- *(AIIMSMay 02)*
a) Red b)Blue
c) Green d) Black

767. Any spectral colour can be matched by a mixture of three monochromatic lights (red, green, blue) in different proportions. If a person needs more of one of the colour for matching than a normal person, then he has a colour anomaly. More red colour is needed in the case of - *(AI 02)*
a) Deuteranomaly b) Tritanomaly
c) Protonomaly d) Tritanomaly

768. Regading color blindness true - *(PGIDec 07)*
a) Mainly congenital
b) Can be tested with Fansworth 100 hue test
c) Isihara chart test red/ green color blindness
d) Jerlin- Merlin cotton wool tests it

769. Enlargement of blind spot is indicative of - *(AI 93)*
a) Papillitis b) Papilloedema
c) Avulsion of optic nerved) Retinal detachment

770. Anisocoria in dim light is maximally seen in -
a) 3rd nerve palsy *(NEET/DNB Pattern)*
b) Pharmacological mydriasis
c) Humer syndrome
d) Parasympathetic paralysis

771. In case of anisocoria when 1 % pilocarpine is instilled into the eye with abnormally dilated pupil, pupil remains dilated. Cause of anisocoria may be -
a) Adies pupil *(AIIMS Nov II)*
b) Pharmacological blockage
c) Uncal herniation
d) Diabetic III cranial nerve palsy

772. Unilateral sudden complete loss of vision (Amaurosis fugax) is due to lesion in - *(Jipmer 11)*
a) Internal carotid artery b) Middle cerebral artery
c) Anterior cerebral artery d) Basilar artery

773. Amaurosis fugax is due to - *(NEET/DNB Pattern)*
a) TIA b) Tobacco
c) Optic neuritis d) Papilloedema

OCULAR MOTILITY

774. Dilator pupillae is supplied by - *(AIIMS Nov 11)*
a) Post-ganglionic parasympathetic fibers from Edinger Westphal nucleus
b) Post-ganglionic sympathetic fibers from cervical sympathetic chain
c) IIIrd nerve
b) Sympathetic fibers from fronto-orbital branch of V nerve.

775. Longest and thinnest extrocular muscle - *(NEET/*
a) SR b)IR *DNB Pattern)*
c) SO d)IO

776. Distance of medial rectus from limbus - *(NEET/*
a) 4.5 mm b) 5.5 mm*DNB Pattern)*
c) 7.0 mm d)10mm

777. Action of superior oblique muscle is/are -
a) Extorsion b) Abduction
c) Intorsion d) Depression
e) Elevator *(PGI Nov 09)*

778. Superior oblique muscle performs action of - *(PGI*
a) Intortion b) Extortion *June 97)*
c) Elevation d) Medial rotation

779. Function of superior oblique muscle - *(PGIDec 04)*
a) Intortion b) Extortion
c) Lateral rotation d) Upward rotation
e) Downward rotation

759) d 760) a 761) d 762) b 763) b 764) a,b 765) d 766) a 767) c 768)a,b,c 769) b 770) c 771) b 772) a
773) a 774) b 775) c 776) b 777)b,c,d 778) a,d 779) a

780. Action of superior oblique is following except -
a) Extortion b) Depression *(AIIMS*
c) Abduction d) Intortion *June 97)*

781. Function of superior oblique muscle is - *(AI99)*
a) Elevation with eye rotated outwards
b) Elevation with eye rotated downwards
c) Depression with inward rotation
d) Depression with outward rotation

782. Which muscle is intorter of eye - *(AIIMSMay 99)*
a) Inferior oblique b) Inferior rectus
c) Superior rectus d) Medial rectus

783. Downward and lateral gaze is action of- ^ V *(ARMSDec92^NEET/DlpPattem)*
a) Inferior oblique b) Medial rectus
\ cJlu^fi^jMqueV;^ d) Lateral rectus^

784. Elevators of eye - *(NEET/DNB Pattern)*
a) SR and IO b)!OandSO
c) JR anas ^ J ^^d)sd^R j4l;>;,[1]

785. Yolk muscle pair is - *(NEET/DNB Pattern)*
a) Rt MR & Rt LR b) Rt MR & Lt LR
c) Rt SO & Lt IO d) Rt SR & Lt SR

786. 3rd cranial nerve supplies - *(PGI Dec 04)*
a) Lateral rectus
b) Medial rectus, Levator palpabrae superioris
c) Superior rectus
d) Superior oblique
e) Inferior oblique

787. Occulomoter nerve palsy affects all of the following muscles, EXCEPT - *(AI 02)*
a) Medial rectus b) Inferior oblique
c) Lateral rectus d) Levator pelpabrae superioris

788. The superior oblique muscle is supplied by - *(AI 05)*
a) 3rd cranial nerve b) 4th cranial nerve
c) 5th cranial nerve d) 6th cranial nerve

789. Superior oblique is supplied by - *(PGIDec 99)*
a) Upper branch of 3rd N b) Lower branch of 3rd N
c) Trochlear d) Abducens

790. All are characteristics of 3rd nerve except
a) Carries parasympathetic nerve *(AIIMS Nov 06)*
b) Supplies inferior oblique
c) Enters orbit through the inferior orbital fissure
d) Causes miosis

791. Ill nerve palsy causes all of the following except -
a) Ptosis *(AI 99)*
b) Mydriasis
c) Medial deviation of eyeball
d) Pupillary reflex lost

792. Which action of extra-ocular muscle is spared in involvement of Occulomotor nerve - *(AI2000)*
a) Abduction b)Depression
c) Elevation d) Adduction

793. Eye is deviated laterally and downwards; patient is unable to look up or medially; likely nerve involved is- *(AI01)*
a) Trochlear b) Trigeminal
c) Oculomotor d) Abducent

794. In complete 3rd Nerve palsy- *(PGI June 03)*
a) Eye Deviated Medially
b) Superior and inferior recti affected
c) Dilated pupil
d) Ptosis
e) Conversion/accommodation is lost

795. All are seen in 3rd nerve palsy except-
a) Ptosis b) Diplopia *(AIIMSNov II)*
c) Miosis d) Outward deviation of eye

796. Left sided sixth nerve palsy would lead to - *(AIIMS*
a) Accommodation paresis of left eye *Nov 08)*
b) Ptosis of left eye
c) Adduction weakness of left eye
d) Diplopia in left gaze

797. Clinical featues of sixth nerve palsy is -
a) Convergent squint *(AIIMS June 98)*
b) Divergent squint
c) Limitation in upward movement
d) Limitation in downward movement

798. A 30 year old man came ot the outpatient department because he had suddenly developed double vision. On examination it was found that his right eye, when at rest, was turned medially. The most likely anatomical structures involved are - *(AI 03)*
a) Medial rectus and superior division of oculomotor nerve
b) Inferior oblique and inferior division of oculomotor nerve
c) Lateral rectus and abducent nerve
d) Superior rectus and trochlear nerve

799. In right lateral rectus palsy all of the following are seen except - *(AIIMS Feb 97)*
a) Face turned to left
b) Medial convergent squint.
c) Inability to abduct right eye
d) Diplopia

800. A patient presented with his head tilted towards left. On examination, he was having left hypertropia which increased on looking towards right or medially. The muscle which is most likely paralyzed is - *(AIIMS May08)*
a) Left superior oblique b) Left inferior oblique
c) Right superior oblique d) Right inferior oblique

801. Action of right superior oblique muscle *is-(PGI 93)*
a) Dextro depression b) Dextro elevation
c) Laevo elevation d) Levo depression

802. Diplopia in Superior Oblique palsy is most correctly described as - *(AI II)*
a) Vertical on looking down
b) Vertical on looking up
c) Horizontal on looking in
d) Horizontal on looking out

803. The reciprocal inhibition of antagonist muscle upon lateral gaze is explained by - *(AIIMS May 08)*
a) Sherrington's law b)Hering's law
c) Laplace law d) Hick's law

780)a 781)c 782)c 783)c 784)a 785)b 786)b,c,e 787)c 788)b 789)c 790)c 791)c 792)a 793)c
794) b,c,d,e 795) c 796) d 797) a 798) c 799) a 800) a 801) d 802) a 803) a

STRABISMUS

804. Pseudoconvergent squint is seen with - *(PGI93)*
a) Thyrotoxicosis
b) Broad epicanthus
c) Abducent squint
d) Narrow interpupillary distance

805. Child with mild squint Intrauterine, birthhistory, developmental history till date all normaL Corneal reflex normal. All other eye parameters normal except exaggerated^epicnii^b^£olds' Diagnosis -
a) Pseudostrabismus *(NEET/DNB Pattern)*
iCfSSMJ b) Accomrn^datiy^r.squmC3ir; ,<h'&z
$00 c) Exopbqim *u iBp'*
\0M d) Esophoria -

806. Latent squint is also known as - *(MH 11)*
a) Hyperphoria b) Exophoria
c) Heterophoria d)Esopheria

807. True about infantile esotropia - *(PGI June 08)*
a) Presented from birth
b) Large angle of deviation
c) Inferior oblique muscle hyperactivity
d) Variale angle of deviation
e) A/W refractive error

808. Which of the following are features of congenital esotropia- *(PGI June 05)*
a) Present since birth
b) Abduction abnormality
c) Inferior oblique involved
d) Surgery is treatment of choice
e) Small angle squint

809. Rx of Accommodative squint in children is -
a) Surgery *(AIIMS Dec 95)*
b) Occlusion of one eye
c) Convergent exercise
d) Correction of refractory error

810. A 3 year- old child presents with a right convergent squint of 6 months duration. What is the appropriate management ? *(AIIMS May 04)*
a) Immediate surgical correction followed by amblyopia therapy
b) Proper refractive correction, amblyopia therapy followed by surgical correction
c) Prescrible spectacles and defer surgery until the child is 5 year old
d) Botulinum toxin injection followed by occlusion therapy

811. A 3 years old child with 15° esotropia management of the child will be - *(PGIDec 05)*
a) Refraction correction b) Prism cover test
c) Surgery alignment d) Wait and watch

812. TVue regarding accommodative esotropia is -
a) Glasses are used when miotics ineffective
b) Miotics are used when glasses are ineffective
c) Use of both together salvage patient who does not respond to one *(PGI 96)*
d) Miotics are used in high AC/ A ratio

813. Iris cyst are induced by - *(SGPGI02)*
a) Atropine b) Pilocarpine
c) Phenylephrine d) Ecothiopate

814. Iris cysts are prevented by - *(KA 01)*
a) Atropine b) Pilocarpine
c) Phenylephrine d) Ecothiopate

815. Diplopia is not a presenting feature in-*(PGI June 98)*
a) Manifest squint b) Paralytic squint
c) Latent squint d) Anisometropia

816. Uncrossed diplopia in seen in - *(AIIMS Jun 97)*
a) Exotropia b) Exophoria
c) Esotropia d) Esophoria

817. Lateral rectus palsy is characterized by - *(AJ 9 7)*
a) Crossed diplopia
b) Uncrossed diplopia
c) Suppression of eye ball
d) Upward rotated eye ball

818. All are true about paralytic strabismus EXCEPT -
a) Binocular diplopia
b) False orientation
c) Primary deviation = Secondary deviation
d) False projection

819. Manifestation of squint in children are all EXCEPT- *(AIIMSDec 98, Sept 96)*
a) Diplopia b) Confusion
c) Deviation of eye d) Stereopsis

820. What is incorrect about paralytic squint -
a) Deviation is more on radial side *(AIIMS May 94)*
b) Deviation is same in all directions
c) Deviation is more on lateral side
d) There is no deviation

821. All are TRUE about paralytic squint, EXCEPT -
a) Head tilt b) Lateral deviation
c) Diplopia d) Amblyopia *(AIIMSDec 92)*

822. What is not a feature of paralytic squint -
a) Diplopia *(AIIMS Dec 94)*
b) Decreased visual acuity
c) Limited movement of eye ball
d) Change of head posture

823. A feature of paralytic squint is - *(AIIMS Dec 94)*
a) Detected by cover uncover test
b) Always divergent
c) Clinically called tropia
d) Associated with decreased vision

824. In concomitant squint - *(NEET/DNB Pattern)*
a) Primary deviation > Secondary deviation
b) Scondary deviation > Primary deviation
c) Primary deviation = Secondary deviation
d) None J ^ w ? - V' " ^

825. Angle of squint is measured by -*(NEET/DNB Pattern)*
V ^s*Qbmo^d0^(" "'a b) Prism < -
c) Retinoscopy d) Keratometry

804)b 805)a 806)c 807)b,c 808)c,d 809)d 810)b 811)a,c 812)d 813)d 814)c 815)c 816)c 817)b 818)c 819)d 820)b 821)d 822)b 823)a,c 824)c 825)b

826. A12 year old boy presented with right eye vision 6/ 36 and left eye vision of 6/6 after maximum correction retinoscopy shows fundus and anterior chamber is normal - *(AI02, A1IMS June 00)*
Right eye = +4.5 Din both axis
Left eye = + 1.5 D in both axis
Cause of decreased vision in right eye is
a) Refractive error
b) Amblyopia
c) Optic neuritis
d) Occipital lobe infaraction

827. Amblyopia should be corrected by the- *(AIIMS June 91)*
a) < 5 year of age b) 5-8 year
c) 8-12 year d) 10-15 year

828. Treatment of choice,for amblyopia is - ^*IIMS Dec. 94, NEET/DNB Pattern)
a) Convergent exercises
b) Spectacles
c) Surgery
d) Conventional occlusion

829. Amblyopia is treated by - *(PGI June 03)*
a) Optical correction b) Occlusion
c) Orthoptic exercise d) Pleoptic exercise

830. Regarding amblyopia which of following is true -
a) Reversible loss of vision
b) Associated with squint
c) Defect in refractive error
d) Surgery is treatment of choice
e) Exercise is done

831. Regarding ambylopia which of the following is true-
a) Spectacles should be used *(PGI June 05)*
b) T/t with occlusion method
c) Surgery is the TOC
d) Idiopathic condition

832. A16 year old boy complains of pain in the right eye. After refractometry, he was prescribed a+3.5 D sphere lens. The cover test is normal. There is no heterophoria. The diagnosis is - *(AIIMSMay 01)*
a) Organic amblyopia
b) Anisometric amblyopia
c) Emmetropic amblyopia
d) Toxic amblyopia

833. True stereopsis is perceived due to the following -
a) Overlay of contours *(AIIMSMay 06)*
b) Motion parallax
c) Bi-nasal disparity
d) Linear perspective

834. Which of these can cause 3rd nerve paralysis -
a) Posterior communicating artery (PCA) aneurysm
b) Tolosa - Hunt syndrome *(PGI June 02)*
c) Midbrain infarct
d) Pons Infarct
e) Lateral medullary lesion

835. HI nerve palsy with pupillary sparing is seen in -
a) Craniopharyngioma *(AIIMSNov 09, May 95)*
b) Hypertension
c) Aneurysm of post, communicating artery
d) DM

836. The only cranial nerve which supplies a contralateral muscle is - *(SCTIMS 98)*
a) Third b) Fourth
c) Seventh d) Tenth

837. **A patient presents with diplopia with limitations of adduction in the left eye and abducting saccade in the right eye. Convergence is preserved. Most likely etiology is -** *(AIIMSMay 09)*
a) Partial 3rd nerve palsy
b) Intemuclear ophthalmoplegia
c) Duane's reactionary syndrome
d) Absence of medial rectus muscle

838. Internuclear opthalmoplegia is caused due to lesion in - *(AIIMS May 02)*
a) Occipital lobes
b) Pretectal fibres
c) Medial longitudinal fasciculus
d) Parapontine reticular fibres

839. Lesion in unilateral medial longitudinal fasciculus causes - *(SGPGI05)*
a) Hemiplegia
b) Hemianopia
c) Internal ophthalmoplegia
d) Intemuclear ophthalmoplegia

840. A 26 yrs old male with restriction of eye movements in all directions &moderate ptosis but with no diplopia or squint. Diagnosis is - *(AIIMS Nov 09)*
a) Thyroid ophthalmopathy
b) Chronic progressive external ophthalmoplegia
c) Myasthenia gravis
d) Multiple cranial nerve palsies

841. Ophthalmoplegic migraine means -
a) Headache with irreversible loss of ophthalmic nerve function *(AI 11, AIIMS May 03)*
b) Recurrent transient 3rd nerve palsy associated with headache
c) Headache associated with 3rd, 4th & 6th nerve palsy
d) Headache associated with optic neuritis

Si® **Ataxia, nystagmus and ophthalmoplegia is seen in -**
a) Mysthenia gravis *(NEET/DNB Pattern)*
b) Chronic progressive external ophthalmoplegia
c) 3rd nerve palsy
a) None

843. Which of the following best defines the "Saccade" -
a) Voluntary slow eye movements
b) Involuntary slow eye movement
c) Abrupt, involuntary slow eye movements
d) Abrupt, involuntary rapid eye movements

844. All horizontal movements of eye are affected by lesions in the - *(AIIMSMay 93)*
a) Cerebellum b) Midbrain
c) Cerebrum d) Pons

845. **Final centre for horizontal movements of eye** *is-(AI 08)*
a) Abducent nucleus b) Trochlear nucleus
c) Oculomotor nucleus d) Vestibular nucleus

826) b 827) a 828)d 829)a,b,d 830)a,b,c,e 831)a,b 832)b 833)c 834)a,b,c 835)d 836)b 837)b 838)c 839) d 840)b 841)c 842)b 843) d 844)d 845) a

846. Left sided lateral gaze is affected in lesion *of-(AI 01)*
a) Right frontal lobe b) Right occipital lobe
c) Left occipital lobe d) Left frontal lobe

847. Down beat nystagmus could be due to-*(PGI June 99)*
a) Cerebellar lesion b)Amold-Chiari malformation
c) Optic neuritis d) Pontine lesion

848. A patient has a right homonymous hemianopia with saccadic pursuit movements and defective optokinetic nystagmus. The lesion is most likely to be in the - *(ARMS Nov 05)*
a) Frontal lobe b) Occipital lobe
c) Parietal lobe d) Temporal lobe

849. Weakness of both Adduction and Abduction is seen in- *(AI1MS May 12)*
a) Duane's Retraction Syndrome Type 1
b) Duane's Retraction syndrome Type 2
c) Duane's Retraction syndrome Type 3
d) All

TUMORS

850. Most common intraocular tumour in adult -
a) Metastasis *(ARMSMay 93)*
b) Retinoblastoma
c) Malignant melanoma
d) Vitreous tumour

851. Most common orbital tumor in *chRdren-(AIlMSJime97)*
a) Rhabdomyosarcoma b) Retinoblastoma
c) Melanoma d)Chloroma

852. The commonest malignant tumor of the orbit in the 1st decade is - *(ARMS June 92)*
a) Retinoblastoma b) Neuroblastoma
c) Rhabdomyosarcoma d)Chloroma

853. The most common malignant orbital tumor in children is - *(AI11)*
a) Rhabdomyosarcoma b) Cavernous Hemangioma
c) ALL d)AML

854. In which of the following, orbital metastasis is common - *(ARMS May 95,94,93)*
a) Hypernephroma b) Hepatoma
c) Neuroblastoma d) Melanoma

855. Most common tumor to extend from intracranial to orbit is - *(NEET/DNB Pattern)*
a) Astrocytoma
b) Pituitary adenoma ■*?}./* r. * .,*■ r,- / ■
c) Craniopharyngioma
d) Sphenoidal wing meningioma

856. The most common primary cause of intraocular tumor in children -*(SGPGI05, NEET/DNB Pattern)*
a) Retinoblastoma b) Rhabdomyosarcoma
c) Neuroblastoma d) Melanoma

857. Most common eye ball tumour is - *(ARMS Dec 95)*
a) Retinoblastoma b) Sarcoma
c) Medulloblastoma d) Malignant melanoma

858. The most common retrobulbar orbital mass in adults - *(ARMS Nov 05; AI 06)*
a) Nerurofibroma b) Meningioma
c) Cavernous haemangioma d) Schwannoma

859. MC orbital tumor - *(NEET/DNB Pattern)*
a) Nerve sheath tumor b) Hemangioma
c) Lymphoma d) Meningioma

860. Most commonorbital tumor has its origin from -
a) Blood vessels, *(NEET/DNB Pattern)*
b) Nerves
c) Muscle
4) Lymph node

861, Most common carcinoma of conjunctiva -
a) Squamous cell Ca *(NEET/DNB Pattern)*
b) Basal cell ca **ISM**
c) Melanoma
d) Lymphoma

862. As regards to intraocular retinoblastoma, which one of the following statements is *fsdse-(AIIMSMay 06)*
a) 94% of cases are sporadic
b) Patients with sporadic retinoblastoma do not pass their genes to their offsprings
c) Calcification in the tumor can be detected on ultrasound scan
d) Reese-Ellsworth classification is useful in predicting visual prognosis following radiotherapy

863. Knudson's two stage hypothesis is for -
a) Glaucoma *(PGI Dec 00, PGI Dec 99)*
b) Retinoblastoma
c) Optic glioma
d) Meningioma

864. Familial retinoblastoma - *(PGI June 02)*
a) Has autosomal recessive inheritance
b) More commonly bilateral
c) Due to mutation
d) More common than sporadic retinoblastoma
e) Poorer prognosis than sporadic type

865. Pseudorosettes are seen in - *(PGI June 98)*
a) Retinoblastoma b) Ophthalmic nodosa
c) Phakolytic glaucoma d) Trachoma

866. Rosettes are characteristically seen in - *(AI 08)*
a) Dysgerminoma b) Melanoma
c) Retinoblastoma d) Lymphoma

867. Calcification is pathognomonic feature of -(Kara *H)*
a) Malignant melanoma of choroid
b) Retinocytoma
c) Retinoblastoma
d) Angiomatosis retinae

868. All are presentation of retinoblastoma except -
a) Leucocoria b) Squint *(ARMS Feb 97)*
c) Cataract d) Glaucoma

869. Increased LDH in Aqueous Humor suggest a diagnosis of - *(AI 09)*
a) Galactosemia b) Retinoblstoma
c) Glaucoma d) Gyrate atrophy

846) a 847) a,b 848) c 849) c 850) a 851) a 852) c 853) a 854) c 855) d 856) a 857) d 858) c 859)b
860) a 861) a 862) b 863) b 864)b,c,e 865) a 866) c 867) c 868) c 869) b

870. The most common mode of spread of Retinoblstoma is - *(AI 12)*
a) Hematogenous b) Lymphatogenous
c) Optic nerve d) Trans-scleral

871. All of the following can cause a white pupillary reflex except- *(AI 04)*
a) Retinoblastoma b) Cataract
c) Retrolental fibroplasias d) Glaucoma

872. The differential diagnosis of retinoblastoma would include all except - *(A11MS May 03)*
a) Persistent hyperplastic primary vitreous
b) Coat's disease
c) Retinal astrocytoma
d) Retinal detachment

873. Leucocoria seen is - *(PGI Dec 06)*
a) PHPV b) Coat's disease
c) RD. d) Retinopathy of prematurity

874. Leucokoria can be seen in all except -
a) Persistant hyperplastic primary vitreous
b) Congenital glaucoma *(AIIMS Nov 01)*
c) Fungal endopthalmitis
d) Retinoblastoma

875. Pseudoglioma differs from Retinoblastoma in that pseudoglioma is associated with - *(AI 95)*
a) Decreased intraocular pressure
b) Blurring of vision
c) Enlargement of the optic foramen
d) All of the above

876. The mother of a one and a half year old child gives history of a white reflex from one eye for the past 1 month. On computed tomography scan of the orbit there is calcification seen within the globe. The most likely diagnosis is - *(AI 05)*
a) Congenital cataract b) Retinoblastoma
c) Endophtalmitis d) Coats disease

877. A 2 year old child presented with leucocoria in the right eye since 2 months. On examination a total retinal detachment was present in the same eye. Ultrasound B scan revealed a heterogenous subretinal mass with calcification. The most likely clinical diagnosis is - *(AIIMS Nov 02)*
a) Coats- disease b) Retinoblastoma
c) Toxocariasis d) Retinal tuberculoma

878. One year old male child with cat's eye reflex and raised IOT - *(PGI Dec 00)*
a) Toxplasma gondii infection
b) Toxcara canis
c) Retinoblastoma
d) Retinopathy of prematurity
e) Noorie's disease

879. The most common second malignant in survivors of retinoblastoma is - *(AI 06)*
a) Thyroid cancer b) Nasopharyngeal carcinoma
c) Optic glioma d) Osteosarcoma

880. A patient with known mutation in the'RB gene' is 'disease free' from Retinoblastoma. The patient is at highest risk of developing which of following malignancies- *(AI 10)*
a) Renal cell carcinoma b) Osteosarcoma
c) Pinealoblastoma d) Chondrosarcoma

881. A child with a unilateral white reflex raised IOP. The required investigations are - *(PGI Dec 05)*
a) USG b) Observation under anaesthesia
c) Tonometry d) X-ray

882. Management of retinoblastoma - *(PGI June 03)*
a) Enucleation b) Chemotherapy
c) Radiotherapy d)USG
e) Fluorescein angiography

883. A one year old child having leucocoria was detected to be having a unilateral, large retinoblastoma filling half the globe. Current therapy would involve -
a) Enucleation *(AI03)*
b) Chemotherapy followed by local dyes
c) Direct Laser ablation using photodynamic cryotherapy
d) Scleral radiotherapy followed by chemotherapy.

884. Ideal treatment of B/L retinoblastom2*l* **-***(PG1 June 04, Jipmer02)*
a) Enucleation
b) Radiation
c) Chemotherapy
d) Cyclophotocoagulation

885. Most B/L multifocal retinoblastoma require -
a) Chemotherapy *(CMC03)*
b) Radiotherapy
c) Enucleation
d) Multimodality therapy

886. In retinoblastoma, after enucleation, which tissue is sectioned to find out systemic metastasis -
a) Central retinal artery *(AIIMS June 99)*
b) Sclera and episclera
c) Optic nerve
d) Vortex vein

887. Treatment of metastatic disease in retinobastoma is - *(UP 03)*
a) Chemotherapy b) Enucleation
c) Radiotherapy d)Cryo

888. Treatment of small tumour of retinoblastoma is -
a) Enucleation b) Eviceration *(UP 07)*
c) Brachytherapy d) Chemotherapy

889. A 5 yr old boy presented with leukocoria in right eyeball diagnosed to be retinoblastoma involving full eyeball, while other eye had 2-3 small lesions in the periphery. What will be the ideal management for this patient? *(AI 11)*
a) Enucleation of both eyes
b) Enucleation of right eye & conservative management of the other eye
c) Enucleation of right eye and focal therapy of the other eye
d) 6 cycles of chemotherapy

870)c 871)d 872)None 873)a,b,c,d 874)b 875)a 876) b 877)b 878)c 879)d 880)b 881)a,b,c,d
882) a,b,c,d 883) a 884) b 885) d 886) c 887) a 888) c>d 889) c

890. True about Retinobastoma - *(PGI June 09)*
a) Leucocoria is most common presentation
b) Always unilateral
c) May have family history
d) Enucleation is the only treatment
e) Most common age group affected is 1-2 yr

891. Retinoblastoma- *(Manipal 09)*
a) Is inherited in 50% of cases
b) Is caused by deletion of 1 lql4
c) Rosettes suggest good prognosis
d) Causes death in 60% of sufferers in the UK

892. Which of the following is not of prognostic significance to choroidal melanoma? *(AJIMSMay 06)*
a) Presence of retinal detachment
b) Size of the tumour
c) Cytology of the tumor cells
d) Presence of extraocular extension

893. Vortex Vein invasion is commonly seen in -*(AI03)*
a) Retinoblastoma b) Malignant melanoma
c) Optic nerve gliomas d) Medullo-epitheliomas

894. Most common type of optic nerve glioma is-
a) Gemistocytic b) Fibrous *(AIIMS 98)*
c) Protoplasmic d) Pilocytic

895. Which one of the following statements is incorrect about Optic glioma? *(AI 06)*
a) Has a peak incidence in first decade
b) Arises from oligodendrocytes
c) Causes meningeal hyperplasia
d) Is associated with type I neurofirbromatosis

896. A child age 5 years, presents with loss of vision and mild proptosis of left eye. On examination direct light reflex is absent but consensual is present in left eye. He is - *(AIIMS Nov 00)*
a) Optic nerve glioma b) Optic sheath meningioma
c) Retinoblastoma d) Optic disc angioma

897. 20 yrs old female presents with proptosis and Abducens nerve palsy. On MRI scan, hyperintense lesions were seen on T2 weighted images which showed intense homogenous contrast enhancement. Most probable diagnosis is - *(AIIMS Nov 08, 10)*
a) Meningioma b) Astrocytoma
c) Schwannoma d) Cavernous hemangioma

898. In Von Hippel - Lindau Syndrome, the retinal vascular tumour are often associated with intracranial hemangioblastoma. Which one of the following regions is associated with such vascular abnormalities in the syndrome? *(AI 05)*
a) Optic radiation b) Optic tract
c) Cerebellum d)Pulvinar

899. Retinal astrocytoma is seen *m-(NEET/DNB Pattern)*
a) Tuberous sclerosis
b) Sturge weber syndrome
c) Von Hippel-Lindau syndrome
d)Kbne

ORBIT

900. Commonest cause for bilateral proptosis in children is- *(All!)*
a) Cavernous hamangioma b)Chloroma
c) Fibrous histiocytoma d) Rhabdomyosarcoma

901. Which of the following tumours present with proptosis - *(PGI June 05)*
a) Neuroblastoma b) Nephroblastoma
c) Germ cell tumour d) Medulloblastoma
e) Meningioma

902. Proptosis is seen in - *(DPG 09, PGI Dec 97)*
a) Neuroblastoma c) Meningioma
c) Sympathetic ophthalmia d) Injuries

903. Childhood malignancy producing proptosis is/are-
a) Neuroblastoma b) Chloroma *(PGIDec*
c) Optic nerve glioma d) Retinoblastoma *05)*
e) Wilm's tumour

904. A patient presented with unilateral proptosis which was compressible and increases on bending forward. No thrill or bruit was present. MRI shows a retroorbital mass with enhancement. The likely diagnosis is - *(AIIMSMay 10,12)*
a) AV malformations b) Orbital encephalocoecle
c) Orbital varix d) Neurofibromatosis

905. Most common cause of intermittent proptosis -
a) Orbital varices ■* *(NEET/DNB Pattern)*
b) Trauma
c) Cavernous sinus thrombosid
d) Retinoblastoma *ci* •

906. Most common cause of unilateral proptosis is -
a) Thyrotoxicosis *(AIIMS 93)*
b) Retinoblastoma
c) Intraocular haemorrhage
d) Raised intracranial tension

907. Kamla, age 48 yrs, presents with unilateral mild axial proptosis. There is no redness or pain. Investigation of choice is - *(AIIMS Nov 00)*
a) T3 & T4 measurement to rule out thyrotoxicosis
b) CT scan to rule out meningioma
c) Doppler to rule out hemangioma
d) USG to rule out orbital pseudotumor

908. Dysthyroid ophthalmopathy all are true except -
a) Proptosis b) Myopathy *(PGI Dec 98)*
c) Exophthalmos d) Optic neuritis

909. Thyroid ophthalmopathy a/w- *(PGI June 04)*
a) External ophthalmoplegia
b) Internal ophthalmoplegia
c) Proptosis
d) Large extra- ocular muscle
e) Lid lag

910, The most common ocular motility problem in thyroid myopathyis due to involvement of- *(AIIMS June 92, NEET/DNB Pattern)*
a) Medial rectus b) Sueprior rectus
c) Inferior rectus d) Inferior oblique

890)a,c,e 891)c 892)a 893)b 894)d 895)c 896)a 897)a 898)c 899)a 900)b 901)a,b,e 902)a,b,e
903) All 904) c 905) a 906) a 907) a 908) d 909)a,c,d,e 910)c

911. True statement about dysthyroid eye disease (grave's opthalmopathy) is - *(AI93)*
a) Decreased power of divergence
b) Most common casue of U/L proptosis in <25 years age group
c) Extreme exopthalmos is usually seen in hypothyroidism
d) On looking upwards lower lid does not follow eye movements

912. All the following signs could result from infection within the right cavernous sinus except-
a) Constricted pupil in response to light
b) Engorgement of the retinal veins upon ophthalmoscopic examination *(AIIMSMay 03)*
c) Ptosis of the right eyelid
d) Right ophthalmoplegia

913. Paralysis of 3rd, 4th, 6th nerves with involvement of ophthalmic division of 5th nerve, localizes the lesion to- *(AI 05)*
a) Cavernous sinus b) Apex of orbit
c) Brainstem d) Base of skull

914. All the following signs could result from infection within the right cavernous sinus, except-
a) Loss of pupillary light reflex *(AIIMS Nov 03)*
b) Loss of comeal blink reflex
c) Ptosis
d) Right ophthalmopegia

915. All the following signs could result from infection within the right cavernous sinus except -
a) Constricted pupil in response to light
b) Engorgement of the retinal veins upon ophthalmoscopic examination
c) Ptosis of the right eyelid *(AIIMS May 03)*
d) Right Ophthalmolegia

916. A19 year old young girl with previous history of repeated pain over medial canthus and chronic use of nasal decongestants, presented with abrupt onset of fever with chills & rigor, diplopia on lateral gaze, moderate proptosis & chemosis. On examination optic disc is congested. Most likely diagnosis is- *(AI 11, AIIMS Nov 09)*
a) Cavernous sinus thrombosis
b) Orbital cellulitis
c) Acute Ethmoidal sinusitis
d) Orbital apex syndrome

917. Unilateral proptosis with bilateral VIth nerve palsy, diagnosis is - *(AIIMS Dec 91)*
a) Grave's disease
b) Retinoblastoma
c) Pseudotumour of orbit
d) Cavernous sinus thrombosis

918. Orbital apex syndrome constitutes all except -
a) Ptosis *(MP 06)*
b) CSF rhinorrhea
c) Ophthalmoplegia
d) Pain over distribution of optic nerve

919. Which of the following are orbital tumours -
a) Glioma b) Lymphoma
c) Chloroma d) Meningioma
c) Schwannoma *(PGI Dec 08)*

920. All of the following type of lymphoma are commonly seen in the orbit except - *(AIIMS May 03)*
a) Non Hodgkin's lymphoma, mixed lymphocytic & histiocytic.
b) Non Hodgkin's lymphoma, lymhocytic poorly differentiated.
c) Burkitt's lymphoma
d) Hodgkin's lymphoma

921. A tumor has the following characteristics retrobulbar location within the muscle cone, well defined capsule, presents with slowly progressive proptosis,easily resectable, occurs most commonly in the 2nd to 4th decade. Most likely diagnosis is -
a) Capillary hemangioma *(AIIMS May 08)*
b) Cavernous hemangioma
c) Lymhangioma
d) Hemangiopericytoma

922. Structures passing through superior orbital fissure-
a) 2nd CN b) 3rd CN
c) 4th CN d) 6th CN
e) Lacrimal nerve *(PGI Nov 10)*

923. Ayoung man following RTA presented with proptosis and pain in right eye after four days. On examination there is bruise on forehead and right eye. What is the diagnosis - *(AIIMS Nov 11)*
a) Cavernous sinus thrombosis
b) Internal carotid artery aneurysm
c) Carotico-cavemous fistula
d) Fracture of sphenoid

924. A young adult presents with proptosis and pain in eye after 4 days of trauma to eye. Chemosis, conjunctival congestion and extraocular muscle palsy with inability to move eye are seen. Investigation of choice - *(AIIMS Nov-11)*
a) MRI b) Digital subtraction angiography
c) CT d) MR angiography

925. A 8 year old boy presented with swelling in the left eye of 3months, examination revealed proptosis of left eye with preserved vision. Right eye is normal. CT scan revealed intraorbital extraconal mass lesion. Biopsy revealed embryonal rhabdomyosarcoma. Metastatic work up was normal The standard line of treatment is - *(AIIMS Nov 02)*
a) Chemotherapy only
b) Wide local excision
c) Enucleation
d) Chemotherapy and Radiaton therapy

LIDS

926. Infection of what is called stye - *(NEET/DNB Pattern)*
a) Hair follicles b) Tarsal glands
c) Conjunctiva d) Zeis glands

911)c 912)a 913)a 914)None 915)a 916)a 917)d 918)b 919)All 920)d 921)b 922)b,e 923)c 924)b 925)d 926)d

927. Chalazion of lid is - , *(AIIMSMayOS, NEET/DNB Pattern)*
a) Caseous necrosis
b) Chronic nonspecific inflammation
c) Chronic lipogranuloraatpus inflammation
d) Liposarcoma

928. Chalazion is/are - *(PGI Dec 02)*
a) True meibomian cyst b) Mucous cyst
c) Sebaceous cyst d) Cyst of hair follicle
e) Obstruction of meibomian gland

929. Which among the following statements is true regarding chalazion - *(PGI Dec 01)*
a) Mucous cyst
b) Sebaceous cyst
c) Due to staphylococcal infection
d) Recurrence may imply malignancy
e) Occlusion of Meibomian gland

930. TVue about Chalazion treatment - *(PGI Dec 05)*
a) Intralesional steroid b) Laser
c) Curettage d)I&D
e) Medical treatment

931. Treatment of chalazion - *(PGI June 04)*
a) Incision & drainage b) Curettage
c) Intralesion steroid d) Pressure bandage
e) Antibiotics

932. A recurrent chalazion should be subjected to histopathologic evalution to exclude the possibility of- *(AIIMS May 06, AI12)*
a) Squamous cell carcinoma
b) Sebaceous cell carcinoma
c) Malignant melanoma
d) Basal cell carcinoma

933. Recurrent chalazion is predisposed to develop -
a) Squamous cell carcinoma *(AIIMS May 02)*
b) Basal cell carcinoma
c) Adenocarcinoma
d) Epidermoid carcinoma

934. Fusion of palpebral and bulbar conjunctiva is-
a) Symblepharon b) Trichiasis *(NEET/DNB Pattern)*
c) Ectropion d) Tylosis

935. Eyelid drooping is 7 are seen in - *(PGI Nov. 16)*
a) Damage to edinger - westphal nucleus
b) Damage to motor part of facial nerve
c) Damage to sympathetic nerve supply
d) Damage to motor root of occulomotor nerve
e) Damage to lacrimal nerve

936. Ptosis results from trauma to which nerve -
a) vn b)'vm *(AIIMS Feb 97)*
c) m d)VI

937. Bilateral ptosis is not seen in- *(AI 01)*
a) Marfan's syndrome b) Myaesthenia gravis
c) Myotonic dystrophy d) Kearns sayre syndrome

938. Weakness of extraocular muscle may be seen in all of the following conditions except - *(AI 99)*
a) Polymyositis
b) Myasthenia-gravis
c) Eaten-lambert-myasthenic syndrome
d) Thyrotoxicosis

939. Shanti, aged 27 yrs presented with complaints of difficulty in reading near print. There is ptosis and diplopia in all directions. She is *h2L\mg-(AUMSNov 00)*
a) III CN palsy b) Myasthenia gravis
c) Presbyopia d) VI CN palsy

940. Ptosis with weakness of orbicularis- oculi is an early feature of - *(AI 99)*
a) Fisher syndrome b) Myasthenia gravis
c) Eaten lambert syndrome d) Thyrotoxicosis

941. Fasanella Servan operation is specifically indicated in- *(AI03)*
a) Congenital ptosis b) Steroid induced ptosis
c) Myasthenia gravis d) Homer's syndrome

942. Lid lag on the ptotic side on down gaze is characteristic of - *(PGI June 97, AIIMS June 92)*
a) Congenital ptosis b) Traumatic ptosis
c) Myogenic ptosis d) Synkinetic ptosis

943. A patient with ptosis presents with retraction of the ptotic eye lid on chewing. This represents - *(AI 10)*
a) Marcus Gunn Jaw winking sydrome
b) Third nerve misdirection syndrome
c) Abducent palsy
d) Occulomotor palsy

944. * Loss of eyelashes is - f r ^ *(NEET/DNB Pattern)*
a) Tylosis §j|j b) Madarosis
c) Trichiasis d) Ectropion

945. Mostcommohma lignant tumour of eyelid is -
a) Sebaceous gland carcinoma *(AIIMS Nov 09, Nov*
b) Basal cell carcinoma *i 93, June 92, NEET/DNB*
fe) Squamous cell carcinoma *Pattern)*
d) Malignant melanoma

946. The operation of plication of inferior lid retractors is indicated in - *(AI 03)*
a) Senile ectropion b) Senile entropion
c) Cicatrical entropion d) Paralytic entropion

947. All of the following are the features of Horner's syndrome Except - *(AIIMS Nov 08)*
a) Ptosis and Miosis in ipsilateral eye
b) Anhydrosis of ipsilateral face
c) Hetrochromia irides
d) Apparent exophthalmos

948. Horner's syndrome consists of - *(AIIMS May 02)*
a) Miosis and enophthalmos
b) Miosis and exophthalmos
c) Miosis and proptosis
d) Miosis and ptosis

949. Features of Horner's syndrome include all of the following except- *(AI 98, Punjab 11)*
a) Miosis b) Ptosis
c) Anhydrosis d) Exopthalmos

950. All of the following are components of Horner's syndrome except - *(AI 96)*
a) Ptosis b) Exophthalmos
c) Anhidrosis d) Loss of cilio- spinal reflex

927) c 928) a,c,e 929)b,d,e 930)a,c,d,e 931)a,b,c,e 932) b 933) c 934) a 935) c,d 936) c 937) a 938) a
939) b 940) b 941) d 942)c 943)a 944)b 945)b 946)b 947)d 948)d 949)d 950)b

951. Horner's syndrome, all are true except-*(PGI June 00)*
a) Unilateral loss of sweating b) Enophthalmos
c) Mydriasis d) Ptosis

952, Madarosis is seen in - *(NEET/DNB Pattern)*
a) Addison's disease b) Hypothyroidism
c) Acromegaly d) None

LACRIMAL APPARATUS

953. Mucin layer tear flilm deficiency occurs in -
a) Keratoconjunctivitis sicca *(AIIMS May 06,*
b) Lacrimal gland removal *Dec 95)*
c) Canalicular block
d) Herpetic keratitis

954. A two months old child presents with epiphora and regurgitation. The most probable diagnosis is -
a) Mucopurulent conjunctivitis
b) Buphthalmos
c) Congenital dacryocystitis
d) Encysted mucocele

955. Treatment of chronic dacrocystitis - *(PGIDec 05,00)*
a) Dacrocystorhinostomy b) Antibiotics
c) Probing d) Massage

956. Treatment of dacrocystitis includes all except -
a) Probing b) Syringing
c) Endoscopic DCR d) DCR *(PGI Nov 09)*
e) Dacryocystectomy (DCT)

957. Treatment of nasolacrimal duct obstruction -
a) Syringing b) Probing *(PGI June 08)*
c) DCR d) Dacryocystectomy
e) Antibiotic

958. Initial treatment of congenital dacryocystitis -
a) Massaging b) Probing *(PGI 05)*
c) DCR d)Ointment
e) No treatment required

959. A mother noticed mucopurulent discharge from the right puncta of her 3 month old child. There is h/o watering from his right eye, t/t is -*(AIIMS Nov 99)*
a) Syringing
b) Probing with syringing
c) Sac massage with topical antibiotics
d) Dacryocysto- rhinostomy

960. Epiphora is- *(AI02)*
a) Cerebrospinal fluid running from the nose after fracture of anterior cranial fossa
b) An epiphenomenors of a cerebral tumor
c) An abnormal overflow of tears due to obstruction of lacrimal duct
d) Eversion of lower eyelid following injury

961. A 60 year old man presented with watering from his left eye since 1 year. Syringing revealed a patent drainage system. Rest of the ocular examination was noraml. A provisional diagnosis of lacrimal pump failure was made. Confirmations of the diagnosis would be by- *(AIIMS Nov 02)*
a) Dacryoscintigraphy b) Dacryocystography
c) Pressure syringing d) Canaliculus irrigation test

962. MC ocular manifestation of mumps *\s-(AHMSDec 97)*
a) Dacryoadenitis b) Chorioretinitis
c) Anterior uveitis d) Memb. conjunctivitis

963. Crocodile tears are seen in - *(PGI June 98)*
a) Frey's syndrome
b) Conjunctivitis
c) Lacrimal tumour
d) Abnormal VII nerve regeneration

OCULAR TRAUMA

964. In blunt injury to eye, following changes are seen EXCEPT- *(AIIMS Dec 98)*
a) Macular hole b) Berlin's edema
c) Subluxation of lens d) Soft exudates

965. Traumatic eye lesion can causes - *(PGI Dec 08)*
a) Vitreous haemorrhage
b) Comeal opacity
c) Exudative retinal detachment
d) Glaucoma
e) Cataract

966. Which of the following is not seen in blunt trauma to eye - *(AIIMS Feb 97)*
a) Retinal detachment
b) Double perforation in iris
c) Hyphaema
d) Iridiodialysis

967. Voissius ring is seen in the - *(AI 96, AIIMS 94)*
a) Cornea
b) Anterior capsule of the lens
c) Posterior capsule of the lens
d) Iris

968. Vossius ring occurs in - *(AIIMSDec 90)*
a) Lens dislocation b) Concussion injury
c) Penetrating injury d) Extra capsular extraction

969. Vossius ring is seen in - *(Corned 07)*
a) Cornea b)Lens
c) Vitreous d) Retina

970. Rosette shaped cataract is seen in - *(PGI June 00)*
a) Trauma b) Radiation
c) DM d) Iridocyclitis

971. Secondary glaucoma associated with angle recession is seen in - *(AIIMS Dec 94)*
a) Concussion injury b) Radiation injury
c) Penetrating injury d) Chemical injury

972. An 18 year old boy comes to the eye casuality with history of injury with a tennis ball. On examination there is no perforation but there is hyphaema. The most likely source of the blood is - *(AI 05)*
a) Iris vessels
b) Circulus iridis major
c) Circulus iridis minor
d) Short posterior ciliary vessels

951)c 952) b 953) a 954)c 955)a,b,c,d 956)None 957) All 958)a 959)c 960)c 961)a 962)a 963)d
964)d 965)All 966)b 967)b 968)b 969)b 970)a 971)a 972)b

973. In which of the following conditions Berlin's edema is seen - *(AIIMS May 06, Sept 96, PGIDec 98)*
a) Open angle glaucoma
b) After cataract surgery
c) After concussional trauma
d) Diabetic retinopathy

974. ^{6}D' shaped pupil is seen in - *(JIPMER 93)*
a) Glaucoma b) Dislocation of lens
c) Iridodialysis d) Iridocyclitis

975. A boy gets hit by a tennis ball in the eye following which he has complaints of decreased vision. Which of the following tells that blunt injury is due to the baU? *(AI11)*
a) Optic neuritis b) Pars planitis
c) Vitreous base detachment d) Equatorial edema

976. A patient sustained blunt trauma to eye after that the developed sudden loss of vision with deep anterior chamber, Most likely cause is - *(AIIMS June 99)*
a) Lens dislocation
b) Berlin's oedema
c) Retinal haemorrhage
d) Recession of angle of AC

977. Globe rupture due to blunt trauma is indicated by -
a) Blow out fracture *(AIIMS Dec 91)*
b) Lens subluxation
c) Contusion + haemorrhage + low intraocular pressure
d) Proptosis and decreased mobility of muscle

978. A patient presented with pain in left eye associated with visual distrubance, also a history of blunt trauma to eye 4 month back, first investigation of choice is - *(AIIMS June 99)*
a) Introcular tension b) Ophthalmoscopy
c) Perimetry d) Ultrasound

979. After blunt trauma to eye a pt. develops circumcorneal congestion. The further test done is - *(AIIMS June 99)*
a) Perimetry
b) Direct opthalmoscopy
c) Ultrasonography
d) Intraocular pressure measurement

980. Dangerous area of eye - *(AIIMS Nov 07)*
a) Ciliary body b) Optic nerve
c) Sclera d) Choroid

981. Sympathetic ophthalmitis is - *(AIIMSMay 95)*
a) U/L suppurative uveitis
b) B/L suppurative uveitis
c) U/L non- suppurative uveitis
d) B/L non- suppurative uveitis

982. Earliest symptom of sympathetic ophthalmitis is -
a) Photophobia *(AIIMS Dec 91)*
b) Pain
c) Loss of near vision
d) Loss of distant vision

983. In sympathetic ophthalmitis first sign is -
a) Presence of KPs *(PGI June 98, Feb 97,*
b) Retrolental flare *AIIMS 94, Punjab 11)*
c) Presence of aquous flare
d) Constriction of pupil

984. First sign in sympathetic ophthamilis is - *(AI 97)*
a) Presence of aquous flare
b) Presence of precipitates
c) Constriction of pupil
d) Retrolental flare

985. Dalen fuch's nodule is seen in-*(PGIDec 99, AIIMS 97)*
a) Sympathetic ophthalmitis b) Myopia
c) Retinal detachment d) Spring catarrah

986. Sympathetic ophthalmitis is characterized by- *(Corned 07)*
a) Lisch nodules b) Busacca nodules
c) Koepee nodules d) Dalen Fuch's nodules

987. Sympathetic ophthalmitis results due to -
a) Penetrating injury of ciliary body *(PGIDec 97)*
b) Uveitis
c) Glaucoma
d) Trachoma

988. Two weeks after an injury to his right eye, a boy presents with bilateral pain and redness, most probable diagnosis is - *(AIIMS Nov 00)*
a) Sympathetic ophthalmitis b) Endophthalmitis
c) Optic neuritis d) Glaucoma

989. A 20 year old man complains of difficulty'm reading the newspaper with his right eye, three weeks after sustaining a gun shot injury to his left eye. The most likely diagnosis is - *(AI 03)*
a) Macular edema
b) Sympathetic ophthalmitis
c) Optic nerve avulsion
d) Delayed viterous hemorrhage

990. Common feature between sympathetic Ophthalmitis and vogt Kanayagi Harada syndrome -*(PGI June 07)*
a) Autoimmune etiology b) Injury
c) Uveitis d) Vitiligo

991. MC retained foreign body intraocularly -
a) Airgun pellets b) Iron *(AIIMS Dec 95)*
c) Glass d) Chisel and hammer

992. Most common occular foreign body is - *(AI 98)*
a) Chiesel and hammer b) Glass
c) Plastics d) Stone

993. Chalcosis is seen with - *(AIIMS Dec 97)*
a) Pb b)Cu
c) Fe d) Hg

994. What is deposited in Kyser-Fleischer ring -
a) Copper b) Lead *(NEET/DNB*
c) Mercury d) Heme *- Pattern)*

995. Blow out fracture of the orbit, most commonly leads to fracture of - *(AIIMS Nov 09)*
a) Posteromedial floor of orbit
b) Medial wall of orbit
c) Lateral wall of orbit
d) Roof of orbit

973)c 974)c 975)c 976)a 977)c 978)a 979)d 980)a 981)d 982)a 983)a 984)b 985)a 986) d
987) a 988) a 989) b 990) a,c 991) b 992) a 993) b 994)? 995) a

996. "Blow out" fracture of orbit involve - *(PGI03)*
a) Floor b) Medial wall
c) Lateral wall d)Roof
e) Apex

997. Blow out # orbit is characterized by - *(PGI 01)*
a) Diplopia b) "Tear drop" sign
c) Forced duction test d) Exophthalmos

998. A boy presents with diplopia and restriction of eye movements following blunt trauma to his eye. X- ray reveals blow.out fracture of orbit. Which part of orbit is most likely damaged - *(A1IMS Nov 01)*
a) Superior wall b) Inferior wall
c) Lateral wall d) Medial wall

999. TVue about blow out # orbit - *(PGI Dec 06)*
a) Herniates into maxillary antrum
b) Movements restricted
c) Looking down is easy
d) Silastic better for correction
e) Diplopia

1000. Most common cause of fracture of roof of orbit- *(AIMS May 09)*
a) Blow on back of head b) Blow on parietal bone
c) Blow on the forehead d) Blow on the upper jaw

1001. Traumatic eye with late presentation of hyper aemic sclera with unilateral proptosis is due to -
a) Retrobulbar hematoma *(AIMS June 00)*
b) Retrobulbar cellulites
c) Carotico- cavernous fistula
d) Pneumo- orbit

1002. Unilateral lacrimal gland destruction may be caused by- *(NEET/DNB Pattern)*
a) Inferior orbital fissure fracture
b) Fracture of roof of orbit
c) Fracture of lateral wall
d) Fracture of sphenoid

1003. Alkali causes - *(NEET/DNB Pattern)*
a) Symblepharon b) Papilloedema
c] Optic neuritis * * d) Retinal detachment

MISCELLANEOUS

1004. Enucleation means - *(PGIDec 97)*
a) Removal of the contents of globe
b) Removal of the contents of globe and sclera except a frill around the optic nerve
c) Removal of entire globe along with portion of optic nerve
d) Removal of the entire contents of orbit

1005. Enucleation is done for - *(PGI June 02)*
a) Retinoblastoma b) Malignant melanoma
c) Glaucoma d) Pthisis bulbi
e) Vitreous hemorrhage

1006. Enucleation of the eyeball is contraindicated in- *(AIMSMay 03)*
a) Endophthalmitis b) Panophthalmitis
c) Intraocular tumours d) Painful blind eye

1007. A patient is on follow - up with you after enucleation of a painful blind eye. After enucleation of the eyeball, a proper sized artificial prosthetic eye is advised after a postoperative period of - *(AI 03)*
a) About 10 days b) About 20 days
c) 6-8 weeks d) 12-24 weeks

1008. Peripheral iridectomy is indicated in-
a) Acute angle closure glaucoma *(PGI Dec 05, 04)*
b) Open angle glaucoma
c) Malignant glaucoma
d) InICCE
e) Pupil block glaucoma

1009, YAG laser is used in - *(PGI Dec 99)*
a) Retinal detachment b) Diabetes
c) After-cataract d) Refractive errors

1010, Laser used in LASIK- *(MH 11)*
a) Excimer b) Argon
c) Holmium d) Nd-yag

1011. The wavelength of laser (in nanometers) for shaping cornea in refractive surgery is - *(AI 12)*
a) 193 nm b) 451 nm
c) 532 nm d) 1064 nm

1012. Wavelength of ND: Yag laser - *(PGI June 07)*
a) 1040nm b) 1040mm
c) 1040 cm d) 1040 m

1013. Xerophthalmia is caused by - *(PGI Nov. 10)*
a) Vit C deficiency b) Small bowel resection
c) Cystic fibrosis d) Chronic alcoholism
e) Glomerulonephritis

1014. Vit A deficiency produces - *(PGI Dec 05)*
a) Bitots Spots b) Trantas spots
c) Keratomalacia d) Xerophthalmia
e) Colorblindness

1015. Cornea melts without inflammation in which condition - *(TN 03)*
a) Gout b) Sarcoidosis
c) Keratomalacia d) Rheumatoid arthritis

1016. Keratomalacia is - *(PGI Dec 00)*
a) Occurs due to Vit-A deficiency
b) Relatively benign condition
c) First feature ofVit- A deficiency
d) Also seen in retinitis pigmentosa

1017. Which of the following is true about Bitots spots -
a) Predispose to pingecula *(NEET/DNB Pattern)*
b) Caused by hyperplasia of goblet cells
c) Seen with fat malabsorption
d) Most common site is nasal site of conjunctiva

1018. Keratomalacia is associated with - *(PGI June 01)*
a) Measles b) Mumps
c) Rubella d) Diarrhoea
e) Chicken pox

1019. Most common cause of blindness in India is - *(AI 98, NEET/DNB Pattern)*
a) Trachoma b) Vit-A deficiency
c) Cataract d) Mypopia

996)a,b 997)a,b,c,d 998)b 999)a,b,d,e 1000)c 1001)a 1002)b 1003)a 1004)c 1005)a,b,d 1006)b 1007)c
1008) a,d,e 1009)c 1010)a 1011)a 1012)a 1013)b,c,d 1014))a,c,d 1015)c 1016) a 1017)c 1018) a,d 1019)c

1020. Most common cause of blindness in children in India except - *(AIMS May 10, AI07,AIMS Nov 06, May 07)*
a) Malnutrition b) Ophthalmia neonatorum
c) Glaucoma d) Congenital dacryocystitis

1021. Blindness in a child is most commonly due to -
a) Keratomalacia b) Congenital cataract
c) Glaucoma d) Injuries *(PGIJune97)*

1022. Most common cause of blindness in children in India is - *(AIMS Dec 92)*
a) Trachoma b) Cataract
c) Injury d) Vitamin A deficiency

1023. Which is the commonest casuse of occular morbidity in the community - *(AIMS Nov 02)*
a) Cataract b) Refractive error
c) Occular injury d) Vitamin A deficiency

1024. The commonest cause of low vision in India *is-(AI 03)*
a) Uncorrected refractive errors b) Cataract
c) Glaucoma d) Squint

1025. Under the school eye screening programme in India, the initial vision screening of school children is done by - *(AIMS May 03)*
a) School teachers b) Primary level health workers
c) Eye specialists d) Medical officers

1026. The eye condition for which the World Bank assistance was provided to the National Programme for Control of Blindness (1994-2001) is - *(AIMS May 03)*
a) Cataract b) Refractive errors
c) Trachoma d) Vitamin A deficiency

1027. All of the following conditions are immediate priorities in the WHO's "Vision - 2020: The Right to sight" except- *(AIMSMay 08)*
a) Trachoma b) Epidemic conjunctivitis
c) Cataract d) Onchocerciasis

1028. All of the following are given global prominence in the VISION 2020 goals, except - *(AIMSMay 03)*
a) Refractive errors b) Cataract
c) Trachoma d) Glaucoma

1029. | *8' component of SAM} ||| *(NEET/DNB Pattern)*
a) Screening b) Surgery
c) Steroids d) None

1030. Under the WHO 'Vision 2020' programme, the 'SAFE' strategy is adopted for which of the following diseases - *(AI 05, AIMS 07)*
a) Trachoma b) Glaucoma
c) Diabetic retinopathy d) Onchocerciasis

1031. On SAFE strategy false is -
a) Screening *(AI 07, AIMS Nov 06, Nov 08)*
b) Antibiotics
c) Facial hygiene
d) Environmental modification

1032. Abnormaliy f eccentric placed pupil is called - *(NEET/DNB Pattern)*
a) Polycoria b) Corectopia

V^r§?) Ahisbtpna *<-<- ^Mctogi^lqutis'f

wm **Brushfield spot in iris is seen in-***(NEET/DNB Pattern)*
a) Neurofibromatosis b) Dov[illegible]n syndrome
c) Tuberous s clerosis d) Toxoplasmosis

1034. Lamina cribrosa is absent in - *(AI 07)*
a) Morning glory syndrome
b) Nanophthalmia
c) Colobama of retina
d) Optic nerve agenesis

1035. A young patient presents to the ophthalmology clinic withloss of central vision. There is no obvious family history. ERG and EOG were observed to be normal which of the following is the most likely diagnosis- *(AI II)*
a) Stargardt's disease
b) Best's Vitelliform Dystrophy
c) Retinitis Pigmentosa
d) Cone- Rod Dystrophy

1036. A young patient presents to the ophthalmology clinic with loss of central vision. ERG is normal but EOG is abnormal. Which of the following is the most likely diagnosis - *(AI 11)*
a) Stargardt's disease
b) Best's Vtielliform Dystrophy
c) Retinitis Pigmentosa
d) Cone- Rod Dystrophy

1037. A young patient present with significant loss of central vision and a normal ERG There is no obvious family history of similar presentation. The most likely diagnosis - *(AI11)*
a) Best's disease b) Stargardt's disease
c) Retinitis Pigmentosa d) Cone Rod Dystrophy

1038. Aniridia is associated with - *(AIMS Nov 09)*
a) Retinoblastoma b) Hepatoblastoma
c) Nephroblastoma d) Medulloblastoma

1039. Von recklinghausen disease is associated with-
a) Glaucoma *(AI08)*
b) Optic nerve glioma
c) Neurofibroma of the lids
d) All the above

1040. Von recklinghausen disease is associated with-
a) Glaucoma *(AI08)*
b) Choroidal hemangioma
c) Sub-retinal neovascularization
d) Anterior chamber angle malformation

1041. Telecanthus means - *(AIMSMay 08)*
a) Widened interpupillary distance
b) Widened root of nose with normal interpupillary distance
c) Widely separated medial orbital wall
d) Widely separated nose and medial canthi

1042. Afferent component of corneal reflex is mediatd by-
a) Vagus nerve *(All India 06)*
b) Facial nerve
c) Trigeminal nerve
d) Glossopharyngeal nerve

1020)d 1021) a 1022)d 1023)b 1024)a 1025)a 1026)a 1027)b 1028)d 1029)b 1030)a 1031)a 1032)b 1033)b
1034) a 1035) a 1036)b 1037)b 1038)c 1039)d 1040)a>d 1041)b 1042)c

1043. All are ocular emergencies except - *(AI04)*
a) Angle closure glaucoma
b) Central serous retinopathy
c) Retinal detachment
d) Central retinal arterial occlusion

1044. Ocular manifestation of HIV are all except -
a) Predispose to viral, bacterial & fungal function
b) Kaposi sarcoma *(PGI Nov 09)*
c) CMV retinitis
d) Cotton wool spot
e) Intraocular lymphoma

1045. Ocular manifestations in AIDS - *(PGI Dec 07)*
a) Kaposi sarcoma b) Retinitis
c) Lymphoma d) Tuberculosis
e) Herpes

1046. Waardenburg's syndrome following are seen except- *(PGIDec 98)*
a) Widening of the eyebrow
b) Short palpebral fissure
c) Interstitial keratitis
d) heterochromia iridis

1047. Common ocular manifestation in Trisomy 13 is -
a) Capillary hemangioma *(AIIMSMay03)*
b) Bilateral microphthalmos
c) Neurofibroma
d) Dermoid Cyst

1048. Epidemic dropsy is characterised by all except -
a) Disc- edema *(AIIMS Dec 98)*
b) Hard- exudates
c) Peri-retinal haemorrhage
d) Tortuous - retinal vessels

1049. Hypersecretory glaucoma is seen in - *(AI 94)*
a) Epidemic dropsy b) Marfan's syndrome
c) Hypertension d) Diabetes

1050. Most common allergic manifestation of tuberculosis is- *(AIIMSNov 01)*
a) Phyctenular conjunctivitis b) Koeppe's nodule
c) Retinopathy d)Scleritis

1051. Complications of topical steroids - *(PGI Dec 0 mm NEET/DNB Pattern)*
a) Cataract
b) Glaucoma
c) uveitis

1052. Thefedmmonestcdmplications aLtopicalistercfidfc is-> || *(AI95:NEET/DNBPattern)*
a) Glaucoma b) Cataract
c) Ptosis d) Iritis

1053. Topical steroids can be used in - *(PGI Dec 06)*
a) Herpetic keratitis b) Herpetic dendritic keratitis
c) Disciform keratitis d) Ant. uveitis
e) Parsplanitis

1054. Brown skin cornea is seen in - *(PGI June 98)*
a) Siderosis b) Mustard gas exposure
c) Chalcosis d) Argyrosis

1055. Which drug can cause macular toxicity when given intravitreally ? *(All India 06)*
a) Gentamicin b) Vancomycin
c) Dexamethasone d) Ceftazidime

1056. Peribulbar injection is given in- *(PGI Dec 98)*
a) Subtenon space b) Outside muscle case
c) Periorbital space d) Subperiorbital space

1057. Macula involvement is common in - *(PGIDec 97)*
a) Toxoplasma b) Malaria
c) CMV d) Syphilis

1058. Commonest infection causing blindnesss in adult man- *(AIIMSNov 00)*
a) Toxocara b) Plasmodium
c) Toxoplasma gondii d) Tenia solium

1059. River blindness is caused by - *(AIIMS Feb 9 7)*
a) Drinking river water without boiling
b) Oncocerca volvulus
c) Toxoplasma canis
d) Glaucoma

1060. A young female presents with sudden, severe bilateral loss of vision more so on right side with no perception of light Rest of the examination including pupillary reflex, fundus & optokinetic nystagmus are normal. She was able to touch tips of her Anger with right eye closed but not with left eye closed. Most likely diagnosis - *(AIIMS Nov 11)*
a) Optic neuritis b) Anterior ischaemic optic neuritis
c) CMV retinitis d) Functional visual loss

1061. A young adult presented with diminished vision. On examination he has anterior uveitis, vitritis, focal necrotizing granuloma, macular spot. What is the most probable diagnosis? *(AIIMS May 12)*
a) Proteus syndrome b) White dot syndrome
c) Multifocal chorioditis d) Ocular toxoplasmosis

***

1043)b 1044) None 1045)A11 1046)c>a 1047)b 1048)b 1049)a 1050)b 1051)b 1052)a 1053)c,d,e 1054)a,c
1055) a 1056)b 1057)a,c,d 1058) c 1059) b 1060) d 1061) d


ORTHOPAEDICS

ANATOMY & PHYSIOLOGY OF BONE AND FRACTURE HEALING

1. True about Osteoclast is all except - *(PGI June 2K)*
a) Derived from monocytes
b) Stimulated by PTH
c) Phagocytosis of foreign bodies
d) Resporption of bone

2. Maj or mineral of the bone is - *(AIIMS May 10)*
a) Calcite b) Hydroxyapatite
c) Calcium oxide d) Calcium carbonate

3. Bone apposition is best in - *(AIIMS Nov 01)*
a) Osteoblastic activity at the area of stress
b) Endochondral ossification
c) Subperiosteal cambium layer
d) Osteoblastic activity in howship's lacunae

4. Regarding bone remodelling, all are true except -
a) Osteoclastic activity at the compression site
b) Osteoclastic activity at the tension site
c) Osteoclastic activity and osteoblastic activity are both needed for bone remodelling in cortical and cancellous bones *(AIIMS Nov 01)*
d) Osteoblasts transforms into osteocytes

5. Which of the changes occur in bone growth -
a) Increased acid phosphatase *(AIIMS Dec 97)*
b) Increased urinary calcium
c) Increased bone nucleotidase
d) Increased osteocalcin

6. Indicators of bone formation includes all of following except- *(AI07, 11)*
a) Osteocalcin b) Alkaline phosphatase
c) Hydroxyproline d) Type 1 procollegen

7. Bone resorption markers are - *(PGI June 08)*
a) Serum propeptide of type I procollagen
b) Osteocalcin
c) Urine total free deoxypyridinoline
d) Free glutamic acid cross linkage

8. Rate of newly synthesized osteoid mineralization can be best estimated by - *(AI 09)*
a) Tetracycline labeling b) Alizarin red stain
c) Calcein stain d) Van kossa stain

9. Bone formation markers - *(PGIDec. 07)*
a) Procollagen-I b) Alkaline phosphatase
c) Hydroxyappetite d) Calcitonin
e) TRAP

10. Adult bone trabeculae are differentiated from foetal bone trabeculae histologically by the presence of -
a) Haversian system *(DPG Mar. 09)*
b) Lamellar structure
c) Certain special staining characteristics
d) Different types of bone cells in each

11. Direct impact on the bone will produce a -
a) Transverse fracture *(AIIMS May 03)*
b) Oblique fracture
c) Spiral fracture
d) Communited fracture

12. The one most consistent sign of fresh fracture is -
a) Crepitus b) Bony tenderness *(PGI 97)*
c) Deformity d) Abnormal mobility
e) Shortening of bone

13. Pathognomonic sign of traumatic fracture is -
a) Redness b) Swelling *(JIPMER 98)*
c) Crepitus d) Tenderness

14. Pathologic fracture can occur in all except-*(PGIDec. 05)*
a) Metabolic bone disease b) Osteosarcoma
c) Osteochondroma d) Bone cyst
e) Fluorosis

15. Pathological # is seen in following except -
a) Radiation b) Anaemia *(PGI June 2K)*
c) Osteoporosis d) Osteomalacia

16. Stress fracture not involves - *(PGI 00)*
a) Metatarsals b) Metacarpals
c) Tibia d)Calcaneum

17. The usual site of stress fracture includes -*(TN 93)*
a) Tibia
b) First metacarpal bone
c) Second metacarpal bone
d) Second metatarsal bone

18. Commonest site of march # is - *(PGI June 2K)*
a) Involves shaft of 2 & 3rd metatarsals
b) Avulsion # of 5th metatarsals
c) Calcaneus involved
d) Olecranon involved

What is March fracture ? *(PGI 99, NEEVDNB*
a) Fracture of 2nd metatarsal *Pattern)*
b) Fracture of^ipetatars^L § **11Z**
c) Fracture of cuboids
d) Fracture of tibia

20. An army recruit, smoker and 6 months into training started complaining of pain at posteromedial aspect of both legs. There was acute point tenderness and the pain was aggravated on physical activity. The most likely diagnosis is - *(AI04)*
a) Bearger's disease b) Gout
c) Lumbar canal stenosis d) Stress fracture

21. All of the following factors facilitate nonunion except- *(AI97)*
a) Haematoma formation b) Periosteal injuries
c) Absence of nerve supply d) Chronic infection

22. Initial stage of clinical union of bone is equivalent to- *(BIHAR90)*
a) Callus formation b) Woven bone
c) Haematoma formation d) Calcification only
e) None of the above

23. Factors that promotes callus formation -*(PGIDec. 03)*
a) Micromovements between the fracture fragments
b) Appropriate approximation of the fragments
c) Muscle interposed in between the fracture fragment
d) Early initiation of mobilization
e) Ischemia

l)c>b 2)b 3) c,d 4) None >a 5)d 6)c 7)c 8) a 9)a,b 10)b>a ll)a>d 12) b 13) *o* 14) e
15)b 16)b 17)d>a 18)a 19)a 20)d 21)a 22)b 23)a,b

24. Callus inducion is hampered in - *(PGI June 06)*
a) Hypoxemia
b) Fractured fragments of bone
c) Micromovements
d) Muscle interposition in between fractured fragments
e) Early mobilization

25. **Healing of # of bone is affected by -** *(PGI Dec 0 7)*
a) Micromovement b) Muscle interposition
c) Hypoxia d) Bone fragments

26. **TVue about fracture healing except -**
a) Nutrition affects healing *(NEET/DNB Pattern)*
b) Stable fixation promotes healing
c) **Compression at fracture** site causes nonunion
d) Hormonal status may affeet,healing •

27. **Non union is a complicatic** *(AIMSJune 98*
Hi **Scaphoid #** *NEET/DNB Pattern)*
b) Colic's#
c) **Inter-trochanteric # of hip** ***10658**
d) Supracondylor # of **the**

28. The following fractures are known for Non-union except - *(DNB 90, UP 02)*
a) Fracture of lower half of tibia
b) Fracture of neck of femur
c) Fracture of scaphoid
d) Fracture of patella
e) Supracondylar fracture of humerus

29. In some old fractures, cartilaginous tissue forms over the fractured bone ends with a cavity in between containing clear fluid. This condition is called as -
a) Delayed union b) Slow union *(A104)*
c) Nonunion d) Pseudoarthrosis

SHOULDER AND ARM INJURIES

30. Rotator interval is between - *(MAHE 05, ARMS 06,*
a) Supraspinatus & teres monor *Jipmer 02)*
b) Teres major & teres minor
c) Supraspinatus & subcapsularis
d) Subscapularis & infraspinatus

31. Most common muscle damaged in rotator cuff -
a) Supraspinatus *(NEET/DNB Pattern)*
b) Infraspinatus
c) Subscapularis
d) Teres minor

32. Lift off test is done to assess the function of -
a) Supraspinatus b) Infraspinatus *(A110)*
c) Teres minor d) Subscapularis

33. A person is able to abduct his arm, internally rotate it, place the back of hand on the lumbosacral joint, but is not able to lift it from back. What is the Etiology?
a) Subscapularis tendon tear *(ARMS Nov 10)*
b) Teres major tendon tear
c) Long head of biceps tendon tear
d) Acromioclavicular jt. dislocation

34. Most common joint to undergo recurrent dislocation is - *(AI97, ARMS 97, NEET/DNB Pattern)*
a) Shoulder joint; b) Patella
c)-Knee joint d) Hip joint

35. Uncomplicated shoulder dislocation most commonly occurs in the following direction - *(NEET/DNB*
a) Anterior * **b)** Posterior *Pattern)*
c) Superior dy Medially

36. A 20-years old male presents with anterior shoulder dislocation. This injury is usually caused as a combination of which of the following -
a) Abduction & external rotation *(ARMS Nov 11)*
b) Adduction & external rotation
c) Abduction & internal rotation
d) Adduction & internal rotation

37., Anterior dislocation of shoulder is |nost commonly complicated by - *(PGI97, ARMS95, AI97,96NEED*
a) Axillary artery injury *DNB Pattern)*
b) Circumflex neryeinjury;
c) Recurrent dislocation ;
d) Axillary nerve injury

38. Following anterior dislocation of the shoulder, a pt develops weakness of flexion at elbow and lack of sensation over the lateral aspect forearm; nerve injured is - *(AI 01, ARMS 99)*
a) Radial nerve b) Musculocutanous nerve
c) Axillary nerve d) Ulnar nerve

39. The lesions associated with recurrent dislocation of shoulder include all, except - *(ARMS May 06)*
a) Hill-Sach's lesion b) Bankart's lesion
c) Capsular laxity d) Supraspinatus tear

40. Bankart's lesion is seen at - *(ARMS June 2K)*
a) Post surface of glenoid labrum
b) Ant surface of glenoid labrum
c) Ant part of head of humerus
d) Post part of head of humerus

41. Bankart's lesion involves the_____ of the glenoid labrum - *(ARMS Nov 06)*
a) Anterior lip b) Superior lip
c) Antero-superior lip d) Antero-inferior lip

42. Hill sach's lesion is most commonly seen ipl-
a) Recurrent shoulder dislocation *(NEET/DNB*
b) Posterior shoulder dislocation - * *Pattern)*
c) Fracture neck of humrus
d) Anterior shoulder dislocation .

43. A 6 year old boy has a history of recurrent dislocation of the right shoulder. On examination, the orthopedician puts the patient in the supine position and abducts his arm to 90 degrees with the bed as the fulcrum and then externally rotates it but the boy does not allow the test to be performed. The test done by the orthopedician is - *(ARMSMay 01)*
a) Apprehension test b) Sulcus test
c) Dugas test d) MC Murray's test

24) a,b,d,e 25)a,b,c,d 26) c 27) a 28) e 29) d 30) c 31) a 32) d 33) a 34) a 35) a 36) a
37) b,d 38) b 39) d 40) b 41) d 42) a 43) a

44. Traumatic glenohumeral instability on one direction with Bankarts lesion are treated by -
a) Conservative methods *(NIMHANS 03)*
b) Surgery
c) Rehabilitation
d) Observation followed by inferior capsule shift

45. Which is true regarding shoulder dislocation -
a) Posterior dislocation is often over-looked
b) Pain is severe in anterior dislocation
c) Radiography may be misleading in posterior dislocation *(SGPGI02, NIMHANS 99)*
d) All of the above

46. A 24-yar old male, known epileptic, presented following a seizure with pain in the right shoulder region. Examination revealed that the right upper limb was adducted and internally rotated and the movements could not he performed. Which of the following is the most likely diagnosis - *(DPG10)*
a) Posterior dislocation of shoulder
b) Luxatio erecta
c) Intrathoracic dislocation of shoulder
d) Subglenoid dislocation of shoulder

47. Posterior glenohumeral instability can be tested by- *(AIIMS May 10,09)*
a) Jerk test b) Crank test
c) Fulcrum test d) Sulcus test

48. Following statement regarding dislocation of shoulder are true except - *(KA 97)*
a) Head of humerus usually dislocates forward from shoulder joint
b) Injury is produced by forced extension & external rotation of abducted arm
c) In posterior dislocation, appearance of shoulder is not normal
d) None of the above

49. Common injury to baby is - *(CMC 02)*
a) Fracture humerus b) Fracture clavicle
c) Fracture scapula d) Fracture femur

50. True about fracture clavicle is - *(PGI97)*
a) Malunion
b) Most common site is medial l/3rd & 2/3rd
c) Comminuted fracture
d) Due to fall on outstretched hand

51. True statement regarding fracture of clavicle is -
a) Most common complication is malunion *(AI2K)*
b) Occurs at the jn. of medial l/3ri & lateral 2/3rd
c) Usually occurs due to fall on elbow
d) Communitted fracture is common

52. All are TRUE about clavicle, except-^TZZMS' *May 93)*
a) No treatment required for fracture but rest
b) Breaks at mid point
c) First bone to ossify
d) Ossifies in membrane

53. The most common bone fractured during birth -
a) Clavicle b) Scapula *(MP 98)*
c) Radius d) Humerus

54. ^ a ^Proximal humerus fracture which has maximum chances of avascular necrosis - *(NEET/DNB*
a) One part b)Two part *Pattern)*
c) Three part d) Four part

55. Treatment of choice in 65 year old female with impacted # neck of humerus is - *(AIIMS June 99,*
a) Triangular sling *PGI 2K, UP 2K)*
b) Arm chest strapping
c) Arthroplasy
d) Observation

56. Most common nerve involvement in fracture surgical neck humerus - *(AI 02, AIIMS Dec 9 7)*
a) Axillary nerve b) Radial nerve
c) Ulnar nerve d) Median nerve

57. A boy fell down from a tree and has fracture of neck of humerus. He cannot raise his arm because of the involvement of- *(AI 2K)*
a) Axillary nerve
b) Supraspinatus nerve
c) Musculocutaneous nerve
d) Radial nerve

58. Which of the following movements will be affected if the greater tubercle of the humerus is lost -
a) Abduction and lateral rotation *(AIIMS Nov 2K)*
b) Adduction and flexion
c) Adduction and medial rotation
d) Flexion and medial rotation

59. Hanging cast is used in - *(AIIMSDec 95)*
a) # Femur b) # Radius
c)# Tibia d) # Humerus

60. Nerve commonly involved in fracture distal shaft of the Humerus- *(NEET/DNB Pattern)*
a) Radial nerve b) Medial
c) Ulnar d) Circumflex brachial nerve

ELBOW INJURIES

61. Three bony point relationship is maintained in - *(AIIMS Dec 95, 93, Nov 91)*
a) Supracondylar # humerus b) Dislocation of elbow
c) # Lateral condyle d) Intercondylar #

62. Three point relationship is reversed in all, except - *(AIIMS June 2K, 91)*
a) # Medial epicondyle b) # Lateral epicondyle
c) Supracondylar # d) Intercondylar #

63. 3 point symmetry is not disturbed in which fracture-
a) Fracture ulna only *(AIIMS May 93)*
b) Fracture radius only
c) Fracture of radius & ulna both bones of forearm
d) Weak posterior capsule

64. After falling from a height, a child lands on his fully out stretched hands. On examination there is pain and swelling over his right elbow. Give your probable diagnosis - *(AIIMS Nov 2K)*
a) Fracture olecranon
b) Post dislocation of elbow
c) Supra condylar fracture of humerus
d) Fracture both bones forearm

44) b 45) d 46) a 47) a 48) d 49) b 50) a,d 51) a 52) a 53) a 54) d 55) a 56) a 57) a
58) a 59) d 60) a 61) a 62)a,b,c 63) b 64) c

65. Complications of supracondylar fracture of humerus are all except - *(PGI Dec 05)*
a) Elbow stiffness b) Malunion
c) Nonunion d) Myositis ossification
e) Gun-Stock deformity

66. All of the following are complications of supracondylar fracture of humerus in children, except- *(AIIMSMay 06)*
a) Compartment syndrome b) Myositis ossificans
c) Malunion d) NonUnion

67. Volkmanns contracture, which artery is involved-
a) Radial b) Brachial *(NEET/DNB Pattern)*
c) Ulnar d) Interosseus

68. The malunion of supracondylar fracture of the humerus most commonly leads to - *(AIIMSMay 06)*
a) Flexion deformityb) Cubitus varus
c) Cubitus valgus d) Extension deformity

69. The most common complication of supracondylar fracture is - *(PGI97, AIIMS97)*
a) Osteosarcoma
b) Genu valgum
c) Blood vessel injury
d) Volkmann's ischaemic contracture
e) Malunion with gun stock deformity

70. Cabitus varus is most commonly seep, in *41})*
: : V v a) Rickets ' a *(AI94, NEET/DNB: Pattern^*
b) Post inflammatory epiphyseal damage
c) Fracture lateral condyle humerus
d) Malunited supracondylar fracture

71. Most commonly injured nerve in supracondylar fracture of humerus - *(AI11)*
a) Median b) Ulnar
c) Radial d) Anterior interosseus nerve

72. Which complication may arise after supracondylar fracture - *(PGI 95)*
a) Median nerve injury b) Damage to brachial artery
c) Cubitus varus d) All of the above

73. A 10-year-old boy presenting with a cubitus varus deformity and a history of trauma 3 months back, on clinical examination has the preserved 3 bony point relationship of the elbow. The most probable diagnosis is - *(AI 94, AIIMS 94, May 04)*
a) Old unreduced dislocation of elbow
b) Non-union lateral condylar fracture of humerus
c) Malunited intercondylar fracture of humerus
d) Malunited supracondylar fracture of humerus

74. All of the following are associated with supracondylar fracture of humerus, except- *(AI 02,NEET/DNB*
a) It is uncommon after 15 yrs of age *Pattern)*
b) Extension type fracture is more common than the flexion type
c) Cubitus varus deformity commonly results following malunion
d) Ulnar nerve is most commonly involved

75. Supracondylar fracture is usually caused by -
a) Hyperflexion injury *(MAHE 02, SGPGI01)*
b) Axial rotation
c) Extension injury
d) Hyperextension injury

76. "Cubitus-valgus" deformity is complication of -
a) # Lateral condyle of humerus *(AIIMS June 97)*
b) # Intercondylar of humerus
c) # of the olecranon
d) # Head of the radius

77. All true regarding fracture lateral condyle humerus except - *(PGI 93, Jipmer 98)*
a) Salter Harris type IV injury
b) Most common complication of surgically treated cases is cubitus valgus deformity
c) Tardy ulnar nerve palsy occurs
d) Cubitus varus occur more commonly than valgus
e) Open rudction & internal fixation

78. Most common complication of lateral condyle humerus fracture - *, (NEET/DNB Pattern)*
a) Malunion b) Nonunion
c) VIC d) Median nerve injury

79. Tardy ulnar nerve palsy caused by - *(PGI June 02)*
a) Supracondylar# b) Lateral condylar #
c) Olecranon # d) Intercondylar #
e) Distal radio-ulnar dislocation

80. Tardy ulnar nerve palsy seen in - *(AIIMS Dec 98)*
a) Medial condyle # humerus
b) Lateral condyle # humerus
c) Supracondylar condyle # humerus
d) Fracture shaft humerus

81. A 6-year old child has an accident and had # elbow, after 4 years presented with tingling and numbness in the ulnar side of finger, fracture is -
a) Supracondylar # humerus *(AIIMS June 99)*
b) Lateral condylar # humerus
c) Olecranon#
d) Dislocation of elbow

82. A 12-year-old child presents with tingling sensation and numbness in the little finger and gives history of fracture in the elbow region 4 years back. The probable fracture is -
a) Lateral condyle fracture humerus
b) Injury to ulnar nerve
c) Supracondylar fracture humerus
d) Dislocation of elbow

83. A patient sustained injury to the upper limb 3 yrs back; he now presents with valgus deformity in the elbow and paresthesias over the medial border of the hand. The injury is likely to have been - *(AI01)*
a) Supracondylar # humerus
b) Lateral condyle # humerus
c) Medial condyle # humerus
d) Posterior dislocation of the humerus

65)c 66)d 67)b 68)b 69)e 70)d 71)d>a 72)d 73)d 74) d 75)d 76)a 77)b 78)b
79) a,b 80)b,c 81)b 82) a 83) b

84. Pulled elbow is - *(PGI94)*
a) A sprain of extensor tendons
b) Dislocation of head of radius
c) Fracture of lateral condyle of humerus
d) Dislocation of elbow

85. Pulled elbow means •y. j /. *(NEET/DNB Pattern)***
a) Fracture of head of radius , - . * '1
b) 'Subluxation of head of radius ALA:'
c) Fracture dislocation of elbow ;.>n *:j
d) Fracture ulna , ' *Jxj*, h'Akf,* £r>.^ ',{>

86. A 30 years old male comes to ortho emergency with his 3 years old daughter who is crying. The father gives the history of child being swung by forearm. The most probable diagnosis is - *(AIIMS 01, TN 02)*
a) Supracondylar humerus fracture
b) Elbow dislocation
c) Stress fracture
d) Pulled elbow

87. A one and a half year old child holding her father's hand slipped and fell but did not let go of her father's hand. After that she continued to cry and hold the forearm in pronated position and refused to move the affected exremity. Which of the following management of this stage is most appropriate -
a) Supinate the forearm *(AIIMS Nov 04)*
b) Examine the child under GA
c) Elevate the limb and observe
d) Investigate for osteomyelitis

88. A 3 year old girl has developed painful elbow after being jerked by the forearm. The next thing to be done is - *(AIIMS 93, AMU 99, Jipmer 01)*
a) Cuff & collar sling immobilization
b) Reduction setting and AEPOP application
c) X-ray and elevation of limb in posterior slab
d) Fully supinate the forearm

89. A child is spinned around by holding his hand by his father. While doing this the child started crying and does not allow his father to touch his elbow. The diagnosis is - *(AIIMSMay 01)*
a) Pulled elbow
b) Radial head dislocation
c) Annular ligament tear
d) Fracture olecranon process

9 0 . . Commonest dislocation of *elbo\v-(NEET/QNB Pattern)*
a) Anterior b)Posterior,
; • c) Both same ^ 4) Medial

91. Deformity in posterior elbow dislocation- *(NEET/*
a) Flexion b) Extension :; *DNB Pattern)*
c) Both d) None i; ;; {*i\ * / l.*

92. In posterior dislocation of elbow, most prominent part- *(NEET/DNB Pattern)*
a) Coronoid b) Radial head
c) Olecranon d) None

93s iylWhat is seen on x-ray with posterior elbow 1;\ V vdislocation - *(NEET/DNB Pattern)*
a) Coronoid process posterior to humerus
ip;. n;b) Coronoid process anterior to humerus
k j Coronoid process below humerus) 4 n A ^ - i
i.V.^;.\J;d) None

94. All are common with elbow dislocation, except -
a) Myositis ossificans progressiva *(DELHIPG Feb. 09)*
b) Median Nerve Palsy
c) Brachial artery injury
d) Volkmann's contracture

95. Most common elbow injury in adolescents is-*(AI90,*
a) Dislocation *AMU 97, UP 01)*
b) Physeal injury
c) Supracondylar fracture
d) Olecranon fracture

96. An oblique # of olecranon. If displaced proximally. The treatment is - *(AIIMS SP 96)*
a) Excision & resuturing
b) Tension band wiring
c) Elbow is immobilized by cast
d) Open reduction & external fixation

97. In fracture of the olecronon, excision of the proximal fragment is indicated in all of the following situation except- *(AI 04)*
a) Old ununited fracture
b) Non-articular fracture
c) Fracture extending to coronoid process
d) Elderly patient

98. Open reduction is not required in which fracture -
a) Patella *(AIIMSMay 95)*
b) Outer 1/3 of radius head
c) Condyle of humerus
d) Olecranon displaced #

99. Excision of head of radius in a child should not be done because- *(Jipmer01)*
a) It produces instability of elbow joint
b) It leads to secondary osteoarthritis of elbow
c) It causes subluxation of inferior radio-ulnar joint
d) It causes myositis ossificans

100. If head of the radius is removed, it will result in- *(PGI91)*
a) Lengthening of limb b) Valgus deformity
c) Varus deformity d) No deformity

FOREARM ■ WRIST AND HAND INJURIES

101. Fracture of both bone forearm at same level, position of the arm in plaster is - *(AIIMS June 99)*
a) Full supination b) 10 degree supination
c) Full pronation d) Mid- prone

102. Most common fracture in *ddeify-(NEET/DNB Pattern)*
a) TCNF A b) Colle's fracture
c) IT fracture d) Supracondylar fracture

84) None >b 85)b 86)d 87)a 88)d 89)a 90)b 91)a 92)c 93)a 94)a 95)b 96)b
97) c 98) b 99) c 100) b 101) d 102) b

103. Following displacement seen in Colle's fractue EXCEPT- *(ARMS June 97)*
a) Dorsal tilt b) Ventral tilt
c) Dorsal displacement d) Lateral displacement

104. All of the following can be the complications of a malunited Colles fracture except - *(AI04)*
a) Rupture of flexor pollicis longus tendon
b) Reflex sympathetic dystrophy (RSD)
c) Carpal tunnel syndrome
d) Carpal instability

105. Most common complication of Colies *fcKarn 00, AI 95*
a) Malunion *97, ARMS May 95,NEET/DNB Pattern)*
!/^:'^';^AV£fecular necrosis :-v ' .j
c) Finger stiffness - ^ •
d) Rupture of EPL tendon

106. Dinner fork deformity is seen in - *J.';; &*
a) Colie's fracture • ■ - - *(NEET/DNB Pattern)*
V '' ' b) March fracture - *A,* \
c) Laterar.condylefractureL;-/\X' w.?:; "
d) Supracondylar fracture

107. Which tendon gets involved in Colle's fracture?
a) Abductor pollicis longus *(Rohtak 97, WB 99)*
b) Extensor pollicis brevis
c) Extensor pollicis longus
d) All the above

108. Complication of Colle's fracture include all of the following except- *(AI 98, 96)*
a) Malunion
b) Nonunion
c) Sudeck's osteodystrophy
d) Rupture of EPL tendon

109. Not a complication of Colies' fracture - *(JIPMER 00)*
a) Stiffness of wrist b) Stiffness of shoulder
c) Carpal tunnel syndrome d) Wrist drop

110. Seen in Colles # A/E - *(ARMSMay 95)*
a) Proximal shift b) Dorsal tilt
c) Lateral tilt d) Pronation

111. In colles fracture not seen is - *(AI 9 7)*
a) Proximal impaction b) Lateral rotation
c) Dorsal angulation d) Medial rotation

112. Smith's **fracture involves which bone-** *(NEET/DNB*
a) Distal radius **b)** Proximal ulna *Pattern)*
c) Metatarsal d) Patella

113. Management of Smith's fracture is - *(AI 94)*
a) Open reduction and fixation
b) Plaster cast with forearm in pronation
c) Closed reduction with below - elbow cast
d) Above- elbow cast with forearm in supination

114. All are injuries of lower end of radius except -
a) Smith's fracture *(PGI95, IN- 98)*
b) Colle's fracture
c) Night stick fracture
d) Barton's fracture

115. What is the most common injury sustained due to fall on out-streched hand by a person aged 65 years?
a) Colle's fracture *(UPSCII10)*
b) Supracondylar fracture
c) Shoulder dislocation
d) Fracture of metacarpals

116. Fracture scaphoid is usually seen in - *(PGI 95)*
a) Elderly male
b) Elderly postmenopausal female
c) Young active adult
d) Children

117. Most common site of scaphoid fracture is - *(AI97)*
a) Waist b) Proximal fragment
c) Distal fragment d) Tilting of thelunate

118. In children fracture scaphoid is though rare but usually involves - *(JIPMER 98, ARMS 92)*
a) Waist b) Proximal pole
c) Neck d) Distal pole

119. Which one of the following statements is not correct regarding fracture of the scaphoid - *(UPS 01)*
a) It is the most commonly fractured carpal bone
b) Persistent tenderness in the anatomical sunffbox is highly suggestive of fracture
c) Immediate X-ray of hand may not reveal fracture line
d) Malunion is a frequent complication

120. The commonly inured carpal bone next to scaphoid is - *(NB 91)*
a) Triquetrum b) Trapezoid
c) Lunate d) Capitate
e) Hamate

121. The most common nerve involvement is dislocation of Lunate is - *(UP 98)*
a) Median nerve b) Anterior interosseus
c) Posterior interosseus d) Ulnar nerve

122. Which carpal bone fracture causes median nerve involvement ? *(NIMS 2000)*
a) Scaphoid b) Lunate
c) Trapezium d)Trapeziod

123. Which of the following statement(s) is/are true?
a) Oedema & tenderness over the anatomical snuffbox is the pathognomonic featues of Fracture of the scaphoid *(PGI 92)*
b) Normally the radial styloid is 54" lower than the ulnar
c) Dinner folk deformity is charateristic of Colle's fracture
d) All of the above

HAND INJURY

124. True regarding mallet finger is - *(ARMSNov 00)*
a) Avulsion of tendon at the base of the middle phalanx
b) Avulsion of extensor tendon at the base of foe distal phalanx
c) Fracture of distal phalanx
d) Fracture of the proximal phalanx

103) b 104) a 105) c 106) a 107) c 108)b 109)d 110)d lll)a 112)d 113)d 114)c 115)a 116)c
117) a 118) d 119)d 120) a 121)a 122) b 123) d 124)b

125. A 30 year old man involved in a fisticuff, injured his middle finger and noticed slight flexion of DIP joint. X-ray were normal. The most appropriate management at this stage is - *(A1IMS Nov 04)*
a) Ignore
b) Splint the finger in hyperextension
c) Surgical repair of the flexor tendon
d) Buddy strapping

126. Mallet finger is due to avulsion of extensor tendon of- *(PGI Dec 01)*
a) Proximal phalanx b) Middle phalanx
c) Distal phalanx d) Metacarpals
e) Any other phalanx

127. Bennett's fracture is fracture dislocation of base of metacarpal - *(MH10, PGI 00, UP 88)*
a) 4th * b) 3rd
c) 2nd d) 1st

128. During fixation of Bennett's fracture, which muscle hinders it - *(Karn 99, AIIMS May 94, PGI 92)*
a) Extensor pollicis brevis
b) Flexor pollicis brevis
c) Flexor pollicis longus
d) Abductor pollicis longus

129. One of the common fractures that occur during boxing by hitting with a closed fist is - *(NEET/DNB Pattern)*
a) Monteggia fracture dislocation
b) Galeazzi fracture dislocation
c) Bennett's fracture dislocation
d) Smith's fracture

130. Game Keeper's thumb is - *(PGI 92, KA 95)*
a) Ulnar collateral ligament injury of MCP Joint
b) Radial collateral ligament injury of MCP joint
c) Radial collateral ligament injury of CMC joint
d) Ulnar collateral ligament injury of CMC joint

131. A cricketer holds a catch and then presents with pain at the base of the right thumb. He should be examined to specifically rule out damage to which of the following structure - *(AIIMS Nov 11)*
a) Extensor pollicis brevis
b) Abductor pollicis longus
c) Volar plate
d) Ulnar collateral ligament

132. In hand surgery which area is called no man's land -
a) Proximal phalanx *(AIIMS Nov 00)*
b) Distal phalanx
c) Between distal phalanx crease and proximal phalanx
d) Wrist

PELVIS & HIP INJURIES

133. True about Crescent fracture is - *(AIIMSMay 09)*
a) Anteroposterior instability with rotational stability
b) Diastasis of pubis with pubic rami fracture
c) Antero-posterior compression is the mechanism of injury
d) Fracture of the iliac bone with sacroiliac disruption

134. All of the following areas are commonly involved sites in pelvic fracture except - *(AI 05)*
a) Pubic rami b)Alae of ilium
c) Acetabulum d) Ischial tuberosities

135. Jumper's fracture is seen in - *(PGI 97)*
a) Calcaneum b) Tibia
c) Pelvis d) Neck femur

136. If a patient with a suspected fracture of the pelvis has some bleeding from the urethra and is unable to pass urine- *(UPSC 97)*
a) He should be encouraged to pass urine after being given antibiotics and analgesics
b) He should be immediately catheterized in the ward
c) A hot water bottle should be given followed by injection of corbachol
d) He should be prepared for surgery and catheterization attempted in the O.T

137. Late complication of Acetabular fracture - *(PGI 97)*
a) Avascular necrosis of head of femur
b) Avascular necrosis of lilac crest
c) Fixed deformity of the hip joint
d) Secondary osteoarthritis of hip joint

138. In Fracture acetabulum, late complication is -
a) Osteoarthritis *(DELHI 94)*
b) Tardy sciatic nerve palsy
c) Recurrent Dislocation
d) None of the above

139. Kocher Langenbeck approach for emergency acetabular fixation is done in all Except -
a) Open fracture *(AIIMSMay 09)*
b) Progressive sciatic nerve injury
c) Recurrent dislocation inspite of closed reduction and traction
d) Morel - Lavallee lesion

FRACTURE NECK FEMUR

140. An elderly woman was admitted with a fracture of the neck of right femur which failed to unite. On examination an avascular necrosis of the head of femur was noted. The condition would have resulted most probably from the damage to - *(AIIMSNov 03)*
a) Superior gluteal artery
b) Inferior gluteal artery
c) Acetabular branch of obturator
d) Retinacular branches of circumflex femoral arteries

141. Main blood supply to the head and neck of femur comes from- *(AI 11)*
a) Lateral circumflex femoral Artery
b) Medial circumflex femoral Artery
c) Artery of Ligamentum Teres
d) Popliteal Artery

142. Increase in Pauwel's angle indicate -
a) Good prognosis *(SGPGI00, MAHE 2K)*
b) Impaction
c) More chances of displacement
d) Trabecular alignment disrupted

125) b 126) c 127) d 128) d 129) c 130) a 131)d 132) c 133) d 134) d 135) c 136) d 137) a,d 138) a
139) d 140) d 141) b 142) c

143. Garden -I fractures are also known as - *(Assam 97,*
a) Complete fracture without displacement *UP 03)*
b) Complete fracture with minimal (partial) displacement
c) Complete fracture with full displacement
d) Valgus impaction fractures

144. Which of the following describes grade 2 fracture neck feitiur? *(NEET/DNB pattern)*
a) Incomplete fracture, medial trabeculae intact
b) Complete fracture with undisplaced neck
c) Complete fracture with ischeniic head
d) Moderate displacement of neck, vascularity damaged

145. Occult fracture of neck femur are best diagnosed by - *(SGPGI03, AIMS SR 06)*
a) Bone Scan b) MRI
c) X-ray d) CT scan

146. Commonest complication of Trans^ervical fracture of femur is - *(NEET/DNB Pattern)*
a) Non union b) Mahinibii
c) Avascular necrosis d) All of the above

147. The most common site of fracture neck of femur that causes avascular necrosis is - *(DNB 00, AMU97, AI 96)*
a) Sub-capital b) Intertrochanteric
c) Trans-cervical d) Basal

148. AVN is seen in which type of # of femur-(PG/ *June08)*
a) Intertrochantric # b) Subcapital #
c) Trans cervical # d) Basal #

149. Avascular necrosis of head of the femur is most common in - *(AIMS Feb 9 7, AI 96)*
a) Subcapital#
b) Basal #
c) Fracture intertrochantric
d) Transcervical fracture

150. AVN of femoral head is most common in-
a) Intracapsular fracture neck .of femur
b) Extracapsular fracture neck of femur
c) Subtrochanteric fracture *(NEET/DNB Pattern)*
d) Fracture shaft humerus *'M*

151. Avascular necrosis is the commonest in one of the following fracture - *(DPG 10)*
a) Garden 1 and 2 fracture of femoral neck
b) Garden 3 and 4 fracture of femoral neck
c) Sub-trochanteric fracture of femoral neck
d) Baso-trochanteric fracture

152. Treatment of choice in fracture neck of femur in a 40 year old male presenting after 2 days is - *(AI 96)*
a) Hemiarthroplasty
b) Closed reduction and Internal fixation by cancellous screws
c) Closed reduction and Internal fixation by Austin Moore pins
d) Plaster and rest

153. A 50 years male with fracture neck of femur comes after 3 days, treatment of choice is - *AIMS June 99)*
a) Hemiarthroplasty b) Total hip replacement
c) Hip spika d) CR & IF

154. Treatment of choice for one week old fracture neck femur at 65 years age is - *(AIMS 98, UPSC 97, AI 94)*
a) Hemi-replacement arthroplasty
b) Closed reduction and itnernal fixation by cannulated cancellous screws
c) Closed reductionand internal fixation by Austin more pins
d) Total hip replacement

155. Best treatment for fracture neck femur is a 65 year old lady is - *(AIMS Dec 94)*
a) POP cast
b) Gleotomy
c) Bone grafting and compression
d) Hemireplacement arthroplasty

156. In the case of a 70 year old lady with intracapsular fracture of the neck of femur, the ideal treatment would be- *(AMU 00)*
a) Closed traction
b) Hemiarthropalsty
c) Internal fixation with nail
d) Internal fixation with nail and plate

157. Femoral neck fracture of three weeks old in a young adult should be best treated by one of the following -
a) Total hip replacement
b) Reduction of fracture and femoral osteotomy with head
c) Prosthetic replacement of femoral head
d) Reduction of fracture and multiple pin or screw fixation
e) Upper femoral displacement osteotomy

158. In 65 year old male with history of fracture neck of femur 6 weeks old,treatment of choice - *(AIMS 94)*
a) SP nailing b) Me Murray's osteotomy
c) Hemiarthroplasty d)None

159. Prosthesis at head of femur applied in - *(UP 98)*
a) 40 years young male with # head of femur
b) 40 years young male with # neck of femur
c) 40 years young male with posterior dislocation of hip
d) 65 years old male with nonunited fracture neck of femur

160. Prosthetic replacement of femoral head is usually indicated for- *(PGI90)*
a) Fresh intracapsular fracture head of femur in old patients
b) Fresh intracapsular fracture of femoral neck in a young adult
c) Unreduced posterior dislocation of hip
d) Untreated femoral neck fracture in a patient over 65 years
e) Pathological femoral neck fracture due to secondaries

161. Trochanteric fracture of femur is best treated by -
a) Dynamic hip screw *(PGI93)*
b) Inlay plates
c) Plaster in abduction
d) Plaster in abduction and internal rotation

143) d 144) b 145) b 146) c 147) a 148)b,c,d 149) a 150) a 151)b 152) b 153)d 154) b 155)d 156)b 157) d 158) c 159) d 160) d,e 161) a

162. Most common complication of intertrochanteric fracture femur is - *(Al 98)*
a) Malunion b) Nonunion
c) Osteoarthritis d) Nerve injury

163. A 60- years old man fell in bathroom and was unable to stand, on right buttock region echymosis with external rotation of the leg and lateral border of foot touching the bed. The most probable diagnosis is-
a) Extracapsular fracture neck of femur
b) Anterior dislocation of hip
c) Intracapsular fracture neck of femur
d) Posterior dislocation of hip

164. 80 years old female after fall developed inability to walk with external rotation deformity, on examination SLR is not possible and broadening of the GT and lateral border of foot touching the bed. The most probable diagnosis is - *(PGI93, AMU 96)*
a) # Neck femur
b) # Intertrochanteric femur
c) # Subtrochanteric femur
d) # Greater trochanter

165. A women aged 60 yrs suffers a fall; her lower limb is extended and externally rotated; likely diagnosis is-
a) Neck of femur # *(AllMS 98, PGI 95)*
b) Intertrochanteric femur #
c) Posterior dislocation of hip
d) Anterior dislocation of hip

166. The commonest hip injury in the elderly patients is -
a) Stress#
b) Extracapsular #
c) Impacted # neck of femur
d) Subcapital capsular fracture neck of femur

167. Prosthetic replacement of femoral head is indicated for one of the following sites of fractures-(#//zar *98)*
a) Inter-trochanteric fracture of femoral neck
b) Subcapital fracture neck femur
c) Transtrochanteric fracture femur
d) Basal fracture of femoral neck

168. The most common complication of extracapsular fracture of neck of femur is - *(DELHI 97)*
a) Avascular necrosis b) Nonunion
c) Malunion d) Myositis ossificans

DISLOCATION OF HIP

169. The pain around the hip with flexion, adduction & internal rotation of lower limb in a young adult after a road traffic accident is suggestive of -
a) Intracapsular fracture of the femoral neck
b) Extracapsular fracture of the femoral neck
c) Posterior dislocation of hip *(AIIMS Nov 05,*
d) Anterior dislocation of hip . *May 01)*

170. A 30 year old male was brought to the casualty following a road traffic accident. His physical examination revealed that his right lower limb was short, internally rotated, and flexed and adducted at the hip. The most likely diagnosis is- *(AI03)*
a) Fracture neck of femur
b) Trochanteric fracture
c) Central fracture dislocation of hip
d) Posterior dislocation of hip

171. Posterior dislocation of hip is characterized by -
a) Marked shortening of limb
b) Lengthening of limb *(NEET/DNBrPattern)*
c) No change in limb length
d) Extension deformity

172. Sciatic nerve palsy may occur in the foUowinginjury-
a) Posterior dislocation of hip joint
b) Fracture neck of femur *(NEET/DNB Pattern)*
c) Trochanteric fracture ,
d) Anterior dislocation ofhip

173. Pipkin fracture is defined as - *(PGI Dec. 05)*
a) Head of radius fracture
b) Head of femur fracture
c) Fracture dislocation of ankle
d) Fracture neck of femur
e) Fracture of C6 Spine

174. Deformity in anterior dislocation of hip is -
a) Ext. rotation, abduction, flexion *(AIIMSNov 99,*
b) Ext. rotation, adduction, flexion *DPG 99)*
c) Int. rotation, abduction, flexion
d) Int. rotation, adduction, flexion

175. Kumar, a 31 yrs old motorcyclist sustained injury over his Right hip joint. X-ray revealed a posterior dislocation of the Right hip joint The clinical attitude of the affected lower limb will be -*(AHMSNov 00,98,*
a) External rotation, extension & abduction *AI02)*
b) Internal rotation, flexion & adduction
c) Internal rotation, extension & abduction
d) External rotation, flexion & abduction

176. Maximum shortening of limbs occur *in-(AIIMS Feb9 7)*
a) Trochantric # femur b) Post dislocation of hip
c) # neck femur d) Anterior dislocation ofhip

177. Which is true about dislocation ofhip joint? *(KA 94)*
a) Posterior dislocation is commoner
b) In posterior dislocation whole lower limb is rotated medially
c) In anterior dislocation whole lower limb is rotated laterally
d) All of the above

178. Flexion, adduction and internal rotation is characteristic posture in - *(JIPMER 95)*
a) Anterior dislocation of hip joint
b) Posterior dislocation of hip joint
c) Fracture of femoral head
d) Fracture shaft of femur

179. A patient with hip in adduction and medial rotation and is unable to move probable diagnosis is -
a) Posterior dislocation head of femur *(Andhra 94)*
b) Fracture shaft of femur
c) Fracture neck of femur
d) Sciatica

162) a 163) a 164)b 165)a 166)b 167)b 168)c 169)c 170)d 171)a 172)a 173)b 174)a 175)b 176) b 177) d 178) b 179) a

180. In traumatic injury of the hip - *(PGI Dec. 02)*
a) Anterior dislocation is common
b) Posterior dislocation is common
c) Avascular fracture is common
d) Visceral injury usually associated with fracture femur
e) Open reduction is always necessary

INJURIES AROUND THE THIGH AND KNEE

181. Subtrochanteric fractures of femur can be treated by all of the following methods except - *(AI 05)*
a) Skeletal traction on Thomas' splint
b) Smith Petersen Nail
c) Condylar blade plate
d) Ender'snail

182. **In fracture of femur popliteal artery is common damaged by-** *(PGI 93)*
a) Proximal fragment b) Distal fragment
c) Muscle haematoma d) Tissue swelling

183. **Why fracture shaft femur is early stabilised -**
a) To prevent blood loss *(NEET/DNB Pattern)*
b) ARDS
c) Non union
d) Compartment syndrome

184. Treatment of Non-union of # shaft femur -
a) Open reduction with external fixation
b) Excision of the bone *(ARMS Sept 96)*
c) Bone grafting with internal fixation with K-Nail
d) All of the following

185. Treatment of choice for old non-united fracture of shaft of femur - *(ARMS 94)*
a) Compression plating
b) Bone grafting
c) Nailing
d) Compression plating with bone grafting

186. Best treatment of 3 weeks old, fracture shaft femur with nonunion is - *(ARMS Dec 94)*
a) Bone graft with internal fixation
b) External fixation
c) Internal fixation only
d) Prosthesis

187. Maximum shortening of lower limb is seen in- *(ARMSDec 95)*
a) # Shaft femur b)# Neck femur
c) # Intertrochanter d) Transcervical #

188. Gallow's traction is used for fracture - *(ARMSNov 10, 11)*
a) Shaft femur b) Neck femur
c) Shaft tibia d) Tibial tuberosity

189. The traction that is applied for fracture shaft of the femur in children below 2 years *i&-(NEET/DNB Pattern)*
a) Russell's traction b) Smith's traction
c) Gallow's traction d) Bryant fraction

190. The classical example of muscular violence is -
a) # of fibula b) # of patella *(PGI 96)*
c) # of clavicle d) All of the these

191. Treatment of displaced transverse fracture of patella - *(PGI June 03, Dec 06)*
a) POP b) Tension band wiring
c) Screw d) Patellectomy

192. Thbe (Cylinder) cast is applied for the fracture of -
a) Shoulder b)Hip *(AI 07)*
c) Pelvis d)Knee

193. About posterior cruciate ligament true statement is - *(AI 07)*
a) Prevent posterior displacement of Tibia
b) Attaches to lateral femoral condyle
c) Intra synovial
d) Inserted on medial side of medial femoral condyle

194. Posterior cruciate ligament-true statement is -
a) Attached to the lateral femoral condyle
b) Intrasynovial *(ARMS Nov 06)*
c) Prevents posterior dislocation of tibia
d) Relaxed in full flexion

195. The blood supply of anterior cruciate ligament (ACL) is primarily derived from - *(AI 08)*
a) Superior medial genicular artery
b) Descending genicular artery
c) Middle genicular artery
d) Circumflex fibular artery

196. Which activity will be difficult to perform for a patient with an anterior cruciate deficient knee joint- *(ARMSMay 02)*
a) Walk downhill b) Walk uphill
c) Sit cross leg d) Getting up from sitting

197. In anterior cruciate ligament tear, which of these tests are positive - *(PGI June 02)*
a) Lachmann test b) McMurry's test
c) Anterior drawer test d) Posterior drawer test
e) Apley's test

198. What would be the most reliable test for an acutely injured knee of a 27 year old athelete -
a) Anterior drawer test *(ARMS May 02,Jipmer 02)*
b) Posterior drawer test
c) Lachman test
d) Steinmann test

199. Which of the following is the SAFEST test to be performed in a patient with acutely injured knee joint- *(AI 08)*
a) Lachmann test b) Pivot shift test
c) McMurray's test d) Apley's grinding test

200. Which one of the following tests will you adopt while examining a knee joint where you suspect an old tear of anterior cruciate ligament - *(AI 03)*
a) Posterior drawer test b) Me Murray test
c) Lachman test d) Pivot shift test

201. Positive pivot shift test in knee is because of inj ury to - *(ARMS June 2K, AI 01)*
a) Post cruciate lig.
b) Ant. cruciate lig.
c) Medial collateral ligament
d) Posterior elbow ligament

180)b 181)b 182)b 183) a 184)c 185)d 186) a 187) a 188) a 189)c 190)b 191)b 192) d 193) a
194) c 195) c 196) a 197) a,c 198) c 199) a 200) c 201)b

202. A twisting injury of knee in flexed position would result in injury to all except - *(AIIMSMay 02)*
a) Meniscal tear
b) Capsular tear
c) Anterior cruciate ligament
d) Fibular collateral ligament

203. Torsion of knee results in injury most commonly to- *(AIIMS May 02)*
a) Anterior cruciate ligament
b) Medial meniscus
c) Fibular collateral ligament
d) Tibial collateral ligament

204. When a patient gets up from sitting position which of the following events takes place in his knee joint?
a) Medial rotation of femur on a fixed tibia *(AI08)*
b) Lateral rotation of femur on a fixed tibia
c) Medial rotation of tibia on a fixed femur
d) Lateral rotation of tibia on a fixed femur

205. Medial meniscus of knee joint is injured more often than the lateral meniscus because the medial meniscus is relatively - *(AIIMS Nov 02)*
a) More mobile b) Less mobile
c) Thinner d) Attached lightly to femur

206. Which of the following statements about 'Menisci' is not true- *(AI10)*
a) Medial meniscus is more mobile than lateral
b) Lateral meniscus covers more tibial articular surface than lateral
c) Medial meniscus is more commonly injured than lateral
d) Menisci are predominantly made up of type I collagen

207. Which type of injury causes more damage to the semi-lunar cartilage in the knee - *(AI 96, AP 99,*
a) Flexion and extension at the ankle *Jipmer 11)*
b) Rotation on a flexed knee
c) Rotation on an extended knee
d) Squatting position

208. Injury to the medial meniscus is rather impossible when the knee j oint does not - *(NB 99)*
a) Extend b) Flex
c) Rotate d) Abduct adduct

209. A patient gives a H/O twisting strain and locking of the knee joint, the most likely diagnosis is -
a) Avulsion of tibial tubercle *(PGI97, AI 93)*
b) Meniscal tear
c) Tearing of lateral collateral ligament
d) Tear of anterior cruciate ligament

210. A 18 yrs old boy was playing football, when he suddenly twisted his knee on the ankle and he fell down. He got up after 10 minutes and again started playing, but next day his knee was swollen and he could not move it. The most probable cause is -
a) Medial meniscus tear *(AIIMS May 01)*
b) Anterior cruciate ligament tear
c) Medical collateral ligament injury
d) Posterior cruciate ligament injury

211. All of the following features in the knee are recognized to be consistent with a torn medial meniscus, except - *(Manipal 94)*
a) Excessive forward glide b) Giving way
c) Locking d) Mc.Murray's sign

212. McMurray's test is positive in injury of - *(PGI June 02, Karn. 11)*
a) Anterior cruciate ligament
b) Posterior cruciate ligament
c) Medical meniscus injury
d) Popliteal bursitis

213. Atheletic sustained an injury around the knee joint suspecting cartilage damage, which of the following is an investigation of choice - *(AP 2K, AIIMS 94)*
a) Pain X-ray b) Clinical examination
c) Arthroscopy d)Arthrotomy

214. Which is the investigation of choice for a sport injury of the knee - *(AP 93, TN 97)*
a) Ultrasonography b) Plain radiography
c) Arthrography d) Arthroscopy

215. In which of the following meniscal tears will meniscectomy be a more suitable option than meniscal repair ? *(AI 08)*
a) Tears in the outer zone
b) Tears in the middle zone
c) Tears in the inner zone
d) Tears at the junction of anterior horn of medial meniscus & tibial collateral ligament

216. An athletic teenage girl complains of anterior knee pain on climbing stairs and on getting up after prolonged sitting. Which of the following is the most likely diagnosis? *(AI 11)*
a) Chondramalacia Patellae
b) Plica Syndrome
c) Bipartite Patella
d) Patellofemoral osteoarthritis

217. Commonest dangerous complication of posterior dislocation of knee is - *(AIIMS Nov 99)*
a) Popliteal artery injury
b) Sciatic nerve injury
c) Ischaemia of lower leg compartment
d) Femoral artery injury

218. Management of hemarrthrosis - *(PGI June 04)*
a) Compression bandage b) Needle aspiration
c) PO.P. cast d) Rest to the joint
e) Synovectomy in recurrent cases

219. Locking of knee joint can be caused by -
a) Osgood shalter *(PGI Dec 05)*
b) Loose body in knee joint
c) Tuberculosis of knee
d) Medial meniscal partial tear

220. In "bounce home" test of knee joint, end feel is described as all except? *(AIIMS May 11)*
a) Bony b) Empty
c) Springy d)Firm

202)d 203)a 204)a 205)b 206)a 207)b 208)b 209)b 210)a 211)a,b 212)c 213)c 214)d 215)c 216)a 217)a 218)A11 219)b,d 220)b

221. A patient met with Road Traffic Accident with injury to the left knee. Dial test was positive. What could be the cause ? *(AIIMS Nov 10)*
a) Medial Collateral Ligament Injury
b) Posterolateral Comer Injury
c) Lateral Meniscus Tear
d) Medial Meniscal Injury

INJURY TO THE LEG, ANKLE AND FOOT

222. What is acceptable angulation after reducing the fracture tibia - *(AIIMS May 93)*
a) 5 b) 10
c) 15 d)20

223. Patellar tendon bearing P.O.P. cast is indicated in the following fracture - *(AI 02)*
a) Patella b) Tibia
c) Medial malleolus d) Femur

224. Treatment of choice for non-united fracture of lower l/4th tibia with multiple discharging sinuses & various puckered scar with 4 cm shortening of leg- *(AIIMS Dec 09)*
a) Plating b) External fixator
c) Ilizarov's fixator d) Intramedullary nail

225. The stability of the ankle joint is maintained by all of the following, except - *(AIIMS Dec 03)*
a) Plantar calcaneonavicular (spring) ligament
b) Deltoid ligament
c) Lateral ligament
d) Shape of the superior talar articular surface

226. The most commonly affected component of the lateral collateral ligament complex in an "ankle sprain" is the - *(AIIMSDec 03, AI 98)*
a) Middle component b) Anterior component
c) Posterior component d) Deeper component

227. Most; common ligament injured in ankle sprain - *(NEET/DNB Pattern)*
a) Anterior talofibular
b) Posterior talofibular
c) Deltoid
d) Calcaneofibular

228. Inversion injury at the ankle can cause all of the following except - *(AI 02)*
a) Fracture tip of lateral melleolus
b) Fracture base of the 5th metatarsal
c) Sprain of Ext. Digitorum brevis
d) Fracture of sustentaculam tali

229. The mechanism of injury of transverse fracture of medial malleolus results due to - *(Andhra 99)*
a) Abduction injury b) Adduction injury
c) Rotation injury d) Direct injury

230. Watson Jones operation is done *ior-(AIIMS Nov 08)*
a) Polio b) Muscle paralysis
c) Neglected clubfoot d) Chronic ankle instability

231. Talus receives a rich blobd supply from the following arteries except- *(NEET/DNB Pattern)*
a) Anterior tibia - b) Posterior tibial
c) Peroneal d) Dorsalis pedis

232. Fracture of talus without displacement in x-ray would lead to - *(PGI June 02)*
a) Osteoarthritis of ankle
b) Osteonecrosis of head of talus
c) Avascular necrosis of body of talus
d) Avascular necrosis of neck of talus
e) Non union

233. Avascular necrosis is a complication of - *(AI 99)*
a) Fracture of talus
b) Fracture of medial condyle of femur
c) Olecranon fracture
d) Radial head fracture

234. MC comp, of# talus is- *(AIIMS May 95)*
a) Avascular necrosis
b) Nonunion
c) Osteoarthritis of ankle joint
d) Osteoarthritis of subtalar joint

235. Calcaneum is associated most commonly with which # - *(AIIMS Feb 97)*
a) # rib b) # vertebrae
c) # skull d) # fibula

236. Bohler's angle is decreased in fracture of -
a) Calcaneum b) Talus *(AIIMSMay 07,*
c) Navicular d) Cuboid *AI 07)*

237. Gissane's angle in intraarticular fracture of calcaneum - *(AMU 02, MAHE 04)*
a) Reduced b) Increased
c) Not changed d) Variable

238. Neutral triangle is seen radiologically *in-(NIMS 03)*
a) Neck femur b) Proximal humerus
c) Calcaneus d) Talus

239. # of calcaneous management depending upon -
a) Type of fracture *(PGI June 08)*
b) Subtalar joint dislocation
c) Duration of presentation
d) Degree of displacement

240. Least common complicaation of fall from height is -
a) Fracture base of skull *(AIIMS DEC 94)*
b) Fracture calcaneum
c) Fracture fibula
d) Fracture 12th thoracic vertebra

SPINAL INJURIES

241* Most common site for trauma of spine is - ?
a) Cervical b) Thoracic *(NEET/DNB Pattern)*
c) Lumbar d) Sacrum

242. The commonest cause of spinal cord injuries in our country is - *(AMU 02, SGPGI03)*
a) Road traffic accident b) Fall from a height
c) Fall into well d) House collapse

221)b 222)a,b 223)b 224)c 225)a 226)b 227)a 228)c 229)a,c 230)d 231)None 232)a,c 233)a 234) d 235) b 236) a 237) b 238) c 239)a,b,c,d 240) c 241) a 242) b

243. Which of the following skull fractures is called a Motorcyclist's fracture - *(Al 09)*
a) Ring fracture of base of skull
b) Hinge fracture of base of skull
c) Comminuted fracture of skull
d) Depressed fracture of skull

244. Jafferson's fracture is the fracture of -
a) Odontoid b) C_x *(NEET/DNB Pattern)*
c) G_j d) C_3

245'. Allofthefollowing are true about fracture of the atlas vertebra, except - *(Al 05)*
a) Jefferson fracture is the most common type
b) Quadriplegia is seen in 80% cases
c) Atlantooccipital fusion may sometimes be needed
d) CT scans should be done for diagnosis

246. Hangman's fracture is-fXarw *98,NEET/DNB Pattern)*
a) Subluxation of G5 over C_6
b) Fracture dislocation of C2
c) Fracture dislocation of ankle joint
d) Fracture of odontoid

247. Regarding Hangman's fracture true *is-(JIPMER 99,*
a) High post admission mortality *AMU 02,SGPGI 04)*
b) Most common axis fracture
c) Surgical treatment is necessary
d) Union almost always occurs

248. True regarding Hangman's fracture is-*(Manipal 00)*
a) Odotoid process fracture of C2
b) Spondylolisthesis of C2 over C3
c) Whiplash injury
d) Fracture of hyoid bone

249. Hangman's fracture is fracture of C2 - *(AIIMS 99,*
a) Dens fracture b) Lamina *Al 93)*
c) Pars interarticularis d) Spinous process

250. All are true regarding whiplash injury except -
a) Lumbar spine is commonly involved *(PGI 96,98)*
b) Fractures are not common
c) Paresthesia and chronic pain
d) Hyperextension injury
e) Sprains and strains without radiological findings

251. Regarding whiplash injury, a true statement includes
a) Contusion of the spinal cord and fracture of vertebra
b) Fracture of vertebral body
c) Spinal cord injury without vertebral fracture
d) Vertebral fracture without spinal cord injury

252. 'Whip-lash' injury is caused due to -*(AIIMSMay 03)*
a) A fall from a height
b) Acute hyperextension of the spine
c) A blow on top to head
d) Acute hyperflexion of the spine

253. Tear drop fracture of lower cervical spine implies -
a) Wedge compression fracture *(AIIMS SR 05,*
b) Axial compression fractures *06, KA 02)*
c) Flexion-rotation injury with failure of anterior body
d) Flexion compression failure of body

254. Burst Fracture of spine is a - *(Al 07)*
a) Compression Fracture b) Extension injury
c) Direct injury d) Flexion - rotation

255. Most common type of injury to spinal cord is -*(Al 07)*
a) Flexion b) Extension
c) Compresson d) Flexion - rotation

256. In a Pt. with head injury, unexplained hypotension warrants evaluation of - *(Al 02)*
a) Upper cervical spine b) Lower cervical spine
c) Thoracic spine d) Lumbar spine

257. Chance fracture is/are - *(PGI 93, 90)*
a) Mainly ligamentous injury
b) Neurological involvement is common
c) Flexion compression injury
d) Seat belt injury

258. The compression fracture is commonest in -
a) Cervical spine b) Upper thoracic spine
c) Lower thoracic spine d) Lumbosacral region

259. Return of Bulbocavernous reflex in spinal shock -
a) Sign of recovery from spinal shock *(JIPMER99)*
b) Partial lesion of spinal cord
c) Complete transection of spinal cord
d) Incomplete transection of spinal cord

260. Bulbocavernosus reflex is elicited by A/E - *(PGI 93)*
a) Gians pens b) Clitoris
c) Tug of foley catheter d) Perianal

261. Complete transection of the spinal cord at the C7 level produces all of the following except - *(Al 02)*
a) Hypotension
b) Limited respiratory effort
c) Anaesthesia below the level of the lesion
d) Areflexia below the level of the lesion

262. On accident there is damage of cervical spine, first "E. line of management is - *(AIIMS Nov. 99, PGI 94,*
a) X- ray *NEET/DNB Pattern)*
b) Turn head to side
c) Maintain airway
d) Stabilise the cervical spine

263. Careless handling of a suspected case of cervical spine inj ury may result in - *(UPSC 99)*
a) Injury to the spinal cord leading to quadriparesis or quadriplegia
b) Intracranial haemorrhage with cerebral imtation of unconsciousness.
c) Cervical haematoma with compression of brachial vessels
d) Complete paralysis of the affected upper extremity

264. A scooter is hit from behind. The rider is thrown off and he lands with his head hitting the kerb. He does not move, complains of severe pain in the neck and is unable to turn his head. Well-meaning onlookers rush up to him and try to make him sit up. What would be the best course of action in this situation?
a) He should be propped up and given some water to drink
b) He should not be propped up but turned on his face and rushed to the hospital

243) b 244) b 245) b 246) b 247) d 248) b 249) c 250) a 251) c 252) b 253) d 254) a 255) a 256) b>a
257) d 258) c 259)a 260)d 261)b 262)c 263)a 264)c

c) He should be turned on his back and a support should be placed behind his neck and transported to the nearest hospital
d) He should not be moved at all but carried to the nearest hospital in the same position in which he has been since his fall.

265. Patient develops myelopathy post-trauma. What dose of methyl prednisolone is to be given ?
a) 3Omg/kg within 3hrs. *(A1IMS Nov 11)*
b) 45mg/kg within 6 hrs.
c) 60mg/kg within 9 hrs.
d) 75mg/kg within 12 hrs.

266. A young woman met with an accident and had mild quadriparesis. Her lateral X-ray cervical spine revealed C-C_{5-6}, fracture dislocation. Which of the following is the best line of management? *(AI05)*
a) Immediate anterior decompression
b) Cervical traction followed by instrument fixation
c) Hard cervical collar and bed rest
d) Cervical laminectomy

267. Material used in verterbroplasty is - *(AIIMS May 08)*
a) Isomethylmethacrylate
b) Isoethyl methacrylate
c) Polyethyl methacrylate
d) Polymethyl methacrylate

268. Percutaneous vertebroblasty is indicated in all except - *(A1IMS May 11)*
a) Tuberculosis b) Metastasis
c) Osteoporosis d) Hemangioma

269. Wrist flexion and finger extension test the following nerve root - *(A11MS SR 05, Jipmer 03)*
a) C8 b) C_7
c) G d) Ti

270. A patient involved in a road traffic accident presents with quadriparesis, sphincter disturbance, sensory level up to the upper border of sternum and a respiratory rate of 35/minute. The likely level of lesion is -
a) Cj-C_2 b) C_4-C_5 *(A110)*
c) Tj-T_2 d)T_3-T_4

271. Disc prolapse commonly occurs at - *(PGI June 01)*
a) L_4-L_5 b) L_5-S_1
c) C_5-C_6 d)Ls-Si
e) C3-C4

272. Prolapsed intervertebral Disc (PID) is most common at- *(DPGFeb. 09)*
a) CioCn b)C_2C_3
c)I^L_4 d)L_5Sj

273. After L4 - Si the next commonest site of intervertebral disc prolapse is - *(JIPMER 95)*
a) C6 - C_7 b) T_{12} - Li
c) Li - L_2 d) L_2 - L_3

274. A 44- years old man presented with acute onset of low backache radiating to the right lower limb. Examination revealed SLRT < 40° on the right side, weakness of extensor hallucis longus on the right side, sensory loss in the first web space of the right foot and brisk knee jerk. Which of the following is the most likely diagnosis - *(AIIMS May 04)*
a) Prolapsed intervertebral disc L_{4-5}
b) Spondylolysis L5-S1
c) Lumbar canal stenosis
d) Spondylolisthesis L4-5

275. A middle-aged lady presents with complaints of lower back pain. On examination there is weakness of extension of right great toe with no sensory impairment An MRI of the lumbosacral spine would most probably reveal a prolapsed intervetebral disc at what level? *(AIIMS Nov 11)*
a) L3-L4 b)L4-L5
c) L5-S1 d)Sl-S2

276. A previously healthy 45 yrs old laborer suddenly develops acute lower back pain with right-leg pain & weakness of dorsiflexion of the right great toe. Which of the following is true - *(AI02)*
a) Immediate treatment should include analgesics muscle relaxants & back strengthening exercises
b) The appearance of the foot drop indicate early surgical intervention
c) If the nerurological signs resolve within 2 to 3 weeks but low back pain persists, the proper treatment would include fusion of affected Lumbar vertebra
d) If the neurological signs fail to resolve within 1 week, Lumbar laminectomy and excision of any herniated nucleus pulposus should be done -

277. Investigation of choice for lumbar prolapsed disc -
a) X-ray b) CT Scan *(NEET/DNB*
l c -v ^h c) MRI ■ d)Myelogram *Pattern)*

278. Partial anteriordislocation of one segment of the spine over another is - « *i; (NEET/DNB Pattern)*
a) Spondylosis •. r b) Spondylolisthesis
c) Kyphosis . d) Scoliosis

279. Least helpful for the diagnosis of spondylolisthesis -
a) AP x-ray of spine b) Lateral x-ray of spine
c) MRI d) CT *(AIIMS Nov 11)*

280. Which of the following is not recommended in the treatment of chronic low back pain - *(AI 09)*
a) NSAIDs b) Bed rest for 3 months
c) Exercises d) Epidural steroid injection

281. Progression of congenital scoliosis is least likely in which of the following vertebral anomalies -
a) Fully segmented Hemivertebra *(AI 10)*
b) Wedge vertebra
c) Block vertebra
d) Unilateral unsegmented bar with Hemivertebra

282. Hari Verdhman, 9 yrs old child, presents with scoliosis, hairy tuft in the skin of back and neurological deficit. Plain X- rays reveal multiple vertebral anomalies & a vertical bony spur overlying lumbar spine on AP view. The most probable diagnosis is - *(AI 02)*
a) Dorsal dermal sinus b) Diastometamyelia
c) Tight filum terminale d) Caudal regresion syndrome

265)a 266)b 267)d 268)a 269)b 270)b 271)a,d 272)d 273)a 274)a 275)b 276)b 277)c 278)b 279) a 280) b 281)c 282) b

283. Vertebra plana seen in - *(PGI June 06)*
a) Eosinophilia granuloma b) Trauma
c) Paget's disease d) Malignancy
e) Ewing's sarcoma

284. Cranio-vertebral junction abnormalities are seen in all except - *(AIMS Nov 11)*
a) Rheumatoid arthritis b) Ankylosing spondylitis
c) Odontoid dysgenesis d) Basilar invagination

285. Subluxation of atlanto- occipital joint is seen in all except- *(DELHI 91)*
a) Gout b) Parpharyngeal abscess
c) Rheumatoid arthritisd) Ankylosing spondylitis

286. In scoliosis degree of deformity is calculated by- ***Pattern) (NEET/DNB***
a) Cobbs method b) Hamburger method
c) Haldane method d) Milwaukee method

PERIPHERAL NERVE INJURIES

287. Which nerve repair has worst prognosis ? *(Delhi*
a) Ulnar b) Radial *PG Mar 09)*
c) Median d) Lateral popliteal

288. Tinel sign is used for - *(NEET/DNB Pattern)*
a) To assess the severity of damage of nerve
b) To classify the type of nerve injury
c) To locate the site of nerve injury
d) To assess the recovery

289. Median nerve injury at wrist, is commonly tested by- *(AI97)*
a) Contraction of abductor pollicis brevis
b) Contraction flexor pollicis brevis
c) Loss of sensation on palm
d) Loss of sensation on ring finger

290. Median nerve injury at the wrist causes - *(PGI98)*
a) Claw hand
b) Loss of apposition of thumb
c) Policeman's tip deformity
d) Saturday night palsy

291. Compression of a nerve within the carpal tunnel products inability to - *(AIMS May 05)*
a) Abduct the thumb
b) Adduct the thumb
c) Flex the distal phalanx of the thumb
d) Oppose the thumb

292. Pointing index sign is seen in — nerve palsy -
a) Ulnar b) Radial *(AIMS 97)*
c) Median d) Axillary

293. Ape thumb deformity is seen in involvement of- *(AI2K, NEET/DNB Pattern)*
a) Median nerve b) Ulnar nerve A C; . , ..
-?e) Radial nerve ^ d) Axillary nerve *Ti** f.V

294. A cut injury on wrist causes inability of thumb to touch the tip of little finger, the nerve likely to be damaged is - *(AIMS June 9 7)*
a) Ulnar b) Radial
c) Median d) Deep branch of ulnar nerve

295. A boy presents with complaints of hypoaesthesia and wasting of thenar eminence. The nerve most likely to be damaged in this patient - *(AIMS 02)*
a) Musculocutaneous nerve b) Median nerve
c) Ulnar nerve d) Radial nerve

296. Nerve damaged due to lunate dislocation (in carpal tunnel) - *(PGI 2000)*
a) Median & ulnar b) Median
c) Ulnar d) Radial

297. All of the following muscles are paralyzed in trauma to median nerve at the wrist except - *(AIMSMay 08)*
a) Adductor pollicis
b) Abductor pollicis
c) First two lumbicals
d) Muscles of the Thenar eminence

298. Median nerve lesion at the wrist causes all of the following, except - *(A110)*
a) Thenar atrophy
b) Weakness of Adductor pollicis
c) Weaknes of 1st and 2nd lumbricals
d) Weakness of Flexor pollicis Brevis

299. Ulnar nerve injury at wrist involves following except- *(PGI 98)*
a) Palmar interossei b) Opponens pollicis
c) Dorsal interossei d) Adductor pollicis

300. Froment's sign is characteristically seen in -
a) Ulnar nerve injury *(AIMS June 97, May 93,*
b) Median nerve injury *DPG 94, NEET/DNB*
c) Radial nerve injury *Pattern)*
d) Intercostobrachial nerve injury

301. Claw hand is caused by lesion of - *(At 0 7)*
a) Ulnar nerve b) Median nerve
c) Axillary nerve d) Radial nerve

302. A patient with leprosy presents with clumsiness of hand. His ulnar nerve is affected. Clumsiness is due to palsy of which muscle - *(AIMS June 00)*
a) Extensor carpi ulnaris b) Abductor pollicis brevis
c) Oppenens pollicis d) Interosseous muscle

303. Following an incised wound in the front of wrist, the subject is unable to oppose the tips of the little finger and the thumb. The nerve (s) involved is/are -
a) Ulnar nerve alone *(UPSC 00)*
b) Median nerve alone
c) Median and ulnar nerves
d) Radial and ulnar nerves

304. Low ulnar nerve palsy is characterised by - *(PGI03)*
a) Claw hand
b) Sensory loss of medial four digits
c) Weakness of grips
d) Inability to extend at M.C.P. joint
e) Inability to abduct the thumb

305. Injury to the Ulnar nerve at the wrist causes paralysis of- *(AI95)*
a) Apposition of the thumb
b) Abduction of the carpo-metacarpal joint of the thumb
c) Adduction of the thumb
d) Flexion of the MCP joint of the middle finger

283) a,b,d,e 284)None>b 285)b>a 286)a 287)d 288)d 289)a 290)b291)d 292)c 293)a 294)c 295)b 296)b 297)a 298)b 299)b 300)b 301)a>b 302)d 303)c 304)a,c 305)c

306. A boy presents with injury to medial epicondyle of the humerus. Which of the following would not be seen - *(AIMS 02)*
a) Weakness of the ulnar deviation and flexion
b) Complete paralysis of the Illrd and IV th digits
c) Atrophy of the hypothenar eminence.
d) Decreased sensation of the hypothenar eminence

307. A cut injury of the ulnar nerve results in -
a) Total claw hand *(COMED 09)*
b) Paralysis of all lumbricals
c) Paralysis of all interossei
d) Paralysis of all slips of the flexor digitorum profundus

308. Wasting of the intrinsic muscles of the hand can be expected to follow inj ury of the - *(UPSC-II09)*
a) Ulnar nerve b) Radial nerve
c) Brachial nerve d) Axillary nerve

309. 'Ulnar paradox'is seen in- *(NEET/DNB Pattern)*
a) High ulnar lesion
b) Low ulnar lesion
c) Triple nerve disease
d) Combined ulnar and median nerve injury

310. Damage to the radial nerve in the spiral groove spares which muscle - *(AI 94)*
a) Lateral head of triceps b) Long head of triceps
c) Medial head of triceps d) Anconeus

311. Injury to radial nerve in lower part of spiral groove- *(AI 03)*
a) Spares nerve supply to extensor carpi radialis longus
b) Results in paralysis of anconeus muscle
c) Leaves extensions at elbow joint intact
d) Weakens pronation movement

312. A 30-year-old male underwent excision of the right radial head. Following surgery, the patient developed inability to extend the fingers and thumb of the right hand. He did not have any sensory deficit. Which one of the following is the most likely cause?
a) Injury to Posterior interosseus nerve
b) Iatrogenic injury to common extensor origin
c) Injury to anterior interosseus nerve
d) High radial nerve palsy *(AIIMS May 04)*

313. All of the following are affected in low radial nerve palsy except - *(AI 11)*
a) Extensor carpi radialis longus
b) Extensor carpi radialis brevis
c) Finger extensors
d) Sensation on dorsum of hand

314. A person is not able to extend his metacarpo-phalangeal joint This is due to injury to which nerve -
a) Ulnar nerve *(AIIMS June 00)*
b) Radial nerve injury
c) Median nerve injury
d) Post. Introsseus nerve injury

315. A 19 year old boy fell from the motar bike on his shoulder. The doctor diagnosed him a case of Erbs paralysis. The following signs and symptoms will be obsereved except - *(ARMS 02)*
a) Loss of abduction at shoulder joint
b) Loss of lateral rotation
c) Loss of pronation at radioulnar joint
d) Loss of flexion at elbow joint.

316. A young boy who was driving motorcycle at a high speed collided with a tree & was thrown on his right shoulder. Though there was no fracture, his right arm was medially rotated and forearm pronated. The following facts concerning this patient are correct, except - *(ARMS 04)*
a) The injury was at Erb's point
b) A lesion of C5 and C6 was present
c) The median and ulnar nerves were affected
d) Supraspinatus, Infraspinatus, Subclavius & Biceps brachii were paralyzed

317. A pole vaulter had a fall during pole vaulting and had paralysis of the arm . Which of the following investigations gives the best recovery prognosis -
a) Electromyography *(ARMS Nov 03)*
b) Muscle biopsy
c) Strength Duration Curve
d) Creatime phosphokinase levels

318. All are true regarding brachial plexus injury, except - *(AI 06)*
a) Preganglionic lesions have a better prognosis than postganglionic lesions
b) Erb' s palsy causes paralysis of the abductors and external rotators of the shoulder.
c) In Klumpke's palsy, Homer's syndrome may be present on the ipsilateral side
d) Histamine test is useful to differentiate between the preganglionic and postganglionic lesions

319. Most common cause of neurological deficit in upper limb is - *(ARMS Nov 93)*
a) Polio
b) Erb's palsy
c) C_1-C_2 dislocation
d) Fracture dislocation of cervical spine

320. All the following nerves are involved in entrapment neuropathy except - *(AI 09)*
a) Femoral nerve
b) Median nerve
c) Ulnar nerve
d) Lateral cutaneous nerve of thigh

321. Meralgia paresthetica is due to involvement of -
a) Medial cutaneous nerve of thigh *(ARMS Dec 06,*
b) Lateral cutaneous nerve of thigh *May 10)*
c) Sural nerve
d) Femoral nerve

322. Carpel tunnel syndrome is due to compression of-
a) Radial nerve *(AI 02)*
b) Ulnar nerve
c) Palmer branch of the Ulnar nerve
d) Median nerve

306)b 307)c 308)a 309)a 310)b>c 311)c 312)a 313)a 314)d>b 315)c 316)c 317)a 318)a 319)b 320) a 321) b 322) d

323. In Carpal tunnel syndrome, features are of -
a) Compression of ulnar nerve *(JIPMER 99)*
b) Compression of median nerve under the flxor retinaculum
c) Anaesthesia over thenar eminence
d) Atrophy of hypothenar muscles

324. Carpal tunnel syndrome can be caused by the following except- *(AI 09)*
a) Diabetes Mellitus b) Amyloidosis
c) Addison's Disease d) Hypothyroidism

325. Which of the following does NOT predispose to carpal tunnel syndrome - *(AIIMSDec 94)*
a) Hypertension b) Hypothyroidism
c) Pregnancy d) Acromegaly

326. True about carpal tunnel syndrome - *(PGI Dec 03)*
a) Paraesthesia of the lateral 2 fingers
b) Atropy of the thenar eminence
c) Atropy of the hypothenar eminence
d) Claw hand
e) Tinel sign is positive

327. TVue about carpal tunnel syndrome -f*PGI June 09)*
a) More common in female (F>M)
b) Acromegaly can cause
c) Positive tinel's sign
d) Nerve conduction study done
e) Transverse carpal ligament are cut to relieve syndrome

328. Carpal tunnel syndrome all are present except -
a) Ulnar nerve dysfunction *(NEET/DNB Pattern)*
b) Tinel sign
c) Phalens sign
d) Pain & paraesthesia of wrist

329. As regards carpal tunnel syndrome, which one of the following statements is not correct?
a) It may occur in hypothyroidism. *(UPSC-110)*
b) Pain or tingling of fingers often occurs at night
c) there is decreased strength of abduction, flexion and opposition of the thumb.
d) Localised tenosynovitis of the flexor tendons of the fingers is an infrequent cause

330. TVue about carpal tunnel syndrome - *(PGIMay 10)*
a) Occur in pregnancy
b) Affects medial 3⁄4 finger
c) Associated with Hypothyroidism
d) Froment sign positive
e) Median nerve involvement is present

331. Most common cause of tarsal tunnel syndrome - *(AIIMS May 09)*
a) Osteoarthritis b) Ankylosing spondylitis
c) Psoriatic arthritis d) Rheumatoid arthritis

332. A 56-years old female presents with nocturnal pain in the right thumb, index and middle fingers for the past 3 months. All of the provocative tests can be performed except - *(AIIMS Nov 11)*
a) Finkelstein's test b) Tinel sign
c) Phalen's test d) Tourniquet test

333. Nerve injured in fibiilar *neokfrXQture-(NEET/DNB*
a) Common peroneal b) Tibial *Pattern)*
c) Sural d) Femoral

334. Trauma to neck of humerus, nerve damaged-fMsZiT/
a) Radial b) Ulnar *DNB Pattern)*
c) Median d) Axillary

335. Posterior dislocation of Hip can damage which nerve- *(NEET/DNB Pattern)*
a) Superior gluteal b) Sciatic
c) Inferior gluteal d) Femoral

336. In axillary nerve paralysis* all the following are true except- *(NEET/DNB Pattern)*
■■ a) Deltoid muscle is wasted
b) Extension of shoulder with arm abducted to 90 degrees is impossible
c) Small area of numbness is present over the shoulder region
d) Patient cahnot initiate abduction

337. A burn patient develop claw hand. Joint affected will be- *(PGIDec 08)*
a) Flexion at Proximal Interphalangeal Joint
b) Flexion at Distal Interphalangeal Joint
c) Extension at Distal interphalangeal joint
d) Extension at Metarcarpophalangeal joint
e) Flexion at Metarcarpophalangeal joint

338. In a patient with a history of burning pain localized to the plantar aspect of the foot, the differential diagnosis must include - *(AIIMS Dec 03)*
a) Peripheral vascular disease
b) Tarsal coalation.
c) Tarsal tunnel syndrome
d) Planter fibromatosis

339. A commonest cause for neuralgic pain in foot is -
a) Compression of comunication between medial and lateral planter nerves *(AI 03)*
b) Exaggeration of longitudinal arches
c) Injury to deltoid ligament
d) Shortening of planter aponeurosis

PAEDIATRICS ORTHOPEDIC

340. In children, all are true except - *(AI00)*
a) Dislocations are rare
b) Comminuted fractures are common
c) Thick periosteum
d) Soft bones

341. Perichondrial ring is - *(PGI June 08)*
a) Seen around foramen magnum
b) Seen around epiphyseal plate
c) More prominent in adults
d) Shear strength increases with age

342. Which is the commonest fracture in children ?
a) Fracture clavicle *(PGI 96, AI 95)*
b) Supracondylar fracture
c) Green stick fracture of lower end of radius
d) All of the above

323) b 324) c 325) a 326)a,b,e 327) All 328) a 329) d 330)a,c,e 331)d 332) a 333) a 334) d 335) b 336) d 337) a,b,e 338) c 339) a 340) b 341) b 342) a

343. In children best remodelling is seen in fracture with- *(AIIMSFeb 97)*
a) Angulation in diaphysis
b) Angulation in metaphysis
c) Rotation in diaphysis
d) Rotation in metaphysis

344. Green stick fracture is - *(NEET/DNB Pattern)*
a) Fracture in adults b) Complete fracturef g
c) Incomplete fracture d) Fracture spine

345. Type VI Rang's injury indudes - *(PGIDec 08)*
a) Transverse fracture of metaphysis with longitudinal extension into physis
b) Open injury with loss of physis
c) Thurston Holland's sign
d) Perichondrial ring injury
e) Intraarticular fractures

346. An 8 year old boy with a history of fall from 10 feet height complains of pain in the right ankle. X-ray taken at that time are normal without any fracture line. But after 2 years, he developed a calcaneovalgus deformity. The diagnosis is - *(AIIMS May 01)*
a) Undiagnosed malunited fracture
b) Avascular nercrosis talus
c) Tibial epiphyseal injury
d) Ligamentous injury of ankle joint

347* , Perthe's disease is - *(AIIMS May 94, NEET/DNB Pattern)*
a) Fracture of femoral shaft
b) Osteochondritis of femoral epiphysis
c) Infarction of femoral head
d) Fracture dislocation of femoral neck

348. A10 years old male with pain in left hip & limping on examination restricted abduction & internal rotation, probable diagnosis is - *(AIIMS Nov 99)*
a) Septic arthritis of hip
b) Tuberculous arthritis of hip
c) Congenital dislocation of hip
d) Perthes disease

349. Which one of the following is the investigation of choice for evaluation of suspected Perthes' disease?
a) Plain X-ray *(AI05)*
b) Ultrasonography (US)
c) Computed Tomography (CT)
d) Magnetic Resonance Imaging (MRI)

350. Perthe's disease is treated by - *(AIIMSNov 93)*
a) High dose of calcium with steroids
b) Total hip replacement
c) Supervised containment of femoral head in acetabulum
d) Relieving weight bearing

351. Regarding Perth's disease all of the following are correct except - *(PGI 95)*
a) Osteonecrotic osteochondritis
b) Decreased bone age
c) Male predominance
d) Restricted abduction
e) Age of onset has no affect on course

352. True about perthe's disease - *(PGI Nov 09)*
a) Avascular necrosis of femoral head
b) Onset before 10 years of age
c) Osteotomy is used for treatment
d) Limb shortening

353. An 11 year old 70 kg. child presents with limitation of abduction an internal rotation. There is tenderness in scarpas triangle. On flexing the hip the limb is abducted. The diagnosis is - *(AIIMS Nov 01)*
a) Perthes disease
b) Slipped capital femoral epiphyses
c) Observation hip
d) Tuberculosis hip

354. 14 year old boy with 78 kg weight & hypothyroidism developed sudden onset of severe pain & tenderness on left hip as a result of minor fall. Most likely diagnosis is - *(PGI 95, JIPMER 02)*
a) Fracture neck femur b)SCFE
c) Perthes d) Hip Dislocation

355. Slipped capital femoral epiphysis is seen most commonly in which age *group-(NEET/DNB Pattern)*
a) Infants b) Adolescents
c) Old age d) Childhood

356. Commonest deformity in congenital dislocation of hip- *(PGI 97)*
a) Small head of femur
b) Angle of torsion
c) Decreased neck shaft angle
d) Shallow accetabulum

357. Primary pathology in CDH- *(NEET/DNB Pattern)*
a) Large head of femur b) Shallow acetabulum
c) Excessive retroversion d) Everted limbus

358. All of the following statements are true about development dysplasia (DDH) of the hip, except -
a) It is more common in females *(AI 06)*
b) Oligohydramnios is associated with a higher risk of DDH
c) The hourglass appearance of the capsule may prevent a successftil closed reduction
d) Twin pregnancy is a known risk factor

359. Which of the following test is useful in diagnosis of congenital dislocation of hip ? *(PGI 99)*
a) Barlow's test b) Thomas test
c) Hibb's test d) Laguerres test

360. Proypc&tiye Tiest for detecting CDH? *(MH 10,NEET/ DNBPattem)*
a) Peterson test b) Barlow test
c) Perkin's test d) Von Rosen tests ,

361. TVue about B/L CDH- *(PGIDec 07, 06)*
a) Exaggerated lordosis b) B/L genu valgum
c) Waddling gait d) Shenton's line broken
e) Short stature

362. Seen in B/L congenital hip dislocation is/are -
a) Short strature *(PGI June 01)*
b) Wandering acetabulum
c) Waddling gait
d) Lumbar lordosis

343) b 344) c 345)d 346)c 347)b 348)d 349)d 350)c 351)e 352)a,b,c,d 353)b 354)b 355)b 356)d>a 357)b 358)d 359)a 360)b 361)A11 362)a,c,d

363. In a newborn child, abduction and internal rotation produces a click sound. It is - *(Andhra 93, Delhi 93)*
a) Ortolani'ssign b) Telescoping sign
c) Lachman's sign d) Me Murray's sign

364. Dysplastic hip in a child* investigation of choice -
a) X-ray b)MRI *(NEET/DNB*
c) USG d)CTScan *Pattern)*

365. Von Rosen Splint is used in - *(PGI97)*
a) CIEV b)CDH
c) Fracture shaft of femur d) Fracture tibia

366. Absolute indication of X-ray of pelvis in case of congenital dislocation of hip are all except -
a) Positive family history *(AIIMS June 99)*
b) Breech presentation
c) Unstable hip
d) Shortening of limb

367. True about CDH- *(PGI Nov. 10, June 09)*
a) Usually b/1 b) Genu valgum
c) Wadding gait d) Shenton's line broken
e) Spine lordosis present

368. Talipes equinovarus is - *(PGI 97)*
a) Equinus, inversion, abduction
b) Equines, inversion, adduction
c) Equines, eversion, adduction
d) Equines, eversion, abduction

369. CTEV is caused by all except - *(PGIDec 01, June 01)*
a) Neurological disorder b) Idiopathic
c) Spina fibida d) Cubitus varus
e) Arthrogryposis multiplex

370. The ideal treatment of bilateral idiopathic clubfoot in a newborn is - *(AI 06)*
a) Manipulation by mother
b) Manipulation and Dennis Brown splint
c) Manipulation and casts
d) Surgical release

371. Triple arthrodesis *mxolye&-(AI01s NEET/DNB Pattern)*
a) Calcaneocuboid, talonavicular and talocalcaneal
b) Tibiotalar, calcaneocuboid and talonavicular
c) Ankle joint, calcaneocuboid and talonavicular
d) None of the above

372. Triple arthrodesis is NOT done before- skeletal maturation because of - *(AIIMS June 98)*
a) Shortening of foot
b) Recurrence of deformity
c) Inadequate fusion
d) Complete correction not possible

373. All are true statement regarding talipes euinovarus except- *(PGI May 10)*
a) Cubitus valgus
b) Inversion of the foot
c) Abduction of the forefoot
d) Arthrogryposis multiplex congenita causes it
e) Treatment should start after 3 month

374. True about CTEV- *(PGINov.10)*
a) A/w Arthrogroposis Multiplex Congenita
b) Spina bifida is a risk factor
c) A/w nerurological disease
d) Cubitus varus present
e) Mostly idiopathic

375. Treatment of club foot in new born is -
a) Observation till 6 months of age *(AIIMS Dec 95)*
b) Corrective splint application
c) Manipulation alone
d) Tendon release operation

376. Early CTEV is treated by - *(UP 99)*
a) CTEV cast from 1 st postnatal day
b) Manipulation
c) Manipulation & Strapping
d) Operative repair as early as possible

377. Rocker bottom foot is seen in - *(PGI Dec 08)*
a) Congenital vertical talus
b) Excessive correction of Grice procedure
c) Arthrogryposis
d) Holding club foot in too long corrected position
e) Force dorsiflexion against equinus varus

378. A newborn child presents with inverted foot and the dorsum of the foot cannot touch the anterior tibia. The most probable diagnosis is - *(AIIMS Nov 10)*
a) Congenital vertical talus
b) Arthrogryposis Multiplex
c) CTEV
d) Flat foot

379. Psedoarthrosis is seen in all of the following except-
a) Idiopathic b) Fracture *(AI 98)*
c) Osteomyelitis d) Neurofibromatosis

380. Phocomelia is best described as - *(AI 98, 96)*
a) Defect in development of long bones
b) Defect in development of flat bones
c) Defect of intramembranous ossification
d) Defect of cartilage replacement by bone

381. Musculoskeletal abnormalities in neurofibromatosis is- *(UP 01)*
a) Hypertrophy of limb b) Scoliosis
c) Pseudoarthrosis d)All

382. Transient synovitis (toxic synovitis) of the hip is characterized by all of the following, except -
a) May follow upper respiratory infection
b) ESR and white blood cell counts are usually normal
c) Ultrasound of the joint reveals widening of the joint space *(AIIMS May 06)*
d) The hip is typically held in adduction and internal rotation

383. A 7 yr. old boy with abrupt onset of pain in hip with hip held in abduction. Hemogram is normal. ESR is raised. What is the next line of management-
a) Hospitalize and observe *(AIIMS May 09)*
b) Ambulatory observation
c) Intravenous antibiotics
d) USG guided aspiration of hip

363) a 364) c 365) b 366) d 367)b,c,d,e 368) b 369) d 370) c 371) a 372) c 373)a,c,e 374)a,b,c,e 375) b
376) c 377) a,c,d,e 378) c 379) c 380) a 381) d 382) d 383) d

384. A six year old boy presents to the emergency department with a painful limp. Clinical examination reveals tenderness in the femoral triangle and some limitation of hip movements. An X-ray was done which was normal. Which of the following should be the next course of action ? *(AI11)*
a) Wait and Watch/Observation
b) Ultrasonogrpahy
c) Aspiration
d) MRI Scan

385. The characteristic triad of Klippel -Feil syndrome includes all of the following, Except - *(AI 10)*
a) Short neck b) Low hair line
c) Limited neck movements d) Elevated scapula

386. In klippel - Feil syndrome, the patient has all of the following clinical features except - *(AI 05)*
a) Low hair line
b) Bilateral Neck webbing
c) Bilateral shortness of steronomastoid muscles
d) Gross limitations of neck movements

387. Sprengel's deformity is - *(UP 2K)*
a) Absence of clavicle
b) Acomioclavicular dislocation
c) Congenital elevation of scapula
d) Recurrent dislocation of shoulder

388. SprengePs shoulder is due to deformity- *(TN 02)*
a) Scapula b) Humerus
c) Clavicle d) Vertebra

389. About congenital torticollis all are true except - *(AIMSMay 07,AI 07)*
a) Always associated with breech extraction
b) Spontaneous resolution in most cases
c) 2/3rd cases have palpable neck mass at birth
d) Uncorrected cases develop plagiocephaly

390. Pappu, 7 yrs old young boy, had fracture of lateral condyle of femur. He developed malunion as the fracture was not reduced anatomically. Malunion will produce- *(AI 02)*
a) Genu vulgum b) Genu varum
c) Genurecurvatum d) Dislocation of knee

391. Most common cause of genu valgum in children is -
a) Osteoarthritis b) Rickets
c) Pager's disease d) Rheumatoid arthritis

392. Which statement is true regarding genu varum (bowleg)- *(PGIDec.01)*
a) In infants, it may be considered normal
b) Occurs due to epiphyseal dysplasia
c) Seldom associated with tibial angulation
d) Affects only tibia but nerve femur
e) Does not require any treatment

393. Blount's disease is - *(AI 11, PGI June 00)*
a) Genu valgum b) Genu varum
c) Genurecurvatum d)Meniscalinjury

394. Blount's dsease is associated with all of the follwoing, except - *(AI 11)*
a) Genu varum b) Genu Recurvatum
c) Internal Tibial Torsion d) External Tibial Torsion

395. Nail patella syndrome is characterized by -
a) Iliac horn b) Sacral horn
c) Absent patella d) Knee deformity
e) Dislocation of patella

396. Commonest presentation of congenital dislocation of knee is - *(AIMS Sept 96, MH11)*
a) Varus b) Valgus
c) Flexion d) Hyperextension

397. Fairbank triangle is seen in - *(NEET/DNB Pattern)*
a) CDH b) Congenital coxa vara
c) Perthe's disease d) SCFE

398. Congenital Coxa vara is treated by - *(PGI June 04)*
a) Fixation by SP Nail b) Osteotomy
c) Bone grafting d) Traction
e) Splint

399. All the following are causes of a painful limp except- *(AI95)*
a) Slipped femoral epiphysis b)TBofthehip
c) Perthes disease d) Infantile Coxa Vara

400. The commonest cause of limp in a child of seven years is - *(UP02)*
a) TB.hip b)C.D.H
c) Perthe's diseased) Slipped upper femoral epiphysis

401. Traumatic dislocation of epiphysial plate of femur occurs - *(PGIDec. 02)*
a) Medially b) Laterally
c) Posteriorly d) Rotationally
e) Anteriorly

402. Epiphyseal enlargement occurs in - *(AIMSMay 94)*
a) Paget's disease b) Sheurmann's disease
c) Epiphyseal dysplasia d) Hemophilia

403. Epiphyseal dysgenesis is a feature *of-(AIMSMay 93)*
a) Hyperparathyroidism b) Hypoparathyroidism
c) Hypothyroidism d) Hyperthyroidism

404. Metaphyseal lesion in children include - *(PGI 91)*
a) Fracture b) Osteomyelitis
c) Dislocation d) Ewing's tumour
e) Osteosarcoma

METABOLIC AND ENDOCRINE BONE DISORDERS

405. Caffey's disease is - *(UP 03)*
a) Renal osteodystrophy
b) Infantile cortical hyperostosis
c) Osteomyelitis of jaw in children
d) Chronic osteomyelitis in children

406. Osteomalacia is assciated with - *(AI 03)*
a) Decreases in osteoid volume
b) Decrease in osteoid surface
c) Increase in osteoid maturation time
d) Increase in mineral apposition rate

407. Osteomalacia is due to - *(NEET/DNB Pattern)*
a) Vitamin C deficiency b) Vitamin D deficiency
c) VitaminEdeficiency id) None

384) a 385) d 386) c 387) c 388) a 389) a,b 390) a 391)b 392) a,b 393)b 394) d 395)a,c,d,e 396) d
397) b 398) b 399) d 400) c 401)a,b,c 402) d 403) c 404)a,b,e 405) b 406) c 407) b

408. Basic pathological defect in rickets is -
a) Decreased osteoblastic activity *(UP 97, RA 98)*
b) Non functional osteoclast
c) Defective osteoclastic resorption of uncalcified osteoid and cartilage
d) Defective proliferation of physis

409. Decreased mineralization of Epiphyseal plate in a growing child is seen in - *(AI2K)*
a) Rickets b) Osteomalacia
c) Scurvy d) Osteoporosis

410. True about nutritional rickets - *(PGIDec 03)*
a) Craniotabes b) Multiple #
c) Widening of wrist d) *i* Phosphate in serum
e) Growth retardation

411. Rickets in infant present as all except*
(Aiims May 07, NEET/DNB Pattern)
a) Cranitabes b) Widened Fontanel
c) Rachitic Rosary d) Bow legs -

412. Which of the following is a persistant biochemical marker of rickets - *(AI 98)*
a) S.Ca^ b) S. Alkaline phosphatase
c) S. Acid phosphate d) S. phosphate

413. Radiological features of rickets include -
a) Narrowing of epiphysis *(PGI Dec 05)*
b) Cupping of metaphysis
c) Ricketic rosary
d) Pelkan's spur

414. Windswept deformity is *seenin-(NEET/DNBPattem)*
a) Achondroplasia b) Ankylosing spondylitis
c) Rickets d) Scurvy

415. All are true regarding Osteomalacia except -
a) High serum Ca^ *(PGI Nov 09)*
b) Normal serum phosphate
c) Normal serum calcium
d) Osteosclerotic lesions
e) Pseudofracture seen

416. Milkman's Fracture is a type of- *(AI 09)*
a) Pseudofracture b) Clavicular fracture
c) Humeral fracture d) Metacarpal fracture

417. Increased alkaline phosphate in seen in - *(AI99)*
a) Multiple myeloma
b) Primary hyperparathyroidism
c) Chronic renal failure
d) Osteoporosis

418. Alkaline phosphatase is elevated in all except -
a) Rickets *(AIIMSDec 97)*
b) Osteomalacia
c) Hypoparathyroidism
d) Hypophosphatemia

419. A patient Shweta with raised serum alkaline phosphatase and raised parathormone level along with low cacium and low phosphate level is likely to have - *(AIIMS June 99)*
a) Primary hyperparathyroidism
b) Paget's disease
c) Osteoporosis
d) Vitamin D deficiency

420. During a routine check up, a 67-year- old man is found to have a level of serum alkaline phosphatase three times the upper limit of normal. Serum calcium and phosphorus concentrations and liver funcition test results are normal. He is asymptomatic. The most likely diagnosis is - *(AIIMS Nov. 99)*
a) Metastatic bone disease
b) Primary hyperparathyroidism
c) Paget's disease of bone
d) Osteomalacia

421. A 67 year old man on biochemical analysis found to have three fold rise of level of serum alkaline phosphatase that of upper limit of norm value during a routine checkup but serum calcium and phosphorous concentration and liver function test results and normal. He is asympto-matic. The probable cause is - *(AIIMS 99)*
a) Multiple myeloma
b) Paget's disease of bone
c) Primary hyperparathyroidism
d) Osteomalacia

422. A young patient presents with enlargement of costocondral junction and with the white line of Fraenkel at the metaphysis. The diagnosis is -
a) Scruvy b) Rickets
c) Hyperparathyroidism d) Osteomalacia

423. A 50 year old man presented with multiple pathological fractures. His serum calcium was 11.5 mg/dl and phosphate was 2.5 mg/dl. Alkaline phosphatase was 940 I.U./dl. The most probable diagnosis is - *(AIIMS Nov 05)*
a) Osteoporosis b) Osteomalacia
c) Multiple myeloma d) Hyperparathyroidism

424. Hyperparathyroidism causes -
a) Multiple bone cysts *(NEET/DNB Pattern)*
V b) Subperiosteal bone resorption
c) Brown's tumor
j ■ d) All of the above

425. Brown Himor is seen in - *(AI 10, 06)*
a) Hypothyroidism b) Hyperthyroidism
c) Hypoparathyroidism d) Hyperparathyroidism

426. Resorption of the terminal phalanx is not seen in - *(KERALA98)*
a) Hyperparathyroidism b) Reiter's syndrome
c) Scleroderma d) Psoriasis

427. Tufting of the terminal phalanx is not seen in -*(AI95)*
a) Hypoparathyroidism b) Hyperparathyroidism
c) Hyperthyroidism d) Hypothyroidism

428. Absence of lamina dura in the alveolus occurs in- *(DPGMar 09)*
a) Rickets b) Osteomalacia
c) Deficiency of Vitamin C d) Hyperparathyroidism

429. Which of the following is a primary defect in Paget' s disease? *(WB2K)*
a) Osteoblast b) Osteoclast
c) Osteocyte d) Fibroblast

408) c 409) a 410)a,c,d,e 411)d 412)b 413)b 414)c 415)a,b,d 416)a 417)b,c 418)c 419)d 420)d 421)c 422)a 423)d 424) d 425)d 426)None 427)b 428)d 429)b

430. Paget's disease of bone commonly affects-(PG/*June 01, Dec 06, 2K)*
a) Skull b) Vertebra
c) Pelvis d) Femur
e) Humerus

431. Treatment of choice for Paget's disease of the bone is - *(AI95)*
a) Vitamin D b) Immobilization of the limb
c) Surgical treatment d) Calcitonin

432. All of the following statements regarding Paget's disease are correct except - *(Manipal 97)*
a) Females are affected more than males
b) It frequently leads to Osteogenic sarcoma
c) Serum alkaline phosphates level is T ed
d) Also called as Osteitis deformans

433. True about paget's disease - *(PGI Nov 09)*
a) Common in young girl 10-16 yr of age
b) tALP
c) Associated with hypercalcemia & hypophosphatemia
d) More common in female
e) Associated with chondrosarcoma

434. 60 yrs old male with bony abnormality at upper tibia associated with sensorineural hearing loss. On laboratory examination serum alkaline phosphatase levels are (440mU/I) elevated and serum Ca^and $P0_4$-are normal, Skeletal survey shows ivory vertebrae and cotton wool spots in x-ray skull. Diagnosis is - *(AIlMSMay 07)*
a) Fibrous dysplasia b) Paget's disease
c) Osteosclerotic metastasis d) Osteoporosis

435. Paget's disease after 10 years develops into -
a) Osteosarcoma *(NEET/DNB Pattern)*
b) Fibrous cortical defect
c) Osteoid osteoma
d) Ankylosing spondylitis

436. Paget's disease also known as - *(PGI June 2K)*
a) Osteitis deformans b) Osteitis fibrosa cystica
c) Osteochondritis d) Osteomalacia
e) Marble bone disease

437. Osteoporosis is characterized by - *(PGI June 05)*
a) Increased serum alkaline phosphatase
b) Decreased bone density
c) Wasting of muscles
d) Looser's zone seen
e) Decreased serum Ca^{2+}

438. Osteoporosis is seen in - *(AI 94)*
a) Thyrotoxicosis b) Cushing's disease
c) Menopause d) All of the above

439. All are causes of Osteoporosis, except - *(AI 00)*
a) Thyrotoxicosis b) Hypothyroidism
c) Chronic heparin therapy d) Old age

440. Osteporosis may be seen in all except-^*98,96,94)*
a) Hyperparathyroidism
b) Hypoparathyroidism
c) Thyrotoxicosis
d) Heparin administration

441. Osteoporosis is characterized most commonly by -
a) Fracture vertebra b) Backache *(AI 99, 94)*
c) Bowing of legs d) Abdominal pain

442. Most common site of osteoporosis- *(NEET/DNB*
a) Humerus ;[illegible] b) Vertebrae *Pattern)*
c) Scapula [illegible] d) Flat bones [illegible]

443. Which of the following is seen in osteoporosis - *(AIIMS June 2K)*
a) Low Ca, high $P0_4$, high alkaline phosphatase
b) Low Ca, low $P0_4$, low alkaline phosphatase
c) Normal Ca, normal $P0_4$, normal alkaline phosphatase
d) Low Ca, low $P0_4$, normal alkaline phosphatase

444. True about osteoporosis - *(PGIDec 07)*
a) T with age
b) Due to diet deficiency in Ca
c) Commonly presented with #
d) Cod- fish vertebra seen

445. TVeatment of postmenopausal osteoporosis -
a) Tamoxifen b) Progesterone *(PGI June 06)*
c) Estrogen d) Alendronate
e) Calcitonin

446. Rx of postmenopausal osteoporosis - *(PGI Dec 04)*
a) Calcitonin b) Alendronate
c) Progesterone d) Tamoxifiene
e) Androgen

447. All of the following agents decreases bone resorption in osteoporosis, Except - *(AI 11)*
a) Alendronate b) Etidronate
c) Strontium d) Teriparatide

448. Bone density is decreased in which of the following - *(PGI June 02)*
a) Osteoporosis
b) AVN of bone
c) Osteopetrosis
d) Fracture and collapse of cancellous bone
e) Fluorosis

AVASCULAR NECROSIS & OSTEOCHONDROSES

449. Avascular necrosis can be a possible sequelae of fracture of all of the following bones, except -
a) Femur neck b) Scaphoid *(AI 03)*
c) Talus d)Calcanuem

450. Traumatic avascular necrosis occurs in which fracture - *(PGI June 01, Dec 2K)*
a) Neck femur b) Surgical neck humerus
c) Talus d) Lunate
e) Scaphoid

451. Most common site of avascular necrosis amongst the following is - *(AI 99)*
a) Medial candyle of femur #
b) Talus #
c) Olecranon#
d) Head of the radius #

430) a,b,c,d 431) d 432)a,b 433)b,e 434)b 435)a 436)a 437)b 438)d 439)b 440)b 441)a,b 442)b 443) c 444) a,c,d 445)c,d,e 446) a,b 447) d 448) a 449) d 450)a,c,d 451)b

452. Avascular necrosis seen in - *(PGI June 04, Nov 10)*
a) # Surgical neck of humerus b) # Neck of scapula
c) # Neck of talus d) # Neck of femur
e) # Neck of radius

453. Traumatic fracture showing avascular necrosis -
a) Femoral neck *(PGI Dec 0 7)*
b) Surgical neck of humerus
c) Body of talus
d) Cuboid

454. Posttraumatic avascular necrosis occur in fracture of- *(PGI June 09)*
a) Neck femur b) Surgical neck humerus
c) Neck talus d) Waist scaphoid
e) Neck radius

455. Aseptic necrosis can occur in - *(PGIDec 08)*
a) Perthes disease
b) Slipped capital femoral epiphysis
c) Steroid administration
d) Caisson disease
e) Gaucher's disease

456. Which of the following is NOT a risk factor for avascular necrosis of head of femur ? *(COMED 09)*
a) Alcohol b) Smoking
c) Obesity d) Chondromyxoid fibroma

457. A 45 year old was given steroids after renal transplant After 2 years he had difficulty in walking and pain in both hips. Which one of the following is most likely cause - *(AI 05)*
a) Primary osteoarthritis b) Avascular necrosis
c) Tuberculosis d) Aluminum toxicity

458. A thirty one year old male with neprhrotic syndrome complains of pain in right hip joint of 2 months duration. The movements at the hip are free but painful terminally. The most likely diagnosis is -
a) Tuberculosis of hip *(AIIMS Nov 03)*
b) Avascular necrosis of femoral head
c) Chondrolysis of hip
d) Pathological fracture of femoral neck

459. A woman of 45, a known cause of pemphigus vulgaris on a regular treatment with controlled primary disease presented with pain in the right hip and knee. Examination revealed no limb length discrepancy but the patient has tenderness in the scarpa's triangle and limitation of abduction and internal rotation of the right hip joints as compared to the other side. The most probable diagnosis is -
a) Stress fracture of neck of femur *(AIIMS May 04)*
b) Avascular necrosis of femoral head
c) Perthe's disease
d) Transient synovitis of hip

460. A patient of nephrotic syndrome taking steroids for 6 years presented with a limping gait and of limitation of abduction and internal rotation. He most probably has - *(AIIMS Nov 01)*
a) Primary osteoarthritis b) Avascular necrosis
c) Tuberculosis d) Aluminum toxicity

461. After chronic use of steroids severe pain in right hip with immobility is due to - *(NEET/DNB Pattern)*
a) Avascular necrosis b) Perthes disease
c) Hip dislocation d) Osteoarthritis

462. A 50-year-old man sustained posterior dislocation of left hip in an accident. Dislocation was reduced after 3 days. He started complaining of pain in left hip after 6 months. X-ray of the pelvis were normal. The most relevant investigation at this stage will be- *(AIIMS Dec 04)*
a) CRP Levels in blood b) Ultrasonography of hip
c) Arthrography of hip d) MRI of hip

463. Avascular necrosis of hip, investigation of choice -
a) **MRI** b)USG *(NEET/DNB*
c)GT **d)XRAY** *Pattern)*

464. Avascular necrosis of femur seen in - *(PGI Dec 04)*
a) Steroid therapy b) Gaucher's disease
c) Fracture d) Pancreatitis

465. Avascular necrosis is seen in - *(PGI Dec 02)*
a) Sickle cell disease b) Thalassemia
c) Polycythemia d) Hyperparathyroidism

466. Osteonecrosis of femoral head seen in -
a) Sickle cell disease b) Gaucher's disease
c) Polycythemia d) Hyperparathyroidism
e) Fracture *(PGI June 05)*

467. Avascular necrosis is/are seen in - *(PGI Nov 09)*
a) Fracture neck of femur b) Gaucher's disease
c) Polycythemia d) Hyperparathyroidusm
e) Sickle cell disease

468. Which joint is commonly involved in osteochondritis dessicans - *(AI 95, NEET/DNB Pattern)*
a) Ankle joint b) Knee j oint
c) Wrist joint d) Elbow joint

469. Most common site of osteochondritis dessicans - *(AIIMS June 98)*
a) Lateral part of the medial femoral condyle
b) Medial part of the medial femoral condyle
c) Lateral part of the lateral femoral condyle
d) Medial part of the lateral femoral condyle

470. Kinebock's disease is due to avascular necrosis of-
a) Femoral neck *(AI 03)*
b) Medial cuneiform bone
c) Lunate bone
d) Scaphoid bone

471. Which of the following is true about manifestations of Kienbocks disease - *(PGI Dec 05)*
a) Constant tenderness is present
b) Seen in old age
c) Restriction of joint movement is late sequale
d) Tenderness in lunate bone
e) Ulna is shortened

472. Osgood-Schllatter's disease is seen in -
a) Proximal tibia b) Proximal femur
c) Distal tibia d) Distal femur
e) Patella *(PGI Nov 10, Dec 01)*

452)c,d 453)a 454)a,c,d 455)A11 456)d>c 457)b 458)b 459)b 460)b 461)a 462)d 463)a 464)a,b,c,d 465) a,c 466)a,b,c,e 467)a,b,c,e 468) b>d 469) a 470) c 471)a,b,d,e 472) a

473. Osgood Shattller disease - *(PGI June 07)*
a) Involve the knee joint b) Pelvis
c) Wrist joint d) Cervical spine

474. What is Kienboch's disease - *(AIIMSJune 2K)*
a) Osteochondritis of lunate
b) Osteochondritis of neck of femur
c) Osteochondritis of navicular
d) Osteochondritis of tibial condyle

475. Osteonecrosis is not seen in - *(NEET/DNB Pattern)*
a) Olliers disease b)Kienboch V.
c) Kohlers disease d) Perthes disease

JOINT DISORDERS (ARTHRITIS)

476. All of the following statements about synovial fluid are true, Except - *(ARMS May 10, AI09)*
a) Secreted primarily by type A synovial cells
b) Follows Non - Newtonian fluid kinetics
c) Contains hyaluronic acid
d) Viscosity is variable

477. The articular cartilage is characterized by all of the following features except - *(DPG 10)*
a) It is devoid of perichondrium
b) It has a rich nerve supply
c) It is avascular
d) It lacks the capacity to regenerate

478. Which of the following statements about changes in articular cartilage with aging is not true - *(AI 10)*
a) Total proteoglycan content is decreased
b) Synthesis of proteoglycans is decreased
c) Enzymatic degradation of proteoglycans is increased
d) Total water content of cartilage is decreased

479. Osteoarthritis following is not a predisposing factor- *(KERALA 96)*
a) Diabetes mellitus
b) Defective joint position
c) Weight bearing joints
d) Incongruity of articular surfaces
e) Old age

480. Ostearthritis commonly involves - *(PGI June 02)*
a) Proximal IP joint b) Distal IP joint
c) Ist carpometacarpal joint d) Wrist joint
e) Distal radio - ulnar joint

481. The most common site of primary osteoarthrosis is - *(TAMILNADU97)*
a) Hip joint b) Knee joint
c) Ankle j oint d) Shoulder j oint

482. Heberden's Arthropathy affects- *(AI05)*
a) Lumbar spine b) Symmetrically large joints
c) Sacroiliac joints d) Distal interphalangeal joints

883. Bouchard's nodes are seen in - *(DPG Mar. 09)*
a) Proximal IP joints b) Distal IP joints
c) Sternoclavicular joints d) Knee joint

484. Osteoarthritis is associated with all of the following except- *(AI 99)*
a) Decreased joint space
b) Subchondral sclerosis
c) Osteophyte formation
d) Ca^ deposition in joint space

485. Which of these muscles undergoes wasting first in osteoarthritis knee- *(AI07, ARMS May 07, Nov. 11)*
a) Quadriceps only b) Hamstrings only
c) Gastronemius

486. Deformity most commonly seen in primary osteoarthritis of knee joint - *(NEET/DNB Pattern)*
a) Genu valgum b) Genu recurratiin • ;
c) Genu varus d) Procurvatum.

487. A 68 yr old man came with pain and swelling of right knee. Ahlback grade 2 osteoarthritic changes were found on investigation. What is the further management? *(ARMS May 10)*
a) Arthroscopic washout b) High tibial osteotomy
c) Total knee replacement d) Conservative

488. A 65 years old lady presented with a swollen and painful knee. On examination, she was found to have grade III osteoarthritic changes. What is the best course of action? *(AI 11)*
a) Conservative management
b) Arthroscopic washing
c) Partial knee replacement
d) Total knee replacement

489. All of the following statements about High Tibial Osteotomy are true, Except- *(AI 09)*
a) Magnitude of correction achieved is greater than 30°
b) Indicated in Unicompartmental osteoarthritis
c) Performed through concellous bone
d) Recurrence is a long term complication

490. All true about high tibial osteotomy except -
a) Can correct varus over 30 degress
b) Deformity recurs after a long time
c) Done through cancellous bone *(ARMS May 11)*
d) Done in case of unicompartmental disease

491. Severe disability in primary osteoarthritis of hip is best managed by - *(PGI 95)*
a) Arthrodesis
b) Arthroplasty
c) Me Murray's osteotomy
d) Intra-articular hydrocortisone and physiotherapy

492. Osteoarthritis all are true except - *(PGIDec 03, 02)*
a) Occurs after 50 years of age
b) Single joint involvement
c) Heberden's node present
d) Lower limb deformity seen
e) Ankylosis occurs

493. 40 years patient having arthritis of PIP and DIP along with carpometacarpal joint of thumb and sparing of wrist and metacarpophalangeal joint, most likely diagnosis is - *(AI 01, 00, AIIMSJune 99, Dec 95)*
a) Rheumatoid arthritis b) Osteoarthritis
c) Psoriatic arthritis d) Pseudogout

473) a 474) a 475) a 476) a 477) b 478) c 479) None 480)a,b,c 481) b 482) d 483) a 484) d 485) a
486) c 487) d 488) a 489) a 490) a 491) b 492) e 493) b

494v Which joint is spared in Rheumatoid arthritis -
a) MP joints of hand *(NEET/DNB Pattern)*
b) DIP joints of finger
c) PIP-joints of finger
d) Atlanto-axial joint

495. Swan-neck deformity is - *(AIIMS 2K, PGI92)*
a) Flexion of Metacarpophalangeal joint and extension at interphalangeal joint
b) Extension at Proximal interphalangeal joint and flexion at Distal interphalangeal joint
c) Flexion at proximal interphalangeal joint and extension at distal interphalangeal joint
d) Extension at Metacarpophalangeal joint and flexion at interphalangeal joint

496. Butonniere deformity occur due to - *(PGIDec 08)*
a) Flexion of Proximal interphalangeal joint
b) Flexion at Distal interphalangeal joint
c) Extension at Distal interphalangeal joint
d) Extension at Metarcarpophalangeal joint
e) Flexion at Metarcarpophalangeal joint

497. Joint not involved in Rheumatoid arthritis according to 1987 modified ARA criteria? *(AIIMS Dec 08)*
a) Knee b) Ankle
c) Tarsometatarsal d)Metatarsophalangeal

498. Rheumatoid arthritis is associated with all except -
a) Cardiac involvement *(NEET/DNB Pattern)*
b) Bauchards nodes
c) Herberdens node
d) Swan-neck deformity

499. What is pathognomic feature of rheumatoid arthritis? *(AIIMS May 05)*
a) Rheumatoid factorb) Rheumatoid nodule
c) Morning stiffness d) Ulnar drift of fingers

500. Rheumatoid factor in rheumatoid arthritis is important because - *(AI 02)*
a) RA factor is associated with bad prognosis
b) Absent RA factor rules out the diagnosis of Rheumatoid arthritis
c) It is very common in childhood Rheumatoid arthritis
d) It correlates with disease activity

501. In rheumatoid arthritis, pathology starts in the -
a) Articular cartilage b) Capsule *(AI95)*
c) Synovium d) Muscles

502. In a case of undifferentiated arthritis, presence of anti-cyclic citrullinated peptide (anti CCP) indicates strong possibility of which of the following?
a) Rheumatoid arthritis *(UPSC-110)*
b) Systemic lupus erythematosis
c) Mixed connective tissue disorder
d) Reactive arthritis

503. All the following are true about Rheumatoid arthritis except- *(AI 94)*
a) Positives for Anti-IgG antibody
b) Juxta-articular osteoporosis
c) Morning stiffness
d) C Reactive protein indicates better prognosis

504. All are features of Rheumatoid - arthritis, EXCEPT-
a) Osteosclerosis of joint *(AIIMS June 97)*
b) Soft tissue swelling
c) Narrowing of joint space
d) Periarticular osteoporosis

505. Which of the following is true regarding Rheumatoid arthritis- *(AI 94)*
a) Typically involves small and large joints symmetrically but spares the cervical spine
b) Causes pleural effusion with low sugar
c) Pulmonary nodules are absent
d) Enthesopathy prominent

506. Which is true regarding rheumatoid arthritis -
a) Small and large joints are affected mostly
b) Younger females are affected more commonly
c) Diagnosed only if Rheumatoid factor is positive
d) Life expectancy is unchanged *(PGI Dec 06)*
e) Hepatosplenomegaly is common

507. IVue about Rheumatoid arthritis - *(PGIDec 06)*
a) Involves peripheral joints more commonly than axial joints
b) Does not decrease life expectancy
c) A/w vasculitis
d) Adrenal hyperplasia

508. Earliest radiological change in RA -
a) Decreased joint space *(NEET/DNB Pattern)*
b) Articular erosion - 2'V;
c) Periarticular osteopenia
d) Subchondral cyst r

509. IVue regarding felty's syndrome is all, except -
a) Splenomegaly *(AIIMS Dec 97)*
b) Rheumatoid arthritis
c) Neutropenia
d) Nephropathy

510. Indication of systemic steroids in Rheumatoid arthritis is - *(AI 97)*
a) Mononeuritis multiplex
b) Carpal tunnel syndrome
c) Presence of deformities
d) Articular cartilage involvement

511. "Wind-sweep deformity" is seen in -*(AIIMS Dec 98)*
a) Ankyloising spondylitis b) Scurvy
c) Rheumatoid arthritis d) Rickets

512. All the following diseases are associated with HILA B-27 & Uveitis, except - *(AI 00)*
a) Bechcet's syndrome b) Psoriasis
c) Ankylosing Spondylitis d) Reiter's syndrome

513. Seronegative arthritis include - *(AIIMS 01)*
a) Ankylosing spondylitis b) Reiters arthritis
c) Psoriatic arthritis d) Enteropathic arthritis
e) All of the above

514. Spondyloarthopathy which is seronegative are all except- *(NEET/DNB Pattern)*
a) AS b) Psoriasis
c) JRA d) Reiter syndrome

494) b 495) b 496) a 497) c 498) Ob 499) b 500) a 501) c 502) a 503) d 504) a 505) b 506) a 507) a,c
508)c 509)d 510)a 511)c>d 512)a 513)e 514)c

515. Ankylosing apondylitis is associated with - *(AI99)*
a) HLA-B27 b) HLA - B-8
c) HLA - DW4/DR4 d) HLA - DR3

516. Which is not involved in Ankylosing spondylitis - *(AIMS Dec 95, AIMS 93)*
a) Knee & Ankle b) Sacroilac Jt.
c) Wrist & elbow d) Spine

517. All are true regarding Anklosing spondylitis except- *(PGI97)*
a) Sacroilitis b) HLA -B27
c) Iridocyclitis d) More common in females

518. In ankylosing spondylitis, radiological change are first seen in - *(DPG 10)*
a) Sacro-iliac joints b) Intervertebral ligament
c) Vertebral bodies d) Intervertebral discs

519. Earliest investigation for diagnosis of Ankylosing spondylitis - *(PGI May 10)*
a) MRI STIR sequence b) Bone scan
c) CT scan d) X- ray
e) USG

520. True statements about ankylosing spondylitis include all except - *(Manipal 09)*
a) HLA-B27 is found in 90% of sufferers
b) Uveitis is found in 15 to 20% of sufferers
c) The conditions is commoner in female
d) The radiological changes can occur in the spine before symptoms

521. A 65 yrs old man with H/O back pain since 3 months. ESR is raised. On examination marked stiffness and mild restriction of chest movements is found. On x-ray, syndesmophytes are present in vertebrae. Diagnosis is - *(AIMSMay 10)*
a) Ankylosing spondylitis
b) Degenerative osteoarthritis of spine
c) Ankylosing hyperosteosis
d) Lumbar canal stenosis

522. Syndermophytes are seen in - *(UP 08)*
a) AS b)RA
c) OA d)All

523. Bamboo spine with sacroilitis - *(NEET/DNB Pattern)*
a) Ankylosing spondylitis b) RA
c) OA d) Psoriatic arthritis

524. Enthesopathy is commonly found in - *(PGI 94)*
a) Rheumatoid arthritis
b) Rheumatic fever
c) Ankylosing spondylitis
d) Osteoarthritis

525. Which one of the following definitions best fits the term enthesitis ? *(UPSC-109)*
a) Inflammation at the site of tendinous or ligamentous insertion into bone
b) Inflammation of the periarticular membrane lining the joint capsule
c) Inflammation of a sac-like cavity near a joint that decreases friction
d) A palpable vibratory or crackling sensation elicited with joint motion

526. All are true regarding psoriatic arthritis except -
a) Arthritis mutilans *(PGI 02, JIPMER 01)*
b) DIP involvement
c) Ankylosis of small joints
d) Sacroilitis
e) Lengthening of digit known as telescoping

527. Terminal interphalangeal joints of hands are commonly involved in- *(AI 93)*
a) Psoriatic arthropathy b) Rheumatoid arthritis
c) Still diseases d) Ankylosing spondylitis

528. TVue about psonatic arthritis are aU expect - ;
a) HLA-Cco6 association *(NEET/DNB Pattern)*
b) Involvement of DIP joint
c) More common in males
d) DOC is methotrexate

529. A 35 year old male develops involvements of PIP, DIP and metacarpophalangeal joints with sparing of wrist and carpometacarpal joints. The probable diagnosis is - *(AIMS June 99)*
a) Psoriatic arthopathy b) Osteoarthritis
c) Rheumatoid arthritis d) Pseudo gout

530. MC joint involved in Gout - *(AIMSMay 95)*
a) Knee b)Hip
c) MP joint of the big toe d) MP joint of thumb

531. Which of the following is not affected in gout?
a) Muscle b) Skin *(PGI Dec 2k)*
c) Cartilage d) Tendon
e) Bursa

532. In gout tophi is found in - *(PGI Nov 10, PGI June 03)*
a) Synovial fluid b) Articular Cartilage
c) Joint capsule d) Skin
e) Muscle

533. In a patient with gouty arthritis, synovial fluid aspiration will show - *(AI 09)*
a) Monosodium Urate crystals
b) Calcium Pyrophosphate crystals
c) Mononuclear Leucocytosis
d) Polymorphonuclear Leukocytosis

534. Specific test for gout is - *(AI 98, AIMS Sept 96)*
a) Raised serum uric acid level
b) Raised uric acid in synovial fluid of joint
c) Raised urea level
d) Raised urease enzyme level

535. A person has severe pain & swelling in great toe. True statements are - *(PGI June 09)*
a) Allopurinol used in acute control of gout
b) Colchicine acts slowly
c) Colchicine cause gastrointestinal disturbances
d) High serum uric acid level may be not present
e) Joint fluid aspiration is done for investigation

536. Drug used in acute gout - *(NEET/DNB Pattern)*
a) Allopurinol b) Probenacid
c) Colchicine d) Sulfinpyrazone

537. CPPD crystals are seen in which disease -
a) Hypothyroidism *(NEET/DNB Pattern)*
b) Primary hyperparathyroidism
c) Hemochromatosis
d) All of the above

515) a 516) c 517)d 518) a 519) a 520)b,c,d 521) a 522) a 523) a 524) c 525) a 526) e 527) a 528) c
529) a 530) c 531) a 532)a,b,d 533) a 534) b 535)c,d,e 536) c 537) d

538. Which of the following is not seen in pseudogout -
a) Small joints affected *(AIIMS Nov 09)*
b) Large joints affected
c) Chondrocalcinosis
d) Deposition of calcium pyrophosphate

539. How to differentiate gout with pseudogout -
a) Large joint involvement *(PGI June 2k)*
b) Birefringent (Particles) crystals
c) Serum uric acid normal
d) Associated with hyperparathyroidism
e) Pain is very intense

540. A lady presents with right knee swelling. Aspiration was done in which CPPD crystals were obtained. Next best investigation is - *(AIIMSMay 10)*
a) **ANA** b)RF
c) CPK d)TSH

541. A 60 year old man with diabetes mellitus presents with painless, swollen right ankle joint Radiographs of the ankle show destroyed joint with large number of loose bodies. The most probable diagnosis is -
a) Charcot's joint b)Clutton's joint *(AI03)*
c) Osteoarthritis d) Rheumatoid arthritis

542. Most common charcot's joints involved in diabetes mellitus are those of - *(AI97)*
a) Shoulder b) Ankle
c) Knee d) Foot

543. False about Charcot's joint in diabetes mellitus is-
a) Limitation of movements with bracing *(AI08)*
b) Arthrodesis
c) Total ankle replacement
d) Arthrocentesis

544. Most common site for Pseduotumour like growth in haemophilic arthropathy is - *(AI 98)*
a) Quadriceps femoris b) Hamstring muscle
c) Gastrocnemius d) Iliopsoas

545. Multiple loose bodies are seen in - *(PGI June 01)*
a) Osteochondritis dessicans
b) Synovial chondromatosis
c) Osteoarthritis
d) Rheumatoid arthritis
c) Osteogenesis imperfecta

546. Osseous loose bodies in the joints are common in all of the following, except - *(DPGFeb. 09)*
a) Osteochondritis dessicans
b) Osteoarthritis
c) Osteochondral fracture
d) Rheumatoid arthritis

547. Joints of hand are not affected in - *(NEET/DNB Pattern)*
a) AS b)RA
c) OA i;;.:.;.£•••. ;!,/ A· .v; d) Psoriatic arthritis

548. Chondrocalcinosis is seen in - *(AIIMSMay 02)*
a) Ochronosis b) Hypoparathyroidism
c) Rickets d) Hypervitaminosis D

549. Erosion of bone is seen with all of the following except- *(AI 94)*
a) Gout b) SLE
c) Psoriasis d) Rheumatoid arthritis

550. Which is NOT characterized by bony lesion -
a) Gout b) SLE *(AIIMS Dec 94)*
c) Psoriasis d) Rheumatoid arthritis

551. The earliest manifestation of Alkaptonuria is -
a) Ankylosis of lumbodorsal spine
b) Ochronotic arthritis
c) Prostatic calculi
d) Pigmentation of tympanic membrane
e) All of the above

552. Deforming Polyarthritis is associated associated with all of the following except - *(JIPMER 99)*
a) Rheumatoid arthritis b) Psoriatic arthritis
c) Behcet's syndrome d) Ankylosing spondylitis

SKELETAL INFECTIONS

553. Acute Osteomyelitis is most commonly caused by -
a) Staphylococcus aureus *(AI 02, UP 98)*
b) Actinomyces bovis
c) Nocardia asteroids
d) Borrelia vincentii

554. The most common organism causing osteomyelitis in drug abusers is - *(PGI 97)*
a) Ecoll b) Pseudomonas
c) Klebsiella d) Staph Aureus

555. Earliest site of bone involvement in hematogenous osteomyelitis - *(AIIMS Nov 10, May 09, PGI 98)*
a) Metaphysis b) Diaphysis
c) Epiphysis d) Point ofentiy of the nutrient arteiy

556. True regarding acute osteomyelitis in a child - *(PGI June 02)*
a) Diagnosis by X-ray is 8-10 days after onset
b) There is diffuse tenderness at the site
c) Antibiotic therapy should be at least for 4 weeks
d) Salmonella is the most common cause

557. Complications of acute osteomyelitis -*(PGI June 05)*
a) Malignancy b) Fracture of the affected bone
c) Sepsis d)Chronicity

558. Radiologically, earliest sign of osteomyelitis is -
a) Loss of muscle and fat planes *(DPG Feb. 09)*
b) Periosteal reaction
c) Callus formation
d) Presence of sequestrum

559. Cloacae are present in - *(NEET/DNB Pattern)*
a) Sequestrum b) Involucrum
c) Normal bone d) Myositis

560. Sequestrum is best defined as - *(NEET/DNBPattern)*
a) A piece of dead bone
b) A piece of dead bone surrounded by infected tissue
c) A piece of bone with poor vascularity
d) None

561. All are associated with chronic osteomyelitis except-
a) Amyloidosis *(AI 99)*
b) Sequestrum
c) Metastatic abnormality
d) Myositis ossificans

538) a 539) b,e 540) d 541) a 542) d 543) c 544) None >a 545)a,b,c 546) d 547) a 548) a 549) b 550) b 551)b 552) c 553) a 554) d 555) a 556)a,b,c 557)b,c,d 558) b 559) b 560) b 561) d

562. **True about osteomyelitis -** *(PGI Nov 09)*
a) Staph, aureus is most common causative organism
b) Epiphysis most commonly involved region
c) In sickle cell anemia - salmonella is causative organism
d) Sequestrum is a piece of dead bone
e) Involucrum is dense sclerotic bone overlying a sequestrum

563. **True about HIV, Osteomyelitis is all exceot -**
a) Necrosis absent *(AIIMS June 97)*
b) Often bilateral
c) Periosteal new bone formation
d) Most common cause is staph, aureus _

564. **Chronic persistent neutrophilic discharge is seen in -** ,-:'J *(NEET/DNB Pattern)*
a) Chronic osteomyelitis b)Acute osteomyelitis
c) Septic arthritis d)None

565. **Brodie's abscess is -** *(NEET/DNB Pattern)*
a) Acute osteomyelitis
b) Subacute osteomyelitis
c) Chronic osteomyelitis
d) Septic arthritis

566. **Most common cause of nongonococcal septic arthritis is -** *(AIIMS Feb 97)*
a) Staph-aureus b)H.influenza
c) Pseudomonas d)Streptococcus

567. **Septic arthritis in a 2 year old child is often caused by-** *(AIIMS May 94)*
a) Hemophilous influenzae
b) Staphylococcus aureus
c) Gonococci
d) Pneumococci

568. **Septic arthritis is diagnosed** *by-(NEET/DNB Pattern)*
a) X-ray : b) Joint aspiration
c) USG d)MRl v,;

569. **Tom smith's arthritis is due to -** *(PGI 99)*
a) Pyogenic infection in infancy
b) TB
c) RA
d) OA

570. **Tom Smith arthritis involves -** *(MH10)*
a) Knee b) Hip
c) Ankle d) Wrist

571. **Most common cause ofbony ankylosis** *]&-(AHMSMay 93)*
a) Rheumatoid arthritis b) Pyogenic arthritis
c) Traumatic arthritis d) Osteoarthritis

572. **In Bony ankylosis, there is -** *(UP 98)*
a) Painless, No movement
b) Painful complete movement
c) Painless complete movement
d) Painful incomplete movement

573. **Which of the following statements about tubercular osteomyelitis is not true ?** *(AI 08)*
a) It is a type of secondary osteomyelitis
b) Sequestrum is uncommon
c) Periosteal reaction is characteristic
d) Inflammation is minimal

574. **Tuberculosis spine; most common site** *is-(AIIMSDec*
a) Sacral b)Cevical *95,AI95)*
c) Dorsolumbar d) Lumbosacral

575. **Pott's spine is commonest in spine -** *(DELHI 94*
a) Cevical b) Thoracic *NEET/DNB*
c) Lumbar d) Sacral *Pattern)*

576. **Commonest site for tuberculous spondylitis is -**
a) Tjj/L, b)C„ *(AIM)*
°)L« d)S_M

577. **Tuberculosis of the spine commonly affects all of the following parts of the vertebra except -** *(AI 04)*
a) Body b) Lamina
c) Spinous process d) Pedicle

578. **The most common sequelae of tuberculous spondylitis in an adolescent is-** *(AI 05, NEET/DNB*
a) Fibrous Ankylosis *Pattern)*
b) Bony-Ankylosis
c) Pathological dislocation
d) Chronic osteomyelitis

579. **Clinical features of TB spine are A/E-** *(PGI June 06,*
a) Loss of lordosis b) Night sweat *04)*
c) Loss of appetite d) Fever (evening rise)
e) Back pain f)None

580. **Clinical features of T.B. Spine are A/E -***(PGI June 03)*
a) Loss of lordosis b) Night sweats
c) Weight gain d) Evening rise of temperature
e) ied appetite

581. **In TB spine the first symptom is -** *(AIIMS May 95)*
a) Decreased sensation
b) Decreased motor power
c) Pain
d) Increased deep tendon reflexes.

582. **A 46-year-old, known alcoholic, presented with pain in the dorsal spine. On examination there is tendmess at the dorso-lumbar junction. Radiograph shows destruction of the 12th dorsal vertebra with loss of disc space between D12- LI vertebrae. The most probable diagnosis is -** *(AIIMSNov 04)*
a) Metastatic spine disease b) Pott's spine
c) Missed trauma d) Multiple myeloma

583. **A 35 yr old lady with chronic backache. On X ray she had a D12 collapse. But Intervertebral disc space is maintained. All are possible except -** *(AIIMS*
a) Multiple myeloma b) Osteoporosis *Nov 10)*
c) Metastasis d) Tuberculosis

584. **First symptom in tuberculous cord compression is -** *(AI 97)*
a) Sensory change b) Decrease tendon reflex
c) Spasticity d) Lower limb weakness

585. **The early feature of Pott's paraplegia is -** *(DPG10)*
a) Flexor spasm b) Increased tendon jerk
c) Ankle clonus d) Sensory loss

586. **Indicator (s) of poor prognosis in the pott's spine is/are -** *(PGI June 09, Dec 08)*
a) Healed vertebral lesion b) Grade IV pott's spine
c) Kyphotic angle > 60° d) Short duration
e) Acute onset

562) a,c,d,e 563) a 564) a 565) c 566) a 567) b 568) b 569) a 570) b 571) b 572) a 573) c 574) c 575) b
576) a 577) c 578) b 579) f 580) c 581) c 582) b 583) d 584) c 585) c 586)a,b,c

587. Poor prognostic factors in port's paraplegia -
a) Acute onset of paraplegia *(PGI Dec 03)*
b) Sudden progression of paraplegia
c) Motor paralysis alone
d) Long standing paraplegia
e) Paraplegia in children

588. True about TB spine is all except - *(PGI June 2K)*
a) Early paraplegia is good prognosis
b) Insidious onset paraplegia is good prognosis
c) Dorsolumbar spine is commonest site
d) It is commonest site for TB of bone in the body

589. False about Pott's spine - *(NEET/DNB Pattern)*
a) Gominonestatdorsoliimbarjunction
b) Always heals by chemotherapy
c) Back pain is an early symptom
d) There is disc space narrowing on x-ray

590. Cold abscess in chest wall is most common due to -
a) T.B spine b) T.B rib *(AIIMSDec 98)*
c) T.B. pelvis d) T.B pleura

591. The commonest infective lesion of the spine in India is- *(AIIMS 96)*
a) Pyogenic infection b) Fungal
c) T.B. d) Typhoid

592. Apparent lengthening is seen in which stage of TBBSpf *(NEET/DNB Pattern)*
a) Stage I b) Stage II
c) Stage III d) None

593. Wandering acetabulum is seen in - *(AIIMS 93)*
a) Fracture acetabulum b) Dislocation of femur
c) CDH d) Tubeculosis of hip

594. Triple deformity of knee is classically seen in - *(AIIMS Dec 94)*
a) Fracture patella b) Tuberculosis
c) Rheumatic arthritis d) Rheumatoid arthritis

595. Spina Ventosa results from - *(BIHAR 88, NEET/DNB Pattern)*
a) Sarcoidosis
b) Tuberculosis
c) Histiocytosis X syndrome
d) Both A + B but not C

596. Caries sicca is seen in - *(Rohatak 96, NEET/DNB Pattern)*
a) Hip b) Shoulder
c) Knee d) None of the above

597. Synovial fluid of low viscosity seen in-*(PGI June 05)*
a) Gout b) Septic arthritis
c) TB d) Osteoarthritis
e) Rheumatoid arthritis

598. The joint commonly involved in sphilitic arthritis is-
a) Hip b) Shoulder *(A193)*
c) Wrist d)Knee

599. Painless effusion in joints in Congenital syphilis are called - *(AI 95)*
a) Clutton's joint b) Charcot's joint
c) Barton's joint d) Chronic osteomyelitis

600. Clutton's joint are - *(WB 97)*
a) Syphilitic joints
b) End stage Tuberculous joints
c) Associated with trauma
d) Usually painful

601. Most common site of Actinomycosis amongst the following is - *(AI 99)*
a) Tibia b) Rib
c) Mandible d) Femur

602. In actinomycosis of the spine, the abscess usually erodes- *(AI 03)*
a) Intervertebral disc
b) Into the pleural cavity
c) Into the reteroperitoneal space
d) Towards the skin

BONETUMORS

603. Benign bone tumor is/are - *(PGI Dec 06)*
a) Osteoid osteoma b) Chondroblastoma
c) Endothelial hemangioma d) Osteoclastoma
e) Osteochondroma

604. Which of the following is not a benign bone tumor -
a) Osteoid osteoma b) Chondroma *(AI 96)*
c) Enchondroma d) Chordoma

605. Bone forming tumors are - *(PGIDec 03)*
a) Osteosarcoma b) Osteoid osteoma
c) Giant cell tumour d) Osteoblastoma
e) Chondrosarcoma

606. Benign bone tumors are - *(PGI Dec 03)*
a) Osteoid osteoma b) Osteochondroma
c) Chondroblastoma d) Chondromyxoid fibroma
e) Multiple myeloma

607. All of the following tumor are benign tumors except- *(AI98)*
a) Chondroma b) Chordoma
c) Osteochondroma d) Enchondroma

608. According to a newer hypothesis Ewings sarcoma arises from - *(AI99)*
a) Epiphysis b) Diaphysis
c) Medullary cavity d) Cortex

609. Classification system of bone tumors is -
a) Enneking b) Manchester
c) Edmonton d)TNM

610. According to Enneking system, not true regarding an active benign tumor is - *(AIIMSMay 11)*
a) Intracapsular
b) Margin of reactive bone
c) Thick rim of reactive bone
d) Extended curettage is treatment

611. Which of the following occurs in epiphysis-
a) Osteoclastoma b) Chondroblastoma
c) Osteochondroma d) Ewing's sarcoma
e) Chondrosarcoma *(PGI Dec 01)*

612. The following tumors are seen in metaphysis -
a) Osteomyelitis b) Osteosarcoma
c) Chondrosarcoma d) Osteoclastoma
e) Ewing's sarcoma

613. Bone tumors arising from diaphysis - *(PGIDec 2K)*
a) Chondrosarcoma b) Ewing's tumor
c) Osteoclastoma d) Chondroblastoma
e) Osteid osteoma

587)b,d 588)None 589)b 590)a 591)c 592)a 593)d 594)b,d 595)b 596)b 597)a,b,c,e 598)d 599)a 600)a 601)c 602)d 603)All 604)d 605)a,b,d 606)a,b,c,d 607)b 608)c 609)a 610)c 611)a,b 612)b,c 613)b,e

614. Most common benign tumor of the bone is-
a) Giant cell tumor *(AIIMS Dec. 95)*
b) Simple bone cyst
c) Osteochondroma
d) Enchondroma

615. Dense calcification is found in - *(AIIMSSep 96)*
a) Osteosarcoma b) Chondroblastoma
c) Synovial sarcoma d) Osteoblastoma

616. Himor with maximum bone matrix - -
a) Osteoid osteoma • *(NEET/DNB Pattern)*
b) Chondrosarcoma
c) Enchondroma
d) None

617. All the statements are true about exotosis, except -
a) It occurs at the growing end of bone *(AI 06)*
b) Growth continues after skeletal maturity
c) It is covered by cartilaginous cap
d) Malignant transformation may occur

618. All of the following are the causes of sudden increase in pain in osteochondroma, except- *(AIIMSMay 06)*
a) Sarcomatous change b) Fracture
c) Bursitis d) Degenerative changes

619. Which of the following statement is true about osteochondromatosis- *(PGIDec 01)*
a) Usually affects long bones, but can also occur in skull and pelvis
b) Usual site is metaphyseal region
c) Also known as multiple exostoses, diapheseal aclasis
d) It doesn't interfee with general body stature
e) Autosomal dominant in inheritance

620. True about osteochondromatosis - *(PGI June 08)*
a) Malignant
b) Manifest at adult
c) Knee is the most common size
d) Common in women

621. Babu a 19 yrs old male has a small circumscribed sclerotic swelling over diaphysis of femur; likely diagnosis is - *(AI 01, AIIMS Nov 01)*
a) Osteoclastoma b) Osteosarcoma
c) Ewing sarcoma d) Osteoid osteoma

622. True statements(s) regarding osteoid osteoma is/are - *(PGI Nov 09)*
a) Malignant
b) MC bone involvement-tibia
c) Local excision or curettage cure
d) Bone pain relieved by aspirin
e) X-ray shows : densly surrounding radiolucent lesion

623. A patient presents with pain in the thigh, relieved by aspirin. X-ray shows a radiolucent mass surrounded by sclerosis. Diagnosis is - *(NEET/DNB Pattern)*
a) Osteoma b) Osteoid osteoma
c) Osteoblastoma d) Osteoclastoma

624. Enchondroma commonly arises from - *(DPG10)*
a) Ribs b) Vertebra
c) Tibia d) Phalanges

625. Most common tumor in hand - *(AIIMS June 97)*
a) Exostosis b) Giant cell tumor
c) Enchondroma d) Synovial sarcoma

626. Epiphyseal tumor is - *(AI 07)*
a) Osteoclastoma b) Chondromyxoid fibroma
c) Osteosarcoma d) Ewing sarcoma

627. Which of the following is true about Giant cell tumor-
a) Usually presents asa lytic lesion with sclerotic rim
b) Alwasys beingn *(NEET/DNB Pattern)*
c) Epiphyseal origin
d) Seen in age less than 15 years

628. When size of osteoclastoma exceeds the size of metaphysis - *(PGI June 08)*
a) Tumor will be covered by cortex
b) Tumor will be covered by fibrous capsules
c) Covered by thin layered of bone
d) It is limited to metaphysis
e) Covered by periosteum

629. Osteoclastoma is treated with - *(PGI Dec 2K, June 01)*
a) Total bone replacement b) Excision
c) Curettage d) Arthrodesis
e) Chemotherapy

630. Soap bubble appearance at lower end of radius, the treatment of choice is - *(AIIMS June 98)*
a) Local excision b) Excision and bone grafting
c) Amputation d) Radiotherapy

631. Treatment of histologically confirmed giant cell tumour- *(PGI June 03)*
a) Excision, bone grafting and chemical cautery
b) Excision
c) Radiotherapy
d) Chemical excision

632. All are the predisposing factors of osteogenic sarcoma except- *(PGIDec 03)*
a) Paget's disease of bone b) Radiation
c) Viral infection d) Bone infarction

633. Osteogenic sarcoma arise from - *(PGI Dec 02)*
a) Epiphysis b) Metaphysis
c) Growth plate d) Epiphyseal cortex
e) Diaphysis

634. Most common site of osteogenic sarcoma is - *(AI 01, AIIMS June 2K)*
a) Femur, upper end b) Femur, lower end
c) Tibia, upper d) Tibia, lower end

635. Radiological features of the osteosarcoma -
a) New bone formation *(PGI June 06, 03)*
b) Sun ray appearance
c) Codman's triangle
d) Soap bubble appearance
e) Onion pool appearance

636. X-ray appearance of osteosarcoma are all except - *(NEET/DNB Pattern)*
a) Periosteal reaction b) Cod3tnan's triangle
c) Soap-bubble d) Sunray appearance

614)c 615)a,b,d 616)a 617)b 618)d 619)a,b,c,e 620)b 621)d 622)b,d,e 623)b 624)d 625)c 626)a
627) c 628)All 629)b,c,d 630) b 631)a,b,c,d 632) c 633) b 634) b 635)a,b,c 636) c

637. All of the following investigations are needed for the diagnosis of osteosarcoma, except - *(AI 07)*
a) MRI of femur b) Bone marrow biopsy
c) Bone scan d) CT chest

638. Which of the following bone tumour present secondaries in lung with pneumothorax - *(AIIMS Sept 96)*
a) Osteosarcoma b) Ewing sarcoma
c) Osteoclastoma d)Chondroblastoma

639. A pt presents with phneumothorax, Examination shows a swelling over knee. Chest x-ray shows lung nodules, give your most probable diagnosis - *(AIIMS Dec 95)*
a) Osteosarcoma b) Ewing sarcoma
c) Multiple myeloma d) Osteoclastoma

640. Management plan for osteogenic sarcoma of the lower end of femur must include - *(AI 04)*
a) Radiotherapy, amputation, chemotherapy
b) Surgery alone
c) Chemotherapy + Limb Salvage Surgery + Chemotherapy
d) Chemotherapy + Radiotherapy

641. 'T - 10 Protocol' for treatment of osteosarcoma includes all of the following except - *(AI 09)*
a) High dose methotrexate
b) Bleomycin, Cyclophosphamide, Doxorubicin (BCD)
c) Vincristine
d) Etoposide

642. Feature of parosteal osteosarcoma include -
a) It invades the medullary cavity *(PGI Dec 01)*
b) Easily diagnosed by X-ray
c) Prognosis is same as in other forms of osteosarcoma
d) En bloc resection/amputation is the treatment of choice
e) Seen most commonly in younger age groups

643. TVue about parosteal osteosarcoma - *(PGIMay 10)*
a) Same prognosis as medullary type
b) Never go to medulla
c) May involve medulla

644. 7 years Old child presents with a lesion in upper tibia. X-ray shows radiolucent area with Codman's triangle and Sunray appearance. Diagnosis is - *(AIIMS May 07, AI 07, NEET/DNB Pattern)*
a) Ewing sarcoma b) Osteosarcoma
c) Osteoid osteoma d) Chondrosarcoma

645. Sunburst appearance found in - *(PGI Dec 07)*
a) Osteosarcoma b) Ewings sarcoma
c) Osteoclastoma d) Osteoid osteoma
e) Chondrosarcoma

646. Radiological investigation shows sun ray appearance; diagnosis is - *(AIIMD Dec 95)*
a) Osteosarcoma b) GCT
c) Osteomyelitis d) Ewing's sarcoma

647. TVue regarding osteosarcoma is - *(AIIMS June 2K)*
a) Occurs because of proliferation of osteoclasts
b) Sunray appearance in X-ray indicates new bone formation
c) Affects mainly males in 5th or 6th decade
d) Lymphtic metastasis is most common

648. Which of the following malignant tumors is radioresistant -
a) Ewing's sarcoma b) Retinoblastoma
c) Osteosarcoma d) Neuroblastoma

649. TVue about osteosarcoma - *(PGI Nov 09)*
a) Involves epiphysis of long bones
b) Most commonly involve knee & distal femur
c) Spread to lung through hematogenous route
d) Exclusively found in adolescent & early adult life
e) X-ray : sunray appearance

650. A child 10 yrs of age presents with a mass on his left thigh. The mass seems to be arising from diaphysis of femur, and involving the soft tissue of thigh. The child is having fever also. Give your most probable diagnosis - *(AIIMS Nov 2K)*
a) Osteosarcoma
b) Ewing's sarcoma
c) Chondrosarcoma
d) Malignant fibrous histiocytoma

651. A 12 year old girl complains of pain persisting in his leg for several weeks with a low grade fever. A radiograph reveals a mass in the diaphyseal region of the left femur with overlying cortical erosion and soft tissue extension. A biopsy of the lesion shows numerous small round cells, rich in PAS positive diastase sensitive granules. The most likely histological diagnosis is - *(AIIMS May 03)*
a) Osteogenic sarcoma b) Osteoblastoma
c) Ewing's sarcoma d) Chondroblastoma

652. A 15-year-old boy is injured while playing cricket. X-rays of the leg rule out of a possible fracture. The radiologist reports the boy has an evidence of aggressive bone tumor with both bone destruction and soft tissue mass. The bone biopsy reveals a bone cancer with neural differentiation. Which of the following is the most likely diagnosis? *(AIIMSMay 06)*
a) Chondrablastoma b) Ewing's sarcoma
c) Neuroblastoma d) Osteosarcoma

653. True about Ewing's sarcoma is all except -
a) 5% cases reveals t (11-22) *(PGI June 2K)*
b) Arise from medullary cavity of tubular bone
c) Arise from diaphysis
d) N-myc chromosome

654. Onion peel appearance in X-ray suggests-(DPG *Feb. 09)*
a) Osteogenic sarcoma b) Ewing's sarcoma
c) Osteoclastoma d) Chondrosarcoma

655. A young girl presented with swelling of right thigh, with history of trauma 2 months back. Now she presents with swelling at mid-shaft of femur & low grade fever. ESR is mildly raised. X-ray shows a laminated periosteal reaction. Next line of investigation would be - *(AIIMS Dec 09)*
a) MRI b) Biopsy
c) Bone scan d) Blood count & CRP

637)b 638)a>b 639)a>b 640)c 641)d 642)None 643)c 644)b 645)a,b 646)a 647)b 648)c 649)b,c,e 650)b 651)c 652)b 653)b,c 654)b 655)a

656. An eight years old boy presents with progressive swelling around the knee joint of two months duration following mild trauma. Local examination reveals an irregular bony swelling over the upper end of tibia, with raised local temperature and of variable consistency and ill defined margins. The most likely diagnosis is - *(DPG Feb. 09)*
a) Giant cell tumour b) Ewing's sarcoma
c) Osteogenic sarcoma d) Secondary metastasis

657. Which of the following is associated with poor prognosis in Ewings sarcoma? *(A1IMSNov 10)*
a) B2 microglobulin b) F ever
c) Thrombocytosis d) Young age

658. Which one of the following bone tumors typically affects the epiphysis of a long *bone-(AUMS May 05,02A12K)*
a) Osteosarcoma b) Ewing's sarcoma
c) Chondroblastoma d)Chondromyxoid fibroma

659. A15 year-old boy presented with painful swelling over the left shoulder. Radiograph of the shoulder showed an osteolytic area with stippled calcification over the proximal humeral epiphysis. Biopsy of the lesion revealed an immature fibrous matrix with scattered giant cell. Which of the followng is the most likely diagnosis - . *(AIIMS Nov 04)*
a) Gaint cell tumor b) Chondroblastoma
c) Osteosarcoma d) Chondromyxoid fibroma

660. Variant of Giant cell tumor is? *(AIIMS May 11)*
a) Ossifying fibroma b) Non ossifying fibroma
c) Osteosarcoma d) Chondroblastoma

661. A 45 yrs male presented with an expansile lesion in the centre of femoral metaphysis. The lesion shows endosteal scalloping & punctuate calcifications. Most likely diagnosis is - *(AI 02)*
a) Osteosarcoma b) Chondrosarcoma
c) Simple bone cyst d) Fibrous Dysplasia

662. Characteristic radiological feature of fibrous dysplasia - *(AIIMS May 10)*
a) Thickened bone matrix b) Cortical erosion
c) Ground glass appearance d) Bone enlargement

663. Most common site of admantinoma of the long bones is - *(AIIMSMay 01)*
a) Femur b)Ulna
c) Tibia d) Fibula

664. True about Ameloblastoma- *(PGIDec 06)*
a) Cystic lesion b) Rapidly growing
c) Malignant disease d) MC site is Tibia
e) Presented in children

665. A 33-year-old man presented with a slowly progressive swelling in the middle l/3rd of his right tibia. X-rays examination revealed multiple sharply demarcated radiolucent lesions separated by areas of dense and sclerotic bone. Microscopic examination of a biopsy specimen revealed island of epithelial cells in a fibrous stroma. Which of the following is the most probable diagnosis? *(AIIMSMay 04)*
a) Adamantinoma b) Osteofibrous dysplasia
c) Osteosarcoma d) Fibrous cortical defect

666. **Most common site of origin of adamantinoma is-**
a) Mandible near molar tooth *(AIIMS Dec 01)*
b) Middle alveolar margins
c) Hard palate
d) Mandible near symphisis menti

667. Most common lesion of the mandible *\s-(AHMSNov 01)*
a) Ameloblastoma b) Squamous cell ca
c) Osteosarcoma d) Osteoclastoma

668. **A patient with pain in back. Lab investigation shows elevated ESR. X-ray skull shows multiple punched out lytic lesions. Most imp. Investigation to be done is -** *(AIIMS June 2K)*
a) Serum acid phosphatase
b) CT head with contrast
c) Whole body scan
d) Serum electrophoresis

669. Lytic bevelled lesions are seen in skull X-ray, most likely cause is - *(AIIMS June 2K)*
a) Multiple myeloma b) Eosinophilic granuloma
c) Metastasis d) Osteosarcoma

METASTATIC BONE DISEASE

670. Most common cause of bone malignancy- *(PGIJune*
a) Secondaries b) Osteosarcoma *08)*
c) Ewing's sarcoma d) Osteoclastoma

671. Three most common cancers metastasizing to bone- *(PGIDec 07)*
a) Kidney b) Thyroid
c) Breast d) Prostate
e) Lung

672. Bone metastases is common in which of the folio wing-
a) Nephroblastoma b) Neuroblastoma *(PGIDec 05)*
c) ROC d) Clear cell sarcoma

673. Metastases least common in - *(PGINov 10, Dec 07)*
a) Skull
b) Pelvis
c) Vertebrae
d) Proximal part of long bones of the upper limb
e) Small bones of the hand

674. Metastatic tumor least common in - *(PGI June 04)*
a) Pelvis b)Ribs
c) Small bone of lower limb d) Vertebra
e) Skull

675. Metastasis not found in - *(NEET/DNB Pattern)*
a) Femur b) Humerus
c) Fibula d) Spine

676. Which of the following usually produces osteoblastic secondaries - *(AIIMS May 09, 04)*
a) Carcinoma lung
b) Carcinoma breast
c) Carcinoma urinary bladder
d) Carcinoma prostate

677. Expansile lytic osseous metastases are characteristics of primary malignancy of -
a) Kidney b) Bronchus
c) Breast d) Prostate

656) c 657) b 658) c 659) b 660) d 661) b 662) c 663) c 664) a,e 665) a 666) a 667) a 668) d 669) b 670) a 671)c,d,e 672) b,c 673) e 674) c 675) c 676) d 677) a

678. A patient developed paraplegia. On routine examination and X-ray it was found that there are osteoblastic lesion in his spine. Most probable diagnosis is - *(AIIMS June 2K)*
a) Carcinoma thyroid b) Ca. Prostate
c) Breast Ca. d) Pancreatic Ca.

679. Which soft tissue sarcoma commonly gives to bone secondary- *(PGIJune08)*
a) Fibrosarcoma b) Liposarcoma
c) Osteosarcoma d) Neurofibroma
e) Synovial sarcoma

680. True about Bone metastasis - *(PGI Nov 09)*
a) 5% bone metastasis are symptomatic
b) Higher serum levels of alkaline phosphatase
c) Most common secondary in female is breast
d) Prostate produce osteosclerotic lesion

681. A 60 yrs old male has bone pain, vertebral collapse, fracture pelvis, the probable diagnosis is - *(AIIMS*
a) Multiple myeloma b) Secondaries *Sept 96)*
c) IB d)Lung

682. Solitary bone cyst is most common in the -
a) Upper end of humerus *(AI04, AIIMS 95)*
b) Lower end of humerus
c) Upper end of fibula
d) Lower end of femur

683. Histological features of unicameral bone cysts are-
a) Blood filled cystic spaces *(PGIDec 02)*
b) Endothelial cell lining
c) Fibrous tissue with cystic spaces
d) Pseudocyst
e) Single cavity with connective tissue lining

684. Histology of unicameral bone cyst - *(PGI June 04)*
a) Blood filled cavities b) Endothelial lining
c) Giant cells d) Bone formation

685. True about simple bone cyst - *(PGI Dec 05)*
a) Seen in young adult
b) Present as well demarcated radiolucent lesions
c) Shaggy fibrous layering
d) Pathological fracture seen
e) Commonest site is diaphysis

686. True about aneurysmal bone cyst - *(PGI Dec 07)*
a) Endothelial lining
b) Blood filled spaces
c) Found in upper end of tibia
d) Pulsatile
e) Seen in older age

687. Secondary aneurysmal bone cyst arises in -
a) Osteoclastoma *(PGIJune 07)*
b) Chondroblastoma
c) Fibrous dysplasia

688. Differential diagnosis of simple bone cyst are - *(PGI Dec 03)*
a) Giant cell tumor b) Non ossifying fibroma
c) Enchondroma d) Fibrous dysplasia
e) Eosinophilic granuloma

689. Which of the following conditions is least likely to present as an eccentric osteolytic lesion -
a) Aneurysmal bone cyst b) Giant cell tumor
c) Fibrous cortical defect d) Simple bone cyst

690. A11 year old boy presented with the complaints of pain in the right arm near the shoulder. X-ray examination revealed an expansile lytic lesion in the upper third of humerus. The most likely diagnosis is - *(AIIMS May 02)*
a) Giant cell tumor b) Unicameral bone cyst
c) Osteochondroma d) Parosteal osteosarcoma

691. Babloo a 10 year old boy presents with # of humerus. X-ray reveals a lytic lesion at the upper end. likely condition is - *(AI 01, AIIMS Nov 99)*
a) Unicameral bone cyst b) Osteosarcoma
c) Osteoclastoma d) Aneurysmal bone cyst

692. Ramu, an 8-year old boy presented with pain in the arm. On x-ray his upper end of humerus demonstrates an expansile lesion in the metaphysis with breech of the overlying cortex. Most likely diangosis is - *(AIIMS May 02)*
a) Aneurysmal bonecystb) Unicameral bone cyst
c) Chondroblastomad) Osteoclastoma

693. A classical expansile lytic lesion in the transverse process of a vertebra is seen in - *(AI 03, PGI Dec 04)*
a) Osteosarcoma b) Aneurysmal bone cyst
c) Osteoblastoma d) Metastasis

694. An 8 year old boy presents with a gradually progressing swelling and pain since 6 months over the upper tibia. On x-ray, there is a lytic lesion with sclerotic margins in the upper tibial metaphysis. The diagnsis is - *(AIIMS May 01)*
a) Osteogenic sarcomab) Osteoclastoma
c) Brodie's abscessd) Ewing's sarcoma

695. True about bone tumor is - *(AIIMS Nov 99)*
a) Multiple myeloma-more than 55 years age and above
b) Osteogenic sarcoma-fourth decade
c) Chondrosarcoma-first decade
d) Osteoclastoma-fifth decade

696. In a young boy, x-ray of upper end of the tibia shows a lytic lesion. The least likely diagnosis *is-(AIIMS*
a) Giant cell tumor b) Osteosarcoma *Dec94)*
c) Solitary bone cystd) Tuberculosis

697. 13, years old boy, LEAST common cause of proximal lytic lesion of head of femur is - *(AIIMS June 97)*
a) Plasmacytoma b) Metastasis
c) Histiocytosis d) Bone tumour

698. The differential diagnosis of lesion, histologically resembling giant cell tumor in the small bones of the hands or feet, includes all of the following except
a) Aneurysmal bone cyst *(AIIMS May 06)*
b) Fibrosarcoma
c) Osteosarcoma
d) Hyperparathyroidism

678)b 679)b,e 680)b,c,d 681)d>a 682)a 683)c,e 684)c,d 685)b,c,d 686)b,c 687)a,b,c 688)All 689)d
690) b 691)a 692)a 693)b 694)c 695)a 696)a 697)a 698) b

699. All of the following statements about synovial cell sarcoma, are true, except - *(AI10)*
a) Originate from synovial lining
b) Occur more often at extraarticular sites
c) Usually seen in patients less than 50 years of age
c) Knee and foot are common sites involved

700. IVue about hemangioma of bone - *(PGI Nov 10)*
a) Mostly symptomatic
b) Peak incidence in 5th decade
c) Constitute 10-20% of total bone tumor
d) Overgrowth of bone occurs
e) hematogenous spread

701. Striated vertebra is seen in - *(NEET/DNB Pattern)*
a) TB spine ' :; ^6) Haemangioma
6) Chordoma d) Metastasis ^

702. Which of the following statements is true regarding hemangioma of the bone - *(PGI Dec 01)*
a) Occurs common in skull bones
b) Requires observation as it is premalignant
c) Hamartomous in origin
d) Forms 10-12% of the bone tumors
e) Local gigantism occurs when it occurs in an extremity

703. IVue about non-ossifying fibroma of bone -
a) Present until 3rd & 4th decade *(PGI June 03)*
b) Eccentric
c) Prominent sclerotic margin
d) Histologically giant cell with areolar tissue
e) Metaphyseal lesion

704. IVue about non-ossifying fibroma - *(PGIDec 02)*
a) Prominent at 2nd and 4th decade
b) Prominent sclerotic margin
c) Fibrous tissue with areolar tissue
d) Centrally located
e) Risk of malignancy

705. Chordoma commonly involves - *(PGI June 02)*
a) Dorsal spine b) Clivus
c) Lumbar spine d) Sacrum
e) Cervical spine

706. Chordoma can occur over all the following sites, except- *(AI2K)*
a) Rib b) Clivus
c) Sacrum d) Vertebral body

707. Which of the following is a pulsatile tumor? *(AIIMSMaylO)*
a) Osteosarcoma b) Chondrosarcoma
c) Ewing's sarcoma d) Osteoclastoma

708. Most common soft tissue tumor in a child -*(PGI June*
a) Rhabdomyosarcoma b) Histiocytoma *2K)*
c) Fibrosarcoma d) Liposarcoma

709. Regional lymph nodes are involved in which of these - *(AIIMS Dec 95)*
a) Ewing sarcoma b) Osteosarcoma
c) Adamantinoma d) Synovial cell sarcoma

710. Non neoplastic lesions simulating bone tumor are all except? *(AIIMS May 11)*
a) Fibrous dysplasia b) Bone island
c) Bone infarct d) Hurler syndrome

IMPORTANT COMPLICATIONS IN ORTHOPEDICS

711. Stellate ganglion block is useful ṁ-*(AIIMSNov 99)*
a) Sudeck osteodystrophy
b) Compound palmar ganglion
c) Tenosynovitis
d) Osteoarthritis of first CMC joint

712. Sudeck's atrophy is associated with - *(Delhi 99)*
a) Osteoporosisb) Osteophyte formation
c) Osteopenia d) Osteochondritis

713. Sudeck's dystrophy symptoms are all except - *(NEET/DNB Pattern)*
a) Pain b) Increased bone density
c) Sweating d) Stiffness

714. A lady presents with swelling of hands with shiny skin. She has a history of fracture radius and kept on POP cast for 4 weeks after which she develops this. Give the most likely diagnosis - *(ARMS Nov 00)*
a) Myositis ossification
b) Rupture of external pollicis longus tendon
c) Reflex sympathetic dystrophy
d) Malunion

715. A 50 year oldlady sprained her ankle 2 months back from which she made a steady recovery. 2 months after the injury she gradually developed severe pain in her right ankle with significant limitation of ankle movement. Clinical examination reveals edema and shiny skin.What is the likely diagnosis?
a) Fibromyalgia *(AI 11)*
b) Complex Regional pain syndrome Typel (CRPSI)
c) Complex Regional pain syndrome Type II (CRPSII) .
d) Peripheral Neuropathy

716. Heterotopic ossification occurs in - *(NEET/DNB*
a) Bone b) Joint *Pattern)*
c) Soft tissue -v-~ d)None ,V

717. Which of the following is not true about Myositis ossificatn? *(PGI 00)*
a) Associated with muscle tendon rupture
b) Inflammation around the ruptured muscle deposition of hydroxyapatite crystals with
c) Common in supracondylar fracture
d) Ossification of musculo-periosteal haematoma

718. Iii myositis ossificans mature bone is seen -
a) At periphery *(MAHE 04, AMU 03)*
b) In center
c) Whole muscle mass
d) In the joint capsule

719. Radiological feature differentiating myositis ossificans from bone tumor is - *(Nimhans 03,*
a) Peripheral ossification *SGPGI99)*
b) Central lucency
c) Discontinuity with the bone
d) None

699)a 700)b,d 701)b 702)a,c,e 703)b,c,d,e 704)b,c 705)b,d 706)a 707)d 708)a 709)d 710)d 711)a 712)a,c 713)b 714)c 715)b 716)c 717)a 718)a 719)a,b,c

720. 16 year old male presents with extensive heterotropic ossification over the neck, back & shoulders and decreased chest movements. He gives history of progressive immobility since the age of 3 years. Which of the following statement about his affecting condition is not true ? *(AI08)*
a) They have a near normal life expectancy
b) They are predisposed to Pneumonia
c) They have short hallux
d) Increased expression of BMP4 gene is seen

721. A person of 60 years age is suffering from myositis ossificans progressive. The usual cause of death would be - *(NIMHANS 01, AIMS 00)*
a) Nutritional deficiency b) Bed sore
c) Lung disease d) Septicemia

722. All are true regarding myositis ossificans progressive except - *(PGI03)*
a) Usually involve childs
b) Progressive form of normal myositis
c) Respiratory problems
d) Ankylosis
e) Form normal bone

723. Commonest site of fracture leading to fat embolism is - *(AI 99)*
a) Tibia# b)Femur#
c) Humerus # d) Ulna#

724. Factors favoring fat embolism in trauma patient - *(PGI Dec 0 7)*
a) Diabetes Mellitus b) Mobility of joint
c) Resp. failure d) Hypvolemic shock

725. True about fat embolism - *(PGI June 04)*
a) Seen one week after injury
b) Patechie
c) Bradycardia
d) Tachycardia
e) Tlncidence in multiple #

726. Fat embolism is characterized by - *(PGI Dec 04)*
a) Petecheal haemorrhages
b) Closed fractures of femur
c) Aggregation of chylomicrons
d) Fall in the haemoglobin
c) Fat globules in sputum & urine

727. True about Posttraumatic fat embolism syndrome -
a) Fracture mobility is a risk factor *(PGI Nov. 10,*
b) Associated diabetes pose a risk *June 09)*
c) Bradycardia occurs
d) Thrombocytopenia
e) OnABGPaO_2<60mmHgonFIO_2<0.4

728. The management of fat embolism includes all of the following except - *(AI 04)*
a) Oxygen
b) Heparinization
c) Low Molecular weight dextran
d) Pulmonary Emblectomy

729. A person with multiple injuries develops fever, restlessness, tachycardia, tachypnea and periumbilical rash. The likely diagnosis is -
a) Air embolism *(AIIMSNov08)*
b) Fat embolism
c) Pulmonary embolism
d) Bacterial pneumonitis

730. Ramesh singh, a 40 yrs old man, was admitted with fracture shaft femur following a road traffic accident. He was tachypnoeic, and had conjunctival petechiae.Most likely diagnosis is - *(AI 02)*
a) Pulomary embolism b) Sepsis syndrome
c) Fat embolism d) Hemothorex

731. A 30 year old man had road traffic accident and sustained fracture of femur. Two days later he developed sudden breathlessness. The most probable cause can be - *(AI 05)*
a) Pneumonia b) Congestive heart failure
c) Bronchial asthma d) Fat embolism

732. Clincial feature of fat embolism includes all excepts - *(PGI Nov. 10)*
a) Tachypnoea
b) Systmic hypoxia may occur
c) Fat globules in urine are diagnostic
d) Manifests after several days of trauma
e) Petechiae in the anterior chest wall

733. A 64 year old hypertensive obsese female was undergoing surgery for fracture femur under general anaesthesia. Intra-operatively her end-tidal carbon dioxide decreased to 20 from 40 mm of Hg, followed by hypotension and oxygen saturation of 85%. What could be the most probable cause? *(DPG 09, AI 03)*
a) Fat embolism b) Hypovolemia
c) Bronchospasm d) Myocardial infarction

734. True about fat embolism - *(PGIDec 07)*
a) Petechia in the anterior chest wall
b) Bradycardia
c) Fat globules in urine
d) Occurs after 1st week of polytrauma
e) Thrmbocytopenia

735. Which of the following is not a component of the crush syndrome - *(AIIMSMay 02)*
a) Myohemoglobinuria
b) Massive crushing of muscles
c) Acute tubular necrosis
d) Bleeding diathesis

736. The first sign of Volkman's ischemia is -
a) Paresthesia *(PGI Dec 2k)*
b) Pain on passive extension of fingers
c) Pain on active extension of fingers
d) Swelling of fingers

737. In posterior compartment syndrome which passive movement causes pain ? *(AIIMS Nov 08)*
a) Dorsifiexion of foot b) Foot inversion
c) Toe dorsifiexion d) Toe planter flexion

720) a 721) c 722) b 723) b 724) a,d 725)b,d,e 726) All 727)a,b,d,e 728) d 729) b 730) c 731)d 732) d
733) a 734)a,c,e 735) d 736) b 737) a

738. A patient presenting with Volkmann's Ischaemia all of the following are done except - *(PGI00)*
a) Split open the plaster of Paris cast and bandage
b) Decompression by fasciotomy
c) Exploration
d) Sympathetic ganglion blockade

739. All are correct regarding compartment syndrome except- *(PGI 05)*
a) Pulse is a reliable indicator
b) Pain on passive stretching
c) Interstitial pressure > capillary pressure
d) Hyperesthesia
e) Fasciotomy is the earliest treatment

740. Most common muscle involved in volkmann's ischemic contracture is - *(AIIMSDec 98)*
a) Flexor- pollicis longus
b) Flexor- digitorum pro funds
c) Flexor-indicis
d) Abductor pollicis

741. The most common nerve involved in Volkamann's ischaemic contracture of forearm includes - *(AI99)*
a) Radial b) Ulnar
c) Median d) Posterior nterosseous

742. Which of the following does not involve nerve damage - *(AIIMS Dec 94)*
a) Guillian Barre syndrome b) Erb's paralysis
c) Volkmann's paralysis d) Neurotmesis

743. The most common cause of Volkmann's ischaemic contracture (V.I.C) in a child is - *(PGI 00, AIIMS 99)*
a) Intercondylar fracture of humerus *(NEET/DNB*
b) Fracture both bone of forearm *Pattern)*
c) Fracture lateral condyle of humerus
d) Supracondylar fracture of humerus

744. Vascular injury during childhood is common in fracture of - *(AIIMS May 94)*
a) Lower end of humerus b) Lower end of radius
c) Upper end of femur d) Upper end of radius

BONE DYSPLASIA AND SOFT TISSUE AFFECTION

745. "Trident hand" seen in - *(AIIMS Dec 98)*
a) Achondroplasiab) Mucopolysaccharidosis
c) Diphyseal achlasia d) Cleido- cranial dystosis

746. The features of Achondroplasia inlcude all, except - *(UP 02)*
a) Defective head b) Mental retardation
c) Autosomal recessive d) Familial

747. Mode of inheritance for Achondroplasia is - *(PGI 96)*
a) Autosomal dominant b) Autosomal recessive
c) X-linked dominant d) X- linked recessive

748. Absent lateral l/3rd of clavicle is seen in -
a) Hyperparathyroidism *(PGI Dec 02)*
b) Turner's syndrome
c) Fibrous dysplasia
d) Cleidocranial dysostosis

749. Osteogenesis imperfecta is characterized by -
a) Blue sclera *(PGI Dec 04, 03)*
b) Also known as brittle bone disease
c) Collagen defect
d) AAV otosclerosis
e) Autosomal dominant

750. All are features of Osteogenesis imperfecta except- *(AIIMS June 97)*
a) Blue sclera b) Multiple #s
c) Cataract d) Hearing loss

751. Not true about Osteogenesis imperfecta - *(UP 00)*
a) Impaired healing of fracture
b) Deafness
c) Laxity of joints
d) Fragile fracture

752. Osteogenesis imperfecta is defect in - *(PGI 98)*
a) Bone b)Calcification
c) Cartilage d) Collagen

753. Prenatal determination of osteogenesis imperfecta is done by - *(PGI June 07)*
a) Acid phosphatase
b) Alkaline phosphatase
c) Abnormal Pro-a chain

754. All are seen in osteogenesis imperfecta except-
a) Blue sclera *(AI 98)*
b) Bilateral Hip dislocation
c) Lax ligament
d) Osteppprosis..... __..... ....

755. Blue sclera is feature of- *(NEET/DNB Pattern)*
a) Osteogenesis imperfecta b) Osteopetrosis
c) Cleidocranial dysostosis d) Achendroplasia

756. Raju, a 10 yrs old child, presents with predisposition to fractures, anemia, hepatosplenomegaly and a diffusely increased radiographic density of bones. The most likely diagnosis is - *(AI 02)*
a) Osteogensis imperfecta b) Pyknodysostosis
c) Myelofibrosis d) Osteopetrosis

757. Not seen in osteopetrosis - *(AJIMSMay 08)*
a) Compression of cranial nerve
b) Osteomyelitis of mandible
c) Pancytopenia
d) Delayed healing of bone

758. Albers schonberg disease is - *(PGI June 2k, 98)*
a) Osteopetrosis b) Osteoporosis
c) Osteochondritis d) Osteomalacia

759. Housemaids knee is bursitis of - *(AIIMS May 95, NEET/DNB Pattern)*
a) Prepatellar bursa b) Infrapatellar bursa
c) Olecranon d) Ischial bursa

760. Site of TB bursitis - *(PGIDec 07, June 03)*
a) Prepatellar b) Subacromial
c) Subdeltoid d) Subpatellar
e) Trocanteric

761. Usual site of TB bursitis- *(DPGFeb. 09)*
a) Prepatellar b) Subacromial
c) Subdeltoid d) Trochanteric

738) d 739) a,d 740) c 741) c 742) c 743) d 744) a 745) a 746)b,c 747) a 748) d 749)All 750) c 751) a 752)d>a 753)c 754)b 755)a 756)d 757)None>d 758)a 759)a 760)a,b,c,e 761)d

762. Progressive stiffening of a joint is seen in -
a) Periarthritis of shoulder *(DPGFeb. 09)*
b) Osteochondritis
c) Gount
d) Ankylosis

763. Painful are syndrome is seen in all except -
a) Complete tear of supraspinatus *(AIIMS Nov 01)*
b) # greater tuberosity
c) Subacromial bursitis
d) Supraspinatus tendinitis

764. 'Tennis elbow', is characterized by - *(DPG 09)*
a) Tenderness over the medial epicondyle
b) Tendinits of common extensor origin
c) Tendinitis of common flexor origin
d) Painful flexion and extension

765. A 40 year old man was repairing his wooden shed on Sunday morning. By afternoon, he felt that the hammer was becoming heavier and heavier. He felt pain in lateral side of elbow and also found that squeezing water out of sponge hurt his elbow. Which of the muscles are most likely involved-
a) Biceps brachii and supinator *(ARMS May 02)*
b) Flexor digitorum superficialis
c) Extensor carpi radialis longus and brevis
d) Triceps brachii and anconeous

766. Pain & tenderness over the lateral condyle of humerus with a painful dorsiflexion of the wrist is indicative of - *(ARMS Nov 05)*
a) Golfer's Elbow b) Tennis Elbow
c) Pitcher's Elbow d) Cricket Elbow

767. DeQuervain's disease classically affects the -
a) Flexor pollicis longus and brevis
b) Extensor carpi radialis and extensor pollicis longus
c) Abductor pollicis longus and brevis
d) Extensor pollicis brevis and abductor pollicis longus

768. About De Quervain's disease, which of the following is correct - *(PG1 Dec 08)*
a) Pain after straining at thumb base
b) Involve extensor pollicis longus
c) Tense mass may visible
d) Steriod is used to relieve symptoms
e) Involve Abductor pollicis longus

769. In trigger finger the level of tendon sheath constriction is found at the level of - *(ARMS May 05, ARMS 96)*
a) Middle phalanx
b) Proximal interphalangeal joint
c) Proximal phalanx
d) Metacarpophalangeal joint

770. Trigger finger occurs in - *(PGI98)*
a) Rheumatoid athritis b) Trauma
c) Osteosarcoma d) Osteoarthritis

771. Most common cause of trigger finger-*(NEET/DNB*
. a) Trauma b) Alcohol; ;*Pattern)*
c) Smoking d) Drug abuse

772. Kanavel's sign is seen in - *(ARMS Dec 07)*
a) Tenosynovitis
b) Trigger finger
c) Dupuytrens contracture
d) Carpal tunnel syndrome

773. Cause of trigger finger is - *(ARMS Sept 96)*
a) Thickening of the fibrous tendon sheath
b) Following local trauma
c) Unaccustomed activity
d) All of the above

774. The following structure is involved in Dupuytreii's contracture - r *(AI94, NEET/DNB Pattern)*
a) Thickening of the palmar fasbiik-^^^;;};'
b) Thickening of the dor sal fascia.
e) Contracture of the flexor tendons
J i d) fost bums contracture ' *' * ; ; '

775. Dupuytren's contracture occur in - *(PGIDec 08)*
a) Diabetes Mellitus b) Alcohol
c) Epilepsy d) Rheumatoid Arthritis
e) Chronic Pulmonary disease

776. All are true of Dupuytren's contractrue except -
a) Usually 4th finger is involved *(PGI 99)*
b) Bilateral disease is rare
c) Surgical release is useful
d) May be associated with Pyronie disease

777. True about Dupuytren's contracture - *(PGIMay 10)*
a) A/w peyronie's disease
b) First affect index finger
c) Nodule formation & thickening of palmar fascia
d) Amputation may be required

778. A-65 years alcoholic suffering from diabetes has a flexion deformity at the right little finger over the metacarpophalangeal joint of around 15 degree. The ideal management for him would be- *(AIIMS Nov 11)*
a) Observation
b) Percutaneous fasciotomy
c) Subtotal fasciectomy
d) Total fasciectomy

779. -Felon ^
a) Infection of nail fold *(NEET/DNB Pattern)*
b) Infection of ulnar bursa v.•
c) Infection of pulp space
d) Infection of DIP joint

780. Felon most common complication -
a) Osteomyelitis *(NEET/DNBPattern)*
/ *l* b) Subungual hematoma - ■■ "
' -^-c) Infectivearthntis y-"1 ../4
d)None ... V - • * f ' v-'X- .

781. Melon seed bodies are found in which of the following condition? • *?'■ "' *(NEET/DNBPattern)*
a) Chondrocalcinosis
b) Gout ■;vvV;; * /' "■
c) Tuberculous tenosynovitis
• ' ■ ' ' d) Osteoarthritis of the wrist

762) a 763) a 764)b 765)c 766)b 767)d 768)a,c,d,e 769)d 770)a,b 771)a 772)a 773)d 774)a
775) a,b,c,e 776) b 777)a,c,d 778) a 779) c 780) a 781) c

782. True about ganglion - *(PGIDec 03)*
a) Common in volar aspect
b) Seen adjacent to tendon sheath
c) Comunicates with joints cavity and tendon sheath
d) It is Unilocular

783. The primary pathology in Athletic Pubalgia is -
a) Abdominal muscle strain *(Al 09)*
b) Rectus femoris strain
c) Gluteus medius strain
d) Hamstring strain

784. Hallux valgus is associated with all except -
a) An exostosis on the medial side of the head of the first metatarsal *(PGI Dec 00)*
b) A bunion
c) Osteoarthritis of the metatarsophalangeal joint
d) Over- riding or under- riding of the second toe by the third

MANAGEMENT IN ORTHOPEDICS

785. Recurrent dislocations are least commonly seen in-
a) Ankle b) Hip *(AI09)*
c) Shoulder d) Patella

786. Recurrent dislocation is least common in -
a) Shoulder b) Knee *(Delhi 94)*
c) Patella d)None

787. Aviator fracture is- *(COMED 09)*
a) Fracture neck of talus b) Fracturescaphoid
c) Fracture calcaneum d) Fracture5th metatarsal

788. True about eponymous fractures is/are -
a) Montegia # is # of the proximal third of ulna with radial head dislocation *(PGI Nov 09)*
b) Galeazzi # is # of the distal third of the radius with dislocation of the distal radio-ulnar joint
c) Colles # is # at cortico-cancellous junction of the distal-end of redius with dorsal tilt
d) Potts # is Trimalleolar ankle #
e) Bennet's # is Oblique intra-articular # of the base of the Ist metacarpal

789. Jefferson fracture is - *(AIIMS May 95)*
a) Fracture of atlas
b) Fracture of axis
c) Fracture of spinous process of C_7
d) Fracture of any cervical vertebra

790. Jefferson's fracture is -*(AI99, NEET/DNB Pattern)*
a) C, b)C_2
c) C_2C, d)C_2C,

791. Which of the following condition should be given most priority in case of fracture - *(PGIDec 08)*
a) Open fracture b) Dislocated fractrue
c) Vascular injury d) Malunited fracture
e) Compartment syndrome

792. The correct order of priorities in the initial management of head injury is - *(AI 92, 99)*
a) Airway, Breathing, Circulation, treatment of extra cranial injuries
b) Treatment of extracranial injuries, Airway, Breathing, Circulation
c) Circulation, airway, Breathing, treatment of extra cranial injuries
d) Airway, circulation, breathing, treatment of extra cranial injuries

793. Severely injured patient with spinal fracture and unconsciousness first thing to be done is -
a) GCS scoring *(AIIMS 95)*
b) Spinal stabilization by cervical collar
c) Mannitol drip to decrease ICT
d) Airway maintenance

794. Polytrauma patient with open bleeding wound of right thigh should be managed first of all by -
a) Tourniquet application *(PGI 94, Jipmer 99)*
b) Tight bandage application
c) Airway maintenance
d) Blood transfusion

795. Long bone fracture fixation done with -*(PGIDec 06)*
a) Intramedullary nail b) Compression plate
c) External fixation d) Screw
e) Tension band wiring

796. All of the following are indications for open reduction and internal fixation of fractures except - *(CSE 2K)*
a) Compound fracture
b) Unsatisfactory closed reduction
c) Multiple trauma
d) Intra-articular fracture

797. The contraindication to internal fixation-
a) Physeal injury *(NEET/DNB Pattern)*
b) Active infection
c) Intraarticular fracture
d) Fracture dislocation

798. Which fracture in children requires open reduction-
a) Fracture tibial epiphysis *(AIIMS 91)*
b) Fracture shaft of femur
c) Fracture both bones forearm
d) Fracture femoral condyle

799. Action of intramedullary ^{6}K' nail is - *(AI 96)*
a) Two-point fixation b) Three-point fixation
c) Compression d) Weight concentration

800. Usual treatment (s) of fracture involving articular surface is/are - *(PGI June 09, 04)*
a) Arthrodesis b) Excision
c) Skeletal traction d) Internal fixation
e) P.O.P. slab

801. Which of the following is/are not includes in management of intra-articular fracture -
a) Arthrodesis b) ExcisionfPG/ *Dec 08)*
c) Aspiration d)Kwire
e) Plaster of paris cast

802. Cock up splint is used in - *(AIIMSDec 95, Feb 97)*
a) Median nerve injury
b) Radial nerve injury
c) Ulnar nerve injury
d) Volkman's ischemic contracture

782) b,d 783) a 784) a 785) a 786) b 787) a 788)a,b,c,e 789) a 790) a 791)a,b,c,e 792) a 793) d 794) b 795)a,b,c 796)a 797)b 798)a 799)b 800)All 801)None 802)b

803. All of the following are used for giving skeletal traction, except - *(AIIMS May 06)*
a) Steimann's pin b)Kirschner'swire
c) Bohler's stirrup d) Rush pin

804. Maximum weight for skin traction -
a) 1-2 kg b) 4-5 kg *(NEET/DNB Pattern)*
c) 10-15 kg, d) 15-20 kg

805. Contraindication for skin traction - *(PGIDec 06)*
a) Dermatitis
b) Vascularity compromized status of limb
c) Abrasions
d) Hypopigmentation (vitiligo)
e) Bony deformity

806. Skeletal traction is given by -*(PGI June 09; Dec 08)*
a) K-wire b) Pavlik harness
c) Denham pin d) Steinmann's pin
e) Rush pin

807. Risser Localiser cast is used in the management of- *(AIIMS Nov 08)*
a) Kyphosis b)Spondylolysthesis
c) Idiopathic scoliosis d) Lordosis

808. Velpeau bandage and Sling and Swathe splint are used in? *(AIIMS Dec 08)*
a) Shoulder dislocation
b) Fracture scapula
c) Acromioclavicular dislocation
d) Fracture clavicle

809. Cancellous bone graft taken from - *(PGI Dec 06)*
a) Femoral condyles b) Pelvis
c) Greater trochanter d) Tibial metaphysis

810. Site for 1st order bone grafting - *(PGI June 03)*
a) Pelvis b) Tibial metaphysis
c) Medial malleolus d) Femoral condyle
e) Greater trochanter

811. Which of the following is ideal site for harvesting bone graft- *(AI08)*
a) Iliac crest b) Distal end of the humers
c) Distal end of femur d) Fibula

812. Standard site for primary bone graft - *(PGIDec 02)*
a) Pelvis b) Greater trochanter
c) Medial malleolus d) Lateral melleolus
e) Fibula

813. Tibial fracture with > 1 cm wound, slight communution and moderate crushing is - *(Jipmer 03, AMU 03)*
a) Grade I b) Grade II
c) Grade III A d) Grade III B

814. Most common organism causing infection after open fracture - *(NEET/DNB Pattern)*
a) Pseudomonas b) Staphylococcus aureus
c) Klebsiella d) Gonococcus

815. Open fracture is treated by - *(UP 98)*
a) Tourniquet b) Internal fixation
c) Debridement d) External fixation

816. Following are principles in the treatment of compound fractures except - *(Jipmer 93)*
a) Wound debridement
b) Immediate wound closure
c) Tendon repair
d) Aggressive antibiotic therapy

817. Immediate treatment of compound fracture of tibia is-
a) Intravenous antibiotics *(Delhi 97)*
b) Thorough debridement
c) Internal fixation of fracture
d) Amputation of limb

818. Internal splints (fixation devices) are used in all except-
a) Compound fractures *(Manipal 99)*
b) Multiple fractures
c) Fractures in elderly patients
d) Fracture neck of femur

819. A compound fracture is initially treated by antibiotics, wound toilet and - *(Rohtak 98)*
a) Skin cover b) External splintage
c) Prosthesis d) Internal fixation

MISCELLANEOUS

820. Periosteal reaction is not common in - *(AP 93)*
a) Syphilis b)Gout
c) Osteomyelitis d) Tuberculous dactylitis

821. Indications of arthoplasty - *(PGIDec. 04)*
a) Osteoarthritis b) Rheumatoid arthritis
c) Ankylosing spondylosis d)Gout
e) Fracture neck femur

822. Major indication (s) for arthroplasty -
a) Osteoarthritis of hip
b) Ankylosis of elbow
c) Ununited tibial fracture
d) Ununited femoral neck fracture
e) TB spine

823. Aseptic loosening in cemented total hip replacement occurs as a result of hypersensitivity response to -
a) Titanium debris *(AI04)*
b) High density polythene debris
c) N.N - Dimethyltryptamine (DMT)
d) Free radicals

824. Metal on Metal articulation should be avoided in- *(AI 10)*
a) Osteonecrosis b) Young female
c) Inflammatory arthritis d) Revision surgery

825. Most common cause of death after Total Hip Replacement is - *(AI 09)*
a) Infection b) Pneumonia
c) Anemia d) Thromboembolism

826. A patient developed breathlessness and chest pain, on second postoperative day after a total hip replacement. Echo-cardiography showed right ventricular dilatation and tricuspid regurgitation. What is the most likely diagnosis - *(AI 10)*
a) Acute MI b) Pulmonary embolism
c) Hypotensive shock d) Cardiac tamponate

803) d 804) b 805)a,b,c 806)a,c,d 807) c 808)a>b,c,d 809)a,b,c,d 810) a 811) a 812) a,e 813) b 814) a 815) b,c,d 816)b,c 817)a,b,d 818)None 819)a,b,d 820)b 821) All 822)a,b,d 823)b 824)b 825)d 826)b

827. Watson Jones operation is done for? *(AIIMSDec 08)*
a) Neglected Club foot b) Muscle paralysis
c) Valgus deformity d) Hip replacement

828. Stance phase muscle among the following is - *(PGI Dec 01)*
a) Quadriceps b)Hamsring
c) Gastrocnemius - soleus d) Tibialis anterior
e) Peroneus longus

829. Antalgic hip gait is related to which of the following- *(TAMIL NADU 94)*
a) Waddling gait b) Trendelenberg gait
c) Painful hip gait d) Short leg gait

830. Trendelenberg's gait is due to the weakness of- *(NEET/DNB Pattern)*
a) Quadriceps b) Iliopsoas
c) Sartorius d) Gluteus medius

831. A one year old child presented with multiple fractures seen in various stages of healing. The most probable diagnosis is the case is - *(AIIMS Nov 06)*
a) Scurvy b) Rickets
c) Battered baby syndrome d) Fall from height

832. An 8 yrs old child is brought by parents to the casualty with a spiral fracture of Femur and varying degree of Ecchymosis all over body. The Etiology is - *(AI00)*
a) Hit & run accident b) Battered Baby Syndrome
c) Hockey Stick injury d) Fall from height

833. A 4 year old female brought to casualty department with multiple fracture ribs, and inconspicuous history from parents. On examination show multiple bruise and healed fractures. The probable diagnosis is - *(CSE 99)*
a) Polytrauma for evaluation
b) Flail chest
c) Munchausen syndrome
d) Battered baby syndrome

834. Amputation is often not required in -
a) Gas gangrene b) Buerger's
c) Chronic osteomyelitis d) Diabetic gangrene

835. In below elbow amputation the length of stump should be - *(AIIMS May 93)*
a) 10-15 cm b) 15 -20 cm
c) 20 - 25 cm d) 5 -10 cm

836. Myodesis is employed in amputations for all of the following indications except - *(AI 09)*
a) Trauma b) Tumor
c) Children d) Ischemia

837. In flap method of amputation which structure is kept shorter than the level of amputation - *(DNB 92)*
a) Bone b) Muscles
c) Nerves d) Skin
e) Vessels

838. Tarsometatarsal amputation is also known as -
a) Chopart's amputation *(KA 99, UP 97,*
b) Lisfranc amputation *AIIMS SR 06)*
c) Pirogoffamputation
d) Symes amputation

839. Ring sequestrum is seen in - *(IN92)*
a) Typhoid osteomyelitis
b) Chronic osteomyelitis
c) Amputation stump
d) Tuberculosis osteomyelitis

840. Which of the following is true regarding a phantom limb- *(AJ94)*
a) Occurs in leprosy b) Follow amputation
c) Follow a psychiatric illness d) After filariasis

841. What is the percentage of patients who have undergone amputation which show "phantom limb" pain? *' (DPGFeb. 09)*
a) About 1% b) About 5%
c) About 10% d) 35%

842. Increased bone density in X- ray is seen in- *(PGIDec 08)*
a) Collapse cancellous bone b) Periosteal reaction
c) Paget's disease d)AVN
e) Osteomyelitis

843. Increased Bone density in X-ray seen in -
a) Increased thickening of trabeculae
b) Fracture & Collapse of cancellous bone
c) Defective mineralization
d) Myossitis ossificans
e) Relative disuse atrophy & surrounding bone response

844. Sclerosis of bone is seen in all except - *(KERALA 94)*
a) Secondaries from prostate b) Fluorosis
c) Hyperparathyroidism d) Osteopetrosis

845. Sclerotic lesion in the bone is seen in all except -
a) Osteitis fibrosa b) Osteopetrosis *(AI 91, 93)*
c) Melorheostosis d) Caffey's disease

846. Increased density in skull vault is seen in - *(PGI 90)*
a) Hyperparathyroidism b) Multiple myeloma
c) Fluorosis d) Renal osteodystrophy

847. "Rugger Jersey Spine" is seen in - *(AI 06)*
a) Fluorosis b) Achondroplasia
c) Renal osteodystrophy d) Marfan's syndrome

848. Rugger jersey spine in CRF is due to - *(PGI Dec 04)*
a) Osteomalacia
b) Trauma
c) Hyperparathyroidism
d) Aluminium osteodystrophy
e) Osteopetrosis

849. Ruptured tendon is most commonly seen in -
a) Stab injury b) Soft Tissue tumour
c) Overuse d) Congenital defect

850. Most common cause of insertional tendonitis of tendoachilles is - *(AIIMS Nov 08)*
a) Overuse b) Improper shoe wear
c) Runners and jumpers d) Steroid injections

851. There is spontaneous rupture of the Achilles tendon in an 18 year old male. It is most likely to bedue to excess stress beyond - *(DPG10)*
a) Tendon strength
b) Bone strength
c) Muscle strength
d) Musculotendinous junction strength

827)d 828)a,b,c,d 829)c 830)d 831)c 832)b 833)d 834)c 835)b 836)d 837)c>a 838)b 839)c 840)b
841) None 842) All 843)a,b 844)None>c 845)a 846)a,c,d 847)c 848)c 849)c 850)a 851)a

852. Rupture of extensor pollicis longus tendon occurs in all of the following except - *(DPG10)*
a) Rheumatoid arthritis b) Colle's fracture
c) Drummers d)De Quervains disease

853. Marble bone disease is- *(NEET/DNB Pattern)*
a) Osteoporosis b) Paget's disease
c) Osteopetrosis d) Osteogenesis imperfecta

854. Albers schonberg disease is also known as- *(NEET/DNB Pattern)*
a) Osteoprosis b) Osteopetrosis
c) 01 d): Paget's disease

855. Tissue most sensitive to radiation is - *(DPG Mar. 09)*
a) Diaphysis b) Cartilage
c) Epiphysis d) Metaphysis

856. During the surgical procedure - *(DPGMar. 09)*
a) Tendons should be repaired before nerves
b) Nerves should be repaired before tendons
c) Tendons should not be repaired at the same time
d) None of the above

857. Pollicization can be best described as - *(A108)*
a) Toe to thumb transfer b) Thumb reconstruction
c) Finger shortening d) Amputation of thumb

858. Muscle most commonly affected by congenital absence is - *(AI09)*
a) Pectoralis major b) Semimembranosus
c) Teres minor d) Gluteus maximus

859. Heterotopic ossification is a condition in which there is deposition of bone around the joints. Which of the following parameters is the most useful for this condition - *(AIIMS Nov 11)*
a) Serum calcium b) Serum phosphate
c) Serum alkaline phosphatase d) Serum PTH

860. X-ray of a young man shows hetrotopic calcification around bilateral knee joints. Next investigation would be - *(AIIMS May 07, AIO 7)*
a) Serum phosphate b) Serum calcium
c) Serum PTH d) Serum Alkaline phosphatase

861. In which of the following conditions Dactylitis CANNOT be seen - *(DPG 10)*
a) Sickle cell anaemia b) Beta thalassemia
c) Congenital syphilis d) Tuberculosis

862. Hypervitaminosis of which of the following will cause bony abnormalities-(PG/ *June 09, Dec 06, June 01)*
a) VitA b) Vit. D
c)Vit.C d) Vit. E
e) VitK

863. Wormian bones are not noted in - *(Andhra 93)*
a) Fibrous dysplasia b) Osteogenesis inperfecta
c) Cretinism d) Rickets

864. Wormian bones are seen in - *(DELHI 94)*
a) Osteogenesis imperfecta
b) Scheurmanns disease
c) Paget's disease
d) Osteoclastoma

865. Rate of newly synthesized osteoid mineralization can be best estimated by - *(AIIMS Nov 10, AI 09)*
a) Tetracycline labeling b) Alizarin red stain
c) Calcein stain d) Van kossa stain

866. Which of the following structures is fixed first during reimplantation of an amputated digit -*(AI 11)*
a) Bone b) Artery
c) Vein d) Nerve

867. Line joining ant. sup iliac spine to ischial tuberosity and passes a greater trochanter - *(AIIMS Nov 99)*
a) Nelaton's line b) Showmakersline
c) Chiene's d) Perkins line

868. "Trendelenburg sign" is positive in damage of the following nerve - *(AIIMS Nov 08, AI 9 7)*
a) Inferior gluteal nerve b) Pudendal nerve
c) Superior gluteal nerve d) Posterior tibial nerve

869. Trendelenburg's test positive in all EXCEPT -
a) Posterior dislocation of hip
b) Poliomyelitis
c) # Neck of femur
d) Tuberculosis of hip joint

870. Trendelenberg test is positive in palsy of -
a) Gluteus maximus *(NEET/DNB Pattern)*
b) Gluteus medius
c) Rectus femoris
d) Vastus medialis

871. Test for tight iliotibial band is - *(AIIMS Nov 01)*
a) Ober's test b) Osber's test
c) Simmand's test d) Chamley's test

872. The operative procedure known as "microfracture" is done for the - *(AIIMS Nov 03)*
a) Delayed union of femur
b) Non union of tibia
c) Loose bodies of ankle joint
d) Osteochondral defect of femur

873. Which is not a deep heat *therapy-(AIIMSMay 07, Nov. 11)*
a) Short wave diathermy b) Ultrasound therapy
c) Infrared therapy d) Microwave therapy

874. Post Poliomyelitis, a patient has grade n power in Gastrocnemius, grade ni is Peroneus, grade IV in Tibialis Anterior. The deformity is - *(AI 00)*
a) Calcaneovalgus b) Equino varus
c) Calcaneo varus d) Genu valgus

875. You have treated the simple and undisplaced fracture of shaft of right tibia in a nine year girl with above knee plaster cast. Parents want to know the prognosis of union of the fractured limb which was affected by polimoyelitis four years age. What is the bet possible advice will you offer to the parents ? *(AIIMS Nov 03)*
a) Fracture will unite slowly
b) Fracture will not unite
c) Fracture will unite normally
d) Fracture will unite on attaining puberty

852) d 853) c 854) b 855) c 856) a 857) b 858) a 859) c 860) d 861) b 862) a,b 863) a 864) a 865) a
866) b 867)a 868)c 869)d 870)b 871)a 872)d 873)c 874)c 875) c

876. In 3 year child with polio paralysis, tendon transfer operation is done at - *(AIIMS Dec 98)*
a) 2 months after the disease
b) 2 years after the disease
c) 6-12 months after the disease
d) After skeleton maturation

877. Tension band wiring is done in all except-
a) Fracture patella *(NEET/DNB Pattern)*
b) Fxaetoe alecranon
c) Fracture medial malleolus
d) Colie's fracture

878. Open reduction & internal fixation is done for all of the following #s except - *(AI9 7)*
a) Patella # b) Olecranon #
c) Volar Barton's# d)# Lateral condyle of humerus

879. Surgical excision is contraindicated in -
a) Olecranon process b) Patella
c) Head of radius d) Lateral condyle humerus

880. A patient has 2 months POP cast for tibial fracture of left leg. Now he needs mobilisation with a single crutch. You will use this crutch on which side -
a) Leftside b) Right side *(ARMSDec 00)*
c) Any side d) Both side

881; Which of the following fracture needs a violent force? *(NEET/DNB Pattern)*
a) Fracture Neck of femur
b) Intertrochanteric fracture
c) Clavicle fracture
d) Colies fracture

882. Spring ligament refers to - *(NEET/DNB Pattern)*
a) Plantar caieaneo navicular ligament
b) Short plantar ligament
c) Long plantar ligament
d) Deltoid ligament

883. Which of the following injuries is likely to cause a severe vascular damage? *(NEET/DNB Pattern)*
a) Closed posterior dislocation of knee
b) Elbow dislocation [posterior]
c) Fracture middle 1 /3 rd of clavicle
d) Tibial plateau fracture

884. Which of the following is a syndesmosis?
a) Superior tibiofibular joint *(NEET/DNB Pattern)*
b) Inferior tibio fibtilar joint
c) Talocalcaneal joint
d) Calcanep cuboid joint

***

876) b 877) d 878) None >c 879) d 880) b 881) c 882) a 883) a,b 884) b

Review of

POST GRADUATE MEDICAL ENTRANCE EXAMINATION
22,000 MCQ'S
FULLY REFERENCED AND TOPIC WISE ARRANGED

VOL. Ill

OBS & GYNAE
SURGERY
FORENSIC
ANAESTHESIA
RADIOLOGY
SKIN
PSYCHIATRY

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GYNAECOLOGY & OBSTETRICS

Mahesh Bejagam

GYNAECOLOGY & OBSTETRICS

GYNAECOLOGICAL ANATOMY

1. All are related to the lateral vaginal fornix except- *(JIPMER 90)*
a) Ureters b) Mackenrodt's
c) Inferior vesical artery d) Uterine artery

2. Para -ovarian cyst are derived from- *(JIPMER 92)*
a) Wolfian duct b) Mullerian duct
c) Gartners duct d) Pronephros

3. The epithelial lining of cervical canal is - *(TN 90)*
a) Low columnar b) High columnar
c) Stratified squamous d) Ciliated columnar

4. Bartholins duct open into - *(JIPMER 92)*
a) Labia mojora
b) Labia minora
c) Lower vagina
d) Groved between labia minora and hymen

5. False about vagina is - *(TN 99)*
a) Partly or wholly derived from urogenital sinus
b) Rich in glands
c) Lined by stratified squamous epithelium
d) Posterior fornix lengthier than anterior fornix

6. Epithelial lining of Bartholins duct is- *(JIPMER 93)*
a) Columnar b) Transitional
c) Cuboidal d) Squamous

7. Venous drainage of upper part of uterus and placenta is through - *(PGI95)*
a) Ovarian vein b) Uterine vein
c) Internal iliac vein d)None

8. Clitoris develops from - *(PGI 93)*
a) Urogenital Sinus b) Labio Scrotal Swelling
c) Genital folds d) Genital tubercle

9. Scrotoum is analogus to - *(Kerala 95)*
a) Labia minora b) Labia maj ora
c) Uterus d) Vagina

10. Which of the following is Schiller positive-(yU/MS¹79,
a) Erosion b) Ectropion *DNB91)*
c) Carcinoma cervix d) All of the above

11. Lymphatics from clitoris drain into - *(PGI2000)*
a) Superficial inguinal LNs b) Deep inguinal LNs
c) Lymphnode of cloquet d) Obturator LN

12. Ovary develop from - *(PGI02, JIPMER 91)*
a) Mullerian duct b) Genital ridge
c) Genital tubercle d) Mesonephric duct
e) Sinovaginal bulbs

13. Transverse vaginal septum corresponds to - *(PGI04)*
a) External os b) Vesical neck
c) Bladder base d) Hymen
e) Above the external urethral meatus

14. True about isthmus are all EXCEPT - *(TN03)*
a) Measures 20 mm in length
b) Forms lower uterine segment
c) Mucosa similar to endometrium
d) Present between cervical mucosa and endometrial mucosa

15. Which of the following conditions is commonly encountered in the female newborn and usually requires no therapy ? *(Karnataka 03)*
a) Enlarged clitoris b) Labial fusion
c) Mucoid vaginal discharge d) Prolapsed urethra

16. Size of graffin follicle is - *(Mahara 02)*
a) 2mm b)3mm
c) 4im d) 6mm

17. The shape of a Nulliparous cervix is - *(AI07, 98)*
a) Circular b) Transverse
c) Lonitudinal d) Fimbriated

18. Bartholin's glands corresponds to - *(UP 07)*
a) Bulbourethral glands b) Urethra glands
c) Paraurethral glands d) Cowper's glands

19. The following artery is not a branch of the anterior division of internal iliac *artery-(DELHI PG Mar 09)*
a) Uterine b) Internal pudendal
c) Iliolumbar d) Vaginal

20. Before puberty, what is the ratio between the cervical length and uterine body? *(UP SC II10)*
a) 1:2 b)2 :1
c) 1:3 d) 1:41

21. During the development of female genital organs, Bartholin's gland develops from- *(Kam II)*
a) Genital fold b) Genital tubercie
c) Urogenital fold d) Urogenital sinus

22. Main support of the uterus is formed by -
a) Mackendrot's ligament *(Jipmer 11)*
b) Broad ligament
c) Fallopian tubes
d) Round ligament

23. Cervix to body ratio in a prepubertal girl -
a) 1:1 b) 2 :1 *(Jipmer 11)*
c) 1:2 d) 3 :1

24. Cortex of ovary contains all except - *(Jipmer 11)*
a) Hilus cells b) Corpus luteum
c) Primordial germ cells d) Graafian follicle

PHYSIOLOGY AND HISTOLOGY

25. The ovulatory period corresponds to - *(TN90)*
a) 14 days before menstruation
b) The day of menstruation
c) Increase in basal temperature
d) 14 days after menstruation

26. Gonadorophin is a - *(JIPMER 92)*
a) Steroid b) Lipoprotien
c) Polypeptide d) Glycoprotien

27. Maximum function of Corpus luteum occurs -
a) At ovulation *(JIPMER 93)*
b) Before ovulation
c) 3 days after ovulation
d) 9 days after ovulation

---

1) c 2) a 3)b 4)d 5)b 6) a 7) a 8)d 9)b 10) None ll)b,c 12) b 13) a 14) a
15)c 16) a 17) a 18)c 19)c 20)b 21)d 22)a 23)b 24)a 25)a 26)d 27)d

28. **The probable source of relaxin** *is-(Jipmer 91,DNB 89)*
a) Ovary b) Adrenal cortex
c) Liver d) Bartolins gland
d) Anterior pituitary gland

29. **Gonadotropins are** - *(JIPMER 78, Delhi 90)*
a) Proteins b) Glycoproteins
c) Phospholipids d)Polysaccharides

30. **Ovulation occurs** - *(Kerala 94)*
a) 14 days before next mensturation
b) 14 days after mensturation
c) Within 16 hrs. of LH surge
d) 16 days before next mensturation

31. **In the absence of fertilization and implantation the corpus luteum persists for** - *(AP 95)*
a) 2-3 days b) 6-8 days
c) 12-14 days d) 28-30 days

32. **False statement regarding hormone status in menopausal women is** - *(MAHE 98)*
a) DecresedFSH
b) Increased LH
c) Decreased estrogen
d) Decreased progesterone

33. **FSH secretion is stimulaed by** - *(MAHE 98)*
a) LHRH b)TRH
c) Testosterone d) Estradiol

34. **LH surge precedes ovulation by** - *(MAHE 98)*
a) 12 hrs. b) 24 hrs.
c) 36 hrs. d) 48 hrs.

35. **Corpus luteum functions maximally without an implantation for.....days** - *(PGI2000)*
a) 9 b) 12
c) 6 d) 15

36. **Hot flushes in postmenopausal women are best treated with which of the following** - *(AJ2002)*
a) Estrogens b)Danazol
c) OC pills d) Tamoxifen

37. **Average age range of attaining menopause is** -
a) 40-50 b) 45 - 55 *(TN 03)*
c) 55-60 d)58-68

38. **Cornification Index is maximum in** - *{TN03)*
a) Early secretory phase
b) Late proliferative phase
c) Late secretory phase
d) Early proliferative phase

39. **Endometrial biopsy is done in which phase of menstrual cycle** -
a) 5-7 days b) 12-14 days
c) 18-20 days d) 22-24 days

40. **Sertoli cells have receptors for** - *(AI04)*
a) Inhibin
b) Luteinising hormone
c) Follicle Stimulating Hormone
d) Melatonin

41. **Inhibin inhibits the secretion of which hormone** -
a) FSH b)LH *(TN04)*
c) Estrogen d) Prolactin

42. **Primary Oocyte remains in ovary in which stage-**
a) Metaphase b) Anaphase *(SGPGI05)*
c) Interphase d) Prophase

43. **In a young female of reproductive age with regular menstrual cycles of 28 days ovulation occurs around 14th day of periods. When is the first polar body extruded** - *(A1IMS May 05)*
a) 24 hrs prior to ovulation
b) Accompanied by ovulation
c) 48 hrs after the ovulation
d) At the time of fertilization

44. **After how many days of ovulation embryo implantation occurs ?** *(A1IMS 06)*
a) 3-5 days b) 7-9 days
c) 10-12 days d) 13-15 days

45. **The sensitivity of the uterine musculature is** -
a) Enhanced by progesterone *(AIIMS 06)*
b) Enhanced by estrogen
c) Inhibited by estrogen
d) Enhanced by estrogen and inhibited by progesterone

46. **In those mammals which are seasonal breeder, the females are receptive only once a year; the cycle is termed as** - *(AIIMS 06)*
a) Follicular b) Estrous
c) Menstrual d) Luteal

47. **Corkscrew shaped endomentrial glands is seen in-**
a) Early proliferative phase *(APPG 06)*
b) Late proliferative phase
c) Early secretory phase
d) Late secretory phase

48. **Following are the features of inhibin except** -
a) Nonsteroidal water soluble protein
b) Secreted by Graffian follicle *(Karn pgmee 06)*
c) Stimulates FSH secretion
d) Increased decretion of inhibin occurs in polycystic overian disease

49. **Source of progesterone during normal menstrual cycle-** *(MAHE 07)*
a) Corpus luteum
b) Stroma
c) Surface epithelium of ovary
d) None of above

50. **The best predictor of ovulation is** - *{Corned 08)*
a) Estrogen peak
b) Follicle stimulating hormone (FSH) surge
c) Onset of the LH surge
d) Preovulatory rise in progesterone

51. **Which of the following is the earliest change in the endometrium after ovulation ?** *(UPSC-II08)*
a) Secretion in the lumina of the endometrial glands
b) Subnuclear vacuolation
c) Cockscrew shaped glands
d) Stromal cells become oedematous, enlarged and polyhedral in shape

28) a 29) b 30)a 31)c 32)a 33)a 34)b 35)a 36)a 37)b 38)b 39)d 40)c 41)a
42) d 43) b 44) b 45) d 46) b 47) d 48) c 49) a 50) c 51)b

52. Ovary secretes - *(UP 08)*
a) Oestrogen & Progesterone
b) Oestogen progesteroe, Testosterone and androgens
c) FSH&LH
d) ACTH, Inhibin, TSH

53. Ovlation occurs - *(UP 08)*
a) After 14 days of menstruation
b) Before 14 days of menstruation
c) After 16 days of menstruation
d) Before 16 days of menstration

54. Endometrial biopsy is done at - *(UP 08)*
a) Premenstrualy phase b) Mid-cycle phase
c) LH Surge d) After menstruation

55. Naturally occurring estrogens are - *(PGI Dec 08)*
a) Estrone b)Estriol
c) Ethinylestradiol d) Estradiol
e) Diethylstilbestrol

56. Characteristics of the fertile phase of the menstrual cycle include all of the following except -
a) Peak levels of oestrogen *(COMED 09)*
b) Clear, abundant cervical mucus
c) Ovulation
d) Production of progesterone

57. The "fern pattern" of cervical mucus seen in the first half of menstrual cycle is because of:
a) High mucoprotein level *(UPSC-II 09)*
b) Low mucoprotein level
c) High sodium chloride level
d) Low sodium chloride level

58. After how many hours of LH surge does the ovulation occur? *(UPSC-II09)*
a) 12-24 hours b) 24-36 hours
c) 12-36 hours d) 24-48 hours

59. True about hCG - *(PGI June 09)*
a) Produced by cytotrophoblast
b) Prevent involution of corpus luteum
c) Value reach maximum level at 20 wk of pregnancy
d) Its secretion starts after 2 day of ovulation

60. True statement regarding oogenesis is/are -
a) Primary oocyte arrests in prophase of 1st meiotic division *(PGI May 10)*
b) Primary oocyte arrests in prophase of II nd meiotic division
c) Secondary oocyte arrests in Metaphase of Ist meiotic division
d) Secondary oocyte arrests in Metaphase of Ilnd meiotic division
e) 1st polar body is extruded during 1st meiotic division of primary oocytes

61. True statement regarding Implantation -
a) Takes place in Blastocyst stage
b) Occur after 7 day of fertilization
c) Occur on 5th day after ovulation
d) Takes place in morula stage

62. True about hCG- *(PGINov. 10)*
a) a subunit identical to LH, FSH & TSH
b) Causes involution of corpus luteum
c) Doubles in 7-10 days
d) Max. level seen at 60-70 days of gestation
e) Detected in serum and urine 8-9 days after ovulation

63. Which of the following is seen in the ovulatory phase-
a) Stimulation of continuation of reduction division of oocytes *(AIIMSMay 11)*
b) Inhibin A is increased
c) FSH increases steroid synthesis in granulosa cells
d) Activin causes FSH to act on granulosa cells

64. The peak level of serum LH (ng/ml) required for ovulation- *(Karn 11)*
a) 25 b) 50
c) 75 d) 100

65. During a normal pregnancy, the changes occurring in the urinary tract include the following except -
a) Increase in the Glomerular filtration rate
b) Dilatation of the ureters *(UPSCII11)*
c) Elevation and thickening of the trigone
d) Hypertonicity of the ureteric smooth muscle

66. Fertilization occurs in - *(Jipmer 11)*
a) Uterine cavity b) Infundibulum
c) Isthmus d) Ampulla

GYNAECOLOGICAL DIAGNOSIS

67. Pap smear is taken from the - *(TN 90)*
a) Lateral formix b) anterior formix
c) Posterior formix d) Any formix

68. Ultrasound is diagnostic in - *(TN 91)*
a) Endometrial carcinoma b) Cancer cervix
c) Leiomyosarcoma d) Fibroid uterus

69. All of following are indications of doing a PAP smear except - *(AT 96)*
a) >40yrs b) Pregnant female
c) Sexually active female d) Menorrhagia

70. What percentage of post menopausal ovaries are identified on transvaginal ultrasonography-
a) 60% b) 70% *(PGI 96)*
c) 80% d) 100%

71. Hysteroscopy can diagnose all, except - *(PGI 98)*
a) Asherman's syndrome b) Septate uterus
c) Adenomyosis d) TB endometritis

72. The Colposcopic features suggestive of malignancy are except - *(PGI 99)*
a) Condyloma b) Vascular atypia
c) Punctation d) White epithelium

73. Evaluation of a pt. with post menopausal bleeding done by - *(PGI June 05)*
a) Pap smear b)USG
c) Endometrial biopsy d) Dilatation & curettage

52) b 53) b 54) a 55)a,b,d 56) d 57) d 58) b 59) b 60)a,d,e 61) a,c 62)a,d,e 63) a 64) c 65) d
66) d 67) None 68) d 69) d 70) d 71) None 72) a 73)a,c,d

74. Hysteroscopy means visualization of - *(PGI05)*
a) Genital tract b) Fallopian tube
c) Uterine cavity d) Cervix
e) Abdominal cavity

75. The investigation of choice in a 55 year old postmenopausal woman who has presented with postmenopausal bleeding is - *(AI06)*
a) Pap smear b) Fractional curettage
c) Transvaginal ultrasound d)Ca-125 estimation

76. Which of the following are distension media used in Hysteroscopy - *(PGI Dec 08)*
a) Carbon dioxide b) Glycine
c) Distill water d)Air
e) Dextrose

77. Following are the indications for 'hyster-osalpinography' expect - *(DELHI PG Mar 09)*
a) Infertility
b) Pelvic infections
c) Recurrent abortions
d) Abnormal uterine bleeding

MALFORMATION OF THE FEMALE GENERATIVE ORGANS

78. To diagnose Uterus didelphys, procedure of choice is- *(AIIMS92)*
a) Laproscopy b)IVP
c) Hysterosalpingography d)USG

79. Ideal age for repair of Vaginal agenesis is-
a) 6 months b) 3 years *(A1IMS92)*
c) At puberty d) Before marriage

80. Bicornuate uterus is due to - *(PGI 98)*
a) Incomplete fusion of uterine cavity
b) Incomplete fusion of paramesonephric duct
c) Incomplete fusion of mesonephric duct
d) Incomplete formation of vagina

81. Cochleate uterus is - *(ORRISA 98)*
a) Acute antiflexion
b) Acute retroflexion
c) Acute retroversion of uterus
d) None of the above

82. Raloxifene can cause - *{APPG03)*
a) Endometrial carcinoma b) Ovarian carcinoma
c) Breast carcinoma d) Cervical carcinoma

83. Complete failure of mullerian duct lusion will result in - **(***UPPGMEE 04)*
a) Uterus didephys b) Arcuate uterus
c) Subseptate uterus d) Unicomuate uterus

84. The most important indication for surgical repair of a Bicornuate Uterus is - *{ARMSNOV05)*
a) Infertility b) Dysmenorrhoea
c) Menorrhagia d) Habitual abortion

85. Diethylstiboestrol causes the following defects except - *{APPG06)*
a) Renal anomalies b) Perifimbiral cyst
c) T-shaped uterus d) Vaginal adenosis

86. In complete mullerian duct aplasia all of the following are likely to be absent Except - *(AI08)*
a) Ovaries b) Fallopian tubes
c) Uterus d) Vagina

87. Which of the following condition present with absence of both Mullerian and Wolffian duct structures - *(AI10)*
a) Antimullerian Hormone deficiency
b) Androgen Insensitivity syndrome
c) FSH receptor defect
d) Ovotesticular syndrome

SEX & INTERSEXUALITY

88. Ttirner's syndrome is associated with - *(DNB 90)*
a) 45 Chromosomes b) Presence of Barr bodies
c) Low FSH levels d) All of the above

89. The chromosomal complement in persons with Klinefelter's syndrome is - *(Karn94)*
a) 45, XO b) 47 XXX
c) 46 XY d)47XXY

90. Barr body is seen in- *(Kerala 94)*
a) Turners syndrome b) Klinefelters syndrome
c) Testicular feminisation d)46XY

91. All are seen in testicular feminization syndrome except- *(PGI99)*
a) 46 XY b) Primary amnenorrhoea
c) Short stature d) Vagina may present

92. During sexual differentiation in males- *(Kamat 05)*
a) Leydig cells produce mullerian inhibiting substance
b) Primitive gonads differentiate into testis due to the presence of SRY gene
c) Androgen binding protein is responsible for the development of male external genitalia
d) Wolifian duct regresses

93. A 15 year old female presents with primary amenorrhea. Her breasts are Tanner 4 but she has no axillary or pubic hair. The most likely diagnosis is -
a) Turner's syndrome *(AI06)*
b) Mullerian agenesis
c) Testicular feminization syndrome
d) Premature ovarian failure

94. The treatment for a case of virilizing adrenal hyperplasia is - *(AI 06)*
a) Estrogens b)Antiandrogens
c) ACTH d) Cortisone

95. Features ofTurner's dyndrome is/are-(PG7 *June 06)*
a) Secondary amerorrhea b) Genotype XO
c) Infertility d) Streak ovary
e) Coarctation of aorta

96. Gonadal sex of the fetus is determined by -
a) Secretion of testosterone *(COMED 06)*
b) Secretion of antimullerian hormones
c) Sex determining region on the ' Y' chromosome
d) Secretion of estrogen

74) c 75) b 76) a,b,e 77) b 78) c 79) d 80) c 81) a 82) c 83) a 84) d 85)a,b 86) a 87) b
88) a 89) d 90) b 91) c 92) b 93) c 94) d 95)b,c,d,e 96) c

97. Which of the following is used for hirsutism in female expect - *(APPG 06)*
a) Spironolaotone b) Oxynandrolone
c) Finasteride d)Flutamide

98. In an adult phenotypic female, absence of uterus suggests the diagnosis of which one of the following?
a) Mayer Rokitansky Kuster Hauser syndrome
b) Congenital adrenal hyperplasia *(UPSC-II08)*
c) True hermaphrodite
d) 5a-reductase deficiency

99. The first sign of puberty in girls is - *(AI08)*
a) Breast budding
b) Growth spurt (Peak height velocity)
c) Menarche
d) Pubic and axillary hair growth

100. All of the following statements about Androgen insensitivity syndrome are true Except - *(AI 08)*
a) Patients have an XY genotype
b) Pubic hair are abundant
c) Short vagina may be present
d) Ovaries are absent

101. Androgen insensitivity syndrome true is - *(A iims*
a) Phenotype may be completely female *May 08)*
b) Predominantly ovarian component in gonads
c) Always in female
d) Testes formed abnormally and receptors are normal

102. 10 year old girl with primary amenorrhoea, absent breasts, malformed uterus. The most likely diagnosis - *(A iims May 08)*
a) MRKH syndrome
b) Turner's syndrome
c) Swyer syndrome
d) Mixed gonadal dysgenesis

103. All of the following are true about imperforate hymen except- *(DPGEE 08)*
a) It may cause hematocolpos
b) It is treated with a cruciate incision
c) It is diagnosed in the neonate
d) It may cause urinary retention

104. Mayer-Rokitansky-Kuster-Hauser syndrome consists of-
a) Ovaries, uterus fallopian tubes present
b) Uterus absent, fallopian tube ovaries present
c) All absent
d) Uterus present tubes and ovaries absent

105. Clinical feature (s) of Turner syndrome is/are all except- *(PGI June 09)*
a) Short stature
b) Cryptorchidism
c) Gonadal meladevelopment
d) Biscuspid aortic valve
e) Lymphoedema

106. Match list I (Syndrome) with list II (Conditions) and select the correct answer using the codes given below the lists - *(UPSC-II 09)*

List I (Syndrome)	**List II** (Conditions)
A. Androgen	1. Mullerian agenesis insensitivity with 46 XX syndrome
B. Mayer Rockitansky-Kuster-Hause syndrome	2. Female phenotype, 46 XY with absent Mullerian system
C. Swyer's syndrome	3. Hypogonadotrophic hypogonadism with anosmia
D. Kaliman syndrome	4. Female phenotype with 46 XY gonadal dysgenesis with patient Mullerian system

Codes:

	A	B	C	**D**
a)	3	1	4	2
b)	2	4	1	3
c)	**3**	4	1	2
d)	2	1	4	3

107. All of the following are true about MRKH (Mayer - Rokitansky - Kuster - Hauser) syndrome except- *(AIIMS Nov 09)*
a) Absent uterus b) Absent cervix
c) Absent ovary d) Absent vagina

108. A 20 years female present primary amenorrhea, absent breast, hypoplastic uterus. Most prabable diagnosis is? *(AIIMS Nov 09)*
a) Turner's syndrome
b) Mixed gonadal dysgenesis
c) Meyer Rokitansky kuster Hauser syndrome
d) Androgen insensitivity syndrome

109. Causes of primary amenorrhea are all except -
a) Rokitansky syndrome *(AIIMS May 10)*
b) Sheehan syndrome
c) Kollman syndrome
d) Turner syndrome

110. Primary Amenorrhea with absent uterus, normal breasts and scant pubic hair is seen in - *(AI 10)*
a) Mayer Rokitanski Kuster Hauser syndrome
b) Turner's syndrome
c) Androgen insensitivity syndrome
d) Noonan syndrome

111. Primary Amenorrhea with normal ovaries normal external genitalia and normal breasts is seen in -
a) Mayer-Rokitanski-Kuster-Hauser syndrome
b) Turner's syndrome *(AI 10)*
c) Androgen Insensitivity syndrome
d) Noonan syndrome

112. A nineteen-year old female has short stature, widespread nipples and primary amenorrhoe A. She most likely has karyotype of - *(DPG10)*
a) 47,XX+18 b)46.XXXY
c) 47XXY d)45XO

97) b 98) a 99)a 100)b 101)a 102)b 103)c 104)b 105)b 106)d 107)c 108)a 109)b 110)c 111) a 112) d

113. Commonest genetic defect causing gonadal failure with primary amenorrhea- *(Maharashtra 10)*
a) Kallman syndrome
b) Abnormal X chromosome
c) 21-hydroxylase deficiency
d) Turner syndrome

114. Which one of the following is not a feature of Turner's syndrome? *(UPSC-110)*
a) Webbed neck b) Horse-shoe kidney
c) Coarctation of aorta d) Mental retardation

115. True about MRKH (Mayer-Rokitansky-Kuster-Hauser) syndrome - *(PGIMay 10)*
a) Absent uterus b) Absent ovary
c) Absent vagina d) XX phenotype
e) XY phenotype

116. True about Klinefelter syndrome - *(PGIMay 10)*
a) XXY b)XO
c) Male hypogonadism d) Female hypogonadism
e) TFSH

117. A 13-year-old, obese, unmarried girl presents with the history of amenorrhea and cyclical abdominal pain. On examination, the secondary sex characters are found to be well developed. What should be the next step- *(UPSCU11)*
a) Carry out the progesterone challenge test
b) Assess the TSH and Prolactin levels
c) Carry out a per-rectal examination
d) Keep her under observation for the next three months

VULVA

118. Vulval carcinoma metastazes to which lymph group- **(.***JIPMER93)*
a) Para aortic nodes
b) Superficial inguinal nodes
c) Internal iliac nodes
d) External iliac nodes

119. True about carcinoma valva - *(PGI 04)*
a) Spreads to superficial ingunial nodes
b) Spreads to illiac nodes
c) Seen after menopause
d) Viral predisposition
e) Radiotherapy given

VAGINA

120. Nabothian follicle occurs in - *(IN 91)*
a) Erosion of cervix b) Carcinoma body of uterus
c) Carcinoma cervix d) Carcinoma vagina

121. pH of the vagina is lowest during - *(UPSC 96)*
a) Ovulation b) Menstruation
c) Pregnancy d) Puerperium

122. Most common form of vaginitis - *(Kerala 96)*
a) Senile vaginitis b) Trichomonas vaginitis
c) Gonococal vaginitis d) Monilia vaginitis

123. Mycotic vulvovaginitis is due to - *(Karn90)*
a) Candida b) Aspergillus
c) Cryptococcus d) Pseudomonas

124. Vulval candidiasis is associated *vdih-(Delhi 96,PGI89)*
a) Addison's diseaseb) Cushing's isease
c) Diabetes mellitus d) Acromegaly

125. Commonest genital infection in females i^(Kerala 96)
a) Candidiasis b)Trichomoniasis
c) Syphilis d)Gonorrhea
e) Chanchroid

126. Involvement of pelvis in a case of vaginal carcinoma of stage_____- *(AI97)*
a) I b)n
c) m d)iv

127. The maturation index (MI) on vaginal cytology is a diagnostic method for evaluating the -
a) Adequacy of cytotoxic drug therapy *(UPSC 2K)*
b) Gender of an anatomically abnormal child
c) Malignant change at squamocolumar junction of cervix
d) Endocrine status of the patient

128. Protective bacterium in normal vagina is-*(J&K01)*
a) Peptostreptococcusb) Lactobacillus
c) Gardenella vaginalis d) E. coli

129. True about Bacterial vaginosis - *{PGI June 05)*
a) Itching
b) Grey discharge
c) Clue cells found
d) Fishy odour discharge
e) Caused by Gardnerella vaginalis

130. True about trichomonus vaginalis - *{PGI June 05)*
a) Flagellated parasiteb) Fungal infection
c) Curdy white discharge d) Pruritus
e) Sexually transmitted

131. Gardenerella vaginalis infection is diagnosed by all except - *{APPGE 05)*
a) PH <4.5 b) Fishy odour
c) Clue cells d) Positive whiff test

132. A 40 years old woman presented to the gynecologist with complaints of profuse vaginal discharge. There was no discharge from the cervix on the speculum examination. The diagnosis of bacterial vaginosis was made based upon all of the following findings on microscopy except - *(AI 06)*
a) Abundance of gram variable coccobacilli
b) Absence of Lactobacilli
c) Abundance of polymorphs
d) Present of clue cells

133. Consider the following characteristics of vaginal discharge- *(UPSC 07)*
1. Green and thick 2. pH <4.5
3. Clue cells 4. Whiff test positive
Which of the above characteristics are present in bacterial vaginosis -
a) 1 and 3 only b) 2 and 3 only
c) 1 and 4 only d) 3 and 4 only

113) d 114) d 115) a,c,d 116)a,c,e *Ul)c* 118)b 119) All 120) a 121) c 122) b 123) a 124) c 125) b 126) c 127) d 128) b 129)b,c,d,e 130)a,d,e 131) a 132) c 133) d

134. With reference to vagina, which one of the following statements is not correct - *(UPSC 07)*
a) It has mucus secreting glands
b) It is supplied by uterine artery
c) It is lined by stratified squamous epithelium
d) Its posterior wall is covered by peritonium

135. Senile vaginitis is due to - *{Corned 07)*
a) Gonococcal infectionb) Cancer cervix
c) Diabetes d) Oestrogen deficiency

136. A woman presents with a fluctuant non tender swelling at the introitus. The best treatment \&-*(AI 08)*
a) Marsupialisation b) Incision and drainage
c) Surgical resection d) Aspiration

137. True statement regarding sarcoma botryoides -
a) Involvement of vagina *(PGI May 10)*
b) Grape like growth seen
c) Common in old age
d) Malignant

138. All are risk factor for vaginal candidiasis except -
a) Diabetes mellitus b) HIV *(AIIMSNov 10)*
c) Hypertension d) Pregnancy

139. Vaginal adenosis preceed - *(Jipmer 11)*
a) Clear cell carcinoma
b) Endometrial carcinoma
c) Cervical carcinoma
d) Squamous cell carcinoma of vagina

SEXUALLY TRANSMITTED DISEASES IN THE FEMALE

140. Herpes genetalis causes - *(Kerala 94)*
a) Koilocytosis in smear b) Atypical cells
c) Carcinoma cervix d) Sterility

141. In chlamydial cervicitis drug of choice is - *(Kerala*
a) Tetracycline b) Septran *96)*
c) Chlomphenicol d) Erythromycin
e) Metronidazole

142. Asymptomatic gonorrhoea in females is due to infections of - *{A197)*
a) Vagina b) Urethra
c) Endocervix d) Fundus

143. One of the following in adult female genital tract is not affected by gonococcal infections -
a) Vulva b) Vagina *{Orissa 99)*
c) Cervix d) Fallopian tube

144. An infertile woman underwent hysterosalphingogram. It showed bilateral beaded tubes with enlargement at ampulla, The organism responsible is - *{Kerala 01)*
a) Chlamydia b) Gonococci
c) Tuberculosis d) None

145. Gonococci has affinity for - *(TN 02)*
a) Columnar epithelium
b) Glandular epithelium
. c) Stratified sqamous epithelium
d) Squamous epithelium

146. True about bacterial Vaginosis - *(PGI2000)*
a) Typical whitish grey discharge
b) Metronidazole is DOC
c) "Clue cells" seen
d) Vaginal pH usually between 4 to 6
e) Highly motile organism seen on wet mount

147. True about vaginal candidiasis - *(PGI 01)*
a) Risk is not increased in pregnancy
b) Associated with intense pruritus
c) Typical "Cottage-cheese" discharge occurs
d) Most commonly by **Candida** glaberata

148. Bacterial vaginosis is characterised by - *(PGI 02)*
a) Alkaline pH b) Strawberry clot in vagina
c) Creamy discharge d) Clue cells in wet mount

149. Cervicitis is caused by - *(PGI 03)*
a) Pseudomonus b) Staphylococcus
c) Chlamydia d) Trichomonas
e) N. Gonorrhoea

150. Acute PH) is treated by - *(PGI 03)*
a) IV antibiotics (broad spectrum)
b) Drainage of TOM
c) Abdominal hysterectomy
d) Laparoscopic exploration

151. Bacterial vaginosis is characterised by - *(PGI03)*
a) PH <4.5
b) Clue cell
c) Amide test is positive
d) Lactobacillus is found abundantly
e) Sexually transmitted

152. Non gonococcal urethritis is caused by - *(PGI99)*
a) Chlamydia b)LGV
c) Syphilis d) Gardnella vaginalis

153. Treatment of choice in Gardenella vaginitis in pregnancy - *(APPG 03)*
a) Clindamycin b) Metronidazole
c) Erthromycin d) Tetracycline

154. GardenereUa infection, not seen is - *(APPG 03)*
a) pH < 4.5 b) Amine test positive
c) Discharge per vaginum d) Pruritus

155. A 30 year old woman with a bad obstetric history presents with fever. The blood culture from the patient grows gram - positive small to medium coccobacilli that are pleomorphic, occurring in short chains. Direct wet mount - *(AI04)*
a) Listeria monocytogenes
b) Corynebacterium sp
c) Enterococcus sp
d) Erysipelothrix rhusiopathiae

156. The most sensitive method for detecting cervical Chlamydia trachomatis infection is - *(All India 04)*
a) Direct fluorescent antibody test
b) Enzyme immunoassay
c) Polymerase chain reaction
d) Culture on irradiated McConkey cells

157. Whiff test is used to detect - *(APPGE 04)*
a) Trichomoniasis b) Candidial cervicitis
c) Bacterial vaginosis d) Gonococcal cervictis

134) a 135) d 136) a 137)a,b,d 138) c 139)d 140)a,c 141)a 142) c 143) b 144) c 145) a 146)a,b,c,d 147) b,c 148) d 149)b,c,d,e 150)a,b,d 151)b,c,e- 152) a 153) b 154) a 155) a 156) a 157) c

158. Which one of the following is not a characteristic feature of bacterial vaginosis ? *(UPSC-II08)*
a) Presence of clue cells b) Thick white discharge
c) Vaginal pH > 4.5 d) Fishy odour

159. Salpingitis / Endosalpingitis is best confirmed by -
a) Hysteroscopy + Laparoscopy *(AI08)*
b) X-ray
c) Hysterosalpingography
d) Sonosalpingography

160. Which is most commonly implicated in genital (vulval) warts ? *(Aiims May 08)*
a) HPV16 b)HPV 18
c) HPV31 d)HPV6

161. Clue cells are seen in - *(Aiims May 08)*
a) Bacterial vaginosis b) Candidiasis
c) Trichomoniasis d) Gonorrhoea

162. TVichomonas-true is - *(PGI June 08)*
a) Foul smelling vaginal discharge
b) Vaginal pH is 4
c) Strawbery cervix
d) Infertility
e) Abortion

163. Which of the following can be diagnosed on vaginal wet mount smear - *(PGI Dec 08)*
a) Trichomonas vaginalis b) Candida albicans
c) Herpes simplex d) N.gonorrhea
e) Atrophic vaginitis

164. Clue cells are found in ? *(AIIMS Nov 08)*
a) Candidial vaginosis b) Bacterial vaginosis
c) Trichomoniasis d) Chlamydial infection

165. Creamy fishy odor is characteristically seen in -
a) Trichomonas b)Gardnella *(AI09)*
c) Candida d) Chlamydia

166. A lady presented with creamy white vaginal discharge with fishy odour, drug of choice is -
a) Doxycycline b) Ofloxacin *(AIIMS May 09)*
c) Metronidazole d) Clindamycin

167. Genital warts in pregnancy treatment *Ss-(AHMSNov 09)*
a) Podophylin b) Salicylic acid & lactic acid
c) Cryotherapy d)Imiquinod

168. HPV vaccine is ? *(AIIMS Nov 09)*
a) Monovalent b) Bivalent
c) Quadrivalent d) Both bivalent and Quadrivalent

169. Clue cell seen in ? *(AIIMS Nov 09)*
a) Bacterial vaginosis
b) Candida
c) Trichomonas vaginalis

170. With regard to trichomonal vaginitis the following statements are true EXCEPT - *(Corned 10)*
a) Discharge is greenish and frothy
b) It is described as strawberry vagina
c) Culture of discharge is not necessary for diagnosis
d) It is treated with doxycycline

171. Clue cell is seen in - *(AIIMS Nov 10)*
a) Bacterial vaginosis b) Candidial vaginosis
c) Chlamydiasis d) Trichomonas

172. 'Clue cells' are seen in - *(All!)*
a) Bacterial Vaginosis b) Vaginal Candidiasis
c) Chlamydial vaginosis d) Trichomoniasis

173. Which of the following statements about Chlamydia trachomatis is true - *(AI 11)*
a) May be isolated an arrtificial media by culture of purulent endocervical discharge
b) Most genital chlamydial infections are symptomatic
c) Use of OCP is associated with increased ris of asymptomatic chlamydial infection
d) Penicillin is the drug of choice for treatment

174. The diagnostic criteria for bacterial vaginosis include the following except - *(UPSCII11)*
a) Vaginal pH <4.5
b) Homogenous vaginal discharge
c) Presence of clue cells
d) Positive whiff test

175. A woman, who is in the reproductively active age group, presents with a history of greenish and frothy vaginal discharge. On per speculum examination, she has multiple punctuate strawberry-like spots. What is the likely diagnosis - *(UPSC II11)*
a) Candidiasis b) Trichomoniasis
c) Gonococcal vaginitis d) Chlamydia infection

176. Clue cells are seen in - *(Jipmer 11)*
a) Bacterial vaginosis b) Trichomoniasis
c) Candidiasis d) Herpes

TUBERCULOSIS OF THE GENITAL TRACT

177. The commonest complication of pregnancy after complete treatment of genital tuberculosis is- *(AI91)*
a) Abortion b) Ectopic pregnancy
c) Malpresentation d) Intra uterine death

178. TB endometritis is caused by - *(AIIMS 98)*
a) Hematogenous spread b) Lymphatic spread
c) Retrograde spread d) Direct spread

179. The most common cause of tubal block in India is- *(AI06)*
a) Gonorrhea infection b) Chlamydia infection
c) Tuberculosis d) Bacterial vaginosis

180. Which is the most common site of involvement in genital tuberculosis - *(UPSC 06, JIPMER 86, TN 95)*
a) Uterine endometrium b) Fallopian tubes
c) Ovaries d) Cervix

181. Most common site of Ihberculosis of genital tract ?
a) Endometrium b) Ovary *(APPG08)*
c) Fallopian tube d) Cervix

158) b 159) a 160)d 161)a 162)a,c 163)a,b,d 164)b 165)b 166)c 167)c 168)d 169)a 170)d 171)a 172) a 173) c 174)a 175)b 176)a 177)b 178)c 179)c 180)b 181)c

URINARY SYSTEM

182. Stress in continence is a common symptom in -
a) Prolapse uterus b) Fibroid *(Kerala 95)*
c) Adenomyosis d)WF

183. Marshall-Marchetti-Krant surgery is done for -
a) Stress in continence *(Karn 96)*
b) Urge incontinence
c) Vesicovaginal fistula
d) Bladder obstruction

184. Bonney's test is used to demonstrate - *(DNB 91)*
a) Stress incontinence b) Urge incontinence
c) Fibroids d) True incontinence

185. Incontinence in elderly female is due to most commonly - *(CUPGEE 99)*
a) Detrusor instability
b) True stress incontinence
c) Vesicovaginal fistule
d) Outlet obstruction

186. Urethral caruncle is best treated by - *(UPSC 05)*
a) Administration of antibiotics
b) Excision followed by repeated dilatation
c) Resection and end to end anastomosis
d) Chemical cauterization

187. Kelly's plication operation done in - *(PGI June 05)*
a) Stress incontinence b) Vault prolapse
c) Rectal prolapse d) Uterine prolapse
e) Cervical incontinence

URINARY FISTULAS

188. Commonest cause of recto vaginal fistula is -
a) Following Wertheim's operation *(IN90)*
b) Pressure necrosis during labour
c) Improper repair of perineal tear
d) Abnormal presentation

189. Ureterovaginal fistula formation is common at -
a) Infundibulopelvic ligament *(PGI 96)*
b) Vaginal vault
c) Distal to uterine artery near vaginal vault
d) Distal uterine artery in cardinal ligament

190. Manifestation of uretero vaginal fistula is -*(PGI 96)*
a) Overflow incontinence b) Hydronephrosis
c) Continous incontinence d) Stress incontinence

191. One week after an extended hysterectomy, the patient leaks urine per vaginum. In spite of the leakage, she has to pass urine from time to time. The most likely cause is- *(UPSC 97)*
a) Vesico-vaginal fistula b) Ureterovaginal fistula
c) Stress incontinence d) Overflow incontinence

192. In a case of incontenence of urine, dye filled into the urinary bladder does not stain the pad in the vagina, yet the pad is soaked with clear urine. The most likely diagnosis is - *(UPSC 2K)*
a) Vesico vaginal fistula
b) Uretero-vaginal fistula
c) Urinary stress incontenence
d) Urethrovaginal fistula

193. Sonia who underwent vaginal hysterectomy and lymphnode dissection, presents with incontinence of urine and passing some amount of urine which is under her control. Most likely diagnosis -
a) Vesico vaginal fistula *(AIIMS01)*
b) Uretero vaginal fistula
c) Stress incontinence
d) Urge incontinence

194. Vesico vaginal fistula in India is most commonly due to - *(UPSC 85, PGI 88)*
a) Carcinoma cervix
b) Gynaecological surgery
c) Prolonged labour
d) Carcinoma bladder

195. A primipara who had a prolonged labour and difficult vaginal delivery three months ago presents with complaints of incontinence of loose stools and flatus from the day of delivery. The most likely diagnosis - *(UPSC 99)*
a) Chronic diarrhoea b) Recto-vaginal fistula
c) Haemorrhoids d) Complete perineal tear

196. 'BOARI'S OPERATION'is - *(AP 97)*
a) Renal pelvic flap b) Urinary diversion
c) Bladder flap d) Uretero-rectal anastanosis

197. Chassar Moir technique is used in - *{AMU 05)*
a) Vesico vaginal fistula b) Stress incontinence
c) Urethrocele d) Enterocele repair

198. In women with ureterovaginal fistula the following statements are false except - *(J&K 05)*
a) Produces free fluid in the abdominal cavity
b) 40 % heals spontaneously
c) It is associated with hydronephrosis on the affected side
d) Should be repaired as soon as diagnosed on IVP

199. Patients of Rectovaginal fistula should be initially treated with - *(AI05)*
a) Colostomy b) Primary repair
c) Colporrhaphy d) Anterior resection

200. All are treatment for SUI except - *(MAHE 07)*
a) Kelly's plication
b) Marshall - Marchett - Krants operation
c) Bursch colposuspenion
d) All of the above

201. Chassar Moir operation is done in - *(UP 07, 05)*
a) Vesicovaginal fistula b)Vesicouterine fistula
c) Urethrovaginal fistula d) Rectovesical fistula

202. In WF surgery, bladder drainage should be done for- *(DP GEE 08)*
a) 10 days b) 12 days
c) 6 days d) 14 days

203. Which is not true about WF ? *(APPG 08)*
a) Amenorrhea b) Hydronephrosis
c) Uraemia d) All

204. Which of the following leads to cyclical haematuria?
a) Vesico uterine fistula b)WF *(APPG 08)*
c) Rectovaginal fistula d)all

182) a 183) a 184)a 185)b 186)d 187)a 188)c 189)a 190)c 191)b 192)b 193)b 194)c 195)d
196) c 197) a 198) d 199) a 200) d 201) a 202) a 203) a 204) a

205. A 28 year female, after 6 month of lower segment caesarean section complains of cyclic hematuria with normal menstrual cycle. What is probable diagnosis - *(PGIDec 08)*
a) Vesicouterine fistula b) Vesical endometriosis
c) Choriocarcinoma d) Vesico vaginal fistula
e) Urethrovaginal fistula

206. The recommended non surgical treatment of stress incontinence is - *(AI09)*
a) Pelvic floor muscle exercises
b) Bladder training
c) Electrical stimulation
d) Vaginal cone / weights

207. A 52 year old lady presents with constant leakage of urine and dysuria two weeks after a complicated total abdominal hysterectomy. A diagnosis of Vesico vaginal fistula is suspected. The most important test for the diagnosis is - *(AI 10)*
a) Triple swab test b) Urine culture
c) Cystoscopy d)IVP

208. A 52 year old lady with a vesicovaginal fistula after abdominal hysterectomy is not responding to conservative management. Most useful/important next investigation is - *(AI 10)*
a) Triple swab test b) Urine culture
c) Cystoscopy d)IVP

209. A women presents to the Gynecology outpatient departemnt with history of stress incontinence. Which of the following is the treatment of choice for genuine stress incontinence - *(AI 11)*
a) Burch Colposuspension
b) Kelly's Procedure
c) Sling Suspension Procedure
d) Tension Free Vaginal Taping

THE PATHOLOGY OF CONCEPTION

210. In fertile period - *(Kerala 94)*
a) Oestrogen decreases
b) Oestrogen increases
c) Progesterone increases
d) Progesterone decreases

211. Endometrial biopsy for infertility is taken on ... day- *(JIPMER 90)*
a) 5^{th} to 7^{th} b) 12^{th} to 4^{th}
c) 23^{rd} to 26^{th} d) 9^{th} to 11^{th}

212. The effective sperm count normaly is - *(PGI80, DNB 90)*
a) 20 million/ml b) 30 million/ml
c) 40 million/ml d) 50 million/ml

213. Obselete method for testing tubal patency is - *(JIPMER 95)*
a) Hystero salpingogram
b) Chromo salpingogram
c) Rubin's test
d) None of the above

214. Which is not assisted reproduction technique - *(AI95)*
a) GIFT
b) ZIFT
c) IVF and embryonal transfer
d) Artificial insemination into uterus

215. Commonest indication of IVF is an abnormality in- *(AI95)*
a) Uterus b) Fallopian tube
c) Anovulation d)Azoospemia

216. Best investigation to assess tubal potency is -
a) Rubin's test *(IN95, AI89)*
b) Hysterosalphingogram
c) Laprotomy
d) Laproscopic chromotubation

217. The best time of the menstrual cycle for endometrial biopsy in infertility investigation is -
a) First day of menstruation *(UPSC 96)*
b) One week after the onset of menstruation
c) Just near due date of the next menstruation
d) On the 15th day of the onset on menstruation

218. Tube testing is done under - *(Karn. 95)*
a) Ketamine b) General anesthesia
c) No anesthesia d) Local anaesthesia

219. Post-coital test showing non-motile sperms in the cervial smear and motile sperms from the posterior fornix suggests - *(UPSC 97)*
a) Faulty coital practice b) Immunological defect
c) Hypospadiasis d) Azoospermia

220. The commonest indication for in vitro fertilisation
a) Tubal block (complete) *(TN 98, PGI 89, 90)*
b) Oligospermia
c) Uterine anomalies
d) Cervical incomplence

221. Most reversible from of infertility- *(PGI 97)*
a) Anovulation b) Endometrosis
c) Oligospermia d) Tubal factor

222. Asthenosperima means - *(UPSC 96)*
a) Failure of the formation of sperms
b) No spermatozoa in the semen
c) Reduction in the motility of sperms
d) Sperm count less than 20 million/ml of semen

223. The test for detecting anti sperm antibodies -
a) Post-coital test b) Palm-leaf test *(TN 99)*
c) Fern test d) Spinn Barkiert test

224. Increased FSH level in azoospermic male indicates- *(UPSC 2002)*
a) Testicular atrophy b) Hypothalamic failure
c) Cryptorchidism d) Hypospadias

225. Antisperm antibodies are usually present in the -
a) Cervix b) Vagina *(UPSC 01)*
c) Uterus d) Fallopian tube

226. Azoospermia with raised FSH level is seen in -
a) Obstruction of vas *(AIIMS92)*
b) Cryptorchidism
c) Testicular failure
d) Hypothalamic failure

205) a 206) a 207) a 208) c 209) d 210) c 211)c 212) d 213) c 214) d 215)b 216) d 217) c 218) c
219) b 220) a 221)a 222)c 223)a 224)a 225)a 226)c

227. Male infertility occurs if the sperm count is less than- *(UPSC 95)*
a) 100 mill/ml b) 75 mill /ml
c) 50mill/ml d) 20 mill/ml

228. In semen banks , semen is preserved at low temperature using - *(JIPMER 81, DNB 90)*
a) Dry ice b) Deep freeze
c) Liquid nitrogen d) Liquid air

229. Drugs used for ovulation induction - *(PGI02)*
a) Clomiphene citrate b)Danazol
c) Cyproterone acetate d) Tamoxifen

230. Cervical hostility is tested by following except- *(PGI97)*
a) Spinbarkeit b) Post coital test
c) Miller kuzrole test d) Keller test

231. Common causes of infertility are - *(PGI2000)*
a) Chlamydia b)Gonorrohea
c) Mycoplasma d) Pneumococcus

232. Persistent anovulation not treated leads to A/E -
a) Hirsutism *(PGI99)*
b) Ovarian carcinoma
c) Endomatrial carcinoma
d) Increased risk of CVS disease

233. Infertility is seen in - *(PGI02)*
a) Fibroid uterus b) Endometriosis
c) Adenomyosis d) PID

234. Fallopian tube patency is checked by - *(PGI 02)*
a) Hystrosalpingography b) Laparoscopy
c) Hysteroscopy d)USG
e) CT scan

235. Time of ovulation is detected by - *(PGI03)*
a) Urine LH b) Urine FSH
c) Urine HCG d) Senum Estradiol
e) BBT

236. Best test for measuring Graffian follicle maturation is - *(Jipmer 03)*
a) Fern test
b) Endometrial biopsy
c) Trans vaginal ultrasonography
d) Abdominal ultrasonography

237. Sonosalphingographyisdonefor- *(IN 03)*
a) Measuring basal body temperature
b) To detect pregnancy
c) Testing tubal patency
d) Determining anovulatory cycle

238. According to WHO criteria, the minimum normal sperm count is - *(AIIMS 03)*
a) 10 million/ml b) 20 million/ml
c) 40 million/ml d) 60 million/ml

239. In azoospermia, the diagnostic test which can distinguish between testicular failure and obstruction in the vas deferens is - *(UPSC 04)*
a) Estimation of FSH level
b) Estimation of testosterone level
c) Karyotyping
d) FNAC of testes

240. In the postovulatory pulse, the appearance of the endometrium of USG is - *(Bihar 03)*
a) Single line
b) Broken line
c) Single line surrounded by halo
d) Double line with halo

241. Fern test is due to - *(SGPGI05)*
a) Presence of sodium chloride under progestron effect
b) Presence of sodium chloride under estrogen effect
c) LH/FSH
d) Mucus secretion by glands

242. Post coital test (PCT) is done for- *(PGI June 05)*
a) Cervical receptivity b) Sperm motility
c) Absolute sperm count d) Viable sperm count
e) Endometrial function

243. Intrauterine insemination means implantation of- *(PGI June 05)*
a) Semen b) Washed semen
c) Million of sperm d) Fertilized ova

244. PESA / MESA is helpful in - *(Orissa 05)*
a) Pre testicular azoospermia
b) Testicular azoospermia
c) Post testicular azoospermia
d) Asthenospermia

245. Aspermia is the term used to describe - *(AI05)*
a) Absence of semen
b) Absence of sperm in ejaculate
c) Absence of sperm motility
d) Occurence of abnormal sperm

246. In the perspective of the busy life schedule in the modern society, the accepted minimum period of sexual cohabitation resulting in no offspring for a couple to be declared infertile is- *(AIIMS May 05)*
a) One year b) One and a half-year
c) Two years d) Three year

247. An Antihormonal substance used to induce ovulation is - *(AI07)*
a) Mefiprestone b) Clomiphene citrate
c) Tamoxifen d)Raloxifen

248. Aspiration of sperms from testes is done in-
a) TESA b)MESA *(A107)*
c) ZIFT d)GIFT

249. True about clomiphene citrate - *(PGI June 07)*
a) Commonly causes hyperstimulation syndrome
b) Used for ovulation induction
c) Multiple pregnancies seen in 3 - 8 % cases

250. Asherman's syndrome can be diagnosed by all except - *(AIIMS Nov 0 7)*
a) Hysterosalpingography b) Saline sonography
c) Endometrial culture d) Hysteroscopy

251. Which is a not an essential criteria according to WHO for normal semen analysis - *(AIIMSNov 07)*
a) Sperm count >20 million/ml
b) Volume > 1 ml
c) Sperm with normal morphology (strict criteria) >15%
d) Motility > 25% with rapidly progressive motility

227) d 228) c 229) a,d 230) a 231)a,b,c 232)b 233)a,b,d 234) a,c 235)a,d,e 236)c 237) c 238)b 239)a
240)a 241)b 242)a 243)a,b,c 244)c 245)a 246)a 247)b 248)a 249)b,c 250)c 251)b

252. Which one of the following is the WHO criterion for oligospermia in seminal fluid analysis ?
a) Sperm count less than 50 *miWion/HPF(UPSC-II08)*
b) Sperm count less than 40 million/HPF
c) Sperm count less than 30 million/HPF
d) Sperm count less than 20 million/HPF

253. True about PCOD - *(PGIDec 08)*
a) TLH&iFSH b)TFSH&*i*LH
c) TLH&TFSH d) Hyperinsulnaemia
e) TTSH

254. Fallopian tube dysmotility is seen in?
a) Noonan syndrome *(AIIMS Nov 08)*
b) Turner syndrome
c) Kartagener syndrome
d) Marfan syndrome

255. Best indicator of ovarian reserve is ?
a) FSH b) Estradiol *(AIIMS Nov 08)*
c) LH d)FSH/LH ratio

256. All are true about polycystic ovarian disease except?
a) Persistently elevated LH *(AIIMS Nov 08)*
b) Increased LH/FSH ratio
c) Increased dheas
d) Markedly increased prolactin

257. Which of the following is not a cause of primary amenorrhea ? *(AI09)*
a) Sheehan's syndrome b) Kallman's syndrome
c) Turner's syndrome d) Rokitansky syndrome

258. Which of the following is true about obstructive azoospermia - *(AI 09)*
a) FSH and LH b) Normal FSH and Normal LH
c) LH, Normal FSH d) FSH, Normal LH

259. True about clomiphene citrate all except - *(AIIMS*
a) Enclomiphene has antiestrogenic affect *May 09)*
b) Chance of pregnancy is three fold as compared to placebo
c) Risk of multiple pregnancy is 6-10%
d) It can also be used for male infertility with oligozoospermia

260. Intraterine Insemination is indicated in all except - *(PGI June 09)*
a) Unexplained infertility b) Endometrosis
c) Male infertility d) PCOD
e) Tubal factor infertility

261. True about PCOD - *(PGI June 09)*
a) T LH & *i* FSH b) T FSH & 4 LH
c) TLH&iFSH d) Hyperinsulinaemia
e) tTSH

262. A patient with Stein leventhal syndrome is treated by which of the following *methods-(DELHI PG Feb. 09)*
a) FSH
b) Clomiphene citrate
c) Bilateral wedge resection of ovaries
d) Progesterones

263. The most common cause of secondary amenorrhoea is- *(DELHIPGMar. 09)*
a) Polycystic ovarian disease
b) Premature ovarian failure
c) Pregnancy
d) Prolactinoma

264. The features of Sheehan's syndromes may include the following except - *(DELHI PG Mar. 09)*
a) Amenorrhoea
b) Galactorrhoea
c) Loss of pubic and axillary hair
d) Hypothyroidism

265. Polycystic ovarian syndrome is associated with the following except - *(UPSC-II09)*
a) Ovarian carcinoma
b) Endometrial hyperplasia
c) Impaired glucose tolerance
d) Dyslipidemia

266. TVue about WHO normal sperm analysis -
a) Sperm count > 20 million / hpf *(PGI Nov 09)*
b) Progressive motility > 50%
c) Normal morphology > 30%
d) Sperm count > 20 million per ml
e) Rapidly progressive motility more than 30%

267. Impaired ciliary motility in - *(AIIMS Nov 09)*
a) Nuvian syndrome
b) Kartagener's syndrome

268. A 35 yr old woman presents with primary infertility & palpable pelvic mass. Her CA-125 level is 0 U/ml. Diagnosis is - *(AIIMS May 10)*
a) Ovarian Ca b) Endometrioma
c) Tuberculosis d) Borderline ovarian tumor

269. Test for ovarian reserve - *(AIIMS May 10)*
a) LH b) LH/FSH ratio
c) FSH d) Estradiol

270. Which of the following methods for assessment of female fertility during a menstrual cycle can best predict the timing of ovulation - *(AI 10)*
a) Basal body temperature (BBT)
b) Fern test
c) Spinnbarkeit phenomenon
d) Hormonal study

271. All of the following are associated with polycystic ovarian syndrome except - *(AI 10)*
a) Ovarian carcinoma b) Endometrial carcinoma
c) Insulin resistance d) Osteoporosis

272. Best investigation to assess tubal patency is -
a) Rubin's test *(DPG10)*
b) Hysterosalpingogram
c) Laparotomy
d) Laparoscopic chromotubation

273. A 28-year old lady, Rani is suspected to have polycystic ovarian disease. Sample for testing LH and FSH are best on the following days of menstrual cycle - *(DPG 10)*
a) 14 b)8-10
c) 13-15 d) 24-26

252) d 253) a,d 254) c 255) a 256) d 257) a 258)b 259)b 260)a,d,e 261) a,d 262) b 263) c 264)b 265) a
266) b,d 267) b 268) b 269) c 270) d 271) d 272) d 273) a

274. If a patient of polycystic ovary syndrome on metformin conceives, how soon should the metformin be stopped? *(UP SCII10)*
a) Immediately following the diagnosis of pregnancy
b) After the 1st trimester
c) After the 2nd trimester
d) Before the onset of labour

275. TVue about PCOS - *(PGI May 10)*
a) High FSH/LH ratio
b) Unilateral large ovarian cyst
c) Hirsutism
d) T ed risk of DM
e) OCP is given for treatment

276. Durgs used for ovulation induction ar*e-(PGINov. 10)*
a) GnRH b) Clomiphene Citrate
c) Gonadotropins d)Letrozole
e) Danazole

277. Tubal patency is **checked by all except-***(PGINov. 10)*
a) Hysterosalpingography b) Laparoscopy
c) Folloscopy d) Colposcopy
e) Sonosalpingography

278. Intrauterine insemination is indicated in all except- *(PGI Nov. 10)*
a) Unexplained infertility b) Endometriosis
c) Male infertility d)PCOD
e) Tubal factor infertility

279. In a study it is observed that the right ovary ovulates more thant the left, all are possible explanations for the cause except - *(AIIMS Nov 10)*
a) Anatomical asymmetry
b) Difference in blood supply to both sides
c) Right handedness is more common in population
d) Some embryological basis

280. Test for ovarian reserve - *(AIIMS May 11)*
a) LH b)LH/FSH ratio
c) FSH d) Estradiol

281. All of the following hormonal observations in PCOD are true, except - *(AI11)*
a) High LH/FSH b) High Androgens
c) High Prolactin d)HighLH

282. Decreased motility of fallopian tube is seen in -
a) Churg- strauss syndrome *(AI 11)*
b) Kartagener's syndrome
c) Noonan syndrome
d) Turner syndrome

283. Which of the following is true about obstructive azoospermia - *(AI 11)*
a) T FSH and T LH
b) Normal FSH and Normal LH
c) tLH, Normal FSH
d) T FSH, Normal LH

284. Asherman's syndrome typically results from -
a) Excessive curettage during dilatation and curettage *(UPSC II11)*
b) Post-partiim haemorrhage
c) Prolonged usage of oral contraceptives
d) Use of intrauterine contraceptive device

285. The following hormonal changes mark the Polycystic Ovarian Disease except - *(UPSCII11)*
a) Hyperinsulinaemia
b) Hyperandrogenism
c) Raised LH, Raised FSH
d) Raised LH, Low-to-normal FSH

286. The absence of fructose in the seminal fluid indicates a defect of- *(UPSC II11)*
a) Testicular tubular epithelium
b) Seminal vesicles
c) Leydig cells
d) Hypothalamic-pituitary axis

CONTRACEPTIVES

287. The success rate following tubal recannalisation is low after - *(AI 91)*
a) Irwins method b) Pomeroys' method
c) Fimbriectomy d) Madlener's method

288. Contraception of choice for a working women with irregular and profuse bleeding- *(KERALA 91)*
a) IUSD b) Barrier
c) Spermicide d) Oral pills

289. Copper T acts by - *(JIPMER 91)*
a) Causing aseptic endometritis
b) Increasing cervical mucus
c) Inhibiting tubal motility
d) Inhibiting ovulation

290. Method of sterilisation least suited for Recanalisation is - *(AI 92)*
a) Clips b) Bipolar cauterisation
c) Fallopian rings d) Pomeroys technique

291. Incidence of ectopic pregnancy is highest with -
a) O.C pills b) Copper T *(AI 93)*
c) Multiload IUCD d) Progestasert

292. The drug in Norplant sub-dermal implant hormonal contraceptive is - *(KARN94)*
a) Norethisterone b) Norethynodrel
c) Medroxy - progesterone d) Levenogesterol

293. Post - coital contraceptive methods include all of the following except - *(KARN94)*
a) RU-486 b)Danzol
c) Copper-T insertion d) Novoxynol

294. Failure rate of tubectomy is minimum in- *(JIPMER95)*
a) Madlener procedure b) Parkland procedure
c) Pomeroy procedure d) Irving procedure

295. Which one of the following drugs can reduce the efficacy of low dose oral contraceptive pill -
a) Penicillin b) Tetracycline
c) Ampicillin d) Rifampicin

296. Which one of the following is a non - steroidal contraceptive - *(UPSC96)*
a) Ru486 b) Minipill
c) NET-EN d) Centchroman

274)None 275)c,d,e 276)b,c 277)d 278)a,d,e 279)c 280)c 281)c 282)b 283)b 284)a 285)c 286)b
287) c 288) d 289) a,d 290) b 291) d 292) d 293) d 294) d 295) d 296) d

297. All of following are useful post - coital contraceptives except- *(AI96)*
a) IUCD b) High dose combination pill
c) RU486 d) Progesterone only pill

298. Best contraceptive for a young unmarried female is- *(DELHI96)*
a) Oral pills b)IUCD
c) Diaphragm d) Vaginal pessary

299. Mestranol acts as a contraceptive by - *(DELHI96)*
a) Inhibiting FSH secretion
b) Inhibiting LH secretion
c) Inhibiting tubal motility
d) Inhibiting nidation

300. Amount of oestrogen in MALA-D is - *(AMU 95)*
a) 30 mg b)50mg
c) 10 mg d)80mg

301. Following is commonest constituent of contraceptive foams - *(AIIMS95)*
a) Progestrone b) Nonoxylol - 9
c) Estradiol d) Phensolone sulfate

302. Where is a missed IUCD most commonly found-
a) Inside the uterus *(CUPGEE 95)*
b) In the adominal cavity outside the uterus
c) Both are equally commonly encountered
d) None is a common site

303. AD are true about centchroman except - *(AP 96)*
a) Anti oestrogenic
b) Not a teratogen
c) Long acting pill
d) Failure is 10 per 100 women years

304. Best recanalization after tubectomy is possible with-
a) Isthmo - Isthemic anastomosis *(AI97)*
b) Isthmo - ampullary
c) Ampullo - amullary
d) Comou - isthmic

305. Commonest side effect of Cu-T - *(AIIMS 96)*
a) Bleeding b)Pain
c) Perforation d) Pelvic inflammatory disease

306. Ectopic dpregnancy is seen maximum with -
a) IUCD b) OCP *(JIPMER98)*
c) Barrier method d) Tubal sterilization

307. OCP's increases the risk of which Carcinoma -
a) Ca endometrium b)CaCx *(JIPMER 98)*
c) Breast d) Ovarian Ca

308. Absolute contra indication for copper T is -
a) Endometriosis b) Pelvis TB *(AIIMS 9 7)*
c) Anaemia d) Heart disease

309. Oral piD may prevent the development of - *(AP 97)*
a) Carcinoma breast b) Ovarian malignancy
c) Sub - mucous fibroid d) All of the above

310. Peritoneum is opened in all of the following sterilization procedures except - *(AP 9 7)*
a) Mini lap b) Laparoscopy
c) Vasectomy d) Transvaginal tubectomy

311. Nonoxynol- 9 (marketed as 'Today') is a/an -
a) Hormonal contraceptive *(UPSC 96)*
b) Intrauterine contraceptive
c) Barrier contraceptive
d) Post - coital contraceptive

312. AD of the foDowing are absolute contraindincations for IUCD insertion, except - *(UPSC 96)*
a) Pelvic infection
b) Pregnancy
c) Undiagnosed abnormal vaginal bleeding
d) Valvular heart disease

313. AD of the foDowing statements regarding lost IUCD are true except-
a) Pregnancy should be excluded before other evaluadtion is done
b) Gentle probing should be done with a uterine sound
c) Utrasonography is the best method of diagnosis
d) Laparotomy is required in all cases

314. AD of the foDowing are the advantage of Depot-provea except- *(UPSC 96)*
a) It can be given to lacting mothers
b) A 150mg dose is effective for a period of 12 weeks
c) It gives good cycle control
d) It prevents ectopic pregnancy

315. After vasectomy aspermia wiD become evident in -
a) 2 to 3 weeks b) 4 to 6 weeks *(UPSC 96)*
c) 8 to 10 weeks d) 10 to 12 weeks

316. Oral contraceptive pill containing progesterone which is given in small quantities for 30 days a month is known as- *(MAHE 98)*
a) Micro pill b) Sequential pill
c) Combined pill d) None of the above

317. A case of vasectomy is said to have failed as the vasetomised person's wife gives birth to a child ten months after the operation. Which one of the foDowing is the most probable cause - *(ICS 98)*
a) Failure of the husband to use a condom after vasectomy
b) Surgical failure
c) Recanalisation
d) Wife had extra - marital contact

318. BOling's method of contraception refers to -
a) Monitoring basl body temperature *(UPSC 99)*
b) Cervical mucus method
c) Rhythm method
d) Coituds interruptus method

319. OCP protects against ah except - *(AI 99)*
a) Hepatic adenoma b) Fibroadenoma breast
c) Ca ovary d) Uterine malignancy

320. IUCD acts by mech except- *(AIIMS 98)*
a) Ovulation inhibition
b) Chronic endometritis
c) Uterine endometrial atrophy
d) Tubal dysmotility

297) d 298) a 299)b 300)a 301)b 302)a 303)d 304)a 305)a 306)a 307)b 308)b 309)b 310)c
311) c 312)d 313)d 314)c 315)d 316)a 317)a 318)b 319)a 320)a

321. Most efficient tuboplasty \s-*(AHMS98, UPSC84,86)*
a) Isthmo - isthmic b) Isthmo ampullary
c) Fimbrial reconstitution d) Comuoplasty

322. Estrogen in the OCP causes all the following except-
a) Carcinoma in situ cervix *(TN 99)*
b) Breast carcinoma
c) Endometrial carcinoma
d) Thromoembolism

323. Best contraceptive pill during lactation - *(AP 98)*
a) Fixed dose pills b) Progesterone pills
c) Mini pills d) Long acting pills

324. The low Dose progesterone - only type of oral contraceptive acts by - *(KARNA T99)*
a) Inhibition of the midcycle surge of leteinizing hormone
b) Inhibition of follicle - stimulating hormone secretion
c) Preventing ovulation
d) Rendering cervical mucus less penetrable by sperm

325. Which contraceptive helps in preventing carcinoma cervix- *(ORRISA 99)*
a) Barrier contraceptive
b) Intra cervical device
c) Intra uterine contraceptive device
d) Oral pill

326. Which one of the following is the contraceptive method of choice for a commercial sex worker -
a) OC pills b) IUCD *(UPSC 2K)*
c) Tubectomy d) Barrier method

327. Yuzpe method is a type of - *(UPSC 2K)*
a) Post - coital hormonal contraception
b) Male contraceptive method
c) Post - coital IUCD contraception
d) Minilap sterilization

328. Oral combined contraceptive pills contain which one of the following sets of hormone - *(UPSC 2K)*
a) Ethinyl oestradiol, progestrogen and oestrone
b) Progestrogen and Ethinyl oestradiol
c) Progetrogen andoestrone
d) Oestrone and ethinyl oestradiol

329. What should be done if a woman misses taking Saheli for 4 consecutive days - *(AIMS 99)*
a) Take 4 tablets when she remembers
b) 2 tablets taken twice daily
c) Start as new cycle
d) Husband should use condoms

330. Cu - T embedded in myometrium - it is to be removed by- *(CULCUTTA2K)*
a) Hysteroscope b) Currete
c) Hook d) Laparoscopy

331. True about mifepristone is - *(UP 2K)*
a) Can be used for producing early abortions
b) Mid Luteal defect
c) Acts on intra cytoplamic receptors
d) Prevents fertilzation by aseptic inflammation

332. Machanism of action of spermicidal jelly - *(UP 2K)*
a) Acrosomal cap degeneration
b) Altered vaginal enzyme
c) Alterd cervival mucus
d) Absence of glucose transport

333. Maximum chances of failure are seen in - *(UP 2K, AIMS 98)*
a) Laproscopic yoon's ring
b) Vaginal fimbriectomy
c) Hysteroscopic tubal block
d) Pomerey's method

334. When a Cu - T is implanted in myometrium, then the treatment is - *(CUPGEE 2K)*
a) Hysteroscopic removal
b) Removal by IUCD hook
c) D&C
d) Hysterectomy

335. Post coital contraception are all except- *(DNB0I)*
a) High dose estrogen b) OCP
c) IUCD d)DMPA

336. Safe period in rhythms method is : (In a female with 28 days menstual cycle) - *(MAHE 2001)*
a) Intial 14 days
b) Later 14 days
c) First and last 7 days
d) 10 to 21 days of the cycle

337. Which one of the following is not used for contraception - *(UPSC 2002)*
a) Oestrogen - progesterone combined pills
b) Progestin pills
c) Danazol
d) Intrauterine contraceptive device

338. RU486 is - *(TN 2002)*
a) Anti progestogen b) Anti oestrogen
c) Anti androgen d) Anti gonadotropin

339. Following vasectomy for family planning, a patient should be advised to use some other method of contraception, till - *(UPSC 97)*
a) Removal of all sutures
b) Pain completely subsides
c) Two weeks
d) Eight weeks

340. Contraception of choice for a post partum village woman with one child - *(KERALA 91)*
a) Barrier b) Copper T
c) Oral pills d) Spermicide

341. Dopot medroxyprogesterone acetate is sparingly used as a contraceptive because it causes -
a) Cardio vascular complications *(ALIMS 92)*
b) Lactational failure
c) Breast cancer
d) Irregular menstrual bleeding

342. Diabetic woman with malignant retinopathy requires -
a) Permanent sterilization
b) Conventional contraceptives
c) IU devices
d) Oral pills

321)a 322)c 323)b,c 324)c,d 325)a 326)d 327)a 328)b 329)a 330)a,b,c 331)a 332)None 333)c
334) a 335) d 336) c 337) None 338) a 339) None 340) b 341) d 342) b

343. A lady with 3 living children comes with 8 wks. Pregnancy with Cu T Inutero, treatment suitable is-
a) Continue pregnancy & Remove Cu T during delevery
b) Remove Cu T and permanent sterilisation
c) Remove Cu-T *(UP 96)*
d) None

344. All of the following statements concerning methods of limiting family size, are true, except - *(UPSC 97)*
a) Women who do not breastfeed are much more likely to become pregnant than those who do
b) Globally the number of tubectomies far exceeds the number of vasectomies
c) The barrier methods (condoms and diaphragms) are perhaps the most effective at limiting family size
d) All anovulatory drugs are particularly likely to cause side effects in women over 35 years of age and women who smoke

345. IUCDs in not containdicated in - *(JIPMER 98)*
a) Previous pelvic inflammatory disease
b) Irregular periods
c) Previous LSCS
d) Ca cervix

346. Long acting IUCD's are all except - *(AIIMS 97)*
a) Progestasert b)CuT
c) Lippes loop d) Multiload

347. Absolute contra-indication of Norplant -
a) Acute thrombophlebitis *(Kerala 97)*
b) Hypertension
c) Diabetes mellitus
d) Hypercholesterolemia

348. In Cu-T $_{200}$-2OO means- *(PGI97)*
a) 200mgofCu b)200mm^{2}ofCu
c) 200cu.mm of Cu d) None of the above

349. Progestasert is effective for - *(AP 97)*
a) l year b) 2 years
c) 4 years d) 5 years

350. Copper - T with threads is visible in a case of early pregnancy. Treatment of choice - *(PGI98)*
a) Remove CU-T only
b) Suction evacuation with copper - T removal
c) Reassurance and continue pregnancy
d) Lapratomy

351. A lady with IUCD becomes pregnant with tail of IUCD being seen next course of action is -
a) MTP *(PGI 98)*
b) Remove the IUCD
c) Continue the pregnancy
d) Remove IUCD and terminate pregnancy

352. OC pills intake cause psychiatric symptoms, and abdominal pain. Diagnosis is - *(PGI 98)*
a) Acute intermettent porphyria
b) Systemic lupus
c) Thrombosis
d) Anemia

353. OC pills efficiency is reduced by simultaneous use of-
a) Rifampicin b) Carbamazepine *(PGI 98)*
c) Propranolol d) Tricyclic antidepressants

354. OCP's are contraindicated in A/E - *(PGI 99)*
a) Smoking 35 years b) Coronary occlusion
c) Polyscystic ovarian ds d) Cerebro vascular ds

355. Contraindications to IUCD are - *(PGI 2000)*
a) Pelvic infl. disease (PID)
b) Congenital uterine abnormality
c) Liver disease
d) DM
e) Heart disease

356. Which of the following statements is true about mifepristone- *(PGI 01)*
a) Also called RU-486
b) It is a 19-norsteroid
c) Acts on receptors
d) Given only intravenously
e) Used for menstrual regulation

357. Oral contraceptive causes- *(PGI 01)*
a) Carcinoma endometrium b) Carcinoma cervix
c) Bile duct proliferation d) Hepatic adenoma
e) Breast cancer

358. Absolute contraindication of OC pill is - *(PGI 02)*
a) Breast ca b) Mentally ill
c) Migraine d) Fibroid
e) Hyperlipidemia

359. Which one ofthe following is the most common problem associated with the use of condom- *(UPSC 02)*
a) Increased monilial infection of vagina
b) Premature ejaculation
c) Contact dermatitis
d) Retention of urine

360. Which one of the following intrauterine contraceptive devices has the lowest pregnancy rate-
a) Lippes' loop b) Cu - 7 *(UPSC 02)*
c) Cu T - 200 d) Levonorgestrel IUD

361. A primipara with a cardiac lesion (MI) has come on the 40th day of delivery asking for contraception. The contraceptive of choice is - **(***UPSC 02)*
a) Condom with spermicidal jelly
b) Oral contraceptive pill
c) Intrauterine contraceptive device
d) Laproscopic sterilization

362. Which one of the following hormonal contracep tive CANNOT be used during lactation -*(UPSC 02)*
a) Mini-pill
b) Norplant
c) DMPA
d) Combined oral contraceptivetives

363. Third generation oral contraceptive pills contain ing norgestrel and gestodene along with estrogens-
a) Are more lipid friendly *(UPSC 02)*
b) Decrease the risk of venous thromboembolism
c) Increase the risk of break through bleeding
d) Are not used for emergency contraception

343)b 344)c 345)a,c 346)a 347)a 348)b 349)a 350)a 351)b 352)a 353)a,b 354)c 355)a,b,d,e
356) a,b,c,e 357) b,d 358) a,e 359) c 360) d 361) a 362) d 363) a

364. Medical Termination of Pregnancy Act was passed by the parliament of India in - *(UPSC 02)*
a) 1950 b) 1965
c) 1971 d) 1981

365. Ideal time for insertion of lippes loop is -
a) Before menstruation *(Jipmer03)*
b) 2 - 3 days after period is over
c) On the 14th day of menstrual cycle
d) Any time during the cycle

366. Pearl Index is a measure of - *(TN 03)*
a) Potency of contraceptives
b) Fertility rate
c) Potency of disinfectant
d) Couple protection rate

367. Low dose progestational contraceptives primarily acton- *(AIMS 03)*
a) Oviductal motility b) Uterine endometrium
c) Cervix d) Pituitary

368. Life for as long as 10 Years is of which IUCD -
a) CuT200 b)Cu250 *(Mahara02)*
c) CuT380A d) Profestasert

369. The use of combined oral contraceptive pill is associated with an increased incidence of -
a) Bacterial vaginosis *(AIIMS03)*
b) Chlamydial endocervictis
c) Vaginal warts
d) Genital herpes

370. Contraception contraindicated in AIDS -*(Orissa 04)*
a) OCpill b) Sterilization
c) IUCD d) None

371. Which one is not true regarding Centchroman?
a) It is antiestrogenic *(UPSC 04)*
b) It acts on the endometrium
c) It is a synthetic hormone
d) It is developed in India

372. In which of the following situations it is preferable not to insert IUCD - *(UPSC 04)*
a) Post - menstrual
b) Emergency postcoital
c) Six weeks after delivery
d) Immediately following mid - trimester abortion

373. Which one of the following is not used as emergency contraception - *(UPSC 04)*
a) Levonogestrel b) Monophasic pill
c) DMPA d) Progestasert

374. Antiprogesterone compound RU - 486 is effective for inducing abortion if the duration of pregnancy is less than - *(All India 04)*
a) 63 days b) 72 days
c) 88 days d) 120 days

375. Nova T has the following - *(Bihar 03)*
a) Silver core b) Copper core
c) Platinum core d) Iron core

376. Contraceptive which is not an interceptive is -
a) Cu - T b) Norplant *(Bihar 03)*
c) RU-486 d)OC pills

377. OCP's are contraindicated in all except -
a) Intermittent vaginal bleeding *(SGPGI05)*
b) Uterine fibroids
c) H/O thromboembolism
d) Cardiac abnormalities

378. Which one of the following is longest acting IUCD
a) Progestasert b)Cu-T-380 *(AMU 05)*
c) Mirena d) Norgesterol

379. The mostappropriate drug for emergency contraception is - *(AMU 05)*
a) Misoprostol b) Ethnyl estradiol
c) Levenorgesterol d) Mifepristone

380. To avoid conception D.M.P.A. given - *(HPU 05)*
a) Monthly internals b) 3 - monthly
c) 6-monthly d)Yearly

381. Copper-T is preferably inserted postnatal after -
a) 2 weeks b)4 weeks' *(Karnat 05)*
c) 5 weeks d) 8 weeks

382. Pearl's index indicates - *(PGI June 05)*
a) Malnutrition b) Population
c) Contraceptive failure d)LBW
e) IUGR

383. Reversible methods of contraception are -*(PGI June 05)*
a) Female sterilization b)OCP
c) IUCD d) Barrier
e) Depot injection

384. Composition of Nova - T - *(PGI June 05)*
a) Copper & silver b) Copper & aluminium
c) Copper only d) Copper & Selenium
e) Copper & molybdenum

385. Contreceptive advice in lactating mother -
a) Combined pill b) Mini pill *(PGI 05)*
c) IUCD d) Barrier method
e) Depot injection

386. Absolute contraindications to the use of combined oral contraceptives include the following, except-
a) Porphyria *(J&K 05)*
b) Cerebral haemorrhage
c) Previous herpes genitalis
d) Past history of trophoblastic disease

387. Which one of the following is the ideal contraceptive for a patient with heart disease -
a) IUCD b) Depoprovera *(AI05)*
c) Diaphragm d) Oral contraceptive pills

388. The most common side effect of IUD insertion is -
a) Bleeding b)Pain *(AI05)*
c) Pelvic infection d) Ectopic pregnancy

389. Characteristics of an ideal candidate for Copper-T insertion include all of the following except -
a) Has borne at least one child *(AIMS May 05)*
b) Is willing to check IUD tail
c) Has a history of ectopic pregnancy
d) Has normal menstrual periods

364)c 365)b 366)a 367)c 368)c 369)b 370)c 371)b,c,d 372)d 373)c,d 374)a 375)a 376)b 377)b 378)b 379)c 380)b,c 381)d 382)c 383)b,c,d,e 384)a 385)b,d,e 386)c 387)c 388)a 389)c

390. In a young female of reproductive age an absolute contraindication for prescribing oral contraceptive pills is- *(AIMS May 05)*
a) Diabetes b) Hypertension
c) Obesity d) Impaired liver function

391. Use of oral contraceptives decreases the incidence of all of the following except - *(AIMSMay 05)*
a) Ectopic pregnancy
b) Epithelial ovarian malignancy
c) Hepatic adenoma
d) Pelvic inflammatory disease

392. All of the following mechanisms of action of oral contraceptive pill are true, except - *(A106)*
a) Inhibition of ovulation
b) Prevention of fertilization
c) Interference with implantation of fertilized ovum
d) Interference with placental functioning

393. Which of the following statements is correct regarding levonorgestrel releasing intrauterine system ? *(AI 06)*
a) There is increased incidence of menorrhagia
b) This system can be used as hormone replacement therapy
c) This method is useful for the treatment of endometerial hyperplasia
d) Irregular uterine bleeding can be problem initially

394. All of the following mechanisms might account for a reduced risk of upper genital tract infection in users of progestin - releasing IUDs, except -
a) Reduced retrograde menstruction *(AI 06)*
b) Decreased ovulation
c) Thickened cervical mucus
d) Decidual changes in the endometrium

395. Emergency contraception prevents pregnancy by all of the following mechanisms, except -
a) Delaying/inhibiting ovulation *(AI06,AI03)*
b) Inhibiting fertilization
c) Preventing implantation of the fertilized egg
d) Interrupting an early pregnancy

396. Which is the safest contraceptive method for a woam with sickle-cell anaemia - **(***UPSC 06)*
a) Intrauterine device
b) Low dose progesterone pill
c) Condom or diaphragm
d) Low dose oestrogen-progesterone pill

397. OCP given protection against following cancers -
a) Endometrial b) Ovary *(PGI June06)*
c) Carvix d) Breast
e) Liver

398. Spermicidal agent are - *(PGI June06)*
a) Nonoxynol b) Menfegol
c) Progestasert

399. Emergency contraception include the following except - **(** *UPSC 06)*
a) Oral contraceptive b) Copper-T
c) Laevonorgestrol tablets d) DMPA

400. Eligibility criteria for sterilization include the following except - *{UPSC 06)*
a) Age of the female should be above 22 years
b) Age of the male should be below 60 years
c) Age of the female should not be more than 45 years
d) Couple should have at least two children

401. Methods used for Laparoscopic sterilization include the following except - *(UPSC 06)*
a) Electrocoagulation b)Falopering
c) Irving d) Filchie clip

402. Which of the following IUD is used for patients with menorrhagia - *(APPG 06)*
a) C4250 b) Multiload
c) Nova T c) Progestasert (Levonorgestrol)

403. "Today" sponge contains which of the following -
a) Nonoxynol d) Delfen *(APPG06)*
c) Femshield d) Desogestrel

404. IUD CU380A life span is - *(Manipal 06)*
a) l Year b) 4 Year
c) 5 Year d) 10 Year

405. Yuzpe method is used in - *(Manipal 06)*
a) Post coital hormonal regime
b) Intrauterine contraceptive method
c) Post coital intrauterine contraceptive device
d) Tukal ligation

406. Non contraceptive benefits of OC pills may be seen in all of the following conditions except - *(AI 07)*
a) Ca endometrium
b) Ca breasts
c) Rheumatoid arthritis
d) Endometriosis

407. The following statements are true about Intrauterine devices (IUD) except - *{AI 07)*
a) Multiload Cu-375 is a third generation IUD
b) The pregnancy rate of Lippes loop and Cu - T 200 are similar
c) IUD can be used for Emergency Contraception within 5 days
d) Levonorgestrel releasing IUD has an effective life of 5 years

408. Which of the following IUCD's has a life span of 10 years - *{AI07)*
a) Cu380A b)Cu200
c) NOVA-T d) Multiload

409. Most common site for female tubal sterilization is- *{/a 07)*
a) Isthmus b) Ampulla
c) Cornua d) Infundibulum

410. The most common site of ligation in female sterilisation is - *(Aiims May 07)*
a) Isthmus b)Ampullary
c) Cornual d)Fimbrial

390) d 391) c 392) d 393) a 394) b 395) d 396) c 397) a,b 398) a,b 399) d 400) c 401) c 402) d 403) a
404) d 405) a 406)b 407) a 408) a 409) a 410) a

411. Math List I with List II and select the correct answer using the code given below the lists -

List I (Drug for indiction of ovulation	Listn (Daily dose)
A. Clomiphene	1.2.5 mg BDS
B. Metformin	2.50 mg OD
C. Bromocriptine	3.75IUOD
D. Gonadotrophin	4.500 mg TDS

Code:

	A	B	C	D
a)	3	1	4	2
b)	3	4	1	2
c)	2	1	4	3
d)	2	4	1	3

412. Which one of the following is not a correct statement regarding the use of condom - *(UPSC 0 7)*
a) Air shoud be squeezed out of the tip
b) It should be tested by inflating
c) It should be unrolled on erect penis
d) K-Y jelly may beused for lubrication

413. The levonorgestrel IUD prevents the pregnancy primarily by - *(UPSC 07)*
a) Suppressing ovulation
b) Making endometrium unreceptive
c) Making cervical mucus thick
d) Making inflammatory changes within endometrium

414. The highest incidence of ectopic pregnancy amongst contraceptive users is observed with -
a) Combined contraceptive pills *(UPSC 07)*
b) Cu-T intrauterine contraceptive device
c) Progestasert intrauterine device
d) Lippes loop intrauterine device

415. Which one of the following is the most suitable situation for prescribing the progestin only pill -
a) Perimenopausal patients *(UPSC 07)*
b) Emergency contraception
c) Lactational mother
d) Diabetic mother

416. Return to fertility is delayed after cessation of oral contraception by - *(UPSC 0 7)*
a) 2 months b) 3 months
c) 4 months d) 6 months

417. The combined oral contraceptive pills decrease the risk of the following except - *(UPSC 07)*
a) Endometrial cancer b) Ovarian cancer
c) Breast cancer d) Ectopic pregnancy

418. During pomeroy's method of female sterilization, which portion of tube is ligated - *(UPSC 0 7)*
a) Isthmus b) Ampullary
c) Isthmo-ampullary d) Cornual

419. With references to vasectomy, consider the following statements - *(UPSC 07)*
1. Non-scalpel vasectomy and conventional vasectomy have complication rates of 0.4% and 3% respectively.
2. When sperms are absent from two consecutive samples of semen, the vasectomy is considered complete for contraception

Which of the statements given above is/are correct-
a) 1 only b) 2 only
c) Both 1 and 2 d) Neither 1 nor 2

420. A 20 year old girl was raped around 13th day of her regular cycle. The best possible emergency contraception to be offered would be - *(UPSC 0 7)*
a) Centchroan tablets
b) Cu-T insertion
c) Levonorgestrel tablets
d) Ethinylestradiol tablets

421. Laparoscopic approaches are usually performed-
a) Immediately post-partum *(UPSC07)*
b) > 4 weeks post-partum
c) > 6 weeks post-partum
d) Any time

422. MIRENAis- *(AIIMSNov07)*
a) Progesterone IUCD b) Hormonal implant
c) Anti progesterone d) Used for MTP

423. Chronic treatment with tamoxifen can cause carcinoma of - (*Corned 0 7)*
a) Ovary b)Endometrium
c) Cervix d) Vulva

424. Oral contraceptive pill of choice in a lactating woman is - (*Corned 08)*
a) Monophasic pill b) Biphasic pill
c) Triphasic pill d) Mini pill

425. Cu T 380A IUCD should be replaced once in -
a) 4 years b) 6 years (*Corned 08)*
c) 8 years d) 10 years

426. Least pregnancy failure rate in - *(UP 08)*
a) IUCD
b) Oestrogen + Progesterone
c) Oestrogen alone
d) Progesterone alone

427. Which of the following statements about calendar method (Rhythm method) is false - *(AI08)*
a) Abstinence is needed for only a few days in a month
b) It is associated with no costs
c) Safe period can also be observed using temperature rhythm or mucous method
d) Ectopic pregnancy is a reported complication of calendar method

428. Least failure in sterilization occurs with - *(AI 08)*
a) Falopering b) Bipolar cautery
c) Unipolar cautery d) Hulka clip

429. Which of the following procedures is associated with maximum chance of re-canalization during surgery for reversal of tubal ligation - *(AI 08)*
a) Isthumo - isthmic anastomosis
b) Isthumo - ampullary anastomosis
c) Ampullo - ampullary anastomosis
d) Cornual obstruction

411)d 412)b 413)b,c 414)c 415)c 416)d 417)c 418)c 419)b 420)c 421)c 422)a 423)b 424)d 425) d 426) b 427) a 428) c 429) a

430. The progesterone of choice for emergency contraception is - *(AIIMS May 08)*
a) Norethisterone b) Medroxyprogesteronacetate
c) Levonorgestrel d) Desogestrel

431. Decreased ovulation/impaired ovulation caused by -
a) Minipill (Progesterone only pill) *(PGI June 08)*
b) IUCD
c) Mifepristone
d) OCP
e) Norplant

432. Emergency contraception - *(PGI June 08)*
a) Combination of estrogen & progesterone
b) Mifepristone
c) Levonorgestrol
d) Misoprostal
e) IUCD

433. Contreceptive methods with failure rate < 5 -
a) Coppt - T b) Vginal sponge *(PGI June 08)*
c) Condom d)OCP
e) Tubectomy

434. Contraindications of IUCD - *(PGI June 08)*
a) Undiagnosed vaginal bleeding
b) PID
c) Smoking
d) Obesity
e) Diabetes

435. Which intrauterine device has the longest life span?
a) Progestasert b) Mirena *(DPGEE08)*
c) CuT200B d) Norplant

436. Most common employed sterisation technique ?
a) Pomeroys b)Madlener *(APPG08)*
c) Irving d) Uchida

437. Pill given in lactation ? *(APPG 08)*
a) Minipill b) Combined pill
c) Both d)None

438. Mechanism of action of mini pill ? *(APPG 08)*
a) Rendering cervical mucus thick
b) Inhibiting ovulation
c) Both
d) None

439. Most reversible method of sterilisation ?
a) Mini lap *(APPG 08)*
b) Pomeroys method
c) Laparoscopic sterilisation
d) Hysteroscopic sterilisation

440. All of the following statements about DMPA are true, Except- *(AI09)*
a) Failure rate is 0.3 per HWY
b) Reduces Menorrhagia
c) Can be used in seizures
d) No protective effect against CA endometrium

441. The most effective contraceptive method recommended in lactating mothers is - *(AI 09)*
a) Barrier method
b) Progesterone only pill
c) Oral contraceptive pills
d) Lactational amenorrhea

442. Which of the following is a contraindication to laparoscopic sterelization - *(AI 09)*
a) Obesity b) Hiatus hernia
c) Cardiac failure d) Anemia

443. Contraindication for IUCD insertion includes -
a) Pelvic infammatory disease *(PGI June 09)*
b) Previous ectopic pregnancy
c) HIV
d) Undiagnosed vaginal bleeding
e) Liver disease

444. Method of sterilization least suited for Recanalisation is - *(DELHIPGFeb. 09)*
a) Clips b) Bipolar cauterization
c) Fallopian rings d) Pomeroy's techniques

445. Contraindications for the use of intrauterine contraceptive device include all except -
a) Pelvic inflammatory disease *(DELHI PG Mar. 09)*
b) Thromboembolic disease
c) Pelvic tuberculosis
d) Ovarian cancer

446. The failure rate of combined oral contraceptive (Estrogen+Progesterone) - *(DELHIPG Mar. 09)*
a) 1-2% b) 5-6%
c) 10-12% d) 16-18%

447. Post-coital contraception is achieved by all EXCEPT:
a) High degree of progesterone *(UPSC-H09)*
b) By administration of RU 486
c) GnRH agonist
d) Administration of prostaglandins

448. Which of the following is NOT related to the use of levonorgestrel releasing intrauterine contraceptive device ? *(UPSC-II09)*
a) Reduction of blood loss
b) Reduction of pain and dysmenorrhoea in endometriosis and adenomyosis
c) Inhibition of ovulation
d) Amenorrhoea in 50% of cases

449. What is the drug of chocie for emergency contraception? *(UPSC-II09)*
a) Yuzpe regimen (combined oral pill)
b) High dose oestrogen alone
c) Levonorgestrel only pill d)Danazol

450. Which of the following is NOT an absolute contraindication for insertion of intrauterine device (IUD)? *(UPSC-II 09)*
a) Endometrial cancer b) Severe dysmenorrhea
c) Pelvic tuberculosis d)Puerperal sepsis

451. True about use of LNGIUCD - *(PGI Nov 09)*
a) Endometriosis
b) Endometrial hyperplasia
c) Used in contraception
d) Endometrial carcinoma
e) Uterine fibroid

430) c 431) a,b,c 432)a,b,c,e 433)a,d,e 434)a,b,e 435) b 436) a 437) a 438) a 439) c 440) d 441) b 442) c 443) a,b,c,d 444) b 445) b 446) a 447) a 448) c 449) c 450) b 451)All

452. Side effect of combined oral contraceptive includes-
a) Liver disorder b) Acne *(PGI Nov 09)*
c) Cause Anaemia d) Weight gain
e) Increase risk of PID

453. Emergency contraceptive(s) is/are - *(PGINov 09)*
a) Mifepristone
b) PGF2cx
c) Copper containing IUD
d) Combined estrogen & progesterone
e) Progesterone only pills

454. Progesterone of choice in emergency contraception is- *(AIMS Nov 09)*
a) Norethisterone b) Medroxy progesterone
c) Desogestrel d) Levonorgestrel

455. Drug which interferes or hampers the effectiveness of OCP are all except - *(AIMS Nov 09)*
a) Aspirin b) Tetracycline
c) Rifampicin d) Phenytoin

456. Ideal contraceptive for lactating mothers is -
a) Barrier method *(AIMS May 10)*
b) Combined OCP
c) Lactational amenorrhoea
d) Progesterone only pill

457. A primipara with a cardiac lesion (Ml) has come on the 40th day of delivery asking of for contraception. The contraceptive choice is - *(DPG10)*
a) Condom with spermicidal jelly
b) Oral contraceptive pill
c) Intrauterine contraceptive device
d) Laparoscopic sterilization

458. Yuzpe method is a type of- *(Maharashtra 10)*
a) Emergency post-coital hormonal contraception
b) Emergency post-coital IUCD contraception
c) Male contraception
d) Reversible minilap

459. Worldwide, which is the most commonly used copper-bearing intrauterine contraceptive device?
a) Copper T-200 b) Copper T-3 80 *(UP SC II10)*
c) GyneFix d) Copper-7

460. The following are the contraindications to the use of combined oral contraceptive pills, except -
a) Breastfeeding *(UP SCII10)*
b) History of deep venous thrombosis
c) Active viral hepatitis
d) Bronchial asthma

461. Mini pill should be started on the - *(UP SCII10)*
a) First day of the cycle
b) Second day of the cycle
c) Third day of the cycle
d) Fifth day of the cycle

462. What is the sequance of events in termination of pregnancy by medical method? *(UP SCII10)*
a) Mifepristone — Bleeding—Misoprostol—USG
b) Misoprostol — Mifepristol—USG — Bleeding
c) Mifepristone — Misoprostol—Bleeding—USG
d) Mifepristone—Misoprostol—USG—Bleeding

463. The composition of Mala-N is - *(Corned. 10)*
a) Norgestrel 0.30 mg and Ethinyl Oestradiol 30 g
b) Norgestrel 3.0 mg and Ethinyl Oestradiol 3.0 mg
c) Norgestrel 0.30 mg and Ethinyl Oestradiol 30 g
d) Norgestrel 30 mg and Ethinyl Oestradiol 30 mg

464. Not a method of emergency contraception -
a) Mifepristone b)Danazole *(PGINov 10)*
c) IUCD d) Levonorgestrel
e) DMPA

465. OCPs should be not given in - *(PGINov 10)*
a) Liver disease
b) Thrombo-embolic disease
c) Dysmenorrhoea
d) Cyclic menorrhagia
e) Breast carcinoma

466. Not used in emergency contraceptions -
a) LNG intra uterine device *(AIMS Nov 10)*
b) Oral mifepristone
c) Oral levonorgesterol
d) Cu T intrauterine device

467. A 30 yrs woman 2+0, hypertension have menorrhagia. Which is best treatment for her -
a) Combined pills *(AIMS May 11)*
b) MIRENA
c) Hysterectomy
d) Transcervical resection of endometrium

468. Ideal contraceptive for lactating mothers is -
a) Barrier method *(AIMS May 11)*
b) Combined OCP
c) Lactational amenorrhoea
d) Progesterone only pill

469. Ideal contraceptive for newly married couple is -
a) Barrier method *(AIMS May 11)*
b) Combined OCP
c) IUCD
d) Progesterone only pill

470. Ideal contraceptive for a couple living in different cities meeting only occasionally - *(AIMSMay 11)*
a) Barrier method b) IUCD
c) OCP d)DMPA

471. Mifepristone may be used for all of the following Except- *(AI11)*
a) Threatened Abortion b) Ectopic pregnancy
c) Fibroids d) Molar pregnancy

472. Which of the following progesterones is preferred in combination with estrogen in Low dose Oral contraceptive pills - *(AI 11)*
a) Desogesterol b) Norethisterone
c) Norgesterel d) Levonorgestrel

473. Which of the following methods of contraception should be avaoided in women with epilespy - *(AI 11)*
a) Oral contraceptive pills b)IUCD
c) Condoms d) Diaphragm

452) a,b,d 453)a,c,d,e 454)d 455)a 456)c 457)a 458)a 459)b 460)d 461)a 462)c 463)a 464)e
465) a,b,e 466) a 467) b 468) c 469) b 470) a 471) a 472) a 473) a

474. A 37 year old multiparous woman seeks advice regarding contraception. She is suffering with menorrhagia for last one year. Hemoglobin is 8.5 gm/dl. The contraception of choice for her will be -
a) CopperT380A b)Mirena *(Kamil)*
c) Tubectomy d) None of the above

475. The containdications for Progestasert include the following except - *(UPSCII11)*
a) Pelvic Inflammatory Disease
b) Uterine fibroids
c) Previous history of ectopic pregnancy
d) Previous history of abortion

476. Which of the following is a third generation intrauterine device - *(UPSC II11)*
a) Cu-7 b) TCu-200
c) TCu-380A d) Progestasert

477. Hormonal contraceptives are contraindicated in women- *(UPSC U11)*
a) Less than 25 years of age
b) Who are normotensive
c) Who have thromboembolic disorders
d) Who have anaemia

478. Complications of vasectomy includes all except -
a) Sperm granuloma *(Jipmer 11)*
b) Infection
c) Decreased libido
d) Anti sperm antibody

479. Best contraception for lactating mother is -
a) Monophasic pill b) Biphasic pill *(Jipmer 11)*
c) Mini pill d) Combined pill

480. Best IUCD for a woman with menorrhagia -
a) Lippe's loop b)Cu-T375 *(Jipmer 11)*
c) Cu-T200 d) Levonorgestrel IUCD

481. OCP's are useful in the prevention of - *(Jipmer 11)*
a) Ca. cervix b) Ca. endometrium
c) Ca. Colon d) Ca. Breast

482. Anti-progestogen used as emergency contraceptive is - *(Jipmer 11)*
a) Mifepristone b) Desogestrel
c) Nor ethisteroned) Cerozette

DISORDERS IN MENSTRUATION

483. Physiological amenorrhoea is present in all except- *(KARNATAKA 90)*
a) Pregnancy b) Lactation
c) Pre - puberty d) Post - puberty

484. Asherman's syndrome is characterised by-(77V*90)*
a) Amenorrhoeab) Dysmenorrhoea
c) Leukorrhoea d) Metrorragia

485. Primary amenorrhoea is when - *(IN 91)*
a) Mensturation does not occur even after 18 year
b) Mensturation does not occur even after 15 year of age
c) Imperforate hymen exists
d) None of the above

486. In precoccios females, mensturation occurs -
a) After 13 years of age *(IN 91)*
b) At 13 years of age
c) Less than 10 years of age
d) Below 12 years of age

487. Which is not a feature of Dysfunctional uterine bleeding - *(JIPMER92)*
a) Tender uterus b) Uterine size of 8-10 weeks
c) Menorrhagia d) Proliferative endometrium

488. Spasmodic dysmenorrhoea is seen in -*(AIIMS 92)*
a) DUB b) Ovarian Cyst
c) Submucous fibroid d) Endometriosis

489. Precocious puberty is those who menstruate -
a) 14-16 years b) 10-12 years *(Kam 96)*
c) 12 years d) Before 10 years

490. Treatment of DUB in a young female is- *(PGI95)*
a) Hormones b)RT
c) D & C d) Hysterectomy

491. Treatment of dysfunctional uterine bleeding is except- *(Kerala96)*
a) Oral contraceptive pills b) Oestrogen
c) Progesterone d) Ovariotomy
e) Danazol

492. Progressive secondary Ammenorrhoea is associated with- *(CUPGEE96)*
a) Endometriosis b) Psychosomatic cause
c) Uterine anomally d)None

493. First investigation to be done for post menopausal bleeding - *(AP96)*
a) Endometrial biopsy b) Dilatation & Currettage
c) Fractional currettage d) Hysteroslpingography

494. Metropathic hemorrhagica is best treated by- *(TN97)*
a) Curettage of uterus b) Progestogen
c) Ostrogen d)Clomiphene

495. In a woman presenting with amenorrhoea headeche blured vision & galactorrhoea appropriate investigation - *(AI97)*
a) Prolactin levels b)LH
c) FSH d)HCG

496. Commonest type of Dysfunctional uterine bleeding- *(PGI 97)*
a) Secretory b) Proliferative
c) Hyperplastic d) Mixed

497. Bony deformities, hyperpigmentation of the skin, precocious puberty is seen in - *(AP 97)*
a) Alport's syndrome
b) McCune Albright's syndrome
c) Laurence-Moon-Biedl syndrome
d) Frohlich's syndrome

498. A 45-years old woman with diagnosis of atypical adenomatous hyperplasia of the endometrium should be treated by - *(UPSC)*
a) Progesterone
b) Danazol
c) Hysteroscopic resection of endometrium
d) Hysterectomy

474) b 475) d 476)d 477)c 478)c 479)c 480)d 481) b 482)a 483)d 484)a 485)b 486)c 487)a
488) c 489)d 490)a 491)d 492)b 493)c 494)b 495)a 496)c 497)b 498) d

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499. DUB is due to- *(MAHE98)*
a) Endometriosis
b) Fibroid
c) Endometrial carcinoma
d) Irregular shedding of endometrium

500. Which one of the following is the primary treatment for puberty menorrhagia in a 16 years old girl with 3 gm% Hb- *(UPSC 99)*
a) Dilatation and curettage with blood transfusion
b) Danazol with blood transfusion
c) Progestogen with blood transfusion
d) A combination of oestrogen and progestogen with blood transfusion

501. Which of the following is an example of dysfunnctional uterine bleeding - *(TN 99)*
a) Hypothyroidism b) PID
c) Cervical erosion d) Carcinoma cervix

502. A 36 old woman has noticed the absence of menses for the last 4 months. A pregnancy test is negative. Serum levels of luteinizing hormone and follicle stimulating hormone are elevated and the serum estradiol levels is low. These findings suggest -
a) Bilateral tubal obstruction *(AIIMS 99)*
b) Polycystic ovarian disease
c) Premature menopause
d) Exogenous estrogen administration

503. Cause of unilateral dysmenorrhea - *(ORRISA 99)*
a) One horn of malformed uterus
b) Endometrisis with unilateral distribution
c) Small fibroid at the utero tubal junction
d) All of the above

504. True about Rokitansky Kuster Hauser syndrome are all except - **(***.AI99)*
a) No Uterus b) No ovulation
c) No vagina d)46XX

505. All are causes of posmenopausal bleeding except-
a) Carcinoma in situ of cervix *.(PGI 2000)*
b) Ca.endometrium
c) Ca. ovary
d) Ca. Fallopian tube

506. Which of the following is not a feature of Mullerian dysgenesis - *(AIIMS2K)*
a) 46 XX karyotype b) Absent vagina
c) Absent uterus d) Ovarian agenesis

507. Post menopausal woman who is overweight, hypertensive and diabetic presents with bleeding PV. The most likely clinical diagnosis is -
a) Endocervical carcinoma *(UPSC2K)*
b) Dysfunctional uterine bleeding
c) Carcinoma endometrium
d) Senile endometritis

508. The most useful investigation in this above patient would be- *(UPSC2K)*
a) Transvaginal ultrasonography
b) Endometrial sampling
c) Doppler ultrasound of pelvis
d) CT scan of pelvis

509. A 42year old female presents presents with history of polymenorrhea for the last 6 month. She is nulliparous.What is the next step in management-
a) Hysterectomy *(AIIMS 2K)*
b) Dilatation and curettage
c) Oral contraceptive pills
d) Progesterone only pills

510. Kamala, 42 year old multiparous lady complains of polymenorrhea since a few months. Which of the following will be the first line of management for her- *(AI2002)*
a) Hysterctomy b) Dilatation & Curettage
c) TAHwithBSO d) Progesterones

511. The progestogen with the greatest haemostatic effect used in dysfunctional uterine bleeding (DUB) is -
a) Medroxy progesterone *(UPSC2001)*
b) Hydroxy progesterone
c) Norethisterone
d) Dydrogesterone

512. Treatment of puberty menorrhagia - *(PGI2002)*
a) Estrogen b) Estrogen + progesterone
c) GNRH analogues d) Dilation & curettage
e) Antiprostaglandins

513. Primary amenorhoea ia a feature of all except -
a) Turner's syndrome *(AI 97)*
b) Stein-leventhal syndrome
c) Rokitansky-Kutsner-Hauser syndrome
d) Kallman syndrome

514. A 50 year old woman nulliparous, diabetic and obese presenting with post-menopausal bleeding can be any of the following except - *(PGI 99)*
a) Carcinoma in situ of cervix
b) Carcinoma endometrium
c) DUB
d) None of the above

515. The most common histological finding of endometrium in DUB is - *(PGI 1999)*
a) Hypertrophic b) Hyperplastic
c) Cystic glandular hyperplasia d) Dysplastic

516. "Swiss-cheese" endometrium is seen in -
a) Simple endometrial hyperplasia *(PGI 2000)*
b) Cystic glandular hyperplasia
c) Proliferative endometrium
d) Endometriosis

517. Treatment for 32 yr. old multipara with dysfunction uterine bleeding (DUB) is - *(PGI 2000)*
a) Progestrogens b) Danazol
c) Prostaglandins d) Endometrial ablation
e) Hysterectomy

518. LH secretion is decreased by - *(PGI 03)*
a) Bromocriptineb) Hyperthyroidism
k ,) Prolactinoma d) Phenothiazine therapy
e) HOG

519. Causes of secondary amenorrhea are - *(PGI 01)*
a) Turner's synd b) Endometriosis
c) Asherman's synd d) Thyroiditis
e) Epilepsy

499)d 500)d 501)None 502)c 503)d 504)b 505)a 506)d 507)c 508)b 509)b 510)b 511)a,c 512)a,b 513)b 514) a 515)b 516)b 517) a 518)e 519)c,d,e

520. Puberty menorrhagia is treated by - *(PGI02)*
a) Progesterone
b) Progesterone and estrogen
c) GnRH analogues
d) Danazol
e) Surgery

521. Positive progesterone challenge test in a patient of secondary amenorrhoea, seen in - *(PGI 04)*
a) Asherman Syndrome
b) Endometrial TB
c) Hypopituitarism
d) Premature ovarian failure
e) PCOD

522. Withdrawal bleeding with progesterone seen in otherwise amenorrhoeic woman due to - *(PGI97)*
a) Hypogonadotrophic hypogonadism
b) Anovulation
c) Ovarian failure
d) TB. endometritis

523. Cause of dysfunctional uterine bleeding can be -
a) Uterine polyp *(PGI 01)*
b) Fibroid
c) Granulosa cell tumour
d) Irregular ripening or endometium
e) Irregular shedding of endometrium

524. A patient with amenorrhea had bleeding after giving a trial of progesterone. This implies -
a) Sufficient estrogen *(PGI 01)*
b) Sufficient progesterone
c) Normal ovarian function
d) Intact endometrium
e) Intact pituitary axis

525. Increased LH: FSH ratio is found in - **(***UPSC 02)*
a) Premature menopause
b) Sheehan syndrome
c) Polycystic ovary syndrome
d) Turner's syndrome

526. In Testicular Feminisation Syndrome (Anrogen Insensitivity Syndrome) Gonadectomy is indicated-
a) As soon as it is diagnosed (*UPSC 04)*
b) At puberty
c) Only when malignancy develops in it
d) When hirsutism is evident

527. Failure of bleeding after withdrawal of oestrogen indicates - (*SGPGI04)*
a) Uterine factor b) Ovarian factors
c) Pituitary factor d) Hypothalamic factor

528. Halban's disease is due to - *(JIPMER 05)*
a) Persistent corpus luteum
b) Deficient corpus luteum
c) Persistent trophoblast
d) Deficient trophoblast

529. A female presents with primary amenorrhea and absent vagina, the next investigation to be done is - *(SGPGI 05)*
a) LH/FSH assay b) Chromosomal analysis
c) Urianalysis d) Laproscopy

530. In a case of secondary amenorrhoea who fails to get withdrawal bleeding after taking estrogen and progesterone, the fault lies at the level of -
a) Pituitary b) Hypothalamus *(Karnat 05)*
c) Ovary d) Endometrium

531. Average blood loss in normal menstruation -
a) 50 ml b)80ml *(PGI June 05,*
c) 100ml d) 120 ml *JIPMER 86)*
e) 10ml

532. Initial evaluation in adolescent abnormal uterine bleeding - *(PGI June 05)*
a) Hemogram b) Platelet Count
c) USG d)D&C
e) Examination under anesthesia

533. Causes of secondary dysmenorrhoea in young female - *(PGI June 05)*
a) T.B. b) Adenomyosis
c) QN d) Endometriosis
e) Subserous fibroid

534. The most common cause of secondary amenorrhoea in India is - *(AI05)*
a) Endometrial tuberculosis
b) Premature ovarian failure
c) Polycystic ovarian syndrome
d) Sheehan's syndrome

535. The risk of Asherman syndrome is the highest if dilatation and curettage (D&C) is done for the following condition - *(AIIMS 06)*
a) Medical termination of pregnancy
b) Missed abortion
c) Dysfunctional uterine bleeding
d) Postpartum hemorrhage

536. A 13-year-old girl presents in the casualty with acute pain in the lower abdomen. She has history of cyclical pain for last 6 months and she has not attained her menarche yet. On local genital examination, a tense bulge in the region of hymen was seen. The most probable diagnosis is -
a) Rockytansky Kuster syndrome *(AIIMS 06)*
b) Testicular feminization syndrome
c) Imperforate hymen
d) Ashermna's syndrome

537. A 30-year old housewife reports with 6 months amenorrhoea. Her serum LH and FSH are high with low estradiol levels. What is the most likely cause of amenorrhoea - *(UPSC 06)*
a) Pituitary tumor
b) Polycystic ovarian disease
c) Exercise induced
d) Premature menopause

538. In cystic glandular hyperplasia what is seen -
a) Normal menstrual bleeding *(Manipal 06)*
b) Amenorrhoea and bleeding
c) Hypomenorrhoea
d) None of the above

520)a,b 521)e 522)b 523)d,e 524)a,c,d,e 525)c 526)b 527)a 528)a 529)b 530)d 531)a 532)a,b,c 533) b,d,e 534) a 535) d 536) c 537) d 538) b

539. Most common cause for postmenopausal bleeding in Indian woman is - *(AI07)*
a) Ca cervix b) Ca endometrium
c) DUB d) Ca ovary

540. HRT is useful in all except - *(AIIMSMay 07)*
a) Flushing b) Osteoporosis
c) Vaginal atrophy d) Coronary heart disease

541. Most common cause of postmenopausal bleeding in women in India is - *(AIIMSMay 07)*
a) Cancer cervix b) Cancer endometrium
c) HRT . d) Senile endometritis

542. Premature menopause occurs before the age of -
a) 40 years b) 35 years *(MAHE 07)*
c) 45 years d) 50 years

543. Child with primary amenorrhoea with negative progesterone challenge test but positive combined progesterone & estrogen test. Diagnosis may be -
a) Mullerian agenesis b) PCOD *(PGI June 07)*
c) Asherman syndrome d) Prolactinoma

544. Which of the following drugs are effective in the treatment of dysfunctional uterine bleeding when the endometrial biopsy shows a secretory pattern ?
1. Medroxyprogesterone acetate
2. Combined preparations of progestogen and oestrogen
3. Prostaglandin synthetase inhibitors
Select the correct answer using the code given below-
a) 1,2 and 3 b) 1 and 2 only
c) 2 and 3 only d) 1 and 3 only

545. Premature menopause occurs before the age of -
a) 40 years b) 35 years *(Manipal 08)*
c) 45 years d) 50 years

546. Which of the following statement (s) is/are true -
a) Primary amenorrhoea is failure of onset of menstruation beyond age of 14 *(PGI Dec 08)*
b) Secondary amenorrhoea refer to failure of occurence of menstruation for 12 months who have previously menstruated
c) Polymenorrhoea means episodes of menstruation at interval of less than 28 days
d) Oligomenorrhoea means episodes of menstruation at intervals of more than 35 days
e) Primary amenorrhoea is failure of onset of menstruation beyond age of 15 years in presence of secondary sexual development

547. A 45 yr old lady presented with recurrent uterine bleeding. On transvaginal USG thickness of endometrium was found to be 8 mm. What should be the next step in the management of this patient ?
a) Histopathology *(AIIMS Nov 08)*
b) Hysterectomy
c) Progesterone
d) OCP

548. Which of the following treatments for menorrhagia is not supported by evidence - *(AI09)*
a) Combined oral contraceptive pills
b) Progesterone
c) Tranexamic acid
d) Ethamsylate

549. A 45 year old post menopausal woman presents with vaginal bleeding. Transvaginal ultrasound reveals an endometrial thickness of 8.9 mm. The next step in the management should be - *(AI 09)*
a) Hysterectomy
b) Start progesterone therapy
c) Histopathological examination of curettage
d) Follow up sonography

550. Which of the following statement is/are true -
a) Adult female serum FSH level is 5-2.0 mU/ml
b) Normal plasma testosterone level in adult female is 20-80ng/ml *(PGI June09)*
c) Oligomenorrhoea means episodes of menstrauation at intervals of more than 35 days
d) Menorrhagia means cyclic bleeding >50ml
e) PCOD clinical features includes anovulation, obesity & infertility

551. A 55 year old woman has single episode of postmenopausal bleeding. Management of this patient includes- *(PGI June09)*
a) Pap smear
b) Endometrial biopsy
c) Wait & watch
d) Enquire about recent hormonal intake

552. A 35 years old woman with dysmenorrheal and menorrhagia of 6 months duration showed an enlarged uterus of 20 weeks which was tender. The possible diagnosis is - *(DELHIPG Feb. 09)*
a) Adenomyosis b)Firboid
c) Carcinoma endometrium d)PID

553. Match list I (Condition/endometrial pathology) with list II (Choice of treatment) and select the correct answer using the codes given below the lists- *(UPSC-II09)*

List I (Condition/ endometrial pathology	**List II** (Choice of treatment
A. Simple hyperplasia	1. Reassurance
B. Ovulatory menorrhagia	2. Progestins for 6 months
C. Puberty menorrhagia	3. Oral contraceptive pills
D. Irregular shedding	4. Hematinics

Codes:

	A	B	C	D
a)	2	3	4	1
b)	2	4	3	1
c)	1	**3**	4	2
d)	1	4	3	2

554. Which of the following treatments for menorrhagia is not supported by evidence? *(AIIMSMay 10)*
a) Tranexamic acid b) Ethamsylate
c) Combined OCP d) Progesterone

539) a 540) d 541) a 542) a 543) d 544) c 545) a 546) d,e 547) a 548) d 549) c 550)a,c,e 551)All 552) a 553) c 554) b

555. A lady presented with secondary amenorrhea 6 months after having an abortion. Her FSH levels were mesured as 6 mlU/ml what is the most probable diagnosis- *(AI10)*
a) Pituitary failure b) Ovarian failure
c) Fresh pregnancy d) Uterine synechiae

556. Metropathia hemorrhagica is best treated by- *(DPG10)*
a) Curettage of uterus b) Progestogen
c) Ostrogen d)Clomiphene

557. Hot flushes correspond to surge of-*(Maharashtra 10)*
a) FSH b)LH
c) GnRH d) Estrogen

558. A 19 year old patient came to the out patient deparment with complaints of Primary Amenorrhea. She had well developed breast and pubic hair. However there was absence of vagina and uterus. Likely diagnosis is - *(AIIMS Nov 10)*
a) XYY
b) Mullerian agenesis
c) Gonadal dysgenesis
d) Kleinfelter's syndrome

559. A 20 year average weight old female complains of ligomenorrhea along with facial hair. Preliminary investigation reveal raised free testosterone levels. Which of the following could be likely etiology -
a) Idiopathic hursutism *(AIIMS Nov 10)*
b) PCOD
c) Adrenal hyperplasia
d) Testosterone secreting tumour

560. Which of the following is not a cause of primary amenorrhea? *(AI 11)*
a) Sheehan's syndrome
b) Kallman's syndrome
c) Turner's syndrome
d) Rokitansky syndrome

561. A female with 45X0 genotype has primary amenorrhoea. Most likely diagnosis is - *(AI 11)*
a) Gonadal Dysgenesis
b) Androgen Insensitivity syndrome
c) Meyer Rokitansky Kuster Houser Syndrome
d) Congenital adrenal hyperplasia

562. Which of the following treatments for menorrhagia is not supported by evidence - *(AI 11)*
a) Combined oral contraceptive pills
b) Progesterone
c) Tranexamic acid
d) Ethamsylate

563. A 45 year old post menopausal woman presents with vaginal bleedng Transvaginal ultrasound reveals an endometrial thickness of 8.0 mm. The next step in the management should be - *(AI 11)*
a) Hysterectomy
b) Start progesterone therapy
c) Histopathological examination of curettage
d) Follow up sonogaphy

564. All of the following agents are used in the treatment of hot flashes, except - *(AI 11)*
a) Tamoxifen b) Venlafaxine
c) Gabapentin d) paroxetine

565. Precocious puberty is diagnosed when - *(Kam 11)*
a) Secondary sexual characteristics appear before 8 years, menstruation occurs before 10 years
b) Secondary sexual characteristics appear before lOyears,menstruation occurs before 8 years
c) Secondary sexual characteristics appear before 6 years, menstruation occurs before Syears
d) Secondary sexual characteristics appear before 8 years, menstruation before 6 years

566. A 40-year-old woman presents with excessive menstrual bleeding. The most appropriate first surgical treatment will be - *(UPSCII11)*
a) Hysteroscopy b) Myomectomy
c) Dilatation and curettage d) Hysterectomy

567. A 15-year-old unmarried girl presents with complaints of dysmenorrhoea for the last about one year. She achieved menarche at 12 years of age. On abdominal and rectal examination, she has no abnormality. What will be the most appropriate management - *(UPSC II11)*
a) Prescribe antibiotics
b) Prescribe clotrimazole vaginal ovules
c) Reassure her and prescribe analgesics
d) Perform dilatation and curettage

568. A 30-year-old woman with three children has dysfunctional uterine bleeding. What will be the most appropriate management - *(UPSC II11)*
a) Abdominal hysterectomy
b) Medical management with danazol
c) Transcervical endometrial resection
d) Levonorgestrel-releasing intrauterine device

569. A woman who has secondary amenorrhea experiences withdrawal bleeding following progesterone administration. What is the likely diagnosis - *(UPSC II11)*
a) Anovulation
b) Premature ovarian failure '
c) Hypothalamic amenorrhea
d) Asherman's syndrome

570. A 60-year-old woman presents with postmenopausal bleeding per speculum examination reveal no abnormality, and the Pap smear is normal. What will be the most appropriate management -
a) Keep her under observation *(UPSC II11)*
b) Administer haemostatics
c) Measure endometrial thickness with ultrasound
d) Hysterectomy

571. Pain during menstruation starting few days before menstruation and ends with menstruation is -
a) Spasmodic dy smenorrhoea *(Jipmer 11)*
b) Congestive dysmenorrhoea
c) Membranous dysmenorrhoea
d) Menorrhagia

555) d 556)b 557)a 558)b 559)c 560)a 561)a 562)d 563)c 564)a 565)a 566)c 567)c 568) d 569) a 570) c 571) b

CHORIOCARCINOMA

572. Gestational Trophoblastic tumours occur most commonly after- (*AIIMS91*)
a) Cesearean section b) Spontaneous abortion
c) Pre term delivery d) Full term delivery

573. Chorion epithelioma mostly follow- *(JIPMER 80,*
a) Abortion b) Normal labour *UPSC90)*
c) Ectopic pregnancy d)Hydatidiformmole
e) None of the above

574. Choriocarcinoma commonly metastasises to -
a) Liver b) Brain *(AIIMS 84, 94)*
c) Lungs d) Placents

575. Ayoung patient is diagnosed to have choriocarcinoma the treatment of choice is - *(MP 98)*
a) Hysterectomy
b) Chemotherapy
c) Chemotherapy followed by hysterectomy
d) Hysterectomy followed by chemotherapy

576. Tumour marker for chorio carcinoma-{7A*87,AI93*
a) HOG b)AFP *MAHE98)*
c) CEA d)Desmin

577. A 35 year old lady P2+0+0+0 is diagnosed to have choriocarcinoma. The treatment of choice is- *(ARMS 2K)*
a) Hysterectomy b) Dilation and curettage
c) Chemotherapy d) Radiation

578. A patient with choriocarcinoma, is not reponding to the usual doses of methotrexate. She is having jaundice. Which drug will you prefer for further treatment- *(AIIMS2K)*
a) Actinomycin D b) Cyclophosphamide
c) Cisplatin d) Chlorambucil

579. The ideal treatment for metastatic choriocarcinoma in the lungs in a young women is - *(PGI99)*
a) Chemotherapy b) Surgery with radiation
c) Surgery d) Wait and watch

580. True about conplete hydatidiform mole is -*(PGI 01)*
a) Chromosome pattern is XX
b) It is of maternal origin
c) Enlarged ovarian cyst occurs
d) It is common in developed countries
e) Associated with pre-eclampsia

581. Snow-storm pattern seen in - *(PGI 03)*
a) H. Mole b) Ectopic pregnancy
c) Fibroid d) Intrauterine death

582. True about H. Mole - *(PGI 03)*
a) Complete mole seen in human only
b) Trophoblastic proliferation
c) Hydropic degeneration
d) Villus pattern absent

583. Complete H. Mole are - *(PGI 03)*
a) Triploid
b) Diploid
c) Increased p-HCG
d) 2% cases may convert to carcinoma
e) Chance of malignant conversion less than partial mole

584. Bad prognostic markers of Chorio-carcinoma treatment are - *(PGI 04)*
a) Liver metastasis b) Lung metastasis
c) Previous H. mole d) High H.C.G titre
e) Chemotherapy started 12 months after pregnancy

585. Villous pattern is lost in - *(TN 03)*
a) Invasive mole b) Tubal mole
c) Hydatidiform mole d) Chorio carcinoma

586. Which of the following endocrinological condition may be associated with hydatiform mole ? *(DELHIPG Feb. 09)*
a) Hypothyroidism b) Hyperthyroidism
c) Diabetes d)Hyperprolact

587. The treatment of choice for hydatiform mole with a uterine size of 28 weeks is - *(DELHIPG Mar. 09)*
a) Suction evacuation
b) Intra-amniotic saline followed by oxytocin
c) Evacuation by misoprostol and Mifepristone
d) Methotrexate administration

588. The most common karyotype of a partial mole is-
a) Diploid 46 XX b) Diploid 46 XY *(UPSC-II09)*
c) Triploid d) Haploid

589. True about complete mole- *(PGI Nov. 10)*
a) Presence of foetal parts and cardiac activity
b) Normal unterine size
c) Beta-hCG doubling time is 7-10 days
d) Pre-eclampsia at < 24 weeks
e) PV bleeding is commonest presentation

590. Snow storm appearance on USGseen in -*(PGINov. 10)*
a) Hydatiform mole b) Invasive mole
c) Twin pregnancy d) Ectopic pregnancy
e) Choriocarcinoma

PROLAPSE

591. Urinary incontinence in utero vaginal prolapse is mostly is due to - *(ARMS 91)*
a) Detrusor instability b) Stress incontience
c) Urge incontinence d) True incontinence

592. Not a complication of prolapsed uterus - *(PGI82*
a) Carcinoma cervix *UPSC87)*
b) Elongation of cervix
c) Cystocele
d) Decubitus ulcer

593. A 25-years old nulliparous woman with third degree uterine descent but no cystocele or rectocele or rectocele or enetrocele is best treated with -
a) FothergilTs repair *(UPSC)*
b) Abdominal sling operation
c) Amputation of the cervix and reconstruction
d) Lefort's operation

594. The best way to treat decubitus ulcer in a case of genital prolapse is by - *(KARNAT99)*
a) Bedrest b) Antibiotics
c) Antiseptic dressing d) Reduction with tampoon

572) b 573) d 574)c 575)b 576)a 577)c 578)a 579)a 580)a,c,e 581)a 582)b,c 583)b,c,d 584)a,b,d,e
585) d 586) b 587) a 588) c 589) d,e 590) a 591) b 592) a 593) b 594) d

595. A 28 year old women, para3, with 2nd degee prolapse, which treatment should be done - *(A1IMS 97)*
a) FothergilPs operation
b) Wertheims
c) Pelvic floor exercise
d) Vaginal hystrectomy with pelvic repair

596. A young nulliparous woman has 3rd degree of uterovaginal prolapse without any cystocele or rectocele. There is no stress incontinence. The uterus is retroverted. Uterocervical lenth is 3 inches. All other symptoms are normal. The best treatment plan for her will be - *(UPSC 2K)*
a) Observation and reassurance till child bearing is over
b) Shirodkar's vaginal repair
c) Shirodkar's abdominal sling
d) FothergilPs opration

597. Presence of decubitus ulcer in proplapse indicates - *(UPSC 2K)*
a) Infection b) Malignancy
c) Circulatory disturbances d) Machanical trauma

598. The appropriate chocie for treatment of Nulliparous prolapse is - *(Karn 01)*
a) Sling operation b) Manchestar repair
c) Ward Mayo,s operation d) Pessry treatment

599. Indication of Manchester operation in prolapse -
a) Nulliparous *(PGI03)*
b) Women of < 35 yrs age
c) Patient who wants child bearing function
d) Congenital elongation of cervix

600. Cause of decubitus ulcer in uterine prolase is -
a) Friction b) Venous congestion *(PGI 99)*
c) Intercourse d) Trauma

601. In FothergilPs operation the following are undertaken except - *(IN 03)*
a) Amputation of cervix
b) Anterior colporrhaphy
c) Colpoperineorrhaphy
d) Plication of round ligament

602. In which condition, a rubber-ring passary is an appropriate management for a woman who is having utero-vaginal prolapse - *(UPSC 06)*
a) Old age
b) Active reproductive age
c) Early pregnancy
d) Prolapse associated with carcinoma of cervix

603. Birth trauma is a risk factor for - *(MAHE 07)*
a) Prolapse uterus b) Endometriosis
c) PID d) Abortions

604. In which one of the following conditions is sling operation done - *(UPSC 07)*
a) Multiple prolapse b) Nulliparous prolapse
c) Cystocoele d)Rectocoele

605. Which of the following are the causes of retroversion of the uterus ? *(UPSC-II08)*
1) Pelvic inflammatory diseases
2. Prolapse uterus
3. Endometriosis
Select the correct answer using the code given below-
a) 1,2 and 3 b) 1 and 2 only
c) 2 and 3 only d) 1 and 3 only

606. Which one of the following is not an operation for uterine inversion ? *(UPSC-II 08)*
a) 'O'Sullivan's b)Haultain's
c) Spinelli's d) Fentoni's

607. Among the four steps in the Manchester operation done for prolapse, which one of the following is the correct order in which they are done? *(UPSC-II 08)*
a) Amputation of cervix, D&C, Fothergill suture, haemostatis
b) D & C, Amputation of cervix, Fothergill suture, haemostatis
c) D & C, Futhergill suture, Amputation of cervix, haemostatis
d) D & C, Amputation of cervix, haemostatis, Futhergill suture

608. Pouch of Douglas with vaginal wall prolapse of uterus is known as - *(UP 08)*
a) Cystocele b) Urethrocele
c) Enterocele d) Rectocele

609. Birth trauma is a risk factor for - *(Manipal 08)*
a) Prolapse uterus b)Endometriosis
c) PED d) Abortions

610. FothergilPs repair is also known as - *(DPGEE 08)*
a) Le Fort's repair
b) Shirodkar's abdominal sling operation
c) Manchester operation
d) Khan's sling operation

611. Ligament used to maintain anteversion ? *(APPG 08)*
a) Triangular ligament b) Uterosacral ligament
c) Broad ligament d) Round ligament

612. Which of the follwoing condition is treated by Sacral colpoplexy ? *(APPG 08)*
a) Stress incontinence b) Rectovaginal fistula
c) Retroverted uterus d) Vault prolapse

613. A young nulliparous woman had 3rd degree of uterovaginal prolapse without any cystocele or rectocele. There is no stress incontinence. The uterus is retroverted. Uterocervical length is 3 inches. All other symptoms are normal. The best treatment plan for her will be - *(DELHIPG Feb. 09)*
a) Observation and reassurance till child bearing is over
b) Shirodkar's vaginal repair
c) Shirodkar's abdominal sling
d) FothergilPs operation

614. What is the most common cause of vault prolapse following hysterectomy ? *(UPSC-II 09)*
a) Chronic cough
b) Obesity
c) Diabetes mellitus
d) Failure to identify and repair enterocele

595) a 596) c 597) c 598) a 599) b,d 600) b 601) d 602) c 603) a 604) b 605) d 606) d 607) b 608) c
609) a 610) c 611)b 612) d 613) c 614) d

615. A 25-year old nulliparous woman with third degree uterine descent but no cystocele or recto-cele or enetrocele is best treated with - *(DPG10)*
a) Fothergill's repair
b) Abdominal sling operation
c) Amputation of the cervix and reconstruction
d) Lefort's operation

616. A woman of child-bearing age develops a second-degree uterine prolapse with supravaginal elongation of the cervix. What will be the most appropriate management - *(UPSC II11)*
a) Amputation of the cervix
b) Fothergill's operation
c) Vaginal hysterectomy and pelvic floor repair
d) Sling operation

FIBROMYOMA OF THE UTERUS

617. Fundul myomas commonly present as - **(***TN90)*
a) Inversion of uterus b) Dysmenorrhoea
c) Urinary retension d) Menorrhagia

618. Commonest site for fibroid is - **(***AIIMS91***)**
a) Submucous b) Intramural
c) Subserous d) Cervical

619. The precentage of myomas undergoing malignant transformation - *(AIIMS 91)*
a) 10% b) 5 %
c) 1 % d) 0.5 %

620. Treatment of choice in a perimenopausal woman with bleeding P V due to multiple fibroids is -
a) TAH with BSO **(***AIIMS 92)*
b) TAH
c) Vaginal hystrectomy
d) Enucleation of fibfoids

621. Treatment of choice in a 45 year old multipara (para 3) with a single fibroid in the uterus 12 weeks size and asymptomatic - *{AIIMS 94)*
a) Hysterectomy b) Myomectomy
c) Hysteroscopic removal d) No treatment needed

622. Calcareous degeneration occurs most commonly in which type of fibroids - *(PGI97)*
a) Submucous b) Subserous
c) Interstitial d) Cervical

623. Retention of Urine is most likely to be caused by-
a) Subserous fibromyoma **(***MP98***)**
b) Interstitial fibromyoma
c) Submucous fibromyoma
d) Posterior cervical fibromyoma

624. Red degeneration of uterine fibroid - *{MP 98)*
a) Is aseptic infarction
b) Only occurs in pregnancy
c) Causes leucopenia with lymphocytosis
d) Is due to emboli occluding the major blood vessels supplying the myoma

625. Malignant potential is most in - *{AIIMS 98)*
a) Subserous fibroid b) Submucous
c) Intramural d) Cervical fibroid

626. Which of the following is the false about fibroid ^
a) Usually malignant *{TN 99)*
b) Rare before 20 years
c) Usually asymptomatic
d) More common in nulliparous

627. Submucosal fibroid detected by - *(PGI 02)*
a) Hysteroscopy
b) Hysterosalpingography
c) USG, (transabdominal)
d) Laparscopy

628. Utrine fibromyoma is associated with - *(PGI 02)*
a) Endometriosis b) Pelvic inflammatory disease
c) Ovary Ca d) Amenorrhea
e) Tamoxifen

626. Drugs that reduce the size of fibroid are - *(PGI 03)*
a) Danazol b) GnRh
c) Ru-486 d) Estrogen
e) Progesterone

630. To start with, all fibriods are - *(PGI 98)*
a) Interstital b) Submucus
c) Subserous d) Ovarian

631. Uterine Leimyoma is LEAST likely to undergo - *(SGPGI05, AI88)*
a) Malignant change b) Hyaline change
c) Calcification d) Red degeneration

632. Red degeneration in a case of fibroid with pregnancy occurs most often during - *(SGPGI 05)*
a) First trimester b) Second trimester
c) Third trimester d) Puperium

633. Not true about Red degeneration of myomas is -
a) It occur commonly during pregnancy *(MAHA 05)*
b) Immediate surgical intervention is needed
c) Due to interference with blood supply
d) Treated with analgesics

634. A 30 year old, para two, with two live children has menorrhagia for 2 years. She was ligated 4 years back. On investivation she is found to have a 2 cm x 2 cm submucous myoma. What will be the best management option for her - *(UPSC 06)*
a) Total abdominal hysterectomy
b) Danazol 400 mg twice daily for 3 months
c) Gn RH analogues
d) Hysteroscopic myoma resection

635. Fibroid uterus may present with all of the following except- *{AI07)*
a) Amenorrhoea b) Pelvic mass
c) Infertility d) Polymenorrhea

636. All are used to shrink fibroids except -*(UP 07, 06)*
a) Estrogen b) Danazol
c) Mifepristone d) GnRH analogue

637. All are used to shrink fibroids except -*(DPGEE 08)*
a) Mifepristone b) Estrogen
c) Danazol d) GnRH analogues

615)b 616)b 617)d 618)b 619)d 620)a,b 621)a 622)b 623)d 624)a 625)a,c 626)a 627)a,b,c 628) a,b 629) a,b,c,e 630) a 631) a 632) b 633) b 634) c 635) a 636) a 637) b

638. Operative haemorrhage during myomectomy can be minimised by prior administration of - *(PGIDec 08)*
a) GnRH analogue b)OCP
c) Danazol d) LH
e) Mifepristone

639. A 26 yr women has 7 x 8 cm leiomyoma, management option include - *(PGI June 09)*
a) Followup b)OCP
c) Myomectomy d) Hysterectomy

640. The risk of sarcoma developing in a fibroid uterus is approximately- *(DELHIPGMar. 09)*
a) <1% b) 10%
c) 30% d)50%

641. Which of these can be used for uterine artery embolization for fibroid uterus ? *(UPSC-II09)*
a) Polyglactin b) Ethacridinelactate
c) Polyvinyl alcohol d) Methylene blue

642. Sarcomatous change should be suspected in case of uterine fibroid when there occurs- *(Maharashtra 10)*
a) Increase in the size b) Pain
c) Bleeding d) All of the above

643. The approximate incidence of sarcomatous changes in cases of fibroid uterus is - *(Kam 11)*
a) 0.5% b) 5 %
c) 25% d)50%

CARCINOMA CERVIX

644. A 35 years old lady with 3 children and had undergone tubal ligation shows a positive pap smear, next line of management is - *(JIPMER 90)*
a) Irradiation
b) Hysterectomy
c) Hysterosalphingo oophorectomy
d) Colposcopy and cervical biopsy

645. The commonest cause of death in carcinoma cervix is- *(A191)*
a) Septicemia b) Haemorrhage
c) Cachexia d) Renal failure

646. Best method for cancer cervix screening is- *(AI92)*
a) Pap smear b) Colposcopy
c) Biopsy d) Colpomicroscopy

647. Carcinoma cervix with involvement of upper 2/3 of vagina is stage---------- *(JIPMER 92)*
a) HA b)HB
c) HIA d)IHB

648. In young women the method of diathermy conization should be- *(JIPMER 80, DNB 90)*
a) Superfical conization b) Deep conization
c) Any of the above d) None of the above

649. The cone of tissue removed in the operation of conization consists of - *(AIIMS 78, DNB 90)*
a) All the racemose glands
b) Eroded area of the cervix
c) Some of the racemose glands
d) A+B

650. The incidence of lymphnode metastasis in carcinoma cervix stage II is - *(KARN94)*
a) 5-10% b) 15-20%
c) 2540% d) 50-60%

651. Carcinoma cervix with bilateral hydro ureter due to ureteric obstruction is stage - *(KERALA 95)*
a) I b)H
c) m d)IV

652. The most common cause of death in carcinoma cervix is - *(UPSC96)*
a) Haemorrhage b) Uraemia
c) Infection d) Metastases

653. All of following are true about carcinoma of cervix except- *(DELHI96)*
a) Commonest genital cancer in females in India
b) Blood spread is not very common
c) No cytological test is available for screening in early phase of disease
d) Disturbance of normal menstrual pattern may be the first manifestation

654. Carvical intraepithelial neoplasia III with no colposcopy activity treatment of choice - *(AP 96)*
a) Hysterecetomy b) Radiotherapy
c) Conisation d) Follow-up after 1year

655. According to FIGO classification the investigation in Carcinoma cervix are all except - *(AIIMS 96)*
a) X-Ray Chest b)IVP
c) Pelvic ultrasound d) Cystoscopy

656. Treatment of microinvasive Ca cervix in a $G_3P_QL_0A_3$ 42 year old lady - *(A197)*
a) Laser evacuation b) Hysterectomy
c) Conisation d) Wertheim's hysterectomy

657. A 30 years old lady was found to have PAP smear positive, cervical,biopsy negative, and endometrical currettage positive, next thing to do is - *(AIIMS 97)*
a) Conisation b) Hysterectomy
c) Werthiems Hysterectomy d) Repeat PAP smear

658. Investigations for carcinoma cervix in the early stage are all except - *(AP 9 7)*
a) Surface biopsy
b) Ultrasound
c) Colposcopic guided biopsy
d) Schiller's test

659. A patient with carcinoma cervix developed abdominal distension, abnormal mentation and intractable hiccoughs. The likely cause is - *(AIIMS 99)*
a) Uremia b) Brain metastasis
c) Abdominal metastasis d) Liver metastasis

660. A patient is diagnosed to have CINII. She approaches you for advice. You can definitely tell her the risk of lesion progressing to malignancy as - *(AIIMS2K)*
a) 5% b) 15%
c) 60% d)30%

638)a,c,e 639)a,b,c 640)a 641)c 642)d 643)a 644)d 645)d 646)a 647)a 648)a 649)d 650)b 651)c 652) b 653)c 654)c 655)c 656)b 657)a 658)b 659)a 660) a

661. Cone biopsy is indicated in all the following conditions except - *(AIIMS 2K)*
a) Micro invasive carcinoma
b) Indefinite diagnosis on colposcopy
c) CINm
d) Cervical metaplasia

662. Time taken for conversion of CIN cervix to invasive carcinoma is---------- years- *(J &K 01)*
a) 5 b) 10
c) 15 d)20

663. A 35 years old lady presents with post coital bleeding and foul smelling discharge is most important investigation to arive at a diagnosis is - *(MP 98)*
a) Endometrial aspiration
b) Dilation and currettage
c) Endometrial biopsy
d) Cervical biopsy

664. Treatment of choice for Ca in situ cervix is -
a) Follow-up with serial pap smear *(PGI97)*
b) Conization
c) Hysterectomy
d) Laser vaporization

665. A young lady comes with mild erosion of cervix and pap smear shows dysplasia next step is - *(PGI98)*
a) Antibiotics b)Coloposcopy
c) Cryosurgery d) Conisation

666. Rx of carcinoma in situ of cervix - *(PGI 98)*
a) Simple Hysterectomy b) Conisation
c) Laser d) Cryosurgery
e) AH

667. Cervix carcinoma arises from - *(PGI 99)*
a) Squamo columnar junction b) Isthmus
c) Cervical lip d) Internal os

668. Earliest symptom of carcinoma cervix is - *(PGI 99)*
a) Irregular vaginal bleed b) Post coital bleed
c) Foul smelling discharge d) Pain

669. Patient with CIN-II positive on pap's smear, next step will be- *(PGI2000)*
a) Repeat pap's smear
b) Cone biopsy
c) Colposcopic directed biopsy
d) Punch biopsy

670. Carcinoma cervix is more common in - *(PGI01)*
a) HIV b) Multiparity
c) Smoking d) Nulliparity
e) Family history

671. Predisposing factors for carcinoma cervix -
a) HIV b)HPV *(PGI 01)*
c) HSV d)EBV
e) CMV *

672. During cervical CA surgery to prevent the complication the vault prolapse, should treated with-
a) Total Hysterectomy *(PGI 02)*
b) Vaginal hysterectomy
c) Subtotal hysterectomy
d) Abdominal Hysteroctomy

673. In Ca cervix lymphatics drain to - *(PGI 02)*
a) Obturator
b) External iliac
c) Inguinal lymphnode
d) Femoral lymphnode
e) Hyopogastric lymphnode

674. A 26 year old female with 3 living issue having cervical erosion which bleeds to touch, diagnosis can be done by - *(PGI 03)*
a) Pap smearb) Excision biopsy
c) Hysteroscopy d) Colposcopy

675. 45 yrs old lady on punch biopsy shows carcinoma is situ of cervix. The treatment is - *(PGI 03)*
a) Conisationb) Vaginal hysterectomy
c) Diathermy d) Cryosurgeny
e) LASER

676. Most common type of human papilloma virus causing Ca Cervix are- *(PGI 03)*
a) 16&18 b) 1 & 33
c) 6&11 d)4& 14
e) 2&5

677. HPV causes- *(PGI 04)*
a) Vulval Ca b) Cervical Ca
c) Endometrial Ca d) Endometritis
e) DUB

678. Cone biopsy of cervix is indicated in - *(PGI 04)*
a) Parametrial invasion
b) Abnormal pap smear
c) Endometrial Ca
d) Endocervical curettage positive
e) Clear cell Ca

679. In carcinoma cervix, the causative etiological factor is- **(***UPSC02)*
a) Condyloma acuminata b) HPV 16,18
c) HPV 6,11 d) HSV 1 and 2

680. Finding on colposcopy suggestive of malignancy-
a) Candidiasis b) Papilloma *(Orissa 04)*
c) Punctuation d) Condyloma

681. Unsatisfactory colposcopy means -
a) Failure to visualize cervix *(Karnataka 02)*
b) Failure to visualize transformation zone
c) Failure to visualize squamous epithelium
d) Failure to visualize columnar epithelium

682. HPV which is strongly associated with carcinoma cervix is - *(SGPGI05, Kam 02)*
a) Type 6 b) Type 11
c) Type 16 d) Type 32

683. Type of papilloma virus which is strongly associated with carcinoma cervix is - *(AMU 05)*
a) 33 b)34
c) 56 d)55

684. Human papilloma virus (HPV) serotype most often associated with invasive carcinoma cervix is -
a) HPV -11 b) HPV -16 *(Kamat05)*
c) HPV-18 d) HPV-31

661) d 662) b 663) d 664)a,b,c 665) b 666) e 667) a 668) b 669) c 670)a,b,c 671)a,b,c 672) a,d 673)a,b,e
674) b,d 675) b 676) a 677) a,b 678) b,d 679) b 680) c 681) b 682) c 683) a 684) b,c

685. False statement about treatment of Ca cervix -
a) Radiotherpay is helpful in all stages *(PGIJune 05)*
b) Prognosis of surgery good if done in early cases
c) When radiotherapy given paraaortic nodes should be included
d) Chemotherapy reserved for late cases
e) From lb onwards same prognosis with both surgery & radiotherapy

686. In which of the following genital tract malignancy, the risk of metastasis to ovary is the least - *(AI06)*
a) Carcinoma cervix
b) Carcinoma endometrium
c) Carcinoma fallopian tube
d) Uterine sarcoma

687. Radical hysterectomy is done in which one of the following - *(APPG 06)*
a) Carcinoma in situ
b) Endo ca cercix stage IA
c) Micro invasive carcinoma of cervix
d) Carcinoma cervix stage IB

688. Presence of hydronephrosis in stging of carcinoma cervix uteril denotes FIGO.....disease - *(Kam*
a) Stage H-B b) Stage III-A *pgmee06)*
c) Stage III-B d) Stage IV-A

689. Most common agent responsible for Ca cervix is-
a) HPV16 b)HPV 18 *(A107)*
c) HPV31 d) HPV 33

690. Human papilloma virus is associated with this carcinoma - *(MAHE 0 7)*
a) Carcinoma cervix b) Carcinoma uterus
c) Fibroids d) None of the above

691. Poor prognostic factors in the management of cancer cervix are the following except - *(UPSC 07)*
a) Young age
b) Well-differentiated squamous cell carcinoma
c) Hydroureter
d) Adenocarcinoma

692. Commonest tumor of the cervix is- (*Corned08, TN89)*
a) Sqamous cell carcinoma b) Adenocarcinoma
c) Sarcoma d) Adenoacanthoma

693. Patient diagnosed as squamous cell intraepithelial lesion which of the following has the highest risk for progression to carcinoma - *(AIIMSNov 07)*
a) Low grade squamous intraepithelial neoplasia
b) High grade squamous intraepithelial neoplasia
c) Squamous intraepithelial neoplasia associated with HPV 16
d) Squamous intraepithelial neoplasia associated with HIV

694. Cervical smear fixation is done by - *(AIIMSNov 07)*
a) Ethyl alcohol b) Acetone
c) Xyline d) Formalin

695. A 34 year old lady who has completed her family, shows a positive Pap smear (C.I.N.III). What will be the further arrangement ? *(UPSC-II08)*
a) Wertheim's hysterectomy
b) Ward Mayo's hysterectomy
c) Simple abdominal hysterectomy
d) Cervical conisation

696. A 45 year old woman comes with Pap smear report of squamous metaplasia. What advice should be given to her? *(UPSC-II08)*
a) Colposcopy b) Cervical biopsy
c) Conization d) No treatment

697. A 45 years multiparous women, on punch biopsy shows carcinoma in site, Best treatment modalities is- *(UP08)*
a) Conisation
b) Wertheem's hysterectomy
c) Radiotherapy
d) Abdominal hysterectomy with basal saphingo ophrectomy

698. Virus associated with cancer cervix is - *(AI08)*
a) HPV b)HTV
c) EBV d)HTLV

699. Which of the following statements about squamous cell carcinoma of cervix is false - *(AI08)*
a) Common at squamocolumnar junction
b) CT scan is mandatory for staging
c) Post coital bleeding is a common symptom
d) HPV 16 and 18 are associated with high risk of carcinogenesis

700. A 35 year old female, with post coital bleeding, next step- *(AiimsMay08)*
a) Clinical examination and pap smear
b) Visual inspection with acetowhite
c) Visual inspection with lugol's iodine
d) Colposcopy directed biopsy

701. True about carcinoma in women - *(PGI June 08)*
a) Pap smear reduces incidences of Ca cervix
b) Ca cervix is M.C. malignancy in Indian women
c) Breast Ca is the M.C. malignancy in Indian women
d) Next to Cervical Ca, Lung carcinoma is next most common malignancy

702. Most cost effective and least invasive mode of treating squamous intraepithelial lesion of cervix is - *(DPGEE 08)*
a) Electrocauterization b) Cryotherapy
c) Laser therapy d) Any of the above

703. Diffence of CIS from invasive carcinoma ?
a) Age > 40 years *(APPG 08)*
b) Incidental detected
c) Bilateral
d) Histology similar to invasive

704. Risk factors for Ca cervix - *(PGIDec 08)*
a) Virginity b) Multiple sex partners
c) Genital warts d) Circumcised partner
e) Late menarche

685) e 686) a 687) d 688) c 689) a 690) a 691) b 692) a 693) b 694) a 695) d 696) d 697) d 698) a 699) b 700) a 701)a,b,c,d 702) a 703) d 704) b,c

705. Common site of origin of cervical carcinoma is/are-
a) Endocervix *(PGI Dec 08)*
b) Ectocervix
c) Squamocolumnar junction

706. All of the following investigations are used in FIGO staging of carcinoma cervix except ?
a) CECT *(AIMS Nov 08)*
b) Intravenous pyelography
c) Cystoscopy
d) Proctoscopy

707. A 35 year old female P3 + 0 is observed to have CIN grade III on colposcopic biopsy. Which of the following would be the best initial management -
a) Cryosurgery b) Conization *(AI09)*
c) LEEP d) Hysterectomy

708. TVue about staging of cervical cancer -
a) Staged clinically *(PGI June 09)*
b) When there is doubt regarding staging, earlier stage is selected
c) Carcinoma extending beyond cervix to pelvic wall is stage II
d) Stage II includes canncer extending to uterus
e) Identification of paraaortic L.N in clinical stage I makes it stage IV

709. A young lady comes with mild erosion of cervix and pap smear shows dysplasia. Next step is -
a) Antibiotics b) Colposcopy
c) Cryosurgery d)Conisation

710. Carcinoma cervix originates in the -
a) Columnar epithelium *(DELHIPG Mar. 09)*
b) Squamous epithelium
c) Transformation zone
d) Uterine isthmus

711. The most appropriate management of a 32 weeks pregnant lady with carcinoma cervix stage 2b is -
a) Chemoradiation followed by labour induction and vaginal delivery *(UPSC-II09)*
b) Labour induction, vaginal delivery followed by radiotherapy
c) Lower segment caesarean section followed by radiotherapy
d) Classical caesarean section followed by radiotherapy

712. Which one of the following histological types is the most virulent carcinoma of cervix ? *(UPSC-II09)*
a) Small cell keratinizing
b) Large cell keratinizing
c) Small cell non-keratinizing
d) Large cell non-keratinizing

713. 35 year female with post coital bleeding. Next step is? *(AIMS Nov 09)*
a) Pap smear with clinical examination
b) Visual examination with lugo L iodine
c) Visual examination with acetic acid
d) Colposcopy directed biopsy

714. A 35 yr old P 3+0 is observed to have CIN grade HI on colposcopic biopsy. Best treatment will be -
a) Cryosurgery b) Conization *(AIMS May 10)*
c) LEEP d) Hysterectomy

715. A lady undergoes total radical hysterectomy for stage lb Ca cervix. It was found that Ca extends to lower part of body of uterus and upper part of cervix. Next step of management will be - *(AIMSMay 10)*
a) Chemotherapy b) Radiotherapy
c) Chemoradiation d) Follow-up

716. Which of the following agents is most commonly associated with carcinoma cervix - *(AI 10)*
a) HPV16 b)HPV 18
c) HPV33 d) HPV 35

717. A 40 year old woman presents with abnormal cervical cytology in PAP smear suggestive oc CIN ID (HSIL). The next, best step in management is - *(AI 10)*
a) Hysterectomy
b) Colposcopy and LEEP
c) Colposcopy and Cryotherapy
d) Conization

718. The colposcopic features suggestive of malignancy are all except - *(DPG10)*
a) Condyloma b) Vascular atypia
c) Punctuation c) White epithelium

719. A patient with carcinoma cervix who has completed radiotherapy comes with uraemi A. The most common cause is- *(DPG10)*
a) Bilateral ureter invasion
b) Radiation nephritis
c) Ureteric stenosis due to radiation
d) Unconnected causes

720. In colposcopy, the following are visualized except -
a) Upper 273rd endocervix *(DPG10)*
b) Lower 173rd endocervix
c) Vault of vagina
d) Lateral fornix

721. True statement (s) regarding Ca cervix involving parametrium but not pelvic involvement -
a) Stage IIA *(PGIMay 10)*
b) Stage IIB
c) Radiotherapy should be given
d) Hysterectomy can be useful
e) Staging should be done only after cystoscopy

722. In Ca cervix low grade squamous intraepithelial lesion (LSIL) in Bethesday system involves-
a) CIN I b) CIN II *(PGIMay 10)*
c) CIN IE d) Squamous metaplasia

723. A 35 yr old P_{3+0} is observed to have CIN grade III on colposcopic biopsy. T/t includes - *(PGIMay 10)*
a) Cold knife conization
b) Hysterectomy
c) Radical hysterectomy
d) Lap assisted hysterectomy
e) LFHP

705)a,b,c 706)a 707)c 708)a,b,c 709)a 710)c 711)d 712)c 713)a 714)c 715)d 716)a 717)b 718)a 719) a 720) a 721)b,c,e 722) a 723) e

724. TYeatment of CA cervix stage lb includes -
a) Surgery b) Chemotherapy *(PGI Nov. 10)*
c) Radiotherapy d) Cryotherapy
e) T JEEP

725. Adenocarcinoma cervix is a/w - *(PGINov. 10)*
a) HPV6 b)HPV 11
c) HPV16 d)HPV 18
e) HPV51

726. TYeatment of Ca Cervix IHB *inc\ude-(AIIMSNov 10)*
a) Wertheims hysterectomy
b) Schauta's hysterectomy
c) Chemotherapy
d) Intracavity brachytherapy followed by external beam radiotherapy

727. A 35-year- old woman who has completed her family shows a positive Pap smear (Cervical intraepithelial neoplasia HI (CIN1H)). What is to be done next -
a) Simple hysterectomy *(UPSCII11)*
b) Wertheim's hysterectomy
c) Conisation
d) Cryotherapy

CARCINOMA ENDOMETRIUM (UTERUS)

728. Second stage of carcinoma endomtrium is treated by- *(AI91)*
a) Surgery
b) Radiotherapy followed by surgery
c) Chemotherapy
d) Progesterone followed by surgery

729. Commonest histology of carcinoma of endometrium is - *(Kerala 94)*
a) Squamous cell b) Clear cell
c) Adenocarcinoma d) Anaplastic carcinoma

730. The treatment of choice in Endometrial carcinoma Stage I is- *(Karn. 94)*
a) External radiotherapy
b) Intracavitary radiation
c) Hysterectomy
d) Chemotherapy

731. All are risk factor for endometrial carcinoma except- *(TN 98)*
a) Diabetes b) Hypertension
c) Obesity d) Multiparity

732. In Endometrial carcinoma lymph node spread is notto- *(AIIMS97)*
a) Paraortic b) Inguinal
c) Inferior mesentric d)Pre sacral

733. Carcinoma of the endometrium with metastasis in the deep inguinal lymphnodes is of stage -
a) I b)H *(AIIMS99)*
c) m d)IV

734. Carcinoma endometrium involving uterine cavity more than 10 cms long with early myometrial involvement is - *(AI2K)*
a) Stage la b) Stage lb
c) Stage 11a d) Stage lib

735. True about endometrial carcinoma - *(PGI 01)*
a) Predisposed by DM, hypertension & obesity
b) Adenosquamous type is commonest
c) Commonly associated with Ca. Cervix
d) Common age group affected is between 20-40 yrs

736. The most malignant endometrial carcinoma is-
a) Adeno carcinoma *(Jipmer 03)*
b) Adeno acanthoma
c) Mixed adeno squamous
d) Clear cell carcinoma

737. Endometrial Ca risk factors is/are - *(PGI 04)*
a) Hypertension b) Diavetes
c) Nulliparity d) Tamoxifen therapy
e) Multiparity

738. In a case of endometrial cancer, if metastasis is seen in the vagina, what FIGO stage it would *btr(UPSC04)*
a) Stage III a b) Stage III b
c) Stage III c d) Stage IV a

739. An 80 year old female who has never taken estrogen develops pink vaginal discharge. An endometrial biopsy shows adenocarcinoma of the endometrium. Papanicolaousmear is negative. Of the following what is the most important indicator of prognosis is ?
a) Body habitus b) Level of CA-125
c) Nutritionalstatus d) Histologic type of tumor

740. Percentage change in cystic glandular hyperplasia turning to malignancy - *(PGI June 05)*
a) 0.1 b)0.2
c) 1 d) 10
e) 15

741. The following are indications for post operative rediotherapy in a case of carcinoma endometrium except - *(AIIMS May 05)*
a) Myometrial invasion of more than half thickness
b) Positive lymph nodes
c) Endocervical involvement
d) Tumor positive for estrogen receptors

742. The risk of complex hyperplasia of endometrium with atypia progressing to malignancy in a postmenopausal woman is about - *(AIIMS May 05)*
a) 3% b) 8%
c) 15% d) 28%

743. The risk of endometrial carcinoma is the highest with the following histological pattern of endometrial hyperplasia - *(AIIMS 06)*
a) Simple hyperplasia without atypia
b) Simple hyperplasia with atypia
c) Complex hyperplasia without atypia
d) Complex hyperplasia with atypia

724) a,b,c 725)c,d,e 726) d 727) c 728) b 729) c 730) c 731)d 732) c 733) d 734) b 735) a 736) d 737) a,b,c,d 738) b 739) d 740) c 741) d 742) d 743) d

744. Indication for radiotherapy in carcinoma endometrium include all except - *(AIIMSNov 07)*
a) Pelvic node involvement
b) Deep myometrial involvement
c) Enlarged uterine cavity
d) Poor differentiation

745. Which one of the following conditions of the endometrium is associated with a significantly increased risk of development of cancer ?
a) Adenomatous hyperplasia *(UPSC-II08)*
b) Hyperplasia with atypia
c) Cystic glandular hyperplasia
d) Proliferative phase

746. At laparotomy for endometrial cancer the growth was found invading inner half of myometrium, right ovary and upper part of vagina. What is the staging?
a) II b **b)** m a *(UPSC-II08)*
c) mb d)IVa

747. A case of choriocarcinoma 30 year old having one child, presenting with growth in the uterus and single metastasis in lung (stage III score 4). What would be the appropriate treatment for her ?
a) Single agent chemotherapy *(UPSC-II 08)*
b) Multiple agent chemotherapy
c) Hysterectomy with single agent chemotherapy
d) Hysterectomy with multiple agent chemotherapy

748. What is the ideal treatment for a 55 yr female with simple hyperplasia of endometrium with atypia ?
a) Simple hysterectomy *(AI08)*
b) Medroxy progesterone acetate (MPA)
c) Levonorgesterol (LNG)
d) IUCD

749. True about FIGO endometrial carcinoma HIb -
a) Vaginal metastasis seen *(PGI June 08)*
b) Serosa involved
c) Rectum
e) Pelvis

750. Which of the following associated with endometrial cancer ? *(APPG 08)*
a) Metropathica haemorrhagica
b) Dysgermniona
c) Fibroid
d) All

751. All of the following is/are risk factor (s) for Endormentrial carcinoma except - *(PGI June 09)*
a) Multiparity
b) Obesity
c) Early menopause
d) Unopposed Estrogen therapy
e) Hypertension

752. A 80-year old female who has never taken estrogen develops pink vaginal discharge. An endometrial biopsy shows adenocarcinoma of the endometrium. Papanicolaou's smear is negative. Of the following, what is the most important indicator of prognosis -
a) Body habitus b) Level of CA-125 *(DPG10)*
c) Nutritional status d) Histologic type of tumour

753. The risk of progression to endometrial cancer from simple hyperplasia without atypia is - *(UP SC II10)*
a) 1% b) 3-5%
c) 8-10% d) 25-30%

754. Which of the following is not seen in Corpus Cancer syndrome - *(AIIMS Nov 10)*
a) Diabetes mellitus b) Hypertension
c) Obesity d) Multiparity

755. Endometrial cancer involving 50% of endometrium, extending to vagina, lymph nodes negative with positive peritoneal cytology is staged as -
a) 3a b) 3b *(AIIMS Nov 10)*
c) 3c 1 d)3c2

756. The following at risk factors for carcinoma endometrium except- *(Karn 11)*
a) Early menopause
b) Endometrial hyperplasia
c) Nulliparity
d) Obesity.

757. Endometrial carcinoma with worst prognosis -
a) Clear cell carcinoma *(Jipmer 11)*
b) Adenocarcinoma grade-II
c) Adenocarcinoma
d) Adeno acanthoma

OVARY

758. Which is not true of dermoid cyst of ovary -
a) Commonly more than 10 cm *(AI 93)*
b) Has sebaceous material
c) Bilateral in 30%
d) Lined by epithelial cells

759. Polcystic ovaries are associated with - *(Delhi 96)*
a) Hypopituitarism
b) Ovarian malignancy
c) Endometrial carcinoma
d) Adrenal cortical hyperplasia

760. The condition where glistening spots are found on tubal secosa - *(AIIMS 95)*
a) Walthead cell nests b) Metastases from ovary
c) Parovarian cysts d) Tubal fibrosis

761. A 25-year old married infertile woman having regular menstruation, fever, lower abdominal pain and dysmenorrhoea presents herself at the OPD. On examination, there are bilateral soft tender masses of "3" diameter in both fornices and uterus is of normal size. The most likely diagnosis is- *(UPSC97)*
a) Cystic ovaries b) Tubo-ovarian masses
c) Ectopic pregnancy d) Tuberculous salpingitis

762. Precocious puberty is seen with which ovarian tumour- *(PGI 98)*
a) Dermoid b) Gynandroblastoma
c) Granulosa cell tumour d) Arrhenoblastoma

744) c 745) b 746) c 747) a 748) a 749)a,b,c 750) a 751)a,c 752) d 753) a 754) d 755) b 756) a 757) a
758) a,c 759)c 760)c 761)b 762)c

763. The first step in the management of hirsutism due to stein leventhal syndrome is - *(PGI99)*
a) OCP b)HMG
c) Spironolactone d) Bromocriptine

764. In Polycystic ovarian diseases, all of the following are seen except - *(PGI 01)*
a) Endometrial carcinoma b) Increased FSH
c) Streak ovaries d) Insulin resistance
e) Hirsutism

765. Schiller-Duval body is seen in - *(PGI 01)*
a) Germ cell tumor b) Yolk-sac tumor
c) Choriocarcinoma d) Granulosa cell tumor
e) Dysgerminoma

766. PCOD which of the following is seen - *(PGI 02)*
a) Hirsutism b) 2° almenorrhoea
c) Streak ovaries d) t FSH/LH
e) t Oestrogen (E_2)

767. Ovarian reserve tests are - *(PGI 03)*
a) LH b)FSH
c) Plasma progesterone d) Endometrial biopsy

768. Theca lutein cysts seen in - *(PGI 03)*
a) H.Mole b) Choriocarcinoma
c) Theca cell hyperplasia d)PCOD
e) Ectopic pregnancy

769. True about dermoid cyst of ovary - *(PGI 03)*
a) It is a teratoma
b) Frequently undergo torsion
c) X-ray is diagnostic
d) Invariably turns to malignancy
e) Contains sebaceous materials & hair

770. Which causes torsion of ovarian tumor -*(Kerala 03)*
a) Trauma b) Uterine contraction
c) Physical movements d)All

771. Tumor marker most helpful in follow up of a case of Epithelial carcinoma of ovary is - *(Karn 02)*
a) CA-125
b) Serum Alpha Fetoprotein
c) Serum human chorionic gonadotropin
d) Human Placental Lactogen

772. A 45 year old female is having bilateral ovarian mass, ascites and omental caking on CT scan. There is high possibility that patient is having -
a) Benign ovarian tumor *(AI03)*
b) Malignant epithelial ovarian tumor
c) Dysgerminoma of ovary
d) Lymphoma of ovary

773. A 28 yr old lady, Rani, is suspected to have polycystic ovarian disease. Sample for testing LH & FSH are best taken on the following days of Menstrual cycle - *(MAHA 05)*
a) 1-4 b) 8 -10
c) 13-15 d) 24 - 26

774. The following hormone is raised in polycystic ovarian syndrome - *(AI 06)*
a) 17-OH progesterone
b) Follicular stimulating hormone
c) Luteinizing hormone
d) Thyroid stimulating hormone

775. Which of the following statements in incorrect regarding polycystic ovarian disease ? *(AI 06)*
a) Elevated LH hormone
b) Can cause infertility
c) May be associated with abnormal glucose tolerance test
d) Results in postdated pregnancy

776. Which of the following ovarian tumor is most prone to undergo torsion during pregnancy ?
a) Serous cystadenoma *(AI 06)*
b) Mucinous cystadenoma
c) Dermoid cyst
d) Theca lutein cyst

111. **Most common ovarian cyst to undergo torsion is-**
a) Benign cystic teratoma *(AI07)*
b) Dysgerminoma
c) Ovarian fibroma
d) Brenners tumour

778. Endodermal sinus tumour is assocaited with -
a) Schiller duval body *(AIIMSMay07)*
b) Multinucleate giant cells
c) R-S cells
d) Plasma cells

779. Ovarian tumour which is bilateral- *(Aiims May 07)*
a) Dysgerminoma b) Endodermal sinus tumour
c) Immature teratoma d) Embryonal cell carcinoma

780. True about sertoli cell tumours of ovary are all except- *(UP 07)*
a) Secrete male hormone
b) Secrete female hormones
c) Androblastomas
d) Gynandroblastoma

781. Most common benign ovarian tumours is - *(UP 07)*
a) Serous cyst adenoma
b) Mucinous cyst adenoma
c) Dermoid cyst
d) Brenners tumour

782. Poly cystic ovarian syndrome is characterized by all except - *(UP 07)*
a) Hyper androgenaemia
b) Normal or raised oestrogen
c) Raised LH
d) Normal FSH/LH ratio

783. The following are long term complications of PCOS (Polycystic Ovarian syndrome) except -*(UPSC-II08)*
a) Type II Diabetes mellitus
b) Cardiovascular disease
c) Endometrial cancer
d) Ovarian cancer

784. HALR-AN syndrome is found in - *(UPSC-II 08)*
a) Congenital adrenal hyperplasia
b) Luteal phase defects
c) Polycystic ovarian syndrome
d) Pheochromocytoma

763)a 764)b,c 765)b 766)a,b,e 767)b 768)a,b 769)a,b,c,e 770)a 771)a 772)b 773)b 774)c 775)d
776) c 777) a 778) a 779) a 780) b 781)c 782) d 783) d 784) c

785. A lady with CA ovary in follow up with raised CA125 level, NEXT STEP - *(Aims May 08)*
a) cr
b) PET
c) MRI
d) Clinical exam and serial follow up of CA125

786. Feminizing ovarian tumour is - *(DPGEE 08)*
a) Granulosa cell tumour b) Arrhenoblastoma
c) Hilus cell tumour d) Gynandroblastoma

787. A 35 year asymptomatic women on USG shows cyst in ovary of 7 cm with negative serology. Treatment include - *(PGI Dec 08)*
a) Laproscopic cystectom
b) Laprotomy
c) Follow up with CA 125
d) Follow up after 1-2 cycle of COP
e) Ovariotomy

788. A 25 year old married nullipara undergoes laproscopic cystectomy for ovarian cyst which on histopath reveals ovarian serous cisadenocarcinoma. What should be the next management ?
a) Serial Ca 125 measurement and follow up
b) Hysterectomy and bilaterals alpingoophorectomy
c) Unilateral salpingoophorectomy *(AIIMSNov 08)*
d) Radiotherapy

789. A patient is diagnosed with ovarian cancer and planned for staging lapratomy. Surgical staging would involve all of the following except - *(AI09)*
a) Peritoneal washings b) Peritoneal biopsy
c) Omental resection d) Palpation of organs

790. A15 15 cm ovarian cyst has been diagnosed in an 8 weeks pregnant lady. Further management includes- *(PGI Nov. 10)*
a) Only follow up without surgical intervention
b) Laparotomy at 14-16 weeks
c) Caesarean section and ovariotomy at term
d) Surgery after delivery
e) Immediate operation

791. A 35-yr old woman presents with primary infertility & palpable pelvic mass. Her Ca-125 level is 90 U/ml. diagnosis is - *(AIIMS May 11)*
a) Ovarian C a b) Endometrioma
c) Tuberculosis d) Borderline ovarian tumor

792. Call-Exner bodies are seen in the microscopic examination of the following Ovarian tumors -
a) Clear cell tumor *(Kam 11)*
b) Granulosa cell tumor
c) Hilus cell tumor
d) Theca cell tumor

CARCINOMA OVARY

793. Teratoma arises form - *(IN 91)*
a) Totipotent cells b) Mesodermal cells
c) Ectodermal cells d) Endodermal cells

794. Which is not a germ cell tumour - *(JIPMER 91)*
a) Dysgerminoma
b) Teratoma.
c) Granulosa theca cell tumour
d) Embryonal cell carcinoma

795. Post menopausal women has a 4x4 cm ovarian mass the correct line management is - *(AI 92)*
a) Wait and watch b) Surgical exploration
c) Progesterone pills d) Clomiphene therapy

796. Which ovarian cyst does not undergo malignancy-
a) Mucinous b) Papillary *(AIIMS92)*
c) Dermoid d) Granulosa Theca

797. % of ovarian tumours of non epithelial origin in childhood is - *(JIPMER 95)*
a) 20% b) 30 %
c) 40% d) 50%

798. % of malignancy of ovaries in childhood is -
a) 10 % b) 20 % *(JIPMER95)*
c) 30% d) 40 %

799. Commonest complication of mature treatoma is -
a) Torsion b) Rupture *(AI 95, AP 88)*
c) haemorrhage d) Malignancy

800. One of following are true about krukenberg tumour of ovary except - *(AI 96)*
a) Usually bilateral
b) Enlarged ovaries
c) Cystic areas in ovary
d) Signet ring cells on histology

801. Reinke crystals are seen in - *(AIIMS 95)*
a) Papillary cystadenoma b) Dermoid
c) Dysgerminoma d) Hilus cell tumour

802. Commonest type of ovarian tumour in 20-years old female is - *(AIIMS 97)*
a) Germ cell b)Epitheloid
c) Metastatic d) Sex cord

803. Granulosa cell tumour of ovary is associated with-
a) Carcinoma endometrium of uterus *(AIIMS 96)*
b) Carcinoma ovary
c) Carcinoma cervix
d) Carcinoma Vagina

804. A 30-year old multiparous woman is found to have a 5 to 6 cm cyst in one ovary the most appropriate line of management would be - *(UPSC 97)*
a) Laparotomy and cystectomy
b) Laparotomy and unilateral slpingo oophorectomy
c) Laparoscopic aspiration of the cyst
d) Observation to see if it disappears by itself in three months

805. Which one of the following is an important tumour marker in the diagnosis of endodermal sinus tumour-
a) HOG b) Ca-125 *(UPSC 99, PGI 96)*
c) LDH d) Alphafoeto protein

806. Carcinoma involving both the ovaries with rupture of the capsule and ascitic fluid cytology positive for malignant cells is of stage -*(AIIMS 99)*
a) I b)n
c) m d)iv

785) b 786) a 787) d 788) c 789) d 790) b 791) b 792) b 793) a 794) c 795) b 796) None 797) d
798) a 799)a 800)b 801) d 802)a 803)a 804) d 805) d 806) a

807. Size of ovary above which considered to bemalignant-
a) 2 cm b) 5 cm *(CMC 01)*
c) 8 cm d) 10 cm

808. Marker for ovarian cancer is - *(TN 02)*
a) Cal25 b)Ca 19-19
c) cal5-5 d) Hypercalcemia

809. Featue is USG suggestive of ovarian malignancy is- *(PGI 99)*
a) Papillary pattern b) Septations
c) Bilaterality d) Clear fluid

810. Ca 152 is the tumor marker of - *(PGI 99)*
a) Serous cystadenoma
b) Mucinous cystadenoma
c) Dysgerminoma
d) Arrhenoblastoma

811. True about yolksac tumour - *(PGI 02)*
a) Also called endodermal sinus tumour
b) Almost have elevated AFP level
c) Schiller Duval bodies seen
d) Highly malignant

812. True about Brenner tumour - *(PGI03)*
a) B/L
b) Resembles fibroma
c) Accounts for 20% of all ovarian tumors
d) Common in postmenopausal age group

813. Call-Exner bodies are found in -*(PGI03,88, UPSC*
a) Granulosa cell tumour *85, 88)*
b) Mucinous cell tumour
c) Serous cell tumour
d) Dysgerminoma
e) Ley dig cell tumour

814. Meig's syndrome is associated with - *(PGI 99)*
a) Teratoma b) Brenner tumour
c) Theca cell tumour d) Fibroma

815. Pseudomyxoma peritonei is seen in - *(PGI 98)*
a) Serous cystadenoma
b) Pseudomucinous cystadenoma
c) Mucinous cystadenoma
d) Teratoma

816. Common malilgnant germs cell tumours of ovary-
a) Choriocarcinoma *(PGI 04)*
b) Arrhenoblastoma
c) Brenner tumor
d) Serous cystadenoma
e) Teratoma

817. Chemotherapeutic drug effective in the treatment of epithelial ovarian cancer is - *{Karnataka 02)*
a) Carboplatin b)Paclitaxel
c) Cyclophosphamide d) Methotrexate

818. Commonest tumor of ovary occurring in a young woman is- *(TN03)*
a) Immature teratoma b) Yolk sac tumor
c) Endometroid tumor d) Dysgerminoma

819. Hob nail cells are seen in - *(TN 03)*
a) Hilus cell tumor b) Clear cell carcinoma
c) Dysgerminoma d) Arrhenoblastoma

820. All are true about serous cystadenoma of the ovary EXCEPT- *(UPPGMEE 04)*
a) Bilateral
b) Unilateral
c) Concentric calcifications
d) Multiloculated, sticky, gelatinous fluid

821. How much is the risk of ovarian cancer increased above normal in a woman with non antuosomal dominant genotype with one first degree relative with ovarian cancer- *(Karnataka 04)*
a) 2-3 times b) 5 times
c) 10 times d) 20 times

822. Increase Alfa-fetoprotein is seen in all except -
a) Open spina bifida *(SGPGI05)*
b) Dysgerminoma
c) Endodermal sinus tumor
d) Bronchial aplasia

823. Treatment modalities for ovarean cancers is -
a) Staging laparotomy *(SGPGI 05)*
b) Surgery
c) Chemotherapy
d) Combined approach

824. Which of the following statement is true regarding benign cystic teratoma - *{SGPGI 05)*
a) Rarely Undergo torsion
b) Metastasis is common
c) 10% are B/L & malignant
d) Contains Call-exner bodies

825. Which of the following combination is not true -
a) Call Hexner bodies-GC tumor *{AMU 05)*
b) Rokitansky bodies - teratoma
c) Schillar dual bodies - serous tumor
d) Reinke crystal - Hilus cell tumor

826. Ovarian tumor limited to true pelvis with Negative nodes histological confirmed seeding of abdominal portioned surface. The exact grading-
a) DIA b)IIIB *{HPU 05)*
c) **me** **d)v**

827. Complications of benign ovarian tumors are A/E-
a) Torsion b) Bleeding *{MAHE 05)*
c) Pseudomyxoma d) Metastasis

828. MC ovarian tumor in younger age group-(PG7*June 05)*
a) Dysgerminoma b) Dermoid
c) Mucinous cystadenoma d) Fibroma
e) Granulosa cell tumor

829. The following tumours commonly metastasis to the ovary, except - *{J&K 05)*
a) Malignant melanoma b) Stomach
c) Oesophagus d) Lymphoma

830. Chemotherapy for dysgerminoma is - *(APPGE05)*
a) Cisplatin, etopisides, belmoycin
b) Cyclophosphamide, vincristine, prednisolone
c) Adriamycin, cyclophosphamide, cisplatin
d) Methotrexate, oncovin, procarbacine

807)c 808)a 809)a,b,c 810)a,b 811)a,b,c,d 812)b,d 813)a 814)d 815)c 816)e 817)b 818)d 819)b
820) d 821)a 822)b 823)d 824)c 825)c 826)a 827)d 828)a 829)c 830) a

831. Presence of more than two germ cell layer in a tumor is called - *(Orissa 05)*
a) Dysgerminoma b) Teratoma
c) Theca cell tumor d) Seminoma

832. All of the following are the markers for malignant germ cell tumors of ovary except- *(A1IMSNov 05)*
a)CA-125 b) Alphafetoprotein
c) p-HCG d)LDH

833. The most common pure germ cell tumor of the ovary is- *(A105)*
a) Choriocarcinoma b) Dysgerminoma
c) Embryonal cell tumor d) Malignant Teratoma

834. In a case of Dysgerminoma of ovary one of the following tumor markers is likely to be raised -
a) Serum HCG *(A105)*
b) Serum alphafetoprotein
c) Serum lactic dehydrogenase
d) Serum inhibin

835. Which of the following is the most common pure malignant germ cell tumor of the ovary -
a) Choriocarcinoma *(AIIMS May 05)*
b) Gonadoblastoma
c) Dysgerminoma
d) Malignant teratoma

836. Which of the following strategy has been recommended to reduce the hereditar risk for ovarian cancer in woman with BRCA I& BRCA II mutation - *(A1IMS Nov 05)*
a) Use of Oral Contraceptive Pills
b) Screening with Transvaginal Ultrasound
c) Screening with CA-125
d) Prophylactic oophorectomy

837. In a suspected of ovarian cancer, imaging work-up is required for all of the following information, except -
a) Defection of adenexal lesion *(AI06)*
b) Characterization of the lesion
c) Staging
d) Assess respectability

838. CA-125 is a marker antigen for the diagnosis of -
a) Colon cancer b) Breast cancer *(AIIMS 06)*
c) Brain cancer d) Ovarian cancer

839. The pseudomyxoma peritonei occurs as a complication of the following ovarian tumour -
a) Serous cystadenoma *(ARMS 06)*
b) Mucinous cystadenoma
c) Dysgerminoma
d) Gonadoblastoma

840. Features of dysgerminoma are - *(PGI June 06)*
a) Unilateral b) Postmenopausal
c) Virilising d) Cut section gritty
e) T AFP

841. Cystoglandular hyperplasia is associated with- *(COMED06)*
a) Theca cell tumour b) Hilus cell tumour
c) Gynandroblastoma d) Dysgerminoma

842. Ovarian epithelial carcinoma constitutes what percent of ovarian malignancies - *(MAHE 07)*
a) 80% b) 95%
c) 60% d)70%

843. What is die most common ovarian tumour to undergo torsion - *(UPSC07)*
a) Mucinous cystadenoma
b) Serous cystadenoma
c) Dermoid
d) Brenner tumour

844. Which one of the following is not an epithelial tumour ofthe overy - *(UPSC07)*
a) Serous cystadenoma
b) Brenner tumour
c) Clear cell tumour
d) Endodermal sinus tumour

845. Which one of the following groups has only epithelial tumors of ovary ? *(UPSC-R08)*
a) Serous cystadenoma, mucinous cystadenoma, endometrioid carcinoma
b) Mucinous cystadenoma, endometrioid carcinoma, stromal cell carcinoma
c) Endometrioid carcinoma, Brenner's tumor, sex cord tumor
d) Dermoid, endometrioid carcinoma, mucinous cystadenoma

846. Sex cord stromal cell tumours do not include which one of the following ? *(UPSCRI08)*
a) Granulosa cell tumour b) Theca cell tumour
c) Arrhenoblastoma d) Brenner's tumour

847. An unmarried 20 year old girl has unilateral ovarian cyst of 7 x 8 cm. with CA125 at 500 mlU/ml. There are thick septa and papillation in cyst. On laparotomy, capsule is intact Other ovary and viscera are normal. What is the appropriate surgery for her (along with staging procedure) ? *(UPSC-R 08)*
a) Ovarian cystectomy
b) Salpingo-oophorectomy
c) Hysterectomy with unilateral salpingo-oophorectomy
d) Panhysterectomy

848. Call-Exner bodies are seen in - *(AiimsMay08)*
a) Granulosa cell tumor b) Yolk Sac tumor
c) Choriocarcinoma d) Dysgerminoma

849. Marker for granulosa cell tumor - *(Aiims May 08)*
a) CA19-9 b) CA 50
c) Inhibin d) Teratoma

850. Ovarian epithelial carcinoma constitutes what percent or ovarian malignancies - *(Manipal 08)*
a) 80% b) 95%
c) 60% d) 70%

851. Whifftestisusedfor? *(APPG08)*
a) Candida b)Gardenella
c) Trichomonas d)LGV

831) b 832) a 833) b 834) c 835) c 836) d 837) None 838) d 839) b 840) a 841) a 842) b 843) c 844) d
845) a 846) d 847)a 848)a 849)c 850)b 851)b

852. Which is a germ cell tumour ? *(APPG 08)*
a) Dysgerminoma b) Brenners tumour
c) Clear cell tumour d) Mucinous tumours

853. What is the stage of ovarian cancer with b/1 involvement with capsule intact, no ascites ?
ajlA b)IB *(APPG 08)*
c) IC d)n

854. TVue about dysgerminoma - *(PG1 June 09)*
a) Radiosensitive
b) Most common maegnant germ cell tumour
c) B/L in 80% cases
d) T AFP
e) common in postmenopausal

855. The most common ovarian neoplasm to undergo torsion is - *(DELHIPG Mar. 09)*
a) Mucinous cyst adenocarcinoma
b) Benign cystic teratoma
c) Immature teratoma
d) Dysgerminoma

856. The most characteristic presentation of fallopian tube carcinoma is - *(DELHIPG Mar 09)*
a) Mass abdomen
b) Bleeding per vaginum
c) Excessive watery discharge per vaginum
d) Pain abdomen

857. An ovarian neoplasm in a 14-year old girl is most likely to be - *(DELHI PG Mar 09)*
a) Germ cell tumor
b) Epithelial tumor
c) Sertolic Leydig cell tumor
d) Granulosa cell tumor

858. The incidence of bilaterality in a dermoid cyst is approximately- *(DELHIPG Mar 09)*
a) 10% b) 30%
c) 50% d) 70%

859. Which of the following tumor markers is most likely to be raised in a case of dysgerminoma of the ovary -
a) Serum HCG *(AI09)*
b) SerumAlphafetoprotein(AFP)
c) Serum Lactate dehydrogenase (LDH)
d) Serum CA 19-9

860. Call exner bodies seen in - *(AIIMS Nov 09)*
a) Granulosa cell tumour
b) Endodermal sinus cell tumour
c) Ovarian fibroma
d) Teratoma

861. Pain of ovarian carcinoma is referred to -
a) Back of thigh *(AIIMSMay 10)*
b) Gluteal region
c) Anterior surface of thigh
d) Medial surface of thigh

862. The pseudomyxoma peritonei occurs as a complication of the following ovarian tumour -
a) Serous cystadenoma *(DPG10)*
b) Mucinous cystadenoma
c) Dysgerminoma
d) Gonadoblastoma

863. Which tumour marker is most often elevated in ovarian granulosa cell tumour? *(UP SC II10)*
a) Inhibin b) Alpha fetoprotein
c) Beta-HCG d)CA125

864. The following features are true about Dysgerminoma EXCEPT- *(Karn 11)*
a) It is the commonest benign germ cell tumour
b) It can be associated with dysgenetic gonads
c) It can be bilateral in 10% of cases
d) It is sensitive to both chemotherapy and radiotherapy

865. Marker of endodermal sinus tumor is -*(Jipmer 11)*
a) a fetoprotein b)HCG
c) LDH d)CA-125

RADIOTHERAPY & CHEMOTHERAPY AND PHARMACOLOGY IN GYNAECOLOGY

866. Danazol is used in all except - *(JIPMER 91)*
a) Hirsutism
b) Endometriosis
c) Dysfunctional uterine bleeding
d) Fibroid

867. Danazol is not used in - *(AIIMS 92)*
a) Endometriosis
b) DUB
c) Precocious puberty
d) Endometrial Carcinoma

868. GnRH ananlogues are useful in all except -
a) Endometriosis *(AP97)*
b) Hyperprolactinemia
c) Precocious puberty
d) Menstrual disturbances

869. Clomiphene citrate is - *(AP97)*
a) Anti-androgen b) Synthetic steroid
c) Anti estrogen d) Gn RH analogue

870. Danazol is used in all of the following except -
a) Fibroadenosis of breast *(UPSC 99)*
b) Dysfunctional uterine bleeding
c) Pituitary adenoma
d) Endometriosis

871. Chronic treatment with tamoxifen can cause -
a) Ca. ovary b) Ca. endometrium *(AI99)*
c) Ca. cervix d) Germ cell tumor

872. GnRH analogue can be used for all except -
a) Fibroadenoma uterus *(AI99)*
b) Cancer prostate
c) Cancer endometrium
d) Precocious puberty

873. Danazol is a - *(CUPGEE01)*
a) Androgen derivative b) Oestrogen
c) Progesterone d) FSH derivative

852) a 853) b 854) a,b 855) b 856) c 857) a 858) a 859) c 860) a 861) d 862) b 863) a 864) a 865) a
866) a 867) d 868)b 869)c 870)c 871)b 872)c 873)a

874. Chronic treatment with tamoxifen can cause - *(UP2K)*
a) Cancer endometrium b) Cancer crevix
c) Cancer breast d) Cancer vagina

875. Commonest complication of cryotherapy is- *(AI 95)*
a) Bleeding b) Persistent watery discharge
c) Pain d) Ulceration

876. Brachytherapy is used in - *(PGI2000)*
a) Stage lbCaCx
b) Ovarian Ca
c) Stage IV Ca vagina
d) Stage 2 fallopian tube Ca

877. All of the following are advantage of using Raloxifene over estrogen in post menopausal womeirexcept-
a) Reduces fracture rates *(AI04)*
b) Avoids endometrial hyperplasia
c) Reduces incidence of venous thrombosis
d) No increase in incidence of breast carcinoma

878. Different routes of HRT treatment include A/E -
a) Transdermal patch b) Vaginal pellets
c) Injectables d) Oral *(MAHE 05)*

879. Estrogen administration in a menopausal woman increases the - *(A1IMS 06)*
a) Gonadotrophin secretion b) LDL-cholesterol
c) Bone mass d) Muscle mass

880. Drugs used for post menopausal symptoms include the following except - *(Karri pgmee 06)*
a) Conjugated estrogens b)Tibilone
c) Alendronate d)Danzol

881. Anti progesterone drug is - *(Kornpgmee 06)*
a) Cyproterone b) Mifepristone
c) Spirinolactone d)Tomoxifen

882. Oestrogen causes A/E - *(MAHE 07)*
a) Weight gain
b) Fluid and water retention
c) Disappearance of comedones
d) Venous thrombosis

883. Tamoxifen is- *(UP 07)*
a) Non steroidal antiprogesterone
b) Non steroidal antioestrogenic
c) Synthetic progestogen norethindrone
d) Competitive inhibitor of the 5 a- reductase

884. Side effect of clomephine citrate includes all except-
a) Multiple pregnancy *(AUMSNov07)*
b) Increase risk of ovarian ca
c) Multiple polycystic ovary
d) Teratogenic effect on off springs

PELVIC INFLAMMATORY DISEASES

885. Commonest organism causing Acute Salphingitis-
a) Mycoplasma b)Chalmydia *(AIIMS92)*
c) Gonococal d) Treponema

886. The following is a characteristic symptom to chronic pelvic inflammatry disease - *(MP 98)*
a) Dysuria b) Constipation
c) Backache d) Fever

887. In a patient with pelvic inflammatory disease due to tuberculosis, which of the following statements is true-
a) Mycobacterium can be grown from menstrual blood
b) Associated with infertility *(PGI 01)*
c) Ectopic pregnancy is common
d) Dysmenorrhagia
e) Associated with PID

888. TB endometritis causes infertility by - *(PGI98)*
a) Causing anovulation
b) Destroying endometrium
c) Tubal blockage
d) Ciliary dysmotility

889. Commonest cause of Pelvic Inflammatory Disease is - *(Kerala 03)*
a) TB b) UTI
c) Fungus d) Cu - T

890. Pelvic inflammatory disease is caused by all except- *(MAHA05)*
a) Schistosomiasis b) Crohn's disease
c) Syphilis d) Leprosy

891. During laparoscopy the preferred site for obtaining cultures in a patient with acute pelvic inflammatory disease is - *(AIIMS May 05)*
a) Endocervix b) Pouch of Douglas
c) Endometrium d) Fallopian tubes

892. Most common cause of pelvic inflammatory disease in virgin girls is - *(UP07)*
a) Gonorrhoea b) Chlamydia
c) Treponema pallidum d) Tubercular

893. In trichomonas - vaginalis - *(UP 07, 05)*
a) Greenish discharge
b) White curdy discharge
c) Blood stained discharge
d) Milky discharge

894. The commonest type of genital tuberculosis is -
a) Endosalpingitisb)Exosalpingitis *(Corned 07)*
c) Endometritis d) Interstitial salpingitis

895. True about genital infection in Bacterial vaginosis -
a) Clue cells present *(PGI Nov 09)*
b) Gardnerella is causative organism
c) Pruritus seen
d) Grey & foul smelling discharge
e) Erythema

896. A homogenous white non-inflammatory discharge that smoothly coats the vaginal walls and vestibules with positive AmsePs criterion is characteristic of-
a) Candida albicans *(UPSC-110)*
b) Trichomonas vaginalis
c) Gardnerella vaginalis
d) Niesseria gonarrhoea

897. The commonest site of affection of genital tuberculosis is - *(Kam 11)*
a) Cervix b) Endometrium
c) Fallopian tubes d) Vagina

874) a 875) b 876) a 877) c 878) b 879) c 880) d 881)b 882) None 883) b 884) d 885) c 886) c 887)a,b,c
888) b 889) d 890) d 891) d 892) d 893) a 894) a 895)a,b,d 896) c 897) c

ENDOMETRIOSIS

898. Which is True of endometriosis - *(Jlpmer 91)*
a) Always associated with tubal blood
b) Painful
c) Amenorrhoea
d) Surgery is curative

899. Which is not used in the treatment of endometriosis-
a) Danazol b) Tamoxifen *(AI92)*
c) Medroxprogesterone d) GNRH analogues

900. In endometriosis, cause of infertility is -
a) Immobility of tubes *(Jipmer95)*
b) Anovulation
c) Tubal block
d) Destruction of the ovary

901. Symptoms of adenomyosis is - *(Kerala 95)*
a) Menorragia b) Dysmenorrhia
c) Abdominal lump d) Infertility

902. Regarding extrauterine endometriosis false is -
a) It is hormone dependent *(AIIMS94)*
b) May involve pleura and lung
c) Commonest site is ovary
d) Ovary contains cyst with clear fluid

903. A 40 year old primiparous woman suspected to be suffering from endometriosis is subjected to diagnostic laparoscopic findings indicate, uterus normal both the ovaries show presence of chocolate cysts; endometriotic deposits are seen on the round ligament right side, both the fallopian tubes and the pouch of Douglas; moderately dens adhesions are present between the fallopian tubes and the pouch of Douglas. The treatment of choice in this case is -
a) Total hysterectomy with bilateral salphingo Oophorectomy *(UPSC 97)*
b) Danazol therapy
c) Progesterone therapy
d) Figuration of endometriotic deposits

904. Treatment of Endometriosis is all except -
a) Danazol b) MPA *(AIMS 97)*
c) Gestrinone d) Tibalone

905. Treatment of adenomyosis - *(AP97)*
a) Estrogens
b) Estrogens & Prosgeterone
c) Total hysterectomy
d) Laser

906. Which of the following in the drug of choice to treat endometriosis - *(UPSC 2K)*
a) Testosterone propionate b) Norethisterone
c) Medroxy progesterone d) Danazol

907. The best method for the diagnosis of endometriosis is - *(UPSC 01)*
a) Laparoscopy b) Ultrasound
c) MRI d) Serum CA-125

908. Pain in endometriosis correlates best with -
a) Depth b) Multiple sites *(PGI2K)*
c) TCa 125 d) Stage of disease

909. Post menopausal estrogen production is due to -
a) Peripheral aromatization of androstenedione
b) Adrenal-Direct production *(PGI 2K)*
c) Ovarian tumour
d) Ovary testosterone secretion

910. Drugs used in endometriosis include - *(PGI 01)*
a) Testosterone b) Danazol
c) GnRH d) Progestogen
e) Estrogen

911. Endometriosis commonly associated with -
a) B/L chocolate cyst of ovary *(PGI 02)*
b) Adenomysis
c) Fibroid uterus
d) Luteal cyst
e) Endometritis

912. Treatment of endometriosis included - *(PGI 02)*
a) Estrogen b)Progesterone
c) OCP d) Danazol
e) GnRH

913. Which one of the following is the most common extrauterine site to be affected by endometriosis?
a) Vagina *(UPSC 02)*
b) Rectovaginal septum
c) Sigmoid colon
d) Broad ligament (except tubes and ovaries)

914. In the etiology of endometriosis Sampson's theory is - *(Jipmer03)*
a) Implantation theory
b) Coelomic metaplasia theory
c) Metastatic theory
d) Histogenesis by induction

915. Medical treatment for endometriosis includes the following, except - *(UPSC04)*
a) Gn RH analogues b) Progesterones
c) Coticosteroids d) Danazol

916. The severity of pelvic pain in endometriosis correlates best with - *(UPSC04)*
a) Number of implants b) Depth of invasion
c) Stage of disease d) Ca 125 levels

917. Endometriosis is explained by - *(SGPGI05)*
a) Sampson's Implantation theory
b) Metastatic epithelium
c) Histogensis by induction
d) Coelomic metaplasia theory

918. Treatment of endometriosis in an infertile female-
a) Danazol b)Clome *(MAHE05)*
c) GnRH analogue d) Progesterone

919. Which one of the following sites of endometriosis is not treated by medical therapy - *(UPSC 06)*
a) Rectosigmoid d)Ovarian
c) Episiotomy d) Pulmonary

920. Which one of the following drugs not used in endometriosis - *(UPSC 07)*
a) Danazol b) Pregestins
c) GnRH agonisits d) Misoprostol

898)b 899)b 900)a,b,c 901)a,b 902)d 903)a 904)d 905)c 906)d 907)a 908)None 909)a,b 910)b,c,d 911)a 912)b,c,d,e 913)d 914)a 915)c 916)None 917)A11 918)b 919)b 920)d

921. Which one of the following conditions of the endometrium is associated with a significantly increased risk of development of cancer ?
a) Adenomatous hyperplasia *(UPSC-II08)*
b) Hyperplasia with atypia
c) Cystic glandular hyperplasia
d) Proliferative phase

922. Which one of the following is the definitive treatment of Adenomyosis ? *(UPSC-II 08)*
a) LN 6-Intrauterine device b) GnRH alalogues
c) Danazol d) Hysterectomy

923. True about Endometrial carcinoma clinical stage El disease - *(PGI June 09)*
a) Vaginal metastasis
b) Para aortic L.N.involvement
c) Pelvic L.N. involvement
d) Peritoneal lavage is done
e) Inguinal L.N. involvement

924. Which of the following is most common extra uterine site to be affected by endometriosis ?
a) Vagina *(DELHI PG Feb. 09)*
b) Rectovaginal septum
c) Sigmoid colon
d) Broad ligament (except tubes and ovaries)

925. The sites of endometriosis in order of frequency are- *(Corned 10)*
a) Umbilicus, vulva, rectovaginal septum
b) Pelvic peritoneum, ovaries, laparotomy scar
c) Vagina, appendix, uterine ligaments
d) Ovaries, uterine ligaments, rectovaginal septum

926. The most common site of endometriosis is -
a) Ovary *(Karn 11)*
b) Pouch of Douglas
c) Rectovaginal septum
d) Sigmoid colon

927. Progesterone causes - *(Jipmer 11)*
a) Myometrial quiescence
b) Myometrial activation
c) Increase in oxytocin receptors
d) Causes cervical ripening

OPERATIVE GYNAECOLOGY

928. D & C is useful in the diagnosis of - *(Kerala 94)*
a) Genital TB b) Endometrial carcinoma
c) DUB d)All

929. Kelly's suture is done in - *(Calcutta 2K)*
a) Stress incontinence
b) Cervical incontinence
c) Genito-urinary prolapse
d) Vaginoplasty

930. Trans-cervical endometrial resection (TER) is used in A/E- *(PGI 99)*
a) Endometriosis b) DUB
c) Carcinoma endometrium d) Submucous fibroid

931. Ward Mayo operation is done for - *(HPU 01)*
a) Vagina hysterectomy
b) Abdominal hysterectomy
c) Perineal hysterectomy
d) Both a and b

932. Laparoscopic cholecystectomy is best avoided in patient with - *(UPSC 97)*
a) Hypertension
b) Diabetes
c) Obesity
d) COPD (chronic obstructive pulmonary disease)

933. Ureter is identified at operation by - *(AIIMS 96)*
a) Rich arterial plexus
b) Pulsatile movement
c) Relation to lumbar plexus
d) Accompanied by renal vein

934. Mini laparotomy is done in all except-*(CUPGEE 01)*
a) Ectopic pregnancy b) Internal sterilisation
c) Uterus elevations d) Tubectomy

935. In colposcopy, following are visualized except -
a) Upper 2/3rd endocervix *(PGI 97)*
b) Lower 1/3rd endocervix
c) Vault of vagina
d) Lateral fornix

936. Gas most commonly used in lap aroscopy is -
a) $C0_2$ b) $S0_2$ *(PGI97)*
c) N_2 d) 0_2

937. In suction evacution, the pressure applied is -
a) 0-11 mg Hg b) 200^00 mm Hg*(PGI 98)*
c) 400-600 mg Hg d) 600-800 mm Hg

938. 'Kelly's stitch' operation is done for -
a) Stress incontinence *(CUPGEE2K)*
b) Urge incontinence
c) Overflow incontinence
d) Neurogenic bladder

939. The intra - abdominal pressure laparoscopy should be set between - *(AIIMS 03)*
a) 5 - 8 mm of Hg b) 10 -15 mm of Hg
c) 20-25 mm of Hg d) 30 - 35 mm of Hg

940. Which surgical procedure has the highest incidence of ureteric inj ury ? *(AI06)*
a) Vaginal hysterectomy
b) Abdominal hysterectomy
c) Wertheim's hyseterectomy
d) Anterior colporraphy

941. What is the most common complication after radical hysterectomy - *(UPSC 06)*
a) Ureteral injury b) Bladder atony
c) Prolapse of vaginal vault d) Bowel dysfunction

942. All are indications for Hysterectomy except -
a) Couvelaire Uterus *(MAHE07)*
b) Rupture uterus
c) PPH not contolled by ligation of internal iliac artery
d) Twin pregnancy

921) b 922) d 923) a,b,c,d 924) d 925) d 926) a 927) a 928) d 929) a 930)a,c,d 931)b 932) c 933) b 934) a
935) a 936) a 937) c 938) a 939) b 940) c 941) a 942) a,d

943. All are indications for hysterectomy except -
a) Couvelaire uterus *(Manipal 08)*
b) Rupture uterus
c) PPH not controlled by ligation of internal iliac artery
d) None of the above

944. The ideal distension medium for operative hysteroscopy using electrocautery is - *(UP SC II10)*
a) $C0_2$ b)N-saline
c) 5% dextrose saline d) 1.5% glycine

MISCELLANEOUS (GYNAE)

945. Fixed pelvic tumour occurs in - *(TN 91)*
a) Malignancy
b) Endometriosis
c) Growth extension into ligamenta
d) All of the above

946. Systemic metastasis is commonest in - *(AIIMS 91)*
a) Ovarian Carcinoma
b) Endometrial Carcinoma
c) Choriocarcinoma
d) Carcinoma cervix

947. A 65 year old with bleeding P/V. On examination senile vaginits. Patient requires immediate -
a) Cytology and colposcopy *(UPSC 89,90)*
b) Oestrogen therapy and colposcopy
c) Cytology and fractional curettage
d) Fractional curettage

948. The incidence of stump carcinoma is - *(AIIMS 84, DNB90)*
a) 6% b) 10%
c) 16% d)20%

949. The colour of vulva in Paget's disease is -
a) Blue b) White *(AIIMS 79, DNB 91)*
c) Red d) Yellow
e) Black

950. Lesion in female child born to a mother treated with stilbesterol is - *(KERALA 94)*
a) Vaginal adenosis
b) Sarcoma Botyroides
c) Cerviacal erosion
d) Carcinoma endometrium

951. In perimenopausal women with menorrhagia we rule out carcinoma of - *(JIPMER95)*
a) Ovary b) Uterus
c) Fallopian tube d)Endometrium

952. In differential diagnosis of lump in right fornix which is not true - *(JIPMER95)*
a) Ovarian cyst b) Hydro salpinx
c) Appenicular mass d) Sub mucosal fibroid

953. Post menopausal bleeding is most commonly due to- *(KERALA 95)*
a) Carcinoma cervix b) Fibroid
c) Endometriosis d) Genital TB

954. All of the following tumour metastatize to ovary except - *(DELHI 96)*
a) Gastric carcinoma b) Colonic carcinoma
c) Cervical carcinoma d) Breast carcinoma

955. The condition of genital organs which may lead to lesions in surgical scars, rectum, lymph nodes, lung is - *(AIIMS 95)*
a) Teratoma b)Endometrosis
c) Adenomyosis d) Fibroid

956. Inheritence is a major factor in - *(CUPGEE 96)*
a) Endometrial Ca b) Cervical Ca
c) Both d) Neither

957. Diabetes predisposes to all except - *(AP 96)*
a) Moniliasis b) Trichomoniasis
c) Chlamydia d)None

958. Nabothian follicle is due to - *(TN97)*
a) Inflammation of cervical glands
b) Bartholin gland infection
c) Infection of sweat gland
d) None of the above

959. Ovarian function after hysterectomy - *(UPSC 97)*
a) Increases b) Decreases within 2-3 years
c) Remains the same d) Decreases after 5 years

960. False statement regarding carcinoma of fallopian tubes- *(TN 98)*
a) Adenocarcinoma
b) Very rare
c) Occurs in multiparous women (50-60 years)
d) Constitues about 10-20 % malignancies

961. One of the following is a congenital cyst - *(AP 97)*
a) Inclusion cyst b) Ovarian cyst
c) Gartner's cyst d)None

962. Estrogen dependent conditions are all except- *(MAHE 98)*
a) Endometriosis b) Endometrial carcinoma
c) Fibroids d) Ca. cervix

963. Suburethral metastasis is seen in - *(MP 2K)*
a) Carcinoma cervix
b) Carcinoma endometrium
c) Choriocarcinoma
d) Vaginal carcinoma

964. Gynaecological cancer unusual in young women- *(ORRISA 98)*
a)Cancer ovary b) Cancer cervix
c)Cancer vulva d) Chorio carcinoma

965. FIGO staging is used in - *(ORRISA 98)*
a) Carcinoma breast b) Bone tumour
c) Leukaemia d) Carcinoma cervix

966. Ball's operation is done for - *(ORRISA R)*
a) Ca, Cx b) Ca. ovary
c) Ca. Fallopian tube d) Pruritus vulvae

967. Characteristic feature of Cancer fallopian tube- *(MAHE 2001)*
a) Watery discharge P/V b) Hemorrhage
c) Pain d) Sepsis

968. Powder burn appearance on laparoscopy is characteristic of - *(TN2002)*
a) Endometriosis
b) Endometroid tumour
c) Epithelial ovarian tumour
d) Endometrial cancer

943) a 944) d 945)d 946)c 947)a 948)b 949)b 950)a 951)a 952)d 953)None 954)None 955)b
956) a 957) b,c 958) a 959) b 960) c,d 961) c 962) d 963) b 964) c 965) d 966) d 967) a 968) a

969. Most common cause of acute cervicitis is-
a) Streptococcus b) Gonococcus *(BHU87)*
c) E.coli d) Proteus

970. Mucin producing glands are seen in all except -
a) Vagina b) Oesophagus *(A l 98)*
c) Cervix d) Duodenum

971. Treatment of gynaecomastia is A/E - *(PGI98)*
a) Hormonal therapy
b) Simple mastectomy
c) Subcutaneous liposuction mastectomy
d) None

972. Gyanecomazia is caused by - *(PGI98)*
a) Kallman's syndrome
b) 5-a reductase deficiency
c) Androgen insensitivity
d) All of above
e) None

973. M.C. vaginal carcinoma is - *(PGI99)*
a) Squamous cell Ca b) Adeno carcinoma
c) Botroid's tumor d) Columnar hyperplasia

974. A 35 year old woman with dysmenorrhea and menorrhagia of 6 months duration showed an enlarged uterus of 20 weeks which was tender, the possible diagnosis is - *(PGI 99)*
a) Adenomyosis b) Fibroid
c) Carcinoma endometrium d) PID

975. 40 yrs female, mass in pelvis detected clinically, following investigations should be done except -
a) CT b) Laparoscopy *(PGI 2K)*
c) PAP smear d)USG

976. All are true regarding Sarcoma Botryoides except-
a) Seen in vagina *(PGI 01)*
b) Grapelike clusters are seen
c) Seen in elderly women
d) It is an adenocarcinoma
e) Famillial incidence is common

977. Gynaecomastia is seen in - *(PGI 02)*
a) Secondary syphillis
b) Lepromatons leprosy
c) HIV

978. True about CA vulva assoiciated./predisposed by-
a) Paget'disease *(PGI02)*
b) Vulval intraepithelia Neoplasis
c) Bowen's disease

979. True regarding postmenopausal osteoporosis is -
a) Decreased vitamin D *(PGI 02)*
b) Decreased serum calcium
c) Normal serum chemistries
d) Decreased vitamin C
e) Amenorrhea

980. Weiner - Reid's test is used in - *(Manipal 04)*
a) Abruptio placenta b) Placenta previa
c) Gestational diabetes d)None

981. Pseudomeig syndrome seen with - *(Manipal 04)*
a) Fibroids b) Adenomyosis
c) Ovarian tumour d) Endometriosis

982. A 47 year old woman complains of postcoital bleeding, nearly as heavy as menses. The most likely origin of her bleeding would be cervical -
a) Polyps b) Ectropion *(Kerala 04)*
c) Carcinoma d) Nabothian cysts

983. TVue about galactorrhoea - *(PGIJune 05)*
a) Found in pregnancy & lactation
b) Always B/L
c) Surgery done
d) A/W adrenal gland tumor

984. All of the following appear to decrease hot flushes in menopausal women except - *(AI05)*
a) Androgens b) Raloxifene
c) Isoflavones d) Tibolone

985. Me Donald stitch is applied in the following conditions except - *(UPSC 0 7)*
a) Incompetent os b) Septate uterus
c) Placenta previa d) Bad obstetrical history

986. Goniometer is used for - *(ARMSNov 07)*
a) Amount of vaginal secretions
b) To measure width of genital hiatus
c) Gonococcal colony count
d) Urethrovesical angle

987. Surgical staging is done for the following genital malignancies except - *(UPSC-II08)*
a) Ovarian malignancy
b) Gestational trophoblastic neoplasm
c) Endometrial carcinoma
d) Fallopian tube malignancy

988. Human Chorionic Gonadotropin (hCG) monitoring is helpful for - *(PGI Dec 08)*
a) Molar pregnancy b) Multiple pregnancy
c) Ectopic pregnancy d) Twin pregnancy
e) Choriocarcinoma

989. a Fetoprotein concentration in serum is elevated in-
a) Hepatoblastoma *(PGI Dec 08)*
b) Hepatoma
c) Endodermal sinus tumour
d) Gastrointestinal cancer
e) Cirrhosis

990. Which gynaecological malignancy is caused by HIV infection - *(PGI Dec 08)*
a) Ca Cervix b) Ca Endometrium
c) Ca Ovary d)Ca Vagina
e) Ca Breast

991. A 25-year-old patient who has had an abortion fourt months ago has come with the history of profuse vaginal bleeding. On examination. Uterus is bulky, both the ovaries are enlarged, pregnancy test is positive. What is the probable clinical diagnosis?
a) Incomplete abortion *(UPSC-II 09)*
b) Choriocarcinoma
c) Malignant ovarian tumor
d) Ectopic pregnancy

969) b 970) a 971)d 972) c 973) a 974) a 975) c 976)c,d,e 977) b,c 978)a,b,c 979) c,e 980) a 981) c
982) c 983) c 984) b 985) b 986) d 987) b 988)All 989)All 990) a 991) b

992. True statements) regarding vulval carcinoma is/ are- *(PGINov09)*
a) Squamous cell hyperplasia predisposes
b) Paget's disease of vulva predisposes
c) Lichen sclerosus is a risk factor
d) Condylomata accumulate predisposes
e) Vulval dystrophy cause invasive lesion

993. A lady with placenta previa delivered a baby. She had excessive bleeding and shock. After resuscitation most likely complication would be - *(AIIMS May 10)*
a) Galactorrhoea b) Diabetes insipidus
c) Loss of menstruation d) Cushing's syndrome

994. Clomphene citrate - True statement is -
a) Enclomiphene is anti-estrogenic *(A1IMS May 10)*
b) Increases pregnancy rate 3 times as compared to placebo
c) Incidence of twin pregnancy is 5-6%
d) It has been shown to increase fertility in oligospermic males in randomized controlled trials

995. Sentinel lymph node biopsy is most useful for which of the following gynecological malignancies-^4*/10)*
a) Carcinoma Endometrium b) Carcinoma cervix
c) Carcinoma vulva d) Carcinoma vagina

996. Inlaparoscopy, chances of hypercarbia can be reduced by keeping intraperitoneal $C0_2$ pressure -
a) 10 b) 12 *(Maharashtra 10)*
c) 13 d) 14

997. A 16-year-old girl presents with primary amenorrhoea and repeated periodic pain. On examination, a suprapubic mass is felt up to the umbilicus. The most likely diagnosis is -
a) Large ovarian cyst *(UP SCII10)*
b) Cryptomenorrhoea
c) Bladder-neck hypertrophy
d) Uterine leiomyoma

998. Clomiphene citrate - true statement is -
a) Enclomiphene is anti-estrogenic *(AlIMSMay 11)*
b) Increases pregnancy rate 3 times as compared to placebo
c) Incidence of twin pregnancy is 5-6%
d) It has been shown to increase fertility in oligospermic males in randomized controlled trials

999. Advantage of anastrozole over the other aromatase inhibitors is - *(Kam 11)*
a) Causes less gastro-intestinal side effects
b) Causes less osteoporosis
c) Has more anti-estrogenic activity
d) Has more anti-progestonic activity

1000. Fibrocystic disease is due to high levels of -
a) Estrogen b) Progesterone *(Jipmer 11)*
c) LH d) Testosterone

OBSTETRICS

OBSTETRICAL ANATOMY

1001. The Obliterated umbilical vein is called -
a) Ligamentum teres *(AIIMS 79, Bihar 90)*
b) Urachus
c) Ligamentum arterisoum
d) Falciform ligament

1002. The chromosomal complement of a primary oocyte is - *(KARNATAK 94)*
a) 23X b)23Y
c) 46XX d)46XY

1003. The second maturation divison of the human ovum occurs at the time of - *(KARN94)*
a) Fertilisation b) Implantation
c) Ovulation d) Puberty

1004. Umbilical artery pressure is - *(UPSC 96)*
a) 30 to 40 mm Hg b)60mmHg
c) 100 to 120 mm Hg d) Greater than 120 mm Hg

1005. Inplantation of fertilised ovum occurs - *(TN97)*
a) 24 hrs after entry into uterine cavity
b) 3-4 days after into uterine cavity
c) 11 days after entry into uterine cavity
d) None of the above

1006. Blighted ovum is characterised by - *(AI 98)*
a) Avasular villi b) Synctial knot
c) Hypertrophied villi d) Absent trophoblast

1007. Oogonia are derived from - *(JIPMER 92)*
a) Amnion b) Yolk sac
c) Stroma of ovary d) Germinal epithlium

1008. Weight of normal uterus is - *(BIHAR 90)*
a) 30-45 gms b) 45-60 gms
c) 60-70gm d)80-100gm

1009. Chromosomal no. of primary spermatocyte is -
a) 46XY b) 22 XY *(PGI99)*
c) 22 XX d)46XX

1010. Female pelvis as compared to the male pelvis has all except - *(PGI01)*
a) Narrow sciatic notch
b) Shallow and wide symphysis pubis
c) Suprapubic angle is acute
d) Light and graceful structure
e) Pre auricular sulcus is larger

1011. Primary oocyte- *(PGI 02)*
a) Is formed after single meiotic division
b) Maximum in number at 5th month fetus
c) Is in prophase arrest
d) Also k/a blastocyst

1012. Zygote reaches the uterine cavity as- (*Kerala 03)*
a) 32 celled b) 16 celled
c) 8 celled d) 2 celled

1013. Non stress test is contraindicated in - *(Orissa 04)*
a) IUGR b) Post maturity
c) Rh incompatibility d) PIH

992)A11 993) c 994)a 995)c 996)b 997)b 998)a 999)b 1000)a 1001)a 1002)c 1003)a 1004)b 1005)d 1006) a 1007)b 1008)b 1009)a 1010)a,c 1011)b,c 1012)b 1013)c

1014. The formation of primordial follicles in human fetus is completed by - *(Karnataka 04)*
a) 4 weeks b) 8 weeks
c) 13 weeks d) 18 weeks

1015. Ligamentum teres is formed after - *(COMED 06)*
a) Obliteration of the umbilical vein
b) Obliteration of the ductus venous
c) Obliteration of the ductus arteriosus
d) Obliteration of the hypogastric artery

1016. Living ligature of the uterus is - *(Maharashtra 10)*
a) Endometrium
b) Middle layer of myometrium
c) Inner layer of myometrium
d) Parametrium

1017. The umbilical cord normally contains -
a) Two arteries and two veins *(UP SC II10)*
b) One artery and one vein
c) Two arteries and one vein
d) One artery and two veins

PLACENTA & FETAL MEMBRANE

1018. Golden colour amniotic fluid is seen in - *(AP96)*
a) Rh incompatability b) Foetal death
c) IUGR d) Foetal distress

1019. Weight of normal placenta is - *(AI96)*
a) 250 gm b)500gm
c) 125 gm d) 350 gm

1020. Weight of placents..... % of foetus - (CMC *98)*
a) 10 b) 20
c) 30 d)45
e) 50

1021. During the uterine contraction of labour, the uterine blood flow- *{AMU87)*
a) Decreases b) Increases
c) Does not change d) Temporarily cases

1022. Saffron coloured meconium is seen in - (77V*98)*
a) Post maturity b)TB
c) Breech d) Normal in appearance

1023. The amniotic fluid is in balance by - *(PGI 01)*
a) Excretion by renal kidneys
b) Maternal homeostasis
c) Fetal intestinal absorption
d) Fetal membrane absorption
e) Fetal sweating

1024. Trophoblast give rise to - *(PGI03)*
a) Placenta b) Chorion
c) Amnion d) Decidua
e) Fetal limb

1025. Oxygenated blood from plecenta to heart in utero is by- *(PGI 97)*
a) Umbilical vein b)IVC
c) Ductus arteriosus d) None of the above

1026. The thickness of endometrium at the time of implantation is - *(PGI 99)*
a) 3-4 mm b) 20-30 mm
c) 15-20mm d) 30-40 mm

1027. All are fetal membranes except - *(IN 03)*
a) Chorion b) Amnion
c) Decidua capsularis d) Yolk sac

1028. Motile spermatozoa found on a wet mount of vaginal secretions are indicative of intercourse within the past - *(Karnataka 03)*
a) 6 hours b) 12 hours
c) 24 hours d) 48 hours

1029. Amniotic fluid at 38 weeks in normal pregnancy is - *(UPSC04)*
a) 800 cc b)1100cc
c) 1500 cc d) 1800 cc

1030. Thickened placenta is not seen in - *(Jharkand 03)*
a) Triploidy b) Syphilis
c) Rh incompatibility d) Intrauterine infections

1031. What is the pH range of amniotic fluid -
a) 5.5-6.0 b) 6.0-6.5 *(UPSC 06)*
c) 6.5-7.0 d) 7.0-7.5

1032. By which day after fertilization, is placental circulation established - *(UPSC06)*
a) 11[111] day b) 13* day
c) 15[th] day d) 17[th] day

1033. The foetal blood is separated from the syncytiotrophoblast with all except - *(UP 07)*
a) Foetal blood capillary membrane
b) Mesenchyme inter villous blood space
c) Cytotrophoblast
d) Decidua - parietalis

1034. The weight of placenta at term is - *(DPGEE 08)*
a) 500 gm b)250gm
c) lOOOgm d)750gm

1035. Match list I (Abnormality in the fetomaternal unit in placenta) with list H (Condition caused/etiological effect) and select the correct answer using the codes given below the lists - *(UPSC-II09)*

List I (Abnormality in the fetomaternal unit in placenta)	**List H** (Conditions caused/etiological effect)
A. Absence of Nitabuch's layer	1. Increased exchange of nutrients
B. Absence of secondary invasion of trophoblast & PIH	2. Adherent placenta
C. Thinning of cytotrophoblasts	3. Vasospasm
D. Future of body stalk	4. Umbilical cord

Codes:

	A	B	C	D
a)	2	1	3	4
b)	2	3	1	4
c)	4	1	3	**2**
d)	4	3	1	**2**

1014)b 1015)a 1016) b 1017)c 1018)a 1019)b 1020)b 1021)a 1022)a 1023)a,b,c,d 1024)a,b,c 1025)a 1026)a
1027)d 1028)c 1029) a 1030)a 103 l)d 1032)d 1033)d 1034)a 1035)b

1036. Which of the following embryonic structures is responsible for secretion of human chorionic gonadotrophin which could be detected in the maternal urine during early pregnancy? *(Kam 11)*
a) Amnion b) Embryobjast
c) Epiblast d) Syncytiotrophoblast

1037. Fetus is called an embryo until - *(Jipmer 11)*
a) 6 weeks b) 8 weeks
c) 10 weeks d) 12 weeks

PHYSIOLOGICAL CHANGES DURING PREGNANCY

1038. How many days after ovulation is placental circulation establishes - *(DNB 91)*
a) 18 to 21 b) 9 to 11
c) 7to9 d)30to 13
e) 40 to 43

1039. Which is not increased in pregnancy - *(UP 96)*
a) Vital capacity b) Blood volume
c) Extracellular fluid d) Weight

1040. Increased calories required during pregnancy -
a) 300 b)550 *(AIIMS97)*
c) 800 d)400

1041. Blood congulation profile in pregnacy is -
a) Increase in fibrinogen level of 10-25 %
b) Decrease in factor X, XI, XII *(AI1MS 96)*
c) Decrease in plasminogen activity
d) Increase in platelet count

1042. Which of the following is truly physiological in pregnancy - *(PGI93)*
a) Albuminuria b) Increased BP
c) Mild pedal edema d) Increased GFR

1043. In pregnancy - *(Delhi 92)*
a) Plasma fibrinogen levels are increased
b) Fibrinogen levels are decreased
c) Thyroglobulins are decreased
d) IgD are markedly increased

1044. Which of the following cardiovascular change is abnormal in pregnancy - *(PGI 2000)*
a) Enlarged cardiac shilhoute
b) Increased SI split
c) Right axis deviation of ECG
d) Early diastoic murmur
e) HR increased by 10 to 15 per minute

1045. True about various changes in pregnancy is/true
a) Fibrinogen levels are increased *(PGI 2000)*
b) Uric acid levels are increased
c) Sr. potassium is decreased
d) Sodium retention

1046. Most common cause of platelet T in pregnancy -
a) Immune b) Incidental *(PGI2000)*
c) Idiopathic d) Infection
e) Benign Gestational

1047. Which of the following is increased in pregnancy-
a) Globulin b) Fibrinogen *(PGI 01)*
c) Uric acid d) Leukocytes
e) Transferrin

1048. Insulin resistance in pregnancy is because of-
a) Human placental lactogen *(PGI 01)*
b) Thyroid hormone
c) Progesterone
d) hCG
e) Estrogen

1049. Physiological changes of pregnancy of include -
a) Insulin leves increase *(PGI 02)*
b) Increased BMR
c) Hypothyroidism
d) GH decreases
e) Blood volume decreases

1050. Regarding idiopathic cholestasis of pregnancy -
a) Deep jaundice is present *(PGI 02)*
b) Pruritus is the first symtom
c) Maximum incidence during III trimester
d) Increased liver transaminase
e) Hepatic necrosis present

1051. What are maternal physiological changes in pregenancy - *(PGI 03)*
a) Ted cardiac output b) Ted tidal volume
c) Ted vital capacity d) Ted fibrinogen
e) Ted plasma protein concentration

1052. Signs of heart disease in pregnancy - *(PGI 03)*
a) Diastolic murmur
b) Systolic murmur
c) Tachycardia
d) Dyspnea on exertion
e) Nervousness or syncope on exertion

1053. In pregnancy which is abnormal finding?
a) Venous hum *(Jipmer 03)*
b) Third heat sound
c) Diastolic murmur
d) Supra - clavicular murmur

1054. During pregnancy there is an increased respiratory sensitivity to Carbon dioxide due to higher circulating levels of - *(Karnataka 04)*
a) Progesterone b) Estrogen
c) Estriol d) Prolactin

1055. Maximum cardiac output during pregnancy is seen in - *(AI07)*
a) 1st trimester b) Ilnd trimester
c) Labour d) Immediate postpartum period

1056. A pregnant woman in HI (third) trimester has normal blood pressure when standing and sitting. When supine, blood pressure drops to 90/50. What is the diagnosis ? *(UPSC-II08)*
a) Compression of uterine artery
b) Compression of aorta
c) Compression ofIVC (Inferior Vena Cava)
d) Compression of internal iliac vessels

1036) d 1037) b 1038)a 1039)a 1040)a 1041)a 1042)c,d 1043)a 1044)c,d 1045)a,d 1046)e 1047)a,b,d,e 1048)a,b,c,e 1049) a,b 1050)b,c,d 1051)a,b,e 1052)a,d,e 1053) d 1054) a 1055) d 1056) c

1057. Which clotting factors decreases during pregnancy-
a) 1 &3 b) 11 & 13 *(COMED09)*
c) 10&13 d)7 & 8

1058. Haemodynamic changes in pregnancy include the following except - *(UPSC-II09)*
a) Increase in cardiac output
b) Increase in heart rate
c) Decrease in vascular resistance
d) Increase in mean arterial pressure

1059. Uterine blood flow at term is - *(AlIMSNov 09)*
a) 50-70 ml/min b) 100-150 ml/min
c) 175-200 ml/min d) 500-750 ml/min

1060. In pregnancy, there is a physiological increase of the- *(UP SC II10)*
a) Blood pressure in the third trimester
b) Blood viscosity
c) Cardiac output
d) Peripheral resistance of the blood vessels

1061. True statement regarding cholestasis in pregnancy-
a) Recurrs in subsequent pregnancy *(PGI May 10)*
b) Ursodeoxyholic acid relieves pruritus
c) Mild jaundice occurs in majority of patients
d) Pruritus may precedes laboratory findings
e) Serum alkaline phosphatase is most sensitive indicator

1062. True regarding changes during pregnancy?
a) Hyperplasia of parathyroid *(PGI May 10)*
b) Hyperplasia of thyroid
c) Increased Pigmentation
d) iBMR
e) T Insulin

1063. Which of the following is present normally in the urine of a pregnant women in the third trimester -
a) Glucose b) Lactose *(AlIMSNov 10)*
c) Galactose d) Fructose

1064. Which of the following haemotological parameters does not tindergo a physiological increase during normal pregnancy - *(UPSCII11)*
a) Blood volume b) Red cell volume
c) Leukocyte count d) Platelet count

1065. Which of the following regarding CVS changes in pregnancy is false? *(Jipmer 11)*
a) Blood volume increases
b) Heart rate increases
c) Cardiac output increases
d) Blood viscosity increases

ENDOCRINOLOGY IN RELATION TO REPRODUCTION

1066. In early pregnancy, level of HCG in plasma doubles every - *(DNB91)*
a) 2 days b) 4 days
c) Weekly d) Only gradually rises

1067. Fetal growth is maximally influenced by - *(A199)*
a) Insulin b) GH
c) Thyroxine d) Cortisol

1068. HCG doubles every---------- days- *(Kerala 2001)*
a) 2 b)6
c) 8 d)4

1069. The hormone responsible for the decidual and atrias Stella reaction of ectopic pregnancy is -
a) HOG b) Progesterone *(Kerala 01)*
c) Estrogen d) HPL

1070. The role of human placental lactogen is - *(AI92)*
a) Stimulate milk production
b) Fetal breast development
c) Growth of featus
d) Endocrine regulation

1071. Hormone which does not cross placenta-(M4/ZE *01)*
a) Thyroxine b) Oestrogen
c) Insulin d) None

1072. Hormonal assay in human is commonly doneby using- *(PGI98)*
a) RIA b) Densiometry
c) Flurometry d)HPLC

1073. Raised beta-HCG levels are seen in - *(PGI 01)*
a) DM b) Preeclampsia
c) Ectopic pregnancy d) Rh. incompatibility
e) Down synd.

1074. Following hormones secreted by placenta exclussively- *(PGI02)*
a) HCG b) Estrogen
c) HPL d)PRL

1075. Regarding hCG - *(PGI02)*
a) A glycoprotein
b) Has 2 subunits
c) Increases to maximum in III trimester
d) Secreted by trophoblast
e) Alfa subunit is specific

1076. Which is not secreated by placenta? *(Karala 03)*
a) HPL b)HCG
c) Prolactin d) Progesterone

1077. a and p subunits are not seen in- *(Kerala 03)*
a) FSH b)HCG
c) Prolactin d) Insulin

1078. hCG is secreted by- *(AIMS 06)*
a) Trophoblast cells b) Amniotic membrane
c) Fetal yolk sac d) Hypothalamus

1079. HCG secreted from- *(PGI June 08)*
a) Placenta b) Pancreas
c) Lung d) Liver
e) Breast

1080. In early pregnancy the doubling time of the concentration of human chorionic gonadotropin in plasma is- *(Corned 10)*
a) 1 day b) 2 days
c) 3 days d) 4 days

1057) b 1058) d 1059)d 1060)c 1061)a,b,c,d 1062)a,b,c,d 1063)a 1064)d 1065)d 1066)a 1067)a 1068)a 1069)b 1070) c 1071)c 1072)a 1073)e 1074)a,b,c 1075)a,b,d 1076)c 1077)c 1078)a 1079)a 1080)b

1081. Progesterone is associated with the following except-
a) Breast swelling *(UPSCI11)*
b) Increased myometrial contractility
c) Thermogenesis
d) Endometrial proliferation

1082. Which of the following hormones is the best indicator of maternal-foetal- placental unit -
a) Prolactin *(UPSCII11)*
b) Human placental lactogen
c) Progesterone
d) Estriol

DIAGNOSIS OF PREGNANCY

1083. At what period, cystitis (Frequency) is present in pregnancy - *(DNB 90)*
a) Before 16 weeks b) After 18 weeks
c) After 20 weeks d) After 24 weeks

1084. Urine is collectedfor examination in a pregnant female by - *(PGI90)*
a) Mid stream collection b) Suprapubic puncture
c) Catheterisation d) Early morning sample

1085. Definitive sign of pregnancy - *(A195)*
a) Uterine touffle b) Ballottment
c) Fetal heart sound d) Amenorrhea

1086. Hegar sign can be elicited in - *(Assam 95)*
a) Early pregnancy b) Late pregnancy
c) During labour d) During peurperium

1087. Palmer's sign is pregnancy refers to (8-12 weeks)-
a) Rhythmic contractions of uterus *(AP 96)*
b) Pulsations is the lat. fornix
c) Discoloration of vagina
d) None

1088. All are positive signs of pregnancy except- *(IN 98)*
a) Vomiting b) Fetal movements
c) Fetal heart sounds d)Excessive salivation

1089. The earliest diagnostic test of pregnancy - *(IN 98)*
a) Ultrasound b)BetaHCG
c) Fetal movements d) Fetal heart sounds

1090. Osiander's sign means - *(JIPMER2K)*
a) Pulsation in the lateral vaginal fornix
b) Bluish colour change in the vagina
c) Softening of the cervix
d) On bimanual palpation the finger can be approximated as if nothing is in between

1091. Palmer's sign elicits - *(Karn 99)*
a) Intermittent uterine contractions
b) Softening of cervix
c) Pulsations in fornix
d) Compresibility of isthmus

1092. In early pregnancy clinical signs of feeling the cervix and the body of bulky uterus separated because of softened isthumus at 6-10 weeks of gestation - *(Orrisa R)*
a) Goodell's sign b) Chadwick's sign
c) Piskacek's sign d) Hegar's sign

1093. Signs positive in early pregnancy are - *(PGI2000)*
a) Hegar's sign b) Palmer's sign
c) GoodelTs sign d) Osiander's sign

1094. In transvaginal ultrasound, earliest detection of gestation sac is by - *(PGI2000)*
a) 21 days after ovulation
b) 21 days after implantation
c) 28 days post ovulation
d) 14 days after ovulation

1095. Earliest detection of pregnancy by ultrasound is by- *(PGI2000)*
a) Gestation sac b) Fetal node
c) FHS d) Fetal skeleton

1096. Fetal heart acitivity can be detected by sonography at about- *(PGI 02)*
a) 5 weeks b) 6 weeks
c) 7 weeks d) 8 weeks
e) 9 weeks

1097. Changes that are found in 2nd trimester of pregnancy- *(PGI 03)*
a) Braxton-Hicks contraction b) Show
c) Lightening d) Quickening
e) Broad ligament pain

1098. Pregnancy is confirmed by - *(PGI04)*
a) Morning sickness
b) Amenorrhoea
c) Foeatal heart activity
d) Foetal movement by examiner
e) Foetal sac in USG

1099. Not a sign of early pregnancy - *(Manipal 06)*
a) Lemon's sign b) Osiander's sign
c) Piskacek's sign d) Palmer's sign

1100. The softing of the uterus with lateral implantation is known as - *(UP 07)*
a) Chadwick's sign b) Hegar's sign
c) Goodell's sign d) Piskacek's sign

1101. Which one of the following is not a sign of early pregnancy - *(UPSC 07)*
a) Goodell's sign b) Hegar's sign
c) Cullen's sign d) Palmer sign

1102. What is the gestational lage of which the maternal hCG levels are maximum in a normal pregnancy-
a) 8 to 10 weeks b) 12 to 14 weeks *(UPSC 07)*
c) 16 to 18 weeks d) After 20 weeks

1103. Expected date of delivery is calculated by all except -
a) Nine calender months plus 7 days *(UP 08)*
b) 280 days or 40 weeks
c) 266 days or 38 weeks
d) 10 lunar months

1104. Which of the following measured by clinically -
a) True conjugate *(UP 08)*
b) Obstetric conjugate
c) Diagonal conjugate
d) Transverse diameter

1081)b 1082)d 1083) a 1084)d 1085)c 1086)a 1087)a 1088)d 1089)b 1090)a 1091)a 1092)d 1093)a,b,c,d
1094) a 1095) a 1096)c 1097)a,d 1098)c,d,e 1099)a 1100)d 1101)c 1102)a 1103)c 1104)c

1105. Which of the following statment is untrue regarding fundal height - *(UP 08)*
a) Fundal height between pubic symphysis and umbilicus at 16 weeks
b) Fundal height at the level of umbilicus at 20 weeks
c) Fundal height at the level of ensiform cartilage at 36 weeks
d) Fundal height of the level of xiphistemum at 40 weeks

1106. Quickening is felt at - *(PGINov 09)*
a) 8-12 wk b) 16-20 wk
c) 20-24 wk d) 24-28 wk
e) 28-32 wk

1107. Chadwick sign means - *(Maharashtra 10)*
a) Bluish discoloration or dusky hue of the vestibule and anterior vaginal wall
b) Pulsations felt through lateral fomices
c) Softening of cervix
d) All of the above

1108. Match List-I with List-II and select the correct answer using the code given below the Lists -

List-I *(Changes of pregnancy)*	**List-II** *(Site of change)*
A. Jacquemier's sign	1. Breast
B. Chloasma gravidarum	2. Abdomen
C. Striae gravidarum	3. Uterus
D. Montgomery's tubercles	4. Vagina
	5. Face *(UP SCII10)*

Code:

	A	B	C	D
a)	5	3	4	1
b)	4	2	1	3
c)	4	5	2	1
d)	3	5	**2**	4

1109. Which of the following is the most sensitive/gold standard test for assessing p HCG in maternal serum - *(AI11)*
a) Radioimmune assay b) ELISA
c) Latex test d) Bioassay

FETAL SKULL AND MATERNAL PELVIS

1110. The shortest diameter of pelvic inlet is - *(AI 91)*
a) Obstetric conjugate b) True conjugate
c) Diagonal conjugate d)Transverse diameter

1111. Engagement of foetal head is - *(UPSC 99)*
a) When the occiput has gone below the pelvic inlet
b) When the widest diameter of the presenting part has passed through the pelvic inlet
c) When the presenting part can be push into the pelvic cavity
d) Synonymous with fixation of head

1112. Diagonal conjugate is defined as the distance between - *(UPSC 2K)*
a) Upperborder of symphysis pubis and the sacral Promontary
b) Lower border of symphysis pubis and the sacral promontary
c) Lower border of symphysis pubis and the third piece of sacrum
d) Lower border of symphysis pubis and the lip of sacrum

1113. Posterior fontanelles ossify at the age of-
a) 1 year b) 2 year *(HPU 01)*
c) 3 year d) 4 year

1114. Commonest of non-engagement at term, in primi is- *(PGI98)*
a) CPD b)Hydramnios
c) Brow presentation d)Breeach

1115. Engaging diameter of face presentation - *(PGI2K)*
a) Submentovertical b)Submentobreg
c) Mentovertical d) Suboccipitofrontal

1116. Diameter of engagement in face presentation -
a) Mentovertical *(PGI02)*
b) Submentovertical
c) Suboccipitobregmatic
d) Submentrobregmatic
e) Suboccipitovertical

1117. Most important diameter of pelvis during labour is- *(PGI02)*
a) Interspinal diameter of outlet
b) Oblique diameter of inlet
c) AP diameter of oulet
d) Intertubercular diameter

1118. The smallest diameter of the true pelvis is -*(AI 05)*
a) Interspinous diameter
b) Diagonal conjugate
c) True conjugate
d) Intertuberous diameter

1119. Engagement of foetal head is with reference to -
a) Biparietal diameter *(Korn pgmee 06)*
b) Bitemporal diameter
c) Occipito frontal diameter
d) Suboccipito frontal diameter

1120. The shortest diameter in the fetal head is -
a) Biparietal diameter *(AIIMS06)*
b) Suboccipito frontal diameter
c) Occipito frontal diameter
d) Bitemporal diameter

1121. When the vertex is well flexed presentation is -
a) Cephalic b) Vertex *(MAHE07)*
c) Face d)Brow

1122. The shortest diameter of foetal skull is - *(UP 0 7)*
a) Suboccipitofrontal b) Sub mentobregmatic
c) Mento vertical d) Subementovertical

1123. Sub pubic angle is- *(UP 07)*
a) <65° b) 65°-75°
c) 85° d) 110°-120°

1124. Face to pubes delivery is possible with which cephalic presentation - *(UPSC 0 7)*
a) Mento-anterior b) Mento-posterior
c) Occipito sacral d) Brow presentation

1105) b 1106) b 1107)a 1108)c 1109)a 1110)a llll)b 1112) b 1113) None 1114)a 1115)a,b 1116)b,d 1117)a 1118) a 1119) a 1120)d 1121)b 1122)b 1123)c 1124)c

1125. Whe the vertex is well flexed presentation is -
a) Cephalic b) Vertex *(Manipal 08)*
c) Face d)Brow

1126. Breech presentation is mostly mistaken for -
a) Face presentation b) Brow *(Manipal 08)*
c) Shoulder d) Vertex

1127. Engaging diameter in brow presentation?^/5/^ *08)*
a) Mentovertical b) Occipiti.posterior
c) Mento-anterior d) Mento-posterior

1128. Most important diameter of pelvis during labour is -
a) Interspinous diameter of outlet *(DPG10)*
b) Oblique diameter of inlet
c) AP diameter of outlet
d) Intertubercular diameter

1129. The true conjugate of the pelvic brim measures -
a) 10.5 cm b) 11.5 cm *(UP SC II10)*
c) 12.5 cm d) 13.5 cm

1130. While making a pelvic assessment in a gravid woman at term, the obstetrician can measure with the examining finger the following diameter -
a) Diagonal conjugate *(UPSCII11)*
b) True conjugate
c) Diameter of pelvic inlet
d) Obstetric conjugate

ANTENATAL CARE AND ASSESSMENT OF FETAL WELL BEING

1131. Calcium requirement per day during the third trimester of pregnancy - *(JIPMER 92)*
a) 20 mg b) 100 mg
c) 750 mg d) 1000 mg

1132. Most appropriate time for chorionic villi sampling in pregnancy is - *(AI96)*
a) 16-18 weeks b) 16-20 weeks
c) 12-14 weeks d) 9-11 weeks
e) 80-10 weeks

1133. Diagnositc serum markers in Down's syndrome are all except - *(MAHE 2001)*
a) Freeoestriol b) Alpha feto protein
c) HOG d) Progesterone

1134. Dietary supplement alone can not compensate for the increased requirement of which nutrient in pregnant women - *(AI 91)*
a) Iron b) Iodine
c) Magnesium d) Calcium

1135. Serum alpha feto protein is decreased *m-(AUMS 92)*
a) Intra Uterine death b) Downs syndrome
c) Spine difida d) Exomphalos

1136. Alfa feto proteins are not increased in - *(AI 93)*
a) Spina bifida b) Post maturity
c) Esophageal atresia d) Anencephaly

1137. ied maternal serum a-FP is seen in - *(PGI03)*
a) Multiple pregnancy b) Trisomy 21
c) Open neural tube defect d) IUD

1138. AFP is raised in A/E - *(PGI99)*
a) Polycystic kidney b) Trisomy
c) IUD d) Oesophageal atresia

1139. The most common anomaly seen with chorionic villous biopsy done in early gestation is - *(PGI99)*
a) Neural tube defects b) Limb abnormalities
c) Kidney abnormalities d)CH

1140. In pregnancy which vaccine is not given - (*UP2K)*
a) Influenza b) Rubella
c) Yellow fever d) Polio

1141. About Amniocentesis true is following except -
a) It carries risk of miscarriage *(PGI 2000)*
b) Always done as a blind procedure
c) Done between 10-18 weeks
d) Chromosomal abnormality can be detected

1142. Genetic abnormality in the fetus can be diagnosed by- *(PGI02)*
a) Maternal serum b) Maternal urine
c) Amniotic fluid d) Chorionic villi
e) Fetal blood

1143. Folic acid supplement reduces the risk of -
a) Neural tube defect *(PGI03)*
b) Toxaemia of pregnancy
c) Down synd.
d) Placenta pravia

1144. Antenatal screening is done using the following except- (77V*03)*
a) Cord blood b) Amniotic fluid
c) Chorionic-villi—dj-Peripheral-lymphocytes-------

1145. Preconceptional use of the following agent leads to reduced incidence of neural tube defects -
a) Folic acid b) Iron *(AIIMS 03)*
c) Calcium d) Vitamin A

1146. All of the following are ultrasonographic fetal growth parameters except - *(A ll India 04)*
a) Biparietal diameter
b) Head circumference
c) Transcerebellar diameter
d) Femur length

1147. Screening by using maternal serum alpha fetoproteins helps to detect all of the following except - *(All India 04)*
a) Neural tube defects b) Duodenal atresia
c) Talipes equinovarus d) Omphalocele

1148. Which of the following tests on maternal serum is most useful in distinguishing between open neural tube defects and ventral wall defects in a fetus - *(AI 04)*
a) Carcinoembryo antigen
b) Sphingomyelin
c) Alfa - feto protein
d) Pseudocholinesterase

1149. Open Neural tube defect is best diagnosed by -
a) USG *(SGPGI05)*
b) Maternal serum alfa fetoprotein
c) X-ray
d) Amniotic fluid acetycholinesterase

1125) a 1126) a 1127)a 1128)a 1129)aorb 1130)a 1131)d 1132)d 1133)d 1134)a 1135)b 1136)b 1137)b,d
113 8) b 1139) b 1140) a,b,c 1141)b 1142)a,c,d,e 1143) a 1144)d 1145) a 1146)c 1147)c 1148)d 1149)d

1150. All of the following disorders can be diagnosed antenately except - *(SGPGI05)*
a) Haemophilia b) Thalassemia
c) Sickle cell anemia d) Pernicious anaemia

1151. Chorionic villous sampling done before 10 weeks may results in - *(MAHA 05, A11MS97)*
a) Fotal loss
b) Fetomatemal haemorrhage
c) Oromandibular limb defects
d) Sufficient material not obtained

1152. In which of the following conditions would maternal serum a-fetoprotein values be the highest - *(A1IMSNOV05)*
a) Down's syndrome b) Omphalocele
c) Gastroschisis d) Spina bidida occulta

1153. Which one of the following biochemical parameters is the most sensitive to detect open spina bifida -
a) Maternal serum alpha fetoprotein *(AI05)*
b) Amniotic fluid alpha fetoprotein
c) Amniotic fluid acetyl cholinesterase
d) Amniotic fluid glucohexaminase

1154. Use of one of the following vaccination is absolutely contraindicated in pregnancy - *(AI05)*
a) Hepatitis-B b) Cholera
c) Rabies d) Yellow fever

1155. All of the following are biochemical markers included for triple test except - *(AIIMS May 05)*
a) Alfa feto protein (AFP)
b) Human chorionic gonadotropin (HCG)
c) Human Placental Lactogen (HPL)
d) Unconjugated oestriol

1156. The best time to do chorionic villous sampling is - *(AIIMS May 05)*
a) Between 6-8 weeks b) Between 7-9 weeks
c) Between 9-11 weeks d) Between 11-13 weeks

1157. The one measurement of fetal maturity that is not affected by a 'bloody tap' during amniocentesis is -
a) L/S ratio *(AIIMS Nov 05)*
b) Phosphatidyl glycerol
c) a fetoprotein
d) Bilirubin as measured by AOD 450

1158. The best period of gestation to carry out chorion villous biopsy for prenatal diagnosis is - *(AI 05)*
a) 8-10 weeks b) 10-12 weeks
c) 12-14 weeks d) 14-16 weeks

1159. Prenatal diagnosis at 16 weeks of pregnancy can be performed using all of the foilwing, except - *(AI 06)*
a) Amniotic fluid b)Maternal blood
c) Chrionic villi d)Fetal blood

1160. Which one of the following congenital malformation of the fetus can be diagnosed in first trimester by ultrasound ? *(AI 06)*
a) Anencephaly b)Inencephaly
c) Microcephaly d)Holoprosencephaly

1161. The best way of diagnosing Trisomy-21 during second trimester of pregnancy is - *(AI 06)*
a) Triple marker estimation
b) Nuchal skin fold thickness measurement
c) Chorionic villus sampling
d) Amniocentesis

1162. In the Manning scoring system of biophysical profile for fetal monitoring, which parameter is not included-
a) Fetal tone *(AIIMS 06)*
b) Fetal gross body movements
c) Oxytocin challenge test
d) Non-stress test

1163. Appropriate material for antenatal diagnosis of genetic disorders include all of the following except-
a) Fetal blood b) Amniotic fluid *(AIIMS 06)*
c) Chorionic villi d) Maternal urine

1164. A women in second trimester was found to have over distended uterus. Common causes include-(PG/ *June*
a) Wrong date b) Hydramnios *06)*
c) Distended bladder d) Twins
e) Fibromyoma

1165. Early date for detection of fetal heart - *(PGI06)*
a) 6.0-6.5 week b) 6.5-7 week
c) 7.1- 7.5 week d) 8 week

1166. Doppler ultrasonography in IUGR& preecclampsia shows notch in which artery - *(Manipal 06)*
a) Umbilical artery b) Uterine artery
c) Internal iliac artery d) Vitiline artery

1167. Nuchal translucency at 14 wks is suggestive of -
a) Downs syndrome (Trisomy 21) *(AI07)*
b) Oesophageal
c) Edwards syndrome (trisomy 18)
d) Foregut duplication cyst

1168. Amniotic fluid contains acetyl cholinesterase enzyme. What is the diagnosis ? *(Aiims May 07)*
a) Open spina bifida
b) Gastrochisis
c) Omphalocele
d) Osteogenesis imperfecta

1169. Short structured primi gravida has height less than- *(MAHE07)*
a) 140 cm b) 145cm
c) 150cm d) 135cm

1170. Ideal number of antenatal visits - *(James Pg 72)*
a) 12-14 b)6 - 8
c) 7-9 d) 10-11

1171. Minimum number of antenatal visits - *(MAHE07)*
a) 3 b) 1
c) 5 d) 6

1172. On Doppler, the most ominous high indicating foetal compromise is - *(UPSC 07)*
a) Increased pulsatility index in umbilical artery
b) Increased systolic - distolic blood flow ratio
c) Increased cerebral artery flow
d) Absent diastolic flow

1150) d 1151) c 1152)c 1153) c 1154)d 1155)c 1156)d 1157)b 1158)b 1159)d 1160)a 1161)d 1162)c 1163)d
1164) All 1165) a 1166) b 1167)a 1168)a 1169)a 1170)a 1171)a 1172)d

1173. Consider the following- *(UPSC07)*
1. A reactive non-stress test
2. Absence or declerations
3. A sinusoidal pattern

Which of the above findings in an antepartum cardiotocography indicates foetal well-being -
a) 1 and 2 only b) 2 and 3 only
c) 1 and 3 only . d) 1,2 and 3

1174. Increased AFP level seen in - *(AIIMSNov07)*
a) Down's syndrome
b) Molar pregnancy
c) Overestimated gestational age
d) Congenital nephrotic syndrome

1175. In which of the following, chorionic villus sampling procedure can be adopted for diagnosis?(77P.S'C-i/*08)*
a) Achondroplasia b) Neural tube defects
c) Marfan syndrome d) Trisomy 18

1176. Low AFPis found in- *(UP 08)*
a) Neutral tube defect b) Trisomy
c) Multiple pregnancy d) Esophageal obstruction

1177. Neural tube defects is prevented by - *(UP 08)*
a) Folic acid b) Vitamin B_{12}
c) Vitamin B_6 d) Vitamin C

1178. Which of the following conditions is not diagnosed by Chorionic Villous bipsy ? *(AI08)*
a) Neural tube defects b) Down's syndrome
c) Phenylketonuria d) Sickle cell anemia

1179. Which of the following is not correct regarding Doppler studies of the umbilical circulation? £4/ *08)*
a) Changes in flow velocity waveforms of the umbilical artery may be important in clinical management of high - risk pregnancies
b) Normal pregnancy shows a characteristic decrease in the Systolic / Diastolic (S/D) ratio with advancing gestational age
c) Maternal smoking leads to an increase in S/D ratio
d) Absence of end - diastolic flow is normal at term

1180. Which of the following dietry supplements is recommended for a pregnant lady on heparin -
a) Folic acid b) Calcium *(AI08)*
c) Zinc d)Copper

1181. Pre-conception al intake of which of the following results in decrease in incidence of neural tube defect ? *(AIMS May 08)*
a) Vit.A b) Folate
c)VitE d) Vit. C

1182. Regarding Alpha Fetoprotein true statement is -
a) Major source of fetal life is yolk sac
b) Commonly elevated in Wilm's tumor
c) Max level at 20th week
d) Half-life 5-7 days

1183. About AFP true A/E- *(PGIJune08)*
a) MS AFP detected 16-18 wks of gestation
b) Diabetic patients have raised AFP level
c) MS AFP is unrelated to the period of gestation
d) Highest fetal level seen around 13 wks

1184. TVue about chorionic villous bippsy - *(PGIJune 08)*
a) Strongly a/w fascio-mandibular defects
b) Done in 10-12 weeks
c) Rh immunoglobulin prophylaxis not necessary
d) Done to diagnose genetic disorders

1185. Ideal number of antenatal visits - *(Manipal 08)*
a) 12-14 b) 6 - 8
c) 7-9 d) 10-11

1186. Minimum number of antenatal visits -*(Manipal 08)*
a) 3 b) 1
c) 5 d)6

1187. Short structured primigravida has height less than-
a) 140 cm b) 145 cm *(Manipal 08)*
c) 150 cm d) 135 cm

1188. Biophysical profile scoring (Manning) include -
a) Nonstress test *(PGIDec 08)*
b) Fetal body movements on USG
c) Fetal breathing movements on USG
d) Contraction stress test
e) Fetal cardiotocography

1189. High risk pregnancy are - *(PGIDec 08)*
a) Height <150 cm
b) Age >3 5 year
c) Twin pregnancy
d) Previous lower segment caesarean section
e) Weight <45 kg

1190. Transabdominal CVS can be done in -
a) 7-9 weeks b) 11 -13 weeks *(AIMS May 09)*
c) 9-11 weeks d) 13-15 weeks

1191. All are true about aneuploidy except -*(AIIMSMay09)*
a) 30% of trisomy 21 fetus die in utero
b) 80% of trisomy 18 fetus die in utero
c) Occurrence of aneuploidy has no relation with the progression of mother's age
d) Not recalled

1192. The second trimester screening protocol for detection of fetal aneuploidy called the "triple screen" includes the assessment of serum levels of all except - *(DELHI PG Mar. 09)*
a) Alpha-fetoprotein
b) Chorionic gonadotropin
c) Unconjugated estriol
d) Pregnancy associated plasma protein-A

1193. Consider the following markers - *(UPSC-II09)*
1. Nuchal translucency 2. PAPP-A
3. GIT 4. InhibinA

Which of the above markers are included in the first trimester screening of Down's syndrome ?
a) 1 and 2 b) 2 and 3 only
c) 1 and 4 d) 2,3 and 4

1194. "Variable decelerations" on an electronic fetal heart rate monitor imply - *(UPSC-II 09)*
a) Umbilical cord compression
b) Fetal head compression
c) Fetal anemia
d) Uteroplacental insufficiency

1173) a 1174) d 1175)d 1176)b 1177)a 1178)a 1179)d 1180)b 1181)b 1182)a 1183)b,c,e 1184)a,b,d 1185)c
1186) a 1187)a 1188)a,b,c 1189)b,c,d H90)b 1191)c 1192)d 1193)a 1194)a

1195. Intra-uterine assessment of fetal distress is indicated by all, except - *(DELHI PG Feb. 09)*
a) Acceleration of 15/min
b) Deceleration of 30/min
c) Variable deceleration 5-25/min
d) Fetal HR < 80/min

1196. Feto-matemal transfusion is detected *by-(DELHIPG*
a) Kleihauer test b) Spectrophotometry *Feb. 09)*
c) Benzidine test d) Colorimetry

1197. Biophysical profile scoring includes *-(PGINov 09)*
a) FHR accerleration
b) Fetal breathing
c) Foetal movement
d) Placenta praevia grading
e) Uterine artery waveform

1198. Elements of the Bishop score Used for Assessment of inducibility include the following except -
a) Station *(Maharashtra 10)*
b) Fetal movements
c) Cervical dilatation
d) Cervical position

1199. Normal Biophysical Profile (Manning Score) is -
a) 8-10 b) 6-8 *(Maharashtra 10)*
c) 4-6 d) *3-4*

1200. Biophysical profile scoring includes *-(PGINov. 10)*
a) Fetal muscle tone
b) Fetal breathing movements
c) Contraction stress test
d) Placental structure
e) Amniotic fluid

1201. A 32 yr old mother who has a Down's boy is now 9 wks pregnant, she doesn't want another Down's. As her physician you should tell her - *(AIIMS Nov 10)*
a) USG at this stage will confirm presence or absence
b) Chorionic villous biopsy at this stage will confirm presence or absence
c) Triple test/maternal AFP at this stage will confirm presence or absence
d) Nothing need be done as there is minimal risk since her age is <35 yr

1202. Which of the following is the msot specific marker for Neural Tlibe Defects - *(AI11)*
a) Actylcholinesterase
b) Pseudocholinesterase
c) Alpha feto protein (AFP)
d) Human chorionic Gonadotrophin (HCG)

1203. Levels of alfa-feto-protien (AFP) in maternal serum steadily increases till - *(Kam 11)*
a) 6 weeks b) 13 weeks
c) 22 weeks d) 35 weeks

1204. 'Triple Bubble' sign during fetal ultrasonography is seen in - *(Kam 11)*
a) Diaphragmatic hernia b) Duodenal atresia
c) Jejunal atresia d) Hydrops fetalis

1205. The maternal serum alpha-fetoprotein concentration is elevated in the following conditions except- *(UPSCII11)*
a) Multiple gestation
b) Foetal neural tube defect
c) Foetal osteogenesis imperfecta
d) Gestational trophoblastic disease

1206. In the quadruple test conducted as a part of second trimester screening for Down's syndrome, the fourth marker which has been added to the triple testis- *(UPSCIIU)*
a) PAPP-A
b) Inhibin-A
c) Human Placental Lactogen (HPL)
d) Acetylcholinesterase

1207. As per the Government of India guidelines, the daily dose of elemental iron recommended for prophylaxis during pregnancy is - *(UPSCII11)*
a) 50mg/dayfor 100 days
b) 100 mg/day for 100 days
c) 150 mg/day for 100 days
d) 200 mg/day for 100 days

1208. Weight gain in pregnancy depends on ail of the following factors, Except - *(AI 11)*
a) Socioeconomic status
b) Pre- pregnancy weight
c) Smoking
d) Ethinicity

1209. Which one of the following congenital malformations of the fetus can be diagnosed earliest in a first trimester ultrasound? *(AI 11)*
a) Anencephaly b) Prosencephaly
c) Microcephaly d) Meningocele

1210. Modified biophysical profile consists of -
a) AFI & Fetal muscle tone *(Jipmer 11)*
b) AFI & Non stress test
c) Non stress test & Fetal muscle tone
d) Non stress test & Fetal breathing movements

1211. Neural tube defects can be prevented by the administration of - *(Jipmer 11)*
a) Vit-B12 b) Folic acid
c) Elementary iron d) Tetanus toxoid

1212. Best serological marker of Down's syndrome in first trimester is - *(Jipmer 11)*
a) Nuchal translucency b) Skeletal abnormalities
c) p-HCG d) Serum estriol

NORMAL LABOUR

1213. In a primigravida head engages at - *(Kerala 94)*
a) 36 weeks b) 1st stage
c) Term d) 2nd stage

1214. First stage of labour is upto - *(Kerala 94)*
a) Rupture of membranes
b) 3/5 dilatation of cervix
c) Full dilatation of cervix
d) Crowing of head

1195) a 1196) a 1197)a,b,c 1198)b 1199)a 1200)a,b,e 1201)b 1202)a 1203)d 1204)c 1205)d 1206)b 1207)b 1208) c 1209) a 1210)b 1211)b 1212)c 1213)a 1214)c

1215. Definite sign of placental separation in stage ill of partutition is - *(JIPMER 95)*
a) Gushing of blood
b) Lengthening of cord
c) Filling of placeents in vagina
d) Increase in blood pressure

1216. All of following are features of pseudocyesis except- *(A196)*
a) Enlargement of abdomen
b) Morning sickness
c) Amenorrhoea
d) Enlargement of uterus

1217. Which is not a feature of pseudocyeis -
a) Amenorrhoea *(CUPGEE96)*
b) Abdominal destension
c) Fetal heart sounds are audible
d) None

1218. Linving ligature of the uterus is - *(Orissa R)*
a) Endometrium
b) Middle layer of myometrium
c) Inner layer of myometrium
d) Perimetrium

1219. During active labour cervical dilatation per hour in primi is - *(CIP 01)*
a) 1.2 cm b) 1.5 cm
c) 1.7 cm d)2cm

1220. Assessment of progress of labour is best done by -
a) Station of head *(PG197)*
b) Rupture of membrane
c) Contraction of uterus
d) Partogram

1221. Duration of latent phase of labour is affected by
a) Early use of conduction anaesthesia & sedation
b) Unriped cervix *(PG12000)*
c) Hypertonic uterine contraction
d) Preclampsia

1222. Cardinal movements of labour are - *(PGI2000)*
a) Engagement —» descent —» flexion —> internal rotation —> exstention —> restitution —> external rotation —> expulsion
b) Engagement —» flexion —> descent —> internal rotation —> extention —> expulsion
c) Engagement —> flexion —> descent —> external rotation —> expulsion
d) Engagement —> extention —> internal rotation —> external rotation —> expulsion

1223. The graph showing relationship between cervical dilatation and duration of labour is - *(Kerala 03)*
a) Partogram b) Cervicograph
c) Growth curve d) Dilatation chart

1224. Normal partogram include the following except -
a) Cervical dilatation in X-axis *(Kampgmee 06)*
b) Descent of head in Y-axis
c) Sigmoid shaped curve
d) Alert line followed 4 hrs later by action line

1225. What is the pressure inside uterus during second stage of labour - *(MAHE 07)*
a) 100-120 mm of Hg b) 200 - 220 mm of Hg
c) 300-400 mm of Hg d)25mmofHg

1226. A G2P 1A0 presents with full-term pregnancy with transverse lie in the first stage of labour. On examination, cervix is 5 cm dilated, membranes are intact and foetal heart sounds are regular. What would be the appropriate management in this case -
a) Wait for spontaneous evolution and expulsion
b) External cephalic version *(UPSC 07)*
c) Cesarean section

1227. IV Ergotamine should be given - *(UP 08)*
a) After the delivery of shoulder
b) During breech extraction
c) In twin pregnancy, first delivery of the child
d) During face presentation

1228. Which of the following interventions is not included in active management of nird stage of labour ?
a) Administration of a Uterotonic within 1 minute of delivery *(A108)*
b) Immediate clamping cutting and ligation of cord
c) General massage of uterus
d) Controlled cord traction

1229. Which movements occurs during labor -
a) Flexion b) Extension *(PGIJune 08)*
c) Intemla roration d) Descent
e) Asynclitisms

1230. All are signs of recent delivery except-*(Manipal 08)*
a) Colostrum b) Carbunchulae myrtiformis
c) Lochia d) All of the above

1231. In an uncomplicated twin pregnancy normal delivery should be attempted in the following situation -
a) First baby-vertex and second baby transverse lie
b) Both babies and breech presentation
c) First baby transverse lie and second longtitudinal he *(Manipal 08)*
d) All of the above

1232. What is the pressure inside uterus during second stage of labor - *(Manipal 08)*
a) 100-120 mm of Hg b) 200 - 220 mm of Hg
c) 300-400 mm of Hg d)25mmofHg

1233. latent period in primigravida is ? *(APPG 08)*
a) 2 hours b) 6 to 8 hours
c) 10 to 12 hours d) 14 to 16 hours

1234. True about pain is/are characterzed by -
a) Painful Uterine contraction *(PGI June 09)*
b) Short vagina
c) Formation of the bag of waters
d) Progressive descend of presenting part
e) Dilation of cervix

1235. Indications(s) of outlet forcep is/are -
a) Membrane absent/rupture *(PGI Nov 09)*
b) Head 0 station
c) Cephalopelvic disproportion
d) Full cervical dilation
e) AP position of head

1215) a,b 1216) b,d 1217)c 1218)b 1219) a 1220)d 1221) a,b 1222)a 1223)b 1224)a 1225)a 1226)c 1227)a 1228) c 1229) All 1230) b 1231) a 1232) a 1233) b 1234) a,c,e 1235)a,d,e

1236. Prelabour pains are mediated through -
a) T11-T12 b) T2-L3 *(AIMS Nov 09)*
c) SI-S3 d)L3-L4

1237. Which of the following interventions is not recommeded in active management of third stage of labour- *(AI10)*
a) Administration of Uterotonic within 1 minut of delivery
b) Immidiate clamping, cuttingand ligation of cord
c) Gentle massage of uterus
d) Controlled cord traction

1238. Active managment of third stage labor includes all of the following except - *(AI 10)*
a) Oxytocin injection
b) Ergometrine injection
c) Controoled cord traction
d) Gentle massage of uterus

1239. After delivery of head, the delivery of the rest of the body can be hastened by - *(Maharashtra 10)*
a) Moderate pressure on uterine fundus
b) Traction on fetus in the direction of the long axis of its body
c) Traction on the head
d) All of the above

1240. ACOG defines arrest of first stage of labour as completed latent phase with uterine contractions of strength > 200 m without cervical changes for_____ *(Maharashtra 10)*
a) 1 hour b) 2 hours
c) 3 hours d) 4 hours

1241. Allowing the cord blood passage to fetus before clamping the umbilical cord should be AVOIDED to prevent- *(Maharashtra 10)*
a) Maternal alloimmunization
b) Prematurity
c) Growth retardation of fetus
d) All of the above

1242. Regarding the use of a ventouse, which one of the following statements is not correct? *(UP SC II10)*
a) In can be applied when the cervix is incompletely dilated
b) The cup should be centrally placed on the vertex
c) The largest size of the cup is preferred
d) The maximum pressure should not exceed 0.8 kg/ cm2

1243. The correct method to conduct the third stage of normal labour is - *(Corned 10)*
a) Fundal pressure
b) Bimanual massage
c) Controlled cord traction
d) Manual removal

1244. True about vaccum extraction of fetus-(PG7*May 10)*
a) Can be used in non dilated cervix
b) Can be used in incompletely dilated cervix
c) Used in Face presentation
d) Applied 3 cm post, to Anterior fontanel
e) Applied 3 cm ant. to posterior fontanel

NORMAL PUERPERIUM

1245. The bladder shoulb be empty within - *(DNB 90)*
a) 2-3 hrs of delivery b) 3-4 hrs of delivery
c) 4-5 hrs of delivery d) 6-8 hrs of delivery

1246. Strongest stimulus of lactation is by -*(JIPMER 95)*
a) Metachlopramide
b) Hot partum haemorrhage
c) Bromocriptine
d) Suckling

1247. Peurparium is the period - *(IN97)*
a) 6 weeks following delivery
b) 3 weeks following delivery
c) One week following delivery
d) None of the above

1248. Decidua is cast of in peup arium as- *(AI 97)*
a) Lochia b) Membranes
c) Placental bits d) Meconium

1249. Weight of uterus after 8 weeks of delivery -
a) 800 gms b)1000gms *(AI97)*
c) 500 gms d) 100 gms

1250. 100 % protection against conception in a lactating mother is for about - *(CMC 98)*
a) 1 month b) 2 weeks
c) 2 months d) 3 months
e) 4 months

1251. Lochia is seen for- *(AP98)*
a) 1-4 days b) 5-10 days
c) 10-14 days d) 14-21 days

1252. Which one of the following sets of conditions is attributed to normal physiology of puerperium -
a) Tachycardia and weight gain *(USPC 2K)*
b) Retention of urine, constipation and weight gain
c) Constipation, tachycardia and retention of urine
d) Retention of urine and constipation

1253. Cause (s) of retention of urine in reproductive age group - *(PGI2000)*
a) Cervical fibroid
b) Retroverted gravid uterus
c) Unilateral hydronephrosis
d) Severe UTI
e) Posterior urethral valve

1254. C.I. for breast feeding are except - *(PGI 2000)*
a) Hepatitis -B infection of mother
b) Lithium treatment of mother
c) Acute bacterial mastitis
d) Teracycline treatment of mother

1255. Initiation of lactation is affected by - *(PGI 01)*
a) Oxytocin b) Prolactin
c) HPL d) Thyroid hormone
e) Progesterone

1256. Contraindication to breast milk feeding - *(PGI01)*
a) Mother is sputum negative
b) Bromocriptine therapy for mother
c) Heavy breast engorgement
d) Ca breast
e) Mother on domperidone

1236) a 1237) b 1238)None 1239) d 1240) b 1241) a 1242) b 1243) c 1244) b,e 1245) d 1246) d 1247) a 1248) a 1249)d 1250) c 1251)d 1252)d 1253)a,b 1254) a 1255) b 1256)None

1257. TVue about fixed retroversion - *(PGI02)*
a) PE)
b) Posterior wall myoma
c) Endometriosis
d) Congenital retroversion
e) Anterior cervical myoma

1258. >1 Lactation seen in - *(PGI03)*
a) Maternal anxiety b) Antibiotic therapy
c) Cracked nipple d) Breast abscess
e) Bromocriptine therapy

1259. Pulse rate in puerperium - *(Kerala 03)*
a) Increases b) Decreases
c) Normal d) Variable

1260. About colostrum true statements are - *(PGI 03)*
a) Secreted after 10 days of childbirth
b) Rich in immunoglobulin
c) Contains more protein
d) Contains less fat
e) Daily sectretion is about 10 ml/day

1261. Lochia rubra is seen upto - *(Orissa 04)*
a) 5 days b) 10 days
c)15days d)20days

1262. The following drugs can be used to suppress lactation, except - *(UPSC04)*
a) Cabergoline b) Pyridoxine
c) High dose estrogens d) Metoclopramide

1263. Galactokinesis means - *(Jipmer 04)*
a) Sustaining lactation b) Secretion of milk
c) Ejection of milk d) Synthesis of milk

1264. Physiological chill in labour seen in-*(Manipal 04)*
a) 1st stage b) 2nd stage
c) 3rd stage d) 4th stage

1265. Postpartum decidual secretions present are referred to as - *(MAHE 05)*
a) Lochia b) Bleeding per vaginum
c) Vasa - previa d) oecidua - capsularis

1266. In puerperium the lochia seen p/v is in which of the following sequences - *(UPSC 06)*
a) Lochia alba-Lochia serosa-Lochia rubra
b) Lochia serosa-Lochia rubra-Lochia alba
c) Lochia alba-Lochia rubra-Lochia serosa
d) Lochia rubra-Lochia serosa-Lochia alba

1267. What is the maximum duration for which lactational amenorrhoea can prevent conception-
a) 1 month b) 2 months *(UPSC 06)*
c) 4 months d) 6 months

1268. In normal puerperium, all are true regarding involution of uterus except - *(UP 0 7)*
a) At the end of the 6 weeks, becomes non pregnant state
b) The number of muscle fibres is not decreased but there is substantial reduction of the myometrial cell size
c) At the end of the 4th week uterus becomes as pelvic organ
d) Weight of uretus about 60 gram at end of the weeks

1269. All are signs of recent delivery except- *(MAHE 07)*
a) Colostrum b) Carunculae myrtiformis
c) Lochia d) All of the above

1270. Following delivery, uterus becomes a pelvic organ after- *(UPSC 07)*
a) 2 weeks b) 4 weeks
c) 6 weeks d) 8 weeks

1271. Immediately after third stage of labour in a case of full-term delivery, the fundus of the uterus is -
a) At the level of Xiphistemum *(UPSC 07)*
b) At the level of umbilicus
c) Just below the level of umbilicus
d) Just above the symphysis pubis

1272. Which of the following statements about breast infections during lactation is most correct - *(AI08)*
a) Are caused by bacteria from infant's gastrointestinal tract
b) The drug of choice for treatment is Amoxicillin
c) The most common etiological organism is E. coli
d) Can lead to abscess formation for which and I & D may be required

1273. Breast milk is known to transmit - *(Manipal 08)*
a) Untreated tuberculosis b) CMV
c) Varicella d) Rubella

1274. The iron content in 100 gm of breast milk is -
a) 2 mg b) 0.2 mg *(DPG 08)*
c) 5mg d)10mg

1275. Lactation suppression in hypertensive post-partum patient is achieved by - *(COMED 09)*
a) Bromocriptine
b) Oestrogen alone
c) Oestrogen and testosterone
d) Breast binder and analgesics

1276. In the puerperium, which of the following hormonal changes are responsible for lactogenesis?
1.A sudden fall in the oestrogen levels after delivery
2. Reduction of prolactin inhibiting factor from the hypothalamus *(UP SC II10)*
3. Release of prolactin from the anterior pituitary
4. Release of oxytocin from the posterior pituitary
Select the correct answer using the code given below:
a) 1 and 2 only b) 1 and 4
c) 1,2 and 3 d) 2,3 and 4

ABORTION

1277. The following are modes of induction of midtrimester abortions except - *(IN 91)*
a) Intra amnictic saline
b) Intra amniotic prostaglandins
c) Menstrual regulation
d) Hysterotomy

1278. The best method for inducing mid trimester abortion is - *(AIIMS 91)*
a) Injection of Hypertonic Saline
b) Ethacrydine
c) Prostaglandins
d) D and C

1257) a,c,e 1258)a,e 1259)a 1260)b,c,d 1261)a 1262)d 1263)c 1264)d 1265)a 1266)d 1267)b 1268)c 1269)d 1270) a 1271)c 1272)d 1273)a 1274)b 1275)d 1276)b 1277)c 1278)c

1279. The commonest chromosomal abnormality in early spontaneous abortions is - *(KARN 94)*
a) Monosomy X b) Autosomal trisomy
c) Triploidy d) Tetraploidy

1280. All of following methods are used for MTP in 2nd trimester except - *(DELHI 96)*
a) Intra - ammotic saline b) Prostaglandins
c) Hysterotomy d) Menstrual regulation

1281. All are true regarding menstrual regulation except -
a) It comes under MTP act *(AP 96)*
b) Blood loss is less
c) Done within 2 weeks
d) General - anesthesia not needed

1282. Induction of abortion is best by - *(AIIMS96)*
a) Oxytocin b)PGE_2gel
c) Stripping of membrane d) Oestrogen

1283. A 25 years old female reports in the casualty with history of amenorrgoea for two and half monts and abdominal pain and bleeding per vaginum for one day. On examination, vital parameters and other systems are normal. On speculum examination, bleeding is found to come from Os. On bimanual examination, uterus is of 10 weeks size, soft and Os admits one finger. The most likely clinical diagnosis is - *(UPSC 99)*
a) Threatened abortion b) Missed abortion
c) Inevitable abortion d) Incomplete abortion

1284. Which one the following statements regarding MTP is incorrect - *(UPSC 99)*
a) It is governed by the Act of 1971
b) The MTP Act permits termination of pregnancy for medical reasons only
c) It can be performed by trained personnel
d) It should be done only in those places which fulfill the criteria laid down in the Act

1285. Which one of the following methods of MTP is associated with the complication of coagulopathy - *(UPSC 99)*
a) Aspirotomy b) Hypertonic saline
c) Ethacridine lactate d) Prostaglandins

1286. Which of the following cannot be used for MTP in a patient with bronchial asthma - *(ORRISA 99)*
a) Prostaglandin b) Oxytocin
c) N.T.T. d) Ethacrydine

1287. Internationally accepted definition of abortion is the expulsion of the products of conception-
a) Before 28th week of gestation or 1kg (weight of foetus) *(Kerala 2K)*
b) Before 24th week of gestation or 750 gms (weight of foerus)
c) Before 20th week of gestation or 750 gms (weight of foetus)
d) Before 20th week of gestation or 500 gms (weight of foetus)
e) None of the above statements is correct

1288. Prostaglandins can be used for medical termination of pregnancy by all routes except -
a) Intravenous b) Intramuscular *(UPSC 01)*
c) Extra amniotic d) Intra amniotic

1289. Following is used in I trimester MTP- *(TN2002)*
a) Mifepristone
b) Mifoprostal
c) Mifepristone & misoprostol
d) Laminaria tent

1290. The minimum age for giving consent for medical termination of pregnancy is: *(Jipmer 95)*
a) 16 years b) 18 years
c) 20 years d) 24 years

1291. Legally rAbortion" is termination of pregnancy - *(Karnataka 01)*
a) Before 6 weeks b) Before 16 weeks
c) Before 26 weeks d) Before full term

1292. Recurrent abortion is caused by - *(PGI97)*
a) CMV b)HSV
c) Syphilis d) Toxoplasmosis

1293. Sponteneous abortion in 1st trimester is caused by- *(PGI 2000)*
a) Trisomy 21 b) Monosomy
c) Trauma d) Rh-incompatibility

1294. Cervical incompetence is characterised by -
a) **1st** trimester abortiom *(PGI 03)*
b) 2nd trimester abortion
c) Premature rupture of membrane
d) Circlage operation done

1295. Recurrent spontaneous abortion is seen in A/E -
a) TORCH agent *(PGI 03)*
b) Uterine pathology
c) Herpes
d) Balanced paternal translocation
e) None

1296. According to MTP Act, 2 doctor's opinion is required when pregnancy is - *(PGI 03, KARN 98)*
a) 10 weeks b) 6 weeks
c) > 12 weeks d) > 20 weeks
e) 8 weeks

1297. In extra-amniotic 2nd trimester medico legal termination of pregnanacy, which of the following used- *(PGI04)*
a) Ethacrydine Lactate b) Prostaglandin
c) Hypertonic saline d) Glucose
e) Urea

1298. All of the followingdrugs have been used for medical abortion, except - *(AIIMS03)*
a) Mifepristone b) Misoprostol
c) Methotrexate d) Atosiban

1299. Decidual casts bleeding per vaginum suggestive of- *(Manipal04)*
a) Inevitable abortion b) Threatened abortion
c) Tubal abortion d) None

1300. Most common cause of Abortion - *(HPU 05)*
a) Ovofoetal factor b) Maternal hypoxias
c) Uterine fibroid d) Cervical incompetence

1279) b 1280) d 1281)None 1282)b 1283)c 1284)b 1285)b 1286)a 1287)d 1288)a 1289)c 1290)b
1291) None 1292)c,d 1293)a,b,c 1294)b,c,d 1295)e 1296)c 1297)a,b 1298)d 1299)c 1300)a

1301. The medical termination of pregnancy act does not protect act of termination of pregnancies after- *(Kamat 05, AP 88)*
a) 20 weeks b) 24 weeks
c) 28 weeks d) 30 weeks

1302. Abortion is defined as "expulsion of fetus" less than-------- gms - *(MAHE 05)*
a) 500 b)800
c) 900 d) 1000

1303. Procedures done for cervical incompetence include - *(PGI03, June 06)*
a) Shirodkar's procedure
b) Me. Donald's procedure
c) Porander operation
d) Khann's sling operation
e) Abdominal sling operation

1304. A female with recurrent abortion and isolated prolonged APTT is most likely associated with -
a) Lupus anticoagulant *(Aiims May 07)*
b) DIC
c) Von wilebrand disease
d) Hemophilia

1305. A patient with a history of recurrent abortions and hypercoagulable state is likely to be suffering form- *(MAHE 07)*
a) Anti-phospholipid antibody syndrome
b) Heparin induced thrombocytopenia
c) Leiden mutain
d) Anti-thrombin 2 deficiency

1306. G3 with previous second trimester abortion presents with 22 week of gestation, abdominal pain, USG shows funneling of internal os what will be ideal management ? *(AIIMS Nov 07)*
a) Dinoprost and bed rest
b) Misoprost with bed rest
c) Fothergills suture
d) Me Donald stitch

1307. All the following are used in first trimester except -
a) Dilatation and evacuation *(Corned 08)*
b) Ru486
c) Suction and evacuation
d) Ethacrydine extra amniotic

1308. Dose of Anti-D gamma globullin following first trimester abortion is - *(Corned 08)*
a) 50 g b) 100 g
c) 200 g d)300 g

1309. Partogram is used to - *(Corned 08)*
a) Assess the fetal well-being in labour
b) Assess the conditioon of the baby at birth
c) Record the events of pregnancy
d) Assess the progress of labour

1310. Most common cause of abnormality in first trimester abortion - *(UP 08)*
a) Cervical incompetance
b) Chromosomal abnormality
c) Placental & membrane abnormality
d) Retroversion

1311. All of the following are known causes of recurrent abortion Except - *(AI08)*
a) TORCH infections b)SLE
c) Rh incompatibility d) Syphilis

1312. Treatment of cervical incompetence - *(PGI June 08)*
a) Shirodkar's stitch b) McDonald's stitch
c) B-lynch suture d) Fothergill's operation
e) Sling operation

1313. A patient with a H/o recurrent abortions and hypercoagulable state is likely to be suffering from-
a) Anti-phospholipid antibody syndrome
b) Heparin induced thrombocytopenia *(Manipal 08)*
c) Leiden mutation
d) Anti-thrombin III deficiency

1314. Incorrect about incompetent cervix ? *(APPG08)*
a) Hegar dilators used
b) Most common cause of first trimester abortion
c) Both
d) None

1315. Mifepristone may be used for all of the following Except- *(AI 09)*
a) Threatened abortion b) Ectopic pregnancy
c) Fibroids d) Molar pregnancy

1316. Recurrent abortion is/are caused by - *(PGIJune 09)*
a) Rubella b) Thrombophilia
c) Diabetic mellitus d) Syphilis
e) Chronic hypertension

1317. A pregnant woman has previous history of recurrent early pregnancy loss. Which of the following investigations should be ordered - *(PGI Nov 09)*
a) Blood glucose
b) VDRL
c) Rubella virus screening
d) Toxoplasma serology
e) Hemogram & blood grouping

1318. A lady presented with features of threatened abortion at 32 weeks of pregnancy. Which of the following statements with regard to antibiotic usage is not correct- *(AI 10)*
a) Antibiotic prophylaxis even with unruptured membranes
b) Metronidazole if asymptomatic but significant bacterial vaginosis
c) Antibiotics if asymptomatic but significant bacteremia
d) Antibiotics for preterm premature Rupture of membranes

1319. Which of the following is not an indication for antiphospholipid antibody testing? *(DPG10)*
a) 3 or more consecutive first trimester pregnancy losses
b) Unexplained cerebrovascular accidents
c) Early onset sever preeclampsia
d) Gestational diabetes

1320. Abortion is/are caused by - *(PGI May 10)*
a) Borrelia recurrentis b)HIV
c) Listeria d) Syphilis
e) HBV

1301)a 1302) a 1303)a,b 1304)a 1305)a 1306)d 1307)d 1308)a 1309)d 1310)b 1311)a 1312)a,b 1313)a
1314) b 1315)a 1316)b,c 1317)a,b,d,e 1318)a 1319)d 1320)b,c,d

1321. A **25-year-old woman with a history of three consecutive abortions has been investigated thoroughly to detemine the cause of recurrent pregnancy loss. In the absence of a demonstrable cause, what is the chance of a viable birth in subsequent pregnancy -** *(UPSCII11)*
a) Less than 20% b) 20-30%
c) 40% d) 60%

ECTOPIC PREGNANCY

1322. Ectopic pregnancy is more common in - *(PGI90)*
a) Tuboplasty b) Endometriosis
c) Copper T users d)All

1323. The expelled products in ectopic pregnancy originate from- *(JIPMER 91)*
a) Decidua basalis b) Decidua vera
c) Decidua Capsularis d) Chorionic villi

1324. Arias Stella reacion is not seem in - *(AIIMS 91)*
a) Ovarian pregnancy
b) Molar pregnancy
c) Interstital pregnancy
d) Salphingitis isthmica nodosa

1325. Best investigtion to diagnose ectopic pregnancy is - *(KERALA 94)*
a) Urine pregnancy test b) Laprascopy
c) USG d) Hysteroscopy

1326. In a young patient with abdominal pain and features most suggestive of ectopic pregnancy is -
a) Amenorrhea *(AI95)*
b) Vomiting
c) Palpation of tender adnexal mass
d) Increase beta HCG in urine

1327. Most common cause of ectopic pregnancy is -
a) IUDC b) Previous tubal disease *(AI 96)*
c) Endometriosis d) Minipill

1328. Commonest cause of ectopic gestation is -
a) Previous salphingitis *(KERALA 96)*
b) Dysfunction of cilia
c) Uterine abnormalities
d) Delayed fertilisation of ovum
e) Hydrosalphynx

1329. Ovarian pregnancy is due to - *(KERALA 96)*
a) Previous sexually transmitted infections
b) Fertilisation of ovum in ovary
c) Bicomuate uterus
d) Pelvic tuberculosis
e) None of the above

1330. Medical treatment ectopic pregnancy *\s-(AIIMS96)*
a) Methotrexate b) Progesterone
c) Oestrogen d) Adriamycin

1331. Most common cause of ectopic pregnancy is -
a) Progestasert b)Cu-T *(AIIMS 96, PGI 99)*
c) OCP d) Minipill

1332. Best modality for diagnosing unruptured tubal pregnancy - *(PGI 9 7)*
a) Abdominal USG b) Transvaginal USG
c) X-ray Abdomen d) CT scan

1333. Ectopic pregnancy differs from threatened abortion by- *(MAHE98)*
a) Minimal vaginal bleeding
b) Pain follows bleeding
c) Uterine size corresponds to gestational age
d) Manifests at an early age

1334. Most constant symptom present in undisturbed ectopic- *(PGI98, UP01)*
a) Pain in lower abdomen b) Bleeding P/V
c) Ammenorrhoea d) Hypotension
e) Retroverted uterus

1335. Diagnostic criteria for primary abdominal pregnancy- *(ORRISA 99)*
a) Spigelberg criteria b) Rubin's criteria
c) Studiford criteria d) Wrigly criteria

1336. Best endometrial reaction in ectopic pregnancy is -
a) Arias Stella reaction *(MP2K)*
b) Secretory phase
c) Decidual reaction without chorionic villi
d) Decidual reaction with chorionic villi

1337. A 22 years old nullipara presents with an unruptured ectopic pregnancy. What is thetreatment of choice -
a) Liner salpingostomy *(AIIMS2K)*
b) Salpingectomy
c) Resection and end to end anastomosis
d) Milking of the tube

1338. Which of the following is the most reliable indicator of Ectopic gestation - *(AIIMS 2K)*
a) No gestational sac in USG
b) Arias Stella reaction
c) Culdo centsesis showing blood in the posterior cul - de sac
d) Absence of the normal doubling of HCG levels

1339. Ectopic pregnancy is most commonly associated with- *(PGI 01)*
a) Endometriosis b) Congenital tubal anomalies
c) Tuberculosis d) Tubal inflammatory diseases
e) Retroverted uterus

1340. About ectopic pregnancy true statements are -
a) Rising titre of HCG *(PGI 03)*
b) Negative pregnancy test excludes the diagnosis
c) Common after tubal surgery
d) Seen in patients taking GnRH therapy
e) Common in patients taking OCP

1341. Drugs treatment of ectopic pregnancy are *-(PGI 03)*
a) MTX b)Actinomycin-D
c) HOG d) RU-486
e) Kd

1342. Which of the following drug is not used medical management of ectopic pregnancy - *(AIIMS 03)*
a) Potassium chloride b) Methotrexate
c) Actinomycin Dd) Misoprostol

1321) d 1322) d 1323)b 1324)d 1325)b 1326)d 1327)b 1328)a 1329)b 1330)a 1331)a 1332)b 1333)None
1334) a 1335) c 1336)c 1337)a 1338)a 1339)a,b,c,d 1340)a,c,d,e 1341)a,b,d,e 1342)d

1343. Spigelberg's criteria, not true- *(APPG03)*
a) Tubes and uterus normal
b) Uterus attached to broad ligament
c) No ovarian tissue lining
d) Uterus attached to pelvic wall

1344. Ectopic pregnancy lasts longer in - *(Jipmer04)*
a) Interstitial b) Isthumoampullary
c) Isthmic d)Ampullary

1345. Medical treatment of Ectopic gestation involves use of all the following drugs except - *(MAHE 05,*
a) Prostaglandins b) Methotrexate *Karn 94)*
c) RU-486 d) Dexamethasone

1346. The following drug is not helpful in the treatment of ecropic Pregnancy - *(AI05)*
a) Methotrexate b) Misoprostol
c) Actinomycin - D d)RU486

1347. Modern diagnostic aids to diagnose ectopic pregnancy - *(PGI June 06)*
a) HOG b) Transvaginal USG
c) AFP d)Gravindex

1348. A 32-year old woman with two live children was brought in emergency with the history of missed period for 15 days, spotting since 7 days adn pain abdomen since 6 hours. Her pulse was 120/min, Pallor ++, systolic BP 8 mm of Hg. There was fulness and tenderness on per abdomen examination. Copper - T thread was seen through external os on per speculum examination. On p/v examination, cervical movements were tender, uterus was anteverted, bulky and soft. There was fulness in pouch of Douglas. She is most likely suffering from - *(UPSC 0 7)*
a) Pelvic inflammatory disease
b) Missed abortion with umbilicus
c) Ruptured ectopic pregnancy
d) Threatened abortion

1349. What is the treatment of choice of unruptured tubal pregnancy with serum beta hCG titre of 200IU/ml. - *(UPSC 07)*
a) Single dose of methotrexate
b) Variable doses of methotrexate
c) Expectant management
d) Laparoscopic salpingostomy

1350. Which one of the following causes the greatest risk of ectopic pregnancy - *(UPSC 0 7)*
a) Pelvic inflammatory disease
b) Intrauterine contraceptive devices use
c) Previous ectopc pregnancy
d) Previous medical termination of pregnancy

1351. Medical management of ectopic pregnancy can be done in the following except - *(UPSC-II08)*
a) Period of gestation 5 weeks
b) |3HCG level 6000IU
c) Absent fetal cardiac activity
d) Gestational sac diameter 3 cm

1352. Commonest site of tubal pregnancy is - *(UP 08)*
a) Ampulla b) Isthmus
c) Fimbria d) Interstitial

1353. The cause of fetal death in ectopic pregnancy is postulated as - *(Aiims May 08)*
a) Vascular accident
b) Nutritional adequancy
c) Endocrine insufficiency
d) Immune response of mother

1354. Most valuable diagnostic test in a case of suspected ectopic pregnancy - *(Aiims May 08)*
a) Serial P-hCG levels
b) Transvaginal USG
c) Progesterone measurement
d) Culdocentesis

1355. True about ectopic pregnancy - *(PGI June 08)*
a) Transvaginal USG first imaging of choice
b) A/W decidual reaction
c) Doppler is of no significance
d) In ectopics intestitial ring sign seen
e) HCG level is sufficient for diagnosis

1356. Which method is most responsible for ectopic gestation - *(PGI June 08)*
a) Pomeroy b) Modified Pomeroy
c) Electrocoagulation d) Laporoscopic Hulka clips
e) Irving operation

1357. A female has history of 6 weeks amenorrhoea, USG shows no sac, serum beta HCG-1000IU/L. What would be next management ? *(AIIMSNov 08)*
a) Medical management
b) Repeat HCG after 48 hours
c) Repeat HCG after 1 weeks

1358. Indication(s) of methotrexate chemotherapy in ectopic pregnancy is/are - *(PGI June 09)*
a) Fetal cardiac activity present
b) Size<4cm
c) -hCG disease
d) Liver disease
e) Patient hemodynamically stable

1359. The drug used for medical management of ectopic pregnancy is - *(DELHIPGMar. 09)*
a) Methotrexate b) Misoprostol
c) Mifepristone d) Methyl ergometrine

1360. Spiegelberg's criteria for diagnosis of ovarian pregnancy include the following except - *(UPSC-II 09)*
a) Tube on the affected side must be intact
b) Gestational sac must occupy the position of ovary
c) Gestational sac is connected with infundibulopelvic ligament
d) Ovarian tissue should be present in the wall of gestational sac on histopathology

1361. Thbal pregnancy is/are increased by -
a) Recent oral combined pills use *(PGINov 09)*
b) IUCD use
c) Previous tubal surgery
d) Chlamydia infection
e) Previous ectopic

1343)b,c,d 1344) a 1345)d 1346)b 1347)a,b 1348)c 1349)d 1350)a 1351)b 1352)a 1353)a 1354)b
1355)a,b,d 1356)d 1357)b 1358)b,e 1359)a 1360) c 1361)b,c,d,e

1362. Most sensitive diagnosis test for ectopic pregnancy-
a) TransvaginalUSG *(AIIMSNov09)*
b) Culdocentesis
c) MRI
d) Serial monitoring of b-HCG

13 63. The pathognomonic feature of abdominal pregnancy is- *(DPG10)*
a) Fetus appears lateral to lumbar spine on X-ray
b) Small uterus
c) Fetus easily palpable
d) Positive pregnancy test

1364. Conservative treatments for tubal pregnancy include the following EXCEPT- *(Maharashtra 10)*
a) Salpingostomy b) Salpingotomy
c) Salpingectomy d) Resection and anastomosis

1365. Which one of the following is diagnosed by Spiegelberg criteria? *(UP SC II10)*
a) Molar pregnancy b) Ovarian pregnancy
c) Uterine pregnancy d) Twin pregnancy

1366. Which of the following is the most appropriate management in a ruptured tubal pregnancy?
a) Quick resuscitation followed by laparotomy and excision of the offending tube *(UP SC II10)*
b) Blood transfusion immediately after the clamps have been placed to control the bleeding
c) Autotransfusion of the fresh blood harvested from the peritoneal cavity
d) Excision of the offending tube and the ipsilateral ovary (salpingo-oophorectomy)

1367. True statement regarding ectopic pregnancy -
a) Pregnancy test positive *(PGIMay 10)*
b) (3hCG levels should be > 1000 mlU/ml for earliest detection by TVS
c) (3hCG levels should be < 1000 mlU/ml for earliest detection by TVS
d) Methotrexate is used

1368. Not true about ectopic pregnancy is -
a) Previous ectopic is greatest risk *(PGINov. 10)*
b) POP doesn't increase risk
c) Incresed risk with pelvic infections
d) Increased risk with IVF
e) IUCD use increase risk

1369. Management of unruptured tubal pregnancy includes - *(PGINov. 10)*
a) Methotrexate
b) Prostaglandins
c) Hysterectomy
d) Laparoscopic salpingostomy
e) Salpingectomy

1370. Most common site of ectopic pregnancy -
a) Ampulla of fallopian tube *(Jipmer 11)*
b) Isthmus
c) Interstitial portion of tube
d) Abdomen

TROPHOBLASTIC DISEASE

1371. Treatement of choice in vesicular mole is-*(Kerala 94)*
a) Insitu hysterectomyb) Suction evacuation
c) Methotrexate d)D&C

1372. The immediate complication of vesicular mole evacuation is - *(Kerala91)*
a) Bleeding b) Infection
c) Incomplete evacuvation d) Sepsis

1373. Confirmation of the diagnosis of vesicular mole is by - *(Kerala91)*
a) Vaginal examination b) X-rays
c) Abdominal examination d) Ultrasonogram

1374. Treatment of Hydatidiform mole in a 40 yr old women is - *(AI92)*
a) Hysterotomy b) Hystrectomy
c) Suction evacuvation d) D and C

1375. In case of Hydatidiform mole with age 40 yrs. & Completed family, the treatment of choice is -
a) Suction evacuation b) D & C *(AI96)*
c) Total hysterectomy d) Panhystectomy

1376. The point of distinction between partial mole to complete mole is - *(Delhi96)*
a) Partial mole is triploid or tetraploid
b) Partial mole is more prone to turn malignant
c) Typical of partial mole is cellular atypia
d) Partial mole shows trophoblastic proliferation with absent villi

1377. The essential investigation to be included in follow-up of hydatidiform mole is - *(Delhi 96)*
a) Ultrasound abdomen b) Chest X ray
c) Serum levels of HCG d) Serum levels of TSH

1378. Hydatidiform mole is associated with - *(AIIMS 95)*
a) Follicular ovarian cysts b) Theca lutein cysts
c) Ovarian carcinoma d) Ovarian atrophy

1379. For a multiparous 40 year old woman having molar pregnancy, the treatment of choice would be -
a) D & C followed by regular follow up *(UPSC 97)*
b) Hysterectomy
c) Hysterectomy and tubectomy
d) VAT followed by radiation

1380. Which of the following endocrinological condition may be associated with hydatiform mole -*(Orissa 99)*
a) Hypothyroidism b) Hyperthyroidism
c) Diabetes d) Hyperprolactinemia

1381. Gestational trophoblastic disease with jaundice, best drug is - *(SGPGI05)*
a) Methotrexate b) Adriamycin
c) Actinomycin-D d) Cyclophosphamide

1382. The highest incidence of Gestational Trophoblastic Disease is in - *(AI 05)*
a) Australia b)Asia
c) North America d) Western Europe

1383. Choriocarcinoma commonly metastasize to -
a) Brain b) Lung *(PGI June 06)*
c) Vagina d) Ovary
e) Cervix

1362) a 1363) a 1364)c 1365)b 1366)b 1367)a,b,d 1368)b 1369)a,b,d,e 1370)a 1371)b 1372)a 1373)a 1374)b 1375) c 1376)a 1377)c 1378)b 1379)b 1380)b 1381)c 1382)b 1383)a,b

1384. A 25 years old female was diagnosed to have choriocarcinoma management is - *(PGI June 06)*
a) Chemotherapy
b) Radiotherapy
c) Hysterectomy
d) Hysterectomy & then radiotherapy

1385. Molar pregnancy is diagnosed in - *(Manipal 06)*
a) I trimester b) II trimester
c) III trimester d) All of the above

1386. Most common gestational trophoblastic disease following hydatiform mole is - *(A10 7)*
a) Invasive mole
b) Chorio carcinoma
c) Placental site trophoblastic tumour
d) Placental nodule

1387. Hydatiform mole - characterized histologically by-
a) Hyaline membrane degeneration *(UP 07)*
b) Hydropic degeneration of the villous stroma
c) Non-proliferation of cytotrophoblast
d) Non proliferation of syncytiotrophoblasts

1388. The following conditions are associated with molar pregnancy except - *(UPSC 07)*
a) Pregnancy induced hypertension
b) Thyrotoxicosis
c) Gestational diabetes
d) Hyperemesis gravidarum

1389. The current imaging technique of choice for the diagnosis of hydatidiform mole is - *(UPSC 85 07,*
a) Computed tomography *A1IMS84,PGI88)*
b) Ultrasonography
c) Plain X-ray abdomen
d) Magnetic resonance imaging

1390. Ultrasound of a 36 year old gravida reveals small grape-like cystic structures without the evidence of a developing embryo. A diagnosis of complete hydatidiform mole is made. Further analysis is mot likely to reveal that the - *(UPSC 07)*
a) Genotype of the mole is 46 XX and is completely paternal in origin
b) Genotype of the mole is triploid
c) hCG levels are markedly decreased
d) Serum levels of alpha-fetoprotein are elevated

1391. Most common site of metastasis in choriocarcinoma-
a) Liver b)Lung *(UP 08)*
c) Kidney d) Spleen

1392. True about H. mole - *(PGI June 08)*
a) Always a/w raised uterine size for gestational age
b) Raised HCG
c) Hysterectomy in selected cases
d) Chemotherapy is the treatment of choice
e) Thyrotoxicosis

1393. Which of the following statements about partial mole is false - *(A110)*
a) Usually associated with triploidy
b) Rarely causes persistatn gestational trophoblastic Neoplasia
c) Usually present as Missed abortions
d) Can be reliably diagnosed by USG in early gestation

1394. Conversion of a complete hydatiform mole into invasive mole is indicated by all of the following except- *(AI10)*
a) Plateau HCG
b) Enlarged Uterine size
c) Persistance of Theca-lutein cysts
b) Suburethral nodule

1395. Conversion of a complete hydatiform mole into choriocarcinoma is indicated by all, except -
a) Plateau HCG levels *(AI 10)*
b) Enlarged uterine size
c) Persistance of theca lutein cysts
d) Suburethral nodule

1396. According to the FIGO staging of gestational trophoblastic tumors, a lady with choriocarcinoma having lung metastasis will belong to which stage -
a) I b)II *(Kamil)*
c) m d)IV

1397. Treatment of molar pregnancy is - *(Karn 11)*
a) Dilatation and curettage
b) Hysterotomy
c) Laparotomy
d) Suction and evacuation

1398. In a woman with molar pregnancy with a uterus size of 28 weeks, the treatment of choice is-*(UPSCII11)*
a) Medical induction with prostaglandins
b) Hysterotomy
c) Hysterectomy
d) Suction evacuation

MULTIPLE PREGNANCY

1399. Incidence of multiple pregnancy in Inida is on the increase because - *(Kerala 91)*
a) Change in diet b) Clomiphene therapy
c) Repeated MTP d) Old age of marriage

1400. Which type of Twins have the highest mortality -
a) Monoamnio tic monochrionic *(JIPMER 93)*
b) Diamniotic dichorionic
c) B inovular Twins
d) Siamese Twins

1401. Easiest method of determining zygosity is -
a) Blood grouping *(JIPMER 92)*
b) Sex of fetus
c) Placental examination
d) Amniotic fluid examination

1402. In twin pregnancy delivery by cesarean section is advocated in all the above conditions except -
a) Second twin in transverse lie position *(Karn. 94)*
b) First twin in transverse lie position
c) Monoamniotic twins
d) Weight less than 1500 gm.

1403. Double Monster, fused in pelvic region is called - *(Karn. 96)*
a) Ischiopagus b) Thoracopagus
c) Synencephalic d) None of these

1384) a 1385) a 1386)a 1387)b 1388)c 1389)b 1390)a 1391)b 1392)a,b,c,e 1393)d 1394)d 1395)None>d
1396)c 1397) d 1398)d 1399)b 1400)d 1401)c 1402)a 1403)a

1404. Most common cause of perinatal mortality in Twins- *(CMC 98)*
a) Dystonia b) Hemorrhage
c) Anaemia d) Interlocking
e) Prematurity

1405. The sepration of normally situated placenta in a case of multiple pregnancy may be due to the following except- *(Kerala 2K)*
a) Increased incidence of toxaemia
b) Sudden escape of liquor following rupture of membranes
c) Deficiency of vitamin B 12
d) Deficiency of folic acid
e) Sudden shrinkage of the uterus following delivery of the first baby

1406. Monochrorionic monoamniotic twin occurs if division occurs - *(JIPMER 2002)*
a) Before 24 hrs b) 1 -4 days
c) 4-8 days d) >8 days

1407. According to Hellins law chances of twins in pregnancy are - *(PGI2000)*
a) 1 in 60 b) 1 in 70
c) 1 in 80 d) 1 in 90
e) 1 in 10

1408. Most common type of twin pregnancy is - *(PGI 97)*
a) Vertex + transverse b) Both vertex
c) Vertex + breech d) Both breech

1409. Doppler USG in twins is used for - *(PGI 98)*
a) Twin to win transfusion b) Conjoined twin
c) Diagnosis of twins d) All of the above

1410. Multiple pregnancies occur most commonly with
a) T. Clomiphene *(TN03)*
b) T. Clomiphene and dexamethasone
c) T. Dexamethasone
d) Pulsatile GnRH therapy

1411. In superfecundation which of the following is seen-
a) Fetilization of 2 ova released at same time, by sperms released at intercourse on 2 different occasions (*Jharkand 03)*
b) Fertilization of 2 ova released at same time by sperms released at single intercourse
c) Both
d) None

1412. A double headed monster is known as a -*(SGPGI04)*
a) Diplopagus b) Dicephalus
c) Craniopagus d) Heteropagus

1413. If division of fertilized egg occurs at 4-8"* day what kind of monozygotic twin pregnancy will it give rise to- *(SGPGI 04)*
a) Diamnionic dichroionic
b) Diamnionic monochorionic
c) Monoamnionic monochrionic
d) Conjoined twins

1414. In an uncomplicted twin pregnancy normal delivery should be attempted in the following situation- *(MAHE 07)*
a) First baby - Vertex and second baby transverse lie
b) Both babies and breech presentation
c) First baby transverse lie and second longitudinal lie
d) First baby transverse lie and second frank breech

1415. What is the most common type of conjoined twin-
a) Cranippagus b) Thoracopagus *(UPSC 07)*
c) Ischiopagus d) Pygopagus

1416. Multiple pregnancy is not associated with an increased with an increased incidence of which one of the following ? *(UPSC-II08)*
a) Hyperemesis gravidarum
b) Congenital malformations
c) Pregnancy induced hypertension
d) Post date pregnancy

1417. Discordant twin complication in multiple pregancy is due to ? *(APPG 08)*
a) Twin Twin transfusion syndrome
b) Dizygotic twins
c) Fetus papyraceous
d) Monoamniotic twins

1418. Vaginal delivery may be recommended in - *(AI09)*
a) Monochorionic monoamniotic twins
b) First twin vertex, second twin breech
c) First twin extended breech, second twin vertex
d) First twin mentoanterior, and second twin breech

1419. Vaginal delivery is allowed in all of the following, Except- *(AI09)*
a) Monochorionic monoamniotic twins
b) First twin vertex and second twin breech
c) First twin extended beech an second twin vertex
d) First twin mentoanterior and second breech

1420. Vaginal delivery can be allowed in all except -
a) Monochorionic, monoamniotic twins
b) Mentoanterior *(AIIMSMaylO)*
c) Extended breech
d) Dichorionic twins with first vertex & second breech

1421. Which of the following statements about 'Multiple Pregnancy' is true - *(AI 10)*
a) Fetuses of same gender excludes dichorionicity
b) Twin peak sign is seen in dichorionicity
c) Thick separating membrane is a feature of monochorionic twins
d) Chorionicity can be reliably detected only after 16 weeks of gestation

1422. The commonest complication of twin pregnancy delivery includes - *(DPG10)*
a) Interlocking b)Abruptio-placentae
c) Post-partum haemorrhage d) Obstructed labour

1404) e 1405) c 1406)d 1407)c 1408)b 1409)d 1410)d 1411)a 1412)b 1413)b 1414)a 1415)b 1416)d 1417)a 1418)b 1419)a 1420)a 1421)b 1422)c

1423. Which of the following is not a criterion for antenatal diagnosis of Twin-Twin transfusion syndrome?
a) Oligohydramnios in donor fetus
b) Dichorionicity *(Maharashtra 10)*
c) Hemoglobin difference of > 5 g/dL between the two foetuses
d) Weight difference of > 20% between the two foetuses

1424. Monoamniotic monochorionic twins develop when the division of cell mass occurs - *(UP SC II10)*
a) Within 72 hours after fertilization
b) Between 4th and 8th day of fertilization
c) After 8th day of fertilization
d) After 2 weeks of development of embryonic disc

1425. Blood chimerism is most likely to occur in -*(AI11)*
a) Monochorionic Monozygotic twins
b) Monochorionic Dizygotic twins
c) Dichorionic Dizygotic twins
d) Singleton pregnancy

HYDRAMNIOS AND OLIGO HYDRAMNIOS

1426. Polyhydramnios is not seen in - *(Jipmer 91)*
a) Anencephaly
b) Amnion nodosum
c) Esophageal atresia
d) Tracheo esophageal fistula

1427. Bleeding is of fetal origin in - *(JIPMER 91)*
a) Placenta previa b)Vaso previa
c) Placenta accreta d) Abruptio placenta

1428. Fetal blood loss occurs in - *(AIIMS92)*
a) Uterine rupture b) Placenta previa
c) Vasa previa d) Circumvallate placenta

1429. Placenta with umbilical cord attached to its margin is called - *(Karn 99)*
a) Battledore placenta
b) Circumvallate placenta
c) Succenturiate placenta
d) Velamentous placenta

1430. Clinical signs of Hydraminos can be demonstrated when fluid collection is more than - *(Orissa R)*
a) lltr. b)21tr.
c) 31tr. d)41tr.

1431. Primary antiphospholipid syndrome is characterised by all of the following clinical features except - *(UPSC 96)*
a) Recurrent foetal loss
b) Arterial and venous thrombosis
c) Foetal cardiac abnormalities
d) Intrauterine growth retardation

1432. Oligohydramnios is associated with - *(AIIMS 85)*
a) Anencephaly b) Esophagealatresia
c) Renalagenesis d) All of the above

1433. All are associated with hydramnios except -*(PGI2K)*
a) Premature labour b) Gestational diabetes
c) Renal agenesis d) Increased amniotic fluid

1434. Causes of polyhydramnios include - *(PGI 01)*
a) Diabetes mellitus b) Preeclampsia
c) Esophageal atresia d) Renal agenesis
e) Anencephaly

1435. Causes of Hydramnios -
a) Anencephaly b) Oesophageal atresia
c) Renal agenesis d) Posterior urethral value
e) Twins

1436. Polyhydramnios is associated with all except -
a) Diabetes b) Open spina bifida
c) Multiple pregnancy d) Renal agenesis

1437. Polyhydramnios not associated with -*(AIIMSNov 07)*
a) B/L renal agenesis b) Anencephaly
c) Open spina bifida d) Tracheo esophageal fistula

1438. Non-immune hydrops fetalis is due to the following except - *(UPSC-II08)*
a) a thalassemia major
b) Functional abnormalities of heart
c) ABO incompatibility
d) Toxoplasmosis

1439. All of the following are causes of polyhydramnios except- *(DPGEE 08)*
a) Material diabetes
b) Hydrocephalus
c) Anencephaly
d) Chorioangioma of placenta

1440. Chorangioma of placenta associated with ? *(APPG 08)*
a) Oligohydramnios b)Polyhydramnios
c) Premature labour d)IUGR

1441. Which ofthe following conditions is associated with polyhydraminios - *(AI 10)*
a) Posterior Urethral valves
b) Cleft palate
c) Congenital diaphragmatic hernia
d) Bladder exstrophy

1442. Oligohydramnios is/are associated with -*(PGIMay 10)*
a) Neural tube defect b) Renal agenesis
c) Postmature birth d) Premature birth

HYPERTENSIVE DISORDERS IN PREGNANCY

1443. Drug of choice for pregnancy induced hypertension is - *(AI91)*
a) Hydrallazine b)Clonidine
c) Labetelol d) Propranolol

1444. Postpartum eclampsia starts after how many hours of delivery - *(DNB 91)*
a) 12-24 b) 24-48
c) 48-72 d) 72-96

1445. The single most effective drug in eclampsia is - *(AMU 85, PGI 78, Kerala 94)*
a) Dilantin b) Phenobarbital
c) Magnesium sulphate d) Paradehyde

1423) b 1424) c 1425)b 1426)b 1427)b 1428)c 1429)a 1430)b 1431)None 1432)c 1433)c 1434)a,c,e 1435)a,b,e 1436)d 1437)a 1438)c 1439)b 1440)b 1441)b 1442)b,c 1443)a 1444)a,b 1445)c

1446. Patient of eclmpsia on magsulph regime are monitored by all of the follwing except - *(UPSC 96)*
a) Respiratory rate
b) Urine output
c) Knee jerk
d) Serum Na and K levels

1447. One of following antihypertensives is not used in pregnancy - *(AI96)*
a) Enalapril b) Methyldopa
c) Hydralazine d) Nifedipine

1448. All of following are predictive tests for PIH except
a) Rolling over test *(AI 96)*
b) Urinary protein
c) Gain in weight > 2kg in one in one month
d) Ultrasound

1449. Cause of convulasion in ecclamopsia *(KERALA 96)*
a) Cerebral anoxia due to aterial spasm
b) Hypovolemia
c) Hypocalcemia
d) Shock

1450. Proved to be effective in the management of preeclampsia - *(PGI96)*
a) Zinc b) Calcium
c) Magnesium d)None

1451. Earliest sign of preeclampsia is - *(ARMS 96, Jipmer 98)*
a) Hypertension
b) Albuminuria
c) Paedal oedema
d) Excessive weight gain

1452. Pregnancy induced hypertention, sudden vision loss is due to - *(JIPMER 99)*
a) Retinal detachment b)CRAO
c) Vitreous hemorrhage d)CRVO

1453. A 24 year old woman with 36 weeks of pregnancy, suddenly complains of headache and blurring of vision. Her B.P is 170/110 mm of Hg. Urinary albumin is +++and fundus examination shows areas of retinal haemorrhage. The line of further management would be - *(UPSC 2K)*
a) Conservative treatment
b) Anticonvulsive therapy
c) Induction of labour
d) Caesarean delivery

1454. Eclampsia is mostly seen at - *(CULCUTTA 2K)*
a) Antepartum b) Intrapartum
c) Postpartum d) During parturition

1455. Giant's roll over test for PIH is doneat - *(ORRIS A R)*
a) 22-24 weeks b) 28-32 weeks
c) 24-26 weeks d) 32-34 weeks

1456. In PIH an impending sign of eclampsia is -
a) Visual disturbance *(PGI 98)*
b) Wt gain of 2 lb per week
c) Severe proteinuria of lOg
d) Pedal edema

1457. Which of the following seen in pre eclampsia -
a) Hypertension b) Proteinuria *(PGI 01)*
c) Convulsions d) Pedal edema
e) KJGR

1458. Drug which can be used in pregnancy with eclampsia at 32 weeks of gestation is - (<*Jipmer 03)*
a) Enalapril b) Lorsatan potassium
c) Hydralazine d)Frusemide

1459. In severe PIH, BP is - *(MAHE 05, Karn 95)*
a) 160/100 mmHg b) 150/100 mmHg
c) 160/100 mmHg d) 120/80 mmHg

1460. Not a grave sign of pre-eclampsia - *(APPGE 05)*
a) Headache
b) Decreased reflexes
c) Epigastric discomfort
d) Urine output < 600 ml/day

1461. Which of the following drug is contraidicated to treat hypertension with pregnancy - *(ARMS 05)*
a) Enalapril b) Methldopa
c) Nifedipine d) Labetolol

1462. Which of the following antihypertensives is not safe in pregnancy - *(ARMS Nov 05)*
a) Clonidine b) ACE inhibitors
c) a-methyldopa d)Amlodipine

1463. A 27-year primigravida presents with pregnancy induced hypertension with blood pressure of 150/ 100 mmHg at 32 weeks of gestation with no other complications. Subsequently, her blood pressure is controlled on treatment. If there are no complications, the pregnancy should be best terminated at - *(ARMS 06)*
a) 40 completed weeks b) 37 completed weeks
c) 35 completed weeks d) 34 completed weeks

1464. Consider the following statements - *(UPSC 06)*
The-requisites for giving magnesium sulphate in the treatment of eclampsia include -
1. More than five fits
2. Patient not being in labour
3. Availability of calcium gluconate by the side of the patient.
4. Presence of knee-jerk
a) 1 and 2 only b) 3 and 4 only
c) 1,2 and 3 d) 2, 3 and 4

1465. Pregnancy induced hypertension is hypertension that develops after - *(Karn pgmee 06)*
a) 18 weeks of pregnancy b) 20 weeks of pregnancy
c) 24 weeks of pregnancy d) 28 weeks of pregnancy

1466. The imminent treatment of eclampsia include all except- *(UP 07)*
a) Tocolytics
b) Prevention of fits
c) Contemplate delivery
d) Decreases blood pressure

1467. Most important factor in management of preecclampsia - *(PGI June 07)*
a) Severity of hypertension
b) Proteinuria

1446) d 1447) a 1448)b,d 1449)a 1450)c 1451)d 1452)a 1453)b,c 1454)a 1455)b 1456)a 1457)a,b,d,e
1458) c,d 1459) a 1460) a 1461) a 1462) b 1463) b 1464) b 1465) b 1466) a 1467) a

1468. Which of the following medications is the drug of choice for severe preeclampsia ? *(AI08)*
a) Labetalol b) Metoprolol
c) Alpha - methyldopa d) Nifedipine

1469. Risk factor for pre-eclampsia - *(PGI June 08)*
a) Chronic hyertension b) Smoking
c) Obesity d) Multiparity
e) Placenta praevia

1470. Drug of choice in eclampsia ? *(APPG08)*
a) Magnesium sulphate b) ACE inhibitors
c) Ringer lactate d)All

1471. All of the following may be seen in severe pre-eclampsia/eclampsia except ? *(AI 09)*
a) Cerebral hemorrhage b) Pulmonary edema
c) Severe bowel ischemia d) Acute renal failure

1472. A30 year priml has 36 week pregnancy B.P of patient is 160/110. Urine albumin is 3^+ & platelet count is 80000/nm^3. Management of patient includes-
a) Betamethasone *(PGI June 09)*
b) $MgS0_4$
c) Labetalol
d) Immediate caesarean section
e) Induction of labour

1473. In PIH an impending sign of eclampsia is -
a) Visual disturbance *(DELHIPG Feb. 09)*
b) Wt. gain of 2 lb per week
c) Severe proteinuria of 10 kg
d) Pedal edema

1474. The drug of choice for prevention of seizures in a patient with severe preeclampsia is - *(DELHI PG Man 09)*
a) Phenytoin b) Magnesium sulphate
c) Diazepam d) Nifedipine

1475. What is the most commonly observed fetal effect in women receiving magnesium sulphate therapy for pre-eclampsia/eclampsia - *(UPSC-II09)*
a) Respiratory depression
b) Variability in fetal heart rate pattern
c) Cerebral palsy
d) Intestinal obstruction

1476. The following changes may be seen in pre-eclampsia except- *(UPSC-II 09)*
a) Decreased antithrombin III
b) Hemodilution
c) Thrombocytopenia
d) Elevated uric acid

1477. Which of the following is seen in severe preeclampsia except - *(PGINov 09)*
a) Oliguria
b) Pulmonary oedema
c) Foetal growth restriction (IUGR)
d) Diastolic BP > 110 mmHg
e) Systolic BP≥ 160 mmHg

1478. A 27-year old primigravida presents with pregnancy induced hypertension with blood pressure of 150/ 100 mrn/Hg at 32 weeks of gestation with no other complications. Subsequently, her blood pressure is controlled on treatment. If there are no complications, the pregnancy should be best terminated at - *(DPG10)*
a) 40 completed weeks b) 37 completed weeks
c) 35 completed weeks d) 34 completed weeks

1479. Risk factors for pre-eclampsia includes -
a) Age > 35 yr *(PGIMay 10)*
b) Obesity
c) Previous h/o preeclampsia
d) Multigravida
e) Antiphospholipid syndrome

1480. True about $MgS0_4$ - *(PGIMay 10)*
a) Tocolytic
b) Used in Management of eclampsia
c) Cause neonatal respiratory depression

1481. Best regimen for Eclampsia is - *(AlIMSNov 10)*
a) MgSO^ b) Lytic cocktail
c) Phenytoin d) Diazepam

1482. A 37-year old second gravid, previous LSCS at 37 wks of pregnancy presents with blood pressure of 150/100, urine albumin++. On pelvic examination cervix is found to be soft with 50% effacement, station is - 3, pelvis adequate and cervical os is closed. Most appropriate step at the moment would be -
a) Antihypertensive regime and then induce labour
b) Wait and watch for 10 days *(AIIMS Nov 10)*
c) Induce labour spontaneously
d) Do caesarean section

1483. Which can be used in pregnancy - *(ARMSMay 11)*
a) ACE inhibitors b) Aldosterone
c) AT receptor antagonist d) Propylthiouracil

1484. Which of the following is the earliest sign of magnesium toxicity in a patient with ecclampsia on treatment with magnesium sulphate - *(AI 11)*
a) Loss of deep tendon reflexes
b) Respiratory Depression
c) Crdiac arrest
d) Decreased urine output

1485. During a routine prenatal visit, a 22-week gravid woman is found to be affected with ankle oedema and new onset hypertension. The urine analysis reveals marked proteinuria. Which of the following, if it were to occur, would substantiate the diagnosis of eclampsia - *(UPSCII11)*
a) Molar pregnancy b) Hyperuricaemia
c) Seizures d) Thrombocytopenia

1486. A pregnant woman presented with pre eclampsia. Intravenous magnesium sulphate is given. What is the first sign of hypermagnesemia? *(Jipmer 11)*
a) Loss of tendon reflex
b) Respiratory depression
c) Hypotonia
d) Hypotension

1487. Proteinuria in pre-eclampsia is due to -
a) Glomerular damage *(Jipmer 11)*
b) Degree of hypertension
c) Release of vasoconstrictors
d) Liver failure

1468) a 1469) a,c 1470) a 1471) c 1472)a,e 1473) a 1474) b 1475)a 1476)b 1477)None 1478)b 1479) AD 1480)a,b,c 1481)a 1482) d 1483)d 1484)a 1485)c 1486)a 1487)a

ANTEPARTUM HAEMORRHAGE

1488. The following is false of placenta previa - *(AI92)*
a) Associated with toxemia
b) Painless recurrent bleeding
c) Maternal blood loss
d) Severe bleeding may occur

1489. The first consideration in the treatment of placetal abruption is - *(A1IMS 79, 84)*
a) Immediate delivery
b) Administration of fibrinogen
c) Amniocentesis to establish diagnosis
d) Promt restoration of an effective circulation with I.V. fluid
e) Oxytocin to effect early delivery

1490. Expectant line of management in placenta previa is contra-inidcated in - *(Karn 94)*
a) Preterm fetus b) Live fetus
c) Breech presentation d) Active labour

1491. One of following is not true about vasa previa -
a) Blood of maternal origin *(AI96)*
b) May be a cause of antepartum hemorrhage
c) Blood of fetal origin
d) Singer's test positive

1492. In a case of antepartum hemorrhage with BP = 80/60 mmHg, treatment of choice is - *(AI 96)*
a) Blood transfusion b) Morphine
c) Placentography d) Panhystectomy

1493. All are true about abruptia placenta except - *(A1IMS 98)*
a) Absent foetal heart b) Uterine tenderness
c) Profuse bleeding d) Hypotension

1494. Covellier's uterus seen in - *(PGI98)*
a) Accidental hemorrhage
b) Pregnancy with DIC
c) Placenta previa

1495. A pregnant woman presents with a placenta pravia of a major degree. The fetus is malformed. Which of the following will be the best line on management- *(JIPMER 2K)*
a) Cesarian section b) Oxytocin drip
c) Rupture of membranes d) Instillation of PGE2

1496. A second gravida P+O+O presented 32 weeks of pregnancy with grade III placenta previa and contractions. What is the treatment of choice -
a) Bed rest and sedation *(AIIMS 2K)*
b) Bed rest and dexamethasone
c) Rest, nifidepine and dexamethasone
d) Bed rest and nifidepine

1497. A positive "Stallworthy's sign" is suggestive of which of the following conditions - *(Kerala 2K)*
a) Twin pregnancy
b) Breech presentation
c) Vesicular mole
d) Low lying placenta
e) Pregnancy induced hypertension

1498. In accidental haemorrhage, TOC - *(PGI 98)*
a) Induction of labour
b) Rx of hypofibrinogenemia then blood transfusion
c) Stimultaneous empying of uterus and blood transfusion
d) Wait and watch

1499. Couvelaire uterus is seen in - *(PGI 98)*
a) Placenta previa b) Accidental haemorrhage
c) PIH d)PPH

1500. Termination of pregnancy in placenta praevia is indicated in - *(PGI 03)*
a) Active bleeding
b) Active labour
c) Gestational age >34 wks with live fetus
d) Fetal malformation
e) Unstable lie

1501. Most common cause of placenta previa -
a) Myomectomy b) Primigraida
c) Multigravida d) Previous casanian section

1502. Causes of ante - partum hemorrhage are all except -
a) Placenta previa *(IN03)*
b) Atonic uterus
c) Abruptive placenta
d) Circumvalate placenta

1503. Antepartum hemorrhage occurs after how many weeks - *(TN 04)*
a) 12 weeks b) 18 weeks
c) 20 weeks d) 28 weeks

1504. Classical presentation of plecenta previa -
a) Anterior b) Central *(MAHE05)*
c) Lateral d) Posterior

1505. A primigravida presents to casually at 32 weeks gestation with acute pain abdomen for 2 hours, vaginal bleeding and decreased fetal movements. She should be managed by - *(AI 06)*
a) Immediate cesarean section
b) Immediate induction of labor
c) Tocolytic therapy
d) Magnesium sulphate therapy

1506. In placenta previa conservative treatment not done in case of - *(PGI June 06)*
a) Active labour b) Anencephaly
c) Dead baby d) Severe placenta previa
e) Premature fetus

1507. Couvelaire uterus present in - *(UP 07)*
a) Placenta praevia b) Abruptio placentae
c) Vas praevia d) All of the above

1508. Medial to lateral structure of Fallopina tube are -
a) Ampulla, Isthmus, Infundibulum *(UP08)*
b) Infimdibulam, isthmus, Ampulla
c) Interstitial, isthmus, ampulla, infundibulum
d) Infimdibulam, ampulla, isthmus, Interstitial

1509. Which of the following drugs is not useful in the management of postpartum hemorrhage (PPH) -
a) Mifepristone b) Misoprostol *(AI08)*
c) Oxytocin d) Ergotamine

1488) a 1489) d 1490) d 1491) a 1492) a 1493) c 1494) a 1495) a 1496) None 1497) d 1498) c 1499) b 1500)a,b,d
1501) c 1502)b 1503)d 1504)d 1505)a 1506)a,b,c 1507)b 1508)c 1509)a

1510. All are causes of antepartum hemorrhage except ? *(DPGEE 08)*
a) Battledore placenta
b) abruptio placenta
c) Circumvallate placenta
d) Placenta praevia

1511. Which of the following is true about vasa previa except ? *(AIIMS May 09)*
a) Incidence is 1:1500
b) Mortality rate of 20% with undiagnosed case
c) Associated with low lying placenta
d) Caesarian section is indicated

1512. The risk factors for placental abruption include the following except- *(DELHI PG Mar. 09)*
a) History of placental abruption in previous pregnancy
b) Hypertension
c) Diabetes mellitus
d) Preterm rupture of membranes

1513. Abortions in the second trimester mainly occur due to- *(UP SC II10)*
a) Retroverted gravid uterus
b) Congenital anomalies of the uterus
c) Congenital anomalies of the foetus
d) Hormonal deficiencies

1514. The regimen used for expectant management of placenta previa is - *(AIIMS Nov 10)*
a) Macafee & Johnson regimen
b) Brandt Andrew method
c) Credes method
d) Mcdonald's regimen

1515. Classifiction for abruptio placenta \s-*(AUMSNov 10)*
a) Page's classification b) Jhonson regimen
c) Apt staging d) Macafee regimen

1516. Which test differentiate maternal and fetal blood cell- *(AIIMS Nov 10)*
a) Apt test b) Kleihauer-Betke test
c) Bubblin test d) Osmotic fragility test

1517. All of the following are included in the expectant management of placenta praevia, except - *(A111)*
a) Cervical Encirclage
b) Anti- D administration
c) Corticosteroids
d) Blood transfusion

1518. A fourth-gravida with three living children presents at 38 weeks of pregnancy with abdominal pain and vaginal bleeding. On examination, the uterus is tense and tender, and the foetal heart sounds are absent. What is the probable diagnosis - *(UPSC II11)*
a) Accidental haemorrhage b) Placenta praevia
c) Vasa praevia d) Ectopic pregnancy

1519. Ante partum hemorrhage of fetal origin is seen in - *(Jipmer 11)*
a) Abruption placenta
b) Placenta previa
c) Vasa previa
d) Circumvallate placenta

MEDICAL & SURGICAL ILLNESS COMPLICATING PREGNANCY

1520. Unequivocal evidence of heart disease in pregnancy is - *(Kerala 91)*
a) Systolic murmur
b) Diastolic murmur
c) Diastolic thrill and murmur
d) Systolic thrill and murmur

1521. Which is not transmitted to the baby at delivery - *(JIPMER 91)*
a) Toxoplasmosis
b) gonococcus
c) Herpes simplex type II
d) Hepatitis-B

1522. Which of the following is correct about Asymptomatic bacteriuria during pregnancy - *(JIPMER 91)*
a) 5% progress to UTI
b) Seen in 20% of pregnant women
c) Not associated with Renal anomalies
d) Seen only in mulltigravida

1523. Which heart disease has the worst prognosis in pregnancy - *(AI92)*
a) Pulmonary stenosis b) MS
c) VSD d)ASD

1524. Pregnant lady on oral anticoagulants should swithch over to Heparin at - *(AIIMS 92)*
a) 6 weeks b) 12 weeks
c) 24 weeks d) 36 weeks

1525. Surgery for mitral stenosis during pregnancy is ideally done at - *(AIIMS 92)*
a) 14 weeks b) 20 weeks
c) 28 weeks d) 32 weeks

1526. A multipara with 34 weeks pregnancy tachycardia, fever hepatosplenomegaly, pallor has - *(UPSC 98)*
a) Malaria
b) Iron deficiency anaemia
c) Physiological anaemia
d) Megaloblastic anaemia

1527. Which of the following is an absolute indication for cesarian section in pregnancy associated with heart disease - *(AIIMS 2K)*
a) Pulmonary stenosis b) Coarctation of aorta
c) Eisenmenger syndrome d) Ebstein's anomaly

1528. All are correct of management of Heart disease during labour except - *{AIIMS 92)*
a) Minimal trial of labour
b) Shortening of second stage of labour
c) LSCS only for obstetrical indications
d) Induction at 38 weeks

1529. DIC is seen in - *(Kerala 94)*
a) Retained placenta b) Abruptio
c) Intra uterine death of foetus d) All

1530. The commonest pathogen responsible for acute pyelonephritis in pregnancy is - *(Karn. 94)*
a) Escherichia coli
b) Kiebsiella pneumoniae
c) Proteus mirabilis
d) Pseudomonas aeruginosa

1510) a 1511) b 1512)c 1513)b 1514)a 1515)a 1516)a 1517)a 1518)a 1519)c 1520)b,c,d 1521)a 1522)None
1523) b 1524) d 1525)a 1526)a 1527)b 1528)d 1529)d 1530)a

1531. Which of the following is not a complication of fibroid in pregnancy - *(JIPMER 95)*
a) Pre term labour b) Post partum haemorrhage
c) Abortion d) None

1532. Causes of DIC are all except- *(AI95)*
a) Abruption placentae b) Fat emboli
c) Amniotic fluid embolism d)IUD

1533. In coagulation failure serum level of fibrinogen is less than - *(Karn. 95)*
a) 150 mg b) 100 mg
c) 200mg d) 250 mg

1534. The most important cause of the coagulation failure in obstetrics is - *(Karn. 96)*
a) Intrauterine foetal death
b) Accidental haemorrhage
c) Placenta previa
d) Rupture of the uterus

1535. Drug of choice for medical termination of pregnancy in a second gravida with asthma at 16 weeks gestation is - *(UP 97)*
a) Prostaglandin
b) Ethacridine lactate
c) Hypertonic saline
d) Intra-amniotic dexamethasone

1536. Maximum maternal mortality is with-£4ZZMS'*97,06)*
a) Hepatitis B b) Hepatitis C
c) Hepatitis D d) Hepatitis E

1537. Most common heart disease in pregnancy is-
a) ASD b) Eisenmenger's *(AI97)*
c) MS d) AS

1538. Indication ofAcylovir in pregnancy- *(PGI96)*
a) Disseminated herpes
b) Chickenpox in first trimester
c) Prophylaxis in recurrent herpes
d) All of the above

1539. Mode of delivery in pregnant lady with herpes depends upon - *(PGI96)*
a) Active lesion b) Previous history
c) Cell culture d) None of the above

1540. Dessiminated intravascular coagulation is present in all except - *(AIIMS 96)*
a) Prolonged pregnancy
b) Amniolotic fluid embolism
c) Septic shock
d) Abruptio placenae

1541. Glucosuria during routine investigation of antenatal visit indicates that there is need for -
a) Gestational diabetes treatment *(UPSC)*
b) Dietary control
c) Insuline treatment
d) Glucose tollerance test screening

1542. During delivery, the risk of transmission of maternal infection to the foetus is the highest in
a) Rubella *(UPSC)*
b) Cytomegal virus
c) Herpes simplex virus
d) Human papilloma virus

1543. Pregnancy should be stongly discouraged in women with- *(UPSC)*
a) Mitral stenosis b)ASD
c) VSD d) Eisenmenger's syndrome

1544. Maternofetal transmission in toxoplasmosis occurs maximally in - *(A199)*
a) 1st trimester b) 2nd trimester
c) 3rd trimester d) At delivery

1545. In pregnancy sulfonylurea are stopped and insulin is started becuase of all except -*(AIIMS 98)*
a) Sulphonylureas cannot control sugar well due to hyperglycemia
b) Sulphonylureas predispose to hypoglycemia in infant
c) Insulin cannot cross placenta
d) Sulphonylureas causes pregnancy induced hypertension

1546. A woman, G2 PI, presents with 10 weeks gestation and history of DVT in the previous pregnancy in puerperium. The management includes all except -
a) Heparin to be started immediately *(AIIMS 99)*
b) Warfarin to be continued 6 weeks after delivery
c) Risk of thrombosis recurring is 10-12%
d) No anticoagulant needed in antenatal period

1547. The transmission of HSV to the baby is maximum at- *(AIIMS99)*
a) 1st trimester b) 2nd trimester
c) 3rd trimester d) At parturition

1548. During pregnancy corrective cardiac surgery is commonly indicated in - *(UPSC 2K)*
a) Mitral stenosis
b) Aortic stenosis
c) Atrial septal defect
d) Ventricular septal defect

1549. The best test in diabetic mother to diagnose baby' slung maturity - *(AIIMS99)*
a) Phosphatidyl inositol
b) Sphingomyelin/Lecithin ratio
c) Ultrasonography
d) None of the above

1550. Which of the following is the most dangerous cardiac lesion in pregnancy - *(AIIMS2K)*
a) Aortic stenosis
b) Mitral regurgitation
c) Pulmonary stenosis
d) Mitral valve prolapse

1551. A G2P1+0+0, Diabetic mother presents at 32 weeks of pregnancy. She gives a history of full term fetal demise during her last pregnancy. Her sugar is now controlled and the child is stable. What is the best plan of action - *(AIIMS 2K)*
a) Await spontaneous delivery
b) Induce at 38 weeks
c) Induce at 40 weeks
d) Cesarian section 38 weeks

1531) d 1532)b 1533)b 1534)b 1535)c 1536)a 1537)c 1538)d 1539)a 1540)a 1541)d 1542)c 1543)d 1544)c
1545) d 1546)d 1547)d 1548)a 1549)a 1550)a 1551)d

1552. In valvular heart diseases complicating pregnancy the following statements are true except -
a) A closed mitral valvulotomy can be carried out if symptoms of mitral stenosis are severe *(Kerala 2K)*
b) Open heart surgery is associated with a reduction in foetal loss
c) Mitral regurgitation is usually well tolerated
d) A maternal mortality of 15% has been reported in women with critical aortic stenosis
e) It is mandatory to continue full anticoagulation in patients with mechanical valvular prosthesis

1553. The following complications are likely to increase in a case severe anaemia during the pregnancy except- *(Kerala 2K)*
a) Pre-eclampsia b) Inter-current infection
c) Heart failure d) Preterm labour
e) Sub involution

1554. Large placenta is seen in which of the following -
a) IUGR b) Syphilis *(Kerala 01)*
c) CMV d) Rubella

1555. Respiratory distrees syndrome in the new born is commonly assocaited with the following conditions except- *(UPSC2002)*
a) Diabetic pregnancy
b) Prematurity
c) Following an elective caesarean section
d) Intrauterine growth retardation

1556. In pregnancy amount of glucose used in GTT -
a) 50 mg b) 75 mg *(CMC 2001)*
c) lOOmg d) 125 mg

1557. Follicular ovarian cysts are seen in - *(Jipmer 92)*
a) Molar pregnancy b) Tubal pregnancy
c) Fibroid uterus d)Threatened abortion

1558. With iron treatment Hb increases by- *(JIPMER 98)*
a) 2 gm/week b) 1 gm/week
c) 2 gm/month d) 1 gm/month

1559. Not implicated in congenital transmission is -
a) Hepatitis A b) Toxoplasmosis*(UP 96)*
c) Herpes d) Syphilis

1560. Rh isoimmunisation is increased in all except -
a) Increased maternal age *(AIIMS97)*
b) Caesarean section
c) APH
d) Post dated pregnancy

1561. Treatment of toxoplasmosis in pregnant women is with - *(Korn 94)*
a) Spiramycin b) Suramin
c) Pyrimethamine d)Nifurtimox

1562. Commonest cardiac lesion seen pregnancy is -
a) MR b) AS *(TN95)*
c) MS d) Carctation of aorta

1563. Hydrops foetalis is seen in following except -
a) Rh incompatibility b) Syphilis *(PGI97)*
c) ABO incompatibility d) CMV

1564. In pregnancy, which type of anemia is not common in India- *(PGI 97)*
a) Vitamin B_{12} anemia
b) Folic acid anemia
c) Iron + folic anemia
d) Iron deficiency anemia

1565. Baby born to DM have following except - *(PGI 98)*
a) Hypercalcemia b) Hypokalemia
c) Hypoglycemia d) Obesity

1566. In heart disease, prophylactle forceps is applied at head station of - *(PGI 98)*
a) -1 b)+l
c) O d)+2

1567. In diabetes, which can occur in the fetus- *(PGI01)*
a) Pre-eclampsia b) Polyhydramnios
c) Fetal anomalies d) Placenta previa
e) Abruptio placentae

1568. True about indications for prevention of Rh-isoimmunization - *(PGI 01)*
a) Given to the newborn within 72 hrs. of birth
b) Required when baby is Rh^+ & mother Rh'
c) Can be helpful in ABO incompatibility
d) Can be given upto one month of age of baby

1569. True about fatty liver of pregnancy- *(PGI 01)*
a) Common in third trimester
b) Microvesicular fatty changes
c) Lysosomal injury is the cause
d) Alcohol is main cause
e) Recurrence is very common

1570. A lady presents with 16 weeks pregnancy with acute appendicitis. Management includes -
a) Conservative *(PGI02)*
b) Do early surgery
c) Appendicectomy with MTP
d) Appendicectomy after childbirth
e) Medical therapy and appendicectomy on reccurence

1571. Indications of oral glucose tolerance test (GTT) -
a) H/O DM in maternal uncle *(PGI 03)*
b) Toxaemia of pregnancy
c) Previous big baby
d) Previous H/O gestational diabetes
e) Hydropic degeneration

1572. Indication of anti-D immunoglobulin is/are -
a) Vaginal bleeding *(PGI03)*
b) ECV
c) Mid trimester abortion
d) After amniocentesis

1573. For antenatal fetal monitoring in a diabetic pregnancy all of the following are useful except- **(***Karnataka 02)*
a) Non - stress test b) Biophysical profile
c) Doppler flow study d) Fetal kick count

1574. Hypothyroidism is associated with the following clinical problems, except - **(***UPSC 04)*
a) Menorrhagia b) Early abortions
c) Galactorrhoea d) Thromboembolism

1552)b 1553)e 1554)b,d 1555)d 1556)c 1557)a 1558)b 1559)a 1560)a 1561) a,c 1562)c 1563)None
1564) a 1565) a 1566)d 1567)b,c 1568)b 1569)a,b 1570)b,c 1571)a,c,d,e 1572)a,b,c,d 1573)d 1574)d

1575. Zidovudine given for HIV in pregnancy because- *(UPPGMEE04)*
a) Decreases chance of vertical transmission
b) Decrease severity of infection transmission
c) Decrease severity of infection in mother
d) Cause no benefit

1576. A fetomaternal transfusion of more than 30 ml has been found in what percentge of women at delivery?
a) Less than 1% b) 5%
c) 10% d) 15%

1577. You are called to the operating room. The general surgeons have operated on a woman to rule out appendicitis and the signs of an abominal pregnancy with an 18 week fetus and placeta attached to the omentum. The best course of action in the case is -
a) Removal of both fetus and placenta
b) Laparoscopic ligation of umbilical cord
c) Removal of the fetus only
d) Closely follow until viability and then deliver by laparotomy

1578. Causes of non - immune hydrops fetails are all except- *(Jipmer03)*
a) Parvo virus infection b) Down's syndrome
c) a - thalassemia d) Rh - incompatibility

1579. Following renal disorder is associated with worst pregnancy outcome - *(A1IMS 03)*
a) Systemic lupus erythematosus
b) IgA neuropathy
c) Autosomal dominant polycystic kidney disease
d) Scleroderma

1580. A Para II poorly compensated cardiac patient has delivered 2 days back. You will advice her to -
a) Undergo sterilization (tubectomy) after 1 week
b) Undergo sterilization after 6 weeks *(UPSC 04)*
c) Suggest her husband to undergo vasectomy
d) Take oral contraceptive pills after 6 months

1581. Which of the following is not an indication for antiphospholipid antibody testing? *(All India 04)*
a) 3 or more consecutive first trimester pregnancy losses
b) Unexplained cerebrovascular accidents
c) Early onset severe pre - eclampsia
d) Gestational diabetes

1582. A class C diabetic patient delivers at term, it is important to check her blood sugar levels immediately postpartum, since there may be a decrease in the insulin requirements of diabetic paitents. This can be partly explained by -
a) Increased food intake
b) Decreased activity
c) Decrease in plasma chorionic somatomammotropin
d) Decrease in plasma progesterone

1583. During first trimester of pregnancy risk of fetal malformation in a pregnant woman with insulin dependent diabetes is best predicted by -
a) Blood sugar values *(Karnat 05)*
b) Glycosylated haemoglobin levels
c) Serum alpha fetoprotein levels
d) Serum unconjugated estriol levels

1584. With oral iron therapy, rise in Hb% can be seen after- *(MAHE 05)*
a) lweek b) 3 weeks
c) 4 weeks d) 6 weeks

1585. Antitubercular drug contraindicated in pregnancy - *(PGI June 05, Orrisa 98, PGI89, 01)*
a) Streptomycin b) Rifampicin
c) INH d)Ethambutol
e) Pyrazinamide

1586. The short retroviral regime administration in the peripartum period decreases the risk of vertical transmission by - *(MAHE 05)*
a) 30% b)50%
c) 65% d) 75 %

1587. In pregnancy, the most common cause of transient diabetes insipidus is - *(MAHE05)*
a) Severe pre-eclampsia b)Hydramnios
c) Multiple pregnancy d)IUGR

1588. A mother is HbsAg positive and anti HbcAg positive. Risk of transmission of hepatitis B in child is- *(MAHE 05)*
a) 20% b) 50 %
c) 0% d) 90 %

1589. Transplacental transmission of toxoplasmosis occurs maximally when - *(APPGE 05)*
a) Infection to mother occurs within 6 months before pregnancy
b) Infection to mother occurs beyond 6 months before pregnancy
c) In first trimester
d) In last trimester

1590. Which of the following test is the most sensitive for detection of iron depletion in pregnancy-^LZZMS'
a) Serum iron b) Serum transferrin *Nov 05)*
c) Serum ferritin d) Serum Erythropoitin

1591. Infants of diabetic mother are likely to have the following cardiac anomaly - *(AJ 05)*
a) Coarctation of aorta
b) Fallot's tetrology
c) Ebstein's anomaly
d) Transposition of great arteries

1592. Which of the following statements is incorrect in relation to pregnant women with epilepsy - *(A105)*
a) The rate of congenital malformation is increased in the offspring of women with epilepsy
b) Seizure frequency increases in approximately 70% of women
c) Breast feeding is safe with most anticonvusants
d) Folic acid supplementation may reduce the risk of neural tube defect

1575) a 1576) a 1577)c 1578)d 1579)a 1580)c 1581)d 1582)c,d 1583)b 1584)b 1585)a 1586)b 1587)a 1588) d 1589) d 1590) c 1591) d 1592)b

1593. The drug of choice in treatment of typhoid fever in pregnancy is - *(AIMS NOV05)*
a) Ampicillin b) Chloramphenicol
c) Ciprofloxacin d) Ceftriaxone

1594. Not complication of gestational diabetes mellitus - *(Manipal06)*
a) Hydrocephalus b) Macrosomia
c) Monilial vagintis d) Nephropathy

1595. At what period does tuberculosis flare up most commonly in a pregnant patient - *(AI06)*
a) First trimester b) Second trimester
c) Third trimester d)Puerperium

1596. Which of the following tumors is not commonly known to increase in pregnancy ? *(AI 06)*
a) Glioma b) Pituitary adenoma
c) Meningioma d) Neurofibroma

1597. Which vitamin deficient is most commonly seen in a pregnant mother who is on phenytoin therapy for epilepsy ? *(AI06)*
a) Vitamin B_6 b) Vitamin B_{12}
c) Vitamin A d) Folic acid

1598. With which of the following types of viral hepatitis infection in pregnancy, the maternal mortality is the highest? *(AIMS06)*
a) Hepatitis-A b) Hepatitis-B
c) Hepatitis-C d) Hepatitis-E

1599. Glucose tolerance test is indicated in a pregnant lady in case of - *(PGI June 06)*
a) Big baby b) Repeated abortion
c) Previous GDM d) Eclampsia
e) H/O diabetes in maternal uncle

1600. Feature of diabetes mellitus in pregnancy - *(PGI June 06)*
a) Postdatism
b) Hydramnios
c) Neonatal hyperglycemia
d) t defect
e) PPH

1601. True statements is/are - *(PGl June 06)*
a) MS surgery better avoided in pregnancy
b) MR with PHT - definite indication for termination of pregnancy
c) Aortic stenosis in young age is due to Bicuspid valve
d) Isolated TR always due to infective endocarditis
e) MS with pressure gradient 10 mmHg-indication for surgery

1602. Which one of the following is not associated with diabetes in pregnancy - *(UPSC 06)*
a) Sacral agenisis of the foetus
b) Advanced placental grading
c) Baby weight >3.5 kg
d) Hydramnios

1603. Caesarean section is preferred in - *(APPG06)*
a) Toxoplasmosis b) Herpes
c) CMV d) Varecella Zoster Virus

1604. Acute pyelonephritis in pregnancy all of the following are true except - *(Manipal 06)*
a) Left kidney is inolved in 50% of patients
b) Most common isolate is E. coli
c) More common in later 1/2 of pregnancy
d) Responds to amino glycosides

1605. Caudal Regression Syndrome is seen in babies of mothers having - *(AI 07)*
a) Gestational diabetes b)PIH
c) Cardiac disease d) Anaemia

1606. A large Baby is born. The likely complication in pregnancy is - *(AI 07)*
a) Gestational diabetes
b) Gestational hypertension
c) Cardiac disease
d) Anaemia

1607. Hypothyroidism is pregnancy is least likely associated with - *(AI07)*
a) Recurrent abortions
b) Polyhydramnios
c) Pregnancy induced hypertension (PIH)
d) Prematurity

1608. Antiepileptic which is not associated with congenital malformation when used in pregnant woman is-
a) Phenytoin b) Phenobarbitone *(AI 07)*
c) Carbamazepine d) Valproate

1609. Highest transmisstion of hepatitis B from mother to fetus occurs if the mother is infected during -
a) 1st trimester b) Ilnd trimester *(AI 07)*
c) Illrd trimester d) At the time of implantation

1610. A 9 month old pregnant lady presents with Jaundice and distension, pedal edema after delivering normal baby. Her clinical condition deteriorates with increasing abdominal distension and severe ascites. Her bilirubin is 5 mg/dl, S. alkaline phosphatase was 450 u/L and ALT (345 Iu). There is tender hepatomegaly 6 cm below costal margin and ascitic fluid shw protein less than 2 mg%. Diagnosis is - *(AIIMSMay 07)*
a) Acute fatty liver of pregnancy
b) HELLP syndrome
c) Acute fulminant, liver failure
d) Budd chiari syndrome

1611. Most common heart disease which is associated with maximum mortality during pregnancy -
a) Eisenmenger syndrome b) MS *(AIMSMay 0 7)*
c) AS d)VSD

1612. Premature baby of 34 weeks was delivered. Baby had bullous lesion on the body. X ray shows periostitis what is the next investigation -
a) VDRL for mother & baby *(AIMSMay 07)*
b) ELISA for HIV
c) PCRforT.B.
d) Hepatitis surface antigen for mother

1593) d 1594) a 1595)d 1596)a 1597)d 1598)d 1599)a,b,c,d 1600)b,d,e 1601)a,b,c,e 1602)b 1603)b 1604)a 1605) a 1606) a 1607)b 1608)b 1609)c 1610)d 1611)a 1612)a

1613. Consider the following statements - *(UPSC07)*
A woman suffering from gestational biabetes is likely to develop -
1. PIH
2. Macrosomia (foetal)
3. IUD

Which of the statements given above is/are correct-
a) 1 and 2 only b) 2 only
c) 1 and 3 only d) 1,2 and 3

1614. The screening test for gestational diabetes mellitus that has the highest sensitivity is - *(Corned 08)*
a) Glycosylated Hb
b) Blood fructosamine
c) 50 gram glucose challenge test
d) Random blood sugar

1615. Drug contraindicated in patient with rheumatic heart disease in PPH is - *(AlIMSNov 07)*
a) Oxytocin infusion b) Methyl ergometrine
c) Misoprostol d) Carboprost

1616. Highest maternal mortality is seen in following congenital heart disease - *(AlIMSNov 07)*
a) Eisenmengers complex b) Pulmonary stenosis
c) Coarctation of aorta d)VSD

1617. Causes of pruritus in 3rd trimester of pregnancy include the following except - *(UPSC-108)*
a) Prurigo gestationis
b) Obstetric cholestasis
c) Pemphigoid gestationis
d) Pruritic folliculitis

1618. Which female genital malignancy is most common in pregnancy ? *(UPSC-II08)*
a) Ovarian cancer b) Vaginal vulvar cancer
c) Endometrial cancer d) Cervical cancer

1619. Cholestasis may lead to the following complications except- *(UPSC-II 08)*
a) Intrauterine fetal death
b) Meconium stained liquor
c) Preterm labour
d) Neonatal jaundice

1620. The dermoid cyst, diagnosed at 6 weeks of pregnancy. Best treatment modalities - *(UP08)*
a) LSCS along with removal of cyst
b) Only when it undergoes torsion
c) Immediately
d) At 14-16 weeks of pregnancy

1621. Maximum incidence of congenital malformation are seen in first trimester infection crosses the placenta - *(UP08)*
a) Toxoplasmosis b) Rubella
c) CMV d) Cryptosporidium

1622. All are true about Anti phospholipid syndrome except- *(UP08)*
a) Associated with SLE
b) Thrombosis of uteroplacental vessels
c) Recurrent placental haemorrhage
d) Give false positive results in syphilis

1623. Which of the following modalities have shown best result for Pre menstrual syndrome ? *(AI08)*
a) SSRI b)Progesterone
c) Oestrogen d) Anxiolyties

1624. Which of the following congenital infections is associated with minimal teratogenic risk to the fetus- *(AI08)*
a) HIV b) Rubella
c) Varicella d) CMV

1625. A pregnant mother presents with history of delivery of a previous child with congenital adrenal hyperplasia (CAH). The best management protocol for the current pregnancy is - *(AI 08)*
a) To start prednisolone after establishing whether fetus is affected by chorionic Villous sampling
b) To start dexamethasone as soon as pregnancy is confirmed
c) To start dexamethasone after determining sex of the fetus by karyotyping
d) To start prednisolone after determining sex of the fetus with USG

1626. Diabetes in pregnancy all except -
a) Glucose challenge test is done between 24-28 week
b) 50 gm of sugar given as screening test
c) Insulin resistance improves with pregnancy
d) Diabetes control before conception is important to prevent malformation

1627. Which is the characteristic lesion of pregnancy ?
a) Vitiligo b) Pemphigus *(APPG08)*
c) Tinea versicolor d) Chloasma

1628. Specific congenital abnormality associated with DM?
a) Caudal regression syndrome *(APPG08)*
b) VSD
c) ASD
d) TOF

1629. Not a leading cause of DIC in pregnancy ?
a) Prolonged pregnancy *(APPG08)*
b) Abrubtio placenta
c) Heart disease
d) IUP

1630. True regarding asymptomatic bacteriuria in pregnancy are - *(PGIDec08)*
a) The incidence of acute pyelonephritis is high
b) T Morbidity in pregnancy
c) T Chance of premature infant
d) All antimicrobial agents cannot be given in pregnancy
e) T Risk of chronic renal lesion in later life

1631. Regarding transmission of HIV to infant from infected HIV mother, which statement is/are true -
a) Give zidovudine to mother *(PGIDec 08)*
b) 25% chance of vertical transmission
c) Avoid breast feeding
d) Vaccinate infant with OPV & MMR
e) If infant is healthy for 5 month, then infant is not infected with HIV

1613) d 1614) c 1615) b 1616)a 1617)d 1618)a 1619)d 1620)d 1621)b 1622)c 1623)a 1624)a 1625)b 1626)c 1627)d 1628) a 1629)a 1630)A11 1631)a,b,c

1632. Which of the following antibiotics are safe to treat UTI in pregnancy - *(PGI Dec 08)*
a) Aminoglycosides b) Fluroquinolones
c) Cephalosporins d) Sulfonamides
e) Tetracyclins

1633. Vasopressor of choice in pregnancy is ?
a) Ephedrine *(AIIMSNov08)*
b) Phenylephrine
c) Methoxamine
d) Mephentermine

1634. A pregnant lady acquires chicken pox 3 days prior to delivery. She delivers by normal vaginal route. Which of the following statements is true ?
a) Both mother and baby are safe *(AIIMS Nov 08)*
b) Give antiviral treatment to mother before delivery
c) Give antiviral treatment to baby
d) Baby will develop neonatal varicella syndrome

1635. Transmission of HIV from mother to child is prevented by all the following except -
a) Oral zidovudine to mother at 3rd trimester along with oral zidovudine to infant for 6 weeks
b) Vit A prophylaxis to mother *(AIIMS Nov 08)*
c) Vaginal delivery
d) Stopping breast feeding

1636. Investigation of choice in cholestasis of pregnancy?
a) Serum bilirubin levels *(AIIMS Nov 08)*
b) Serum bile acids levels
c) Serum alkaline phosphatase levels
d) Serum glutathiones transferase levels

1637. All of the following drugs can be given to a mother with lupus after 35th week of gestation, Except -
a) Chlaroquine *(AI09)*
b) Methotrexate
c) Sulphadiazine / Sulphasalazine
d) Prednisolone

1638. True about congenital diseases in diabetes mellitus is all except- * *(AIIMSMay 09)*
a) Results due to free radical injury
b) 6-10% cases are associated with major congenital abnormality
c) 1-2% of newborns are associated with single umbilical artery
d) Insulin can be given

1639. Normal pregnancy can be continued in -
a) Primary pulmonary hypertension *(AIIMS May 09)*
b) Wolf-Parkinson-White syndrome
c) Eisenmenger syndrome
d) Marfan syndrome with dilated aortic root

1640. The effect (s) of diabetic mother on infant is/are -
a) Brain enlargement as a part of macrosomai
b) Hyperglycemia in infant *(PGI June 09)*
c) First trimester abortiobn
d) Unexplained fetal death
e) caudal regression

1641. A multipara with 34 weeks pregnancy tachycardia, fever hepatosplenomegaly, pallor has -
a) Malaria *(DELHI PG Feb. 09)*
b) Iron deficiency anemia
c) Physiological anemia
d) Megaloblastic anemia

1642. Which of the following is not associated with diabetes in pregnancy? *(DELHI PG Feb. 09)*
a) Sacral agenesis of the foetus
b) Advanced placental grading
c) Baby weight >3.5 kg
d) Hydramnios

1643. The maximum chances of HIV infection being transmitted to the fetus/infant in an HIV infected mother are during - *(UPSC-II09)*
a) First trimester b) Third trimester
c) During labour d) During breastfeeding

1644. Which one of the following statements is NOT correct about obstetric cholestasis ? *(UPSC-II 09)*
a) In results in pruritis without rash
b) Associated with markedly high bilirubin and raised liver enzymes
c) It is an indication of termination of pregnancy at 37 weeks
d) Risk of recurrence is high in future pregnancies

1645. True about HIV+ve mother- *(PGI Nov 09)*
a) Caesarean section is safer than vaginal delivery
b) Vaginal delivery is safer than C.S.
c) Mother not taking ART should advised for C.S
d) Baby does not need drug therapy
e) Start ART & continue throughout pregnancy

1646. A pregnant patient with prosthetic valve should be switched to heparin in - *(AIIMS Nov 09)*
a) 32 weeks b) 36 weeks
c) 40 weeks d) Onset of labour

1647. A pregnant lady had no complaints but mild cervical lymphadenopathy in first trimester. She was prescribed spiramycin but she was non-compliant. Baby was born with hydrocephalous and intracerebral calcification. Which of these is likely cause?
a) Toxoplasmosis b)CMV *(AIIMSMay 10)*
c) Cryptococcus d) Rubella

1648. A pregnant female at 35 wks of pregnancy is disgnosed with SLE. Drugs that can be used to treat are all except - *(AIIMS May 10)*
a) Corticosteroids b) Sulphasalazine
c) Methotrexate d) Hydroxychloroquine

1649. At what gestational age should a pregnancy with cholestasis of pregnancy be terminated -
a) 34 weeks b) 36 weeks *(AIIMS May 10)*
c) 38 weeks d) 40 weeks

1650. All are seen in gestational diabetes except -
a) Previous macrosomic baby *(AIIMS May 10)*
b) Obesity
c) Malformations
d) Polyhydramnios

1632) a,c,d 1633)a 1634)d 1635)c 1636)b 1637)b 1638)c 1639)b 1640)c,d,e 1641)a 1642)b 1643)c 1644)b 1645)a,c,e 1646)b 1647)a 1648)c 1649)c 1650)c

1651. Treatment of choice for intrahepatic cholestasis in Pregnancy is - *(AI10)*
a) Cholestyramine
b) Ursodiol (Ursodeoxycholic acid)
c) Coricosteroids (Dexamethasone)
d) Antihistaminics

1652. All of the following are cardiac contraindications to pregnancy, except - *(AI 10)*
a) Eisenmenger's syndrome
b) Pulmonary hypertension
c) Coarctation of aorta
d) WPW syndrome

1653. The drug of choice to treat Chlamydia infection in pregnancy is- *(AI10)*
a) Tetracycline b) Doxycycline
c) Erythromycin d) Azithromycin

1654. The drug of choice to treat chlamydia infection in pregnancy is - *(AI 10)*
a) Tetracycline b) Doxycycline
c) Erythromycin d) Penicillin

1655. A woman presents with leakage of fluid per vaginum and meconium stained liquor at 34 weeks of gestation. The most likely organism causing infection would be - *(AI 10)*
a) Listeria monocytogenes b) Toxoplasmosis
c) CMV d) Herpes

1656. All of the following interventions are recommended to prevent mother to child transmission of HIV, except- *(AI10)*
a) Avoid Ergometrine in third stage of labour
b) Highly active antiretroviral therapy (HAART)
c) Elective caesarian section
d) Intrapartum zidovudine

1657. With reference to the transmission of HIV from mother to child, which one of the following statements is not correct? *(UP SCII10)*
a) The rate of transmission of HIV from mother to child is between 15-48%.
b) In majority of cases, transmission of virus occurs during intrapartum period
c) Single dose of 200 mg of nevirapine at the onset of labour eliminates the risk of HIV transmission to the newborn
d) HIV is transmitted through breast milk

1658. A pregnant woman presented at 28 weeks of gestation with haemoglobin level of 7 gm%; and peripheral smear reveals it to be of microcytic hypochromic type. What would be the correct option of therapy? *(UP SC II10)*
a) Blood transfusion
b) Oral iron therapy
c) Injectable iron therapy
d) Oral iron and folic acid therapy

1659. Which parenteral iron preparation does not cause anaphylaxis on intraveneous administration?
a) Irondextran b) Iron sorbitol *(UP SCII10)*
c) Iron fumerate d) Iron sucrose

1660. True statement regarding use of antiepileptic drugs in pregnancy - *(PGI May 10)*
a) Valproate is associated with NTD
b) Multiple drug should be given
c) Carbamazepine is safe
d) Phenytoin can produce foetal hydantoin syndrome

1661. Regarding H1N1 influenza in pregnancy, true statment (s) is/are - *(PGI May 10)*
a) Oseltamavir is used
b) H1N1 more dangerous in pregnancy
c) Should start t/t only after confirmation

1662. Regarding transmission of HIV to infant from infected HIV mother, which statement is/are true- *(PGI May 10)*
a) Start zidovudine during labour
b) 25% chance of vertical transmission
c) A void breast feeding
d) Vaccinate infant with OPV & MMR
e) CS cause less transmission

1663. Most common causes of maternal anaemia in pregnancy - *(PGI Nov. 10)*
a) Acute blood loss b) Iron deficiency state
c) GI blood loss d) Hemolytic anaemia
e) Thalassemia

1664. Prolactinoma in pregnancy, all are true except -
a) Most common pituitary tumor but rarely symptomatic *(AIIMS May 11)*
b) Increase in prolactin levels worse prognosis
c) Macroadenoma > 1 cm is associated with bad prognosis
d) Regular visual checkup

1665. All are seen in gestational diabetes except -
a) Previous macrosomic baby *(AIIMS May 11)*
b) Obesity
c) Malformations
d) Polyhydramnious

1666. A pregnant lady acquires chicken pox 3 days prior to delivery. She delivers by normal vaginal route. Which of the following statements is true?
a) Both mother and baby are safe *(AIIMS May 11)*
b) Give antiviral treatment to mother intra partum
c) Give antiviral treatment to baby
d) Baby will develop neonatal varicella syndrome

1667. Antiphospholipid syndrome is associated with all except - *(AIIMS May 11)*
a) Recurrent abortion b) Venous thrombosis
c) Pancytopenia d) Antibody to lupus

1668. 36 weeks pregnant diabetic female with NST non reactive. What should be done next -
a) Induction of labour
b) CS
c) Do NST after lhr
d) Proceed to biophysical profile

1651) b 1652) d 1653)d 1654)c 1655)a 1656)a 1657)c 1658)b 1659)d 1660)a,d 1661) a,b 1662)a,b,c,e 1663)a,b 1664)c 1665)c 1666)d 1667)c 1668)d

1669. Which of the following drugs should not be used in the conduct of labour in a woman with rheumatic heart disease - *(AI11)*
a) Methylergometrine b) Carboprost
c) Synctocin d) Misoprostol

1670. Which of the following is the best marker for intrahepatic cholestasis of pregnancy - *(AI 11)*
a) AST & ALT (Transaminases)
b) Bile Acids
c) Bilirubin
d) Alkaline Phosphatase

1671. All of the following drugs can be given to a mother with lupus after 35 week of gestation,Except-^47*11)*
a) Chlaroquine
b) Methotrexate
c) Sulphadiazine/ Sulphasalazine
d) Prednisolone

1672. A primigravida in first trimester was observed to be sputum positive for acid fast bacilli. She had no previous history of tuberculosis. Which of the following should be the treatment strategy -*(AI 11)*
a) Category I DOTS b) Category II DOTS
c) Category III DOTS d) Defer treatment 3

1673. Which of the following viruses is least likely to cross placenta- *(AI11)*
a) Rubella b) Herpes Simplex Virus
c) HIV d)HBV

1674. All of the following interventions are recommended to prevent mother to child transmission of HIV, Except- *(AI11)*
a) Avoid breast feeding
b) Highly Active Antiretroviral Therapy (HAART)
c) Vaginal delivery
d) Intrapartum Zidovudine

1675. Ideal time to perform screening test for gestational diabetes (in weeks) is - *(Karn11)*
a) 6-8 b) 12-14
c) 24-28 d) 36-38

1676. The perinatal complications of a diabetic pregnancy include- *(UPSC II11)*
1. Small for Gestational Age baby
2. Stillbirth
3. Hypoglycaemia
4. Respiratory distress syndrome

Select the correct answer from the code given below-
a) 1 and 4 only b) 1 and 2 only
c) 1,2 and 3 only d) 2,3 and 4 only

1677. Antimicrobial prophylaxis is essential for a woman in labour who has - *(UPSCII11)*
a) Hypertension b) Renal disease
c) Diabetes mellitus d) Heart disease

1678. In a pregnancy complicated by heart disease, which of the following is/are contraindicated -
1. External cephalic version *(UPSC II11)*
2. LSCS
3. Corrective surgery of the heart lesion
4. Prophylactic intravenous methergine at the birth of anterior shoulder

Select the correct answer from the code given below:
a) 1 only b) 1 and 3 only
c) 4 only d) 1,2,3 and 4

1679. Anti epileptic indicated in pregnancy - *(Jipmer 11)*
a) Valproic acid b) Carbamazepine
c) Trimetazadine d) Dilantin

GYNAECOLOGICAL DISORDERS IN OBS

1680. Procedure of choice in a woman with 12 wks pregnancy and atypical pap smear is - *(AI 93)*
a) Cone biopsy b) MTP with cone biopsy
c) Hystrectomy d) Colposcopy

1681. In Retroverted gravid uterus, urinary retention usually appears at - *(PGI93)*
a) 6-8 weeks b) 8-10 weeks
c) 12-14 weeks d) 16 weeks

1682. Acute urinary retention in gravid retroverted uterus occurs in - *(Kerala 95)*
a) 12-14 weeks b) 20-24 weeks
c) 16-20 weeks d) 24-28 weeks

1683. Following is the emergency management of bleeding vulvar varices during pregnancy - *(AIIMS 95)*
a) Pressure b) Cautery
c) Simple vulvectomy d) Observation only

1684. Commonest tumor in pregnancy is- *(AIIMS 96)*
a) Granulosa cell tumour
b) Mucinous cystadenoma
c) Mature dermoid
d) Fibroma

1685. The best treatment of an asymptomatic ovarian cyst in the first trimester - *(AIIMS 99)*
a) Immediate laporatomy
b) Laporatomy in second trimester
c) Laporatomy after delivery
d) Leave it alone till it becomes symptomatic

1686. Treatment of Red degeneration of fibroid in pregnancy - *(PGI 03)*
a) Analgesics
b) Laparotomy
c) Termination of pregnancy
d) Removal at caesarean section

1687. Regarding fibroid uteri - *(PGI 02)*
a) Estogen-dependant
b) Capsulated
c) Can lead to red degeneration in preganancy for which urgent surgery is required
d) Danazol used in treatment

1688. Treatment of choice for ovarian cyst in a postpartum patient is - *(AI07)*
a) Immediate removal
b) Removal aster 2 weeks
c) Removal after 6 weeks
d) Removal after 3 months

1669) a 1670)b 1671)b 1672)a 1673)b,d 1674)c 1675)c 1676)d 1677)d 1678)c 1679)b 1680)d 1681)c 1682) a 1683) d 1684) c 1685) b 1686)b,c,d 1687) a,d 1688) a

1689. In a gravid woman with placenta praevia, the following foetal complications are known to increase -
1. Congenital malformations *(UPSCII11)*
2. Intrauterine growth retardation
3. Prematurity

Select the correct answer from the code given below:
a) 1,2 and 3 b) 1 and 2 only
c) 2 and 3 only d) 1 and 3 only

1690. A pregnant woman with 16 weeks gestation is diagnosed to have an ovarian cyst of 11 cm diameter. The best timing for the removal of the ovarian cyst is- *(UPSCII11)*
a) Immediately
b) At the time of caesarean section
c) Immediately after delivery
d) Three months after delivery

PRETERM LABOUR AND INTRAUTERINE FETAL DEATH

1691. One of the following indicates death of fetus in uterus- *(Kerala 90)*
a) Spalding sign
b) Failure of uterus to enlarge
c) Blood statined discharge
d) Absence of fetal movements

1692. Intrauterine death at 36 weeks. Treatment is -
a) Continue upto term *(ROHTAK 98)*
b) Wait for spontanious expulsion
c) Syntocinon+ARM
d) Hysterectomy
e) LSCS

1693. In a preg women of 28 weeks gestation IUD is earliest demonstrated X-ray - *(PGI98)*
a) Increased flexion
b) Overlapping of cranial bone
c) Spalding's sign
d) Gas in vessels

1694. Risk of preterm delivery is increased if cervical length is - *(AI05)*
a) 2.5 cm b) 3.0 cm
c) 3.5 cm d) 4.0 cm

1695. After 28 weeks of gestation true is/are -
a) Viable *(PGI June 06)*
b) > 1000 gm
c) Lecthin/Sphingomyelin ratio > 2
d) Type II pneumocytes present
e) Phosphatidylglycerol present

1696. In a lady of 32 weeks pregnancy injection dexamehtasone is given to prevent - *(AI 07)*
a) RDS b) Neonatal convulsion
c) Neonatal jaundice d) Cerebral palsy

1697. On Transvaginal Sonography (TVS) which of the following shapes of cervix indicate imminent preterm labour - *(AI07)*
a) T b)Y
c) U d)0

1698. Nile blue sulphatase test in amniotic fluid is for- *(AIMS May 07)*
a) Lung maturity b) Kidney maturity
c) Liver maturity d) Skin maturity

1699. IUFD causes all except - *(MAHE 07)*
a) PIH b)DIC
c) Psychological upset d) Infection

1700. All are risk factors for preterm delivery except -
a) Absence of fetal fibronectin at < 37 weeks
b) Previous history of preterm baby *(MAHE 07)*
c) Asymptomatic cervical dilatation
d) Chlamydial infection of genital tract

1701. Drug given to reduce the uterine contraction during preterm labour with least side effect- *(AIMSNov 07)*
a) Ritodrine b)Nifidipine
c) Magnesiumsulphate d) Progesterone

1702. Which one of the following genital nfections is associated with preterm labour ? *(UPSC-II08)*
a) Hman Papilloma virus
b) Trichmonas vaginitis
c) Menilial vaginitis
d) Bacterial vaginosis

1703. IUFD causes all except - *(Manipal 08)*
a) PIH b)DIC
c) Psychological upset d) Infection

1704. All are risk factors for preterm delivery except -
a) Absent foetal fibronectin level at < 37 weeks
b) Previous H/o preterm baby *(Manipal 08)*
c) Asymptomatic cervical dilatation
d) Chlamydial infection of genital tract

1705. Adverse effect(s) of tocolytic agents in pregnancy is/are - *(PGI Nov 09)*
a) Pulmonary edema b)Hypoglycemia
c) Hypokalemia d) Arrhythmia
e) Hypertension

1706. Tocolytic of choice in heart *disease-(AJIMSNov 09)*
a) Nifedepine b) Atosiban
c) MgSo4 d) Salbutamol

1707. All are true about Prelabour rupture of membrane (PROM) except - *(PGIMay 10)*
a) Amnioinfusion is done
b) Amoxiclav antiobiotic should be given
c) Asceptic cervical examination
d) Steroid is used
e) Preterm labour

PREGNANCY IN Rh-NEGATIVE WOMEN

1708. In an Rh negative mother who was delivered an Rh positive baby, prophylactic anti D is indicated
a) If the indirect Coomb's Test (ICT) is negative
b) If the ICT is positive *(UPSC96)*
c) If the ICT is positive with rising titres
d) As a routine procedure

1689) a 1690) a 1691)a 1692)b 1693)d 1694)a 1695)a,b,d 1696)a 1697)c 1698)d 1699)a 1700)a 1701)d 1702)d 1703) a 1704)a 1705)a,c,d 1706)b 1707)a 1708)a

1709. In hydrops foetalis, on ultrasonography, the earliest sign is the development of foetal -
a) Pericardial effusion b) Ascites *(UPSC96)*
c) Pleurla effusion d) Skin edema

1710. Which does not cause Hydrops fetalis - *(PGI97)*
a) Syphilis b) Rh immunisation
c) ABO incompatibility d) None of the above

1711. The dose of anti D gamma globulin given after term delivery for a Rh negative mothe and Rh positive baby is - *(Kerala 2K)*
a) 50 micro gram b) 200 micro gram
c) 300 micro gram d) 100 micro gram
e) All the above doses are incorrect

1712. Most severely affected in child in Rh-iso-immunization patients - *(SGPGI05)*
a) Rh negative mother with Rh positive in 2nd child
b) Rh positive mother with Rh negative in 2nd child
c) Rh positive mother with Rh negative in 1st child
d) Rh positive mother with Rh negative in 2nd child

1713. At 28 weeks gestation, amniocentesis reveals a AOD 450 of 0.20 which is at the top of third zone of the liley curve. The most appropriate management of such a case in - *(AIIMS May 05)*
a) Immediate delivery
b) Intrauterine transfusion
c) Repeat Amniocentesis after 1 week
d) Plasmapheresis

1714. Causes of hydrops fatalis- *(PGI June 08)*
a) Parvo virus infection b) HZV infection
c) Down's syndrome d) Toxoplasma

1715. The least amount of fetal Rh+ve blood needed to cause isoimmunization in a Rh negative mother is -
a) 0.1 ml b) 0.01 ml*(DPGEE 08)*
c) 0.001ml d) 10 ml

1716. Mother's blood group is Rh-ive. Indirect Comb's is +ve. The following will be seen in baby -
a) Oligohydramnios *(PGI Nov 09)*
b) Abnormal umbilical artery waveform deceleration
c) Hydrops fetalis
d) IUGR
e) Anemia

1717. Non immune hydrops fetalis is caused by - *(AI10)*
a) CMV b) Parvovirus
c) HSV d)HIV

1718. Nonimmune hydrops fetalis is caused by all EXCEPT-
a) Parvo B19 virus *(Corned 10)*
b) Chromosomal abnormalities
c) Alpha-thalassaemia
d) ABO incompatibility

CONTRACTED PELVS

1719. CPD is best assessed by - *(TN 91)*
a) CT scan b) Ultrasound
c) Radiopelvimetry d) Bimanual examination

1720. The following is true of Naegele's pelvis -
a) Absence of one ala *(AIIMS 91, AP 96)*
b) Both alae absent
c) Kyphotic spine
d) Triradiate pelvis

1721. The following is true of Roberts pelvis - *(AI 92)*
a) Triradiate pelvis b) Single ala absent
c) Both alae absent d) Wide peovic brim

1722. True about anthrapoid pelvis, sacrosiatic notch is- *(CUPGEE99)*
a) Wide and shallow b) Wide and deep
c) Namjw and shallow d) Narrow and deep

1723. If one ala of sacrum is absent, it is called-fKara *99)*
a) Rickety flat pelvis b) Naegele's pelvis
c) Robert's pelvis d) Kyphotic pelvis

1724. Triradiate pelvis is seen in - *(PGI 97)*
a) Rickets b) Chondrodystrophy
c) Osteoporosis d) Hyperparathyroidism

1725. Dystocia dystrophia syndrome- *(APPG06)*
a) Android pelvis b) Platypelloid pelvis
c) Anthrapoid d) Gynaecoid pelvis

1726. Naegele's pelvis is - *(Manipal 06)*
a) Single pelvis ala absent
b) Both pelvis ala absent
c) Absence of 4th sacral vertebra
d) Absence of 1st sacral vertebra

1727. In Muller's maneuver to predict cephalopelvic disproportion (CPD) - *(Maharashtra 10)*
a) The vaginal finger is at ischial spine
b) The vaginal finger is at sacral promontory and thumb at the pubic symphysis
c) The vaginal finger is at tip of sacrum
d) None of the above

TRIAL OF LABOUR

1728. Trial of labour is contraindicated in - *(PGI 90)*
a) Elderly primi b) Previous cesarian
c) Malpresentation d) Occipito posterior

1729. All the following are contra-indications for Trial labour EXCEPT- *(Karnat.99)*
a) Breech presentation
b) Outlet contraction
c) Primi gravida
d) Post caesarean pregnancy

1730. Trial labour is contraindicated in all of the following except - *(APPG06)*
a) Primigravida b) Heart disease
c) Cesarean section d) PIH

1731. Oxytocin sensitivity test is used to assess the -
a) Foetal well-being *(UPSC07)*
b) Period of gestation
c) Cervical ripening
d) Uterine response for induction

1709)d 1710) c 171 l)c 1712)a 1713)c 1714)a,c,d 1715)a 1716)c,e 1717)b 1718)d 1719)a 1720)a 1721)c
1722) a 1723)b 1724)a 1725)a 1726)a 1727)a 1728)a,b,c 1729)c 1730)a 1731)d

ABNORMAL UTERINE ACTION

1732. Bandl's ring is caused by- *(A1IMS94)*
a) Uterine inertia
b) Cephalopelvic disproportion
c) Malepresentation
d) None

1733. Bandl's ring is also called as - *(PGI98)*
a) Constriction ring b) Schroeder's ring
c) Retraction ring d) Cervical dystocia

1734. Factor predisposing for face presentation -
a) Pelvic contraction *(PGI Nov 09)*
b) Anencephaly
c) Prematurity
d) Foetal goitre
e) Bicarbonate uterus

1735. A 20-year-old full-term primigravida is brought to the casualty with labour pains for last 24 hours and a hand prolapse. On examination, she has pulse 96/ min, BP 120/80 mmHg, and mild pallor. The abdominal examination reveals the uterine height at 32 weeks, the foetus in transverse lie and absent foetal heart sounds. On vaginal examination, the left arm of the foetus is prolapsed and the foetal ribs are palpable. The pelvis is adequate. What would be the best management option? *(UP SCII10)*
a) External cephalic version
b) Decapitation and delivering the baby vaginally
c) Internal podalic version
d) Lower segment caesarean section

1736. A lady presents at 37 weeks of gestation with uterine contraction and pain suggestive of labour for 10 hours. On examination cervix is persistently 1 cm dilated and uneffaced. What should be the next line of treatment? *(AI11)*
a) Sedation and wait
b) Induction with rupture of membranes
c) Augmentation with Oxytocin & Amniotomy
d) Caesarian section

1737. A pregnant mother is referred with a prolonged second stage of labour. On examination, the foetal heart sound is 120/min, and the head is at -1 station with severe moulding. What will be the most appropriate management - *(UPSC II11)*
a) Apply obstetric forceps and deliver
b) Apply ventouse and deliver
c) Perform LSCS
d) Start pitocin drip

1738. A multiparous patient presents with 36 weeks of pregnancy in labour. On examination, the cervix is fully dilated. The foetal heart rate is 170/min, and the head is at +2 station. What will be the most appropriate management - *(UPSC II11)*
a) Wait for the normal delivery
b) Apply ventouse and deliver
c) Apply forceps and deliver
d) Perform LSCS

1739. Pathological contraction ring is due to - *(Jipmer 11)*
a) Obstructed labour b) Uterine inertia
c) Preterm labor d)01igamnios

1740. Recurrent breech presentation is due to- *(Jipmer 11)*
a) Placenta previa b) Hydrocephalus
c) Septate uterus d) Short cord

MALPRESENTATION

1741. Earliest engagement is seen in... breech - *(TN90)*
a) Frank b) Complete
c) Incomplete d) Flexed

1742. The cause of of breech- *(PGI 90)*
a) hydramnoid b) Septate uterus
c) Hydrocephalus d)All

1743. Assisted breech delivery is done for - *(AI 91)*
a) Extended breech
b) Complete breech
c) Weight of baby less than 2 kg.
d) History of previous two successful breech delivery

1744. Delivery is not possible per vaginum in -
a) Mento anterior *(Jipmer 91)*
b) Sacro posterior
c) Persistent mento posterior
d) Extended breech

1745. In case of unstable lie of fetus, the placenta is usually-
a) Cornual b) Lateral wall *(AIIMS91)*
c) Fundus d) Lower segment

1746. A method of delivering the breech is - *(DNB 91)*
a) Scanzoni manoeuvre
b) Mauriceau's manoeuvre
c) Ritgen manoeuvre
d) Piper manoeuvre

1747. Most unfavourable presentation for vaginal delivery is - *(ALL INDIA 95)*
a) Mento posterior b) Mento anterior
c) Occipito posterior d) Deep transverse arrest

1748. Cord prolapse is most commonly associated with- *(CUPGEE96)*
a) Transverse lie b) Breech
c) Contracted pelvis d) Prematunity

1749. In an after coming head the following bone is perforated during decapitation - *(Karn. 96)*
a) Occiput b) Parietal
c) Palate d) Frontal

1750. Commonest cause of breech presentation - *(AI97)*
a) Prematurity b) Postmaturity
c) Oligohydramnios d) Polyhydramnios

1751. Cord prolapse is seen least in - *(JIPMER 98)*
a) Complete breech b) Frank breech
c) Knee breech d) Footing breech

1752. The treatment of choice in a primigravida at term in labour with transverse lie and cervical dilatation of 6 cm with infact membrane is - *(MP 96)*
a) Wait and watch till full dilationof Cervix
b) Internal podalic version and breech extraction
c) Lower segment caesarean section
d) Bioplar version

1732) b,c 1733) c 1734)a,b,d 1735)d 1736)a 1737)c 1738)c 1739)a 1740)c 1741)a 1742)d 1743)A11 1744)c
1745) d 1746)b 1747)a 1748)a 1749)a 1750)a 1751)b 1752)c

1753. Which of the following methods is commonly employed in delivery of aftercoming head in breech presentation - *(UPSC 97)*
a) Bum-Marshall method
b) Forcepts delivery
c) Mauriceau Smellie-veit method
d) Pinard's manoeurve

1754. a multigravida at term with transverse lie and hand prolapse with foetal heart sound of 140/min is best managed by - *(UPSC)*
a) Internal podalic version
b) Caesarean section
c) External cepphalic version
d) Breech extraction

1755. Most common congenital anomaly associated with face presentation is - *(CMC 98)*
a) Anencephaly b)Hydrammons
c) Microcephaly d) Hydrocephalus
e) Macrosomia

1756. Arrest of after coming head in breech with chin to pubis, which maneuver is used - *(PGI98)*
a) Maurice
b) Bumsmarshal
c) Pinards
d) Posterior rotation of chin and piper's forceps

1757. The complications of shoulder presentations are all of the following except - *(TN 99)*
a) Fetal death b) Uterine rupture
c) Obstructed labour d) Shoulder dystocia

1758. Following are contra indications to External Cephalic Version except - *(AIIMS 92)*
a) Contracted pelvis
b) Antepartum hemorrhage
c) Multiple pregnancy
d) Hydramnois

1759. The cause of failed external cephalic version (ECV) in a 34 weeks pregnancy is - *(Kerala 97)*
a) Oligohydramnios b) Breech
c) Hydramnios d) None of the above

1760. Which one of the following pairs of terminologies is NOT correctly matched - *(UPSC 2K)*
a) Breech delivery - Bum Marshal tech.
b) Neglected shoulder presentation - Bandle's ring or retraction ring
c) Retained placenta - True knot of cord
d) Reverse rotation to occipito sacral position - Face to pubic delivery

1761. A 30 yrs old multigravida presented with transverse lie with hand prolapse in Ilnd stage of labour with dead fetus. The treatment is - *(PGI 03)*
a) Chemical caesarean section
b) LSCS
c) Craniotomy
d) Decapitation
e) Cleidotomy

1762. Shoulder dystocia results in the following except-
a) Stemomastoid swelling *(PGI 97)*
b) Erb's palsy
c) Klumpkes paralysis
d) None

1763. Cause of death in breech delivery-(PG7*97, UPSC97)*
a) Intracranial haemorrhage b) Aspiration
c) Atlanto axial dislocation d) Asphyxia

1764. 38 weeks primi in early labour with transverse presentation TOC is - *(PGI 98)*
a) Allow for cervical dilatation
b) Internal podalic version
c) LSCS
d) Forceps

1765. Best method to deliver arms in breech - *(PGI98)*
a) Lovset's method b) Smellie veit
c) Pinard's d) Any of the above

1766. In deep transverse arrest the delivery of baby is conducted by A/E - *(PGI 99)*
a) Caesarean section
b) Vaccum extraction
c) Keilland forcep
d) Manual rotation and forcep delivery

1767. In intrauterine death with transverse lie, the following are treatment options except - *(PGI 99)*
a) Decapitation b) Evisceration
c) Craniotomy d) Caesarean section

1768. True about Frank Breech - *(PGI 02)*
a) Thigh extended, leg extended
b) Thigh flexed, knee extended
c) Both are flexed
d) Buddha's attitude
e) Common in primi

1769. Breech presentation with hydrocephalus is managed by- *(PGI02)*
a) Cesarean section
b) Trans-abdominal decompression
c) PV decompression
d) Craniotomy of aftercoming head

1770. Causes of Face presentation- *(PGI 03)*
a) Anencephaly b) Prematurity
c) Hydramnios d) Contracted pelvis
e) Placenta praevia

1771. Causes of breech presentation are- *(PGI 03)*
a) Hydrocephalus b) Oligohydramnios
c) Pelvic contracture d) Placenta praevia

1772. In a case of direct occipito - posterior position (Face to pubis delivery) most commonly encountered problem is - *(Karnataka02)*
a) Intracranial injury b) Cephalohematoma
c) Paraurethral tears d) Complete perineal tears

1773. Face to pubis delivery is common in which type of pelvis - *(Jipmer 03, PGI 97, AI97)*
a) Android b) Anthropoid
c) Platypelloid d)Gynaecoid

1753) a 1754)b 1755)a 1756)d 1757)d 1758)d 1759)a 1760)c 1761)b,d 1762)d 1763)a,d 1764)c 1765)a 1766) None 1767)d 1768)b,e 1769)c 1770)a,b,d 1771)a,b,c,d 1772)d 1773)b

1774. The commonest cause of occipito - posterior position of featl head during labour is - *(AIIMS 03)*
a) Maternal obesity b) Deflexion of fetal head
c) Multiparity d) Android pelvis

1775. The commonest cause of breech presentation is- *(AIIMS 03)*
a) Prematurity b) Hydrocephalus
c) Placenta previa d) Polyhydramnios

1776. The most common form of fetal traumatic injury incurred during breach extraction is - (*SGPGI05)*
a) Rupture of the liver
b) Rupture of the spleen
c) Intraadrenal hemorrhage
d) Intracranial hemorrhage

1777. Best treatment of Cord prolapse is - (*HPU 05)*
a) Replace the cord in vagina
b) Caesarean section
c) Immediate vaginal delivery
d) None of above

1778. A 25-year old G2P1A0 with history of previous vaginal breech delivery of a term, live baby comes with full term pregnancy with breech presentation. What is the best option - *(UPSC 06)*
a) Caesarean section
b) Assisted breech delivery
c) External cephalic version
d) Watchful expectancy

1779. Deep transverse arrest is seen in all except - *(Manipal 06)*
a) Android pelvis b) Epidural analgesia
c) Transverse lie d) Uterine inertia

1780. External Cephalic Version (ECV) is contraindicated in- *(AI07)*
a) Primigravida b) Flexed breech
c) Aaemia d)PIH

1781. Breech presentation is mostly mistaken for -
a) Face presentation b)Brow *(MAHE07)*
c) Shoulder d) Vertex

1782. Delivary of the after - coming head in breech presentation following forceps/methods are used except- *(UP 07)*
a) Wrigely's forceps
b) Kielland's forceps
c) Das's variety forceps
d) Mauriceau smellie, veit technique

1783. Techniques of delivery of after coming head in breech presentation - *(PGI June 0 7)*
a) Bums - Marshal method
b) Forceps delivery
c) Modified Mauriceau - Smellie - Veit technique
d) Lovset's maneuver

1784. When in labor, a diagnosis of occipito posterior presentation is made. The most appropriate management in this case would be -*(AiimsMay 08)*
a) Emergency CS
b) Wait and watch for progress of labour
c) Early rupture of membranes
d) Start oxytocin drip

1785. In intrauterine death with transverse lie, the following are treatment options, except -*(DELHIPG Feb. 09)*
a) Decapitation b) Evisceration
c) Craniotomy d) Caesarean section

1786. Patient with occipito posterior position. What is the management - *(AIIMS Nov 09)*
a) Wait and watch for progress of labour
b) Cesarian section
c) Oxytocin influsion
d) Rupture of membranes

1787. All of the following maneuvers are used in shoulder dystocia, except- *(AI10)*
a) Woods corkscrew maneuver
b) Me Roberts maneuver
c) Suprapubic pressure
d) Mauriceau-smellie veit maneuver

1788. The most unfavourable prognosis is of-
a) Mentoposterior position *(Maharashtra 10)*
b) Occipitoanterior position
c) Occipitoposterior position
d) Mentoanterior position

1789. Loveset maneuver is useful for management of breech with- *(Maharashtra 10)*
a) Extended legs b) Flexed legs
c) Extended arm d) Nuchal displacement of arm

1790. Match List-I with List-II and select the correct answer using the code given below the Lists -

List-1 *(Manoeuvre)*	**List-II** *(Indication)*
A. Pinard's manoeuvre	1. Delivery of the extended arms in a breech
B. Lovset's manoeuvre	2. Delivery of a foot into the vagina in a breech
C. Mauriceau-Smellie-Veit manoeuvre	3. Breech presentation at term
D. External cephalic	4. Delivery of the after-coming version head of a breech

	A	B	C	**D** *(UP SC II10)*
a)	2	4	1	3
b)	3	1	4	2
c)	2	1	4	3
d)	3	4	1	2

OBSTRUCTED LABOUR

1791. Shoulder dystocia is seen in predominantly -
a) Transverse lie b) Hand Prolapse *(TN 90)*
c) Anencephaly d) Cord around neck

1792. Anencephaly is associated with the following factor - *(Karn 96)*
a) Hydramniosb) Postmaturity
c) Prematurity d) All of these

1793. Anencephaly can best be diagnosed at (by USG) -
a) 10-12 weeks b) 12-14 weeks *(AIIMS 96)*
c) 14-16 weeks d) 16-20 weeks

1774) d 1775) a 1776)d 1777)b 1778)b 1779)c 1780)d 1781)a 1782)a 1783)a,b,c 1784)b 1785)c 1786)a
1787) d 1788)a 1789)c 1790)c 1791)c 1792)d 1793)a

1794. Anencephaly causes all except - *(TN 98)*
a) Prematurityb)Postmaturity
c) Hydramnios d)Face resentation

1795. Anencephaly is earliest diagnosed at - *(Rohtak97)*
a) 6 weeks b)10 weeks
c) 14 weeks d)18 weeks
e) 20 weeks

1796. Anencephaly is associated with all the following except- *(AIIMS2K)*
a) Face presentation
b) Adrenal gland hypertrophy
c) Hydramnios
d) Post maturity

1797. All are the risk factors associated with macrosomia except- *(AI05)*
a) Maternal obesity b) Prolonged Pregnancy
c) Previous large infant d) Short Stature

1798. Sudden hyperflexion of thigh over abdomen (Mcrobert's procedure), which of the following nerve is commonly involved - *(AIIMS Nov 08)*
a) Common peroneal nerve
b) Obturator nerve
c) Lumbosacral trunk
d) Lateral cutaneous nerve of thigh

1799. All are done in management of shoulder dystocia except- *(AIIMSNov 08)*
a) Fundal pressure b) Mcroberts manoeuver
c) Suprapubic pressure d) Woods manoeuvre

1800. A female at 37 wks of gestation has mild labour pain for 10 hours and cervix is persistently 1CM dilated but non effaced. What will be next appropriate management ? *(AIIMS Nov 08)*
a) Sedation and wait
b) Augmentation with syntocin
c) Cesarean section
d) Amniotomy

1801. A woman comes with obstructed labour and is grossly dehydrated. Investigations reveal fetal demise. What will be the management ? *(AIIMSNov 08)*
a) Craniotomy b) Decapitation
c) Cesarean section d) Forceps extraction

1802. A primi patient present's in obstructed labour with a neglected shoulder presentation. The mother shows signs of exhaustion and the fetus is dead. The treatment of choice is - *(AI09)*
a) Craniotomy b) Dcapitation
c) Cesarian section d) Wait and watch

1803. A pregnant women, previous LSCS with hematuria. Diagnosis is? *(AIIMS Nov 09)*
a) Impending scar rupture of uterus
b) Prolonged labour
c) Uretreral injury
d) Cystitis

1804. The presence of a retraction ring at the junction of upper and lower uterine segment in labour indicates-
a) Prolonged labour *(UP SC II10)*
b) Cervical dystocia
c) Obstructed labour
d) Precipitate labour

1805. 30 yrs old female comes with obstructed labour and is febrile & dehydrated with 1UFD and cephalic presentation. Which is the best way to manage -
a) Craniotomy *(AIIMS May 11)*
b) Decapitation
c) Cesarean section
d) Forceps extraction

1806. All of the following maneuvers are used in shoulder dystocia, except - *(AI 11)*
a) Woods Corkscrew Maneuver
b) Me Roberts Maneuver
c) Suprapubic Pressure
d) Mauriceau- Smellie Veit Maneuver

COMPLICATION OF 3rd STAGE OFLABOUR

1807. The causes of post partum hemorrhage in a retracted uterus - *(PGI90)*
a) Vaginal tear b) Carvical laceration
c) Retained placenta d) Atony of uterus

1808. Which is not true of placenta accreta -
a) May penetrate serosa *(JIPMER 93)*
b) Invades myometrium
c) Absence of Nitabuch membrane
d) More common in primigravida

1809. Post partum haemorrage is present when blood loss exceeds - *(UPSC 84, Karn 96)*
a) 200 cc b)400cc
c) 500 cc d) 700 cc
e) lOOOcc

1810. A 30-year old woman para 6 delivers vaginally following normal labour with spontaneous delivery of an intact placenta. Excessive bleeding continues,despite manual exploration, bimanual massage, intravenous oxytocin and administration of 0.2 mg methergin Iv, which one of the following would be the next step in the management of this patient -
a) Packing the uterus
b) Immediate hysterectomy
c) Bilateral Internal Iliac ligation
d) IM injection of PGF 2 a

1811. During PPH Intenal Iliac Ligation done at -
a) Origin of Internal iliac artery *(KARN 95)*
b) Anterior division of Internal iliac artery
c) Posterior division of Intenal iliac artery
d) Common iliac artery

1794) None 1795)b 1796)b 1797)d 1798)d 1799)a 1800)a 1801)c 1802)b 1803)b 1804)c 1805)c 1806)d 1807) a,b,c 1808)d 1809)c 1810)d 1811)b

1812. Maximum chances of post partum Haemorrhage are seen in - *(AMU95)*
a) Multiparity b) Primipara
c) Abnormal lie d)All

1813. All predispose to placenta accreta except - *(AP 96)*
a) Multiparity b) Previous ceserian
c) Placenta pracvia d) Previous D & C

1814. Atonic post partum hemorrhage occurs in all except- *(TN98)*
a) Multiple pregnancy b) Hydramnois
c) Erythroblastosis fetalis d) Prolonged labour

1815. Post partum haeorrhage is blood loss of 500 cc or more within - *(ORRISA98)*
a) 6 hors of the beginnig of 3rd stage of labour
b) 12 hors of the begining of 3rd stage of labour
c) 18 hours of the begining of 3rd stage of labour
d) 24 hours of the begining of 3rd stage of labour

1816. Atonic uterus is more common in - *(PGI97)*
a) Caesarean section b) Multi gravida
c) Primi gravida d) Breech delivery

1817. Common cause of retained placenta is - (*Jipmer 03)*
a) Atonic uterus
b) Conduction ring
c) Placenta accreta
d) Poor voluntary expulsive effort

1818. Common causeof death in inversion of uterus - (*Jipmer 03)*
a) Neurogenic shock b) Hemorrhage
c) Pulmonary embolism d) Infection

1819. All of the following used for postpartum hemorrhage except - (*APPGE 05)*
a) Misoprostol b) Carboprost
c) Mifepristone d) Methergine

1820. The following complications during pregnancy increase the risk of postpartum hemorrhage (PPH) except - *(AI06)*
a) Hypertension b) Macrosomia
c) Twin pregnancy d) Hydramnios

1821. What is the used in treatment for PPH except -
a) Oxytocin b) Carboprost (*Manipal 06)*
c) Ergometrine d)Ritodrine

1822. All are causes of atonic post partum haemorrhage except- *(UP07)*
a) Over distension of the uterus
b) Cervical teat
c) Prolonged labour
d) Constriction ring

1823. A 20 year old primigravida is admitted with-term pregnancy and labour pains. At 4.00 AM she goes into active phase of labout with 4 cm cervical dilatation. Membranes rupture during p/v examination showing clear liquor. A repeat p/v examination after 4 hours of good uretine conditions reveals as cervical dilatation of 5 cm. What should be the next step in management-
a) Reassess after 4 hours *(UPSC 07)*
b) Immediate cesarean section
c) Oxytocin drip
d) Reassess for occipitoposterior position and cephalopelvic disproportion

1824. A primigravida with full-term pregnancy in labour for one day is brought to casualty after dai handling. On examination, she is dehydrated, slightly pale; pulse is 100/minute, BP 120/80 mm Hg. Abdominal examination reveals a fundal height of 36 weeks, cephalic presentation, foetal heart absent, mild uterine contractions present. On p/v examination, cervix is fully dilated, head is at puls one station, caput with moulding present, pelvis is adequate. Dirty, infected discharge present. What would be the best management option after initial work-up -
a) Cesarean section *(UPSC 07)*
b) Oxytocin drip
c) Ventouse delivery
d) Craniotomy and vaginal delivery

1825. An elederly multiparous woman with intrauterine foetal death was admitted with strong labour pains. The patient suddenly goes in shock with cyanosis respiratory disturbances and pulmonary oedema. The most likely clinical diagnosis is - *(UPSC 07)*
a) Rupture of uterus
b) Congestive heart failure
c) Amniotic fluid embolism
d) Concealed accdental haemorrhage

1826. Risk factors for Placenta Accreta incude all of the following except - *(AI 08)*
a) Previous LSCS scar
b) Previous curettage
c) Previous myomectomy
d) Previous placenta praevia

1827. Placenta acreta a/w - *(PGIJune 08)*
a) Placenta praevia b) Uterien scar
c) Multiple pregnancy d) Multipara
e) Uterine malformations

1828. Treatment of PPH includes- *(PGI Dec 08)*
a) B-lynch suture
b) Uterine tamponade
c) Ligation of internal iliac artery
d) Ligation of external iliac artery
e) Ligation of common iliac artery

1829. Rupture uterus is most commonly encountered after which one of the following surgeries *?(UPSC-II 09)*
a) Classical cesarean b) Metroplasty
c) Myomectomy d) Hysterotomy

1830. Management of PPH includes - *(PGI Nov 09)*
a) Uterine artery ligation
b) Hysterectomy
c) Sengstaken-Blakemore ballon temponade
d) Internal iliac artery ligation
e) Laser endometrial abalation

1812) a 1813) a 1814)c 1815)d 1816)b 1817)a 1818)a,b,c 1819)c 1820)a 1821)d 1822)b 1823)d 1824)c 1825)c 1826)d 1827)a,b,d,e 1828)a,b,c 1829)a 1830)a,b,c,d

1831. B-Lynch stitch is applied on the uterus for the treatment of - *(UP SC II10)*
a) Incompetent os
b) Atonic PPH
c) Bleeding from placental bed of placenta praevia
d) Ruptured uterus

1832. Third degree perineal tear is said to have occurred when it involves - *(Karn 11)*
a) Anal sphincter b) Perineal muscles
c) Rectal mucosa d) Vaginal mucosa

1833. The most common cause of secondary postpartum haemorrhage is - *(UPSCII11)*
a) Intrauterine infection
b) Subinvolution of uterus
c) Oestrogen therapy administered to inhibit the lactation
d) Retained fragments of placenta or membranes

INJURY TO THE BIRTH CANAL

1834. In a patient with third degree perineal tear, presenting after 1 weeks, repair should be done -
a) Immediately b) 2 weeks*(AIIMS92)*
c) After 6 weeks d) After 12weeks

1835. Uterine rupture is least common with -*{JIPMER 02)*
a) LSCS
b) Classical section
c) Inverted T shaped incision
d) T Shaped incision

1836. Incidence of scar rupture in a pregnant lady with previous LSCS is - *{JIPMER 2K)*
a) 0.2% b) 0.5 %
c) 0.7% d) 0.9 %

1837. In classical caesarean section more chances of rupture of uterus is in - *{JIPMER 95)*
a) Upper uterine segment
b) Lower uterine segment
c) Utero cervical junction
d) Posterior uterine segment

1838. Cervical lacerations are most common in the- *(UPSC 96)*
a) 3 o' clock position b) 6 o' clock position
c) 9 o' clock position d) 12 o' clock position

1839. Complete perineal tear is common in - *{UPSC 02)*
a) Face to pubes delivery
b) Breech delivery
c) Internal podalic version
d) Manual removal of placenta

1840. A woman delivers a 9 - lb infant with a midline episiotomy and suffers a third degree tear. Inspection shows which of the following structures is intract - *{Karnataka 03)*
a) Anal sphincter b) Perineal body
c) Perineal muscles d) Rectal mucosa

1841. Indicators of impending uterine rupture during labour include all of the following except - *(AJ 06)*
a) Fetal distress
b) Hematuria
c) Fresh bleeding per vaginum
d) Passage of meconium

1842. EDI perineal tear is involvement of -*(Karn pgmee 06)*
a) Vaginal mucosa b) Urethral mucosa
c) Levator ani muscle d) Anal Sphincter

ABNORMALITY OF PUERPERIUM

1843. Commonest cause for puerperal sepsis is -
a) Streptococci b) Anaerobes *(Kerlala 94)*
c) Gonococci d) Staphyococci

1844. Puerperal sepsis is due to spread of infection along which route - *(AIIMS 95)*
a) Direct extension b) Arterial
c) Venous d) Lymphatics

1845. Puerperal pyrexia is fever for 24 hours or more after child birth if temperature is more than -
a) 99° F b)99.5°F *(Orrisa98)*
c) 100°F d) 100.4°F

1846. The most common site of puerperal infection is - *(JIPMER 02)*
a) Episiotomy wound b) Placental site
c) Vaginal laceration d) Cervical laceration

1847. All are complication of formula fed baby over human milk fed baby except - *(JIPMER 95)*
a) Necrotizing enterocolitis b) Otitis media
c) Hypocalcemia d) Vit K deficiency

1848. The cause of 'postpartum blues' is - *(UPSC 04)*
a) Decreased estrogen
b) Decreased progesterone
c) Increased prolactin
d) Decreased estrogen and progesterone

1849. A patient has just delivered a live baby and is referred to in state of shock. On abdominal examination, uterus is not felt. On pelvic examination, a mass is seen protruding through the vagina. What is the most likely diagnosis - *(UPSC 0 7)*
a) Cervical fibroid polyp
b) Third degree uterine prolapse
c) Acute inversion of uterus
d) Rupture of uterus

1850. Which complication you would expect during internal podalic version in case of transverse lie -
a) Uterine rupture *(AIIMS Nov 0 7)*
b) Cervical laceration
c) Uterine atony
d) Vaginal laceration

1851. Least management in Mento-posterior presentation-
a) Vaginal delivery *(UP 08)*
b) Forceps delivery
c) Manual rotation
d) Caesarean section

1831) b 1832) a 1833)d 1834)d 1835)a 1836)b 1837)a 1838)a 1839)a 1840)d 1841)bord 1842)d 1843)a,b 1844) a,b,c 1845)d 1846)b 1847)d 1848)d 1849)c 1850)a 1851)d

1852. After a full term normal delivery patient went into shock. Most probable cause is - *(AIIMS Nov 10)*
a) Inversion of uterus b) PPH
c) Amniotic fluid embolism d)Eclapsia

FETUS AND NEWBORN & THEIR DISEASES

1853. Singers Alkali denaturation test is done with -
a) Maternal Hb b) Fetal Hb *(TN91)*
c) Amniotic fluid d) Menstrual fluid

1854. Foetal Hb is different from HBA in that it is -
a) More sensitive to alkali denaturation *(DNB 91)*
b) More resistant to alkali denaturation
c) More sensitive of acid denaturation
d) All of the above

1855. Which is incorrect about cephalhematom - *(AJ 92)*
a) Does not cross suture line
b) Fluctuation is seen
c) Present of birth
d) Presents few hours after birth

1856. Internal organs in the fetus develop at -*(Kerala 91)*
a) 24wks b)12wks
c) lOwks d)6wks

1857. Fetal hemopoieisis first occurs in- *(Karn94,*
a) Yolk sac b) Liver *MAHE04)*
c) Spleen d) Bone marrow

1858. Breast feeding should be started in normal delivery- *(Kerala 94)*
a) Soon after delivery b)After2hrs
c) After 6 hrs d) After 4 hrs

1859. Alkali resistant haemoglobin is - *(Kerala 95)*
a) HbA b) HbA,C
c) HbS d)HbF

1860. Life span of neonatal RBC is - *(Assam 95)*
a) 120 days b) 100 days
c) 6 months d) one year

1861. Which is abnormal in classic haemorrhagic disease of newborn - *(UP 2K)*
a) Platelet count b) Thrombin time
c) Fibrinogen level d)APTT

1862. According to registrar society of India commonest cause of IMR in India is - *(All India 97)*
a) Prematurity
b) Diarrhoea
c) Malnutrition
d) Acute Respiratory Infection

1863. In well baby clinic a neonate is brought with liver two fingers is enlarged. The cause is - *(AIIHPH 98)*
a) Normal phenomena b) Hepatitis
c) Choledochal cyst d) Biliary atresia

1864. Commonest cause of neonatal death in India is -
a) Prematurity *(AIIMS 83)*
b) Congenital malformations
c) Metabolic disease
d) Birth injury

1865. Meconium is excreted by a new born till... day -
a) 2 b)3 *(AP88)*
c) 6 d)4

1866. The number of fontanelles present in a new born child is -
a) 1 b)2
c) 4 d)6

1867. Breathing movements and swallowing movement seen in the foetus by - *(Orissa R)*
a) 13-14 weeks b) 16 weeks
c) 12 weeks d) 20 weeks

1868. Foetal breathing movements is seen earliest at -
a) 8 weeks b) 11 weeks *(Orissa2K)*
c) 16 weeks d) 24 weeks

1869. Hematoma of the sternomastoid muscle detected in a 16 days old infant requires - *(AIIMS 02)*
a) Immediate surgical evacuation
b) Surgical intervention within 2 weeks
c) Prophylactic antibiotic therapy
d) No immediate therapy

1870. Non immune hydrops is not a feature of which of the following - *(AIIMS 2K)*
a) Chromosomal abnormalities
b) Alpha thalassemia
c) Renal malformations
d) Foetal cardiac abnormalities

1871. In non immune hydrops which of the following is NOT seen - *(AIIMS 2000)*
a) Skin oedema b) Ascites
c) Large placenta d) Cardiomegaly

1872. Fetal trisomy - 21 is associated with all of the following EXCEPT- *(Karnataka 02)*
a) Increased Nuchal skin fold thickness
b) Decreased serum alpha fetoprotein level
c) Decreased serum human chorionic gonadotropin level
d) Decreased unconjugated estriol level

1873. Rule of Hasse is used to determine - *(AIIMS 03)*
a) The age of fetus b) Height of an adult
c) Race of a person d) Identification

1874. Urine formation in intrauterine life starts at -
a) 3 months b) 4 months *(Jipmer04)*
c) 5 months d) 6 months

1875. Fetal stage starts at - *(Jipmer04)*
a) 9 weeks b) 3 weeks
c) 6 weeks d) 12 weeks

1876. Intra-uterine assessment of foetal distress indicated by - *(PGI04)*
a) Acceleration of 15/min
b) Deceleration of 30/min
c) Variable deceleration 5-25/min
d) Fetal HR<80/min
e) Fetal HR 160-180/min

1852)a,c 1853) b 1854)b 1855)c 1856)d 1857)a 1858)a 1859)d 1860)b 1861)b 1862)a 1863)a 1864)a 1865)d
1866)d 1867)c 1868)b 1869)d 1870)b 1871)d 1872)c 1873)a 1874)a 1875)a 1876)b,c,d

1877. A 25 year old woman had premature rupture of membranes and delivered a male child who became lethargic and apneic on the 1st day of and went into shock. The mother had a previous history of abortion 1 year back. On culture, her vaginal swab growth of a hemolytic colonies on blood agar was found. On staining these were found to be gram positive cocci. Which of the following is the most likely etiological agent -
a) Streptococcus pyogenes *(AI04)*
b) Streptococcus agalactiae
c) Peptostreptococci
d) Enterococcus faecium

1878. The umbilical cord stump of a newborn most frequently sloughs off about the - (.*Kerala 04)*
a) Second day after delivery
b) Fifth day after delivery
c) 10th day after delivery
d) 15th day after delivery

1879. Glucocorticoids given to a case of Preterm Labour help in reducing all of the following neonatal complications EXCEPT- *(Karnataka 02)*
a) Respiratory distress syndrome
b) Intraventricular hemorrhage
c) Necrotising enterocolitis
d) Bronchopulmonary dysplasia

1880. Which of the following is cause of non immune hydrops - *(SGPGI05)*
a) B/L renal agensis
b) Keil blood group isoimmunization
c) Rh-isoimmunization
d) Hypoproteinemia

1881. Causes of physiological jaundice- *(MAHE05)*
a) T Hb-F destruction
b) *i* Conversion of bilirubin to urobilinogen
c) Inadequate conjugation of bilirubin
d) All the above

1882. Lanugo hair appears at - *(UP 07)*
a) 4 months b) 5 months
c) 6 months d) 7 months

1883. Non immune hydrops fetalis is caused by all except- (*Corned 07, UP 2k)*
a) ParvoB 19 virus
b) Chromosomal abnormalities
c) Alpha thalassaemia
d) ABO incompatibility

1884. Consider the following statements regarding a cephalhaematoma - *(UPSC-II08)*
1. Present at birth
2. It can occur after a normal delivery
3. The commonest site is over the parietal bone
4. The bleeding is sub-periosteal

Which of the statements given above are correct in the context of cephalhaematoma ? *(UPSC-II 08)*
a) 1 and 4 b) 1 and 2 only
c) 1, 2 and 3 d) 2, 3 and 4

1885. Which is not true about cephalohaematoma ?
a) Not limited by sutures *(APPG 08)*
b) Swelling subsides in 3 months
c) Caused by periosteal injury of skull
d) None

1886. Infants born to mothers who are heavy drinkers are at increased risk of which of the following problems ?
a) Mental retardation *(COMED 09)*
b) Chronic lever disease
c) Excessive birthweight
d) Chorioretinitis

INTRAUTERINE GROWTH RETARDATION

1887. IUGR is caused by all except - *(MP 98)*
a) Rh incompatibility b) Smoking
c) DM d)CRF

1888. IUGR is characterized by a/e - *(PGI01)*
a) Polycythemia b) Meconium aspiration synd
c) HMD d) Hypocalcemia

1889. IUGR seen in - *(PGI 02)*
a) Rubella b) Syphillis
c) CMV d)Chickenpox
e) HPV

1890. True about intrauterine fetal death (TUD) -
a) Gas bubbles in great vessels *(PGI 03)*
b) halo's sign +ve
c) Overlapping of skull bone
d) -*l* Amniotic fluid volume

1891. In a case of intrauterine growth retardation, the most dependable method of determining fetal well being is - *(SGPGI 05)*
a) Ultrasonic fetal cephalometry
b) Contraction stress test (oxytocin challenge test)
c) Amniotic fluid triglyceride
d) Uteroplacental blood flow

1892. All are the causes of intrauterine growth retardation except - *(A 105)*
a) Anemia
b) Pregnancy induced hypertension
c) Maternal heart disease
d) Gestational diabetes

1893. Which of the following Doppler findigns in IUGR is associated with worst prognosis - *(AI07)*
a) Reversal of diastolic flow
b) Absence of diastolic flow
c) Absence of systolic flow
d) Dicrotic notch

1894. Birth weight of a baby can be increased by -
a) Cessation of smoking *(Aiims May 07)*
b) Aspirin
c) Ca^ and vitamin D supplement
d) Bed rest

1877)b 1878)c 1879)d 1880)a 1881)d 1882)a 1883)c 1884)d 1885)a 1886)a 1887) a,c 1888) c 1889) a,c 1890) a,c 1891)b 1892)d 1893)a 1894)a

1895. Intrauterine foetal growth retardation may be associated with the following except - *(UPSC 07)*
a) Maternal drug addiction
b) Maternal smoking
c) Foetal viral infection
d) Regular maternal aspirin intake

1896. Difference between Prematurity & IUGR that Prematurity has - *(PGI June 08)*
a) Sole creases all over feet
b) Breast module 2 mm
c) Ear cartilage well formed-good elastic recoil
d) Skin glistening thin
e) Poor muscle tone

PHARMACOTHERAPEUTBC IN OBSTETRICS

1897. Oxytocin challenge test for assessing fetal well being is contraindicated in all except - *{JIPMER 91)*
a) Placenta previa b) Previous 2 LSCS
c) Breech d) Premature labour

1898. Contraction stress *test* is used to detect - *{JIPMER 93)*
a) Fetal hypoxia b) Placenta previa
c) Hydramnois d) Cord prolapse

1899. Methylergometrine is contraindicated is- *{A1IMS97)*
a) Multiparty b) Bicomuate uterus
c) Post partum haemorrhage d) Eclampsia

1900. Oxytocin is preferred over ergometrine in -
a) Atonic uterine bleeds following delivery
b) In induction of labour *{PGI 97)*
c) Uterine bleeding following abortion
d) Following expulsion of hydatidiform mole

1901. In which of the following conditions would prophylatic methergin be contraindicated -
a) Susppected multiple pregnancy *{UPSC97)*
b) Anaemia
c) Cardiac disease
d) Rh-ve mother

1902. Halflife (biological) of oxytocin- *{J&K01)*
a) 2-3 min b) 3-4 min
c) 5-6 min d) 7-8 min

1903. Magnesium sulphate potentiates the hypotensive action of *(UPSC 97)*
a) Methyl dopa b) Nifedipine
c) Enalapril d)Hydralazine

1904. Which does not affect the foetus - *(AI98)*
a) Lytic cocktail b) Magnesium sulphate
c) Warfarin d) Phenytoin

1905. Which of the following congenital malformations is seen in a child of a mother who is on treatment with oral anticoagulants - *(AIIMS 2K)*
a) Craniofacial malformations
b) Renal agencies
c) Long bone defects
d) Chondrodysplasia punctata

1906. Paracervical block relieves pain from all but one of the following -
a) Pain from dilatation of the cervix
b) Uterine pain
c) Relieves pain from the lower third of vagina and episiotomy can by performed
d) Relieve pain from the upper third of vagina

1907. The nerve roots blocked in pudendal nerve block is- *{AI93)*
a) LI,2,3 b)L2,3
c) S 2,3,4 d)S4

1908. Drug strictly contraindicated in lactation - *(PGI 98)*
a) Lithium b) Carbamazepine
c) Penicillin d) Ovarian

1909. Concentration of $MgS0_4$ in the treatment of eclampsia in mEq/L. *(PGI 99)*
a) 7-10 b) 10-15
c) 24 d)4-7

1910. Antimalarial(s) to be avoided in pregnancy-
a) Chloroquine b) Quinine *(PGI 01)*
c) Primaquine d) Anti-folates
e) Tetracyclines

1911. Use of which of the following drug is contra - indicated in pregnancy? *{AIIMS 03)*
a) Digoxin b) Nifedipine
c) Amoxycillin d) Enalapril

1912. All of the following are known side effects with the use of tocolytic therapy EXCEPT- *{AIIMS 03)*
a) Tachycardia b) Hypotension
c) Hyperglycemia d) Fever

1913. Therapeutic level of magnesium in serum for treatment of eclampsia is - **(***UPSC 04)*
a) 2 - 7 mEq/L b) 9 -12 mEq/L
c) 15 - 17mEq/L d) 30-35 mEq/L

1914. Misoprostol has been found to be effective in all of the following except - *(AI 05)*
a) Missed abortion
b) Induction of labour
c) Menorrhagia
d) Prevention of post-partum hemorrhage (PPH)

1915. Which one of the following methods for induction of labour should not be used in patient with previous lower segment caesarean section ?
a) Prostaglandin Gel *(UPSC 06)*
b) Prostaglandin tablet
c) Stripping of the membrane
d) Oxytocin drip

1916. All are true about oxytocin except - *(MAHE 07)*
a) Causes regular uterine
b) Octapeptide
c) Promotes development of lobules of breast
d) Has ADH- like action

1917. Oxytocin-induced myometrial contractions are inhibited by all of the following except- *{Coined 07)*
a) Ergometrine b) Terbutaline
c) Magnesium d) Halothane

1895)d 1896) b,d,e 1897)c 1898)a 1899)d 1900)b 1901)a,c,d 1902)b 1903)b 1904)b 1905)a,d 1906)c 1907)c 1908) a 1909)d 1910)c,d,e 1911)d 1912)d 1913)a 1914)c 1915)b 1916)c 1917)a

1918. Which of the followng anteretroviral therapy is contraindicated in pregnancy - *(UP 08)*
a) Nevirapine b) Efavirenz
c) Lamivudine d) Stavudine

1919. All of the following agents are tocolytics except - *(A108)*
a) Ritodrine b) Salbutamol
c) Isoxsuprine d) Misoprostol

1920. All are true about oxytocin except - *(Manipal 08)*
a) Causes regular uterine
b) Octapeptide
c) Promotes development of lobules of breast
d) Has ADH like action

1921. Which of the following drug (s) is/are not tocolytic agent - *(PGI Dec 08)*
a) Magnesium sulphate b) Betamethasone
c) Ritodrine d) Nifedipine
e) Misoprostol

1922. Which of the following medications can be safely used in pregnancy - *(A109)*
a) Propythiouracil b) Methotrexate
c) Warfarin d) Tetracycline

1923. True about medroxyprogesterone acetate -
a) Glucose intolerance occur *(PGINov 09)*
b) Pregnancy rate 0.3/100 women year
c) Anemia improves
d) Wt. gain
e) 150 mg 3 monthly

1924. True about misoprostol - *(PGINov 09)*
a) PGE2
b) Administered rectally
c) Need refrigeration
d) Used in post partum haemorrhage
e) Induction of 1st TM abortion

INDUCTION OF LABOUR

1925. Partogram in pregnancy includes all of the following except - **(***UP SC 96)*
a) Uterine contraction
b) Cervical dilatation in time scale
c) Descent of foetal head in time scale
d) Non-stress Test

1926. Bishop's score include all except - **(***PGI98)*
a) Dilatation of cervix
b) Effacement of cervix
c) Contractions of uterus
d) Station of the head

1927. Cervical ripening is mainly due to the action of -
a) PGE2 b) PGF2 *(IN 99)*
c) PG12 d)PGG2

1928. Indication for induction of labour is- *(Kerala 94)*
a) Placenta previa b)PIHatterm
c) Heart disease d) Breech

1929. A.R.M. is contraindicated - *(UPSC 96)*
a) In pregnancy beyond 40 weeks
b) When the mother is RH-ve
c) When the mother is diabetic
d) When the foetus is dead

1930. Bishop scoring of more than..... indicates labour has begun- *(Assam 95)*
a) 3 b) 5
c) 6 d) 7

1931. Contraindication of induction *of\abour-(Calcutta 2K)*
a) PIH b) Bad obstetrical history
c) Dibetes d) Heart disease

1932. All of the following drugs are effective for cervical ripening during pregnancy except - *(All India 04)*
a) Prostaglandins E_2 b) Oxytocin
c) Progesterone d) Misoprostol

1933. All of the following are used for induction of labour, except - *(AIIMS 04)*
a) PGF_2 a tablet b)PGE_2 tablet
c) PGE_2gel d) Misoprostol

1934. Bishops score includes all of the following except- *(AI07)*
a) Dilatation
b) Effacement
c) Station of presenting part
d) Interspinous diameter

1935. Induction at term is indicated in all of the following except- *(AI08)*
a) Hypertension b) Diabetes Mellitus
c) Heart disease d) Renal disease

1936. Which one of the following methods for induction of labour should not be used in patients with previous lower segment caesarean section ?
a) Prostaglandin *(DELHIPG Feb. 09)*
b) Prostaglandin tablet
c) Stripping of the membrane
d) Oxytocin drip

1937. What is the maternal risk of using misoprostol for ripening of cervix during induction of labour -
a) Tachycardia *(UPSC-II09)*
b) Hypotension
c) Tachy-systole/hyperstimulation of uterus
d) Bradycardia

1938. Half-life of IVoxytocin? *(Maharashtra 10)*
a) 1 minute b) 3 minutes
c) 7 minutes d) 9 minutes

OPERATIVE OBS

1939. Vacuum extraction is done when - *(PGI 90)*
a) Cervix dilated more than 8 cm.
b) Persistent occipito posterior
c) Deep transverse arrest
d) Acute destress in Ilnd state

1940. Internal podalic version is done - *(AI91)*
a) At 32 weeks in transverse lie
b) Transverse lie of 2nd twin
c) When there is minimal amniotic fluid
d) All of the above

1941. Internal rotation occurs at the - *(TN91)*
a) Brim b) Cavity
c) Ischial spine d) Outlet

1918) b 1919) d 1920)c 1921)b,e 1922)a 1923) All 1924)b,d,e 1925)d 1926)c 1927)a 1928)a,b 1929)d 1930) c 1931)b,d 1932)c 1933)a 1934)d 1935)c 1936)b 1937)c 1938)b 1939)a,b,c 1940)b 1941)c,d

1942. The effective pressure to be achieved in vacuum extraction is - *(AIIMS92)*
a) 0.1 kg/cm^2 b) 0.4 kg/cm^2
c) 0.6 kg/cm^2 d) 1.2 kg/cm^2

1943. Classical caesarian section is indicated in all except - *(AIIMS 92)*
a) Post Mortam delivery
b) Lower segment fibroid
c) Post RVF repair
d) Post WF repair

1944. Which is an absolute indication for LSCS - *(AI93)*
a) Type IV placental previa b) Fetal Distress
c) Previous LSCS d) Breech presentation

1945. Indication for classical cesarian section is -
a) Obstructed labour *(Kerala 94)*
b) Carcinoma cervix
c) Placenta previa
d) Twin pregnancy

1946. Midline episiotomy has all the following advantage over mediolateral episiotomy except - *(Kam 94)*
a) Better healing b) Extention less common
c) Less blood loss d) Dyspareunia later is less

1947. Absolute indication for caesarean section is -
a) Dystocia (*.JIPMER95)*
b) Previous rupture of uterus
c) Breech presentation
d) Fetal distress

1948. Caesarian section is must in which type of placenta previa - *(Assam 95)*
a) Type I b) Type II ant.
c) Type III d) All of the above

1949. Incorrect about external cephalic version is -
a) Done at 34 weeks *(AP 96)*
b) Abruption of placenta is a complication
c) Done under general anesthesia
d) None

1950. Only indication for internal version nowadays is - *(JIPMER98)*
a) Brow presentation b) Face presentation
c) Second fetus of twins d) Breech

1951. On external cephalic version, fetal bradycardia occurred. The next course of action is - *(AP 97)*
a) Reversion to the original position immediately by external version
b) Internal podalic version
c) Caesarian section
d) Rupture of the membranes

1952. During suction evacuationin MTP the negative pressure of suction should be - *(UPSC)*
a) 100 to 200 mm Hg b) 200 to 300 mm Hg
c) 400 to 600 mm Hg d) 700 to 900 mm Hg

1953. In MTP the suction pressure is---------- mm Hg- *(PGI98)*
a) 100-200 b) 200-300
c) 600 - 700 d) 700 - 800 mm/Hg

1954. Vaccum extraction is C.I. in - *(PGI98)*
a) Premature babies b) Heart disease
c) Microcephaly d) Polyhydramics

1955. The preferred method for management of neglected shoulder presentation in a rural hospitalin India is-
a) Wait for spontaneous delivery *(Kerala 97)*
b) Embryotomy
c) Caesarian section
d) None of the above

1956. Outlet forceps is least likely to lead to - *(AIIMS 98)*
a) Complete perineal tear b) Extension of LMLE
c) Cervical tear d) Vuval hematoma

1957. Which of the following is the indication of internal podalic version - **(**77V *99)*
a) 2nd of the twin b) Shoulder presentation #
c) Breech d) Mentoposterior position

1958. While doing caesarean section, the lower segment of the uterus is physically identified by - *(UPSC 2K)*
a) Loose attachment of visceral peritonium
b) Dilated venous sinuses
c) Deflection of uterine artery towards upper segment
d) Thinness of its wall as compared to the upper segment

1959. Treatment for neglected shoulder presentation is- *(TN 95, UPSC 85, PGI 88)*
a) Caesarean section b) Vaginal delivery
c) Decapitation d) Eviseration

1960. Indication of classical caesarian section - *(PGI 03)*
a) Ca Cervix • b) Kyphoscoliosis
c) Previous 2 LSCS d) HSV infection
e) Contracted pelvis

1961. Contra-indication of Vacuum Extraction - *(PGI04)*
a) Prematurity b) Brow presentation
c) Foetal distress d) Floating head
e) Undilated cervix

1962. Classical Caesarian Section is not indicated in -
a) Lower segment *(Kerala 03)*
b) Carcinoma Cx
c) Fibrid uterus
d) Central placenta previa

1963. Which statement is true regarding VENTOUSE (Vacuum Extractor) - *(AIIMS 03)*
a) Minor scalp abrasions and subgaleal hematomous to new bom are more frequent than forceps
b) Can be applied when fetal head is above the level of ischial spine
c) Maternal trauma is more frequent than forceps
d) Cannot be used when fetal head is not fully rotated

1964. Ventouse application, the prerequisite is- *(APPGE*
a) Full dilatation of cervix b) Station +2 *04)*
c) Premature d) Head engaged

1965. A case of central placenta praevia with anencephaly foetus should be delivered by - *(SGPGI05)*
a) Caesarean section
b) Induction of labour
c) Hall breech extraction
d) Application of Willet's forceps

1942) None 1943)c 1944)a 1945)b,c 1946)b 1947)None 1948)c 1949)c 1950)c 1951)a 1952)c 1953)c 1954) a 1955) c 1956)None 1957)a 1958)a 1959)c 1960)a,e 1961) All 1962)d 1963)a 1964)d 1965)a

1966. What is the graphical record of cervical dilatation in centimeters against duration of labour in hours called- *(UPSC06)*
a) Partogram b) Pictogram
c) Hysterograph d) Amniograph

1967. Contraindications to ventouse delivery include all of the following except - *(COMED06)*
a) Fetal coagulopathies
b) Extreme prematurity
c) Mento transverse position
d) Occipito transverse position

1968. Indication for internal podalic version in modern obstetrics -
a) 2nd twin with transverse lie
b) Anencephaly
c) 1 st twin with transverse lie
d) Breech presentation

1969. In modern obstetrics, the internal podalic version is indicated in the presence of - *(UPSC-II08)*
a) Transverse lie with obstructed labour
b) 2nd transverse twin
c) Cord prolapse with live baby
d) Extended breech presentation

1970. Which of the following is not a contraindication of vaginal delivery after previous cesarean section (CS)? *(AI08)*
a) Previous classical C/S
b) No vaginal delivery in the past
c) Breech presentation ,
d) Puerperial infection in previous pregnancy

1971. Not a contraindication for external cephalic version?
a) Breech presentation *(APPG 08)*
b) Obstructed labour
c) Oligohydramnios
d) First baby of twin pregnancy

1972. Indications for caesarean section in pregnancy are all except - *(AIIMS May 09)*
a) Eisenmenger syndrome
b) Aortic stenosis
c) M.R.
d) Aortic regurgitaion

1973. A woman delivers a 9 lb infant with a midline episiotomy and suffers a third degree tear. Inspection shows which of the following structures is intact - *(DELHIPG Feb. 09)*
a) Anal sphincter b) Perineal body
c) Perineal muscle d) Rectal mucosa

1974. The estimated risk of uterine rupture is a woman with a previous lower segment uncomplicated cesarean section is approximately -
a) 0.5-2% b) 4-6% *(DELHIPG Mar. 09)*
c) 8-10% d) 14-16%

1975. The following are contra-indications to External Cephalic Version except - *(DPG10)*
a) Contracted pelvis
b) Ante-partum haemorrhage
c) Multiple pregnancy
d) Hydramnios

1976. The indications of an elective caesarean section include all of the following, except - *(UP SC II10)*
a) Placenta praevia
b) Cephalopelvic disproportion
c) Previous lower segment caesarean section
d) Carcinoma cervix

1977. Risk of scar rupture in classical caesarean section is- *(Corned 10)*
a) 0.5 to 1.5% b) 1.5 to 4%
c) 4 to 9% d) 10 to 12%

1978. Pre-requisites for forceps delivery are all EXCEPT-
a) Adequate analgesia *(Kam11)*
b) Fully dilated cervix
c) Relaxed uterus
d) Ruptured membranes

1979. The commonly used frequency range in obstetrical ultrasonography is - *(Karn11)*
a) 3.5-5KHz b) 20-25 KHz
c) 3.5-5 MHz d) 20-25 MHz

DIAGNOSIS IN OBSTETRICS

1980. Investigation contraindicated in antenatal expectant mother is - *(TN91)*
a) X-rays b) Ultrasound
c) Urine examination d) Blood examination

1981. Crown-Pump length of 120 mm means the gestational age is - *(JIPMER91)*
a) 10 weeks b) 14 weeks
c) 20 weeks d) 24 weeks

1982. Which of the following is not an indication of Amnniocentesis for Chromosomal detection -
a) Diabetes melitus *(JIPMER91)*
b) Previous Down's child
c) Maternal age more than 35
d) Parents with Chromosomal anomaly

1983. Patogram help in the detection of - *(JIPMER 92)*
a) PPH
b) Abruption placetae
c) Obstracted labour
d) Incordinate uterine action

1984. Radiological investigations in a female of reproductive age should be restricted to - *(AI93)*
a) Peroid of menstruation
b) First 10 days of menstrual cycle
c) Last 10 days of mentrual cycle
d) 10^{th} to 20^{th} day of cycle

1985. Early deceleration pattern on cardiotocography indicates -. *(JIPMER 93)*
a) Head compression b) Fetal distress
c) Cord prolapse d) Hypoxia

1986. To diagnosis foetal well being of foetus, most reliable method - *(UPSC 97)*
a) L:S ratio b)HPL levels
c) Kick test d) Ultrasound

1966) a 1967)d 1968)a 1969)b 1970)c 1971)d 1972)a 1973)d 1974)a 1975)d 1976)c 1977)c 1978)c 1979)c
1980) a 1981) c 1982)a 1983)c 1984)b 1985)a 1986)d

1987. Maternal serum Alpha Feto Protein (MSAFP) raised in all the following conditions except - *(Kam. 94)*
a) Spina bifida b) Multiple pregnancy
c) Omphalocele d) Down's syndrome

1988. X-ray abdomenin pregnancy is- *(Kerala 95)*
a) Harmful to the foetus
b) to assess gestational age
c) To localise placenta
d) To rule out congenital anomalies

1989. Hydrocephalus in the foetus is diagnosed by -
a) Large frontanellae with widely separated sutures as felt on PV examination *(Kerala 95)*
b) High floating head
c) Serial ultrasound
d) CPD

1990. Best investigation to diagnose foetal age is -
a) Serial Ultrasound *(Kerala 95)*
b) Aminocentesis
c) Fundal height measurement
d) X-ray *

1991. Screening for Down's syndrome should be done in the age group_____ in pregnancy - *(AIIMS 94)*
a) 30
b) 35
c) All in the reproductive age group
d) None

1992. All of following are indications for X-ray pelvimetry in pregnancy except - *(AI96)*
a) Severe CPD
b) Breech presentation in a primigravida
c) Suspected outlet contraction
d) Previous caesarian section

1993. All of following are true about fetal distrees expect- *(AI 96)*
a) Mecorium stained liquour
b) FHS < 100 mint.
c) Scalp blood pH 7.3
d) Excessive fetal movements

1994. The best investigation for dating pregnancy is -
a) Crown rump length at 9 weeks *(Delhi96)*
b) BPD at 18 weeks
c) Abdominal circumference at 24 weeks
d) BPD at 24 weeks

1995. Earliest fetal anomaly to be detected by USG -
a) Hydrocephalous *(Karn.95)*
b) Anencephaly
c) Achondroplasia
d) Spina bifida

1996. Antenatally the measurement most useful in ultrasound- *(AP96)*
a) Crown Rump Length b) Femur length
c) BPD d) Abd. circumferance

1997. Cord compression causes_____deceleration -
a) Early b)Late *(AP 96)*
c) Variable d) None

1998. Increased acetyl cholinesterase in amniotic fluid is seen in - *(AI97)*
a) Neural tube defect
b) Renal agenesis
c) Tracheo oesophageal fistula
d) HJGR

1999. Detection of Fetal abnormalities is possible by all except- *(AI97)*
a) Maternal blood b) Fetal blood
c) Amnion d) Decidua (maternal)

2000. Manning score for fetal well being includes all except- *(AI97)*
a) Non stress test
b) Oxytocin Challenge test
c) Breathing movements
d) Body movements of fetus

2001. Determination of gestational age in 1st trimester by USG- *(PGI96)*
a) Crown-Rump length
b) Biparietal diameter
c) Abdominal cocircumferance
d) Femur lengths

2002. While assessing foetal wall being by cardiotocography signiflcans is attached to -
a) Late decelaration *(AIIMS 96)*
b) Early decelaration
c) Sinusoidal wave
d)Variable decelartion

2003. Foetal heart can be detected earliest with transvaginal sonography at (from the last menstrual period)^ *(Kerala 97)*
a) 35 days b) 38 days
c) 53 days d) 46 days

2004. All are signs of fetal distress except - *(PGI 97)*
a) Tachycardia
b) Bradycardia
c) Decreased scalp pH
d) Increase fetal movements

2005. Chorionic villi biopsy is not helpful in -*(AIIMS97)*
a) Phenyliketonuria b) Thalassemia
c) Neural tube defects d) Haemophilia

2006. All are used for Karyotyping in amniocentesis except- *(AI 99)*
a) Monocyte b) Lymphocyte
c) Fibroblast d) Amnion cells

2007. Acetyl cholinesterase assay can be used to diagnose- *(AI 99)*
a) Open neural tube defect b) Oesophageal atresia
c) Duodenal atresia d) Biliary atresia

2008. Triple test for Down's syndrome is by using all except- *(AI99)*
a) Maternal HCG b) Maternal estriol
c) Maternal a feto protein d) Maternal HPL

2009. AFP levels are highest in - *(AIIMS 98)*
a) Foetal serum b) Placenta
c) Amniotic fluid d) Maternal serum

1987)d 1988) All 1989)a 1990)a 1991)b 1992)a,d 1993)c 1994)a 1995)b 1996)a,d 1997)c 1998) a 1999)c,d 2000) b 2001) a 2002) a,c,d 2003) d 2004)None 2005) c 2006) a 2007) a 2008) d 2009) a

2010. Cardiac activity of the fetus seen by ultrasound by- *(TN99)*
a) 4 weeks b) 5 weeks
c) 6 weeks d) 7 weeks

2011. Normal crown - rump length at birth is - *(AP98)*
a) 20-25cms. b) 38-50 cms.
c) 80-72 cms. d) 78-85 cms.

2012. The postion used for bimanual examination in the out-patient department is- *(Korn. 90)*
a) Lithotomy placenta
b) Supine position
c) Sim's position
d) Dorsal position with thighs flexed

2013. The most specific finding in amniotic fluid to diagnose neural tube defect is.....- *(AIIMS 99)*
a) Acetyl choline esterase
b) Acetyl glucosamine
c) Cysteinase
d) Glucose oxidase

2014. Chronic villous sampling is done at - *(Orissa R)*
a) 4-6 weeks b) 7-8 weeks
c) 9-11 weeks d) 12-13 weeks

2015. Normal size of CBD on USG in pregnancy -
a) 2-4 mm b) 6-9 mm *(DNB01)*
c) 10-15mm d) 15-20 mm

2016. External genitalia earliest diagnosed by USA by- *(J&K2001)*
a) 10 weeks b) 14 weeks
c) 16 weeks d) 18 weeks

2017. Fetal Hypoxia is assessed by - *(A.I. 89)*
a) Scalp blood pH
b) Alpha feto protein levels
c) Fetal heart monitoring
d) None

2018. Fetal Respiratory movements occur earliest at -
a) 12 wks b) 16 wks *(JIPMER 91)*
c) 20 wks d) 11 wks

2019. Indication of fetal distress is - *(Kerala 94)*
a) Decrease in fetal scalp blood pH
b) Meconium staining
c) Late deceleration of heart rate
d) All of the above

2020. Fetal bradycardia is defined as - *(TN 99)*
a) Less than 100 beat/min
b) Between 100 and 200 beat/min
c) Less than 120 beat/min
d) Less than 120 beat/min for a period of 15 min of continuous monitoring

2021. Fetal scalp blood pH less than-------is abnormal -
a) 725 b) 7.3 *(AMC 2K, JIPMER 91)*
c) 735 d)7.4

2022. Mannigs score includes - *(PGI01)*
a) Fetal movements
b) Respiratory movements
c) Placental localization
d) Fetal tone
e) Fetal heart rate

2023. A drop in fetal heart rate that typically lasts less than 2 minutes and is usually with umbilical cord compression is called - *(AIIMS 03)*
a) Early deceleration
b) Late deceleration
c) Variable deceleration
d) Prolonged deceleration

2024. Earliest ultrosound sign of pregnancy in a transabdominal ultrasound scan is -
a) Visible gestational sac *(Karnataka 03)*
b) Apparent embryonic structures
c) Fundal endometrial thickening
d) Identifiable cardiac movements

2025. Which of the following explanations is NOT an explanation for decreased variability of the fetal heart rate tracing - *(Karnataka 03)*
a) Fetal "sleep state" b) Prematurity
c) Barbiturate ingestion d) Fetal stimulation

2026. Variable decelerations on electronic fetal monitoring in a woman who is in labour indicates-
a) Congenital heart disease *(COMED 06)*
b) Compression of head
c) Administration of sympathomimetic drugs to the mother
d) Umbilical cord compression

2027. Amniocentesis is best diagnostic if done in_____ weeks - *(DELHIPG Feb. 09)*
a) 8-10 b) 12-14
c) 16-18 d) 20-22

2028. Chorionic villi biopsy is not done before 9 weeks because of - *(DELHIPG Feb. 09)*
a) Abortion
b) Feto-matemal risk of hemorrhage
c) Limb malformation
d) Too little material

2029. TVue about amniocentesis - *(PGINov 09)*
a) Spinal needle is used b) Fetoscope is used
c) Done b/w 12-16 wks. d) Done b/w 15-20 wks.
e) Fetal loss in the procedure is more than 5%

2030. The presence of increased levels of which of the following in amniotic fluid is an indicator of open neural tube defect in the fetus? *(AIIMS May 10)*
a) Phosphatidylesterase
b) Acetyl cholinesterase
c) Pseudocholineesterase
d) Butyrylcholineesterase

2031. Which of the following is the most specific marker for Neural tube defects - *(AI10)*
a) Actylcholinesterase
b) Pseudocholinesterase
c) Alpha feto protein (AFP)
d) Human chorionic Gonadotrophin (HCG)

2032. AFP is raised in - *(AI 10)*
a) Teratoma b) Yolk sac tumor
c) Choriocarcinoma d) Dysgerminoma

2010)c 201 l)b 2012)d 2013)a 2014)c 2015)c 2016)a 2017)a,c 2018)d2019)d 2020)d 2021)a 2022)a,b,d 2023) c 2024) c 2025) d 2026) d 2027) c 2028) c 2029) a,c 2030) b 2031) a 2032) b

2033. Increased Nuchal Translucency at 14 weeks gestation is seen in - *(AJ10)*
a) Turner's syndrome b) Down's syndrome
c) Hydrocephalus d) Skeletal dysplasia

2034. Earliest fetal anomaly to be detected by USG- *(DPG10)*
a) Hydrocephalous b) Anencephaly
c) Achondroplasia d) Spina bifida

2035. Serum AFP (alpha fetoprotein) levels are increased at 16 weeks of pregnancy in all the following conditions, except - *(UP SC II10)*
a) Gastroschisis b) Neural tube defects
c) Multiple pregnancies d) Down's syndrome

2036. Abnormal foetal heart-rate patterns on electronic foetal monitoring include the following, except -
a) Bradycardia < 120/minute lasting for 15 minutes
b) Tachycardia > 170/minute lasting for 15 minutes
c) Early decelerations *(UP SC II10)*
d) Late decelerations

MISCELLANEOUS (OBS)

2037. Study of fetal parts in first trimester with least radiation hazard - *(TN 90)*
a) X-ray abdomen b) Pelvimetry
c) CT scan d) Ultrasound

2038. Multiparity is associated with all except - *(AI91)*
a) Pregnancy induced hypertension
b) Anaemia
c) Post partum haemorrhage
d) Malpresentation

2039. Which vaccine is not indicated during pregnancy-
a) Polio b) *lyph\od(JIPMER91)*
c) Rubella d)TT

2040. Large of date baby may be due to - (*JIPMER92)*
a) Beckwith syndrome b) Diabetic mother
c) Genetic predisposition d)All

2041. Which is more common in primigravida than multigravida - *(AIIMS92)*
a) PPH b) Placenta previa
c) Malpresentation d) Hyperemesis

2042. Post term labor is seen in - *(AIIMS92)*
a) Hydramnois b)PED
c) Anencephaly d) Multiple pregnancy

2043. Post term pregnancy is that which continues beyond- *(AIIMS92)*
a) 300 days b) 294 days
c) 280 days d) 270 days

2044. Stain used for maturity assessment of amniotic fluids cells - *(JIPMER93)*
a) Leishman's stain b) Sudan red
c) Nile blue sulfate d) Congo red

2045. What is the value of color index in microcytic hypochronic anemias associated with pregnancy -
a) One b) Less than one *(AIIMS 91)*
c) More than one d) Three
e) Four

2046. There is steady fall in serum iron at - *(PA180)*
a) 12^{th} week b) 20^{th} week
c) 24^{th} week d) 28^{th} week
e) 32^{nd} week

2047. Blood will interfere with the nitrazine test for detecting ruptured membrances because-(DM? *90)*
a) It is acid
b) It is alkaline
c) It contains increased amounts of sodium chloride
d) In contains decreased amounts of sodium chloride
e) It reacts with the normal flora of vaginal bacteria to give an acid reaction

2048. Foetal requirement of iron is -*(AIIMS 78, DNB 90)*
a) 200 mg b)300
c) 400 d)500

2049. Which of the following is not used in DIC -
a) Heparin *(AIIMS 90, Bihar 89)*
b) Epsilon amino caproic acid
c) Blood transfusion
d) Intravenous fluids

2050. The first investigation to be done if a woman reports with post term pregancy is - *(JIPMER 95)*
a) Ultra sonography b) Vaginal examination
c) Blood glucose profile d) X-ray abdomen

2051. In postmaturity which among the following does not occur - *(AIIMS 94)*
a) Fetal distress b) Hydraminios
c) Transverse lie d)None

2052. A patient had undergo suction evacuation for 10 weeks pregnancy. Three days later she came back with profuse vaginal bleeding and abdominal pain. The most likely diagnosis is - *(UPSC96*).
a) Uterine atony b) Cervical injury
c) Retained products d) Uterine perforation

2053. Increased gestational period is associated with following congenital anomaly - *(Delhi 96)*
a) Spina bifida b) Anencephaly
c) Meningomyelocele d) Omphalocele

2054. Elderly primi is above - *(Karn 96)*
a) 30 years b) 35 years
c) 37 years d) 45 years

2055. All of the following are high risk pregnancies except - *(AIIMS 85)*
a) Twins
b) Previous history of postmaturity
c) Threatened abortion
d) Previous history of manual removal of pacenta

2056. The condition where a thin walled sac. develop in myometrium often containing fetal parts -
a) Uterus didelphys *(AIIMS 95)*
b) Uterine incarceration
c) Hernia of uterus
d) Uterine sacculation

2057, Routine pelvic examination is contrainidicated in- *(AIIMS 85)*
a) Carcinoma cervix b) Cord prolapse
c) Placenta previa d)PIH

2033)b 2034)b 2035)d 2036)c 2037)d 2038)a 2039)c 2040)d 2041)d 2042)c 2043)b 2044)c 2045)b 2046)b
2047)b 2048)b 2049)b 2050)a 2051)b,c 2052)c2053)b 2054)a 2055)b 2056)d 2057)c

2058. Premature rupture of membrane is rupture -
a) At less than 32 weeks *(AI97)*
b) Before onset of labour
c) Before 2nd stage of labour
d) All of the above

2059. In a 24-28 weeks prenancy with premature rupture of membrane you will always give -
a) Steroids b) Antibiotics *(PGI96)*
c) Tocolytics d) Analgesia

2060. "Chemical pregnancy" means - (*UPSC97)*
a) Negative beta HCG and absent gestational sac
b) Positive beta HCG and present gestational sac
c) Positive beta HCG and absent gestational sac
d) Negative beta HCG and crenated sac margin

2061. Indications for termination of pregnancy in hyperemesis gravidarum include all except -
a) Jaundice *{AP 97)*
b) Oliguria
c) Neurologoical complications
d) Encephalopathy

2062. Opthalmoscopic examination is indicated in all of the following except - *{AP 9 7)*
a) Pre-eclampsia b) Placenta praevia
c) Hyperemesis gravidarum d) Raised I.C.T.

2063. Early cord clamping is done is all except - *(MP 98)*
a) Rhisoimmunizationb) Foetal asphyxia
c) Postmaturity d) Prematurity

2064. A primigravida is fully dilated with vertex presentation. The head is well rotated and the station is +2. There is late deceleration on foetal heart monitoring. If the pelvis is adequate, the most appropriate management in this case would be- **(***UPSC99)*
a) Waiting for spontaneous delivery
b) Forceps delivery
c) Vacuum extraction
d) Caesarean section

2065. Fundal height is more than period of gestation in all except - *(Rohtak 98)*
a) Hydramnios b) IUD
c) Twin pregnancy d) Hydratidiform mole
e) Uterine myoma

2066. Vitamin which is taken to prevent neural tube defect in fetus - *{AI 99)*
a) Thiamin b) Folic acid
c) Pyridoxine d) Vitamin C

2067. Diagnostic test for predicting congenital anomaly in a diabetic pregnancy is - *{AIIMS 98)*
a) HbAc b)Frutasamine
c) AmnioticAFP d) Serum AFP

2068. If a patient comes with complaints of post dated pregnancy what is the first thing that you will do
a) USG *{JIPMER2K)*
b) NST
c) Review the menstrual history once more
d) X-ray abdomen

2069. Single umbilical artery is associated with all of the following except - *(UPSC 2K)*
a) Polyhydramnios
b) Advanced maternal age
c) Foetal growth retardation
d) Increased incidence o foetal malformation

2070. A primipara presented at 10 weeks of gestation with lower abdominal pain. On examination, there was pallor and lower abdominal tenderness. What is the likely possibility - *(AIIMS 99)*
a) Ruptured ectopic b) Twisted ovarian cyst
c) Red degeneration d) Acute appendicitis

2071. 22 year old Devi, presents with shock and minimal spotting per vagina. The most likely diagnosis is - *(AI2K)*
a) Threatened abortion b) Ruptured ectopic
c) Twisted ovarian cyst d) Ruptured lutein cyst

2072. All are seen in non immuno hydrops fetalis except- *(MP 2K)*
a) Pericardial effusion b) Large placenta
c) Skin edema d) Ascites

2073. All of the following are part of manning's criteria except - *{AIIMS 2K, MP 2K)*
a) Foetal resiratory movements
b) Non stress test
c) Foetal body movements
d) Vibroacoustic stimulation

2074. Leela 22 yrs old primipara presents with post dated pregnancy. First thing you would like to do is- *(AIIMS 01)*
a) Ultrasonography b) Review mentrual history
c) Induce labour d)LSCS

2075. Smoking in pregnancy causes - *{CUPGEE2K)*
a) RJGR b)PM
c) APH d)PPH

2076. pH of amniotic fluid at later weeks of gestation - *{TN02)*
a) 4.5 b)6.5
c) 7 d)7.2

2077. Supine hypotensive syndrome occurs in - *{PGI 02)*
a) Obesity b) Ascites
c) Early pregnancy d) Advanced pregnancy
e) Immediately following delivery

2078. Pregnant women who have had five or more previous babies differ from those who have had none in that they have a greater risk of- *(AMC 85)*
a) Developing anaemia
b) Complications due to Rhisus incompatibility
c) Malpresentation
d) Involuntary passing of urine while coughing or laughing
e) All of the above

2079. Head's Reflex is due to stimulation of - *(AIIMS 91)*
a) J. Receptors
b) Irritant receptors of lungs
c) Pleural stretch receptors
d) Diaphragmatic nerves

2058)b 2059)b 2060)c 2061)b 2062)b 2063)c 2064)b 2065)b 2066)b 2067)a 2068)c 2069)b 2070)a 2071)b 2072) None 2073) d 2074) b 2075) a,c 2076) d 2077) d 2078) e 2079) b

2080. Gas in great vessels of foetus indicate - *(Kerala 94)*
a) Fetal distress b) Post mature fetus
c) Fetal death d) Premature fetus

2081. Vaginal delivery in subsequent pregnancy can be permitted in all of the following patient situations except- *(MP 98)*
a) Previous LSCS for antepartum hemorrhage
b) Pervious LSCS for transverse lie
c) Myomectomy done 2 year back
d) Repair of vesico vaginal fistula

2082. A 26 year old women in the first trimester of pregnancy has been admitted with retching and repeated vomiting with large haematemesis. Her pulse rate is 126/minute and blood pressure is 80 mm Hg systolic. The most likely diagnosis is -
a) Mallory-Weiss syndrome *(UPSC95)*
b) Bleeding from oesophageal varices
c) Peptic ulcer
d) Hiatus hernia

2083. ARM **is contraindicated in -** *(PGI98)*
a) PL previa b) Hydramios
c) Acc.Hem d) Twins

2084. Spalding's sign is seen **in -** *(PGI99)*
a) Stillborn b) Live bom
c) Premature d) Dead born

2085. Adult hemoglobin appears in fetus at the gestational age of (in weeks) - *(PGI 2000)*
a) 5^{th} b) 10^{th}
c) 15^{th} d)20^{th}
e) 25^{th}

2086. Which of the following is associated with hydrocephalus- *(PGI 01)*
a) Diabetes melitus b) Pre eclampsia
c) Abruptio placentae d) Breech presentation
e) Spina bifida

2087. Delayed labour occurs in - *(PGI 01)*
a) Early use of epidural anesthesia with analgesia
b) Early use of analgesia
c) Unripened cervix
d) Preeclampsia
e) Use of sedative early in course of labor

2088. USG s/o fetal death - *(PGI 01)*
a) 'Halo' sign of head b) Heart beat absent
c) Spalding sign d) Hegar's sign

2089. Pyometra is seen in - *(PGI 02)*
a) Stenosing veriety of cervical carcinoma
b) Senile vaginitis
c) Senile endometritis
d) Endometriosis
e) Abnormalitis of uterus

2090. Alady^of 150 cm height with Hb of llgm%, BP of 160/110 mm Hg & 12 kg gain during her pregnancy delivered an IUGR baby, the causes in this case are -
a) Maternal infection b) Short stature *(PGI 03)*
c) Hypertension d) wt. gain
e) Hb%

2091. Differential diagnosis of Hyper emesis gravidarum-
a) Gastritis b)U.T.I. *(PGI 03)*
c) Toxaemia of pregnancy d) Reflux oesophagitis

2092. 1 HCG level seen in - *(PGI 04)*
a) Down syndrome b) DM
c) Multiple pregnancy d) Ectopic pregnancy
e) Oesophageal atresia

2093. Vaginal delivery is contra - indicated in -
a) Central placenta praevia *(Jipmer03)*
b) Previous LSCS
c) Eclampsia
d) Ante - partum hemorrhage

2094. Abortifadent causing ototoxicity is - *(TN03)*
a) Lead b) Quinine
c) Mercury d) Ergot

2095. B **Lynch suture is applied on -** *(AI03)*
a) Cervix b) Uterus
c) Fallopian tubes d) Ovaries

2096. A woman in her first pregnancy reports that she **smokes one pack** of **cigarettes** a **day. An** ultrasound **is ordered in the thirty second week** of **the** pregnancy **to evaluate for which of the following -** *(Kam 03)*
a) Amniotic fluid volume b) Fetal size
c) Fetal abnormalities d) Fetal.motion

2097. Maximum permissible radiation dose **in** pregnancy **is-** *(AIMS 03)*
a) 0.5 rad b) 1.0 rad
c) 1.5 rad d) 3.0 rad

2098. A lady comes with 8 weeks amenorrhea, shock & past history of TB diagnosis is - *(Jharkand 03)*
a) Ruptured ectopic b) Septic Shock
c) DIC d)None

2099. Maturation index during pregnancy - *(APPGE04)*
a) 0,40,50 b) 50,40,0
c) 0,0,100 d) 0,95,5

2100. improvident mother is- *(AMU 05)*
a) Mother having three children & lost one
b) Mother having three children & lost two
c) Mother with all children lost
d) Mother giving birth to quadruples

2101. MMR is expressed in - *(PGI June 05)*
a) Per 1,000 live birth b) Per 10,000 live birth
c) Per Lac live birth d) Per 10 Lac live birth

2102. Banana & Lemon sign seen in which fetal anomalies - *(PGI June 05)*
a) Neural tube defects b) Hydrops fetalis
c) Twins d)IUD
e) Down syndrome

2103. All the following can cause DIC during pregnancy except - *(AIMS May 05)*
a) Diabetes mellitus b) Amniotic fluid embolism
c) Intrauterine death d) Abruptio placentae

2104. A multipara with previous LSCS comes at 38 weeks pregnancy in shock. DD includes - *(PGI June 06)*
a) Placenta previa b) Abruptio placenta
c) Rupture uterus

2080)c 2081)d 2082)a 2083)b 2084)d 2085)e 2086) d,e 2087)a,b,c,e 2088)b 2089)a,b,c 2090)c 2091)a,b,d
2092)d 2093)a 2094)b 2095)b 2096)b 2097)a 2098)a 2099)d 2100)c 2101)a 2102)a 2103)a 2104)a,b,c

2105. Obesity in pregnancy causes all of the following complication except - *(Manipal 06)*
a) Abnormal uterine action
b) Fetal neural tube defect
c) Precipitate labour
d) Venous thrombosis

2106. With reference to syndromic approach in reproductive tract infections, consider the following statements - *(UPSC 07)*
1. Single drug can be used for treatment
2. The diagnosis of exact disease is not relevant
3. The management is disease specific
4. This is an important part of family Health Awareness compaign

Which of the statements given above are correct
a) 1 and 2 only b) 1 and 3 only
c) 2 and 4 only d) 1,2,3 and 4

2107. The risk of Monogolism in a mother at the age of 20 years is 1 : 3000. What would be this ration when she is 45 years old - *(UPSC 07)*
a) 1:6000 b) 1:3000
c) 1:1040 d) 1: 50

2108. The Kleihauer test for detecting foetal erythrocytes is based on the fact that - *(UPSC 0 7)*
a) Adult erythrocytes are larger than those of foetus
b) HbA has higher oxygen affinity than HbF
c) HbF is more resistant acid elution that HbA
d) HbA takes up erythrosin stain less than HbF

2109. Age of gestation when ovaries and testis are first distinguishable - *(Corned 07)*
a) 4 weeks b) 8 weeks
c) 12 weeks d) 16 weeks

2110. Blood in urine in a patient in labour, diagnosis is -
a) Impending scar rupture b) Urethral injury
c) Obstructed labour d) Cystitis

2111. Minimum duration between onset of symptoms and death is seen in - *^(AI09)*
a) APH b) PPH
c) Septicemia d) Obstructed labor

2112. Macrosomia is/are associated with - *(PGINov 09)*
a) Gestational diabetes mellitus
b) Maternal obesity
c) Hypothyroidism
d) Hyperbilirubenemia
e) Foetal goitre

2113. Weight gain in pregnancy depends on all of the following factors, except - *(AI10)*
a) Socioeconomic status b) Prepregnancy weight
c) Smoking d)Ethinicity

2114. Aprimipara presented at 10 weeks of gestation with lower abdominal pain. On examination there was pallor and lower abdominal tenderness. What is the likely possibility? *(DPG10)*
a) Ruptured ectopic b) Twisted ovarian cyst
c) Red degeneration d) Acute appendicitis

2115. Most common cause of rupture uterus?
a) Separation of previous caesarean scar
b) Internal version *(Maharashtra 10)*
c) Excess dosage of oxytocin
d) Complicated manual removal of placenta

2116. Common cause of "Sepsis syndrome" in obstetrics includes- *(Maharashtra 10)*
a) Antepartum pyelonephritis
b) Puerperal infection
c) Chorioamnionitis
d) All of the above

2117. Match List-I with List-II and select the correct answer using the code given below the Lists -

List-I *(Pregnancy complications)*	**List-II** *(Therapy)*
A. Anti-phospholipid syndrome	1. Intravenous immunoglobulins
B. Acute toxoplasmosis	2. Ursodeoxycholic acid
C. Unexplained pregnancy losses	3. Low-dose aspirin and heparin
D. Cholestatic jaundice	4. Spiramycin

Code: *(UP SCII10)*

	A	B	C	D
a)	2	4	1	3
b)	2	1	4	3
c)	3	4	1	**2**
d)	3	1	4	2

2118. The following drugs can cause osteoporosis, except-
a) GnRH analogue b)Danazol *(UP SCII 10)*
c) Corticosteroid d) Mefiprostone

2119. Prolong latent phase is/are seen in - *(PGIMay 10)*
a) Placenta praevia b) Unripe cervix
c) Abruptio placentae d) Excessive sedation
e) Early epidural analgesia

2120. D/D of acute abdomen in pregnancy are all except- *(PGI Nov. 10)*
a) Cystitis b) Threatened abortion
c) Cervical incompetence d) Appendictis
e) Ruptured ectopic

2121. Vaginal delivery can be allowed in all except -
a) Monochrionic, monoamniotic twins
b) Mentoanterior *(AIIMS May 11)*
c) Extended breech
d) Dichorionic twins with first vertex & second breech

2122. In a neonate the skin of soles and palms is showing yellow discoloration, approximate level of serum bilirubin (mg/dl) will be - *(Karn 11)*
a) 5-7 b) 10
c) 12 d) >15

2123. A nulliparous woman presents with acute lower abdominal pain. She has a history of missed periods. The ultrasound examination shows an empty uterus. The cervical movements are very tender. The vital signs are stable. How will you manage her -
a) Treat her as a case of Pelvic Inflammatory Disease
b) Perform a laparotomy *(UPSC II11)*
c) Admit her for observation
d) Perform a laparoscopy

2105)c 2106)c 2107)d 2108)c 2109)b 2110)c 2111)b 2112) a,b 2113) c2114)a 2115)a 2116)d 2117)c 2118)b,d 2119) c,d,e 2120) c 2121) a 2122) d 2123) d

Recent Years NEET/DNB Questions

2124. MC ovarian tumors originate from-
a) Mullerian epithelium *(NEET/DNB Pattern)*
b) Stroma
c) Germ cells
d) Connective tissue

2125. OC pills decrease the risk of-*(NEET/DNB Pattern)*
a) Stroke b) CVD
c) Endometrial ca d) Hepatic adenoma

2126. HRT improves - *(NEET/DNB Pattern)*
a) Bone density b) Coronary artery disease
c) Dementia d) Endometrial cancer

2127. OC pills must be started on -*(NEET/DNB Pattern)*
a) 5th day b) 3rd day
c) 1st day d) When menses cease

2128. HIV positive couple with pregnant female, contraceptive of choice is - *(NEET/DNB Pattern)*
a) Abstinence b) Condoms
c) No restrictions d) OCPs

2129. Exclusive complication of monochorionic twins -
a) Cord entanglement *(NEET/DNB Pattern)*
b) Twin to twin transfusion
c) Discordant growth
d) Abortion

2130. 1st sign of IUD - *(NEET/DNB Pattern)*
a) Spalding sign
b) Air in heart
c) Hyper flexion of spine
d) Egg shell cracking feel of the fetal head

2131. Fetal cells can be detected in maternal blood using-
a) Dct *(NEET/DNB Pattern)*
b) let
c) Kleihauer betke test
b) Bubble test

2132. Fetal exsanguination can occur if -
a) Vasa previa *(NEET/DNB Pattern)*
b) Placenta praevia
c) Polyhydramnios
d) Oligohydramnios

2133. 34 wks pregnancy, polyhydramnios is present when volume is greater when - *(NEET/DNB Pattern)*
a) 2000cc b) 1500cc
c) lOOOcc d) 500cc

2134. Modified BPP includes - *(NEET/DNB Pattern)*
a) Non stress test (NST)
b) Amniotic fluid index (AFI)
c) Both
d) None

2135. Olighydramnios, causes include -
a) DM *(NEET/DNB Pattern)*
b) Esophagal atresia
c) Rh isoimmunisation
d) Renal agenesis

2136. Not transmitted congenitally - *(NEET/DNB Pattern)*
a) HSV b) HTV
c) Candida d) Rubella

2137. MC cause of neonatal congenital infection -
a) CMV *(NEET/DNB Pattern)*
b) Rubella
c) Toxoplasmosis
d) HSV

2138. Caesarean section is recommended for -
a) Rubella infected mother *(NEET/DNB Pattern)*
b) HSV infected mother
c) CMV infected mother
d) Measles infected mother

2139. MC congenital malformation of DM in neonates -
a) NTDs *(NEET/DNB Pattern)*
b) Hydrocephalous
c) Sacral agenesis
d) Multicystic kidneys

2140. A women is diagnosed with cervical carcinoma stage 2b, treatment of choice is -
a) Hysterectomy *(NEET/DNB Pattern)*
b) Chemoradiation
c) Primary radiation
d) None of the above

2141. Management of neglected shoulder presentation is- *(NEET/DNB Pattern)*
a) Vaginal delivery b) Caesarean section
c) External version d) Internal version

2142. The diagnosis of uterine anomalies is -
a) Hysterosalpingography *(NEET/DNB Pattern)*
b) MRI
c) CT Scan
d) Plain radiography

2143. Most common cause of pyometra -
a) Endometritis *(NEET/DNB Pattern)*
b) CA endometrium,
c) Ca cervix
d) Radiation

2144. Fetal trunk movements in third trimester is -
a) Less perceived by nullipara
b) Increased in IUGR *(NEET/DNB Pattern)*
c) Are more pronounced
d) None of the above

2145. PPH treatment of choice is -*(NEET/DNB Pattern)*
a) PGE2 b) PGE1
c) PGF2 alpha d) Oxytocin

2146. Fetal wt at 20 wks - *(NEET/DNB Pattern)*
a) 150 gms b) 200 gms
c) 300 gms d) 400 gms

2147. Strawberry cervix is found *in-(NEET/DNB Pattern)*
a) Trichomoniasis b) Candidiasis
c) Bacterialvaginosis d) Gonorrhoea

2148. Spiegelberg criteria is for - *(NEET/DNB Pattern)*
a) Cervix b) FallopianTubes
c) Ovaries d) Uterus

2124)a 2125)c 2126)a 2127)c 2128)b 2129)b 2130)b 2131)c 2132)a 2133)a 2134)c 2135)d 2136)c 2137)a
2138)b 2139)a 2140)b 2141)b 2142)a 2143)a 2144)c 2145)c 2146)c 2147)a 2148)c

2149. Largest skull diameter is -
a) Mento vertical *(NEET/DNB Pattern)*
b) Occipito - frontal
c) Suboccipito - frontal
d) Suboccipito - bregmatic

2150. Ideal contraceptive in RHD -*(NEET/DNB Pattern)*
a) Barrier b) IUCD
c) OCPs d) DMPA

2151. Recent biomarker for early detection of surface epithelial tumours of ovary -*(NEET/DNB Pattern)*
a) Ca 125, b) Ca 19=9,
c) Ca 15-5, d)Osteopontin

2152. Bartholin's glands lie *m* relation i© vaginal orifice-
a) Posterior *(NEET/DNB Pattern)*
b) Anterior
c) Anterolateral
d) Posterolateral

2153. 48 yr, 7 day post hysterectomy fever, burning micturition with dribbling off urine but able to pass mine **voluntarily -** *(NEET/DNB Pattern)*
a) WF b) UVF
c) Urge incontinence d) Stress incontinence

2154. **Most common symptom in** ectopic **pregnancy -**
a) Abdominal pain *(NEET/DNBPattern)*
b) Bleeding per vagina
c) Amenorrhoea
d) Fainting attacks

2155. Cervical cytology smear reveal CIN2- next step-
a) Colposcopy *(NEET/DNBPattern)*
b) Cryocautery
c) Hysterectomy
d) Laser ablation

2156. In what condition does vulvectomy has to be performed sometimes - *(NEET/DNBPattern)*
a) Granuloma inguinale
b) Chlamydia trachomitis
c) Herpes simplex
d) Candidial infection

2157. First radiological evidence off **intrauterine death of fetus -** *(NEET/DNB Pattern)*
a) Spalding sign
b) Air in heart
c) Hyper flexion of spine
d) Crowding of the ribs shadow

2158. Which test is used to determine presence of fetal cells in maternal circulation -
a) Apt test *(NEET/DNB Pattern)*
b) Kleihauer betke test
c) Indirect coombs test
c) Bubble test

2159. Vasa previa may lead to - *(NEET/DNB Pattern)*
a) Rupture of membranes b) Fetal exanguination
c) Fetal death. d) All of the above

2160. HPV infects first which cells in cervix -
a) Basal and parabasal cells *(NEET/DNB Pattern)*
b) Corneal cells
c) Granulosa cell
d) Spinus cells

2161. Clue cells are - *(NEET/DNB Pattern)*
a) Epithelial cells b) Lymphocytes
c) Neutrophils d) Macrophages

2162. Which is distinguishing feature of complete mole from partial mole - *(NEET/DNB Pattern)*
a) Hydropic changes in proliferating villi
b) Proliferation of blood vessels into villi
c) Mutation of p-57 gene in chorionic cells
d) Presence of fetus

2163. Which is associated with least chances off ectopic pregnancy- *(NEET/DNB Pattern)*
a) Tubectomy b) IUCD
c) Oral contraceptive pills d) Tubal ligation

2164 Not a **feature ©f MELLP. syndrome -**
a) Hemolysis *(NEET/DNBPattern)*
b) Elevated liver enzymes
c) Low platelet count
d) Renal failure •

2165. Most sensitive to detect prenatal neural tube defect
a) AFP *(NEET/DNBPattern)*
b) Sphingosme
c) Human gonadotropin
d) USG

2166. In FIGO staging of cancer cervix investigation includes all except - *(NEET/DNBPattern)*
a) CT scan b) PET scan
c) MR! d) Laparoscopy

2167c What is the contraindication of laparoscopic sterilization - *(NEET/DNBPattern)*
a) Post partum state
b) Post MTP
c) Gynaecologic malignancies
d) 3 previous child birth

216$o What distinguishes placental site trophoblastic tumor from Choriocarcinoma -
a) LowHCG *(NEET/DNBPattern)*
b) Low HCG and low HPL
c) High HCG and low HPL
d) High HCG and high HPL

2169. Palm leaf appearance of cervical mucus is caused by- *(NEET/DNBPattern)*
a) Oestrogen b) Progesterone
c) FSH d) Testosterone

2170. Rate limiting dose of radiotherapy to rectum and bladder in gynaecologic malignancies -
a) 4000cGy *(NEET/DNBPattern)*
b) 5000cGy
c) 6000cGy
d) 7000cGy

2149)a 2150)a 2151)a 2152)d 2153)b 2154)a 2155)a 2156)a 2157)b 2158)b 2159)d 2160)a 2161)a 2162)a 2163)c 2164)d 2165)a 2166)d 2167)a 2168)a 2169)a 2170)b

2171. Woman presenting with chlymadial vaginal discharge needs - *(NEET/DNB Pattern)*
a) Ciprofloxacin b) Doxycyclin
c) Metronidazole d) Azithromycin

2172. Fetal blood loss is more fn -*(NEET/DNB Pattern)*
a) vasa previa
b) placenta previa
c) placental abruption
d) circumvallate placenta

2173. **Monochorionic** monoamsiiotac placenta develops if **division** takes pake - *(NEET/DNB Pattern)*
a) Before 72 hrs b) Between 4th & 8th day
c) After 8th day d) After 2 weeks

2174. Oligohydraminos is associated with all except -
a) Sacral agenesis *(NEET/DNB Pattern)*
b) Polycystic kidney
c) Renal agenesis
d) PROM

2175. HCG is secreted by - *(NEET/DNB Pattern)*
a) Trophoblast cells b) Amniotic membrane
c) Fetal yolk sac d) Hypothalamus

2176. **Size of uterus in inches is -***(NEET/DNB Pattern)*
a) 5X4X2 b) 4X3X1
c) 3X2X1 d) 4X2X1

2177. The amount of blood loss in each menstrual cycle **is about -** *(NEET/DNB Pattern)*
a) lOcc b) 35cc
c) 50cc d) lOOcc

2178. **Beading is seen in** case **of genital** TB **in women in-** *(NEET/DNB Pattern)*
a) Tubes b) Ovary
c) Cervix d) Vagina

2179. Commonest cause of postpartum hemorrhage in multipara is - *(NEET/DNB Pattern)*
a) Fibroid b) Retained placenta
c) Uterine atony d) Uterine perforation

2180. In puerperial period sepsis is M/C due to -
a) Uterine infection *(NEET/DNB Pattern)*
b) Ovarian infection
c) Vaginal infection
d) All of the above

2181. Pt with low testosterone & low count will show can show all exept - *(NEET/DNB Pattern)*
a) Decreased FSH
b) Decreased LH
c) Increased FSH
d) Obstruction of spermatic duct

2182. Beaded feel of fallopian tube on hsg is seen in -
a) TB *(NEET/DNB Pattern)*
b) Chlamydia
c) Gonococcal infection
d) Syphillis

2183. At 9 wk best measure to calculate the gestational age - *(NEET/DNB Pattern)*
a) BPD b) CRL
c) Fetal femer length d) Embryonic movements

2184. Cause of fibroid torsion - *(NEET/DNB Pattern)*
a) Infection b) Site of origin
c) Both d) None

2185. Cause of infertility in hypothyroidism-
a) Decrease prolactin *(NEET/DNB Pattern)*
b) Increased prolactin
c) Both
d) None

2186. First sign off wound dehiscence in **uterine rupture** during pregnancy - *(NEET/DNBPattern)*
a) Tachycardia b) PV discharge
c) Bloody micturition d) Bradycardia

2187. Gestational sac on usg is first seen at_____wks fromLMP- *(NEET/DNBPattern)*
a) 2 b) 4
c) 5 d) 6

2188. 51 yr ff with abdominal mass & ascites. On H/P ovarian Ca is +ve for - *(NEET/DNB Pattern)*
a) Ca 125 b) Ca 19-9
c) AFP d) hCG

2189. Laproscopic tubal ligation contraindication -
a) Post partum state *(NEET/DNBPattern)*
b) Post MTP
c) Gynaecologic malignancies
d) 3 previous child birth

2190. Therapeutic level of serum magnesium needed to treat pre-eclempsia - *(NEET/DNBPattern)*
a) .1-2 Meq / 1 b) 3-4 Meq / 1
c) 4-7 Meq /1 d) .7-9 Meq/ 1

2191. **Estrogen Level in follicular phase off Menstrual Cycle-** *(NEET/DNBPattern)*
a) 100-200 pg/ml b) 200-300 pg/ml
c) 300-400 pg/ml d) 400-500 pg/ml

2192. An 18 yrs young female presents with primary amenorrhea, cyclic abdominal pain and voiding difficulties. On examination breast and pubic hair are well developed but vagina can't be appreciated. Diagnosis is - *(NEET/DNBPattern)*
a) Mayer-Rokitansky-Kauster Syndrome
b) Turner syndrome
c) Noonan sundrome
d) Kallmann syndrome

2193. Methotrexate is used in Ectopic Pregnancy when-
a) Patient is Hemodynamically Stable *(NEET/DNB*
b) Serum hCG level >3000 IU/L *Pattern)*
c) Tubal diameter > 4 cm without fetal cardiac activity
d) None of the above

2194. Call Exner bodies are found in -
a) Granulosa Cell Tumour *(NEET/DNB Pattern)*
b) Embryonal cell carcinoma
c) Choriocarcinoma
d) Androblastoma

2195. Amount of blood passed through placenta on delayed cord clamping - *(NEET/DNB Pattern)*
a) 50-100 ml b) 100-200 ml
c) 120-150 ml d) 150-180 ml

2171)d 2172)a 2173)c 2174)a 2175)a 2176)b 2177)b 2178)a 2179)c 2180)a 2181)d 2182)a 2183)b 2184)b 2185)b 2186)c 2187)c 2188)a 2189)a 2190)c 2191)a 2192)a 2193)a 2194)a 2195)a

2196. Test to detect maternal sensitization -
a) Direct coombs test *(NEET/DNB Pattern)*
b) Indirect coombs test
c) Both
d) None

2197. Fetal lung maturity is signified by -
a) L:S > 2 *(NEET/DNB Pattern)*
b) >37 weeks gestation
c) level of phosphatidyl choline
d) non reactive NST

2198. Amniotic fluid quantity at birth (ml) -
a) 500 b) 1000 *(NEET/DNB Pattern)*
c) 1500 d) 2000

2199. 1996 ASRM classification of endometritis includes - *(NEET/DNB Pattern)*
a) Intensity of pain b) Location
c) Size d) Number

2200. Hemodynamic change in pregnancy are all except-
a) Increased systemic vascular resistance
b) Increased blood volume *(NEET/DNB Pattern)*
c) Plasma volume
d) Cardiac output

2201. Heart disease in pregnancy, most common -
a) ASD b) MS *(NEET/DNB Pattern)*
c) VSD d) MR

2202. Highest mortality in pregnancy -
a) Eisenmenger syndrome *(NEET/DNB Pattern)*
b) Fallot's tetrology
c) Coarctation of aorta
d) Marfan's syndrome

2203. Uretheral discharge is seen in-*(NEET/DNB Pattern)*
a) Gonorrhea b) Chylamydia
c) Herpes d) Candida

2204. Jacquemier sign is - *(NEET/DNB Pattern)*
a) Softening of cervix
b) Bluish discoloration of anterior vaginal wall
c) Mucous discharge
d) Increased pulsations

2205. In A-P , oval pelvis is - *(NEET/DNB Pattern)*
a) Android b) Platypoid
c) Anthropoid d) Gynecoid

2206. HIV maximum transmission occurs during -
a) Childbirth *(NEET/DNB Pattern)*
b) Breast feeding
c) labour
d) Antepartum

2207. Not a laproscopy instru*ment-(NEET/DNB Pattern)*
a) Trocar b) Pneumoperitoneum needle
c) Doyen's retractor d) Fiberoptic camera

2208. Ovarian cancer drugs used are -
a) Paclitaxel + doxorubicin *(NEET/DNB Pattern)*
b) Cisplatin + doxorubicin
c) Docetaxel + doxorubicin
d) Paclitaxel + cisplatin

2209. Pregnancy changes are all except -
a) Respiratory alkalosis *(NEET/DNB Pattern)*
b) Paco2 decreased
c) Pa o2 increased
d) Systemic vascular resistance increases

2210. G2 female in first trimester with first child lOyrs of age getting chicken pox. Next step is -
a) Varicella vaccine *(NEET/DNB Pattern)*
b) Oral acyclovir
c) Both
d) None

2211. Non-contraceptive metabolic effect of estrogen are all except - *(NEET/DNB Pattern)*
a) Increased fatty acids
b) Increased plasma lipid and lipoproteins
c) Increased total cholesterol
d) Decreased HDL

2212. Commonest cause of anovulatory infertility -
a) PCOS *(NEET/DNB Pattern)*
b) TB
c) Endometriosis
d) Thyroid dysfunction

2213. Sarcoma botyroides in vagina is seen in which age- *(NEET/DNB Pattern)*
a) Less than 8yrs b) 8-16 yrs
c) 16-24 yrs d) > 24 yrs

2214. Interspinous diameter - *(NEET/DNB Pattern)*
a) 10.5 cm b) 11 cm
c) 11.5 cm d) 12 cm

2215. 35 weeks pregnancy, painless blood discharge, most likely diagnosis is - *(NEET/DNB Pattern)*
a) Placentaprevia b) Abruptio placenta
c) Ectopicpregnancy d) None

2216. Curdy vaginal discharge is seen in which infection-
a) Bacterial vaginosis *(NEET/DNB Pattern)*
b) Candidiasis
c) Trichomoniasis
d) Chlamydia

2217. In pregnancy which is the most common test for HIV- *(NEET/DNB Pattern)*
a) PCR b) CD4 cell count
c) ELISA d) Western blot

2218. WF in obstructed labour is repaired -*(NEET/DNB Pattern)*
a) Immediately b) 3 weeks
c) 3 months d) 6 months

2219. In total abdominal hysterectomy following are removed - *(NEET/DNB Pattern)*
a) uterus
b) uterus & cervix
c) uterus , cervix & fallopian tube
d) uterus, cervix, fallopian tube & ovary

2220. GnRH analogue are all except -*(NEET/DNB Pattern)*
a) Soserelin b) Gonadorlein
c) Goserelin d) Buserelin

2196)b 2197)a 2198)b 2199)b 2200)a 2201)b 2202)a 2203)a 2204)b 2205)c 2206)a 2207)c 2208)d 2209)d 2210)b 2211)d 2212)a 2213)a 2214)a 2215)a 2216)b 2217)b 2218)c 2219)b 2220)a

2221. Cervical carcinoma is due to *UP\-(NEET/DNBPattern)*
a) 6, 8 b) 16, 18
c) 30,32 d) 15, 17

2222. Anemia in pregnancy is most commonly due to -
a) Nutritional *(NEET/DNB Pattern)*
b) Hemorrhage
c) Hereditary
d) Bone marrow insufficiency

2223. Procedure done in vault prolaps -
a) Manchester operation *(NEET/DNB Pattern)*
b) Fothergills operation
c) Khanna's abdominal sling operation
d) Le forte operation

2224. Biophysical profile includes all except -
a) NST *(NEET/DNB Pattern)*
b) Muscle tone
c) Amniotic'fluid
d) Acetyl choline level

2225. PID is most commonly caused *by-(NEET/DNB Pattern)*
a) Chlamydia b) Mycoplasma
c) Tubercular bacillus d) E. Coli

2226. Investigation for postmenopausal bleed are all except- *(NEET/DNB Pattern)*
a) PAP smear b) Laproscopy
c) Fractional curettage d) Ultrasound

2227. H. mole karyotype is - *(NEET/DNB Pattern)*
a) 46XY b) 46XX
c) 45XX d)45XY

2228. Staging of ca cervix with endometrial involvement-
a) Stage 1 b) Stage 2 *(NEET/DNB*
c) Stage 3 d) Stage 4 *Pattern)*

2229. Staging of endometrial ca with involvement of paraaortic lymph node involvement -
a) niC b) IIB *(NEET/DNB Pattern)*
c) IIIA d) IIIB

2230. Ovarian carcinoma chemotherapy for epithelial - *(NEET/DNB Pattern)*
a) BBC b) CHOP
c) MOPP d) None of the above

2231. Amiotic fluid at 36-38 weeks -*(NEET/DNB Pattern)*
a) 500 b) 1000
c) 1500 d) 2000

2232. Fallopian tube tuberculosis -
a) Most common type of genital TB
b) Size of the tubes is unchanged
c) Is asymptomatic *(NEET/DNB Pattern)*
d) Primary focus of infection is always in fallopian tubes

2233. Least diameter of gynecoid pelvis is -
a) Transverse *(NEET/DNB Pattern)*
b) Oblique
c) Diagonal conjugate
d) Obstetric conjugate

2234. FIGO staging in endometrial Ca with paraaortic lymph node - *(NEET/DNB Pattern)*
a) III b b) III c
c) IV a d) IV b

2235. FIGO staging with cervical carcinoma involving parametrium- *(NEET/DNB Pattern)*
a) Ha b) lib
c) nia d) Illb

2236. Role of lactobacilli in vaginal secretions -
a) To maintain alkaline pH *(NEET/DNB Pattern)*
b) To maintain acidic pH
c) Nutrition
d) None

2237. Most common degeneration of fibroids -
a) Calcareous b) Hyaline*(NEET/DNB Pattern)*
c) Red d) Cystic

2238. Definitive management of adenomyosis is -
a) GNRH analogue *(NEET/DNB Pattern)*
b) Danazole
c) LH
d) Hysterectomy

2239. Drug commonly used in t/t of endometriosis -
a) LH b) GnRH *(NEET/DNB Pattern)*
c) MPA d) FSH

2240. Duration of contraception after DMPA is -
a) 21 months b) 1-3 months *(NEET/DNB*
c) 3-6 months d) >6 months *Pattern)*

2241. Methergin is given for prophylaxis of -
a) Anemia *(NEET/DNB Pattern)*
b) Cardiac disease
c) Renal disease
d) Lung disease

2242. Investigation of choice in post menopausal bleeding- *(NEET/DNBPattern)*
a) PAP smear b) Laproscopy
c) Fractional curettage d) Ultrasound

2243. Gold standard diagnostic technique for diagnosis of endometriosis - *(NEET/DNBPattern)*
a) Laproscopy b) Ca 125 level
c) Ultrasound d) MRI

2244. Markedly deflexed head of baby causes which diameter to engage - *(NEET/DNBPattern)*
a) Occipitofrontal b) Suboccipitorontal
c) Mentovertical d) Submentovertical

2245. Hegar sign all are true except -
a) Bimanual palpation method
b) Difficult in obese *(NEET/DNBPattern)*
c) Can be done at 14 weeks
d) Present .in 2/3rd of cases

2246. All of the following occurs because of prostaglandin use except - *(NEET/DNBPattern)*
a) Excess water retention
b) Flushes
c) Increased motility of bowel
d) Nausea

2247. HRT is given in - *(NEET/DNBPattern)*
a) Symptomatic postmenopausal women
b) Following hysterectomy
c) Because a women has asked for it
d) All of the above

2221)b 2222)a 2223)d 2224)d 2225)a 2226)c 2227)b 2228)b 2229)a 2230)a 2231)b 2232)a 2233)d 2234)b
2235)b 2236)b 2237)b 2238)d 2239) b 2240)c 2241)a 2242)c 2243)a 2244)a 2245)c 2246)a 2247) d

2248. New born can be given breast milk after how much time following normal *deM\ery-(NEET/DNB Pattern)*
a) Half hour b) 1 hours
c) 2 hours d) 3 hours

2249. Ectopic pregnancy highest likely cause -
a) IUCD *(NEET/DNBPattern)*
b) PID
c) Artificial fertility technique
d) Tubal damage

2250. Bartholin cyst treatment of choice -
a) Excision *(NEET/DNBPattern)*
b) Antibiotics
c) Marsupialization
d) Drainage

2251. Prolapsed of uterus in nulliparous women, treatment is - *(NEET/DNBPattern)*
a) Sling usedinvolving rectus sheath
b) Anterior colporrhaphy
c) posterior colporrhaphy
d) Manchester operation

2252. A pregnant woman in first trimester has four fold rise in IgG against toxoplasmosis, it indicates -
a) Protective antibodies *(NEET/DNBPattern)*
b) Acute infection
c) Chronic infection
d) None of the above

2253. Women with menorrhagia IUCD of choice -
a) NOVAT *(NEET/DNB Pattern)*
b) LNGIUD
c) Mirena
d) Gyne fix

2254. In pregnancy cardiac output increases by what %-
a) 40-50 % *(NEET/DNB Pattern)*
b) 30-40 %
c) 20-30%
d) 10-20%

2255. In pregnancy plasma volume increased maximum at what gestational age? *(NEET/DNB Pattern)*
a) 10 wks b) 20 wks
c) 25 wks d) 30 wks

2256. Spinnaker is maximum shown at which phase -
a) Menstrual phase *(NEET/DNB Pattern)*
b) Ovulatory
c) Post ovulatory
d) Pre follicular

2257. Most common puerperal infection is because of -
a) Anaerobic streptococcus *(NEET/DNB Pattern)*
b) Staphylococcus
c) E. Coli
d) Klebsiella

2258. Most of ectopic pregnancies are at ampulla as -
a) It is the narrowest part *(NEET/DNB Pattern)*
b) Tubal movements are least here
c) Salpingitis produces least crypts here
d) Plicae are most numerous here

2259. Deep transverse arrest is seen in- *(NEET/DNB*
a) Android pelvis b) Gynaecoid *Pattern)*
c) Anthropoid d) Platypoid

2260. Ca ovary with left supraclavicular LN, stage is-
a) **IV** b) III *(NEET/DNB Pattern)*
c) D d) I

2261. Asherman syndrome false *is-(NEET/DNB Pattern)*
a) Associated with menstrual irregularities
b) Progesterone challenge test is negative
c) Synechiae formation in uterus
d) May be secondary to TB

2262. Rarest **presentation is -** *(NEET/DNBPattern)*
a) Cephalic b) Breech
c) Shoulder d) Vertex

2263. Drug of choice for pneumocystis carinii in pregnancy- *(NEET/DNBPattern)*
a) SMZ/TMP b) Primaquine
c) Dapsone d) Pentamidine

2264. **Emergency contraceptive should must be started with in how much time after unprotected intercourse**
a) 24 hrs b) 48 hrs *(NEET/DNB Pattern)*
c) 72 hrs d) 96 hrs

2265. contraction stress test false is -
a) Oxytocin not used *(NEET/DNBPattern)*
b) Invasive method
c) Detects fetal well being
d) Negative test is associated with good fetal outcome

2266. Maximum chance of transmission during delivery-
a) **HSV** b) **CMV** *(NEET/DNB Pattern)*
c) **VZV** d) Rubella

2267. External version is done after -*(NEET/DNB Pattern)*
a) 34 weeks b) 36 weeks
c) 38 weeks d) 40 weeks

2268. 35 year old with history of repeated D&C. She now has secondary ammenorhea. What is your diagnosis-
a) Hypothyroidism *(NEET/DNB Pattern)*
b) Kallman syndrome
c) Sheehan's syndrome
d) Ashennan's syndrome

2269. Drug causing abruption *p\acenta-(NEET/DNB Pattern)*
a) Methadone b) Cocaine
c) Amphetamine d) Fluoxetine

2270. Drug of choice in premenstrual syndrome -
a) Antipsychotics b) SSRI *(NEET/DNB Pattern)*
c) OCP d) Depo progesterone

2271. Fertile period of female is measured by -
a) LH b) FSH *(NEET/DNB Pattern)*
c) Estrogen d) Oxytocin

2272. Antihypertensive of choice in pregnancy is -
a) Methydopa *(NEET/DNB Pattern)*
b) Labetolol
c) Hydralizine
d) CCB

2248)a 2249)b 2250)c 2251)a 2252)b 2253)c 2254)a 2255)d 2256)b 2257)a 2258)d 2259)a 2260)a 2261) b
2262)c 2263)a 2264)c 2265)a 2266)a 2267)b 2268)d 2269)b 2270)b 2271)a 2272)a

2273. I pill is used when - *(NEET/DNB Pattern)*
a) Accidental sexual exposure
b) OCP forgotten
c) Of choice in young
d) All of the above

2274. 35 yr old with 4 months amenorrhea with increased FSH, decreased estrogen. What is the diagnosis-
a) Premature ovarian failure
b) PCOD *(NEET/DNB Pattern)*
c) Pituitary failure
d) Hypothalamic failure

2275. NST, what is seen except - *(NEET/DNB Pattern)*
a) Variability b) Acceleration
c) Time period d) Oxytocin

2276. Post menopausal HRT decreases incidences of which malignancy - *(NEET/DNB Pattern)*
a) Breast b) Colorectal
c) Ovarian d) Endometrium

2277. Most common malignant ovarian tumor -
a) Dysgerminoma *(NEET/DNBPattern)*
b) Germ cell tumour
c) Serous cystadenocarcinoma
d) Yolk sac tuomour

2278. Least common presentation of twins -
a) Both vertex *(NEET/DNBPattern)*
b) Both breech
c) Both transverse
d) First vertex and 2nd transverse

2279. Which is not feature of HELLP syndrome -
a) Hemolysis *(NEET/DNBPattern)*
b) Elevated liver enzymes
c) Low platelet count
d) Renal failure

2280. Menstrual regulation effective up to- *(NEET/DNB Pattern)*
a) 14 days b) 21 days
c) 4 weeks d) 6 weeks

2281. Best test to quantify fetomaternal hemorrhage in Rh isoimmunisation is - *(NEET/DNB Pattern)*
a) UPT b) DCT
c) Kleinhauser test d) Indirect coombs

2282. Most common cause of salpingitis- *(NEET/DNB Pattern)*
a) Chlamydia b) Mycoplasma
c) Tubercular bacillus d) E. Coli

2283. Jacquemeirs sign - *(NEET/DNBPattern)*
a) Softening of cervix
b) Bluish discoloration of anterior vaginal wall
c) Mucous discharge
d) Increased pulsations

2284. Best to diagnose unruptured ectopic pregnancy -
a) Scopy b) UPT *(NEET/DNBPattern)*
c) USG d) Culdocentesis

2285. Most common site of endometriosis -
a) Ovary b) FT *(NEET/DNBPattern)*
c) Colon d) LSCS Scar

2286. Presenting part in transverse lie- *(NEET/DNB Pattern)*
a) Shoulder b) Face
c) Vertex d) Brow

2287. Definitive indication of LSCS - *(NEET/DNB Pattern)*
a) Mento ant b) Persistent mento post
c) Occipito posterior d) Vertex

2288. Normal weight of term placenta in gms -
a) 300 b) 500 *(NEET/DNB Pattern)*
c) 700 d) 1000

2289. Severely anemic pregnant patient in cardiac failure. Choice of transfusion - *(NEET/DNB Pattern)*
a) Platelets b) Packed cells
c) Whole blood d) Exchange transfusion

2290. Hydops fetalis is due to - *(NEET/DNB Pattern)*
a) Rh mismatch b) Hyperproteinemia
c) Placental hypoplesia d) All of the above

2291. Caput succedaneum indicates that fetus was alive till-
a) Immediately after birth *(NEET/DNB Pattern)*
b) Till 2-3 days after birth
c) 2-3 weeks after birth
d) 2-3 months after birth

2292. CVS change in pregnancy- *(NEET/DNB Pattern)*
a) Slight right axis deviation in ECG
b) Slight left axis deviation in ECG
c) Diastolic murmur
d) Pulse rate is decreased

2293. 5 month pregnant female, which of the following is true - *(NEET/DNB Pattern)*
a) 50% have soft systolic murmur
b) Cardiac output is reduced
c) Systemic vascular resistance is increased
d) Increase in CVP

2294. Hydronephrosis is seen in which stage of Ca cervix-
a) 2a b) 2b *(NEET/DNBPattern)*
c) 3a d) 3b

2295. Endometrial carcinoma involving cervix, stage is-
a) 1 b) 2 *(NEET/DNBPattern)*
c) 3 d) 4

2296. Maximum cardiac output in pregnancy is seen at-
a) 28 weeks b) 32 weeks *(NEET/DNB Pattern)*
c) 36 weeks d) 38 weeks

2297. 6year old son of pregnant women is suffering from chicken pox. Which of the following is given to pregnant women - *(NEET/DNBPattern)*
a) Acyclovir
b) Acyclovir 4- immunoglobin
c) Only immunoglobin
d) Vaccination

2298. MTP by medicine recognised by Govt of India upto- *(NEET/DNBPattern)*
a) 70 days b) 63days
c) 49 days d) 45days

2299. All are causes of anovulatory amenorrhoea exept-
a) PCOD *(NEET/DNBPattern)*
b) Hyperprolactemia
c) Gondal dysgenesis
d) Drugs

2273)a 2274)a 2275)d 2276)b 2277)c 2278)c 2279)d 2280)a 2281)c 2282)a 2283)a 2284)a 2285)a 2286)a
2287)c 2288)b 2289)b 2290)a 2291)a 2292)a 2293)a 2294)d 2295)b 2296)b 2297)c 2298)b 2299)c

2300. After delivery upto which week is known as puperium-
a) 2 weeks b) 4 weeks *(NEET/DNB Pattern)*
c) 6 weeks d) 8 weeks

2301. Vacuum delivery produces -*(NEET/DNB Pattern)*
a) Chingon b) Cephalhematoma
c) Both d) None

2302. External cephalic version is now a days done at -
a) 34 weeks b) 36 weeks *(NEET/DNB Pattern)*
c) 38 weeks d) 40 weeks

2303. Antithyroid of choice in pregnancy -
a) Methimazole b) PTU *(NEET/DNB Pattern)*
c) Carbamizole d) Beta blockers

2304. Weight of fetus at 20 wks gestation -
a) 150 gms b) 200 gms *(NEET/DNB Pattern)*
c) 300 gms d) 400 gms

2305. Placenta praevia, false is - *(NEET/DNB Pattern)*
a) Most common cause of APH
b) Painful vaginal bleeding
c) Usg is the investigation of choice
d) Increased maternal age is a risk factor

2306. Most common cause of pyometra is- *(NEET/DNB*
a) Endometritis b) CA endometrium *Pattern)*
c) Ca cervix d) Radiation

2307. PAP smear from cervix shows HSIL grade CIN, next step is - *(NEET/DNB Pattern)*
a) Coagulation b) Conization
c) Colposcopy & biopsy d) Cryosurgery

2308. pH of vagina in pregnant woman is usually -
a) 4.0 b) 4.5 *(NEET/DNB Pattern)*
c) 5 d) >5

2309. Diagnosis of adenomyosis is made by -
a) Histopathology *(NEET/DNB Pattern)*
b) Ultrasound
c) MRI
d) Laproscopy

2310. Definitive treatment for severe preeclampsia is -
a) Mgso4 *(NEET/DNB Pattern)*
b) Delivery of the baby
c) Antihypertensive drugs
d) Rest

2311. Treatment for young woman with prolapsed uterus is - *(NEET/DNB Pattern)*
a) Sling operation
b) Anterior colporrhaphy
c) Posterior colporrhaphy
d) Manchester operation

2312. Decidual reaction is due to which hormone -
a) Progesterone b) Estrogen *(NEET/DNB Pattern)*
c) LH d) FSH

2313. Min dose of estrogen in OCPs in micrograms -
a) 10 b) 20 *(NEET/DNBPattern)*
c) 30 d) 40

2314. Prophylactic methergin given for -
a) Induction of labour *(NEET/DNB Pattern)*
b) Induction of abortion
c) To stop excess bleeding from uterus
d) All of the above

2315. What is false about post menopausal state -
a) LowLH *(NEET/DNB Pattern)*
b) Low estrogen
c) High FSH
d) High androgen

2316. DOC for malaria in *pregaancy-(NEET/DNB Pattern)*
a) Chloroquin b) Quinine
c) Primaquin d) Artesunate

2317. Exclusively Fetal blood loss occurs in -
a) Vasa previa *(NEET/DNB Pattern)*
b) Placenta praevia
c) Polyhydramnios
d) Oligohydramnios

2318. For uterine prolapse in pregnanacy, Ring pessery can be inserted upto - *(NEET/DNB Pattern)*
a) 12 weeks b) 14 weeks
c) 16weeks d) 18 weeks

2319. Least failure rate is of - *(NEET/DNB Pattern)*
a) OC pills b) IUDs
c) Condom d) DMPA

2320. Mentovertical diameter of fetal skull is -
a) 9.5 cm b) 10 cm *(NEET/DNB Pattern)*
c) 11.5 cm d) 14 cm

2321. Enzymes responsible for conversion of androgen into estrogen are all except -*(NEET/DNB Pattern)*
a) Aromatase
b) Sulphatase
c) Fumarase
d) 3 beta hydroxy steroid dehydrogenase

2322. Failure rate of Pomeroy's method of tubal ligation is - *(NEET/DNB Pattern)*
a) 0.2% b) 0.4%
c) 0.6% d) 0.8%

2323. Maximum success after reversal of tubal ligation-
a) Cauterization *(NEET/DNB Pattern)*
b) Pomeroy's technique
c) Clip method
d) Fimbriectomy

2324. Not a method for delivery of after-coming head of breech - *(NEET/DNB Pattern)*
a) Forceps method
b) Bums and Marshall method
c) Malar flexion and shoulder traction
d) Half hand method

2325. In a postmenopausal female, which hormone increases - *(NEET/DNB Pattern)*
a) FSH b) Estrogen
c) GH d) None of the above

2326. Initial drug for ovarian *cancer-(NEET/DNB Pattern)*
a) Carboplatin b) Doxorubicin
c) Ifosfamide d) Methotrexate

2327. If 300 microgram anti D is given to mother , amount of blood it will neutralise - *(NEET/DNB*
a) 30 ml b) 40 ml *Pattern)*
c) 50 ml d) 60 ml

2300)c 2301)c 2302)b 2303)a 2304)c 2305)b 2306)a 2307)c 2308)d 2309)d 2310)b 2311)a 2312)a 2313)b
2314)c 2315)a 2316)a 2317)a 2318)d 2319)a 2320)d 2321)c 2322)b 2323)c 2324)d 2325)a 2326)a 2327)a

2328. Which does not indicate fetal lung maturity -
a) Reactive NST *(NEET/DNB Pattern)*
b) Gestation 37 weeks
c) Presence of phosphatidyl choline
d) L/S ratio

2329. Best test for ovulation - *(NEET/DNB Pattern)*
a) Serum estrogen b) Serum progesterone
c) Both d) None

2330. Tdap vaccine is give in between which weeks of pregnancy - *(NEET/DNB Pattern)*
a) 10-I6weeks b)l 7-22 weeks
c) 22-26 weeks d) 27-30 weeks

2331. Which is least injured in gynaecological procedures-
a) Ureter at pelvic brim *(NEET/DNB Pattern)*
b) Renal pelvis
c) Urinary bladder
d) Ureter at infundibulopelvic ligament

2332. Which of the following cannot be treated by laproscopy - *(NEET/DNB Pattern)*
a) Ectopic pregnancy
b) Sterilization
c) Non descent of uterus
d) Genital prolapsed

2333. Which of following most commonly clinically used-
a) Diagonal conjugate *(NEET/DNB Pattern)*
b) Ant post diameter of inlet
c) Transverse diameter of outlet
d) Oblique diameter of pelvis

2334. Most suitable type of pelvis in female -
a) Gynaecoid *(NEET/DNB Pattern)*
b) Android
c) Anthropoid
d) Platypelloid

2335. Active management of 3rd stage of labour is helpful in prevention of - *(NEET/DNB Pattern)*
a) Atonic PPH b) Secondary PPH
c) Uterine inertia d) APH

2336. Palmer sign is related to -
a) Contraction of uterus *(NEET/DNB Pattern)*
b) Dusky hue of ant vaginal wall
c) Bluish discolouration of ant vaginal wall
d) Increased pulsations felt through lateral fornix

2337. In a baby born to a diabetic mother all are seen except- *(NEET/DNBPattern)*
a) Malformations b) Macrosomia
c) Growth restriction d) Heart failure

2338. Not a cause for secondary amenorrhea -
a) Pregnancy *(NEET/DNBPattern)*
b) PCOD
c) Hyperprolactinaemia
d) Turner syndrome

2339. Spinbarket is maximum shown in which phase -
a) Menstrual phase *(NEET/DNBPattern)*
b) Ovulatory
c) Post ovulatory
d) Pre follicular

2340. DOC for cholera in pregnancy *\s-(NEET/DNB Pattern)*
a) Furazolidone b) Tetracycline
c) Doxycycline d) Azithromycin

2341. GTT in pregnancy is indicated when if fasting blood sugar is above - *(NEET/DNB Pattern)*
a)80gm/100ml b)85gm/100ml
c) 90 gm/100 ml d)95gm/100ml

2342. Treatment of stage IIIB in Ca cervix is -
a) Wertheim's hystrectotomy *(NEET/DNB Pattern)*
b) Mitra operation
c) Chemoradiation
d) Primary radiotherapy

2343. Polyhydramnios - *(NEET/DNB Pattern)*
a) 2000cc b) 1500cc
c) lOOOcc d) 500cc

2344. Most common cause *ofAshermzn-(NEET/DNB Pattern)*
a) PPH b) Tubercular endometritis
c) Amenorrhea d) Oligomenorrhea

2345. Early amniocentesis is done at-*(NEET/DNB Pattern)*
a) 6-12 weeks b) 12-15 weeks
c) 15-20 weeks d) 20-25 weeks

2346. Most common cause of vulval hematoma -
a) Episiotomy *(NEET/DNB Pattern)*
b) Vault rupture
c) Lower segment uterine rupture
d) Rupture of paravaginal sinuses

2347. Which condition internal podalic version is done-
a) Transverse lie in 2nd twins
b) Breech presentation *(NEET/DNB Pattern)*
c) Both
d) None

2348. Least common type of twins -*(NEET/DNB Pattern)*
a) Diamniotic-dichorionic twins
b) Diamniotic -monochorionic twins
c) Monoamniotic-monochorionic twins
d) Conjoined twins

2349. Caput succedeum is said to occur in baby -
a) Within 24 hrs *(NEET/DNB Pattern)*
b) 2-3 days
c) 2-3 weeks
d) 2-3 months

2350. All of the following are used in hysteroscopy except-
a) $C0_2$ b)0_2 *(NEET/DNB Pattern)*
c) Normal saline d) Dextrose

2351. OCP decreases risk of - *(NEET/DNB Pattern)*
a) Cervical ca b) Endometrial ca
c) Vaginal ca d) Liver carcinoma

2352. Progesterone only pill not given after -
a) 24 hrs b) 48 hrs *(NEET/DNB Pattern)*
c) 72 hrs d) 96 hrs

2353. Regarding erythroblastosis fetalis all is true except-
a) Rh haemolytic disease *(NEET/DNB Pattern)*
b) Severe anemia
c) Hypoplasia of placental tissue
d) Hypoproteinaemia

2328)a 2329)b 2330)d 233l)b 2332)c 2333)a 2334)a 2335)a 2336)a 2337)d 2338)d 2339)b 2340)d 2341)d
2342)c 2343)a 2344)a 2345)c 2346)a 2347)a 2348)d 2349)a 2350)b 235l)b 2352)a 2353)c

2354. Regarding HCG all are true except -
a) It is a glycoprotein *(NEET/DNB Pattern)*
b) Chemically similar to LH
c) Secreted by syncytiotrophoblasts of placenta
d) Inhibits adrenal steroidogenesis

2355. Vasectomy reversal in primary infertility is done within how many years of vasectomy -
a) 5yrs b) 6yrs *(NEET/DNB Pattern)*
c) 7yrs d) 8yrs

2356. Hegar sign is seen in how many weeks- *(NEET/*
a) 6-10 weeks b) 10-14 weeks *DNB Pattern)*
c) 14-18 weeks d) 18-22 weeks

2357. Implantation occurs on which day of menstrual cycle - *(NEET/DNB Pattern)*
a) 6th day b) 10th day
c) 15th day d) 20th day

2358. Indication of classical caesarean section -
a) Cervical cancer *(NEET/DNB Pattern)*
b) Contracted pelvis
c) Non re-assuring FHR
d) None

2359. Location of Bartholin cyst is -*(NEET/DNB Pattern)*
a) Junction of anterior 2/3rd and posterior l/3rd of labium majus
b) Junction of anterior l/3rd and posterior 2/3rd of labium majus
c) Junction of anterior and posterior halves of labium majus
d) None of the above

2360. Vaginal pH before puberty is -
a) 7 b) 6 *(NEET/DNB Pattern)*
c) 4.5 d) 5

2361. Carcinoma cervix screening are all except -
a) PAP smear *(NEET/DNB Pattern)*
b) Liquid based cytology
c) CT and MRI
d) Acetowhite areas

2362. TB uterus all is true except -
a) Mostly secondary *(NEET/DNB Pattern)*
b) Increase incidence of ectopic pregnancy
c) Involvement of endosalpinx
d) Most common is ascending infection

2363. Lactating mother OCP of choice -
a) Progestin only pil *(NEET/DNB Pattern)*
b) Combined OCP
c) Estrogen only pill
d) None

2364. Clotting factors change in pregnancy -
a) Fibrinogen level is increased
b) Platelet level is increased *(NEET/DNB Pattern)*
c) Factor XII level is decreased
d) Factor XI level is increased

2365. Maximum amount of 0_2consumption increased in pregnancy is - *(NEET/DNB Pattern)*
a) 20% b) 30 %
c) 40 % d) 50 %

2366. Antihypertensive contraindicated in pregnancy -
a) Labetalol *(NEET/DNB Pattern)*
b) Hydralazine
c) Methyl dopa
d) ACE inhibitors

2367. Strongest support of uterus is -
a) Mackenrodt's ligament *(NEET/DNB Pattern)*
b) Broad ligaments
c) Round ligaments
d) Uterosacral ligaments

2368. Consumption coagulopathy is seen with -
a) Abruption placenta *(NEET/DNBPattern)*
b) Placenta previa
c) Placenta accrete
d) Retained placenta

2369. For hormonal assessment, sample is taken from-
a) Anterior wall *(NEET/DNBPattern)*
b) Lateral wall
c) Posterior wall
d) Fornix

2370. Vaginal emphysematous bulla, which is false -
a) Presents with vaginal discharge
b) Leads to ulceration *(NEET/DNBPattern)*
c) Usually occur in pregnant patients
d) May occur secondary to genital tract infections

2371. Most common congenital defect is - *(NEET/DNB*
a) Cataract b) PDA *Pattern)*
c) ASD d) Phenylketonuria

2372. Not a tocolytics - *(NEET/DNB Pattern)*
a) Diazepam b) Mag sulphate
c) Indomethacin d) Terbutaline

2373. Strawberry cervix is seen *m-(NEET/DNB Pattern)*
a) Trichomonas b) Chlamydia
c) Gonococcal infection d) Candida

2374. Ballard score is used asses -*(NEET/DNB Pattern)*
a) Brain development of child
b) Gestational age of child
c) Lung maturation of the child
d) Viability of the child

2375. After pregnancy, blood volume normalises after -
a) 1 week b) 2 weeks *(NEET/DNB*
c) 3 weeks d) 4 weeks *Pattern)*

2376. Quadruple test does not include - *(NEET/DNB*
a) MSAFP b) Total hCG *Pattern)*
c) PAPA d) Inhibin A

2377. Cervical cancer 4mm deep invasion and 7 mm spread, stage is - *(NEET/DNB Pattern)*
a) IA b) IA1
c) IA2 d) IB

2378. Main hormone acting upon uterus to initiate labour-
a) Oxytocin b) Estrogen *(NEET/DNB*
c) Progesterone d) Cortisole *Pattern)*

2379. Viable fetus age limit is - *(NEET/DNB Pattern)*
a) 120 days b) 140 days
c) 210 days d) 240 days

2354)d 2355)a 2356)a 2357)d 2358)a 2359)a 2360)a 2361)c 2362)d 2363)a 2364)a 2365)c 2366)d 2367) a
2368)a 2369)b 2370)b 2371)c 2372)a 2373)a 2374)b 2375)b 2376)c 2377)c 2378)a 2379)b

2380. True about dysgerminoma -
a) Highly aggressive *(NEET/DNB Pattern)*
b) Managed conservatively in young girls
c) Usually seen in old patients
d) Secrets make sex hormones

2381. Least chance of cord prolapse is seen in -
a) Vertex b) Breech *(NEET/DNB*
c) Transverse d) Compound *Pattern)*

2382. Which of the following is considered normal in pregnancy-
a) Platelets count 80000 *(NEET/DNB Pattern)*
b) WBC 12000
c) Total protein 1 OOgm
d) Fibrinogen level 150mg/dl

2383. Chicken pox in first trimester, treatment is - *(NEET/DNB Pattern)*
a) VZ1G b) Oral acyclovir
c) Varicella vaccine d) All of the above

2384. Obstetric cholestasis is characterized by -
a) Manifests usually in 1st trimester
b) Most common cause of jaundice in pregnancy
c) Pruritus is the main symptom
d) Recurrence rate is low *(NEET/DNB Pattern)*

2385. Drug of choice for ovulation inductin -
a) Clomiphene b) FSH *(NEET/DNB Pattern)*
c) LH d) Hcg

2386. Polyhydraminos in 34 weeks is defined as -
a) 800 ml b) 1500 ml *(NEET/DNB*
c) 1000 ml d) 2000 ml *Pattern)*

2387. Complete mole is - *(NEET/DNB Pattern)*
a) 46XY b) 46XX
c) 45XY d) 45 XX

2388. Ca cervix IIIBis treatment of choice \s-*(NEET/DNB*
a) Radiotherapy b) Chemotherapy *Pattern)*
c) Chemoradiation d) Surgery

2389. Post menopausal endometrial thickness -
a) 1-3 mm b) 3-5 mm *(NEET/DNB*
c) 5-7 mm d) 6-8 mm *Pattern)*

2390. Torsion of ovary is most commonly seen in - *(NEET/DNB Pattern)*
a) Dermoid cyst b) Granulosa cell tumour
c) Dysgerminoma d) Yolk sac tumour

2391. Pomeroy technique is for - *(NEET/DNB Pattern)*
a) Tubal ligation b) Laprscopy
c) Hysteroscopy d) Minilaparotomy

2392. For gestational sac is seen by TVS at -
a) 5 weeks b) 6 weeks *(NEET/DNB*
c) 7 weeks d) 8 weeks *Pattern)*

2393. Choriocarcinoma diagnosis is by - *(NEET/DNB*
a) USG b) CT *Pattern)*
c) MRI d) X-RAY

2394. Chemotherapy for choriocarcinoma, DOC is - *(NEET/DNB Pattern)*
a) Methotrexate b) Cyclophosphamide
c) Cisplatin d) Doxorubicin

2395. In a34-36 week pregnancy, what is Amniotic fluid index-
a) 15 b) 20 *(NEET/DNB Pattern)*
c) 25 d) 30

2396. Side effect of progesterone only pill are all except-
a) Irregular bleeding *(NEET/DNB Pattern)*
b) Amenorrhea
c) Decreased lactation
d) Weight gain

2397. Depot DMP, all are true except -
a) Dysmenorrhea *(NEET/DNB Pattern)*
b) Dyslipidemia
c) Do not prevent STDs
d) Can be given in breast cancer

2398. Hyperstimulation syndrome, true is -
a) Usually seen in late pregnancy *(NEET/DNB*
b) hCG is the treatment of choice *Pattern)*
c) Raised LH is responsible in PCOD
d) Vascular permeability is decreased

2399. AID is the term used to describe the artificial insemination achieved by using sperms of -
a) Husband b) Donor *(NEET/DNB*
c) Both d) None *Pattern)*

2400. Sheehan's syndrome is - *(NEET/DNB Pattern)*
a) Pituitary necrosisb) Pituitaryadenoma
c) Adrenal necrosis d) Adrenaladenoma

2401. True for PCOD is - *(NEET/DNB Pattern)*
a) Increased FSH b) Increased LH
c) Increased SHBG d) Increased FSH/LH ratio

2402. A patient comes with 6 weeks amenorrhoea and features of shock - *(NEET/DNBPattern)*
a) Ectopic pregnancy b) H. Mole
c) Twin pregnancy d) None of the above

2403. Ca cervix staging done by -*(NEET/DNB Pattern)*
a) CT b) MRI
c) Clinical findings d) Histopathology

2404. Sheehan's syndrome is due to -
a) Ovarian necrosis *(NEET/DNBPattern)*
b) Hypothalamus necrosis
c) Pituitary necrosis
d) Thyroid necrosis

2405. Most effective in detecting neural tube defect -
a) AFP b) MRI *(NEET/DNBPattern)*
c) CT d) Ultrsound

2406. Recurrent abortion not due to -
a) Chromosomal defects *(NEET/DNBPattern)*
b) TORCH infection
c) Luteal phase defects
d) Poorly controlled diabetes

2407. Partogram is not used to monitor -
a) cervical dilatation *(NEET/DNBPattern)*
b) uterine contractions
c) descent of head
d) fetal lung maturity

2408. AFP is increased in which ovarian tumor -
a) Choriocarcinoma *(NEET/DNBPattern)*
b) Granulose cell tumour
c) Sarcoma
d) Endodermal sinus tumour

2380)b 2381)a 2382)b 2383)b 2384)c 2385)a 2386)d 2387)b 2388)c 2389)a 2390)a 2391)d 2392)a 2393)a 2394)a 2395)c 2396)c 2397)d 2398)c 2399)b 2400)a 2401)b 2402)a 2403)c 2404)c 2405)a 2406)b 2407)d 2408) d

2409. Lichen sclerosis of vulva false is -
a) It is infective *(NEET/DNB Pattern)*
b) Usually occurs in old age
c) May b associated with autoimmune diseases
d) Due to decreased estrogen

2410. Which antibiotic can be safely used in pregnant women - *(NEET/DNB Pattern)*
a) Tetracycline b) Erythromycin
c) Isoniazid d) Chloremphenicol

2411. treatment of stage IIB of cervix is - *(NEET/DNB*
a) Chemoradiation b) Hysterectomy *Pattern)*
c) Radiation d) Chemotherapy

2412. Diabetes mellitus in pregnancy is diagnosed by-
a) Fasting blood glucose *(NEET/DNB Pattern)*
b) 50 mg oral GTT
c) 100 mg oral GTT
d) 150 mg of oral GTT

2413. Implantation normally occurs in - *(NEET/DNB*
a) Ampulla b) Body of uterus *Pattern)*
c) Cervix d) Ovaries

2414. Normal sperm motility normal according to WHO is - *(NEET/DNB Pattern)*
a) > 20% b) > 30%
c) > 40% d) > 50%

2415. Transmission of HTV infection from infected mother to child occurs most commonly *durṁg-(NEET/DNB*
a) Antenatal stage b) Before delivery *Pattern)*
c) During labour d) During lactation

2416. Early amniocentesis is done at - *(NEET/DNB*
a) 5-10 weeks b) 10-15 weeks *Pattern)*
c) 15-20 weeks d) 20-24 weeks

2417. Not a support of uterus - *(NEET/DNB Pattern)*
a) Urogenital diaphragm
b) Pubocervical ligament
c) Perineal body
d) Levator ani muscle fibers

2418. Commonest cause of PPH *is-(I* *VEET/DNB Pattern)*
a) Uterine atony b) Traumatic
c) Retained tissues d) Blood coagulopathy

2419. Radical hysterectomy is named after -
a) Wertheim's b) John dark *(NEET/DNB*
c) Meigs d) Mitra *Pattern)*

2420. Drug not used commonly for menorrhagia -
a) Methergin b) Clomiphene *(NEET/DNB*
c) Danazole d) NS AIDS *Pattern)*

2421. Age group for dysgerminoma is - *(NEET/DNB*
a)10-20yrs b) 30-40 yrs *Pattern)*
c) 50-60 yrs d) >60 yrs

2422. What is seen in luteal phase - *(NEET/DNB*
a) Increased progesterone levels *Pattern)*
b) Decreased progesterone levels
c) Decreased estrogen level
d) None of the above

2423. Partial mole, not true is:-
a) Fetus is present *(NEET/DNB Pattern)*
b) Diffuse trophoblastic hyperplesia
c) Theca lutein cysts uncommon
d) Uterine size is less then date

2424. OC pills decrease risk of - *(NEET/DNB Pattern)*
a) Stroke b)CVD
c) Endometrial ca d) Hepatic adenoma

2425. Induction/Trial of labour is contraindicated in -
a) Heart disease of Pregnancy
b) Hypertensive disease of pregnancy
c) Abruption placenta *(NEET/DNB Pattern)*
d) IUGR

2426. Classical C section indicated *ṁ-(NEET/DNB Pattern)*
a) CA Cervix b) Central placenta praevia
c) Failed induction d) Fetal distress

2427. Not given in pregnancy - *(NEET/DNB Pattern)*
a) ENALAPRIL b) Labetalol
c) Hydralazine d) Nifedipine

2428. Minipill, side effect is - *(NEET/DNB Pattern)*
a) Break through Bleeding b) PID
c) Endometrial CA d) Thromboembolism

2429. Latschko's operation - *(NEET/DNB Pattern)*
a) WF b) Prolapse
c) Vesicouterine fistula d) Uretihrovaginal fistula

2430. Regeneration of Endothelium after menstruation takes about - *(NEET/DNB Pattern)*
a) 2 days b) 5 days
c) 10 days d) 15 days

2431. Tocolytics can be given in -*(NEET/DNB Pattern)*
a) Placenta Praevia b) Placenta accerta
c) Pre term labour d) Eclampsia

2432. Therapeutic level of magnesium for treatment of pre-eclampsia should be - *(NEET/DNB Pattern)*
a) 2-3 meq/1 b) 4-7.5 meq/1
c) 7.5-10 meq/1 d) 10-15 meq/1

2433. Max estrogen Level in Menstrual Cycle *is-(NEET/DNB*
a) 100-200 pg/ml b) 200-300 pg/ml *Pattern)*
c) 300-400 pg/ml d) 400-500 pg/ml

2434. Methotrexate is used in Ectopic Pregnancy when-
a) Patient is Hemodynamically Stable
b) hCG level is >4000iu/ml *(NEET/DNB Pattern)*
c) Tubal diameter <5 cm
d) When there is intrabdominal hemorrhage

2435. Dye used in Hysterosalpingography-/MsiiT/Ž)iVB
a) Conray 420 b) Renografin-60 *Pattern)*
c) Toluidine blue d) None of the above

2436. Ergometrine is contraindicated in -
a) Third stage of labour with heart disease
b) Third stage uterine bleeding
c) Both *(NEET/DNBPattern)*
d) None

2437. mcc ectopic pregnancy - *(NEET/DNB Pattern)*
a) IUCD b) PID
c) POP d) Tubal surgery

2438. Which surgery usesrectus sheath to prevent prolapsed- *(NEET/DNBPattern)*
a) Khanna operation b) Purandare operation
c) Shirodkaroperation d) Le Forte repair

2439. DOC for eclampsia is- *(NEET/DNBPattern)*
a) Methyl dopa b) Labetalol
c) Mag. sulphate d) Hydralazine

* *

2409)a 2410)b 2411)a 2412)c 2413)b 2414)d 2415)b 2416)c 2417)d 2418)a 2419)a 2420)a 2421)a 2422)a 2423)b 2424)c 2425)a 2426)a 2427)a 2428)a 2429)a 2430)a 243l)c 2432)b 2433)d 2434)a 2435)b 2436)a 2437)b 2438)b 2439)c


SURGERY

WOUNDS, TISSUE REPAIR & SCARS

1. Keloid scars is made up of -
a) Dense collagen b) Loose fibrous tissue
c) Granulamatous tissue d) Loose areolar tissue

2. Primary closure of incised wounds must be done within.....- *(KERALA 87)*
a) 2 hrs b) 4 hrs
c) 6 hrs d) 12 hrs
e) 16 hrs

3. The tensile strength of wound reaches that of normal tissue by - *(PGI 88)*
a) 6 weeks b) 2 months
c) 4 months d) 6 months

4. The worst position for scars is - *(PGI88)*
a) Back b) Shoulder
c) Sternum d) Abdomen

5. The best scars are seen in... ..... - *(PGI 88)*
a) Infants b) Children
c) Adults d) Very old people

6. Patient has lacerated untidy wound of the leg and attended the casualty after 2 hours. His wound should be - *(AIIMS 84)*
a) Sutured immediately
b) Debrided and sutured immediately
c) Debrided and sutured secondarily
d) Cleaned and dressed

7. Following are required for wound healing except -
a) Zinc b) Copper *(AI93)*
c) Vitamin C d) Calcium

8. Wound healing is worst at - *(AI93)*
a) Sternum b) Anterior neck
c) Eyelid d) Lips

9. When is the maximum collagen content of wound tissue - *(PGI81, ROHTAK87)*
a) Between 3rd to 5th day
b) Between 6th to 17th day
c) Between 17th to 21st day
d) None of the above

10. If suture marks are to be avoided, skin sutures should be removed by - *(JIPMER 81, AMC 89)*
a) 72 hours b) 1 week
c) 2 weeks d) 3 weeks

11. What is true about keloids - *(JIPMER 95)*
a) It appears immediately after surgery
b) It appears a few days after surgery
c) It is limited in its distribution
d) It is common in old people

12. Keloid is best treated by - *(UPSC 95)*
a) Intrakeloidal injection of triamcinolone
b) Wide excision and grafting
c) Wide excision and suturing
d) Deep X-ray therapy

13. A patient with grossly contaminated wound presents 12 hours after an accident. His wound should be managed by - *(UPSC 96)*
a) Thorough cleaning and primary repair
b) Thorough cleaning with debridement of all dead and devitalised tissue without primary closure
c) Primary closure over a drain
d) Covering the defect with split skin graft after cleaning

14. Delayed wound healing is seen in all except- *(AP 96)*
a) Malignancy b) Hypertension
c) Diabetes d) Infection

15. The following statement about keloid is true -
a) They do not extend into normal skin
b) Local recurrence is common after excision
c) They often undergo malignant change
d) They are more common in whites than in blacks

16. Fibroblast in healing wound derived from -
a) Local mesenchyme b) Epithelium *(PGI98)*
c) Endothelial d) Vascular fibrosis

17. In the healing of a clean wound the maximum immediate strength of the wound is reached by -
a) 2 - 3 days b) 4 - 7 days
c) 10 -12 days d) 13 -18 days

18. Management of an open wound seen 12 hrs. after the injury- *(AIIMS 87)*
a) Suturing b) Debridement and suture
c) Secondary suturing d) Heal by granulation

19. Degloving injury is- *(KERALA 2K)*
a) Surgeon made wound b) Lacerated wound
c) Blunt injury d) Avulsion injury
e) Abrasive wound

20. The best cure rate in keloids is achieved by -
a) Superficial X - ray therapy *(UPSC 2001)*
b) Intralesional injection of triamcinolone
c) Shaving
d) Excision and radiotherapy

21. A clean incised wound heals by - **(***Delhi 92)*
a) Primary intention b) Secondary intention
c) Excessive scarring d) None of the above

22. In treatment of hand inj uries, the greatest priority is- *(AI96)*
a) Repair of tendons
b) Restoration of skin cover
c) Repair of nerves
d) Repair of blood vessels

23. During the surgical procedure - *(AIIMS 83)*
a) Tendons should be repaired before nerves
b) Nerves should be repaired before tendons
c) Tendons should not be repaired at the same time
d) None is true

24. 'Limb salvage' primarily depends on - *(AIIMS 97)*
a) Vascular injury b) Skin cover
c) Bone injury d) Nerve injury

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l)a 2)c 3)None 4)c 5)d 6)c 7)None 8)a 9)c 10)b ll)b 12)a 13)b 14)b 15)b
16) a 17) d 18) b 19)d 20)d 21)a 22)b 23)b 24)a

25. In an open injury toileting and debridement, muscle viability is detected by - *(PGI03)*
a) Colour of the muscle b) Muscle size
c) Muscle function d) Muscle contractility
e) Punctate bleeding spots on cut edge

26. All of the following favour postoperative wound dehiscence except - **(***Kamat 05)*
a) Malignancy
b) Vitamin B complex deficiency
c) Hypoproteinaemia
d) Jaundice

27. The tensile strength of the wound starts and increases after - **(***MAHE 05)*
a) Immediate suture of the wound
b) 3 to 4 days
c) 7-10 days
d) 6 months

28. Prevention of wound infection done by -
a) Pre-op shaving *(PGI June 05)*
b) Pre-op antibiotic therapy
c) Monofilament sutures
d) Wound apposition

29. Abbey-Estlander flap is used m the reconstruction of -
a) Buccal mucosa b) Lip *(AI05)*
c) Tongue d) Palate

30. The Vitamin which has inhibitory effect on wound healing is - **(***MAHE 05)*
a) Vitamin-A b)Vitamin-E
c) Vitamin-C d) Vitamin B-complex

31. Elective cholecystectomy is - **(***APPG 06)*
a) Clean contaminated b) Clean
c) Dirty d) Contaminated

32. In a sutured surgical wound, the process of epithelialization is completed within - *(UPSC 07)*
a) 24 hours b) 48 hours
c) 72 hours d) 96 hours

33. Which one of the following surgical procedures is considered to have a clean-contaminated wound ?
a) Elective open cholecystectomy for cholelithiasis
b) Herniorrhaphy with mesh repair
c) Lumpectomy with axillary node dissection
d) Appendectomy with walled off abscess

34. Fibroblast in healing wound is derived from- *(UPSC-II08)*
a) Local mesenchyme b) Epithelium
c) Endothelium d) Vascular fibrosis

35. Reactionary hemorrhage occurs within -
a) 1-2 days b) 2-7 days *(DP GEE 08)*
c) < 24 hours d) After 7 days

3 6. Which of the following is not absorbable suture -
a) Catgut b) Polyamide *(APPG 08)*
c) Polygalactyl d) Polyester

37. All of the following statements about necrotizing fascitis are true, except - *(AI 09)*
a) Infection of fascia and subcutaneous tissue
b) Most commonly caused by Group A beta hemolytic streptococci
c) Most common site is perineum followed by trunk and extremities
d) Surgical debridement is mandatory

38. True about wound healing - *(PGI June 09)*
a) Infected wound heal by primary intention]
b) Deep dermal wound heal by scar formation
c) Wound contraction is found in healing by secondary intention
d) More intense nfamantory response in primary intention

39. Which of the following is a scoring system for severity of wound infection, and is particularly useful for surveilance and research - *(UPSC-II09)*
a) Apgar score
b) Glasgow scoring system
c) Southamptom grading system
d) ASA classification

40. Which one of the following organisms is not associated with synergistic gangrene -*(UPSC-II 09)*
a) Escherichia b) Staphylococcus
c) Clostridium d) Peptostreptococcus

41. True about chronic wound - *(PGINov 09)*
a) Found in DM
b) Always require surgical treatment
c) May associated with vascular compromise
d) Monofilament sutures prevent infection
e) Any wound that does not heal within 3 month

42. Condition associated with Panniculitis is/are -
a) Pancreas cancer *(PGI Nov 09)*
b) Chronic pancreatitis
c) Acute pancreatitis
d) Pancreatic divisum
e) Posttraumatic pancreatitis

43. Which of the following is a nonabsorbable suture?
a) Polypropylene b) Catgut *(Maharashtra 10)*
c) Polyglactin d) Polydioxone

44. Hypertrophic scar is characterized by the following, except- *(UPSCII10)*
a) It is non-familial
b) It outgrows the wound area
c) It involves the flexor surface
d) It is not related to the race

45. Match List-I with List-II and select the correct answer using the code given below the Lists -

List-I (Agent)	*List-II (Name/Example)*
A. Polymeric film	1. Benzoyl benzoic acid
B. Debriding agent	2. Vandase streptokinase
C. Biological membrane	3. Opsite tegaderm
D. Enzymatic agent	4. Porcine skin amnion

Code: *(UPSCII10)*

	A	B	C	D
a)	1	2	3	4
b)	3	1	4	2
c)	3	1	2	4
d)	1	2	4	3

25) a,d 26) b 27) b 28)b,c,d 29)b 30) b 31) a 32)b,c 33) a 34) a 35) c 36) d 37) c 38)b,c
39) c 40) a 41)a,c,d,e 42)a,c,d 43) a 44) b 45) b

46. IVue about surgical wounds - *(PGINov. 10)*
a) No antibiotics required in clean surgery
b) Incision of abscess is done in contaminated wound
c) Spillage of stomach content converts a clean/ contaminated case to a contaminated case
d) In clean/contaminated wounds infections rate is 10%
e) Hernia repair is contaminated wound

47. Tidy wounds inflicted by sharp instruments and containing no devitalised tissues are expected to heal by- ***(UPSCII11)***
a) Secondary healing b) Primary healing
c) Formation of contracture d) Skin grafting

48. Tissue suturing glue contains- *(NEET/DNB Pattern)*
a) Cyanoacrylate b) Ethanolamine oleate
c) Methacrylate d) Polychloroprene

49.; * Z-pIasty ideal angle is - 5;. *''(l^ff&I^^hftem)^*
11 a) 30 degrees b) 45 degrees
H! c) 60 degrees d) 90 degrees

FLUID & ELECTROLYTE

50. Complication of total parenteral nutrion include - *(NIM86, AIMS 87)*
a) Hyperglycemia b) Hyperkalemia
c) Hyperosmolar dehydration d) Azotemia
e) All of the above

51. The highest concentration of potassium is in -
a) Plasma b) Isotonic saline *(AIIMS85)*
c) Ringer lactate d) Darrow's solution

52. Which does not occur in the first week of IV hyperalimentation - *(AI89)*
a) Weightgain b) Uremia
c) Jaundice d) Ketosis

53. Pitting edema indicates an excess of.... litres of fluid in tissue spaces - *(PGI 88)*
a) 2.5 b)3.5
c) 4.5 d)5.5

54. In patients subsisting entirely on parenteral fluids, there is weight loss of.... daily - *(PGI 88)*
a) 50gm b)150gm
c) 200 gm d)250gm

55. Condition which does not cause metabolic acidosis -
a) Renal failure *(AIIMS 84)*
b) Ureterosigmoidostomy
c) Pancreatic or biliary fistula
d) Pyloric stenosis

56. Albumin infusion for parenteral use is restricted because-
a) It is costly *(AIIMS 84)*
b) Carcinogenic
c) Does not raise oncolic pressure
d) All of the above

57. Following TPN, one expects weight gain after -
a) 2 days b) 7 days *(AIIMS 84)*
c) 4 weeks d) 6 weeks

58. Following fistulous conditions give rise to maximum fluid and electrolyte imbalance-/4ZZMS' *85)*
a) Distal ileal b) Gastric
c) Duodenal d) Sigmoid

59. The minimum amount of proteins needed for positive nitrogen balance is - *(PGI 85)*
a) 20-30 gm/day b) 35-40 gm/day
c) 50 gm/day d) 60 gm/day

60. Highest concentration of potassium is seen in -
a) Jejunum b) ileum *(AIIMS 92)*
c) Duodenum d) Colon

61. Deficiency of following elements is seen with hyperalimentation except - *(JIPMER 93)*
a) Calcium b) Phosphates
c) Zinc d) Magnesium

62. Hypochloremic alkalosis is a complication of-
a) Congenital pyloric stenosis *(Delhi 89, 91)*
b) Vomiting
c) Haematemesis
d) Aspirin intoxication

63. The disadvantage of elemental diets in children include - *(AIIMS 81, PGI 86)*
a) Hypertonic dehydration b) Lower caloric input
c) Dumping syndrome d) High nitrogen input

64. 20 mEq (mmol) of potassium chloride in 500 ml of 5% dextrose solution is given intravenously to treat- *(PGI 81 AIIMS 84)*
a) Metabolic alkalosis b) Respiratory alkalosis
c) Metabolic acidosis d) Respiratory acidosis

65. Haemaccel contains - *(PGI 81, AIIMS 84)*
a) Albumin b) Degraded gelatin
c) Calcium d) Sodium

66. In the immediate post operative period, body potassium is - *(JIPMER 86, AMU 86)*
a) Exchanged with calcium
b) Exchanged with magnesium
c) Retained in body
d) Excreted excessively

67. Low molecular weight dextran is contra indicated in
a) Foetal distress syndrome *(AIIMS 81, PGI 81)*
b) Cerebrovascular accident
c) Electrical bums
d) Thrombocytopenia

68. The commonest cause of metabolic alkalosis is - *(Karn. 94)*
a) Cancer stomach b) Pyloric stenosis
c) Small-bowel obstruction d) Diuretics

69. Commonest cause of metabolic alkalosis in surgical pateient is - *(JIPMER 95)*
a) Antacid therapy
b) Gastric outlet obstruction
c) Hyperventilation due to head injury
d) Steroid treatment

70. Hyponatremia in multiple myeloma is -/*Kerala 95)*
a) True b) Relative
c) Absolute d) Pseudo

46)a,c,d 47) b 48) a 49) c 50)a,b,d 51) d 52) a 53) c 54) b 55) d 56) a 57) b 58) c 59) d
60) d 61) None 62) a,b 63) a,c 64) a 65) b 66) d 67) d 68) b 69) b 70) d

71. **During nutritional assessment of a surgical patient, the status of muscle protein is indicated by which one of the following parameters -**
a) Serum albumin *(UPSC 95)*
b) Triceps skinfold thickness
c) Mid-arm circumference
d) Hb level

72. **C.V.P. (Central Venous Pressure) and pulmonary wedge pressure give an accurate assessment of all the following except -** *(UPSC 95)*
a) Tissue perfusion b) Volume depletion
c) Volume overload d) Myocardial function

73. **In a case of acute trauma best guidline for quick replacement of fluids is -** *(AIIMS 94, A196)*
a) Pulse b)Hb
c) Urine Output d) C.V.P.

74. **All of the following are indication of total parentral nutrition except -** *(AIIMS 95)*
a) Post-operative ileus
b) Enterocolic fistula
c) Acute pancreatitis
d) Entenocuatneous fistula

75. **In a patient with multisystem trauma, the presence of hypotension along with elevated central venouspressure is suggestive of -** *(UPSC 97)*
a) Upper airway obstruction
b) Major abdominal bleed
c) Cardio-pulmonary problem
d) Spinal cord injury

76. **Following TPN, weight loss is seen -** *(Orissa 99)*
a) Up to 7 days b) 7-10th day
c) 10-15th day d) 15th day onwards

77. **Which of the following is the best method to assess the adequacy of replacement -** *(AIIMS 2K)*
a) Decrease in thirst
b) Increase in urine output
c) Blood pressure
d) Increased Pa 0_2

78. **In a person who has fasted for 5 days all are seen except-** *(AIIMS98)*
a) GH levels decreased
b) Glucose tolerance decreased
c) Immunoreactive insulin decreased
d) Free fatty acids(plasmal) increased

79. **Content of Na^+ in ringer lactate is---------meq/1-**
a) 154 b) 12 (*TN 99)*
c) 130 d) 144

80. **Body water content in percentage of body weight is lowest in -** *(Orissa98)*
a) Well-built man b) Fat woman
c) Well nourished child d) Fat man

81. **Fructose is not used in IV infusion as it cause -**
a) Irritability *(AIIMS89)*
b) Mental retardation
c) Increased erythrocyte protoporphyrin
d) Increased urinary coproporphyrin

82. **Water content in infant-** *(Orissa R)*
a) 60-70% b) 75-80%
c) 80-90% d)> 90%

83. **Insensible daily water loss is -** *(PGI88)*
a) 500-600ml b) 800-1000 ml
c) 1000-1500 ml d) 2000 ml

84. **Sodium content of one litre of isotonic saline is -**
a) 140mEq b)154mEq *(PGI 88)*
c) 40 mEq d) 70 mEq

85. **TPN may be complicated by -** *(AIIMS 80,81)*
a) Obstructive jaundice b) Hyperosteosis
c) Hypercalcemia d) Pancreatitis

86. **Blood loss during major surgery is best estimated by-** *(PGI 99)*
a) Visual assessment
b) Suction bottles
c) Transesophageal USG Doppler
d) Cardiac output by thermodilution

87. **Persistent vomiting in G.O.O. causes -** *(PGI 02)*
a) Hyponatremic hyperchloremia occur
b) Hypernatremia without -led C1‘ alkalosis
c) Hypokalemic metabolic alkalosis
d) Paradoxical aciduria

88. **In IV hyperalimentation, we give -** *(PGI02)*
a) Hypertonic saline b) Fats
c) Amino acids d) Dextrose
e) LMW dextran

89. **A postoperative patient with P^H 7.25, MAP (mean arterial pressure) 60 mm of Hg treated with -**
a) I. V. sodium bicarbonate *(PGI 03)*
b) Only normal saline
c) Fluid therapy with CVP monitoring
d) fluid restriction

90. **For a patient of Gastric outlet obstruction, the OPD fluid management is -** *(PGI 03)*
a) Normal saline
b) Hypertonic saline
c) Na bicarbonate to counteract aciduria
d) Hypotonic saline without potassium
e) Normal saline with potassium

91. **Best vein for total p arenteral nutrition is -***(Mahara*
a) Sibcoavoam vein b) Femoral vein *02)*
c) Brachial d) Saphenous

92. **Critical pH in Mendelson syndrome -** *{Orissa 04)*
a) 2.5 b)3.0
c) 3.5 c)4.0

93. **The commonest cause of water intoxication in surgical patients is due to -** *{COMEDK05)*
a) Colorectal wash with plain water
b) Syndrome of inappropriate secretion of ADH
c) Irrigation during transurethral resection of prostate
d) Excessive infusion of 5% glucose

94. **Complications of TPN -** *{PGI June 05)*
a) Aspiration pneumonia b) Hypokalemia
c) Hypoglycemia d) Hyperglycemia
e) Hyponatremia

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71)c 72)a 73)c 74)None 75)c 76)a 77)b 78)a 79)c 80)b 81)None 82)b 83)b 84)b
85) c 86) b 87) c,d 88)b,c,d 89) c 90) a,e 91) a 92) a 93) d 94)b,c,d

95. Recognized complication frequently a/w enteral feeding - *(PGI June 05)*
a) Constipation b) Diarrhea
c) Aspiration pneumonia d) Hypoglycemia
e) Hypernatremia

96. Consider the following - *(UPSC 07)*
1. Arginine 2. Nucleotides (RNA and DNA)
3. Fatty acids 4. Glutamine
Which of the above immuno-nutrients are required more in the conditions of stress ?
a) 1 and 3 only b) 2 and 4 only
c) 1,2 and 3 only d) 1,2,3 and 4 only

97. A patient undergoes a prolonged and complicated pancreatic surgery for chronic pancreatitis. Most preferred route for supplementary nutrition in this patient would be - *(AI08)*
a) Total parental nutrition
b) Feeding gastrostomy
c) Feeding Jejunostomy
d) Oral feeding

98. Parenteral nutrition is not used in - *(PGI June 08)*
a) Enterocutaneous fistula b) Bums
c) Crohn's disease d) Ileus
e) Pancreatitis

99. True about TPN - *(PGI June 08)*
a) Carbohydrate forms about 40% of energy source
b) In abdominal injury early parenteral nutrition should be started.
c) Proteins forms 60% of energy source
d) Lipids form 20% of energy source

100. Which of the following is not a complication of Total Parenteral Nutrition - *(AIIMS Nov 08)*
a) Metabolic bone disease
b) Essential fatty acid deficiency
c) Congestive cardiac failure
d) Hypophosphatemia

101. Complications of total p aren ter al nutrition include all except - *(COMED 09)*
a) Hyperglycaemia
b) Hypoglycaemia
c) Hypochloraemic alkalosis
d) Electrolyte abnormalities

102. Which of the following is not an important cause of hyponatremia - *(Manipal 09)*
a) Gastric fistula
b) Excessive vomiting
c) Excessive sweating
d) Prolonged Ryle's tube aspiration

103. In a patient of total parenteral nutrition daily monitoring is done with - *(DPG10)*
a) Body weight b) Plasma protein
c) CBC d) Plasma osmolality

104. Which of the following nutrients are not included in Total Parental Nutrition - *(AI 11)*
a) Lipids b) Carbohydrates
c) Proteins d) Fibers

105. The complications of prolonged parenteral hyperalimentation may include the following except- *(UPSCII11)*
a) Cholestatic jaundice b) Hyperphosphataemia
c) Hyperosmolar acidosis d) Hyperammonaemia

BLOOD TRANSFUSION

106. Half life of factor 8 is - *(PGI 88)*
a) 4 hours b) 8 hours
c) 34 hours d) 48 hours

107. Massive transfusions results in - *(PGI 88)*
a) DIC b) Hypothermia
c) Hypercalcemia d)Thrombocytope

108. ncompatible blood transfusion is diagnosed in a patient under deep anaesthesia by - *(IN90)*
a) Increased capillary blood loss
b) Persistent fall of B.P.
c) Allergic dermatitis
d) Increased B.P.

109. Stored plasma is deficient in - *(PGI 79, DNB 90)*
a) Factors 7 and 8 b) Factors 2 and 5
c) Factors 5 and 8 d) Factors 7 and 9
e) None of the above

110. Rosenthal's syndrome is seen in deficiency of factor-
a) n b) V *(AIIMS 81, DNB 91)*
c) DC d)XI

111. Which of the following is better indicator of need for tranfusion - *(AIIMS 80, UPSC 8 7)*
a) Urine output b) Haematorcrit
c) Colour of skin d) Clinical examination

112. Blood platelets in stored blood do not remain functional after.....hrs. - *(PGI 81, 88, AIIMS 86)*
a) 24 b) 48
c) 72 d)96

113. Cryoprecipitate is a rich source of - *(PGI 79, AIIMS 85)*
a) Thromboplastin b) Factor VIII
c) Factor X d) Factor VII

114. The maximum life of a transfused R.B.C. is -
a) One hour b) One day *(Jipmer80, DNB89)*
c) 15 days d) 50 days
e) 100 days

115. Massive blood transfusion is defined as - *(PGI95)*
a) 350 ml in 5 min b) 500 ml in 5 min
c) 1 Litre in 5 min d) Whole blood volume

116. How long can blood stored with CPD - A -
a) 12 days b) 21 days *(JIPMER93)*
c) 28 days d) 48 days

117. Massive transfusion in previous healthy adult male can cause hemorrhage due to - *(PGI98)*
a) Increased tPA
b) Dilutional thrombocytopenia
c) Vitamin K deficiency
d) Decreased Fibrinogen

95) b,c 96) d 97)c 98)b 99)d 100)c 101)b 102)d 103)a 104)d 105)b 106)b 107)a,b,d
108) a,b 109) c 110)d lll) b 112)a 113)b 114)d 115)d 116)c 117)b

118. Mismatched blood transfusion in anaesthesia present as - *(PGI2000)*
a) Hyperthermia & hypertension
b) Hypotension & bleeding from site of wound
c) Bradycardia & hypotension
d) Tachycardia & hypertension

119. Platelets can be stored at - **(***AIIMS Nov 05)*
a) 20-24° C for 5 days b) 20-24° C for 8 days
c) 4-8° C for 5 days d) 4-8° C for 8 days

120. Which one of the following blood fractions is stored at - 40°C?- *(UPSC06)*
a) Cryprecipitate b) Human albumin
c) Platelet concentrate d) Packed red cells

121. With reference to fresh frozen plasma (FFP), which one of the following statements is not correct ?
a) It is used as volume expander *(UPSC-II08)*
b) It is stored at -40°C to -50°C
c) It is a source of coagulation factors
d) It is given in a dose of 12-15 ml/kg body weight

122. Stored blood which has been preserved in a blood bank is deficient in which of the following coagulation factors - *(UPSCII11)*
a) II only b) II and VII
c) V and VIII d) IX and X

SHOCK

123. Features of hypovolemic shock are all except -
a) Oliguria b) Bradycardia *(NIMHANS 86)*
c) LowB.P d) Acidosis

124. Blood clot the size of a clenched first is roughly equal to - *(PGI 88)*
a) 250 ml. b) 350 ml.
c) 500ml. d) 600 ml.

125. Following is the most important factor in the management of shock - *(AIIMS 84)*
a) Blood pressure
b) Cardiac output
c) CVP to 8 cm of water
d) Deficiency of effective circulation

126. Cortisol level returns to normal.....after haemorrhage - *(AIIMS 91, Orissa 98)*
a) 2 weeks b) 10 days
c) 7 days d) 3 days

127. One of the following is earliest indication of concealed acute bleeding - *(AI95)*
a) Tachycardia b) Postural HT
c) Oliguria d) Cold clammyfingers

128. The most important cause of the death in septic shock is - *(JIPMER 80)*
a) DIC b) Respiratory failure
c) Renal d) Cardiac

129. Shock is clinically best assessed by - *(PGI97)*
a) Urine output b)CVP
c) BP d) Hydration

130. In Glasgow Coma Scale all of the following are considered except - **(***Jipmer 03)*
a) Eye opening b) Verbal response
c) Motor response d) Sensory response

131. The first permanent molar erupts between - (*Kam*
a) 8 -10 years b) 6 - 7 years *03)*
c) 11-12 years d) 12-14 years

132. Differentiating features between sepsis and trauma are - *(PGI June 06)*
a) T Energy requirement b) Catabolism
c) Insulin resistance d) Fluid loss

133. IV fluid replacement (volume & rate) in a trauma patient is determined by - *(PGI June 06)*
a) Urine output b) Chest condition
c) CVP d)BP
e) Blood Hb%

134. All of the following are indicators of adequacy of pre-operative resuscitation except -
a) C-reactive protein level *(DELHIPG Mar. 09)*
b) Consciousness level
c) Urine output
d) Hematocrit level

135. Mangled Extremity Severity Score (MESS) includes all of the following except? *(AIIMS May 11)*
a) Shock b) Ischemia
c) Neurogenic injury d) Energy of injury

INFECTION

136. Golden period for treatment of open wounds is ..... hours - *(AIIMS 86,88)*
a) 4 b)6
c) 12 d)24

137. Hypotension in a case of gas gangrene is best treated by - *(JIPMER 8 7)*
a) Ringer Lacatete b) Normal saline
c) Plasma d) Whole blood

138. Commonest form of actinomycosis is -*(JIPMER 87,*
a) Facio cervical b) Thoracic *PGI 88)*
c) Right iliac fossa d) Liver

139. Regarding tuberculous lymphadenitis which is correct -
a) Seen in children and young adults
b) Seen in the aged
c) History of contact or drinking infected milk
d) Mostly cervical
e) All are the correct

140. Which is not true of carbuncle - *(JIPMER 86)*
a) Infective gangrene of subcutaneous tissue
b) Caused by staphylococcus
c) Diabetics are more prone
d) Caused by streptococcus
e) Pencillin and excision of necrotic tissue treatment of choice

118)b 119) a 120) a 121)a 122)c 123)b 124)c 125)d 126)d 127)a 128)d 129)a 130)d 131)b
132) None 133)a 134)a 135)c 136)a 137)a 138)a 139)a,c,d 140)d

141. The sensitivty of Casoni's test is - *(AP 84*
a) 50% b) 60% *KERALA 87)*
c) 75% d) 90%
e) 95%

142. Sardonic grin is associated with - *(AIIMS 87)*
a) Rabies b) Tetanus
c) Bell's palsy d) Hemiplegia

143. Tetanus is caused by - *(PGI88)*
a) Cl.Tetani b)Cl.Welchii
c) Cl. edematiens d) Cl. Septicum

144. Commonest cause of cellulitis is - *(PGI 88)*
a) Staphylococcus b) Streptococcus
c) E. coli d) Hemophilus

145. Foaming liver is seen in - *(PGI 88)*
a) Organophosphorus Poisoning
b) Actinomycosis
c) Gas gangrene
d) Anthrax

146. Erysipelas is caused by - *(PGI 88)*
a) Staph aureus b) Staph albus
c) Strep pyogenes d) Hemophilus

147. Hyperbaric oxygen is useful in - *(PGI 88)*
a) Tetanus b) Gas gangrene
c) Frostbite d) Vincents angina

148. Commonest form of anthrax is - *(PGI 88)*
a) Wool sorters disease b) Alimentary type
c) Cutaneous type d) None of the above

149. Malignant pustule occurs in - *(PGI 88)*
a) Melanoma b) Gas gangrene
c) Ovarian tumour d) Anthrax

150. Actinomycosis is sensitive to - *(PGI 88)*
a) Streptomycin b) Nystatin
c) Pencillin d) Lodox - uridine

151. Globi is seen in..... leprosy - *(PGI 88)*
a) Tuberculoid b) Lepromatous
c) Borderline d) Borderline tuberculoid

152. Which of the following parts of the body is not affected by leprosy - *(PGI 88)*
a) Testes b) Ovary
c) Nasal mucosa d) Axilla

153. Leonine facies is seen in..... leprosy - *(PGI88)*
a) Tuberculoid b) Bordedfline
c) Lepromatous d) Borderline tuberculoid

154. Most commonly affected peripheral nerve in leprosy is - *(PGI 88)*
a) Ulnar b) Radial
c) Medial d) Lateral Popliteal

155. Moth eaten alopecia is seen with - *(PGI 88)*
a) Leprosy b) Syphilis
c) Fungal infection d) Cylindroma

156. Moon's molars seen with - *(PGI 88)*
a) Syphilis b) Leprosy
c) Amyloidosis d) Actinomycosis

157. Which of the following about yaws is incorrect -
a) Caused by treponema pertunae *(PGI88)*
b) Spread by direct contact
c) Sexully transmitted
d) Penicillin is used as treatment

158. Scrum pox is seen among.....players - *(PGI88)*
a) Football b) Hockey
c) Rugby d) Chess

159. Which of the following is incorrect regarding carbuncle- *(PGI 88)*
a) Staphylococcal infection
b) Diabetes present
c) Males more common
d) Common before age of 40

160. Following are true of erysipelas except *(AIIMS 84)*
a) Streptococcal infection
b) Contagious and infectious
c) Margins are raised
d) Common in tropics

161. Chronic thick walled pyogenic abscess may be due to the following except - *(AIIMS 84)*
a) Presence of a foreign body
b) Prolonged antibiotic therapy
c) Virulent strains of organism
d) Inadequate drainage

162. Following may be premonitary symptoms of tetanus except - *(AIIMS84)*
a) Sleeplessness b) Anxious expression
c) Urinary incontinence d) Headche

163. Ampicillin prophylaxis is given in - *(PGI 86)*
a) Rectal surgery b) Splectonomy
c) Head and neck surgery d) Biliary surgery

164. Treatment of spreading streptococcocal cellulitis is- *(PGI86)*
a) Erythromicin b) Pencillin
c) Tetracycline d) Chloramphenicol

165. A patient with a fistula and chronic pus discharge from lower face and mandible is most commonly suffering from - *(KERALA89)*
a) Dental cyst b) Vincent's angina
c) Ludwigs angina d) Actinomycosis

166. Multiple fistula in ano commonly occurs *in-(TN 91)*
a) Tuberculosis b) Gonococcal protocolitis
c) IGV d) Colloid carcinoma of rectum

167. Meical management of Hydatid disease is indicated in- *(AI92)*
a) Pregnancy b) Infected Hydatid cyst
c) Moribund patients d) Multiple pertoneal cyst

168. Thymus gland abscess seen in congtenital syphilis is called - *(PGI 80, AIIMS 86)*
a) Fouchier's abscess b) Politzeri abscess
c) Douglas abscess d) Dubois abscess

169. The HIV virus can be transmitted by the following routes, except- *(KARN 94)*
a) Homosexual contact b) Intact skin
c) Matemofoetal d) Needle prick

141) d 142) b 143) a 144)b 145) c 146)c 147) b,c 148) c 149) d 150)c 151)b 152) b 153)c 154) a
155)b 156) a 157)c 158) c 159) d 160) b,d 161)c 162)c 163)d 164) b 165) d 166)a,c 167) c 168) d 169) b

170. The high risk groups for transmission of HIV virus include the following except - *(KARN 94)*
a) Homosexuals b) Haemophiliacs
c) Children of HIV mothers d) Health care workers

171. Treatment of contaminated wound in Gas Gangrene is- *(JIPMER95)*
a) Debridement of wound
b) Systemic penicillin
c) Metronidazole Administration
d) Peroxide dressings

172. A carbuncle is treated by - *(UPSC 95)*
a) Incision and drainage
b) Cruciate incision and deroofing
c) Antibiocs alone
d) Wide excision

173. Painless effusions in joints in congenital syphilis is called - *(A195)*
a) Clutton's joints b) Banton's joints
c) Charcot's joints d) Synovitis

174. A mentally retarded child aged 12 years has multiple, painful, discharging shiny white lesions around the anus. Which of the following is the most probable diagnosis - *(UPSC 9 7)*
a) Lupus vulgaris b) Carcinoma
c) Syphilitic condyloma d) Haemorrhoids

175. A boil is due to staphylococcal infection of -*(UP 97)*
a) Hair follicle b) Sweat gland
c) Subcutaneous tissue d) Epidermis

176. Incubation period of gangrene is - *(ORRISA 98)*
a) 1 -3 days b) 4 - 6 days
c) 6 - 8 days d) More than 8 days

177. In AIDS, ly mphadenop athy is most often due to -
a) TB *(PGI97)*
b) Lymphoma
c) Non specific enlargement of lymph node
d) Kaposi's sarcoma

178. Round worm causes following except - *(PGI97)*
a) Gall stone b) Cholangitis
c) Hemobilia d) Pancreatitis

179. TVue about cellulitis of lower limb- *(PGI2000)*
a) Infection of skin & subcutaneous tissue
b) Fever & malaise are common
c) Margins are distinct
d) External wound always present
e) Inv. site is red & hot

180. Fallman's balanitis is caused by - *{Kerala 03)*
a) Trichomonas b) Candida
c) H. Ducreyi d)None

181. When do we have to start antibiotics to prevent post-operative infection? (*Jipmer 03)*
a) 2 days before surgery
b) After surgery
c) 1 week before surgery
d) 1 hour before surgery & continue after surgery

182. Non surgical infections in surgical patients -
a) un *{PGI 04)*
b) LRTI
c) Superficail thrombophlebitis
d) Wound cellulites
e) Clostridium difficile a diarrhea

183. False regarding carbuncle is - *{Kerala 04)*
a) Staphylococus infection
b) Painful condition
c) Males more commonly affected
d) Common before age of 40

184. Universal (standard) precautions to be observed by surgeons for the prevention of hospital acquired HIV infection include the following except - *{UPSC 05)*
a) Wearing gloves and other barrier precaution
b) Washing hands on contamination
c) Handling sharp instruments with care
d) Pre-operative screening of all patients of HIV

185. Regarding antibiotics true are - *(PGI June 06)*
a) No prophylaxis for clean contaminated surgery
b) No prophylaxis for gastric ulcer surgery
c) Prophylaxis for colorectal surgery
d) Local irrigation with antibiotic contraindicated when systemic antibiotics given

186. Period of onset in tetanus refers to the time between-
a) First injury to spasm *{Karnataka pgmee 06)*
b) First symptom to spasm
c) First spasm to death
d) Trismus to laryngeal spasm

187. All the following are true regarding R5 strain of HIV except- *{Karnataka pgmee 06)*
a) Utilizes CCR5 Co-receptor
b) Predominates in late stages of HIV
c) Transmits HIV efficiently
d) Infects microglial cells

188. Preferred time for prophylactic antibiotic administration for surgery - *(PGI June 09)*
a) 1 day before surgery
b) At the time of induction of anaesthesia
c) I.V. during surgery
d) I.M. before 6 hr
e) Orally given

189. In a surgical patient, the causes of non-surgical infection are all except - *(DPG10)*
a) Lower respiratory tract infection
b) Wound infection
c) Clostridium difficile diarrhea
d) UTI

190. False about cellulitis - *(PGINov. 10)*
a) Caused by Strep, pyogenes
b) Causes SIRS
c) Localized infection
d) Abscess if any should be managed conservatively
e) I & D of abscess should be done

170)d 171)a,b 172)a,d 173)a 174)c 175)a 176)a,b 177)c 178)None 179)a,b,c,e 180)d 181)d
182)a,b,e 183)d 184)d 185)c 186)b 187)b 188)b 189)b 190)c,d

191. A patient is diagnosed with gas gangrene of the foot. Best management would be - *(NEET/DNB Pattern)*
a) Hyperbaric oxygen
b) Polyvalent gas gangrene antitoxin
c) Amputation of the involved limb
d) Antibiotics with surgical debridement

192. Best skin disinfectant for central line insertion is - *(NEET/DNB Pattern)*
a) Povione iodine b) Alcohol
c) Cetrimide d) Chlorhexidine

193. Best treatment for gas gangrene -
a) Surgical debridement *(NEET/DNB Pattern)*
b) Debridement with tetanus toxin
c) Debridement with iv penicillin
d) Debridement with polyvalent antitoxin

TRANSPLANTATION

194. Commonest complication of immunosuppression is - *(NIMHANS 86, JIPMER 87, A188)*
a) Malignancy b) Graft rejection
c) Infection d) Thrombocytopenia

195. Highest chance of success in renal transplant is seen when the donor is the - *(NIMHANS 86, JIPMER 87)*
a) Identical twin b) Father
c) Mother d) Sister
e) Husband

196. Commonest indication for liver transplantation in infant is - *(JIPMER 87, AI89)*
a) Alcoholic cirrhosis b) Biliary cirrhosis
c) Primary hemochromatosis d) Biliary atresia

197. Principal cause of death in renal transplant patients - *(AIIMS 86, PGI86, UPSC 88)*
a) Uremia b) Malignancy
c) Rejection d) Infection

198. Following drugs are known immunosuppressive agent except - *(AIIMS84)*
a) Prednisolone b) Cephalosporin
c) Azathioprine d) Cyclosporin-A

199. Transplantation of kidney from mother to son is an example of - *(AIIMS84)*
a) Autograft b) Allograft
c) Isograft d)Xwnograft

200. Site of transplantation in Islet cell transplant for diabetes mellitus - *(PGI84)*
a) Forearm muscles
b) Pelvis
c) Thigh
d) Injected into the portal vein

201. Graft from sister to brother is - *(JIPMER 90)*
a) Isograft b) Allograft
c) Autograft d) Heterograft

202. Amputated digits are preserved in- *(AI 92)*
a) Cold saline b) Cold Ringer Lactate
c) Plastic bag in ice d) Deep freezer

203. An Isograft indicates transfer of tissues between -
a) Unrelated donors *(AI 93)*
b) Related donors
c) Monozygotic twins
d) From the same individual

204. Investigation of choice in the early phase of renal transplant- *(Kerala97)*
a) IVP b) Retrograde cystourethrogram
c) Ultrasonogram d) CT scan

205. Hyperacute graft rejection is caused by- *(Rohtak 97)*
a) Preformed antibodies b) T- lymphocytes
c) Macrophages d) B - lymphocytes
e) Mast cells

206. Infection in renal transplant patient is usually caused by - *(Rohtak98)*
a) CMV b)HTV
c) Herpes d) Salmonella
e) Pneumococcus

207. Most common type of renal transplantation in India is-
a) Allograft b) Autograft *(AI99)*
c) Isograft d) Xenograft

208. Most important HLA for organ transplantation and tissue typing - *(MAHE 98)*
a) HLA-A b)HLA-B
c) HLA-C d)HLA-D

209. HLA matching is not necessary in which of the following organ transplantation - *(JIPMER 02)*
a) Liver b) Bone marrow
c) pancreas d) Kidney

210. Renal transplantation is most commonly done in -
a) Chr. glomerulonephritis *(PGI97)*
b) Bilateral staghorn calculus
c) Horse shoe kidney
d) Oxalosis

211. Steroids are used in transplantation - *(TN 03)*
a) To prevent graft rejection
b) To prevent infection
c) To speed up recovery
d) To enhance immunity

212. Which of the following drugs is not a part of the 'Triple Therapy' immunosuppression for post-renal transplant patients ? *(AI 06)*
a) Cyclosporine b) Azathioprine
c) FK506 d) Prednisolone

213. Trasplantation of which one of ''the following organs is most often associated with hyper-acute rejection?-
a) Heart b) Kidney *(UPSC06)*
c) Lungs d) Liver

PLASTIC & RECONSTRUCTIVE SURGERY, SKIN LESIONS

214. Cock's peculiar tumour is - *(UPSC 86,NIMHANS 87, Kerala 87, TN 90)*
a) Papilloma
b) Infected sebaceous cyst
c) Cylindroma
d) Sqaumous cell carcinoma

191) d 192)d 193)c 194)c 195)a 196)d 197)d 198)b 199)b 200)d 201)b 202)c 203)c 204)c 205) a 206) a 207)a 208)d 209)a 210)a 211)a 212)c 213)b 214)b

215. Cause of persistance of a sinus or fistulae includes-
a) Foreign body *(JIPMER 86)*
b) Non dependent! drainage
c) Unrelieved Obstruction
d) Presence of malignancy
e) All of the above

216. Premalignant conditions of the skin include -
a) Bowen disease b) Pagel's disease of nipple
c) Leukoplakia d) Solar keratosis *(JIPMER 86)*
e) All of the above

217. Melanoma should be excised with a margin of-
a) 2 cm b) 5 cm *(UPSC 88)*
c) 7 cm d) 10 cm

218. Hidradenitis suppuragtive is found to occur in- *(JIPMER 86, AIMS 87)*
a) Axilla b) Circumanal
c) Scalp d) Groin

219. The best dressing is ■ . *(PGI88)*
a) Opsite b) Amnion
c) Tulle grass d)Skin

220. The term universal tumour refers to - *(PGI 88)*
a) Adenoma b) Papilloma
c) Fibroma d) Lipoma

221. Hydrocele is a type of cyst - *(PGI 88)*
a) Retention b)Distension
c) Exudation d) Traumatic

222. Sebaceous cyst does not occur in the.... - *(PGI 88)*
a) Scalp b) Scrotum
c) Back d) Sole

223. Commonest site for rodent ulcer is - *(PGI 88)*
a) Inner canthus b) Outer canthus
c) Angle of mouth d) Cheek

224. Squamous cell carcinoma can arise *from-(PGI88)*
a) Long standing venous ulcers
b) chronic lupus vulgaris
c) Rodent ulcer
d) All of the above

225. The best results in treatment of capillary nevus have been achieved by - *(AIIMS 84)*
a) Full thickness skin graft b) Dermabrasion
c) Tatooing d) Argon laser treatment

226. Full thickness skin graft can be taken from the following sites except - *(AIIMS 87)*
a) Elbow b) Back to neck
c) Supraclavicular area d) Upper eyelids

227. Keratoacanthoma is - *(AIIMS 85)*
a) A type of basal cell carcinoma
b) Infected sebaceous cyst
c) Self healing nodular lesion with central ulceration
d) Pre-malignant disease

228. Acanthossis nigricans is seen with - *(PGI 88)*
a) Colonic carcinoma
b) Freckle
c) Squamous cell carcinoma of skin
d) Carcinoma breast

229. Skin flap is used in all except - *(AIIMS 89)*
a) Bone b) Tendon
c) Bum wound d) Cartilage

230. Free skin graft is rejected on - *(AIIMS89)*
a) Muscle b)Fat
c) Deep fascia d) Dermis

231. Kaposi sarcoma is seen in - *(AI91)*
a) Leukemia b) Lymphoma
c) AIDS d) Cytomegalovirus infections

232. Which of the following is a regressing tumour -
a) Portwine stain b) Strawberry angioma *(AI91)*
c) Venous angioma d) Plexiform angioma

233. Sebaceous cyst occurs in all except - *(TN91)*
a) Face b) Scrotum
c) Scalp d) Palm and soles

234. Skin graft for facial wounds is taken *from-(AIIMS92)*
a) Medial aspect of thigh b) Cubital fossia
c) Groin d) Post auricular region

235. Spontaneous regression is seen in all *except-(AI93)*
a) Salmon patch b) Small Cavernous hemangioma
c) Portwine stain d) Strawberry angioma

236. The best skin graft for open wounds is - *(AI93)*
a) Isograft b) Homograft
c) Allograft d) Autograft

237. Dercum's disease is commonest in the - *(PGI80,*
a) Face b)Arm *AIIMS84)*
c) Back d) Thigh

238. Margins of squamous cells carcinoma is -*(JIPMER*
a) Inverted b) Everted *81,Delhi 86)*
c) Rolled d) Undermined

239. Salmon patch usually disappears by age- *(PGI80,81,*
a) One mouth b) One year *UPSC 89)*
c) Puberty d) None of the above

240. Most severe form of malignant malenoma is -
a) Superficially spreading *(Kerala 94)*
b) Nodular infiltrating type
c) Those arising in lower limb
d) Those in choroid

241. Calcifying epethelioma is seen in - *(JIPMER 95)*
a) Dermatofibroma b) Adenoma sebaceum
c) Pyogenic granuloma d)Nevo cellular nevus

242. Best treatment of strawberry angioma \$-*(JlPMER 95)*
a) Sclerosants b) Corticosteroids
c) Masterly inactivity d) Excision

243. Cock's pepculiar tumour is - *(UPSC 95)*
a) Secondary to osteomylitis of skull bones
b) Secondary to infected sebaceous cyst
c) Secondaries in skull bones from cancer thyroid
d) Epithelioma of scalp

244. Basal cell carcinoma is common in - *(AI95)*
a) Head and Neck b)Legs
c) Chest d) Upper limbs

245. Marjolin's ulcer is - *(TN 95)*
a) Squamous cell carcinoma from scar
b) Adenoma of scar
c) Tuberculous ulcer
d) Amoebic ulcer

215)e 216)e 217)a 218)a,b,d 219)d 220)d 221)c 222)d 223)a 224)d 225)d 226)None 227)c 228) a,d 229) c 230)None 231)c 232)b 233) d 234) d 235)b,c 236) d 237) c 238)b 239)b 240)b 241) None 242) c 243) b 244) a 245) a

246. Boil can occur at all sites except - *(IN 95)*
a) Pinna b) Skin
c) Scalp d) Palm

247. The organism causing destruction of skin grafts is- *(PGI95)*
a) Streptococcus b)Staphylococcus
c) Pseudomonas d) Clostridium

248. Which of the following characterise a Demoid Cyst-
a) Chessy material
b) Presence of columiner epithelium
c) Tooth
d) Air

249. All are features of Gummatous ulcer except-£4P *96)*
a) Punched out edges b) Syphylitic in nature
c) Wash leather slough d) Erythematous base

250. Eleven month old child presents with erythematous lesion with central clearing which has been decreasing in size - *(AI97)*
a) Strawberry angioma
b) Nevus
c) Portwine stain
d) Cavernous haemangioma

251. 11 are true statement about malignant melanoma except- *(AI97)*
a) Clark's classification used for prognosis
b) Women have better prognosis
c) Acral lentigenous have better prognosis
d) Limb perfusion is used for local treatment

252. Graft is not taken up on the *ioUoydng-(AIIMS 96)*
a) Fat b) Muscle
c) Deep fascia d) Skull bone

253. Prognosis of malignant melanoma depends on- *(JIPMER98)*
a) Grade of tumor b) Spread of tumor
c) Depth of invasion d) Metastasis

254. Man sustained an injury with loss of skin cover exposing bone of 10x10 cms. The best treatment is -
a) Full thickness graft *(AIIMS 99, 96,*
b) Pedicle graft *MAHE 05)*
c) Amnion
d) Split thickness skin graft

255. Skin graft survival in the first 48 hrs is dependent on- *(AIIMS 99)*
a) Random connection between host & donor capillaries
b) Plasmatic imbibition
c) Saline in dressing
d) Development of new blood vessels

256. Skin grafting is not done in infection with-*(MP 2K)*
a) Pseudonmonas aeroginosa
b) Staph. Aureus
c) Beta hemolytic streptococci
d) E. coli

257. Frost bit is treated by- *(AMC2K)*
a) Rapid rewarming b) Slow rewarming
c) IV pentoxyphiline d) Amputation

258. Worst prognosis in Melanoma is seen in the subtype-
a) Superficial spreading *(Kerala 2001)*
b) Nodular Melanoma
c) Lentigo Maligna Melanoma
d) Amelanotic Melanoma

259. Lentigo maligna is most commonly seen in -
a) Face b) Trunk *(AIIMS 01)*
c) Sole d) Leg

260. The subdermal plexus forms the vascular basis for -
a) Randomised flaps *(JIPMER 2002)*
b) Axial flaps
c) Mucocutaneous flaps
d) Vasciocutaneous flaps

261. Least malignant melanoma is - *(Kerala 2001)*
a) Lentigo malignab) Superifcial spreading
c) Nodular d) Amelanotic

262. Regarding hemangiomas following are true -
a) Salmon patch disappears after the age of one
b) Port wine stain present throughout life
c) Salmon patch-on forehead midline and over occiput
d) all are correct

263. True about marjolins ulcer is - *(PGI97)*
a) Ulcer over scar b) Rapid growth
c) Rodent ulcer d) Painful

264. Commonest cancer in burn scar is - *(PGI97)*
a) Sq. cellCa b) Fibrosarcoma
c) Adenoa Ca d) Adeno-squamous Ca

265. Prognosis of melanoma depends on - *(PGI98)*
a) Stage
b) Depth of melanoma on biopsy
c) Duration of growth
d) Site

266. In pigmented basal cell carcinoma, treatment of choice is - *(PGI 98)*
a) Chemotherapy b) Radiotherapy
c) Cryosurgery d) Excision

267. Diagnostic procedure for basal cell Ca - *(PGI 98)*
a) Wedge biopsy b) Shave
c) Incisional biopsy d) Punch biopsy

268. Split skin graft can be applied over - *(PGI 99)*
a) Muscle b)Bone
c) Cartilage d) Eyelid

269. Which is/are not absorbable suture - *(PGI2000)*
a) Vicryl b) Catgut
c) Polyethylene d) Polyacramide
e) Polypropylene

270. Trophic ulcers are caused by - *(PGI 02)*
a) Leprosy b) Buerger's disease
c) Syringomyelia d) DVT
e) Varicose veins

271. True about Marjolins ulcer - *(PGI 03)*
a) Develops in long standing scar
b) Sq cell Ca develops
c) Slow growing lesion
d) Also know as Baghdad sore
e) Common in Black races

246) d 247) a 248) a,c 249) d 250) a 251)c 252) d 253) c 254) b 255) b 256) c 257) b 258) d 259) a
260) a 261) a 262) d 263) a 264) a 265)a,b,d 266) d 267) a 268) a 269)c,d,e 270) a,c 271)a,b,c

272. Chronically lymphoedematous limb is predisposed to all of the following except - *(.AI04)*
a) Thickening of the skin
b) Recurrent soft tissue infections
c) Maijolin's ulcer
d) Sarcoma

273. Treatment for pyoderma gangrenosum is - *(JH03)*
a) Steroids b) I.V. antibiotics
c) Surgery + antibiotics d) Surgery alone

274. Which of the following materials for implants will evoke least inflammatory tissue response - *(SGPGI04)*
a) Polypropylene b) Bovine collagen
c) Polygiactin d) Cotton

275. Malignant melanoma most often develops from- *(SGPGI 05)*
a) Hairy naevus b) Junctional naevus
c) Intradermal naevus d) Blue naevus

276. The best cosmetic results for large capillary (port wine) hemangiomas are achieved by - **(***UPSC 05)*
a) Excision and split-thickness skin
b) Laser ablation
c) Cryosurgery
d) Tattooing

277. Which one of the following is not included in the treatment of malignant melanoma - *(UPSC 05)*
a) Radiation b) Surgical excision
c) Chemotherapy d) Immunotherapy

278. The most common malignancy found in Marjolin's ulcer is - *(AI06)*
a) Basal cell carcinoma
b) Squamous cell carcinoma
c) Malignant fibrous histiocytoma
d) Neurotrophic malignant melanoma

279. The tumor, which may occur in the residual breast or overlying skin following wide local excision and radiotherapy for mammary carcinoma, is -
a) Leiomyosarcoma *(AI 06)*
b) Squamous cell carcinoma
c) Basal cell carcinoma
d) Angiosarcoma

280. Dacron vascular graft is - *(AI 06)*
a) Nontextile synthetic b) Textile synthetic
c) Nontextile biologic d) Textile biologic

281. The type of tumour is Marjolin's ulcer -*(PGIJune 06)*
a) Squamous cell carcinoma b) Adenocarcinoma
c) Basal cell carcinoma d) Fibrosarcoma
e) Mixed tumour

282. Which one of the following statements about Mesh Skin Grafts is not correct? - *(UPSC 06)*
a) They permit coverage of large areas)
b) They allow egrees of fluid collections under the graft)
c) They contract to the same degree as a grafted sheet of skin)
d) They "take" satisfactorily on a granulating bed)

283. In the Clatke[1] s level of tumor invasion for malignant melanoma level 3 refers to - (*COMED 06)*
a) All tumar cells above basement membrane
b) Invasion into reticular dermis
c) Invasion into loose connective tissue of papillary dermis
d) Tumor cells at junction of papillary and reticular dermis

284. Moh's Micrographic excision for basal cell carcinoma is used for all of the following except -
a) Recurrent Tumour *(Karnataka 06)*
b) Tumor less than 2 cm in diameter
c) Tumors with aggressive histology
d) Tumors with perineural invasion

285. Split skin grafts in young children should be harvested from - *(UPSC 0 7)*
a) Buttocks b) Thigh
c) Trunk d) Upper limb

286. Chronic Burrowing ulcer is caused by - *(AI 07)*
a) Microaerophilic streptococci
b) Peptostreptococcus
c) Streptococcus viridans
d) Streptococcus pyogenes

287. Basal cell carcinoma spread by - *(MAHE07)*
a) Lymphatics b) Haematogenous
c) Direct spread d) None of the above

288. Wolfe grafts is- *(UP07)*
a) Full thickness skin grafts
b) Partial thickness skin grafts
c) Split-skin grafts
d) Pedicled flap

289. Marjolin ulcer - *(PGI June 07)*
a) Ca in maijolin's is squamous cell ca
b) Chronic venous insufficiency
c) Basal cell carcinoma
d) arise from base of the ulcer

290. The commonest clinical pattern of basal cell carcinoma is - *(Corned 08)*
a) Nodular b) Morpheaform
c) Superficial d)Keratotic

291. Which one of the following is not a wound closure technique? *(UPSC-II08)*
a) Partial thickness skin graft
b) Composite graft
c) Vascular graft
d) Musculo-cutaneous graft

292. Which of the following is a non-absorbable sutrue ?
a) Polypropylene b) Vicryl *(AJ08)*
c) Catgut d) Polydioxanone

293. Abbe-Estlander Flap is used for - *(AI 08)*
a) Lip b) Tongue
c) Eyelid d)Ears

294. Abbey estender flap is based on - *(Aiims May 08)*
a) Lingual artery b) Facial artery
c) Labial artery d) Internal maxillary artery

272) c 273) c 274)a 275)b 276)b 277)a 278)b 279)d 280)b 281)a 282)c 283)d 284)b 285)b 286) a 287) c 288) a 289)a,b,c 290) a 291) c 292) a 293) a 294) c

295. Chronic Burrowing ulcer is caused by -
a) Microaerophilic streptococci *(AIIMSMay08)*
b) Peptostreptococcus
c) Streptococcus viridans
d) Streptococcus pyogenes

296. True about malignant melanoma - *(PGI June 08)*
a) Lymphatic spread
b) Lymph node biopsy is done always
c) Block dissection to be done when sentinel node is involved
d) Microsatellitism

297. 'Take in' of split skin graft occurs when -
a) Tight dressing is applied *(PGI Dec 08)*
b) Excessive discharge from wound
c) p hemolytic streptococcus infection is present
d) Wound bed not vascularised

298. TVue statement (s) regarding hypertrophic scar -
a) Grow beyond wound margin *(PGI Dec 08)*
b) More common in female
c) Not familial
d) Rarely subsides
e) Not race related

299. The most common malignancy found in Marjolin's ulcer is - *(DELHIPG Feb. 09)*
a) Basal cell carcinoma
b) Squamous cell carcinoma
c) Malignant fibrous histiocytoma
d) Neutrophic malignant melanoma

300. Match list I (Characteristic feature) with list II (Scar type) and select the correct answer using the codes given below the lists - *(UPSC-II09)*

List I (Characteristic feature)	**List II** (Scar type)
1. Not familial	1. Bum scar
2. Kundah	2. Hypertrophic scar
3. Lower Silem	3. Tattooed scar
4. Particles or dirt, soot	4. Keloid scar implanted in wound

Codes:

	A	B	C	D
a)	3	1	4	2
b)	2	4	1	3
c)	3	4	1	2
d)	2	1	4	3

301. Full thickness graft can be obtained from all of the following except - *(AIIMS Nov 09)*
a) Axilla b) Groin
c) Supraclavicular area d) Elbow

302. Cock's peculiar tumor is - *(AIIMS Nov 10)*
a) Basal cell CA b) Squamous cell CA
c) Ulcerated sebaceous cyst d) Cylindroma

303. Tumor with perineural invasion - *(AIIMSNov 10)*
a) Adenocarcinoma b) Adenoid cystic Ca
c) Basaal cell ca d) Squamous cell ca

304. A Wolfe graft is a - *(UPSC II11)*
a) Partial thickness skin graft
b) Pinch skin graft
c) Small full thickness skin graft
d) Pedicle graft

BURNS

305. Exposure treatment is done for burns of the -
a) Upper limb b) Lower limbs *(JIPMER 87)*
c) Thorax d) Abdomen
e) Head & neck

306. Rule of nine to estimate surface area of a burnt patient was introduced by - *(AIIMS 84)*
a) Mortizkaposi b) Alexander Wallace
c) Joseph lister d) Thomas barclay

307. Deep skin burns is treated with - *(AIIMS 91)*
a) Split thickness graft
b) Full thickness graft
c) Amniotic membrane
d) Synthetic skin derivatives

308. In burns heat loss is by/ due to - *(PGI 80, DELHI 80,92)*
a) Dilatation of veins
b) Shock
c) Exposed area by evaporation
d) None of the above

309. The cold water treatment of burns has the disadvantageng that it increase the chances of -
a) Pain b) Exudation *(PGI 81, AIIMS 83)*
c) Infection d) None of the above

310. An adult whose both lower limbs are charred along with genitalia has---------- burns •*(PGI 80, AIIMS 84)*
a) 18% b) 19%
c) 36% d) 37%

311. Pus in burns form in - *(PGI 79, DELHI 89)*
a) 2-3 Days b) 3-5 days
c) 2-3 weeks d)4

312. One of folowing is not seen in severe burns -*(AI96)*
a) Hypovolemia b) Sepsis
c) Duodenal ulcer d)Hyperthemia

313. Undue restlessness in a patient during the immediate post burn period is often a manifestitation of- *(Karn 95)*
a) Hypoxia b)Hypovolemia
c) Hyperkalemia d) Anxiety

314. Calculate the percentage of burns on the head, neck and face in a child of one year - *(A.I. 88)*
a) 10% b) 16%
c) 13% d) 15%

315. All requires hospitalization except - *(AI 91)*
a) 5% Bums in children
b) 10% Scalds in children
c) Electrocution
d) 15% Deep bums in adults

295) a 296) a,b,c,d 297) None 298) c,e 299) b 300) b 301) a 302) c 303) b 304) c 305) e 306) b 307) a
308) c 309) c 310) d 311)a 312)d 313)d 314)None 315)a

316. Late deaths in burns is due to - *(PGI99)*
a) Sepsis b) Hypovolemia
c) Contractures d) Neurogenic

317. Burns with vesiculation, destruction of the epidermis and upper dermis is - *(PGI 99)*
a) 1st degree b) 2nd degree
c) 3rd degree d) 4th degree

318. True about burns - *(PGI 2000)*
a) Hyperglycemia is seen in early bums
b) Child with bums should have damp dressing
c) Chemical powder bums should be kept dry
d) 3rd degree bums are painfull

319. Head & neck involvement in burns in infant is -
a) 9% b) 18% *(PGI 2000)*
c) 27% d) 32%

320. Metabolic derangements in severe burns are all except- *(PGI 2000)*
a) Tcortico steroid secretion
b) Hyperglycaemia
c) t secretion of HC1
d) Neutrophil dysfunction

321. Superficial burns; true is/are - *(PGI01)*
a) Always requires skin grafting
b) Dry & inelastic
c) Blister formation
d) Painless
e) Can be healed within 7 to 10 days

322. True statement about burn resuscitation -*(PGI03)*
a) Colloid preferred in initial 24 hrs
b) Colloid preferred if burnt area is > 15 % of total BSA
c) Half of the calculated fluid given in initial 8 hrs.
d) Diuretics should be given to all pt of electric bum.

323. A burn patient is referred when - *(PGI 04)*
a) 10% superficial bum in child
b) Scald in face
c) 25% superficial bum in adult
d) 25% deep bum in adult
e) Bum inplam

324. The ideal temperature of water to cool the burnt surface is - **(***UPSC 02)*
a) 15° b) 10°
c) 8° d) 6°

325. Indications for specialist referral in burns -
a) > 20% superficial bum in adult (*PGI 04)*
b) Only palms
c) Scalds on head and face
d) 10% bums in infants
e) 10% deep bums in adult

326. The best guide to adequate tissue perfusion in the fluid management of a patient with burns, is to ensure a minimum hourly urine output of - *(Kam 04)*
a) 10-30 ml b) 30-50 ml
c) 50-70ml d) 70-100 ml

327. A third degree cirumferential burn in the arm and forearm region, which of the following is most important for monitoring - *{U.PP. G.M.E.E. 04)*
a) Blood gases
b) Carboxy-oxygen level
c) Macroglobiunria cryoglobinuria
d) Peripheral pulse and circulation

328. In 3rd degree burns, all are seen except -
a) Vesicles are absent (*UPPGMEE04,*
b) Painful *PGI 99)*
c) Leathery skin
d) Reddish due to Hb infiltration

329. IV rules for burns- **(.***MAHE05)*
a) % body surface area X weight in pounds X 4 = Volume in ml
b) % body surface area X weight in Kgs X 4 = Volume in Lts
c) % body surface area X weight in Kgs X 5 = Volume in ml
d) % body surface area X weight in Kgs X 4 = Volume in ml

330. In a patient with the burn wound extending into the superficial epidermis without involving the dermis would present with all of the following except -
a) Healing of the wound spontaneously without scar formation (*SGPGI05)*
b) Anaesthesia at the site of bums
c) Blister formation
d) Painful

331. What is the most important aspect of management of burn injury in the first 24 hours ? *(UPSC 07)*
a) Fluid resuscitation b) Dressing
c) Escharotomy d) Antibiotics

332. Treatment of burns includes - *(PGI June 08)*
a) No bandage to head & neck
b) Immediate application of ice cold water
c) Superficial bums without blister-no need of dressing
d) Escharotomy done for peripheral circumscribed lesions

333. Most common cause of death due to burns in early period is ? *(APPG 08)*
a) Sepsis b) Hypovolemic shock
c) Both d^ None

334. A 50 year female has 2 deep bum involving 45% total body surface area (TBSA). Regarding her management which of the following statement (s) is/are true -
a) Give rapid normal saline infusion *(PGIDec 08)*
b) Half of the calculated fluid should be given in initial 8 hr
c) 9 litre of Ringer's lactate should be given in first 24 hr
d) Urine output should be maintained at 25-30 ml/hr
e) CVP line should be inserted

335. What are true regarding 20 deep *bum-(PGIDec 08)*
a) Blanch on pressure b) Erythema
c) Dry white colour d) Painless
e) Predispose to hypothermia

316)a 317)b 318)a 319)b 320)c 321)c,e 322)c,d 323)b,d,e 324)a 325)A11 326)b 327)d 328)b 329)d
330) b 331) a 332)a,c,d 333) b 334)b,c,e 335) c,e

336. True about thermal burn injury - *(PGI June 09)*
a) Outermost layer is zone of stasis
b) Middle layer is zone of hypermia
c) inner layer is zone of coagulation
d) Hypermia is due to vasodilation
e) Zone of stasis is associated with vascular damage

337. Fever in burnt patient is cause by - *(PGI June 09)*
a) Septicemia
b) Due to hypermetabolism
c) Toxin released by dead tissue
d) Dead product

338. Which of the following statement(s) is/are about postburn neck contracture - *(PGI June 09)*
a) Occur because of conservative management of deep bum
b) Treated by flaps
c) Oblliteration of cervicomental angle
d) Dental abnormalities may be present
e) Never develop in deep dermal bum

339. A tumour arising n a burns scar is likely to be -
a) Basal cell carcinoma *(COMED09)*
b) Squamous cell carcinoma
c) Malignant melanoma
d) Fibrosarcoma

340. Fever in burnt patient is caused by - *(PGI Nov 09)*
a) Septicemia
b) Due to hypermetabolism
c) Decreased sweating
d) Release of pyrogens from dead product
e) Dehydration

341. An adult whose both lower limbs are charred along with genitalia has.....burns - *(DPG10)*
a) 18% b) 19%
c) 36% d)37%

ARTERIAL DISORDERS

342. Maximum tourniquet time for the upper limb is -
a) 1/2 hour b) 1 hr *(JIPMER 87)*
c) 1-1/2 hrs. d)2hrs
e) 2-1/2 hrs

343. Thromboembolism after pelvic surgery is usually from the veins - *(AI89)*
a) iliac b)Calf
c) Femoral d) Pelvic

344. Most common cause of death in patients with Burger's disease is - *(AIIMS 87)*
a) Gangrena b) Pulmonary embolism
c) Myocardial infarction d) Carcinoma lung

345. Which of the following best responds to sympathectomy- *(JIPMER 86)*
a) Burger's disease b) Hyperhydrosis
c) Raynaud's disease d) Acrocyanosis

346. Intermittent claudication at the level of the hip indicates - *(PGI 87)*
a) Popliteal artery occlusion
b) Bilate iliac artery occlusion
c) Common femoral occlusion
d) superficial femoral artery occlusion

347. The artery commonly involved in cirsoid aneurysm is- *(PGI 88)*
a) Occipital b) Superficial temporal
c) Internal carotid d) External carotid

348. Plusating tumours include all except - *(PGI 88)*
a) Bone sarcoma
b) Osteoclastoma
c) Secondaries from hyper nephromas
d) Secondary from prostate

349. Preferred material for femoro popliteal bypass -
a) Dacron b) PTFE *(PGI 89)*
c) Saphenous vein d)Gortex

350. Most common cause of aneurysm of abdominal aorta is - *(AI 96, Jipmer 80, Delhi 89)*
a) Trauma b) Atherosclerosis
c) Syphilis d) Cystic medial necrosis

351. The most common complication of an aortic aneurysm size 8 cm is - *(Delhi, PG 96)*
a) Rupture b) Intramural thrombosis
c) Embolism d) Calcification

352. Management of a cause of iliac artery embolism requires - *(JIPMER 81, UPSC 86)*
a) Embolectomy
b) Injection of vasodilators
c) Hypotensive therapy
d) Sympathectomy

353. Intermittent-claudicatin is caused by - *(TN89)*
a) Venous occlusion b)Arteria insufficiency
c) Nerual compression d) Muscular dystrophy

354. Burger's disease is seen in - *(PGI 88)*
a) Only male b) Age less than 40
c) Age more than 40 d) Smoker

355. In the abdomen, aneurysms of the .... commonly occur next only to the aorta.... - *(PGI 88)*
a) Internal iliac artery
b) External iliac artery
c) Splenic artery
d) Inferior mesentric artery

356. CongenitalA-V fistulas in the thigh will be associated with all except - *(PGI 89)*
a) Increased cardiac output
b) Increased skin tempreture
c) Gigantism of limb
d) Superficial venous engorgement

357. In extraperitoneal approach, to left sympathectomy the following may be injured -
a) Ureter b) Gonadal vessels
c) A+B d)IVC

336)b,e 337)a,b 338)a,b,c,d 339)b 340)a,b 341)d 342)c 343)c 344)c 345)b 346)b 347)b 348)d 349)c
350) b 351) a 352) a 353)b 354)a,b,d 355) c 356)b 357) c

358. Lumbar sympathectomy is indicated in - *(IN90)*
a) Intermittent claudication
b) TAO with skin changes
c) Burger's disease
d) Raynaud's disease

359. Commonest site of throboangitis obliterans is -
a) Femoral artery b) Popiteal artery *(AI90)*
c) iliac artery d) Pelvic vessels

360. IVeatment of acute femoral embolus is- *(AIIMS 91)*
a) Warfarin
b) Heparin
c) Immediate embolectomy
d) Embolectomy after 5 days bed rest

361. Ganglion which is spared in Lumbar sympathetomy is - *(JIPMER92)*
a) LI b)L2
c) 13 d)L4

362. Vessels most commonly involved in thrombo angitis obliterans - *(AIIMS92)*
a) ilio-femoral
b) Aorto-iliac
c) Femoro popliteal
d) Arterior and Posterior tibial

363. Following are used in treatment of Buergers disease except - *(AI93)*
a) Trental b) Anticoagulation
c) Sympathectomy d) Antiplatelets

364. For aortic graft the best material available is - *(JIPMER 81, Delhi 79,92)*
a) Dacron b) Artery
c) Vein d)None

365. In a lumbar sympathectomy the sympathetic chain in its usual position is likely to confused with the - *(PGI81, AIIMS 80,82)*
a) Ureter b) Psoas minor
c) Genitofemoral nerve d) Ilioinguinal nerve
e) Lymphatics

366. Bullet wounds near major blood vessels should be explored only if - *(PGI81, AMC 85)*
a) The extremity is cold
b) The fingers or toes are paralysed
c) The pulse is weakened
d) There in no pulse
e) In all cases regardiess of physical findings

367. A knitted Dacron artery graft - *(PGI 99, AIIMS 84)*
a) Is not porous
b) Is eventually dissolived by tissue reaction
c) Never gets infected
d) Can be easily incised and the opening resutured

368. The sequence of symptoms in pulmonary embolism is - *(JIPMER 89, DNB 90)*
a) Fever, pain, dyspnoea
b) Fever, dyspnoea
c) Dysponea, pain, haemoptysis
d) Dysponea, cough, purulent sputum

369. A useful through temporary improvement in a patient's ischaemic foot can be attained by giving intravenously - *(PGI 79, Delhi 84)*
a) 10% Mannitol b) 10% Dextrose
c) Dextran 40 d) Dextran 100

370. Diabetic gangrene is due to - *(Kerala 94)*
a) Ischema
b) Increased blood glucose
c) Altered defence by host and neuropathy
d) All of the above

371. All are true about Embolic Arterial occlusion except-
a) No previous history *(JIPMER 95)*
b) Muscles are unaffected
c) Pulse is absent
d) Anaesthesia is present

372. All are true about Raynauds phenomena except -
a) Exposure to cold aggravate *(Kerala 95)*
b) Spasm of vessels
c) More common is females
d) Atherosclerosis of vessels

373. The commonest site of iodgement of a pulmonary embolus is in the territory at - *(UPSC 95)*
a) Rt. lower lobe b) Rt. upper lobe
c) Lt. lower lobe d) Lt. upper lobe

374. Kaposi sarcoma is commonly seen in - *(AMU95)*
a) Upper limbs b) Lower limbs
c) Head and Neck d) Trunk

375. Which of the following causes meximum bleeding-
a) Partial arterial severing *(PGI 95)*
b) Complete arterial severing
c) Artery caught between fractured ends of bones
d) Intimal tear

376. In a 40 years old male thrombus in the common femoral artery is because of - *(AIIMS 9 7)*
a) Atheroma
b) Thrombangits obliterans
c) Reynauds disease
d) Abdominal mass

377. One of the following is not indicated for arterial leg ulcer - *(PGI 96)*
a) Debridement b)Elevationof limb
c) Head end of bed is raised d) Low dose aspirin

378. Not used as graft material in peripheral vascular disease - *(PGI 97)*
a) Dacron graft b)Vein
c) PTFE d)PVC

379. The commonest cause of arterio-venous fistula is-
a) Penetrating injury *(MP 97, AI88)*
b) Congenital
c) Neoplasmic invasion of an artery and adjacent vein
d) Aneurysm of the artery eroding a vein

380. AV fistula leads to all except - *(AIIMS 98)*
a) Sinus tachycardia b) Increased preload
c) Cardiac arrythmias d) Increased cardiac output

381. Commonest peripheral aneurysm is - *(SCTIMS98)*
a) Popliteal b) Femoral
c) Carotid d) iliac

358)b,c 359)None 360)c 361)a 362)d 363)b 364)a 365)b,c,e 366)c,d 367)d 368)c 369)c 370)d 371)b
372) d 373) d 374)b 375)c 376)a 377)b 378)d 379)b 380)c 381)a

382. Popliteal aneurysm-All are true except-
a) Presents as a swelling behind the knee *(SCTIMS 98)*
b) Presents with symptoms due to complication
c) Surgery is indicated in case of complication
d) Uncommon among peripheral aneurysm

383. Graft used in infra inguinal by pass is - *(Jipmer 2K)*
a) PIPE b) Dacron
c) Autologous vein d) Autologous artery

384. True about Erythrocyanosis except - *(A.P 96)*
a) Affects young girls
b) Cold peripheries
c) Palpable pulses
d) Ulceration & gangrene of fingers

385. Diabetic gangrene is due to A/E - *(TN 86)*
a) Vasospasm
b) Atherosclerosis
c) Peripheral neuritis
d) Increased sugar in blood

386. Pseudo aneurysms are most commonly due - *(Jipmer 93)*
a) Atherosclerosis b) Trauma
c) Congenital deficiency d) Infections

387. Bilateral pulseless disease in upper limbs in caused by- *(PGI97)*
a) Aortoarteritis b) Coarctation of aorta
c) Fibromusculardysplsia d) Buerger's disease

388. AV fistula causes - *(PGI98)*
a) i Diastolic b) T Venous return
c) *i* Venous congestion d) T Systolic filling

389. Nicoladoni branham sign is - *(PGI98)*
a) Compression cause bradycardia
b) Compression cause tachycardia
c) Hypotension
d) Systolic filling

390. Abdominal Aneurysm is characterized by all except- *(PGI 2000)*
a) Elective surgery complication should be < 5%
b) Emergency surgery complication < 10%
c) Rarely asymptomatic before rupture
d) Bigger the size it is more prone to rupture

391. Dissection of which artery is seen in pregnancy -
a) Carotid artery b) Aorta *(PGI 2000)*
c) Coronary A d) Femoral artery

392. Buerger's disease affects all except - *(PGI 01)*
a) Small arteries b) Small veins
c) Medium size arteries d) Multiparity
e) First pregnancy after 30 years

393. Buerger's disease is associated with - *(PGI 02)*
a) Smoking b) Poor nutrition
c) Alcohol d) Prolonged standing
e) Superficial thrombophlebitis

394. True regarding AV fistula is - *(PGI 02)*
a) Leads to cardiac failure
b) Causes local gigantism
c) Can cause ulcers
d) Cause excess bleeding on injury
e) Closes spontaneously

395. True statement of Brerger's desease is/are-fPG/ *04)*
a) Small and mdeium sized vessels involved
b) Commonly involves upper limb than lower limbs
c) Common in male
d) Common in female

396. In which one of the following conditions Dactylitis CANNOT be seen- *{UPSC 02)*
a) Sickle - cell anemia b) Beta thalassemia
c) Congenital syphilis d) Tuberculosis
e) Sarcoidosis

397. Complications arising out of A - V fistula done for renal failure include the following except -
a) Infection *{Jipmer 03)*
b) Thrombosis
c) High output cardiac failure
d) Necrosis of the distal part

398. Not seen in sudden onset peripheral arterial occlusion - *{Kerala 04, PGI 98, 2K)*
a) Pain b) Rubor
c) Pallor d) Anesthesia

399. Drug used for Burger's disease - *{MAHE 05)*
a) Xanthinol micotinate b) Propranolol
c) GIN d) All the above

400. Pseudoarterial aneurysm in drug abuser's seen in -
a) Radial b) Brachial *{PGI June 05)*
c) Femoral d) Carotid
e) Pedal

401. Syndrome of internal iliac artery occlusion manifested by - *{PGI June 05)*
a) Pain in calf
b) Absent pulse at the dorsalis pedis artery
c) Intermittent claudication
d) Gangrene

402. The most common cause of peripheral limb ischaemia in India is - *{AIIMSNOV05)*
a) Trauma b) Altherosclerosis
c) Buerger's disease d) Takayastu's disease

403. Lumbar sympathectomy is of value in the management of - *(AI05)*
a) Intermittent claudication
b) Distal ischaemia affecting the skin of the toes
c) Arteriovenous Fistula
d) Back pain

404. The most common cause of acquired arteriovenous fistuala is - *(AI 06)*
a) Bacterial infection b) Fungal infection
c) Blunt trauma d) Penetrating trauma

405. Etiopathogenesis of diabetic foot include the following except - *(UPSC 07)*
a) Myelopathy b) Osteoarthropathy
c) Microangiopathy d) Infection

406. Fogarty's catheter is used for - *(UPSC07)*
a) Drainage of urinary bladder
b) Parenteral hyperalimentation
c) Removal of embolus from blood vessels
d) Ureteric catheterisation

382)d 383)c 384)c 385)a 386)b 387)a 388)b 389)a 390)b,c 391)b 392)d,e 393)a,e 394)a,b,c,d
395) a,c 396) b 397) d 398) b 399) a 400) c,d 401) b,c 402) b 403) b 404) d 405) a 406) c

407. Pseudoaneurysms in IV drug abusesrs seen commonly in - *(PGI June 0 7)*
a) Brachial artery b) Radial artery
c) Femoral artery

408. Treatment of femoral artery naeurysm -
a) Ultrasound guided compression of the neck of aneurysm *(PGI June 07)*
b) Thrombin injection
c) Bypass graft repair

409. Which one of the following is not a symptom of atherosclerotic occlusive disease at the bifurcation of aorta (Leriche syndrome) ? *(UPSC-II08)*
a) Claudication of the buttock and thigh
b) Claudication of the calf
c) Sexual impotence
d) Gangrene localized to the feet

410. A young male presented with dyspnea, bleeding and petechial hemorrhage in the chest after 2 days following fracture shaft of the femur right side. Most likely cause is - *(UP 08)*
a) Air embolism
b) Fat embolism
c) Pulmonary thrombo embolism
d) Amniotic fluid embolism

411. Aortic transaction true about - *(PGI June 08)*
a) Most commonly A/w deceleration injury
b) High morality
c) Surgery difinitive treatment
d) Aortography gold standard

412. Psuedoaneurysm in I.V. drug abusers is commonly found in - *(PGI Dec 08)*
a) Radial artery b) Brachial artery
c) Femoral artery d) External iliac artery
e) Dorsalis pedis artery

413. Acute vascular ischemia mainfests as -
a) Pulselessness b) Paralysis *(PGIDec 08)*
c) Flushing d) Anaesthesia
e) Coolness

414. A drug abuser developed pseudoanerysm. What of the following is/are should include in the treatment modalties - *(PGI Dec 08)*
a) Ligation of involved vessel & wide surgical debridement
b) Exposure & ligation with subsequent revascularisation
c) Direct interposition graft with synthetic material in groin for revascularisation
d) Direct interposition graft with autogenous graft
e) Selective revascularisation using remote iliofemoral bypass

415. Most common site of peripheral aneurysm -
a) Femoral artery b) Radial artery *(AIIMS Nov 08)*
c) Popliteal artery d) Brachial artery

416. The Hunterian Ligature operation is performed for- *(AIIMSNov 08)*
a) Aneurysm b) Varicose veins
c) A V fistulas d) Acute arterial ischemia

417. Popliteal artery pulsations are difficult to feet because-
a) It is not superficial *(AI09)*
b) It does not cross prominent bone
c) It is not superficial and does not cross prominent bone
d) Its pulsations are weak

418. Intermittent claudication is defined as - *(AI 09)*
a) Pain in muscle at rest only
b) Pain in muscle on first step
c) Pain in muscle on exercise only
d) Pain in muscle on last step

419. A patient with critical lower limb ischemia presents with-
a) Intermittent claudication *(AI09)*
b) Intermittent claudication and gangrene
c) Rest pain and ischemic ulcers
d) Intermittent claudication and ischemic ulcers

420. Lumbar sympathectomy is of value in the management of - *(AI09)*
a) Intermittent claudication
b) Distal ischemia affecting the skin of the toes
c) Arteriovenous fistula
d) Back pain

421. Sympathectomy is indicated in all following conditions except - *(AI09)*
a) Ischemic ulcers b) Intermittent claudication
c) Anhidrosis d) Acrocyanosis

422. Pseudoclaudication is caused by - *(AI09)*
a) Femoral artery stenosis
b) Popliteal artery stenosis
c) Lumbar canal stenosis
d) Radial artery stenosis

423. Best material for below inguinal arterial graft is -
a) Saphenous vein graft (upside - down) *(AI 09)*
b) FIFE
c) Dacron
d) Teflon

424. Commonest part of subclavian artery to be affected by stenosis is - *(AI 09)*
a) First part b) Second part
c) Third part d) Equally affected

425. The most common site of rupture of abdominal aortic aneurysm is - *(AI 09)*
a) Laterally into the left retroperitoneum
b) Laterally into the right retroperitoneum
c) Posteriorly into the posterior retroperitoneum
d) Anteriorly into the peritoneum (Intraperitonial)

426. True about Kasabach syndrome - *(PGINov 09)*
a) May be due to complication of portwine stain
b) Coagulopathy occurs
c) Due to complication of hemangioma
d) Thrombocytopenia present

427. Most common artery involved in pancreatic pseudoaneurysm - *(PGINov 09)*
a) Gastroduodenal artery
b) Inferior pancreatico-duodenal artery
c) Gastric artery
d) Splenic artery
e) Hepatic artery

407)c 408)a,b,c 409)d 410)b 411)a,b,c,d 412)a,b,c 413)a,b,d,e 414)a 415)c 416)a 417)c 418)c 419)c 420) b 421) c>b 422) c 423) a 424) a 425) a 426)b,c,d 427) d

428. Most common cause of abdominal aortic aneurysm is- *(AI10)*
a) Atherosclerosis b) Trauma
c) Syphilis d)Vasculitis

429. The deficiency of all the following factors increases the incidence of thrombus formation except -
a) Lipoprotein A b) Protein-C *(DPG10)*
c) Anti-thrombin III d)Protein-S

430. A patient presents with claudication in both buttocks and has impotence. The clinical examination reveals bruit over lower abdomen. What is the clinical diagnosis? *(UP SC II10)*
a) Bilateral iliac artery occlusion
b) Aortoiliac occlusion
c) Bilateral iliofemoral occlusion
d) Bilateral femoropopliteal occlusion

431. The normal ankle brachial pressure index (ABPI) is 1.0. A value of 0.8 suggests - *(UP SCII10)*
a) Good flow
b) Some degree of arterial obstruction.
c) Impending gangrene
d) Presence of collaterals

432. TVue about ischemic rest pain - *(PGIMay 10)*
a) More in night
b) MC in calf muscle
c) Increse upon elevation of limbs
d) Relieved by dependent position
e) Often associated with trophic changes

433. All are true about intermittent claudication except -
a) Most common in calf muscle *(PGI May 10)*
b) Pain is positional
c) Atherosclerosis is important predisposing factor
d) Relieved by rest

434. TVue regarding management of diabetic foot -
a) Strict diabetic control *(PGIMay 10)*
b) Venous system is commonly involved
c) Topical antibiotics are used
d) Early amputatio should done
e) Diabetic ulcers are tropic ulcers

435. When a patient suffers from critical limb ischemia, the ankle-brachial pressure index (ABPI) is less than-
a) 1.0 b)0.9 *(UPSCIIU)*
c) 0.7 d)0.3

436. Which is NOT true about femoral artery cannulation - *(AIIMSMay 11)*
a) Common femoral artery is cannulated
b) Single wall puncture is indicated in those with normal coagulation profile
c) Femoral artery is catheterised at medial third of femoral head
d) Seldinger technique is used both for femoral artery and vein

437. Tor doing CABC* Allen test is done to test which vessel - *(NEET/DNB Pattern)*
a) Ulnar artery b) Radial artery
c) Saphenous vein d) Internal mammary artery

AMPUTATION

438. Re-implantation time for lower limb is -
a) 6 hrs b) 4 hrs *(Kerala 97)*
c) 8 hrs d) 10 hrs

439. Stump pain is relieved by - *(Kerala 97)*
a) Continuous tapping over the stump
b) Warming up the stump
c) Using steroids
d) Using analgesics

440. For replantation surger, the detached digit or limb is best preserved in cold - *(UPSC 2K)*
a) Glycerol b) Distilled water
c) Hypertonic saline d) Isotonic saline

441. During reconstruction of an amputated limb which of the following is done first? *(AIIMSNov 10)*
a) Arterial repair b) Venous repair
c) Fixation of the bone d) Nerve anastomoses

VENOUS DISORDERS

442. Earliest sign of deep vein thrombosis *is(AIIMS 87)*
a) Calf tenderness b) Rise in temperature
c) Swelling of calf muscle d) Homan's sign

443. Injectionsclerotherapy for varicose veins is by using- *(PGI88)*
a) Phenol b) Absolute alcohol
c) 70% alcohol d) Ethanolamine oleate

444. White leg is due to - *(TN90)*
a) Femoral vein thrombosis and lymphatic obstruction
b) Deep femoral vein thrombosis
c) Lymphatic obstruction only
d) None of the above

445. All of the following are seen in deep vein thrombosis except- *(AI90)*
a) Pain b) Discolouration
c) Swelling d) Claudication

446. The following is the commonest site for venous ulcer- *(AIIMS91)*
a) Instep of foot b) Lower 1/3 leg and ankle
c) Lower 2/3 of leg d) middle 1/3 of leg

447. The most important perforator of the Lower limb is between - *(AI92)*
a) Long saphenous and posterior tibial vein
b) Short saphenous and posterior tibial vein
c) Short saphenous and popliteal vein
d) Long saphenous and femoral vein

448. Pulsating varicose vein in ayoung adult is due to-
a) Arteriovenous fistula *(AIIMS92)*
b) Sapheno femoral incompetence
c) Deep vein thrombosis
d) Abdominal tumour

449. Which is not used in treatment of Superficial venous thrombosis - *(AIIMS92)*
a) Immediate anticoagulation
b) Rest and elevation
c) Analgesics
d) Treat assosiated malignancy

428)a 429)a 430)b 431)b 432)A11 433)b 434)a,c,e 435)d 436)b 437)b 438)c 439)None 440)d
441) c 442) a 443) d 444) b 445) d 446) b 447) d 448) a 449) a,b

450. Most common complication of varicose vein stripping is - *(JIPMER 78., AIMS 79,92)*
a) Infection b) Haemorrhage
c) Ecchymosis d) Thrombo embolism

451. An operated case of varicose veins has a recurrence rate of - *(AIMS 80, AP 89)*
a) About 10% b) About 25%
c) About 50% d) Over 60%

452. What is acceptable in the management of femoral vein thrombosis - *(AIIMS81, PGI86)*
a) Bed rest and spiral elastic bandages
b) A venogram
c) Thrombectomy
d) Embolectomy
e) A mobin udin umbrella inserted into the vein

453. Operations for varicose veins are best accomplished by - *(PGI 81, AIMS 84, 86)*
a) Stripping
b) Multiple subcutaneos ligatures
c) Subfascial ligatures
d) Division and ligation at the superficial venous system

454. A 60-years old male has been operated for carcinoma of caecum and right hemicolectomyhas been done. On the fourth post - oprative day, the patient develops fever and pain in the legs. The most important clinical entity one should lookfor is - *(UPSC 96)*
a) Urinary tract infection
b) Intravenous line infection
c) Chest infection
d) Deep vein thrombosis

455. All of following may be predisposing factors for deep vein thrombosis except - *(AIIMS 95)*
a) Oral contrceptives b) Nephrotic syndrome
c) Sickle cell anemia d) Thrombocytosis

456. The duration of heparin therapy in deep vein thrombosis is - *(CUPGEE 96)*
a) 7-10 days b) 15-20 days
c) 3-4 days d) 1 month

457. Cocket& Dodd's operation is for- *(AP96)*
a) Saphenofemoral flush ligation
b) Subfascial ligation
c) Deep vein thrombosis
d) Diabetic foot

458. In obstruction of inferior vena cava there is -*(AI97)*
a) Prominent thoraco epigastric vein
b) Caput medusa
c) Hemorrhoids
d) Esophageal varices

459. Most common site for venous thrombosis -*(JIPMER*
a) Popliteal vein b) Soleal vein *98)*
c) Femoral vein d) Internal iliac vein

460. Deep vein thrombosis is caused by all except -
a) Lower limb trauma *(AIMS 98)*
b) Hip and pelvic surgery
c) Subungual melanoma
d) Cushing's syndrome

461. Which of the following test is used to detect perforator incompetence in varicose- *(JIPMER 2K)*
a) Trendelenberg test b) Fegan's test
c) Morissey's test d) Homan's test

462. The deficiency of all of the following factors increases the incidence of thrombus formation except -*(UPSC*
a) Lipoprotein A b) Protein - C *2K)*
c) Anti - thrombin III d) Protein - S

463. The most common vein to get thrombosed is the- *(AIMS 99)*
a) Long saphenous b) Short saphenous
c) Both d) Posterior tibial

464. Brodie -Trendlenburg test demonstrates-
a) Mid - thigh perforation *(ORRISA 98)*
b) Deep vein thrombosis
c) Sapheno — femoral incompetence
d) Calf perforators

465. An intern was doing saphenous cannulation for a burns pareint. Then the jpatient developed sudden onset of pain along the medial border of the correponding foot. Which nerve must have been accidentally ligated - *(AIMS 2K)*
a) Sural nerve b) Deep peroneal nerve
c) Saphenous nerve d) Genicular nerve

466. In DVT all are seen except *(CMC 2001)*
a) High fever b) Increased temperature at site
c) Pain d) Tenderness

467. An obese patient develops acute oedematous lower limb following a Pelvic surgery. Deep vein thrombosis is suspected . The most useful investigation in this case would be - *(UPSC 2002,*
a) Doppler imaging *Jipmer 98, 92, PGI 97,*
b) Fibrinogen uptake *AIMS 92)*
c) Venography
d) Plethysmography

468. In a patient on anticoagulant therapy, the INR is maintained at - *(UPSC 2002)*
a) 1.5 to 2.5 times the normal
b) 2.5 to 3.5 times the normal
c) 3.5 to 4.5 times the normal
d) 4.5 to 5.5 times the normal

469. In diabetic ulcer, following site is involved-fPG*/97)*
a) Heel b) Head of metatarsal
c) Webs d) Tips of toes

470. For prophylaxis of deep vein thrombosis used is -
a) Warfarin *(PGI97)*
b) Heparin
c) Pneumatic shock garment
d) Graded stocking

471. Which is true regarding Trendelenburg operation - *(PGI 01)*
a) Sripping of the superficial varicose vein
b) Flush ligation of the superficial varicose vein
c) Ligation of the perforators
d) Ligation of small tributaries at the distal end of superficial varicose vein
e) Ligation of short saphenous vein

450) c 451) a 452) a,c 453) a 454) d 455) c 456) a 457) b 458) a 459) b 460) c 461) a 462) a 463) d
464) c 465) c 466) a 467) a 468) b 469)a,b,d 470) b 471) b

472. For which of the following venous abnormality is surgery indicated - *(PGI01)*
a) Deep vein incompetence with DVT
b) Deep vein incompetence without DVT
c) V Aricosity > 3 cm
b) Varicosity < 3 cm
e) Saphenofemoral incompetence

473. Migratory thrombophlebitis is seen most commonly with- *(PGI 02)*
a) Pancreatic ca b) Testicular ca
c) Gastric ca d) Breast ca
e) Liver ca

474. Brodie-Tredenlenburg test is positive in - *(PGI02)*
a) Sapheno-Femoral incompetence
b) Perforator competence above knee
c) Deep vein incompetence
d) Perforator competence below knee
e) SVT

475. Varicose veins are seen in - *(PGI 02)*
a) DVT b) Superficial venous thrombosis
c) AV fistula d) Prolonged standing
e) Obesity

476. Gold standard diagnostic test in varicose veins is
a) Photoplethysmography (*Jipmer 03)*
b) Duplex imaging
c) Ultrasonography
d) Radio - labeled fibrinogen study

477. The initial therapy of documented deep venous thrombosis in a post operative case is -
a) Subcutaneous heparin therapy *{Karnataka 03)*
b) Intravenous heparin therapy
c) Thropmbolytic therapy with urokinase
d) Aspirin therapy

478. Which one of the following reagents is not used as sclerosant in the treatment of bleeding varices -
a) Ethyl alcohol b) Ethanolamine oleate *(ICS 05)*
c) Phenol d) Sodium morrhuate

479. Site of diabetic for ulcer - *(PGI June 05)*
a) Medial malleolus b) Lateral malleolus
c) Heel d) Head of metatarsal
e) Head of toes

480. Which of the following statements is true regarding fat embolism - *(AlIMSNov 05)*
a) Most patients with major trauma involving long bones have urinary fat globules
b) All patients with urinary fat globules develop fat embolism
c) Peak incidence of respiratory insufficiency for pulmonary fat embolism is around day 7 after injury
d) Heparin as an anticoagulant decreases mortality and morbidity in fat embolism syndrome

481. Which of the following is true about varicocele except ? *(Manipal 06)*
a) Incompetent valves of testicular vein are responsible for varicocele
b) 90% are on the left side
c) Asymptomatic cases require surgery
d) Femoral catheterization with spermatic vien ablation is done in recurrence

482. Which one of the following is the investigation of choice for suspected deep vein thrombosis of the lower extremity ? *(UPSC 0 7)*
a) Radioactive labelled fibrinogen uptake
b) Ascending contrast phlebography
c) D-dimer estimation
d) Duplex ultrasonography

483. With reference to varicocele, which one of the following is not true of it ? *(UPSC 0 7)*
a) Varicosity of cremestric veins
b) Left side is affected usually
c) Feels like a bag of worms
d) May lead to infertility

484. All are done for a case of deep vein thrombosis except-
a) Thrombolytic therapy b) Bandage *(MAHE 07)*
c) Heparin d) Bed rest

485. Cocket & Dodd's operation is performed for which one of the following ? *(UPSC-II08)*
a) Sapheno femoral flush ligation
b) Subfascial ligation
c) Deep vein thrombosis
d) Diabetic foot

486. Which of the following conditions disappear spontaneously in first year of life ? *(APPG 08)*
a) Port wine stain b) Naevus flammeus
c) Salmon's patch d) Strawberry haemangioma

487. The most common cause of superficial thrombophlebitis is - *(A109)*
a) Intravenous catheters/infusion
b) DVT
o) Varicose veins
d) Trauma

488. 'SEPS' is a procedure used for - *(AI09)*
a) Veins b) Arteries
c) Lymphatics d) AV fistula

489. Under normal conditions venous refilling occurring through arterial inflow alone takes_____ when the limb at rest - *(Maharashtra 10)*
a) 5-7 seconds b) 8-10 seconds
c) 11-15 seconds d) 20-30 seconds

490. Trendelenburg's operation is done for -
a) Varicocele *(UPSCII10)*
b) Primary varicose veins
c) Deep vein thrombosis with varicose veins
d) Arteriovenous fistula

491. Tl*ue about venous ulcer - *(PGIMay 10)*
a) Always stripping done
b) Always examine deep venous system
c) Biopsy should be taken from chronic ulcer
d) A/w Klippel- Trenaunary syndrome

472) b,c,e 473) a 474) a 475)a,c,d,e 476) b 477) b 478) a 479)c,d,e 480) a 481) c 482) d 483) a 484) d
485) b 486) c 487) a 488) a 489) d 490) b 491)b,c,d

492. Match List I with List II and select the correct answer using the code given below the Lists - *(UPSCII11)*

List I (Name of the perforators)	Listn (Site of Perforators)
a) Boyd's	1. 5 cm above the calcaneus
b) Dodd's	2. Mid thigh
c) Cockett's	3. Below the knee
d) Bassi's	4. Above the ankle

Code:

a)	4	3	1	2
b)	3	**2**	1	4
c)	3	2	4	1
d)	4	3	**2**	1

LYMPHATIC SYSTEM

493. Malignant cell in Hodgkin's lymphoma is - *(AIIMS*
a) Reed stemberg cell b) Lymphocytes *85)*
c) Histiocyte d) Reticulum cells

494. Chronic lymphedema predisposes to all except - *(PGI89)*
a) Lymphangiosarcoma b) Maijolins ulcer
c) Recurrent infections d) Thickening of skin

495. Commonest cause of unilareral pedal edema in india is - *(AI90)*
a) Filariasis b) Post traumatic
c) Post irradiation d) Milroy's disease

496. All are true about congenital lymphedema except-
a) It is bilateral *(AI 91)*
b) Involve lower limb
c) Almost always manifests before puberty
d) Acute lymphangitis may occur

497. The commonest cause for lymphedema of upper limb is- *(AI91, 92)*
a) Filariasis b) Congenital
c) Neck surgery d) Post mastectomy irradiation

498. Milroys disease is - *(JIPMER92)*
a) Edema due to filareasis
b) Post cellulitic lymphedema
c) Congenital lymphedema
d) Lymphedema following surgery

499. Investigation of choice in detecting small para-aortic lymph node is - *(JIPMER92)*
a) Ultra sound scan b) CT scan
c) Lymphangiography d) Arteriography

500. Milroys disease is lymphedema which is -*(AMU 85)*
a) Familial b) Follows filariasis
c) Follows erysipelas d) A sequele to white leg

501. Lymphangiography of the leg is performed by -
a) An injection of sodium diatrizoate (Hypaque) subcutaneously between the toes
b) Injecting sodium diatrizoate retrogradely under pressure into a small vein on the dorsum of the foot
c) Dissecting lymphatics through an incision on the dorsum of the foot
d) The use of an infusion pump

502. Finding the cause of unilateral lympoedema of the leg includes - *(JIPMER 78,79, PGI 85)*
a) Taking a family history
b) Looking for chronic infection in the foot
c) Looking for early malignant disease of the testis
d) Looking for filariasis
e) Performing a casoni test

503. Treatment of Acute lymphangitis requires -
a) Antibiotic and rest *(JIPMER 81, AMC 84)*
b) Immediate lymphangiography
c) Immediate multiple incisions
d) No special treatment

504. Total dose of radiation in Hodgkins dosease is - *(JIPMER95)*
a) 500 -1000 rad b) 1000 - 2000 rad
c) 3000 - 5000 rad d) 5000 - 7000 rad

505. The most important prognostic indicator of Hodgkin's lymphoma is - *(TN95)*
a) Lymphocytic predominance histology
b) Visceral involvement
c) Hepatic involvement
d) Involvement of spleen

506. Diagnosis of Hodgkin's disease is confirmed by -
a) CT scan *(PGI97)*
b) Bone marrow biopsy
c) Lymph node biopsy
d) Lymphangiography

507. Grade I lymphedema means- *(JIPMER2K)*
a) Pitting edema upto the ankle
b) Pitting edema upto the knee
c) Non-pitting edema
d) Edema disapearing after overnight rest

508. Lymphovenous anastomosis is done for - *(PGI97)*
a) Filarial lymphoedema
b) Lymphoid cyst
c) Cystic hygroma
d) Malignant lymphoedema

509. True about lymphangioma - *(PGI 03)*
a) It is a malignant tumour
b) It is a congenital sequestration of lymphatic
c) Cystic hygroma is a lymphangioma
d) Laser excision is done
e) Sclerotherapy is commonly done

510. The most common site of lymphangiosarcoma is
a) Liver *{UPSC04)*
b) Spleen
c) Post mastectomy edema of arm
d) Retroperitoenum

511. Commonest cause of A/C Lymphadenitis in India -
a) Barefoot walking *(MAHE05)*
b) TB
c) Staphylococcal skin infection
d) Lymphoma

512. All of the following soft tissue sarcomas have a propensity for lymphatic spread except-*(AiimsNov 05)*
a) Neurofibrosarcoma b) Synovial sarcoma
c) Rhabdomyosarcoma d) Epitheloid sarcoma

492)c 493)a 494)b 495)a 496)None 497)a 498)c 499)b 500)a 501)c 502)a,b,d 503)a 504)c 505) None 506)c 507)d 508)a 509)b,c 510)c 511)c 512)a

513. A 40 year old man presented with a flat 1 cm * 1 cm scaly, itchy black mole on the front of thigh. Examination did reveal any inguinal lymphadenopathy. The best course of management would be -
a) FNAC of the lesion *(UPSC 07)*
b) Incision biopsy
c) Excisional biopsy
d) Wide excision with inguinal lymphadenectomy

514. In India, what is the most common cause of unilateral lymphoedema of lower limb ? *(UPSC 07)*
a) Lymphoedema tarda
b) Carcinoma of penis with metastatic nodes
c) Filariasis
d) Tubercular lymphadenopathy

515. Lympho-venous anastomosis is done for-
a) Filarial lymphedema *(UPSC-II09)*
b) Lymphoid cyst
c) Cystic hygroma
d) Malignant lymphedema

516. All are true about cystic hygroma except - *(DPG10)*
a) Pulsatile
b) May cause respiratory obstruction
c) Common in neck
d) Present in birth

517. True about primary lumphoedema - *(PGINov. 10)*
a) Lymphangiosarcoma may occur
b) AAV Milroy's disease
c) Onset b/w 2-35 years indicates lymphoedema tarda
d) Onset >35 years indicates praecox variety
e) Prevalence is 2%

TRAUMA

518. Treatment of choice for stab injury caecum -
a) Caecostomy *(AI89)*
b) Ileo-transverse anastomosis
c) Transverse colostomy
d) Sigmoid colostomy

519. Blunt inj uries to the abdomen - *(JIPMER 82,80)*
a) May cause peritonitis
b) Rarely need urgent laparotomy
c) May cause intestinal obstruction
d) May cause gastroduodenal ulceration

520. Haemostasis in scalp wound is best achived by -
a) Direct presure over the wound *(AIIMS 79,*
b) Catching and crushing the *PGI85)*
bleeders by haemostats
c) Eversion of galea aponeurotica
d) Coagulation of bleeders

521. In penetrating injury of abdomen commonly affected is- *(AIIMS 94)*
a) Liver b) Large bowel
c) Duodenum d) Small intestines

522. Initial treatment in a management of trauma -
a) Airway b) IV fluids *(PGI 96)*
c) Fracture stabilisation d) Do not shift

523. Death in blunt trauma chest is due to - *(AIIMS 98)*
a) Rupture oesophagus
b) Tracheobronchial injury
c) Pulmonary contusions
d) Chylothorax

524. A12 hour old bullet injury to the left colon is ideally treated by- *(AIIMS 99)*
a) Primary closure without drainage
b) Primary closure with drainage
c) Resection of affected segment with upper segment colostomy and lower segment as a mucus fistula
d) Primary repair with loop colostomy

525. What is the management of a case of bullet injury to left side of the colon presenting at 12 hours after incident - *(AIIMS 2K)*
a) Primary closure
b) Proximal colostomy and bringing out the distal part as a mucus fistula
c) Resection and primary anastomosis
d) Proximal defunctioning colostomy

526. Which one of the following veins should be avoided for intravenous infusion in the managment of abdominal trauma - *(UPSC 2001)*
a) Cubital b) Cephalic
c) Long saphenous d) External jugular

527. Which one of the following is not a part of the Revised Trauma score - *(UPSC 2001)*
a) Glasgow coma scale
b) Systolic blood pressure
c) Pulse rate
d) Respiratory rate

528. In severe injury, first to be maintained is -*(PGI97)*
a) Hypotension b) Dehydration
c) Airway d) Cardiac status

529. MC abdominal organ injured in blunt trauma abdomen is - *(PGI 99)*
a) Spleen b) Liver
c) Pancreas d) Stomach

530. Investigation of choice for blunt trauma abdomen in instable patient - *(PGI 2000, AIIMS 87)*
a) X-ray abdomen b) USG
c) Diagnostic Peritoneal lavage d) MRI
e) CT scan

531. A 30 year old female comes with hypovolemic shock after blunt trauma of the abdomen. An emergency USG of abdomen shows splenic tear. Which of the following is to be done - *(PGI 01)*
a) CECT of the abdomen
b) Diagnostic lavage of peritoneal cavity before proceeding
c) Monitor patient to assess for progression
d) Immediate surgery
e) Chest X-ray

513)c 514)c 515)a 516)a 517)a,b 518)b 519)b 520)a 521)d 522)a 523)b 524)c 525)b 526)d 527) c 528)c 529)a 530)b 531) d

532. In traumatic transection of the femoral artery and vein, which among the following should be done -
a) Femoral artery repair with vein ligation *(PGI01)*
b) Repair of artery and vein
c) Ligation of femoral artery
d) Below knee amputation
e) Repair of artery with contralateral sympathectomy

533. A patient sudden headache and vomiting & unconciousness, diagnosis is - *(PGI01)*
a) Subarachnoid h'ge b) Intracerebral h'ge
c) Subdural h'ge d) Extradural h'ge

534. Commonly injured in blunt abdominal injury is -
a) Midileum b)Prox. jejunum *(PGI 01)*
c) Midjejnum d) Distal ileum
e) Ileocecal junction

535. In traumatic injury to common femoral vein & external femoral artery, which among the following should be done - *(PGI 03)*
a) Ligation of both artery & vein
b) Repair of artery & vein
c) Below knee amputation
d) Repair of artery and contralateral sympathectomy
e) Sclerotherapy

536. After sustaining trauma, a pt. developed persistent hypotension with CYP16 mm H_20 with BP 90/60 mmHg & pulse 140/min, diagnosis is - *(PGI 03)*
a) Cardiac tamponade b) Pericardial effusion
c) Tension pneumothorax d) Lung laceration
e) Pulmonary embolism

537. A pt developed haemoperitoueum following RTA, with BP 90/60 & pulse 140/min which of the following to be done - *(PGI 03)*
a) DPL to be done
b) Liver is the MC organ to rupture
c) USG is better than CT Scan
d) X-ray to be taken in supine position
e) Urgent surgery to be done

538. A pt. after sustaining RTA, developed # left shaft of femur with guarding & rigidity in the abdomen. Following is to be done - *(PGI 03)*
a) X-ray of left lower limb & USG abdomen
b) Start IVF, Ryle's tube & catheterization
c) Stabilize the # & monitor the pt and do surgery if necessary later on
d) Grouping & cross matching of two unit of blood
e) Stabilize the # only

539. A 30 yrs old gentleman after sustaining road traffic accident present in emergency with BP 100/60 mmHg, Pulse 120 min and C.T. shows splenic laceration at inferior border, after 2 units of blood transfusion, patients conditions are - BP 120/70 mmHg and pulse 84/min; the next line of management is - *(PGI 03, ICS 98)*
a) Laparotomy
b) Splenorrhaphy
c) Continue the conservative treatment and take subsequent measures on monitoring the pt.
d) Splenectomy
e) X-ray abdomen and aspiration

540. A person following a road-traffic accident presented emergency with lacreration of iliac On examination there was swelling of inguinal region and distal pulsation was felt; internal iliac artery was normal, common iliac and external femoral artery was normal but common femoral vein is transected. Treatment of choice is - *(PGI 03)*
a) Vein repair with continuity
b) Sclerotherapy
c) Ligation of femoral artery and vein
d) Amputation below knee

541. Which one of the following is not a principle followed in the management of missile injuries -
a) Excision of all dead muscles (*UPSC04)*
b) Removal of foreign bodies
c) Removal of fragments of bone
d) Leaving the wound open

542. Seat belt causes injury to - **(***Manipal 04)*
a) Duodenum
b) Head injury due to wind screen
c) Thorax d)All

543. All of the following are used for gradation of coma is 'Glasgow coma scale' except - **(***SGPGI05)*
a) Eye opening b) Motor response
c) Verbal response d) Heart rate

544. Mild head injury is having glassgow coma scale of -
a) 3-5 b)5-8 *{SGPGI05)*
c) 8-10 d) 10-15

545. According to the Glasgow Coma Scale (GCS), a verbal score of lindicates - *(AI05)*
a) No response
b) Inappropriate words
c) Incomprehensible sounds
d) Disoriented response

546. Which of the following is not a component of Glasgow Coma Scale ? *(AI 06)*
a) Eye opening b) Motor response
c) Pupil size d) Verbal response

547. Total score in Glasgow Coma Scale of a conscious person is - *(AI 06)*
a) 8 b)3
c) 15 d) 10

548. Protein metabolism after trauma is characterized by the following except - *(UPSC 0 7)*
a) Increased liver gluconeogenesis
b) Inhibition of skeletal muscle breakdown by interleukin 1 and tumour necrosis factor
c) Increased urinary nitrogen loss
d) Hepatic synthesis of acute phase reactants

549. Abdominal compartment syndrome is characterized by the following except - *(UPSC 0 7)*
a) Hypercarbia and respiratory acidosis
b) Hypoxia due to increased peak inspiratory pressure
c) Hypotension due to decrease in venous return
d) Oliguria due to uretic obstruction

532) a,b 533) a 534)b,e 535)b 536) a,c 537) c,e 538)a,b,d 539) c 540) a 541) c 542) a 543) d 544) d 545) a 546) c 547) c 548) b 549) d

550. Preferred incision for abdominal exploration in Blunt injury abdomen is - *(AI07)*
a) Always Midline incision
b) Depending upon the organ
c) Transverse incision
d) Paramedian

551. A patient sustained Traumatic injury to major abdominal vessels. It has been planned to explore the suprarenal Aorta, the Caeliac Axis, the superior mesentric artery, and the left renal artery. What maneurve for exposure is recommended - *(AI07)*
a) Cranial visceral Rotation
b) Caudal visceral Rotation
c) Left medial visceral Rotation
d) Right medical visceral Rotation

552. Best prognostic factor for head injury is - *(A107)*
a) Glasgow coma scale b)Age
c) Mode of injury d) CT

553. Base of the skul fractrue presents with invovlement of the petrous temporal bone, which of the following important sign- *(UP 07)*
a) Subconjuctive haemotoma
b) CSF rhinorrhoea
c) Raccon eyes
d) Battle sign

554. Diagnosis of traumatic rupture of diaphragm -
a) Laparoscopy *(PGI June 07)*
b) Chest X ray
c) Diagnostic peritoneal lavage

555. What is the first step taken in case of multiple inj uries of face and neck ? *(UPSC-II08)*
a) Blood transfusion b) IV fluids
c) Reconstruction d) Maintenance of airways

556. A male patient with blunt trauma abdomen is hemodynamically stable. What is the next line of management - *(AI08)*
a) Observation
b) Further imaging of abdomen
c) Exploratory laparotomy
d) Laproscopy

557. A young patient presents with a massive injury to proximal duodenum, head of pancreas and distal common bile duct The procedure of choice in this patient should be - *(AI 08)*
a) Roux-en-Y anastonmosis
b) Pancreaticoduodenectomy (Whipple's operation)
c) Lateral tube jejunostomy
d) Retrograde jejunostomy

558. True about blunt abdominal trauma with splenic rupture - *(PGI June 08)*
a) Kehr's sign-discoloration around umplicus
b) Spleen is most common organ to be involved
c) Splenectomy is treatment of choice for splenic rupture
d) Cullen's sign seen

559. True about abdominal compartment syndrome -
a) 1 Cardiac output *(PGI Dec 08)*
b) 1 Urine output
c) 1 Pulmonary capillary wedge pressure
d) ! Venous return
e) 1 Systemic vascular resistance

560. True about diaphragmatic injury - *(PGIDec 08)*
a) Advise diagnostic laproscopy
b) Chest X-ray is useful
c) Conservative management is done in most cases
d) Late complication is herniation of abdominal content
e) All penetrating diaphragmatic injury must be repaired via chest

561. A person after pelvic fracture, could not pass urine. On examination bladder is not palpable. What is probable diagnosis - *(PGI Dec 08)*
a) Posterior urethra repture with retension of urine
b) Rectourethral injury
c) Intraperitoneal rupture of bladder
d) Extraperitoneal rupture of bladder

562. A man comes to emergency with stab injury to left flank. He has stable vitals. What would be the next step in management - *(AIIMS Nov 08)*
a) CECT b) Diagnostic peritoneal lavage
c) Laprotomy d) Laproscopy

563. A man with blunt injury abdomen after road side accident has a blood pressure of 100/80 mm Hg and a pulse rate of 120 bpm. Airway has been established and respiration has been stabilized. Next best step in management is - *(AI 09)*
a) Immediate blood transfusion
b) Blood for cross matching & IV fluids
c) Ventilate the patient
d) Rush the patient to the OT

564. Which of the following is used to define Penetrating Neck Inj ury? *(AIIMS May 09)*
a) 2 cm depth of wound
b) Injury to vital structures
c) Breach of platysma
d) Through and through wound

565. Glasgow coma scale include - *(PGI June 09)*
a) Eye opening b) Verbal response
c) Motor response d) Sensory response
e) Swallowing reflex

566. True regarding presentation (s) of thoracic duct inj ury - *(PGI June 09)*
a) Electrolyte disbalance b) Lymphedema
c) Lymphopenia d) Dehydration
e) Chylothorax may be present

567. True about indication of celliotomy in blunt trauma-
a) Peritoneal air on imaging *(PGI June 09)*
b) Severe hypotension
c) Grade I spleen damage
d) Grade II liver damage
e) patient with positive diagnostic lavage

550)a 551)c 552)a 553)d 554)a,b 555)d 556)b 557)b 558)b 559)a,b,d 560)a,b,d 561)c,d 562)a 563) b 564) c 565)a,b,c 566)a,c,d,e 567)a,b,c

568. What is the investigation of choice in a patient with blunt abdominal trauma with hematuria-
a) Ultrasonography of abdomen *(UPSC-II09)*
b) Contrast enhanced tomography
c) Intravenous urogram
d) Retrograde urogram

569. Traumatic diaphragmatic injury except -
a) Left side rupture d/t weak left hemidiaphragm at point of entry of embryonic origin *(PGI Nov 09)*
b) Most commonly due to trauma
c) Smaller tear - heal spontaneously & surgery is not required
d) Abdominal approach is the most favoured
e) Mask ventilation is encouraged in pt. with massive visceral herniation

570. All are true about Flail chest, except -
a) Fracture of atleast 3 ribs *(AIIMS Nov 09)*
b) If overlapping of fractured ribs with severe displacement is seen then patients are treated surgically with open reduction and fixation
c) PaO2<40 with FiO2>60 treated with intubation and PEEP
d) Paradoxical movement may not be seen in conscious patients

571. In a patient with head injury, eye opening is seen with painful stimulus, localizes the pain and there is inappropriate verbal response. What would be the score on Glasgow coma scale - *(AIIMSNov 09)*
a) 8 b)9
c) 10 d) 11

572. Blunt injury abdomen, patient was hemodynamically stable, next investigation - *(AIIMS Nov 09)*
a) X-ray abdomen b) Barium swallow
c) FAST d)DPL

573. Commonest organ injured in blast injury is -
a) Lung b) Liver *(AIIMS May 10)*
c) Spleen d) Pancreas

574. In blunt trauma abdomen what should be the approach for doing laparotomy - *(AIIMS May 10)*
a) Depends on organ injured
b) Always midline incision
c) Always transverse
d) Depends upon type of injury

575. Best prognostic factor for head injury is -
a) Glassgow coma scale *(AIIMS May 10)*
b) Age
c) Mode of injury
d) CT findings

576. In order to expose the coeliac axis, left renal artery, superior mesenteric artery and abdominal aorta in a case of trauma, which of the following is performed-
a) Left medial visceral rotation *(AIIMS May 10)*
b) Right medial visceral rotation
c) Cranial visceral rotation
d) Caudal visceral rotation

577. A man with blunt abdominal trauma with h/o pelvic fracture has presented to ER. He has passed only few drops of blood per meatus and no urine in the past 8 hrs. His bladder is palpable per abdomen. Which of the following is correct? *(AIIMSMay 10)*
a) Anuria due to hemorrhagic shock
b) Urethral injury
c) Ureteral rupture leading to extravasation of urine in retroperitoneum
d) Bladder rupture

578. According to the Bismuth/Strasberg classification 'Cystic blow out' is classified as - *(AI10)*
a) TYPE A b)TYPEB
c) TYPEC d)TYPED

579. Trauma and Injury Severity score (TRISS) includes-
a) GCS+BP+RR b) RTS + ISS +Age *(AI 10)*
c) RTS + ISS+GCS d) RTS + GCS + BP

580. A 27 year old patient presented with left sided abdominal pain to the emergency room; 6 hours after an RTA. He was hemodynamicaly stable and FAST postive. Contrast Enhanced CT (CECT) scan showed grade III splenic laceration. What will be the most appropriate treatment - *(AI 10)*
a) Splenectomy
b) Splenorrhaphy
c) Splenic artery emblization
d) Conservative management

581. A 27 year old patient presented with left sided abdominal pain to the emergency room, 6 hours after an RTA. He is hemodynamically stable and FAST positive. A CECT (contrast enhanced CT) scan shows a contrast blush along with a grade III laceration. What will be the most appropriate management -
a) Splenectomy *(AI 10)*
b) Spenorrhaphy
c) Splenic artery embolization
d) Conservative management

582. A lady presented in the emergency department with a stab injury to the left side of the abdomen. She was hemodynamically stable and a contrast enhanced CT scan revealed a laceration in spleen. Laparoscopy was planned however the patient's p02 suddenly dropped as soon as the pneumoperitoneum was created. What is the most likely cause - *(AI 10)*
a) Gaseous embolism through splenic vessels
b) Injury to the left lobe of the diaphragm
c) Inferior vena cava compression
d) Injury to colon

583. Which of the following grading methods is used to evaluate the prognosis/outcome after subarachnoid hemorrhage - *(AI 10)*
a) Glassgow coma scale
b) Hess and Hunt scale
c) Glasgow-Blatchford bleeding score
d) Intracerebral hemorrhage score

568) b 569) c,e 570) d 571) c 572) c 573) a 574) b 575) a 576) a 577) b 578) a 579) b 580) d 581)c 582) a 583) b

584. Initial treatment in the management of trauma is -
a) Airway maintenance b) IV Fluids *(DPG10)*
c) Fracture stabilization d) Do not shift

585. Treatment of Simple rib fracture includes following except- *(Maharashtra 10)*
a) Analgesics b) Physiotherapy
c) Early ambulation d) Strapping of chest

ORTHOPAEDICS

586. Healing is slow below the Knee joint because of -
a) Poor vascularity *(JIPMER91)*
b) Increased movement
c) Weight bearing
d) Decreased subcutaneous Fat

587. In hand injuries first to be repaired is - *(AI95)*
a) Bone b) Tendon
c) Muscle d) Nerve

588. Bony metastasis in children is commonest with -
a) Wilm's tumour b) Neuroblastoma *(PGI89)*
c) Lymphoma d) Rhabdomyosarcoma

589. Reparative granuloma of Jaw is treated by -
a) Antibiotics *(AIIMS 90)*
b) Wedge resection
c) Resection and bone grafting
d) Curettage

590. Clicking jaw is due to - *(KERALA 90)*
a) Lax temporomandibular joint
b) Fracture mandible
c) Fracture maxilla
d) Dislocation of symphysis mentii

591. Commonest site for chondroma in vertebral canal is-
a) Thoracic b) Cervical *(HPMER92)*
c) Sacro- coccygeal d) Lumbar

592. Treatment of choice in giant cell reparative granuloma is - *(PGI 81, AIIMS 92)*
a) Curettage b) Wide excision
c) Excision d) Radiotherapy

593. The following bone tumour may cause dural deposits without causing bony changes -*(PGI 79, AIIMS 81,85)*
a) Hodgkin's lymphoma b) Multiple myeloma
c) Secondararies d) Fibrous dysplasia

594. Riding Breeches deformity is collection of fat on -
a) The medial aspect of upper arms *(PGI 81*
b) On the medial thighs *AIIMS 84)*
c) Over the femoral trochanters of the thighs
d) Drooping buttocks

595. What is the percentage of patients who have undergone amputation which show "phantom limb" pain -
a) About 1% b) About 5% *(AIIMS80, DNB*
c) About 10% d) 35% *90)*

596. Following an operation for hallux valgus, the most satisfied patients are those who had - *(AIIMS 80,81,*
a) An associated hammer toe *AMU 89)*
b) Pain
c) Metatarsus primus varus
d) An associated bunionette

597. In a case with infection in heel space -
a) The infection is due mostly to infection of pad of fat in the heal *(PGI 80, AMU 85)*
b) The usual cause is treading of a thorn or any other sharp pointe object in it
c) Oedema around the ankle may be present
d) Drainage through incision on plantar aspect of heel should be done

598. Psoas spasm not seen in - *(PGI 96)*
a) Septic arthritis hip joint b) Lumbar TB
c) TB of hip j oint d) All of the above

599. Dentigerous cyst arises from - *(UPSC)*
a) The root of a caries tooth
b) The periosteum of the fractured mandible
c) An unerupted permanent tooth
d) The sequestrum of osteomyelitis of mandible

600. Porters tip deformily is seen in - *(UPSC 89)*
a) Klumpke's paralysis b) Radial nerve injury
c) Ulnar nerve injury d) Erbs paralysis

601. Ameloblastoma of mandible most commonly arises from- *(AIIMS2001)*
a) Site of second molar b) Above the alveolus
c) Canine d) Last unerupted molar

602. Fat embolism is seen in- *(JIPMER 91)*
a) Prolonged labour b) Fracture clavicle
c) Sickle cell anemia d)CVC liver

603. Adventitious bursa is - *(MAHE 98)*
a) Found normally over any joint
b) Due to degeneration of connective tissue over a joint
c) Found over bony prominences
d) Can turn into malignancy

604. Prolapsed intervertebral disc (PID) is most common at- *(PGI 2000)*
a) $C_S C_S$ b) $D_{10} D_u$
c) $C_2 C_3$ d) $L_3 L_4$
e) Lj Sj

605. Prophylactic antibiotic (systemic) therapy is indicated in - *(PGI 04)*
a) Hip, knee joint prosthesis
b) Extermities vascular surgery
c) Small/Large bowel surgery

606. Which nerve repair is with good prognosis -
a) Ulnar nerve b) Radial nerve *(Kerala 03)*
c) Sciatic nerve d) Median nerve

607. A 64 year old hypertensive obese female was undergoing surgery for fracture femur under general anaesthesia. Intra - operatively her end tidal carbon dioxide decreased to 20 from 40 mm of Hg, followed by hypotension and oxygen saturation of 85%. What could be the most probable cause - *(AI03)*
a) Fat embolism b) Hypovolemia
c) Bronchospasmd) Myocardial infection

608. The movement at the following joint permits a person to look towards the right or left - *(AI04)*
a) Atlanto - occipital j oint b) Atlanto - axial j oint
c) C2-C3 joint d)C3-C4 joint

584) a 585) d 586)a 587)a 588)b 589)d 590)a 591)b 592)a 593)a 594)c 595)d 596)b 597)d
598) b 599) c 600) d 601) a 602) None 603) c 604) a,e 605)a,b,c 606) b 607) a 608) b

609. The management of fat embolism includes all the following except - *(AI04)*
a) Oxygen
b) Heparinization
c) Low molecular weight dextran
d) Direct pressure and elevation

610. Principles of treatment of Pyogenic infection of skeletal system are - **(***PGI June 05)*
a) Analgesics b) Antibiotics
c) Steroids d) Non-operative
e) Chemotherapy

611. 'Tennis elbow' is characterized by - **(***MAHA 05)*
a) Tenderness over the medial epicondyle
b) Tendinitis of common extensor origin
c) Tendonitis of common flexor origin
d) Painful flexion and extension

612. An 8 year old boy presents with a gradually progressing swelling and pain since 6 months over the upper tibia. On X-ray, there is a lytic lesion with sclerotic margins in the upper tibial metaphysis. The diagnosis is - (*.MAHA 05)*
a) Oeteogenic sarcoma b) Osteoclastoma
c) Brodie's abscess d) Ewing's sarcoma

613. Allen's test is useful in evaluating - *(AI 06)*
a) Thoracic outlet compression
b) Presence of cervical rib
c) Integrity of palmar arch
d) Digital blood flow

614. Pelvic fracture is associated with - *(NEET/***Spl**
a) Intraperitoneal bladder rupture *Pattern)*
b) Extraperitoneal bladder rupture
c) Anterior urethral injury
d) None

NERVOUS SYSTEM

615. Signs of cerebral compression are all except -
a) Bradycardia *(UPSC 86, KERALA 87*
b) Hypotension *JIPMER 88)*
c) Papilloedema
d) Vomiting

616. Surgery is not useful in - *(JIPMER 81, DNB 89)*
a) Cerebral oedema b) Depressed fracture
c) Extral dural haemorrhage d) Subdural haemorrhage

617. In a patient with head injury black eye associated with subconjunctival haemorrhage occurs when there is - *(UPSC 87)*
a) Fracture of floor and anterior cranial fossa
b) Bleeding between the skin and galea aponeurotica
c) Haemorrhage between galoea aponeurotica and pericranium
d) Fracture of greater wing of sphenoid bone

618. Plexiform neurofibromatosis commonly affects...
a) Facial nerve (*JIPMER 87)*
b) Trigeminal nerve
c) Peripheral nerve
d) Glossopharyngeal nerve

619. The commonest extradural tumous is - *(NIMHANS*
a) Neurofibroma b) Glioma *86)*
c) Meningioma d) Metastasis

620. Patient with a history of fall presents weeks later with headache and progressive neurological deterioration, the diagnosis is - **(***AI89***)**
a) Acute subdural hemorrhage
b) Extradural hemorrhage
c) Chronic subdural hemorrhage
d) Fracture skull

621. Commonest site of meningocele - *(AI89)*
a) Lumbosacral b) Occipital
c) Frontal d) Thoracic

622. In causalgia, the nerve most commonly affected area- *(AIIMS 86, 88)*
a) Radial and ulnar b) Median and sciatic
c) Radial and peroneal d) ilioinguinal and sural

623. Plexiform neurofibromatosis commonly affects the.... nerve - *(PGI 88)*
a) *T* b) 5^{th}
c) 6^{th} d) 8^{th}

624. The treatment of post traumatic epilepsy is -
a) Mannitol infusion *(AIIMS 84)*
b) Immediate corticosteroids
c) Long term anticonvulsants
d) Long term corticosteroids

625. Following are the features of raised intracranial tension except - *(AIIMS 84)*
a) Altered sensorium b) Papilloedema
c) Convulsions d) Tachycardia

626. Facial nerve palsy is seen in the following fracture
a) Anterior cranial fossa *(AIIMS 84)*
b) Middle cranial fossa
c) Cranialvault
d) Posterior Cranial Fossa

627. Lowest incidence of cerebral tumours is seen in- *(AIIMS 85)*
a) Occipital b) Frontal
c) Temporal d) Parietal

628. Commonest orbital tumour causing exophthalmos is - *(AIIMS 87)*
a) Glioma b) Meningioma
c) Hemangioma d) Neuroblastoma

629. Musculo skeletal abnormality in neurofibromatos is - *(PGI 86)*
a) Hypertrophy of limb b) Scoliosis
c) Cafe au lait spots d) Pseudo arthrosis
e) All

630. Dumbell tumour is seen in - *(Kerala 89)*
a) Meningioma b) Neurofibroma
c) Epidendymoma d) Thymoma

631. Scalp hemmorrhage is best controlled by - *(IN89)*
a) Electrocautery b) Pressure
c) Ligation of vessels d) Eversion of galea

632. Tinnels sign indicates - *(Kerala 91)*
a) Atrophy of nerves b) Neuroma
c) Injury to nerve d) Regeneration of nerves

609) d 610)b 611) b 612)c 613)c 614)b 615)b 616)a 617)a 618)b 619)d 620)c 621)a 622)b
623) b 624) c 625)d 626)b 627)a 628)a 629)e 630)b 631)b 632)d

633. The most important clinical finding in a case of head injury is - ^ **(***JIPMER 91)*
a) Pupillary dilatation
b) Level of consciousness
c) Focal neurological deficit
d) Fracture skull

634. Management of extradural hemorrhage is -
a) Antibiotics *{AIMS 93)*
b) Immediate evacuvation
c) Evacuvation after 24 hrs.
d) Observation

635. Lumbar sympathectomy is done for- *{JIPMER93)*
a) Gangrene foot b) Rest pain
c) Intermittent Claudications d) Skin Ulcerations

636. Bilateral phrenic nerve palsy is caused by -
a) Carcinoma bronchus *(PGI80, Delhi 79, 93)*
b) Polio
c) Medullary carcinoma thyroid
d) paget's disease

637. The nerve of Kuntz is an important landmark in -
a) Lumbar sympathectomy *(PGI 79, Delhi 84)*
b) Cervicodorsal sympthectomy
c) Obturator neurectomy
d) Splanchnicetomy
e) Hemiormaphy

638. Features of extradural haemorrhage include all except-
a) Severe hypotension *(AIIMS 82, AP 87)*
b) Deteriorating consciousness
c) Fixed dilated pupil on the same side
d) Fracture line crossing the temporal bone

639. A dome shaped skull with a high forehead in the infancts with slight hydrocephalus (Olympian brow) is seen in - *(JIPMER 81, AMU88)*
a) Marasmusb) Congenital syphilis
c) Rickets d) Arnold chiari syndrome

640. After an open injury, the optimum time for nerve suture is - *(AIIMS 78,79, PGI85)*
a) Immediately b) Within one month
c) 1-2 month d) 2-4 month
e) When wound is free from infection

641. Brain abscess may be due to following- *(AIMS 81,*
a) Chronic suppurative otitis media *AMC 85)*
b) Chronic lung abscess
c) Trauma
d) Any of the above

642. Immediate surgery is indicated in - *(Kerala 95)*
a) Extradural b) Subdural
c) Intracerebral d) Brain laceration

643. A one month old female child has swelling over the back in the sacral region. There is no cough impulse in the swelling. X-ray examination shows erosion of the coccyx. The most likely clinical diagnosis would be - *(UPSC 95)*
a) Meningocele b) Lipoma
c) Sacro-coccygeal teratoma d) Neurofibroma

644. Commonest cause of carpal tunnel syndrome is -
a) Malunited code's fracture *{AI95)*
b) Rheumatoid arthritis involving flexor retinaculum
c) Myxoedema
d) Pregnancy

645. An elderly man who has had a trival history of head injury three months ago, develops headache and turns unconscious. On examination, he is found to have fixed left dilated pupil and right hemiplegia. What is the most likely diagnosis - *{UPSC 96)*
a) Contusio-cerebril
b) Extradural hematoma
c) Chronic subdural hematoma
d) Brain abscess

646. Sympathectomy is not useful in - *{AIMS 96)*
a) Causalgia b) Raynaud's disease
c) Rest pain d) Intermittent claudication

647. In Neuroblasotmas the most common presentation is- *{AI98)*
a) Lytic lesion in skull with suture diasthesis
b) Lung metastasis
c) Renal invasion
d) Secondaries in brain

648. All produce carpal tunnel syndrome except - *{Kerala*
a) Code's# b)Acromegaly *98)*
c) Addisons disease d) Hypothyroidism

649. Most common cuases of sub-dural haematoma -
a) Middle meningeal artery tear *{SCTIMS98)*
b) Rupture of superior cerebral vein
c) Internal carotid artery tear
d) None of the above

650. Commonest spinal tumour is - *{SCTIMS98)*
a) Meningioma b)Ependynoma
c) Neurofibroma d) Neuroblastomas

651. In patient of head injuries with rapidly increasing intracranial tension without haematoma, the drug of choice for initial management would be - (*UPSC*
a) Lasix b) Steroids *2K)*
c) 20% Mannitol d) Glycine

652. Neurofibromatosis presents as all of the following except - *{UPSC 01)*
a) Elephantiasis neuromatodes
b) Plexiform neuroma
c) Von Recklinghausen's disease
d) Lymphadenovarix

653. Which of the following is primary neurogenic tumour - *(JIMPER90)*
a) Meninginoma b) Glioblastoma
c) Acoustic neuroma d) Neuroblastoma

654. Glioblastoma multiforme may occur in the following except - *(Delhi 93)*
a) Cerebrum of adult
b) Brain stem of child
c) Spinal cord of adult
d) Adrenal medulla of child

633) b 634) b 635)b>d>a 636) b 637) b 638) a 639) b 640) e 641) d 642) a,b 643) c 644) d 645) c 646) d 647) a 648) c 649) b 650) c 651)c 652) d 653) d 654) d

655. The parasitic infection capable of producing spinal cord compression is/are - *(AIIMS 81,Delhi 83)*
a) Leishmaniasis b) Wuchereriasis
c) Echinococcosis d) Amoebiasis

656. The following are CNS findings of CO_z narcosis - **(***PGI90)*
a) Excitement b) Increased pH of CSF
c) Decreased pH of CSF d) Papilledema

657. Peripheral nerves can withstand Ischemia upto -
a) 30 minutes b) 1 hour *(JIPMER 93)*
c) 2 hours d) 4 hours

658. Commonest intramedullary spinal tumours is-
a) Secondaries b) Neurofibroma *(PGI 85)*
c) Ependymoma d) None of the above

659. Battle's sign is seen in - *(JIPMER 90)*
a) Fracture middle cranial fossa
b) Fracture base of skull
c) Fracture anterior cranial fossa
d) All of the above

660. Premature filling of veins is a manifestation in cerebral angiography of - *(AIIMS 78, AMU 85)*
a) Trauma
b) Brain tumour
c) Arteriovenous malformation
d) Arterial occlusion

661. In normal pressure hydrocephalus seen are all except- *(PGI97)*
a) Convulsion b) Ataxia
c) Dementia d) Incontinence

662. Lucid interval is seen in - *(PGI97)*
a) Extra dural haemorrhage
b) Intra dural haemorrhage
c) Intra cerebral haemorrhage
d) Subarachnoid haemorrhage

663. Esthesio neuroblastoma arises from - *(PGI 97)*
a) Olfactory N b) Maxillary N
c) OpthalmicN d) Nasociliary N

664. Earliest feature of sudden increase in ICT in infant is- *(PGI97)*
a) Boggy swelling of fontanelle
b) Papilloedema
c) Paralysis
d) Seizures

665. Neurofibromatosis is associated with - *(PGI 98)*
a) Papillary Ca b) Islet cell tumour
c) Pheochromytoma d) Glucagonoma

666. Meningomyelocele patient after being operated developed hydrocephalus due to - *(PGI98)*
a) Arnold chiari malformation
b) Injury to absorptive surface
c) Central canal injury
d) Arachnoidal block

667. Extradural haematoma is associated with what % of severe trauma - *(PGI98)*
a) 36% b) 10%
c) 77% d) 96%

668. Most common presentation of intracranial aneurysm is - *(PGI 98)*
a) Coarctation of aorta b) Systemic hypertension
c) Hypotension d) Intracranial haemorrhage

669. Opsomyoclonus is encountered as C/F of - *(PGI 98)*
a) Meningioma b) Neuroblastoma
c) Neurofibromatosis d) Excision

670. The CNS tumor present with calcification - *(PGI99)*
a) Oligodendroglioma b) Astrocytoma
c) Medulloblastoma d) Phaeochromocytoma

671. Psychiatric symptoms, true except - *(PGI 2000)*
a) More common with supra than infratentorial tumors
b) More common with slow growing
c) More with temporal than frontal lobe tumours
d) More with brain stem lesions

672. True about Hemangioma of head &neck - *(PGI 01)*
a) Are very common b) Sturge Weber synd
c) High output failure d) Thrombocytopenia

673. Suprasellar calcification with polyuria seen in -
a) Langerhan cell histocytosis *(PGI 02)*
b) Medulloblastoma
c) Pinealoma
d) Craniopharyngioma
e) Astrocytoma

674. A person developes altered sensorium following headache and vomiting. Diagnosis is - *(PGI 02)*
a) Intracerebral hemorrhage
b) Subarachnoid hemorrhage
c) Hysteria
d) Botulism
e) Epilepsy

675. Neurosurgical treatment of epilepsy usually involves, removal of epileptic focus from which lobe- *(Kam 03)*
a) Frontal lobe b) Temporal lobe
c) Occipital lobe d) Parietal lobe

676. All of the following conditions are known to cause diabetes insipidus except - *(AIIMS 04)*
a) Multiple sclerosis b) Head injury
c) Histiocytosis d) Viral encephalitis

677. Best treatment of subdural haemotoma in a deteriorating patient - *(HPU 05)*
a) By I/V Mannitol b) Oxygenation
c) Use of steroids d) Surgical evacuation

678. Which one of the following is the most common site of Berry aneurysm - **(***UPSC 05)*
a) Vertebro-basilar artery
b) Origin of posterior communicating artery
c) Anterior communication artery
d) Anterior choroidal artery

679. The most common neurologic abnormality that occurs with head injury is - *(Karnat 05)*
a) Hemiplegia b) Ocular nerve palsy
c) Altered consciousness d) Convulsion

655) c 656) c 657) None 658) c 659) a,b 660) c 661) a 662) a,b 663) a 664) b 665) c 666) a 667) b 668) d
669) b 670) a 671) b,d 672)a,b,c 673) d 674) b 675) b 676) a 677) d 678) c 679) c

680. Vidian Neurectomy is indicated in - *(MAHE 05)*
a) Glossopharyngeal neuralgia
b) Trigeminal neuralgia
c) Vasomotor rhinitis
d) Atrophic rhinitis

681. The following methods are used to lower the intracranial pressure in patients with head injury except- *(ICS 05)*
a) Hyperventilation b) Administration of Mannitol
c) Hypothermia d) Administration of Nifedipine

682. A person has been brought in casualty with history of road accident. He had lost consciousness transiently and then gained consciousness but again became unconscious. Most likely, he is having brain hemorrhage of- *(AUMSNOV05)*
a) Intracerebral b) Sub arachnoid
c) Sub dural d) Extra dural

683. The earliest manifestation of increased intracranial pressure following head injury is - *(A105)*
a) Ipsilateral pupillary dilatation
b) Contralateral pupillary dilatation
c) Altered mental status
d) Hemiparesis

684. The most preferred approach for pituitary surgery as the present time is - *(AI06)*
a) Transcranial b) Transethmoidal
c) Trans-sphenoidal d) Transcallosal

685. Which of the following will manifest as "patchy meningitis" heamorrhaegica Interna -
a) Epidural haematoma *(Manipal 06)*
b) Subdural haematoma
c) Subarachonoid haemorrhage
d) Brain infraction

686. Chronic subdural haematoma refers to collection present for a period of - *(Karnataka PGMEE 06)*
a) 7 days b) 6 months
c) 1 year d) 21 days

687. Thickened peripheral nerves are seen in all the following conditions except -
a) Hansen's neuropathy
b) Amyloid polyneuropathy
c) Diabetic neuropathy
d) Refsum's disease

688. Lcid interval is classically seen in - *(Corned 07)*
a) Intracerebral haematoma
b) Acute subdural haematoma
c) Chronic subdural haematoma
d) Extradural haematoma

689. A20 year old male come to casuality with head injury. Examination reveals normal counsciousness, clinically normal and blood in the tympanic membrane. Most likely cause is - *(UP 08)*
a) Extradural haemorrhage
b) Sudural haemorrhage
c) Intraventricular haemorrhage
c) Complete basilar fracture

690. Duret haemorrhage is/are seen in - *(PGIDec 08)*
a) Conjunctiva b) Middle ear
c) Endothelium of heart d) Brain
e) Lung

691. A 45 year - male presents with abrupt onset pain, weakness, loss of contour of shoulder and muscle wasting on 5th day of tetanus toxoid immunization. Likely cause is - *(AIIMS May 09)*
a) Hysterical
b) Radial nerve entrapment
c) Brachial plexus neuritis
d) Thoracic outlet syndrome

692. A patient presents with sudden headache and vomiting and unconsciousness. The diagnosis is -
a) Subarachnoid hemorrhage *(DELHIPG Feb. 09)*
b) Intracerebral hemorrhage
c) Subdural hemorrhage
d) Extradural hemorrhage

693. In a patient with head injury black eye associated with subconjuctival hemorrhage occurs when there is - *(DELHIPG Feb. 09)*
a) Fracture of floor and anterior cranial fossa
b) Bleeding between the skin and galea aponeurotica
c) Hemorrhage between galea aponeurotica and peri cranium
d) Fracture of greater wing of sphenoid bone

694. In patient of head injuries with rapidly increasing intracranial tension without hematoma, the drug of choice for initial management would be -*(DELHIPG*
a) Lasix b) Steroids *Feb. 09)*
c) 20% Mannitol d) Glycine

695. Duret haemorrhage is/are seen in - *(PGI Nov. 10)*
a) Conjunctiva b) Middle ear
c) Encardium of heart d) Brain
e) Lung

696. Which is an ominous sign in case of severe head injury - *(PGINov. 10)*
a) Development of diabetes insipidus
b) Anisocoria
c) New focal deficit
d) Depressed skull fracture
e) Decorticate posturing

697. About cranial trauma false is - *(AIIMSNov 10)*
a) Raccoon eyes seen in subgaleal hemorrhage
b) Depressed skull # is associated with brain injury at the immediate area of impact
c) Carticocavemous fistula occur in base skull #
d) Post traumatic epilepsy seen in 15%

698. A patient with head injury opens eyes of painful stimulus, used inappropriate words, and localizes pain.What is his GCS score? *(AI 11)*
a) 8 b) 10
c) 12 d) 14

680) c 681) d 682) d 683)c 684)c 685)b 686)d 687)c 688)d 689)d 690)d 691)c 692)a 693)a 694) c 695) d 696) b,e 697) a 698) b

699. In a head inj ury victim, which of the following is the most common initial manifestation of an increasing intracranial pressure - *(UPSCII11)*
a) Change in the consciousness level
b) Ipsilateral pupillary dilatation
c) Contralateral pupillary dilatation
d) Hemiparesis

CLEFT UP & CLEFT PALATE

700. Hynes pharyngoplasty is used to improve a child's - *(JIPMER 81, AMU89)*
a) Appearance b) Teething
c) Speech d) Feeding

701. Rhinoplasty is usually done at the age (years) of - until the nose is fully grown-*(JIPMER 81A1IMS86)*
a) 6 years b) 12 years
c) 16 years d) 25 years

702. Cleft palate is repaired around - *(JIPMER 8 7)*
a) Soon after birth b) After one month
c) After 3 months d) After 1-1/2 years

703. Pierre Robbin syndrome is - *(A1IMS 85)*
a) Cleft palate with syndactly
b) Cleft palate with mandibular hypoplasia and respiratory obstruction
c) Cleft lip with mandibular hypoplasia
d) Cleft lip

704. Commonest type of cleft lip is - *(Aiims 91)*
a) Bilateral b) Midline
c) Combined with cleft palate d) Unilateral

705. Rhytidectomy operation involves - *(Jipmer 92)*
a) Correction of nasal defects
b) Removal of wrinkles in forehead
c) Straightening of curved penis
d) Correction of prouting Lips

706. In cleft lip operation all the stitches are removed on - *(PGI81, 82, AIIMS 85, PGI92, DNB 91)*
a) 2nd day b) 4th day
c) 10th day d) 14th day

707. Unilateral clefts are most common on - *(PGI80,*
a) Leftside b) Right side *(PGI 80,*
c) Median d) None of the above

708. The following is the method for operating cleft lip except - *(JIP. 81, AIIMS 86)*
a) LeMesurier's method b) Tennison's method
c) Millard's method d) Wardill's method

709. Cleft lip is due to non fusion of - *(PGI2001)*
a) Maxillary process with lateral nasal process
b) Maxillary process with medial nasal process
c) Maxillary process with mandibular process
d) All of the above

710. Unilateral cleft lip is associated with - *(PGI99)*
a) Posterior displacement of alar cartilage
b) Columella elongated
c) Always cleft palate
d) Defective sucking

711. Pierre Robin Sequence includes - *(PGIDec 08)*
a) Glossoptosisb) Airway obstruction
c) Cleft lip d) Micrognathia
e) Heart anomaly

712. With respect to surgical repair of cleft palate, the soft palate is first repaired, ideal tune for which is _
a) 12 monthsb) 9 months *(Maharashtra 10)*
c) 6 months d) 3 months

713. A four-month-old baby has cleft lip and palate. How would you manage the baby? *(UP SC II10)*
a) Immediate repair of the lip
b) Immediate repair of the lif) and palate
c) Delayed repair of the lip and palate until 2 years
d) Delayed repair of the lip and palate until preschool age

714. True about cleft palate - *(PGIMay 10)*
a) Surgery should be done at 1 year
b) 50% recover speech after operation
c) A/w hearing loss
d) A/w cleft lip in 45%

MAXILLO FACIAL INJURIES

715. Mandible is comonly fractured - *(JIPMER 87)*
a) At the neck of the condyle
b) Through the angle
c) Through the carmine fossa
d) At the middle

716. Le Forte II facial fracture implies - *(AIIMS 84)*
a) Fracture running through alveolar ridge
b) Fracture running through midline of the palate and zygomatico maxillary suture
c) Fracture running through zygomatic process of the maxilla floor of orbit root of nose on one side only
d) Similar to C but on both sides

717. A 20 year old man is hit on the eye with a ball. On examination there is restriction of lateral and upward gaze and diplopia. There is no obvious visible sign of injury to the eye ball, but there is some enophthalmos, the likely diagonosis is -
a) Zygoma fracture *(AIIMS 85)*
b) Maxillary fracture
c) Blow out fracture of the orbit
d) Injury to lateral rectus

718. Best treatment of this condition will be -*(AIIMS 85)*
a) Do nothing and assurance
b) Explore the orbit
c) Ophthalmic exercise to correct diplopia
d) Reinsertion of lateral rectus muscle

719. Fracture manidble with edentulous jaw is best treated with - *(U.P.P.G.M.E.E. 04)*
a) External fixator b) Minerva-plaster
c) Interdental wiring d) Intermaxillary elastic traction

720. Best view for mandile is - *(UP 07)*
a) Antero-posterior b) Lateral
c) Oblique d) Orthopentomogram

699) a 700) c 701)c 702)d 703)b 704)c 705)b 706)b 707)a 708)d 709)b 710) a 711)a,b.e
712)c 713)a 714)a,c,d 715)a 716)d 717)c 718)b 719)a 720)d

721. Which is the most common type of skull fracture -
a) Linear fracture *(NEET/DNB Pattern)*
b) Depressed fracture
c) Comminuted fracture
d) Pond fracture

ORAL CAVITY

722. Commonest site of carcinoma tongue - *(AI88)*
a) Apical b) Lateral borders
c) Dorsum d) Posterior 1/3
e) Faucio lingual

723. Dentigenous cyst arises from- *(AI88, JIPMER 87)*
a) An unerupted tooth
b) Apex of an infected tooth
c) Nasopalatine cysts
d) Solitary bone cyst
e) Multi locular keratocytes

724. Carcinoma tongue less than 2 cm is treated by -
a) Excision *(JIPMER 87)*
b) Radiotherapy
c) Chemotherapy
d) Excision and Radiotherapy
e) Excision and Chemotherapy

725. Treatment of choice for carcinoma of lip of less than 1 cm is - *(Kerala 87, AI 90)*
a) Radiation b) Chemotherapy
c) Excision d) Radiation and Chemotherapy

726. Predisposing factors for development of oral carcinoma is - *(JIPMER 88)*
a) Smoking b) Alcohol
c) Syphilis d) All of the above

727. A full thickness loss of middle one third ofthe upper lip is best reconstruted by - *(AIIMS 84)*
a) Naso labial flap b) Cheek flap
c) Abbey flap d)Estlander'sflap

72$. A patient with cheek cancer has a tumour of 2.5 cm located close to and involving the lower alveolus. A single mobile homolateral lymphnode measuring 6 cm is palpable. The TNM stage is -
a^NjM, b)$T_2N_2M_0$ *(AIMS85)*
c) T_2NjM_0 d)$T_4N_2M_0$

729. In the reconstruction following excision of previously irradiated cheek cancer, the flap will be -
a) Local tongue *(AIIMS 85)*
b) Cervical
c) Forehead
d) Pectoralis major myocutaneous

730. Commonest site of carcinoma tongue is - *(TN 89)*
a) Dorsum b) Ventral aspects
c) Anterior 2/3 lateral aspect d) Tip

731. What is Ranula - *(TN 91)*
a) Retension cyst of sublingual gland
b) Retension cyst of submandibular gland
c) Extravasation cyst of sublingual glands
d) Extravassation cyst of submandibular glands

732. Commonest type of oral malignancy is - *(AI 92, 91 PGI88)*
a) Melanoma
b) Squamous cell carcinoma
c) Adeno carcinoma
d) Basal cell carcinoma

733. Which is not true of Carcinoma *tongue-(AIIMS 92)*
a) Lateral border is involved
b) Cervical lymph node involvement
c) Commonly adeno carcinoma
d) Tobacco chewing is a risk factor

734. Painless ulcer of the tongue is due to - *(PGI 79, 80,*
a) Dyspepsia b) Syphilis *UPSC87)*
c) Tuberculosis d) None of the above

735. Commonest premalignant condition of oral cancer- *(AI95, 96)*
a) Leukoplakia b) Apthous ulcer
c) Syphylitic ulcer d) Erythroplakia

736. Most common type of oral carcinoma is - *(AI96)*
a) Lip b) Cheek
c) Tongue d) Palate

737. Lymphatic metastasis of buccal carcinoma first involves..... nodes - *(AI97)*
a) Submandibular b) Submental
c) Jugulodigastric d) Juguloomohyoid

738. Anatomical structure injured in excision of ranula - *(PGI96)*
a) Lingual vein b) Lingual artery
c) Submandibular duct d) Parotid duct

739. Not a carcinogenic for cancer of Head & Neck- *(PGI96)*
a) Alcohol b) Smoking
c) Tobacco d) Unflourinated water

740. 60 year old man present with an ulcer on lateral margin of tongue also complains of ear pain, most probable diagnosis is - *(PGI96)*
a) Dental ulcer b) Carcinomatous ulcer
c) Tuberculosis ulcer d) Syphilitic ulcer

741. Cancrum oris -all are true except- *(PGI 97)*
a) Associated with malnutrition
b) Inflammatory swelling
c) Associated with vitamin deficiency
d) Treatment is excision and skin grafting

742. Patient with T3N2AMO lower alveolar Ca requires- *(AIIMS98)*
a) Surgery b) Surgery + Radiotherapy
c) Radiotherapy d) Chemotherapy

743. Trismus in oral cancer patients is severe in whom was treated with - *(Karnatak99)*
a) Surgery and Radiotherapy
b) Chemotherapy alone
c) Surgery alone
d) Not related to treatment

744. Impacted wisdom teeth may produce referred pain vis- *(Orissa99)*
a) Lingual nerve
b) Facial nerve
c) Branch of the auriculo temporal nerve
d) None of the above

721)a 722)b 723)a 724)a 725)c 726)d 727)c,d 728)None 729)d 730)c 731)a 732)b 733)c 734)b
735) a 736)a 737)a 738)c 739)d 740)b 741)None 742)a 743)a 744) c

745. Areas of carcinoma of oral mucosa can be indentified by staining with - (*PGI79, BHU85)*
a) 1 % zinc chloride b) 2 % silver nitrate
c) Gentian violet d) 2 % toluidine blue

746. Carcinoma of the tongue- (*JIPMER81, UPSC85)*
a) Occurs most commonly on the lateral border of the middle third of tongue
b) Metastasized readily to cervical lymph nodes
c) Is usually radiosensitive
d) Treated surgically should include homolateral neck dissection except for very small lession
e) All of the above

747. All are true about cancrum oris except - *(PGI97)*
a) Associated with malnutrition and vitamin deficiency
b) Follows chronic infection
c) Involves jaw
d) Treatment is excision and skin grafting with tubed pedicle graft

748. Gum tumour with 2 contralateral mobile lymphnode in cheek comes under - *(PGI99)*
a) $T_3N_2M_0$ b)$T_2N_2M_0$
c) $T_4N_2M_0$ d)$T_3N_3M_0$

749. Epulis arises from - *(PGI 99)*
a) Enamel b) Root of teeth
c) Gingiva d) Pulp

750. All predisposes to oral cancer except - *(PGI 99)*
a) Erythroplakia b) Leukoplakia
c) Submucosal fibrosis d) Lichen planus

751. True statement (s) about oral cancer is/are -
a) Most common in buccal mucosa *(PGI 04)*
b) Metastasis uncommon
c) Respond to Radiotherapy
d) Surgery done
e) Syphilis and dental irritation predisposes

752. Radiographic finding of floating teeth can be seen in - *(.Karnataka 02)*
a) Ectodermal dysplasis
b) Cleido cranial dysplasia
c) Osteopetrosis
d) Histiocytosis - X

753. Carcinoma of lip is characterized by the following except that - *(UPSC 07)*
a) 90% of the lip cancers occur on the lower lip
b) The most common site of origin is the Vermillion border
c) 2 cm x 2 cm cell carcinomas can be treated by V shaped excision and primary closure
d) Since lymph noded metastases are common after a radical dissection of neck is mandatory

754. What is the most frequent tooth to be impacted ?
a) Lower third molar *(UPSC 07,*
b) Upper third molar *Karn 98)*
c) Lower canine
d) Upper premolar

755. A 70 years males presented with asymptomatic white patch on oral cavity following application of the denture. Treatment of choice is - *(UP 08)*
a) Low dose radiotherapy
b) Biopsy of the all the tissues
c) Ascertaining the denture is fit incompletely
d) Antibiotics

756. The most common cyst of the oral region is - *(DPGEE 08)*
a) Dentigerous cyst b) Keratosis cyst
c) Dermoid cyst d) Periapical cyst

757. Which one of the following statements is correct in case of squamous cell carcinoma of the lip -
a) Lymph node metatases occur early *(UPSC-II09)*
b) More than 90% of cases occur on the upper lip
c) Lesion often arises in the areas of persistent hyperkeratosis
d) Radiotherapy is considered inappropriate treatment for these lesions

758. In a patient of carcinoma tongue, the infiltration of which muscle causes ankyloglossia - *(UPSC-II 09)*
a) Styloglossus muscle b) Genioglossus muscle
c) Mylohyoid muscle d) Palatoglossus muscle

759. Which is not true of Carcinoma tongue? *(DPG10)*
a) Lateral border is involved
b) Cervicallymph node involvement
c) Commonly adenocarcinoma
d) Tobacco chewing is a risk factor

760. A middle-aged man presents with a lower jaw swelling. Clinically, there is expansion of the left ramus and the X-ray mandible shows soap bubble appearance. What is the clinical- diagnosis?
a) Keratocyst *(UP SC II10)*
b) Adamantinoma
c) Aneurysmal bone cyst
d) Odontogenic myxoma

761. Which of the following statements about 'Ranula' is most correct - *(AI11)*
a) It is type of Epulis
b) It is a cystic swelling in the floor of mouth
c) It is a type of thyroglossal cyst
d) It is a type of mucus retention cyst

762. A patient presents with cheek ca of 2.5 cm size close to and involving the alveolus with a single mobile cervical lymph node of 6 cm size. What is the TNM staging- *(NEET/DNB Pattern)*
a) T3N2 b)T3 N3
c) T4N2 d)T4N3 *

SALIVARY GLANDS

763. Warthins tumour is - *(AI 88)*
a) Malignant neoplasm
b) Rapidly growing
c) Gives a hot pertechnetate scan
d) Cold pertechnetate scan

745) d 746) e 747) b 748)a,b,c 749) c 750) d 751)b,c,d,e 752) d 753) d 754) a 755) c 756) d 757) d 758) b
759) c 760) b 761)b 762)d

764. The parotid duct is known is - *(AP 84)*
a) Wharton's duct b) Stenson's duct
c) Duct of santorini d) Duct of wirsung

765. Sjorgen's syndrome refers to disease of -
a) Parotid glands *(AIIMS 85)*
b) Thyroid disease
c) Parathyroid glands
d) Multiple endocrin e neoplasia

766. Treatment of choice for mixed parotid tumour is -
a) Enucleation *(TN89)*
b) Superficial parotidectomy
c) Radial parotidectomy
d) Wide excision

767. Patotid tumour which spreads perineurally is -
a) Mucoepidermoid carcinoma *(PGI84)*
b) Epidermoid carcinoma
c) Carcinoma in pleomorphic adenoma
d) Adenoid cystic carcinoma

768. Treatment of submandibular salivary gland duct calculi is - *(TN90)*
a) Excision of submandicular gland
b) Opening the duct at the frenulum
c) Opening the duct and removal of calculus
d) Excision of gland and duct

769. Adenolymphoma refers to - *(TN91)*
a) Warthin's tumour b) Pleomorphic adenoma
c) Adenocarcinoma d) Adenocystic carcinoma

770. In Submandibular gland surgery. The nerve least likely to be injured is - *(JIPMER 93)*
a) Inferior alveolar nerve
b) Hypoglossal nerve
c) Lingual nerve
d) Mandibular branch of facial nerve

771. Inflammatory enlargement of deep lobe of parotid gland is seen in - *(PGI81, Delhi 92)*
a) Post pharyngeal wall b) Supratonsillar area
c) Anterior tonsillar pillar d) Tonsillar fossa/bed

772. Mixed parotid tumour arises from - *(PGI80,*
a) Epithelium *Delhi 87, 88)*
b) Epithelium + Mesenchymal
c) Mesenchymal
d) None of the above

773. Most common tumour of minor salivary glands is -
a) Muco epidermoid carcinoma *(Keala 94)*
b) Mixed tumour
c) Squamous cell carcinoma
d) Epithelioma

774. Which of the following group constitue Frey's syndrome- *(Karn. 94)*
a) Hyperhydrosis, enophthalmos and miosis
b) Anhidrosis, enophthalmos and miosis
c) Redness and sweating over the auriculotemporal during meal
d) Pain over the distribution of teh auriculotemporal during meal

775. Best treatment for pleomorphic adenoma -
a) Radiotherapy *(JIPMER 95)*
b) Chemotherapy
c) Superficial paratidectomy
d) Complete parotid resection

776. In a case of parotid swelling the diagnostic procedure of choice - *(AIIMS 94)*
a) FNAC b) Superficial parotidectomy
c) Enucleation d) Excision biopsy

*111***. Commonest tumour is parotid gland is -** *(TN95,*
a) Adenoma *AI91)*
b) Pleomorphic adenoma
c) Squamous cel carcinoma
d) Warthin's tumour

778. Stones are maximum in - *(AMU 95, UPSC87)*
a) Parotid \ b) Submandibular
c) Pancreas d) Sublingual

779. Most of the parotid tumor are managed by -
a) Total parotidectomy *(AI97)*
b) Radical parotidectomy
c) Superficial parotidectomy
d) Radical parotidectomy & Neck dissection

780. During parotid surgery injury to the nerve which results in Frey's syndrome is - *(PGI 96)*
a) Auriculotemporal Nerve b) Great auricular Nerve
c) Mandibular Nerve d) Buccal Nerve

781. The nerve sacrificed in parotid sugery - *(AP 98)*
a) Auriculotemporal b)Facial
c) Buccal d) Cervice facial

782. A bacterial pyogenic parotitis is found most commonly in which of the following - *(Orissa 99)*
a) Mumps
b) Debilitation after major surgery
c) Drug reaction (iodine mumps)
d) Uveoparotid fever

783. Commonest site of ectopic salivary tumour-
a) Tongue b) Cheek *(CUPGEE 02,*
c) Neck d) Palate *AIIMS85)*

784. In surgery of submandibular salivary gland, nerve often involved - *(PGI 9 7)*
a) Hypoglosal b) Glossopharygneal
c) Facial d) Lingual

785. All are true for plemorphic adenoma except-
a) Arises from parotid *(PGI 99)*
b) May turn into malignant
c) Minor salivary glands involved
d) None

786. Mucoepidermoid carcinoma of parotid arises from- *(PGI 99)*
a) Secretory cells b) Excretory cells
c) Myoepithelial cells d) Myofibril

787. Treatment of choice in mixed tumor of parotid gland-
a) Superficial parotidectomy *(PGI2000)*
b) Total parotidectomy
c) Radiotherapy
d) Chemotherapy

763) c 764) b 765)a 766)b 767)d 768)c 769)a 770)a 771)d 772)b 773)a 774)c 775)c 776)a
777) b 778) b 779) c 780) a 781)b 782) b 783) b 784)a,c,d 785) d 786) a 787) a

788. True statement (s) about salivary gland tumours-
a) Pleomorphic adenoma can arise in submandibular gland *(PGI04)*
b) Warthim's tumour arises from submandibular gland
c) Pleomorphic adenoma is most common tumour of sub mandibular gland
d) Acinic cell Ca is most malignant
e) Frey's syndrome is due to injuiy of auriculotemporal nerve

789. Which of the following statement regarding salivary neoplasm is correct - *{SGPGI05)*
a) 60-80% are malignant
b) 80% of benign are pleomorphic
c) Warthin is malignant tumor
d) Tumors of submandibular gland are common

790. In which one of the following conditions the Sialography is contraindicated - *(AI05)*
a) Ductal calculusb) Chronic parotitis
c) Acute parotitis d) Recurrent sialadenitis

791. In which of the following locations, Carcinoid tumor is most common - *(AI 05)*
a) Esophagus b) Stomach
c) Small bowel d) Appendix

792. A Warthin's tumour is - *{AIIMS May 2005)*
a) An adenolymphoma of parotid gland
b) A pleomorphic adenoma of parotid
c) A carcinoma of the parotid
d) A carcinoma of submandibular salivary gland

793. Mixed tumors of the salivary glands, are - *(AI 06)*
a) Most common in submandibular gland
b) Usually malignant
c) Most common in parotid gland
d) Associated with calculi

794. Sialosis refers to - *(Karnataka PGMEE 06)*
a) Bilateral parotitis
b) Sjogren's syndrome
c) Non inflammatory parotid enlargement
d) Bilateral salivary duct ectasia

795. Which of the following nerves lies closest to the Wharthin's duct - *{Corned 07, AIIMS 87, Delhi 86,*
a) Hypoglossal b) Lingual *PGI 81)*
c) Chorda tympani d) Facial

796. The most common tumor of the minor salivary gland is - *{Corned 08)*
a) Mucoepidermoid carcinoma
b) Acinic cell carcinoma
c) Adenoid cystic carcinoma
d) Pleomorphic adeno carcinoma

797. Which of the following is not a landmark for facial nerve during parotid surgery ? - *(AI08)*
a) Digastric muscle
b) Inferior belly of omohyoid
c) Tragal pointer
d) Retrograde dissection of distal branch

798. All of the following are anatomical markers for localization of facial nerve during parotid surgery, except- *(DPGEE08)*
a) Posterior belly of Digastric
b) Mastoid process
c) Inferior belly of omohyoid
d) Bony external auditory meatus

799. Regarding pleomorphic adenoma of salivary gland true statement (s) is/are - *(PGI Dec 08)*
a) Parotid gland is most commonly involved
b) Malignant transformation does not occur
c) Also called mixed tumour
d) More commonly found in Men than women
e) Superficial parotidectomy is treatment of choice

800. All of the following statements about lymphoepethelioma of the parotid gland are true, except - *(AI 09)*
a) Parotid gland is the most common site of Lymphoepethelioma in the Head & Neck region
b) It is associated with EBV infection
c) It is highly radiosensitive
d) It is a type of squammous cell carcinoma

801. Acinic cell carcinoma is found in - *(UP SCII10)*
a) Thyroid b) Salivary glands
c) Breast d) Stomach

802. True about parotid tumor - *(PGIMay 10)*
a) Facial nerve involvement indicates malignancy
b) Pleomorphic adenoma is MC variety
c) Malignant disease is MC veariety
d) Superficial parotidectomy is the treatment of choice

E,N,T

803. Glomus tumour arises from - *(AI 91)*
a) Ectoderm b)Endoderm
c) Mesoderm d) Neuroectoderm

804. Commonest manifestation of Ca. nasopharynx -
a) Nasal blockage *(JIPMER 93)*
b) Epistaxis
c) Squint
d) Secondaries in neck

805. Nasopharyngeal carcinoma originates in -
a) Posterior pharyngeal wall *(AIIMS97)*
b) Posterior wall of septum
c) Fossa of Rosenmuller
d) Superior meatus

806. The Sucque-Hoyer canal in related to - *(AIIMS81)*
a) Post-Mastectomy lymphanigiosarcoma
b) Leimyous cuits
c) Active junctional nerve
d) Glomus tumour

807. Which among the following is a feature of fracture of zygoma - *(PGI 99)*
a) Diplopia b) Epistaxis
c) Bell's palsy d) Frey's syndrome

788)a,e 789)b 790)c 791)c 792)a 793)c 794)c 795)b 796)c 797)b 798)c 799)a,c,e 800)a 801)b 802) a,b,d 803) c 804) d 805) c 806) d 807) a

808. Predisposition for carcinoma ethmoid sinus is by- *(PGI2000)*
a) Wood dust b) Thorotrast
c) Vinyl chloride d) Nitrosamines

809. What is the narrowest part of the respiratory tract in children?- *(UPSC 06)*
a) Glottis b) Subglottic area
c) Trachea d) Carina

810. Which one of the following is the primary defect in Pierre Robin syndrome? (*UP SC 06)*
a) Micrognathia b) Glossoptosis
c) High arched palate d) Cleft palate

811. Dentigerous cyst arises from -*(DELHIPG Feb. 09)*
a) The root of a caries tooth
b) The periosteum of the fractured mandible
c) An unerupted permanent tooth
d) The sequenstrum of osteomyelitis of mandible

NECK

812. Structures preserved in functional radical dissection of the neck - *(AIIMS 87)*
a) Int. jugular vein b) Stemomastoid
c) Lymph nodes d) Accessory nerve

813. Earliest tumour to appear after bith *is-(JIPMER 87)*
a) Stemomastoid tumour b) Cystic hygroma
c) Branchial cyst d) Lymphoma

814. Most common site for thyroglossal cyst is -
a) Suprahyoid *(NIMHANS 86, JIPMER 87)*
b) Subhyoid
c) Beneath the foramen ceacum
d) floor of mouth
e) Level of circoid

815. Cystic compressible, translucent swelling in the posterior triangle of neck - *(AI89)*
a) Cystic hygroma b) Branchial cyst
c) Thyroglossal cyst d) Dermoid cyst

816. Treatment of cystic hygroma is - *(JIPMER 88)*
a) Surgical excision b) Injection of sclerosants
c) Irradiation d) Masterly inactivity

817. Sistrunk's operation is used in- *(TN 89)*
a) Parotid tumour b) Thyroglossal fistula
c) Thyroglossal cyst d) Branchial fistula

818. Adson's test is positive in - *(KERALA 89)*
a) Cervical rib b) Cervical spondylosis
c) Cervical fracture d) Cervical dislocation

819. Radical neck dissection involves removal of all except - *(PGI89)*
a) Omohyoid b) Internal jugular vein
c) Submandibular galnd d) Tail of parotid

820. Which of the following does no move on deglutition-
a) Subligual dermoid *(AI 91)*
b) Thyroid nodule
c) Pretracheal lymphnode
d) Thyroglossal cyst

821. The brilliantly transilluminant tumour in the neck maybe- *(AI 91)*
a) Branchial cyst b) Thyroglossal cyst
c) Stemomastoid tumour d) Cystic hygroma

822. Thyroglossal fistula develops due to -*(KERALA 91)*
a) Developmental anomaly
b) Injury
c) Incomplete removal of thyroglossal cyst
d) Inflammatory disorder

823. Which of the following is not excissed in Radical neck dissection - *(AIIMS 93)*
a) Internal jugular vein b) Spinal accessory nerve
c) Extamal carotid artery d) Stemomastoid Muscle

824. Secondaries in the neck with no obvious primary malignancy is most often due to - *(JIPMER 93)*
a) Ca. stomach b) Ca. Larynx
c) Ca. Nasopharynx d) Ca. thyroid

825. Radical dissection of neck includes all except -
a) Cervical lymph nodes *(JIPMER 80, DELHI 89)*
b) Stemocleido mastoid
c) Phrenic nerves
d) Internal jugular vein

826. Regarding cervical rib, which statement is correct -
a) It always connects to the scalene tubercle by a fibrous band *(AIIMS 81, PGI 82)*
b) It passes through the apex of the supraclavicular triangle
c) It causes pressure on the ulnar nerve
d) Pain is often located in the forearm

827. Which is never a cause of thyroglossal fistula -
a) Infection of thyroglossal cyst *(PGI 81, AIIMS 85)*
b) Inadequate removal of thyroglossal cyst
c) Congenital
d) None of the above

828. The most common site of the internal opening of a branchial fistula is at the - *(UPSC 95)*
a) Lateral nasopharyngeal wall
b) Fossa of rosemuller
c) Ginfivo - labial sulcus
d) Tonsiller fossa

829. Which neck swelling moves on swallowing -
a) Submandibular salivary gland
b) Thyroid gland
c) Supraclavicular lymph gland
d) Stemomastoid tumour

830. All are true about cystic hygroma except -
a) Pulsatile *(AMU 95)*
b) May cause respiratory obstruction
c) Common in neck
d) Present at birth

831. In modified radical neck dissection, structure not preserved is - *(PGI 96)*
a) Stemocledomastoid b) Internal jugular vein
c) Accessory nerve d) Submandibuar gland

832. Hyoid bone is closely associated to which - *(AI98)*
a) Bronchogenic cyst b) Thyroglossal cyst
c) Cystic hygroma d)Ranula

808)a 809)b 810)a 81 l)c 812)a,b,d 813)b 814)b 815)a 816)a 817)b,c 818)a 819)a,d 820)a 821)d
822)c 823)c 824)c 825)c 826)c,d 827)c 828)d 829)b 830)a 831)d 832)b

833. Which of the following swellings moves as protrusion of tongue - *(ROHTAK98)*
a) Thyroglossal cyst b) Branchial cyst
c) Ranula d) Cyst in hyoid bone
e) Odontogenous cyst

83 4. Cystic hygroma - *(SCTIMS 98)*
a) Should be left alone
b) Excision of cyst at an early age
c) Spontaneous regression
d) Manifests in 2nd - 3rd decade

835. Commonest site of branchial cyst - *(AI88)*
a) Lower 1/3 of stemomastoid on anterior border
b) Lower 1/3 of stemomastoid on posterior border
c) Upper 1/3 of stemomastoid on anterior border
d) Upper 1/3 of stemomastoid on posterior border

836. A 75 year old woman underwent neck exploration for hyperthyroidism 5 years ago, and a parathyroid adenoma was excised. At present she is recovering from a myocardial infarction 6 weeks ago, and she is in mild congestive heart failure, her electrocardiogram shows a slow atrial fibrillation. Measurment of her serine calcium shows a level of 13.0 mg/dl and urine calcium is 300 mg/24 hrs. Studies suggest a small mass in the paatracheal position behind the right clavicle. Appropriate management at this time is - *(AI2002)*
a) Observation and repeat serum calcium in two months
b) Repeat neck exploration
c) Treatment with technetium - 99 m
d) Ultrasound guided alcohol injection in the mass

837. Precancerous lesion of the larynx include-/PG/ *87)*
a) Kerarosis laryngis b) Pachyderma laryngis
c) Laryngis sicca d) Scleroma

838. Trotters triad is seen in - *(PGI85)*
a) Angiofibroma
b) Nasopharyngeal carcinoma
c) Laryngeal carcinoma
d) Growth in fossa of rosenmuller

839. All are true about cystic hygroma except -*(PGI99)*
a) Aspiration is diagnostic
b) 50% present at birth
c) Presents as posterior cervical swelling
d) Sequstration of lymphatic tissue

840. True about cystic hygroma - *(PGI 2000)*
a) Congenital sequestration of lymphatics
b) Resolves spontaneouly by 5 year of age
c) Common in upper l/3rd of lateral neck
d) Surgery is the treatment of choice

841. In the management of thyroglossal cyst - *(PGI 02)*
a) Central portion of hyoid excised
b) Sternothyroid muscle dissected
c) Isthmusectomy e subtotal thyroidectomy
d) Strap muscle of neck

842. True of carotid body tumor is - *(PGI 02)*
a) Non-chromaffin paraganglioma
b) Good prognosis
c) Rarely metastasises
d) Similar to mixed parotid tumor

843. Thoracic outlet syndrome is characterized by -
a) Wide variation of symptoms *(PGI 03)*
b) X-ray neck can alone diagnose
c) Cold exposure & exercise can precipitate
d) Absent radial pulses
e) Surgery is the treatment of choice

844. True about carotid body tumor- *(PGI 04)*
a) Arises from pharyngeal wall
b) Arises from baroreceptor cells.
c) Commonly seen in high altitude habitants
d) 10% have family history
e) FNAC is diagnostic

845. Excision of Hyoid bone is commonly done us -
a) Sublingual dermoid *(HPU 05, PGI 88)*
b) Branchial fistula
c) Branchial cyst
d) Thyroglossal cyst

846. Commonest treatment of Branchial cyst - *(HPU 05)*
a) Cystectomy b) Aspiration
c) Excision d) Nothing done

847. In which one of the following prineural invasion in head and neck cancer is most commonly seen -
a) Adenocarcinoma *(AI 05)*
b) Adenoid cystic carcinoma
c) Basal Cell Adenoma
d) Squamous cell carcinoma

848. Which of the following best represents[fi] ranula[9] -
a) A type of epulis *(AIIMS May 2005)*
b) A thyroglossal cyst
c) Cystic swelling in the floor of mouth
d) Forked uvula

849. Which of the following statements best represents Ludwing's angina - *(AIIMSMay 2005)*
a) A type of coronary artery spasm
b) An infection of the cellular tissues around submandibular salivary gland
c) Oesophageal spasm
d) Retropharyngeal infection

850. True about Branchial cyst is - *(Aiims May 07)*
a) Cysts are more common than sinuses
b) Mostly arises from 2nd branchial system
c) Causes dysphagia and hoarseness
d) Sinus should always be operated

851. True about branchial cyst - *(PGI June 07)*
a) Seen deep to lower 1/3 of stemoleidomastoid
b) Wall consists of lymphoid tissue
c) filled with straw coloured fluid with cholesterol crystals

833)a 834)b 835)c 836)d 837)a,b 838)b 839)a 840)a,d 841)a 842)a,b,c 843)a,c 844)c,d 845)d
846) c 847) b 848)c 849)b 850)b 851)b,c

852. Structures not removed in radical neck dissection-
a) X nerve *(PGIJune07)*
b) XI nerve
c) Tail of parotid
d) Parotid and post-auricular nerve

853. Which one of the following is the most common tumour to produce metastasis to cervical lymph nodes? *(UPSC-II08)*
a) Glottic carcinoma
b) Nasopharyngeal carcinoma
c) Carcinoma base of tongue
d) Carcinoma lip

854. Which vital structure is preserved during radical dissection - *(UPSC-II08)*
a) Vagus nerve b) Submandibular gland
c) Strenocleidomastoid d) Internal jugular vein

855. Which of the following is used to define penetrating neck inj ury - *(AI08)*
a) 2 cm depth of wound
b) Injury to vital structures
c) Breach of platysma
d) Through and through wound

856. In which of the following head and neck cancers, is lymph node metastasis least common-*(A iims May 08)*
a) Tongue b) Buccal mucosa
c) Hard palate d) Lower alveolus

857. Which is incorrect about cystic hygroma ?
a) Brilliantly translucent *(APPG08)*
b) Radiotherapy
c) Sclerotherapy with Bleomycin
d) Sclerotherapy with actinomycin

858. In Post radical neck dissection shoulder syndrome, all are seen except - *(AIIMS Nov 08)*
a) Restricted range of movement
b) Pain
c) Shoulder drooping
d) Normal electromyographic finding

859. True about branchial anomaly - *(AIIMSNov 09)*
a) Cysts are more common than sinuses
b) For sinuses surgery is not always indicated
c) Cysts present with dysphagia and hoarseness of voice
d) Most commonly due to 2nd branchial remnant

860. True about branchial anomaly - *(AIIMSMay 10)*
a) Cysts are more common than sinuses
b) For sinuses surgery is not always indicated
c) Cysts present with dysphagia and hoarseness of voice
d) Most commonly due to 2nd branchial remnant

861. About congenital torticollis all are true except -
a) Always associated with breech extraction
b) Spontaneous resolution in most cases
c) 2/3rd cases have palpable neck mass at birth
d)Uncorrected cases develop plagiocephaly

862. Brilliantly transilluminant swellings are all except? *(AIIMS Nov 10)*
a) Hydrocele b) Meningeocele
c) Lipoma d) Cystic hygroma

863. Consider the following statements: Branchial cy sts-
1. Are associated with tracks passing between the carotid bifurcation. *(UPSC II11)*
2. usually present in early adulthood.
3. Occur along the lower one-third of the anteromedial border of the sternocleidomastoid muscle.
4. Develop from the vestigial remnants of the fourth branchial cleft.

Which of the statements given above are correct -
a) 2, 3 and 4 only b) 1,3 and 4 only
c) 1,2,3 and 4 d) 1,2 and 3 only

864. The "Subclavian steal syndrome" occurs due to -
a) Occlusion/stenosis of the vertebral artery
b) Occlusion/stenosis of the carotid artery
c) Occlusion of the subclavian artery proximal to origin of vertebral artery *(UPSCII11)*
d) Occlusion of the subclavian artery distal to origin of vertebral artery

865. Following block dissection of the neck, a person is unable to move his head upward and to side ways. Which of the following nerve is injured -
a) Vagus *(NEET/DNB Pattern)*
b) Spinal accessory nerve
c) Glossopharyngeal nerve
d) Cranial part of accessory nerve

THYROID GLAND

866. Therapy of choice for diffuse toxic goitre in a patient over 45 years - *(IIPMER 8 7)*
a) Surgery
b) Antithroid drugs
c) Radio iodine
d) Antithyroid drugs first followed by surgery

867. Symptoms of endemic goitre are all except -*(IIPMER 86)*
a) Cold intolerance b) Hoarseness
c) Dysphagia d) Heat intolerance

868. What percentage of cold thyroid nodules are malignant - *{JIPMER 8 7)*
a) 70-80% b) 50-60%
c) 40-50% d) 10-20%

869. Complications of therapy with radioactive iodine includes - (*UPSC 87, 88)*
a) Thyroid malignancy b) Hypothyroidism
c) Leukemia d) All of the above

870. In thyrotoxicosis which of the following is seen -
a) Pretibial myxedema b) Glycosuria (77V*89)*
c) Unilateral exophthalmos d)All

871. Restrosternal tumour cause - (77V *89)*
a) Bluish discolouration of the face
b) Edema of face
c) Can occur in thyroid tumours
d) All

852) a,c,d 853) b 854) a 855) c 856) c 857) b 858) d 859) d 860) d 861) a 862) c 863) d 864) c 865) b 866)c 867)None 868)d 869)b 870)d 871)d

872. Commonest presenting complaints of medullary carcinoma thyroid is - *{PGI84)*
a) Diarrhoea b) Dysphagia
c) Hoarsness d) Flushing

873. Hypothyroidism with increased TSH levels is seen in- *{PGI 90)*
a) Sheehan's syndorme
b) Lithium corbonate therapy
c) Post radioiodine ablation
d) Endemic goitre

874. All of the following regarding papillary carcinom thyroid is true except - *{AI90)*
a) Multicentric origin
b) Secondaries to lymphnodes
c) Slowing growing
d) Bony metastasis in early stage

875. Protein bound iodine measures secretory function of thyroid in ah the following circumstances except
a) Nephrotic syndrome *{AI 90)*
b) Following hemithyroidectomy
c) During ampicillin therapy
d) Asthamatics on ephedrine

876. Serum calcitonin level is raised in - *{AI91)*
a) Papillary ca. thyroid b) Medullary ca. thyroid
c) Follicular ca. thyroid d) Anaplastic ca. thyroid

877. Which malignancy of thyroid is cuased by Radiation- *{JIPMER 91)*
a) Papillary carcinoma b) Anaplastic Ca
c) Follicular Ca d) Medullary Ca

878. Metastasis through lymphatics is common is -
a) Medullary carcinoma *(AIIMS 92, 82)*
b) Papillary carcinoma
c) Follicular carcinoma
d) Anaplastic carcinoma thyroid

879. Malignancy in a multinodular goitre is most often -
a) Anaplastic C a b) Follicular Ca *(AI93)*
c) Medullary Ca d) Papillary Ca

880. Treatment of choice in cold nodule of thyroid -
a) Subtotal thyroidectomy *{JIPMER 93)*
b) Wait and watch
c) 1131
d) Hemithyroidectomy

881. The only reason for operating in case of thyroiditisis-
a) To prevent cancerous degeneration *{JIPMER 79,*
b) For relief of pain in neck and ear *AIIMS 86)*
c) To overcome pressure on trachea or oesophagus
d) To cure the toxic reaction
e) If there is auto immune reaction

882. Thyroid carcinoma- *{PGI82, UPSC87)*
a) Is often associated with hypothyroidism
b) Often produces hyperthyroidism
c) Is usually euthyroid
d) Occurs in toxic nodules

883. All are true about Hashimoto's thyroiditis except -
a) Antithyroid microsomal antibodies *{Kerala 95)*
b) Antithyroid nuclear antibodies
c) Anti TSH receptor anitbodies
d) Increased level of thyroid hormones

884. A 21 year old woman has 3 cm node in the lower deep cervical chain on the left. The biopsy is interpreted as revealing normal thyroid tissue in a lymph node. The most likely diagnosis is -
a) Subacute thyroiditis *(UPSC 95)*
b) Metastatic carcinoma thyroid
c) Hashimoto's disease
d) Lateral aberrant thyroid

885. The carcinoma of thyroid associated with hypocalcemia is - *(AIIMS 94)*
a) Papillary cancer b) Medullary cancer
c) Follicular cancer d) Anaplastic

886. Hurthle cells are seen in - *(AI95)*
a) Hashimoto's thyroiditis
b) Granulomatous thyroiditis
c) Reidel's struma
d) Acute thyroiditis

887. All of the following are symptoms of hyperthyroidism except - *(UPSC 96)*
a) Voracious appetite b) Cold intolerence
c) Emotional distrubance d) Sleeplessness

888. The treatment of non-functioning thyroid nodule in a 40-year old male should be - *(UPSC 9 7)*
a) Radiotherapy b) Cortisone
c) Surgical excision d) Large dose of iodine-131

889. Toxic adenoma on scaning appear as - *(JIPMER 98)*
a) Hot nodule b) Cold nodule
c) Warm nodule d) Neutral

890. A 56-year old lady is found to have to hard,nodular painless swelling in the thyroid region diagnosis in this case is best established by - *(UPSC 9 7)*
a) Ultrasoundscan b)F.N.A.C.
c) CT Scan d) Radioactive iodine scan

891. Two hours after sub-total thyroidectomy for thyrotoxicosis, young woman rapidly becomes agitated and complains of increasing difficulty in breathing. Her pulse rate rises and central cyanosis is noticed on examination, her neck is found to be tensely swollen beneath the stiches. The most appropriate managemment in this case would be -
a) Intranasal oxygen *{USPC97)*
b) Passing an endotracheal tube in the ward
c) Removing sutres from all layers in the ward and evacuation of the hematoma
d) Immediate transfer of the patient to the operation theatre for tracheostomy

892. Young female with proptosis, intolerance to heat with increased T3 and T4 - *(AIIMS 98)*
a) Diffuse thyroid nodule b) Adenomatous giotre
c) Reidles struma d) Hashimoto's thyroiditis

872)a 873)b,c,d 874)d 875)a 876)b 877)a 878)b 879)b 880)d 881)c 882)c 883)b 884)d 885)b 886) a 887)b 888)c 889)a 890)b 891)c 892) d

893. Scabard trachea is seen in - *(Karnat99)*
a) Thyroid cancer b) Thyroiditis
c) Goitre d) All the above

894. FNAC is useful in all of the following tumors of thyroid except - *(AJ 95, MAHE 95)*
a) Papilary carcinoma b) Anaplastic carcinoma
c) Thyroiditis d) Follicular carcinoma

895. A newborn with a goiter large enough to cause dyspnoea is best treated with- *(AIMS 81, 84)*
a) Sulfonamides b) Tracheostomy
c) T_3 d) Iodides

896. In retrosternal goiter, most common presenting feature is - *(PGI97)*
a) Dysphagia b) Stridor
c) Dyspnoea d) Sup. vena caval syndrome

897. Cervical lymph node involvement in papillary ca thyroid, best treatment is - *(PGI97)*
a) Radio active iodine b) Chemotherapy
c) Radical neck dissection d) Steroid

898. A patient comes with single thyroid nodule initial investigation of choice is - *(PGI 97)*
a) FNAC b) Thyroid function test
c) Radio nuclide scan d) MRI

899. Metastasis in thyroid gland come most commonly from carcinoma of - *(PGI 98)*
a) Testis b) Prostate
c) Breast d) Lungs

900. True about papillary carcinoma thyroid is-*(PGI 99)*
a) Comprises 10-15% of all thyroid cancers
b) Cells have intranuclear vacuolation
c) Amyloid deposition seen
d) Encapsulated

901. Which of the following is true regarding medulary carcinoma of the thyroid - *(PGI 01)*
a) Arises from parafollicular cells
b) Secretes calcitonin
c) Occurs in families
d) Amyloid in stroma
e) Commonly malignant

902. Which of the following factors contribute to the development of duodenal ulcer - *(PGI 01)*
a) ^{131}I b) ^{I25}I
c) "Tc d)32p
e) Strontium

903. True about anaplastic Ca of thyroid- *(PGI 04)*
a) Common in eiderly
b) Surrounding neck tissues are free
c) Lymphatic infillration occurs
d) p53 mutation

904. Indication of surgery in a case of Thyroid swelling is/are - *(SGPGI 04)*
a) Cosmetic b) Pressure symptoms
c) Myxoedema d)pain
e) Swelling with symptoms

905. Treatment of papillary Ca of Thyroid with bony metastasis - *(PGI04)*
a) Radiotherapy
b) Radioiodine
c) Near total thyroidectomy with radiotherapy
d) Near total thyriodectomy with radioiodine & radiotherapy

906. Indications of thyroidectomy- *{PGI04)*
a) Cosmetic b) Neoplastic
c) Myxederma d) Pressure effects
e) Lymphocytic throiditis

907. In pregnancy- *(APPGE04)*
a) Radioiodine contraindicated
b) Thiouracil is contraindicated
c) Surgery is contraindicated
d) None

908. A 32 year old male with painless lymph node in cervical region. Lymph node biopsy shown normal thyroid gland features. The thyroid is normal on palpation clinically. The diagnosis is - *(Nimhans 05)*
a) Lateral aberrant thyroid
b) Papillary carcinoma thyroid
c) Follicular carcinoma thyroid with metastatic lymph nodes
d) None of the above

909. All of the following are early life threalening complications of thyroid operation except -
a) Tracheomalacia and collapse of the larynx
b) Wound hematoma with compression of the trachea
c) Hypocalcemia *{SGPGI 05)*
d) Thyroid storm

910. Carcinoma arising from thyroid follicles -
a) Medullary carcinoma-thyroid *{MAHE 05)*
b) Papillary carcinoma-thyroid
c) Anaplastic carcinoma-thyroid
d) Hurthle cell carcinoma-thyroid

911. Treatment of Medullary Ca of thyroid with lymph node metastasis - *{PGI June 05)*
a) Subtotal thyroidectomy + Radioiodine
b) Subtotal thyroidectomy + Radiotherapy
c) Neartotal thyroidectomy + Radioiodine
d) Neartotal thyroidectomy + Radiotherapy
e) Total thyroidectomy + Radiotherapy

912. Compared to follicular Ca, papillary Ca of thyroid have - *{PGI June 05)*
a) More male preponderance
b) B/L
c) Local recurrence common
d) Increased mortality
e) Increased lymph node metastasis

913. In video assisted thoracoscopic surgery for better vision the space in the operative field is created by -
a) Self retaining retractor *{MAHA 05)*
b) $C0_2$ insufflation
c) Collapse of ipsilateral lung
d) Rib spacing

893) d 894) d 895) b 896) c 897) c 898) a 899) c 900) d 901)All 902) a 903)a,c,e 904)a,b,e 905) d 906)a,b,d 907)a 908)b 909)c 910)d 911)e 912)b,c,e 913)c

914. Which is not an indication of thoracotomy -
a) Massive pneumothorax (*MAHA05)*
b) Pulmonary cantusion
c) Bleeding more than 200 ml/hr. in thoracotomy tube
d) Oesophageal rupture

915. The treatment of choice for Anaplastic carcinoma of thyroid infiltrating trachea and sternum will be -
a) Radical excision *(AIIMSNov05)*
b) Chemotherapy
c) Radiotherapy
d) Palliative/Symptomatic treatment

916. Which of the following is the commonest tumour of thyroid - *(A1IMS Nov 05, PGI86)*
a) Anaplastic carcinoma b) Follicular carcinoma
c) Papillary carcinoma d) Medullary carcinoma

917. A 45 year old male presents with 4X 4 cm, mobile right solitary thyroid nodule of 5 months duration. The patient is enthyroid. The following statements about his management are true except -
a) Cold nodule on thyroid scan is diagnostic of malignancy
b) FNAC is the investigation of choice
c) The patient should undergo hemithyroidectomy if FNAC report is inconclusive
d) Indirect laryngoscopoy should be done in the preoperative period to assess mobility of vocal cords

918. Complications of total thyroidectomy include all except - *(A1IMSMay 2005)*
a) Hoarseness b) Airway obstruction
c) Hemorrhage d) Hypercalcaemia

919. Thoracic extension of cervical goitre is usually approached through - *(AIIMSMay 2005)*
a) Neck
b) Chest
c) Combined cervico-thoracic route
d) Thoracoscopic

920. The following statements about thyroglossal cyst are true, except - *(AJ 06)*
a) Frequent cause of anterior midline neck masses in the first decade of life
b) The cyst is located within 2 cm of the midline
c) Incision and drainage is the treatment of choice
d) The swelling moves upwards on protrusion of tongue

921. Which of the following is not a histological variant of thyroid neoplasm ? **(***A107)*
a) Follicular b) Merkel cell
c) Insular d) Anaplastic

922. All of the following are true about lymphoma of the thyroid except - **(***A107)*
a) More common in females
b) Slow growing
c) Clinically confused with undifferentiated tumours
d) May present with respiratory distress and dysphagia

923. A 20 yr old girl presents with 9 month history of neck swelling with thyrotoxic symptoms. On investigation increased T4 and decreased TSH with palpable 2 cm nodule was found. Next investigation will be - *(Aiims May 07)*
a) USG b) Thyroid scan
c) Radioactive iodine uptake d) CT scan

924. This thyroiditis is also known as "Painless Thyroiditis"- *(MAHE 07)*
a) Subacute lymphocytic b) Dequervain's
c) Hashimoto d) Riedel

925. There was a sudden increases in the size of thyroid swelling along with pain. Most likely cause is -
a) Hemorrhage within the cyst (Thyroid) *(MAHE 07)*
b) Malignant change
c) Nodular goiter
d) Colloid goiter

926. Variant of papillary carcinoma thyroid -
a) Medullary b) Warthin *(PGI June 07)*
c) Columnar cell d) Insular
e) Diffuse sclerosing

927. Papillary Ca thyroid - *(PGI June 07)*
a) Most common thyroid cancer
b) Psammoma bodies seen
c) Encapsulated
d) Blood borne metastasis is common

928. Thyroid storm after operation is due to -
a) Inadequate control of hyperthyroidism
b) Massive bleeding (*Corned 07)*
c) Recurrent laryngeal nerve injury
d) Postoperative infection

929. Thyroid carcinoma with pulsating vascular skeletal metastasis is - **(***Corned 07, AI95)*
a) Follicular b) Anaplastic
c) Medullary d) Papillary

930. Pendred's syndrome is due to a defect in *~(Corned 08)*
a) Chromosome 7p b) Chromosome 7q
c) Chromosome 8p d) Chromosome 8q

931. A central midline neck swelling is noted in a 4 yr old girl posted for tonsillectomy. The swelling is, painless, mobile, and cystic, just below the hyoid bone of size 2 x 1.1 x 1 cm. U/S showed a thick walled cystic lesion. Management would include -
a) Surgical removal *(AIIMSNov 07)*
b) Antibiotics
c) Percutaneous aspiration
d) Chest X-ray

932. Vocal cord palsy in thyroid surgery is due to inj ury to- *(UPSC-II08)*
a) Superficial laryngeal nerve
b) Recurrent laryngeal nerve
c) Ansa cervicalis
d) Vagus nerve

914)b 915)d 916)c 917)a 918)d 919)a 920)c 921)b 922)b 923)b 924)a 925)a 926)c,e 927)a,b 928) a 929) a 930) b 931) a 932) b

933. FNAC is useful in all the following types of thyroid carcinoma except -
a) Papillary b) Follicular
c) Anaplastic d) Medullary

934. Most common histological type of the thyroid carcinoma is - *(AI08)*
a) Medullary type b) Follicular type
c) Papillary type d) Anaplastic type

935. Complications of Hemithyroidectomy include all of the following except - *(AI 08)*
a) Hypocalcemia
b) Wound hematoma
c) Recurrent laryngeal nerve palsy
d) External branch of superior laryngeal nerve palsy

936. Investigation of choice in discrete thyroid swelling is- *(DPGEE08)*
a) Isotope scans b) Ultrasonography
c) Autoantibody titres d)FNAC

937. About papillary carcinoma what is/are true -
a) Often encapsulated *(PGIDec 08)*
b) Prognosis bad
c) Lymph node metastases is common
d) Can metastaize to lung
e) Multiple foci of tumour is seen

938. Regarding anaplastic carcinoma which statements (s) is/are true - *(PGIDec 08)*
a) Common in elderly
b) Associated with P53 mutation
c) Surrounding neck tissue is usually free
d) Radiotherapy cures
e) Lymphatic spread occur

939. Treatment of Medullary Carcinoma thyroid -
a) Surgery and Radiotheryapy *(AIIMS Nov 08)*
b) Radiotherapy and Chemotherapy
c) Surgery only
d) Radioiodine ablation

940. Which of the following would be the best treatment for a 2cm thyroid nodule in a 50 year old man with FNAC revealing it to be a papillary carcinoma -
a) Hemithyroidectomy *(AI 09)*
b) Subtotal thyroidectomy with modified neck dissection
c) Near total thyroidectomy with modified neck dissection
d) Hemithyroidectomy with modified neck dissection

941. A person has fever & pain in thyroid gland. True statement is/are - *(PGI June 09)*
a) T & t level normal b) T ESR
c) tTSH d) It is due to T.B
e) Radioactive iodine uptake is ed

942. A 21 years old woman has 3 cm node in the lower deep cervical chain on the left. The biopsy is interpreted as revealing normal thyroid tissue in a lymph node. The most likely diagnosis is - *(DELHIPG Feb. 09)*
a) Subacute thyroiditis
b) Metastatic carcinoma thyroid
c) Hashimoto's disease
d) Lateral aberrant thyroid

943. Sistrunk's operation consists of -*(DELHI PG Man 09)*
a) Excision of hyoid bone and cone of tongue muscle
b) Excision of hyoid bone and the cyst
c) Excision of central part of hyoid bone and cone of tongue muscles upto foramen caecum
d) Excision of cyst only

944. Hashimoto's thyroiditis - True are A/E -
a) Follicular destruction *(AIIMS May 10)*
b) Increase in lymphocytes
c) Oncocytic metaplasia
d) Orphan Annie eye nuclei

945. All of the following are early life threatening complications of thyroidectomy (instead of thyroid)-
a) Tracheomalacia and collapse of the larynx
b) Wound hematoma with compression of the trachea
c) Hypocalcemia *(DPG10)*
d) Thyroid storm

946. Symptoms of thoracic outlet syndrome are produced due to compression of_____nerve roots. -
a) C5, C6 b) C6, C7 *(Maharashtra 10)*
c) C7,C8 d)C8,Tl

947. A patient with multinodular goitre suddenly developed pain and difficulty in breathing. Which of the following types of thyroid carcinoma is most likely to cause this comphcation?-(Ma/2<2ras7tfra *10)*
a) Papillary carcinoma b) Follicular carcinoma
c) Medullary carcinoma d) Anaplastic carcinoma

948. About papillary carcinoma true statement is/are-
a) Radiation is a risk factor *(PGIMay 10)*
b) Multifocal
c) Hematogenous spread is common
d) Distant metastasis is seen
e) More common in iodine deficient area

949. Features (s) of meduallary carcinoma thyroid -
a) Arises from parafollicular cells *(PGINov. 10)*
b) Amylodi stroma is present on histology
c) 10-26% cases are familial
d) Diarrhoea occurs
e) Total thyroidectomy is preformed

950. In which of the following conditions Radioactive iodine (Irradiation) can be used in grave's disease -
a) Recurrence b) Age > 40 years *(PGI Nov. 10)*
c) Eiderly d) Pregnant
e) Presence of associated co-morbidities

951. Which of the following is true - *(AIIMS May 11)*
a) Colloid goitre mostly presents as hyperthyroidism
b) Thyroid storm, the clinical features are primarily due to increased thyroxine
c) Excess calcium intake can lead to hyperthyroidism
d) Goitre more than 5 percent of population is endemic goitre

933) b 934) c 935)a 936)d 937)c,d,e 938)a,b,e 939)c 940)c 941)b,e 942)d 943)b 944)d 945)c
946) d 947) b 948)a,b,d,e 949) All 950)b,c,e 951)d

952. Hashimoto's thyroiditis - True are A/E -
a) Follicular destruction *(AIIMS May 11)*
b) Increase in lymphocytes
c) Oncocytic metaplasia
d) Orphan Annie eye nuclei

953. Which of the following would be the best treatment for a 2 cm thyroid nodule in a 50 year old man with FNAC revealing it to be a papillary carcinoma -
a) Hemithyroidectomy *(AIIMS May 11)*
b) Total thyroidectomy with left sided modified neck dissection
c) Near total thyroidectomy with radiotherapy
d) Hemithyroidectomy with modified neck dissection

954. Treatment of Medullary Carcinoma thyroid -
a) Surgery and Radiotherapy *(AIIMS May 11)*
b) Radiotherapy and Chemotherapy
c) Surgery only
d) Radioiodine ablation

955. A well differentiated follicular carcinoma of thyroid can be best differentiated from a follicular adenoma by- *(All!)*
a) Hurthle cell change
b) Lining of tall columnar and cuboidal cells
c) Vacular invasion
d) Nuclear features

956. A 75-year-old lady is diagnosed of having a thyroid malignancy. Her serum calcium is low. What is the. most likely explanation? *(UPSC111)*
a) She has developed metastasis to the parathyroid
b) She has Follicular carcinoma
c) She has Papillary carcinoma
d) She has Medullary carcinoma

957. For thyroglossal cyst M.C. site is -
a) Suprahyoid *(NEET/DNB Pattern)*
b) Subhyoid
c) Foramen caecum
d) At thyroid isthmus

PARATHYROID & ADERNAL GLANDS

958. Commonest cause for hyperparathyroidism is -
a) Single adenoma *(AI89)*
b) Multiple adenoma
c) Single gland hyperplasia
d) Multiple gland Hyperplasia

959. Most common cause of hypercalcemic crisis is -
a) Parathyroid adenoma *(AIIMS 87)*
b) Parathyroid hyperplasia
c) Carcinoma breast
d) Pagest's disease

960. Commonest symptom of pheochromocytoma is- *(UPSC 88)*
a) Palpitation b) Headache
c) Sweating d) Dyspnoea

961. Hypoparathyroidism occurs as a result of -
a) Idiopathic atrophy of parathyroids *(TN 91)*
b) Following surgery
c) Thyroditis with secondary atrophy of parathyroids
d) All of the above

962. Hypocalcemia in immediate post - op period following excission of parathyroid adenoma is due to- *(AIIMS 92)*
a) Stress b) Increased uptake by bones
c) Hyper calciuria d) Increased calcitonin

963. In parathyroid crisis with sudden elevations of calcium over 16 mg /100 cc; the treatment consist of- *(AIIMS 80, UPSC 84)*
a) Intravenous vitamin D
b) Parathyroidectomy for removal of adenoma
c) Thyrocalcitonin
d) Intravenous bicarbonate
e) All of the above

964. Hyper parathyrordism is characterised by the following except- *(PGI80, AMU88)*
a) Generalised osteoporosis b) Renal calculi
c) Hypercalcaemia d) Osteosclerosis

965. Palpalation on the costovertebral angle produces pain and tenderness in acute adrenal insufficiency. This is- *(AIIMS 87,89)*
a) Rotch's sign b) Rossolimo's sign
c) Rogoff's sign d) Osier's sign

966. A patient has hypocalcaemia which was the result of a surgical complication. Which operation could it possibly have been - *(JIPMER 89, UPSC 86)*
a) Nephrectomy b) Thyroidectomy
c) Gastrectomy d) Vocal cord tumour biopsy

967. The symptoms of Hyperparathyroidism include -
a) Constipation & muscle weakness *(AIIMS 81,*
b) Anorexia & weight loss *PGI 85)*
c) Polydipsia & polyuria
d) All of the above

968. Commonest cause of for cushings syndrome is -
a) Adrenal adenoma b) Carcinoma *(Kerala 95)*
c) Hyperplasia d) Atrophy

969. A known patient with renal stone disease developed pathological fractures along with abdominalpain and certain psychiatric symptoms. He should be investigated for - *(UPSC 96)*
a) Polycystic kidney
b) Renal tubular acidosis
c) Hyperparathyroidism
d) Paget's disease of bone

970. Not seen in Neuroblastoma is - *(UP 96)*
a) Diarrhoea b) Proptosis
c) Splenomegaly d) Bone involvement

971. In phaeochromocytoma, the urine will contain -
a) VMA b) HIAA *(CUPGEE96)*
c) Both d)None

952) d 953) b 954) c 955) c 956) d 957) b 958) a 959) c 960) b 961) b>a 962) b 963) b,c 964) d 965) c
966) b 967) d 968) c 969) c 970) c

972. False statement about pheochromocytoma -
a) 10% are bilateral *(AI97)*
b) Arises from chromaffin cells
c) Extra adrenal tumor -increased nor adrenaline levels
d) Increased VMA levels in urine

973. Opsoclonus - Myoclons is a phenomenon seen in -
a) Wilms tumor b) Neuroblastoma *(PGI97)*
c) Meningioma d) Cortical tuberculoma

974. Most common presentation of hyperparathroidism is - *(AIIMS97)*
a) Gallstone
b) Subtle neurological and psychatric symptoms
c) Abdominal pain
d) Swelling in the neck

975. A patient presented with episodic hypertension and headache, with a thyroid nodule the investigation of choice is - *(A1IMS 9 7)*
a) Urinary 5 - HIAA
b) Urinary catecholamines + aspiration of nodule
c) ESR
d) Thyroid scan

976. Hypocalcaemia is a feature of all the following except- *(UPSC 2K)*
a) Chronic renal failure
b) Hypoparathyroidism
c) Pseudo hypoparathyroidism
d) Total thyrodectomy

977. After thyroidectomy pt. developed stridor within 2 hrs. All are likely cause of stridor except -
a) Hypocalcemia *(AIIMS01)*
b) Recurrent laryngeal nerve palsy
c) Larynogomalacia
d) Wound hematoma

978. Hypertension is seen in all except - *(PGI97)*
a) Adrenal tumors b) Phaeochromocytoma
c) Conn's syndrome d) Neuroblastoma

979. Neuroblastomas - good prognositc factor is -*(PGI 2K)*
a) N-myc amplication b) RAS oncogene
c) Hyperdiploidy d) Translocations

980. Young female presents with hypertension e in VMA >14 mg/dl, associated with - *(PGI 02)*
a) Modullary Ca Thyroid
b) Von Hippel Lindau disease
c) Sturge weber syndrome
d) Grav's disease
e) Neurofibromatosis

981. Primary hyperparathyroidism caused by -*(PGI 02)*
a) Pararhyroid hyperplasia b) Adenosis
c) MEN 1 d) Thyrotoxicosis
e) CRF

982. True about MEN-I - *(PGI 04)*
a) T VMA in urine b) T Calcitonin
c) Hypergastrinemia d) Hyperprolactinaemia
e) *i* Ca^{2+}

983. MEN-2 A includes A/E - *(PGI 04)*
a) Ganglioneuromas
b) Cutaneous Lichenoid amyloids
c) Mutation in RET in chromosome 10
d) Parathyroid adenoma
e) Adrenal adenoma

984. Hypoparathyroidism following thyroid surgery commonly occurs within - **(***AIIMS 03)*
a) 24 hours b) 2 - 5 days
c) 7 -10 days d) 2 - 3 weeks

985. Treatment of hypertensive crisis in pheochromocytoma - **(***PGI June 05)*
a) Phentolamine b) Hydralazine
c) Guanethidine d)Salmeterol
e) Methohexitone

986. Indication for surgery in a case of adrenal incidentaloma - *(MAHE 0 7)*
a) Size >5 cm b) Bilateral adrenal metastasis
c) Functional tumor d) All of the above

987. Incidentaly findings, in CT scan, a 3cm adrenal mass, which of the following is not done - *(UP 08)*
a) Adrenalectomy
b) Dexamethasone suppression test
c) Measurement of catecholamines
d) Midnight plasma cortisol

988. Indication for surgery in a case of adrenal incidentaloma- *(Manipal 08)*
a) Size >5 cm b) B/L adrenal metastasis
c) Functional tumor d) All of the above

989. Which one of the following is not a CT feature of Adrenal adenoma? *(AIIMS Nov 10)*
a) Low attenuation
b) Homogeneous density and well defined borders
c) Enhances rapidly, contrast stays in it for relatively longer time and washes out late
d) Calcification is rare

BREAST

990. Retromammary abscess arises from -
a) Tuberculous rib *(Jipmer 86,87, Kerala 87)*
b) Infected hematoma
c) Chronic empyema
d) All of the above

991. Most malignant type of carcinoma breast is -
a) Paget's disease *(NIMHANS86, JIPMER 87)*
b) Anaplastic carcinoma
c) Scirrhous's carcinoma
d) Atrophic Scerrhous carcinoma
e) Mastitis carcinomatosa

992. In radical mastectomy the structures preserved are all except - *(JIPMER 97)*
a) Axillary vein b) Cephalic vein
c) Nerve to serratus anterior d) Pectoralis minor

971) a 972) None 973)b 974)c 975)b 976)None 977)a 978)None 979)c 980)a,b,c,e 981)a,b,c 982)a,c,d
983) a 984) b 985) a 986) d 987) a 988) d 989) c 990) d 991) e 992) d

993. Estrogen receptor studies in carcinoma breast is done on- *(JIPMER 87)*
a) Blood b) Urine
c) Tumour tissue d) Ovary

994. Secondary deposits from carcinoma breast is commonest in - *(AI89)*
a) Lung b) Liver
c) Brain d)Bone

995. Risk factor for carcinoma breast - *(AI 89)*
a) Fibroadenoma on one side
b) Sister dead from cancer breast
c) Jewish origin
d) All

996. Bleeding per nipple is seen in *(AI 89)*
a) Duct papilloma b) Pagets
c) Fibroadenoma d) Carcinoma breast

997. Paeu d' Orange is due to - *(AI 89)*
a) Infiltration of cooper's ligament
b) Subcutaneous lymphatic involvement
c) Infiltration of the nipple
d) Infiltration of tumour to chest wall

998. Commonest site for carcinoma of the breast -
a) Lower inner quadrant b) Nipple
c) Upper inner quadrant d) Upper outer quadrant

999. Gynaecomazia may be seen in patients with all except- *(UPSC88)*
a) Cimetidine therapy b) Cirrhosis of liver
c) Klinefelter's syndrome d) Turner's syndrome

1000. Bloody nipple discharge is usually associated with- *(AIMS87)*
a) Lactation b) Galactocele
c) Early lactation d) Intraductal papilloma

1001. Acute mastitis commonly occurs during -*(UPSC 86,*
a) Pregnancy b) Puberty *JIPMER 88)*
c) Lactation d) Infancy

1002. Peaude orange is seen in- *(PGI88)*
a) Carcinoma breast b) Fibroadenoma
c) Chronic abscess d) Mondor's disease

1003. Cracked nipple may be- *(AIMS84)*
a) Due to syphilitic chancre
b) Cause of retention cyst
c) Pagets disease of nipple
d) For runner of breast abscess

1004. Blood stained nipple discharge suggest-*(AIMS 84)*
a) Fibroadenosis b) Fibroadenoma
c) Duct papilloma d) Plasma cell mastitis

1005. Reconstruction of the breast following total mastectomy for cancer is done ideally by using -
a) Distant tube pedicvle *(AIMS84)*
b) Opposite breast
c) Trapezius myocutaneous flap
d) Latissmus dorsi myocunaneous flap

1006. The commonesy type of breast cancer is -
a) Ductal b) Comedo *(AIMS 85, PGI84)*
c) Lobular d) Sarcoma

1007. Greenish discharge from the nipple is suggestive of- *(UPSC 88)*
a) Carcinoma b) Duct papilloma
c) Duct carcinoma d) Fibrodenosis

1008. Fibroadenoma of the breast are - *(TN 89)*
a) Fixed mass b) Diffuse mass
c) Multiple duffuse mass d) Solitary mobile mass

1009. Breast examination is done yearly in patients with -
a) Multiple fibroadenoma *(PGI88)*
b) Family history of ca. breast
c) Carcinoma cervix
d) Endometrial carcinoma

1010. Carcinoma breast is seen in - *(PGI 88)*
a) Nulliparity
b) Positive family history
c) High socio economic status
d) AH

1011. In fibroadenosis, the highest risk of malignancy is seen in - *(AIMS91)*
a) Fibrosis b) Epitheliosis
c) Asenosis d) Cyst formation

1012. Treatment of choice in pagets disease of nipple is- *(AIMS91)*
a) Mastectomy b) 5-FU ointment
c) Irradiation d) Antibiotic cream

1013. In Radical mastectomy, which is spared -
a) Pectoralis major *(AIMS92)*
b) Pectoralis minor
c) Axillary lymph nodes
d) Supraclavicular lymph nodes

1014. Which one predisposesto Breast cancer -
a) Adenosis b) Fibrosis *(AIMS 92)*
c) Blue domed cysts d) Epitheliosis

1015. A blood stained discharge from the nipple means that the patient may have - *(JIPMER 86, UPSC 86)*
a) Papilloma of the nipple b) Fibroadenoma
c) Duct papilloma d) Duct ectasia

1016. Treatment of cysto sarcoma phylloids is -
a) Radical mastectomy *(Kerala 94, 87,*
b) Incisssional biopsy *AI90)*
c) simple mastectomy
d) Modified radical mastectomy

1017. Post operative radiotherapy in breast is given for -
a) To prevent metastasis *(JIPMER95)*
b) Ablation of remnant of cancer tissue
c) To prevent recurrence
d) Prevents distal metastasis

1018. Complication of post mastectomy lymph accumulation is - *(JIPMER95)*
a) Metastases of cancer b) Recurrence
c) Lymphosarcoma d)Pain

1019. True about pagets disease of the nipple is -
a) Always there is underlying carcinoma *(Kerala 95)*
b) Often bilateral eczema of nipple seen
c) Histology reveals giant cells
d) Highly malignant

993) c 994) d 995)b,c 996)a,d 997)b 998)d 999)d 1000)d 1001)c 1002)a,c 1003)dl004)c 1005)d 1006)a
1007) None 1008)d 1009)b,d 1010)d 1011)b 1012)a 1013)d 1014)d 1015) c,d 1016) c 1017) c 1018)c 1019)a

1020. Stage $T_1N_0M_0$ in breast cancer indicates-(T/PSC *95)*
a) Tumor more than 2 cms in diameter without axillary nodes and absent metastasis
b) Tumour 2 cms or less without axillary nodes and no metastasis
c) Tumour fixed to the chest wall without axillary nodes or distant metastasis
d) Tumour fixed to the underlying muscle with no nodes in axilla but with distant metastasis .

1021. Paget's disease of nipple is treated by - *(Al 95)*
a) Radiotherapy
b) Biopsy and simple mastectomy
c) Radical mastectomy
d) Chemotherapy

1022. Which one of the following statements is true of cystosarcoma phylloides - *(UPSC 96)*
a) It is a malignant tumour
b) It often metastasises to axillary nodes
c) It is usually bulky and may fungate through the skin
d) It is treated by radical mastectomy

1023. All of following cause gynecomastia except -*(Al 96)*
a) Klinefelters syndrome b) Cirrhosis
c) Leprosy d) Undescended testis

1024. All of following may be causes of massive enlargement of breast except - *(A11MS 95)*
a) Elephantiasis
b) Diffuse hypertrophy
c) Schirrous carcinoma
d) Cystosarcoma phylloides

1025. Of the following the most significant risk factor for developing breast cancer is - *(KARNAT96)*
a) The presence of sclerosing adenosis
b) Nulliparity
c) Atypical lobular hyperplasia
d) Atypical ductal hyperplasia

1026. An adolescent boy present himself with bilateral prominence of the breasts and wants the breasts to be removed. Which one of the following incisions would be ideal - *(UPSC 9 7)*
a) Radial incision
b) Incision along the areolar margin
c) Submammary incision
d) Elliptical incision

1027. A 50-years old woman complains of intermittent bleeding from the left nipple over the past 3 months. No mass is palpable, but a bead of blood can be expressed from the nipple. The ideal procedure in this case would be - *(UPSC 9 7)*
a) Cytological examination of discharge and if no malignant cells, to be kept under careful observation
b) Segmental excision of breast
c) Microdochotomy
d) Simple mastectomy

1028. A mobile, variegated large lump in the breast of a 20-year old female is most likely to be due to -
a) Medullary carcinoma *(UPSC 97)*
b) Inflammatory carcinoma
c) Cystosarcoma phylloides
d) Lobular carcinoma

1029. Prognosis of Breast cancer is best determined by -
a) Axillary node involvement *(AIIMS 97,*
b) Skin infiltration *Kerala 89)*
c) Size of the tumour
d) Estrogen receptor status

1030. In patey's mastectomy the step not done -
a) Nipple & areola removed *(PGI96)*
b) Sorrounding normal tissue of tumour is removed
c) Pectoralis major removed
d) Pectoralis minor removed

1031. 40 years old female with a 2cms nodule in the breast & a proved metastatic node in the axilla, treatment is - *(PGI 96)*
a) Quadrantectomy
b) Mastectomy with local radiotherapy
c) Patey's with adjuvant chemotherapy
d) Halstedt's operation with tacoxifen

1032. Single most prognostic factor in breast carcinoma - *(Al 98)*
a) Age of patient b) Lymph node status
c) Site of primary d) Invasion

1033. In radical mastectomy which of the following is preserved - *(AP 97)*
a) Pectoralis minor b) Pectoralis major
c) Cephalic vein d) None

1034. Paget's disease of the nipple is - *(AP 97)*
a) Infection b) Dermatitis
c) Neoplasia d)Hypopigmer

1035. Following are true of Paget's disease of breast except- *(Karnat98)*
a) Usually bilateral
b) Associated intraductal carcinoma
c) Prognosis good in absence of lump
d) Treatment simple mastectomy with axillary clearance

1036. Regarding breast carcinoma all are true except -
a) Prevalence 21.2/100,000 population *(AIIMS 98)*
b) Median age of presentation 42 yrs
c) More common in muslims
d) Family history is present

1037. Pre-menstrual fullness in breasts in 21 years old unmarried female is - *(AIIMS 98)*
a) Galactocele b) Fibroadenoma
c) Fibroadenosis d) Breast cancer

1038. Greenish discharge of nipple is seen in- *(AIIMS 98)*
a) Duct ectasia b) Duct Papilloma
c) Fibro adenoma d) Ca breast

1020)b 1021) b 1022)c 1023)d 1024)c 1025)c,d 1026)b 1027)c 1028)c 1029)a 1030)c 1031)c 1032)b
1033) c 1034) c 1035) a 1036) c 1037) c 1038) a

1039. A distressing complication of radical mastectomy is - *(ORRISA99)*
a) Paralysis of the fifth finger of the hand
b) Oedema of the arm
c) Loss of sensation of the medial side of the arm
d) Frequent skin infections of the hand on the affectecd side

1040. Breast conservative surgery is done in all except -
a) Young patients *(UP2K)*
b) Ductal carcinoma in situ
c) Lobular carcinoma
d) Infiltrating ductal carcinoma

1041. A 45 years old lady presents with a lump in her right breast. The lump is 4 cms in diameter with evidence of cutaneous oedema (peau d' orange), not fixed to pectoralis major muscle. The axillary lymph nodes are not enlarged. What is the status of T in T.N.M. classification. *(ICS2K)*
a) T,>2 b) T_2 is 2-5
c) T_3>5 d) T_4 is any size

1042. Moderately increased risk for invasive breast carcinoma is associated with which of the following-
a) Sclerosing adenoma *(Kerala2K)*
b) Apocrine metaplasia
c) Duct Ectasia
d) Atypical ductal hyperplasia
e) Fibro adenoma

1043. Statistically important risk factors identified for breast cancer - *(PGI2002)*
a) Early age at marriage
b) Females of non vegetarian diet
c) Those who have not breast fed their children
d) Smoking

1044. Paget's disease of breast following are true except -
a) Treated by simple mastectomy *(PGI 97)*
b) Represents underlying malignancy
c) Presents as eczema
d) Cytology diagnostic

1045. Blood stained discharge from nipple is indicative of- *(PGI97)*
a) Intra alveolar papilloma b) Duct ectasia
c) Paget's disease d) Lobular Ca

1046. Peaud'orange is due to - *(PGI98)*
a) Skin involvement
b) Contraction of ligaments
c) Lymphatic permeation
d) Bacterial infection

1047. 4 cm breast tumour with 2 ipsilateral involved lymphonodes com under - *(PGI 99)*
a) T_3N_i b)T_3N_2
c) T_2Nj d)T_4N_1

1048. All are indicators of malignancy in a mammography except - *(PGI 99)*
a) Nodular cacification b) Speckled margin
c) Attenuatedarchitecture d) Irregular mass

1049. 4 cm breast nodule with ipsilateral mobile LN in axilla staging - *(PGI 2000)*
a)T_2N,M_0 b)$T_2N_2M_0$
c) T,N_1M_0 d)T_3N_2M,

1050. Conservative surgery in breast cancer is not to be done in- *(PGI 01)*
a) Low socio-economic status
b) Age > 40 years
c) Multicentricity
d) Lymph node involvement in axilla
e) Family history of breast cancer

1051. Breast cancer is epidemiologically commoner with-
a) Smoking b) Nulliparity *(PGI 01)*
c) Oral contraceptives d) Multiparity
e) First pregnancy after 30 years

1052. Bleeding from nipple is seen in - *(PGI 01)*
a) Fibroadenoma b) Duct ectasia
c) Ductal papilloma d) Chronic breast abscess
e) Ca. breast

1053. About Mondor's disease - *(PGI02)*
a) Superficial thrombophlebitis
b) Lymphatic infiltration tumour cell
c) Cord like apperance of subcutanous veins
d) Occurs all over the body

1054. Ca Breast stage I and II managed by - *(PGI 02)*
a) Total mastectomy
b) Modified radical mastectomy
c) Lumpectomy and axillary clearance
d) Lumpectomy axillary clearance and radiotherapy

1055. Which of the following indicate Ca breast -*(PGI 02)*
a) Serous discharge b) Recent retraction of nipple
c) Ulceration of nipple d) Cracked nipple
e) Cellular atypia

1056. Breast conservation surgery not indicated -*(PGI 02)*
a) Large pendular breast
b) SLE
c) Diffuse microcalcification
d) Bilateral carcinoma
e) Family history

1057. Breast carcinoma is seen in women who - *(PGI02)*
a) Consume fatty food
b) Have early menopause
c) Smoke
d) Have multiple sex-partners
e) Did not breastfeed their children

1058. True about adjuvent therapy in Breast Ca -*(PGI03)*
a) Prognosis better if given in young female
b) - survival by 20 %
c) Nodal status positive gives good result
d) Hormone receptor positive gives good result
e) Not associated with - survival

1059. Lymphatic drainage of breast- *(PGI 03)*
a) Axillary b) Supraclavicular
c) Internal mammary d) Mediastinal
e) Celiac

1039)b 1040)c 1041) d 1042)d 1043)c 1044)d 1045)b 1046)c 1047)c 1048)a 1049)a 1050)a,c 1051)a,b,e
1052) b,c,e 1053)a,c 1054)b,d 1055)d,e 1056)a,b,c 1057)a,e 1058)a,b,c,d 1059)a,b,c

1060. Breast lump is best diagnosed by - *(PGI03)*
a) FNAC b) Bilateral mammography
c) USG d)CECT of breast
e) Chest X-ray

1061. True statement (s) about nipple discharge is/are
a) Mammography is diagnostic *(PGI 04)*
b) Cone excision done in single intraductal tumour
c) Mammography done when duct papilloma is > 4.5cm
d) Red discharge indicate malignancy
e) Blue-black discharge indicate duct ectasia

1062. True about screening mammography - *(PGI04)*
a) Indicated in 50-70 years of age
b) Mortality reduced by 30%
c) Radiation due to mammography can cause carcinoma
d) MRI is better than mammography
e) USG is better than mammography

1063. In a mammogram all of the following are features of carcinoma breast except - **(***UPSC 02)*
a) A solid lesion with ill defined adge or stellate configuration
b) True microcalfication
c) Areas of macrocalcification
d) Increased skin thickness

1064. Flap commonly used in breast reconstruction is -
a) Serratus anterior b) TRAM *(IN03)*
c) Flap from arm d) Delto pectoral flap

1065. Use of tamoxifen in carcinoma of breast patients does not lead to the following side effects -
a) Thromboembolic events *(AIIMS 03)*
b) Endometrial carcinoma
c) Cataract
d) Cancer in opposite breast

1066. A 75 year old hypertensive lady has a 2x2 cm infiltrating duct cell carcinoma in the subareolar region. There are no palpable lymph nodes and distant metastases. However, she had been treated for pulmonary tuberculosis 20 year ago. The best cause of management for her would be - *(UPSC 04)*
a) Modified radical mastectomy followed by radiotherapy
b) Modified radical mastectomy followed by 6 cyctes of chemotherapy
c) Breast conservation surgery followed by radiotherapy
d) Modified radical mastectomy followed by hormone therapy

1067. Indian file pattern is seen in breast cancer type - *(APPGE 04)*
a) Intraductal b) Infiltrating lobular
c) Infiltrating ductular d) Infiltrating ductular

1068. The most frequently used procedure for diagnosing palpable breast masses is - *(SGPGI05)*
a) Core-cutting needle biop sly
b) Fine needle aspiration
c) Excisional biopsy
d) Incisional biopsy

1069. Commonest cause of blood discharge from the nipple is- *(SGPGI 05)*
a) Duct carcinoma
b) Duct papilloma
c) Chronic cystic mastitis
d) Cystosarcoma phyllodes

1070. With reference to mammography, which one of the following statements is correct - *(UPSC 05)*
a) A baseline study should be done for all women at age 30
b) It uses less radiation energy than a chest X-ray
c) It should be part of the regular follow up of a woman following therapy for unilateral breast cancer
d) It provides an effective substitute for biopsy of suspicious lesions

1071. Treatment of choice for Phylloides *tximoY-{MAHE 05)*
a) Excision b) Radical mastectomy
c) Radiotherapy d) Chemotherapy

1072. True about lymphatic spread of Ca breast -*(PGI June*
a) Axillary nodes are most commonly involved *05)*
b) Internal mammary nodes are also involved
c) If supraclavicular L.N. is involved, then it is N3
d) Axillary nodes are treated by surgical resection

1073. True about duct ectasia - *(PGI June 05)*
a) AAV smoking
b) puckering of skin over the breast seen
c) Abscess formation seen
d) Treated by mastectomy

1074. Breast cancer is conservatively treated by following methods - *(PGI June 05)*
a) It is based on relative size of breast tumor
b) Radiotherapy is given
c) Chemotherapy is given
d) Surgery is best modality of treatment

1075. Features, which are evaluated for histological grading of breast carcinoma, include all of the following except - *(AIIMS Nov 05)*
a) Tumour necrosis b) Mitotic count
c) Tubule formation d) Nuclear pleomorphism

1076. In Patients with breast cancer, chest wall involvement means involvement of any one of the following structures except - *(AIIMS Nov 05)*
a) Serratus anterior b) Pectoralis Major
c) Intercostal Muscles d) Ribs

1077. A blood stained discharge from the nipple indicates one of the following - *(AI05)*
a) Breast abscess b) Fibroadenoma
c) Duct Papilloma d) Fat Necrosis of Breast

1078. In patehy procedure - *(SGPGI 05)*
a) Removal of both pectoralis major & minor
b) Removal of pectoralis minor and preservation of pectoralis major
c) Pectoralis minor is divided
d) Both (major & minor) are preserved

1060) a 1061)a,b,d,e 1062)a,b,c I063)c 1064)b 1065)d 1066)d 1067)b 1068)b 1069)b 1070)c 1071)a 1072) All 1073)a,b,c 1074)a,b,d 1075)a 1076)b 1077)c 1078)b

1079. Treatment of hormone dependent fungating carcinoma of breast with secondaries in the lung in a female patient aged 30 years is - *(MAHE 05)*
a) Simple mastectomy followed by oophorectomy
b) Radical mastectomy followed by oophorectomy
c) Adrenalectomy
d) Lumpectomy followed by castration

1080. The most important prognostic factor in breast carcinoma is - *(AI06)*
a) Histological grade of the tumor
b) Stage of the tumor at the time of diagnosis
c) Status of estrogen and progesterone receptors
d) Over expression of p-53 tumour suppressor gene

1081. In which of the following types of breast carcinoma, would you consider biopsy of opposite breast -
a) Adenocarcinoma-poorly differentiated *(AI 06)*
b) Medullary carcinoma
c) Lobular carcinoma
d) Comedo carcinoma

1082. lyiectomy literally means - *(DNB 06, 91)*
a) Excision of a lump b) Excision of a breast
c) Excision of LN d) Excision of skin

1083. Which sutures are preserved in Scanlon's modified raical mastectomy - *{Karnataka pgmee2006)*
a) Lateral pectoral nerves
b) Level III nodes in axilla
c) Pectoral fascia
d) Nipple and the areola

1084. In which of the following types of carcinoma breast, comedo growth pattern is seen? *(Karn 06)*
a) Ductal carcinoma in situ
b) Medullary catcinoma
c) Lobular carcinoma in situ
d) Infiltrating lobular carcinoma

1085. The following is a maker of Paget's disease of the mammary gland - *{AI07)*
a) S-100 b) HMB 45
c) CEA d) Neuron specific enolase

1086. All of the following statements about Gynaecomastia are true except - *{AI07)*
a) Subcutaneous mastectomy is the initial treatment of choice
b) Seen in liver disease
c) There may be estrogen / testosterone imbalance
d) Can be drug induced

1087. 30 yrs female presented with unilateral breast cancer associated with axilary lymph node enlargement Modified radical mastectomy was done, further treatment plan will be - *(Aiims May 07)*
a) Observation and followup
b) Adriamycin based chemotherapy followed by tamoxifen depending on estrogen/progesterone receptor status
c) Adriamycin based chemotherapy only
d) Tamoxifen only

1088. Surgery for periductal mastitis - *(MAHE 07)*
a) Hadfield's operation
b) Patey's mastectomy
c) Modified radical mastectomy
d) None of the above

1089. *True* **about breast carcinoma in men -**
a) Estrogen receptor positive *(PGI June 07)*
b) Associated with gynaecomastia
c) Radiotherapy contraindicated due to close proximity to chest wall

1090. Aromatase inhibitors in Ca breast - *(PGI June 07)*
a) Letrozole b) Anastrozole
c) Exemestane d) Tamoxifen

1091. Consider the following statements regarding Paget's disease of the breast - *(UPSC-II08)*
1. It is a malignant disease
2. Diagnosis can be established by scrape cytology
3. Lymph nodes involvement is an associated clinical feature
4. Treatment of choice is simple mastectomy

Which of the statements given above is/are correct-
a) 1,2 and 4 only b) 1,2 and 3 only
c) 3 and 4 only d) 1,2, 3 and 4

1092. A 25 year old female complains of discharge of blood from a single duct in her breast. The appropriate treatment is - *(AI 08)*
a) Radical excision b) Microdochectomy
c) Radical mastectomy d) Biopsy to rule out carcinoma

1093. True about treatment of early breast carcinoma -
a) Aromatase inhibitors are replacing tamoxifen in premenopausal women *(Aiims May 08)*
b) Postmastectomy radiation therapy is given when 4 or more lymph nodes are positive.
c) Tamoxifen is not usėful in post-menopausal women
d) In premenopausal women, multidrug chemotherapy is given in selected patients.

1094. Treatment for periductal mastitis - *(Manipal 08)*
a) Hadfield's operation
b) Patey's mastectomy
c) Modified radical mastectomy
d) Radical mastectomy

1095. Prognosis of breast carcinoma is best determined by?
a) Oestrogen/progesterone receptors *(APPG08)*
b) Axillary lymph node status
c) Clinical assessment
d) CT

1096. Distressing Complication after modified radical mastectomy ? *(APPG 08)*
a) Lymphedema b) Axillary vein thrombosis
c) Seroma d) Death

1097. True about galactorrhoea - *(PGIDec 08)*
a) Always B/L
b) Found in pregnancy & lactation
c) Associated with prolactinoma & other endocrinopathies
d) Surgery is done
e) Hypothyroidism can cause galactorrhoea

1079)a 1080)b 1081)c 1082)a 1083)a 1084)a 1085)c 1086)a 1087)b 1088)a 1089)a,b 1090) a,b,c 1091)d
1092)b 1093)b 1094)a 1095)b 1096)a 1097)c,d,e

1098. Ipsilateral supraclavicular lymphnodes are positive in a patient of Ca Breast. Stage is - *(AIIMSNov 08)*
a) n b)HIB
c) me d)iv

1099. A women noticed mass in her left breast with bloody discharge. Histopathology revealed duct ectasia. Treatment is - *(AIIMS Nov 08)*
a) Simple mastectomy b) Microdochotomy
c) Lobectomy d) Hadfield operation

1100. Triple assessment for C A Breast includes - *(AI09)*
a) History, Clinical examination and mammogram
b) History, Clinical examination and FNAC
c) USG, Mammogram and FNAC
d) Clinical examination, Mammogram and FNAC

1101. Moderately increased risk of invasive Breast carcinoma is associated with which of the following benign lesions of the breast - *(AI 09)*
a) Sclerosing adenosis
b) Atypical lobular hyperplasia
c) Apocrine metaplasia
d) Squammous metaplasia

1102. A well differentiated follicular carcinoma of thyroid can be best differentiated from a follicular adenoma by- *(AI09)*
a) Hurthle cell change
b) Lining of tall columnar and cuboidal cells
c) Vascular invasion
d) Nuclear features

1103. Blood stained nipple discharge is seen in- *(PGI June*
a) Breast abscess b) Fibroadenoma *09)*
c) Ductal papilloma d) fat necrosis

1104. True regarding male breast Ca - *(PGI June 09)*
a) MC lobular type
b) Estrogen receptor positive
c) H/O gynaecomastia may be present
d) Paget's disease of nipple is more common in male than female
e) Undescended testes is a risk factor

1105. The most important prognostic factor in carcinoma breast is - *(DELHIPG Feb. 09)*
a) Size of tumour
b) Skin involvement
c) Involvement of muscles
d) Axillary gland involvement

1106. Rare histological variants of carcinoma breast with better prognosis include all except -
a) Colloid carcinoma *(DELHIPG Mar. 09)*
b) Medullary carcinoma
c) Inflammatory carcinoma
d) Tubular carcinoma

1107. Which type of breast cancer is most likely to be bilateral- *(UPSC-II09)*
a) Infiltrating duct carcinoma
b) Paget's disease of breast
c) Lobular carcinoma of breast
d) Medullary carcinoma of breast

1108. Which one of the following is NOT a correct statement with reference to locally advanced carcinoma breast-
a) It constitutes the bulk of patients of carcinoma breast in India *(UPSC-II09)*
b) Patients are staged as T_3 or T_4 with any N, without distant metastasis (M_q)
c) Neoadjuvant chemotherapy downgrades the disease
d) Radical mastectomy is the treatment of choice

1109. In a patient with breast cancer, the following are poor prognostic factors except - *(UPSC-II 09)*
a) High grade
b) Absence of epidermal growth factor receptor
c) Aneuploid status
d) Age less than 35 years

1110. Lymph node first involved in Ca breast is/are-(PG7
a) Axillary b) Internal mammary *Nov 09)*
c) Supraclavicular d) Contralateral axillary

1111. Paget's disease of breast, true are - *(PGINov 09)*
a) Intraductal carcinomab) Mastectomy needed
c) Malignant d) Bilateral

1112. Breast conservative surgery is done in all except -
a) Young patients *(DPG10)*
b) Ductal carcinoma in situ
c) Lobular carcinoma
d) Infiltrative ductal carcinoma

1113. In patients with breast cancer, chest wall involvement means involvement of any one of the following structures except - *(DPG 10)*
a) Serratus anterior b) Pectoralis'Major
c) Intercostal Muscles d) Ribs

1114. Mondor's disease is - *(Maharashtra 10)*
a) Superficial thrombophlebitis of breast
b) Fat necrosis in breast
c) Postradiation breast and arm edema
d) Skin infection over the breast

1115. In carcinoma breast, adjuvant radiotherapy is indicated after modified radical mastectomy in all of the following, except - *(UP SC II10)*
a) ER, PR hormone receptor negative tumour
b) Tumour size more than 5 cm
c) Positive margins
d) More than four positive axillary lymph nodes

1116. Which of the following does not alter the'T' stage in breast cancer? *(UP SCII10)*
a) Peaud'orange
b) Skin ulceration
c) Pectoral muscle involvement
d) Serratus anterior muscle involvement

1117. Treatment with herceptin in breast cancer is indicated for - *(UP SC II10)*
a) ER receptor+ve tumours
b) PR receptor +ve tumours
c) K: 67 stain +ve tumours
d) Tumours with over-expressed C-erb B-2 protein

1098)c 1099)d 1100) d 1101)b 1102)c 1103)c 1104)b,c,e 1105)d 1106)c 1107)c 1108)d 1109)c 1110)a,b llll)a,b,c 1112) c 1113)b 1114)a 1115)a 1116)c 1117)d

1118. True about leiomyosarcoma breast - *(PGINov JO)*
a) Axillary lymph mode dissection is mandatory
b) Well encapsulated
c) Follow up not required
d) Mastectomy is mainstay treatment
e) Metastasize by lymphatic channel

111 9. Risk factor for C A breast - *(PGINov 10)*
a) OCP b) BRCA-1 mutation
c) Nulliparity d) Multiparity
e) Family history

1120. BRC A1 gene is located on? *(AIIMSMay 11)*
a) Chromosome13 b) Chromosome 11
c) Chromosome 17 d) Chromosome 22

1121. Gynaecomastia may occur in the following conditions except- *(UPSCI11)*
a) Physiologic response to puberty
b) Primary hypogonadism
c) Primary aldosteronism
d) Choriocarcinoma testis

1122. A patient has a 6-cm breast tumour with mobile, clinically positive, ipsilateral axillary lymph nodes and no evidence of distant metastasis. The stage of the breast cancer is - *(UPSCII11)*
a) Stage I b) Stage II b
c) Stage III a d) Stage III b

1123. Following radical surgery for the carcinoma of breast, reconstruction of the breast can be performed by using the following procedures except-
a) Silicon implants *(UPSC II11)*
b) Latissimus dorsi flap (LD flap)
c) Transversus abdominis muscle flap (TRAM flap)
d) Deltopectoral flap

1124. A patient presents with a unilateral ca breast of 4 cm size with skin ulceration involving the nipple. On palpation axillary lymph nodes are positive. FNAC showed intraductal ca. Management would involve- *(NEET/DNB Pattern)*
a) Breast conserving procedure
b) Simple mastectomy
c) Modified radical mastectomy
d) Palliative treatment

1125. A 35 yr female with ductal ca in situ of breast What is best possible management - *(NEET/DNB Pattern)*
a) Breast conservative surgery
b) Simple mastectomy
c) Modified radical mastectomy
d) Radical mastectomy

1126. Which of the following test is unable to differentiate between 'in situ* breast cancer and invasive disease - *(NEET/DNB Pattern)*
a) Core needle biopsy b) FNAC
c) Excisional biopsy d) None

1127. 40 yr old female presented with breast lump of size 4 cm with involvement of skin and mobile palpable axilary LN, FNAC of lesion showed intraductal carcinoma. What is the initial management, of for this pt ? *(NEET/DNB Pattern)*
a) Radiotherapy;
b) Neo-adjuvant chemotherapy
c) Modified radical mastectomy
d) Simple mastectomy

1128. Triple Assessment for CA Breast includes all ; e x c e p t - . , *(NEET/DNB Pattern)*
a) Breast self examination b)USG
c) FNAC d)Mammogram ;

1129. What is true about HER2/neu overexpression in Ca breast - *(NEET/DNB Pattern)*
a) Good prognosis
b) Responds well to taxanes
c) Responds well to monoclonal antibodies
d) Seen only in breast cancer

1130. Standard views for mammography are -
a) AP and Lateral *(NEET/DNB Pattern)*
b) AP and Medio-lateral oblique
c) Cranio-caudal and Medio-lateral view
d) Cranio-caudal and Medio-lateral oblique

1131. A 35 yr female with ductal ca in situ of breast with diffuse microcalcifications. What is best possible management - *(NEET/DNB Pattern)*
a) Breast conservative surgery -
b) Simple mastectomy
c) Modified radical mastectomy ,
d) Radiotherapy

1132. After mastectomy, breast reconstruction is done by- *(NEET/DNB Pattern)*
a) Pectoralis major myocutaneous flap
b) Deltoid myocutaneous flap
c) Serratus anterior flap
d) Latissimus dorsi myocutaneous flap

1133. A patient presents with breast ca. Inspection shows Peaud* orange appearance. What is the T stage of the tumor- *(NEET/DNB Pattern)*
a) T2 b)T3
c) T4a d) T4b

1134. A female presents with ductal ca in situ of breast with diffuse microcalcifications on mammography. She also gives family history of breast ca. What is best possible management - *(NEET/DNB Pattern)*
a) Breast conservative surgery
iO Simpleinast^tomy:^-;^;;^-:^
c) Modified radical mastectomy
d) Radiotherapy

1135; Radiotherapy after mastectomy would not be required in which of the following case scenarios of breast ca - *(NEET/DNB Pattern)*
a) Large tumor
b) Metastasis
c) Axillary nodal involvement
d) Positive margins

1118) b,d 1119)b,c,e 1120)c 1121)c 1122)d 1123)d 1124)c 1125) a 1126)b 1127)b 1128) a 1129)c 1130) d 1131)b 1132)d 1133)d 1134)b 1135)b

1136. Paget's disease of breast following are true except-
a) Treated by wide excision *(NEET/DNB Pattern)*
b> Represents underlying malignancy
c) Presents as eczema
^Wl?A)>IUsually associated with lobular ca in situ -
1[37/InradicaImasl^toinythe structurespreserved are
all except- *(NEET/DNBPattern)*
a) Axilary vein b) Cephalic vein
c) Nerve to serratus anterior d) Pectoralis minor

THORAX

1138. A patient with mesothelioma, which of the following are seen in - *(PDI8 7)*
a) Associated with asbeestos
b) Hemorrhagec pleural effusion
c) Hypoglycmemia
d) All of the above

1139. Best treatment of tension pneumothorax is -
a) Immedisate letting out of air *(A1IMS 89)*
b) Wait and watch
c) Rib resection
d) Underwater drainage

1140. Commonest posterior mediastinal tumour is - *(UPSC 85, NIM. 87, AIMS 87, Keral 87)*
a) Lung cystb) Neurofibroma
c) Dermoid d) Thyroid
e) Thymic tumour

1141. The treatment of choice in severe flail chest-(S4/ *89)*
a) IPPV b) Strapping
c) Wiring′ d) Nasal oxygen

1142. Spontaneous pneumothorax exceeding..... % of chest cavity should have a chest tube inserted -
a) 10 b) 25 *(AIMS 84)*
c) 45 d)60

1143. Commonest symptom associated with thoracic outlet syndrome is - *(PGI8 7)*
a) Intermittent claudication
b) Pain on radial distribution
c) Pain in ulnar distribution
d) Gangrene

1144. Following is true of eventration of diaphragm -
a) It ia a developmental defect *(AIMS 84)*
b) Early surgery is treatment
c) Defect is usually muscular
d) Diagnosed mostly clinically

1145. Emphysema may be found in the following conditions- *(Kerala 98)*
a) Chest injury b) Tracheostomy
c) Surgical wound d)All

1146. In pneumothorax due to blunt injury, treatment of choice of - *(AIMS 92)*
a) Observation b) Pneumonectomy
c) Thoracotomy d) Intercostal drainage

1147. The organism most frequently related to mediastinal fibrosis is - *(AIMS 81, PGI 85)*
a) Actinomycosis b) Histoplasma
c) Hansen bacillus d) Staphylococcus

1148. In a patient of mesothelioma, one often finds -
a) Hypoglycaemia *(PGI 79, 80, AIMS 84)*
b) An association with asbestosis
c) Haemorrhagic pleural effusion
d) Clubbing of fmgers
e) All of the above

1149. Failure of establish adequate drainage in an empyema with a bronchopleural fistula present is indicated by- *(JIPMER 81, AMC 85)*
a) Drainage less than 100 c.c. per day
b) haemorrhagic drainage less than 100 c.c. per day
c) The development of haemoptysis
d) Continued productive cough with purulent material
e) All of the above

1150. The immediate treatment of choice in most cases of flail chest is - *(PGI 81, AMC 86)*
a) Analgesics b) Positive pressure ventilation
c) Tracheostomy d) Breathing excercises

1151. Meig's syndrome consists of the following except -
a) Ascites *(Karn. 94)*
b) Hydrothorax
c) Benign ovarian tumour
d) Malignant ovarian tumour

1152. Most common cause of cold abscess of chest wall is-
a) Pott's spine *(TN95)*
b) TB abscesses of chest wall
c) TB or ribs
d) Intercostal lymphadenitis

1153. Broncholithiasis means - *(Kerala96)*
a) Calcified lymphnodes eroding into bronchus
b) Foreign body calciifed in bronchus
c) Lithium deposition in bronchial wall
d) A hamartoma

1154. What is the 1st thing to be done to a patient with tension pneumothorax- *(C UPGEE 96)*
a) Insertion of wire bore needle in the inter costal space
b) Water seal drainage
c) Leave the patient at rest for air to be absorbed
d) None

1155. Tenson pneumothorax due to fracture rib is treated by- *(PGI 96)*
a) Strapping
b) Tube drainage
c) IPPV
d) Internal fixation with open reduction

1156. Emergency treatment of tension pneumothorax in the causality Department is - *(PGI 96)*
a) Chest X-ray
b) Puncture by wide lose needle
c) Tube drainage
d) IPPV

1136) d 1137) d 1138) d 1139)a 1140)b 1141)a 1142)b 1143)c 1144) a,c 1145) d 1146)d 1147)b 1148)e 1149)d
1150) a 1151) d 1152) a 1153)a 1154)a 1155)b 1156)b

1157. Cause of death in blunt trauma chest is -
a) Pulmonary laceration *(AIIMS 96)*
b) Rupture of oesophagus
c) Rupture thoracic duct
d) Tracheo bronchial rupture

1158. Commonest lesion in middle mediastinum - *(AIIMS 96)*
a) Congenital cyst b) Lipoma
c) Aneursym d) Neurogenic tumours

1159. All are seen in Thoracic outlet syndrome except -
a) Mass in the Neck *(PGI97)*
b) Wasting of foream muscles
c) Adson's test positive
d) Pallor

1160. Thymectomy cause - *(TN 98)*
a) Failure of rejection of transplanted organs
b) Myastheina gravis
c) Autoimmune disorders
d) None of the above

1161. Tension pneumothorax results in - *(ICS 98)*
a) Alkalosis
b) Increased cardiac output
c) Decreased venous return
d) All of the above

1162. Trauma to diaphragm, true is - *(AIIMS 98)*
a) Usually bilateral
b) Left side more common
c) Conservatively managed
d) Results in pneumothrorax usually

1163. Thoracotomy is indicated for all except - *(AIIMS 98)*
a) Esophageal laceration
b) Bleeding > 200 ml/hr
c) Massive air leak
d) Pulmonary contusions

1164. In congenital diaphragmatic hernia all are seen except-
a) Common on left side *(JIPMER 99)*
b) Abdominal distension
c) Can be detected antenatally
d) Heart beat shifted to right

1165. Morgagni hernia - *(AP 98)*
a) Hernia between the costal and sternal part of the diaphragm
b) Hernia through the pleuriperitonial canal
c) Hernia through the lumbar triangle
d) Hernia through inguinal canal

1166. About diaphragmatic hernia all are true except -
a) Most commonly right sided & anteriorly *(MP 2K)*
b) Unilateral pulmonary agenesis
c) Mediastinal shift
d) Gastric volvulus commonly associated

1167. Which of the following is the best site for intercostal drainage in a case of pleural effusion - *(AI02)*
a) Second intercostal space midclavicular line
b) Fifth intercostal space just lateral to vertebral column
c) Fifth intercostal space in midclavicular line
d) Seventh intercostal space in midaxillary line

1168. One of these muscles is not cut in postero-lateral thoracotomy - *(PGI 98)*
a) Serratus anterior b) Pectoralis major
c) Latissimus dorsi d) Rhomboidus major

1169. The most common primary tumour of mediastinum-
a) Lymphoma b) Teratoma *(Jipmer92)*
c) Neurogenic tumour d) Thymoma

1170. Most common mediastinal tumour is - *(Kam94)*
a) Lymphoma
b) Neurofibroma
c) Thymic tumour
d) Secondaries from bronchial carcinoma

1171. Valvoplasty done in following except - *(PGI97)*
a) Coarctation of aorta b)PS
c) MS d)AS

1172. Regarding pectus excavatum all are true except -
a) Gross CVS dysfunction *(PGI 97)*
b) Decrease in lung capacity
c) Cosmetic deformity
d) Depression in chest

1173. The ideal treatment for hemothorax of blood loss greater than 500 ml/hour - *(PGI99)*
a) Wait and watch
b) Needle aspiration
c) Intercostal tube
d) Open thoracotomy with ligation of vessel

1174. Absolute contraindications of heart transplantation
a) HTV infection *(PGI2000)*
b) Age > 60 years
c) Irreversible pulmonary hypertension
d) Significant pulmonary vascular disease
e) Malignancy

1175. About hemothorax- *(PGI02)*
a) Seen in choriocarcinoma
b) Supine posture is better than erect posture
c) Needle aspiration may be needed for diagnosis
d) Thoracotomy is always done

1176. Treatment of rib fracture - *(PGI 02)*
a) Immediate thoracotomy b)IPPV
c) Analgesics d) Strapping
e) ICWSD

1177. Rx of Haemorrhoids- *(PGI 03)*
a) Banding b) Ligation
c) Cryocoagulation d) Coagulation
e) Photocoagulation

1178. Posterior mediastinal tumours - *(PGI03)*
a) Neuroblastoma b) Bronchogeniccyst
c) Neuroenteric cyst d) Lymphoma
e) Anterior thoracic meningioma

1179. True about Flail chest - *(PGI 04)*
a) # of 3 or 4 ribs
b) Chestwall moves inwards during inspiration
c) Mechanical Ventilation always needed
d) Mediastinal shift
e) Ultimately leads to respiratory failure

1157) d 1158) a 1159)b 1160)a 1161)c 1162)b 1163)d 1164)b 1165)a 1166)a 1167)d 1168)b 1169)c 1170)d
1171) a 1172) a 1173)d 1174)a,c,e 1175)a,b,c 1176)b,c 1177)a,b,c,e 1178)a,b,c,d 1179)a,b,e

1180. Anterior mediastinal tumors is/are - *(PGI04)*
a) Thymoma b) Aortic aneurysm
c) Bronchogenic Cyst d) Lymphoma
e) Bochdalek hernia

1181. Empyema necessities is defined as so when -
a) Plural empyema is under pressure (*UPSC02)*
b) Pleural empyema has ruptured into bronchus
c) Pleural empyema has ruptured into the pericardium
d) Pleural empyema is showing extension to the subcutaneous tissue

1182. In a patient with one episode of Spontaneous pneumothorax, Which is advised - *(Jharkand 03)*
a) Stop diving b) Stop smoking
c) Stop flying d)All

1183. The four points of probe placement in Focused Abdominal Sonogram for trauma (FAST) in blunt thoraco-abdominal trauma are - *(Karnataka 04)*
a) Epigastrium (R) hypochondrium, (L) Lower chest, hypogastrium
b) Epigastrium, (R) and (L) Hypochondria, (R) Iliac fossa
c) Epigastrium, (R) and (L) Lumbar regions, hypogastrium
d) Hypogastrium (R) and (L) Lumbar regions, (R) lower chest

1184. Treatment of choice for Tension pneumothroax is -
a) Immediate IC tube drainage (*SGPGI05)*
b) Continuous aspiration by needle
c) Intermittent aspiration by needle
d) Thoractomy with repair of leakage

1185. TRUE regarding management of traumatic pneumothorax is - *(SGPGI05)*
a) Immediate ICD tube insertion
b) CT-scan should be done to confirm pulmonary leak
c) Intermittent needle aspiration
d) Sealed

1186. Treatment of choice for medullary carcinoma of thyroid to - *(AIIMS May 2005)*
a) Total thyroidectomy b) Partial thyroidectomy
c) I^{131} ablation d) Hemithyroidectomy

1187. Which of the following statement is true regarding subclavian steal syndrome - *(AIIMS Nov 05)*
a) Reversal ofblood flow in the ipsilateral vertebral artery
b) Reversal ofblood flow in the contralateral carotid artery
c) Reversal ofblood flow in the contralateral vertebral artery
d) Bilateral reversal ofblood flow in the vertebral arteries

1188. Aman is brought to casualty who met with RTA. He sustained multiple rib fractures with paradoxical movement of chest. Management is - *(PGI June 06)*
a) Tracheostomy
b) Consult cardiothoracic surgeon
c) Strapping
d) Intermittent positive pressure ventilation
e) No intervention required

1189. Tumours of anterior mediastinum include the following except - *(UPSC07)*
a) Thymoma b) Lymphoma
c) Germ cell tumour d) Schwanoma

1190. Steering wheel inj ury on chest of a young man reveals multiple fractures of ribs and paradoxical movement with severe respiratory distress. X-ray shows pulmonary contusion on right side without pneumothorax. What is the initial treatment of choice? *(UPSC07)*
a) Immediate internal fixation
b) Endotracheal intubation and mechanical ventilation
c) Thoracic epidural analgesia and 02 therapy
d) Stabilization with towel clips

1191. Which of the following is not a complication of surgery for thoracic outlet syndrome -
a) Pneumothorax *(AiimsMay07)*
b) Brachial plexus injury
c) Lymphocutaneous fistula
d) Long thoracic nerve injury

1192. Most common tumor of anterior mediastimum is-
a) Thymoma b) Lymphoma *(MAHE 07)*
c) Germ cell cumor d) Thyroid tumors

1193. The commonest anterior mediastinal tumour is -
a) Aneurysm of descending aorta (*Corned 07)*
b) Neurogenic tumour
c) Thymoma
d) Bronchogenic cyst

1194. Heimlich valve is used for drainage of - (*Corned 08)*
a) Pneumothoraxb) Hemothorax
c) Emphyema d) Malignant pleural effusion

1195. The following are indications for performing thoracotomy after blunt injury of the chest, except -
a) 1000 ml drainage after placing an intercostal tube
b) Continuous bleeding through intercostal tube of more than 200 ml/hour for three or more hours
c) Cardiac tamponade *(UPSC-II08)*
d) Rib fracture

1196. What is the treatment of choice in severe flail chest?
a) IPPV b) Strapping *(UPSC-II 08)*
c) Wiring d) Nasal Oxygen

1197. Decision regarding surgery in a case of hemothorax due to blunt trauma chest should be based on -
a) Chest symptoms *(AI08)*
b) Hemodynamic status
c) Nature of chest tube output
d) X-ray finding

1198. Most common tumor in the posterior mediastinum is- *(AI08)*
a) Neurofibroma b) Teratoma
c) Lymphoma d) Bronchogenic cyst

1199. True about chest trauma - *(PGI June 08)*
a) ECG done in all cases a/w sternal fracture
b) Under water seal drainage if a/w pneumothorax
c) X-ray chest investigation of choice
d) Urgent surgery needed in all cases

1180) a,b,d 1181) d 1182) d 1183)c 1184)a 1185)b 1186)a 1187)a 1188)d 1189)d 1190)b 1191)c 1192)a
1193) c 1194) a 1195)d 1196)a 1197)b>c 1198)a 1199)a,b,c

1200. Most common posterior mediastinal tumour is -
a) Dermoid b) Neurofibroma *(DPGEE 08)*
c) Lipoma d) Lymphoma

1201. Thoracic outlet syndrome is primarily diagnosed by- *(AI09)*
a) Clinical Evaluation b) CT scan
c) MRI d) Angiography

1202. Which one of the following statements is NOT correct regarding thoracic inlet syndrome-
a) Radial nerve is involved *(UPSC-II09)*
b) Resection of first rib is effective treatment
c) Physiotherapy and position exercises relieve symptoms
d) Neurological signs and symptoms are common

1203. An entity of pneumothorax which leads to build up of positive pressure within the hemithorax, leading to collapse of lung, flattened diaphragm, mediastinal shift to contralateral side and eventually the venous return to the right side of heart is compromised is known as - *(UPSC-II 09)*
a) Primary spontaneous pneumothorax
b) Tension pneumothorax
c) Haemo-pneumothorax
d) Secondary spontaneous pneumothorax

1204. The organism most frequently related to mediastina fibrosis is - *(DPG10)*
a) Actinomycosis b) Histoplasma
c) Hansen's bacillus d) Staphylococcus

1205. False about FTaUcliest - *(NEEf/DNS Pattern)*
a) # of 3 or 4 contiguous ribs in atldasfS locations
b) Chestwall moves inwards during inspiratium
c) Mechanical Ventilation always needed
d) Can lead tp respiratory tailuie

Ipf6v Ija erecipqstare commonest site of foreign body in bronchus - *(NEET/DNB Pattern)*
a) Right lower lobe b) Right upper lobe
c) Carina d) Left lower lobe

1207. True about Flail chest - *(NEET/DNB Pattern)*
a) # of two or more ribs
b) Paradoxical respiration on the side of flail
M) Intubation is contraindicated
d) No treatment needed

LUNG

1208. Bronchogenic carcinoma which produce paraneoplastic syndrome - *(KERALA 8 7, AI88)*
a) Squamous cell carcinoma b) Oat cell carcinoma
c) Adeno carcinoma d) Large cell carcinoma

1209. Commonest symptom of carcinoma bronchus is- *(AP 84, KERALA 87)*
a) Hemoptysis b) Dyspnoea
c) Cough d) Wheezing
e) Pain

1210. Blood stained sputum may be the only symptom in- *(KERALA 90)*
a) Bronchietasis b) Carcinoma bronchus
c) Adenoma brounchus d) Pulmonary T.B.

1211. Intralobar sequestration of lung is commonest in the - *(JIPMER 81 UPSC 89)*
a) Apical segment of upper lobe
b) Medial segment of middle lobe
c) Lateral basal segmentof lower lobe
d) Posterior basal segment of lower lobe

1212. Extralobar bronchogenic cysts may communicate with the following except - *(JIPMER 80, AMU 89)*
a) Oesophagus b) Stomach
c) Brounchus d) None of the above

1213. Complication to PEEP include all except-(PG/*81, UPSC* *87)*
a) Pulmonary oedema b) Emphysema
c) Cardiogenic shock d) Pneumonia

1214. The greatest incidence of bronchopleural fistula is foilwing - *(PGI80, DELHI 88)*
a) Segmental resection b) Lobectomies
c) Pneumonectomies d) Thorocotomy

1215. The most common type of bronchogenic carcinoma is - *(AIIMS 82, DNB 89)*
a) Epidermoid b) Anaplastic
c) Alveolar d) Bronchoalveolar

1216. Most common symptom of bronchial adenoma is -
a) Chest pain b) Cough *(AI 96)*
c) Recurrent hemoptsis d) Weight loss

1217. The lung tumour responding best to radiotherapy-
a) Small cell anaplastic *(CUPGEE 96)*
b) Squamous cell CA
c) Adeno CA
d) All respond equally well

1218. The first step when doing a penumononectomy for cancer of the bronchus is to - *(UP 97)*
a) Ligate the pulmonary vein
b) Ligate pulmonary artery
c) Divide the brounches
d) Perform lymphnode clearance

1219. In small cell carcinoma of the lung one of the following is not seen - *(KERALA 97)*
a) Hypercalcemia b) Hyponatremia
c) Watery diarrhoea d) Hypokalemia

1220. True about bronchial adenoma - *(AI98)*
a) 10-15% of all lung tumour
b) Mostly malignant
c) Recurrent haemoptysis
d) Peripherally located

1221. Sequestrated lung is suplied most commonly by- *(Kerala 98)*
a) Bronchial arteries b) Descending aorta
c) Subclavian artery d) Intercostal arteries

1222. Diagnosis of lung sequestration by -*(JIPMER 2K)*
a) *CT* b) Angiography
c) MRI d) X-ray

1200) b 1201)a 1202)a 1203)b 1204)b 1205)c 1206)a 1207)b 1208)b 1209)c 1210)c 1211)d 1212)c 1213)b
1214) b 1215) a1216)c 1217)a 1218)b 1219)c 1220)c 1221)b 1222)a

1223. Which one of the following types of bronchogenic carcinoma is most likelyto cavitate ? - *(UPSC 96, AIIMS 89)*
a) Adenocarcinoma
b) Bronchoalveolar carcinoma
c) Oat cell carcinoma
d) Squamous cell carcinoma

1224. Pseudochylous pleural effusion is most often seen in- *(AIIMS 78, PGI81)*
a) T.B. b) Lymphoma
c) Ca.lung d) Filariasis

1225. IVC filter is used in following except- *(PGI 97)*
a) Massive emboli b) Negligible size of emboli
c) Repeated emboli d)None

1226. In pulmonary embolism, fibrinolytic therapy is responsible for - *(PGI 97)*
a) Risk of haemorrhage b) Prognosis good
c) Massive emboli d) All of the above

1227. In pancoast tumor, following is seen except-(PG7*98)*
a) Homer's syndrome b) Rib erosion
c) Haemoptysis d) Pain in shoulder and arm

1228. Complication of empyema are A/E- *(PGI 99)*
a) Empyema necessitans b) Bronchopleural fistula
c) Osteomyelitis d) Pneumonia

1229. A foreign body completely obstructing the right main bronchus causes - *(PGI99)*
a) Decreased ventilation perfusion ratio (VRF)
b) Increased ventilation in left lung
c) Perfusion doubles in right lung
d) Increased VF ratio in right lung

1230. Least common site of lung abscess is - *(PGI 99)*
a) Left upper lobe b) Left lower lobe
c) Right upper lobe d) Right low lobe

1231. All are elaborated by small cell carcinoma lung, except - *(PGI2000)*
a) ADH b)ACTH
c) 5-HT d) Noradrenaline

1232. Most diagnostic of pulmonary emboli is -*(PGI2000)*
a) Segmental perfusion defects corresponding to abnormal chest X-ray
b) Multiple segmental perfusion defect with normal chest X-ray and ventilation scan
c) Normal chest X-ray
d) Tenting of diaphragm

1233. Hoarseness secondary to bronchogenic carcinoma is usually due to extension of the tumour into -
a) Vocal cord *(UPSC 02)*
b) Superior laryngeal nerve
c) Left recurrent laryngeal nerve
d) Right vagus nerve

1234. A young man with tuberculosis presents with massive recurrent hemoptysis. For angiographic treatment which vascular structure should be evaluated first- *(AIIMS 03)*
a) Pulmonary b) Bronchial artery
c) Pulmonary vein d) Superior vena cava

1235. The most important consideration in a patient with borderline pulmonary function requiring lung resection is - *(Karnataka 03)*
a) The amount of nonfunctioning lung tissue to be removed
b) The amount of functioning lung tissue to be removed
c) Experience of the surgical team
d) Elevated pulmonary artery pressure

1236. All are been in Pancoast syndrome except -
a) Brachial plexus involvement *(HPU05)*
b) Dyspnoea
c) Clubbing
d) Myasthenia gravis

1237. Most common sets of Metastases of carcinoma bronchi- *(HPU05)*
a) Liver + Bones b) Prostate
c) Kidney d) Breast

1238. The most common histological type seen in branchogenic carcinoma is - **(***UPSC 05, MP 97)*
a) Small cell carcinoma b) Large cell carcinoma
c) Squamous cell carcinoma d) Adenocarcinoma

1239. Clinical manifestations of bronchogenic carcinoma include the following except - (7*CS 05)*
a) Hoarseness of voice due to involvement of left recurrent laryngeal nerve
b) Homer's syndrome
c) Diaphragmatic palsy due to infiltration of phrenic nerve
d) Gastroparesis due to vagal involvement

1240. All of the following statements regarding bronchial cysts are true except - **(***MAHA 05)*
a) Seen in mediastinum b) 50-70% occur in lung
c) Are commonly infected d) Multilocular

1241. Which needle is used for pleural *biopsy-{Comed 07)*
a) Vin Silvermann's b) Abram's
c) Abraham's d) Osgood's

1242. The most common benign tumor of the lung is -
a) Hamartoma b) Alveolar adenoma *{Corned 08)*
c) Teratoma d) Fibroma

1243. A 80 years old male presented with lung abscess in left upper zone. Best treatment of modalities is -
a) Antibiotics according to organisms *(UP 08)*
b) Surgical drainage
c) Tube thoracostomy
d) Wait and watch

1244. All are true regarding mesothelioma except?
a) Bilaterally symmetrical *(AIIMS May 11)*
b) Associated with asbestos exposure
c) Histopathalogy shows biphasic pattern
d) Occurs in late middle age

1245. Inhaled foreign bodies are more likely to get lodged in the right main bronchus because - *(UPSCII11)*
a) Left main bronchus is wider and shorter
b) Left main bronchus is narrow and wide
c) Right main bronchus is shorter, wider and nearly vertical
d) Right main bronchus is shorter, narrower and lies horizontally in relation to trachea

1223) d 1224)c 1225)b 1226)a 1227)c 1228)d 1229)a 1230)a 123 l)d 1232)b 1233)c 1234)b 1235)d 1236) d 1237) a 1238) d 1239)d 1240)b,c,d 1241)b 1242)a 1243)a 1244)a 1245)c

HEART & PERICARDIUM (C-V-S.)

1246. Most common congenital defect associated with pulmonary stenosis is - *(AIIMS 85)*
a) ASD b)VSD
c) Patent foramen ovale d)PDA

1247. Unsucessful external cardiac massage is due to all except - *(AIIMS 84)*
a) Intrinsic cardiac failure b) Hypovolumia
c) Tension pneumothorax d) Cardiac tamponade

1248. Tausing - Blalock shunt is used in - *(AIIMS 92)*
a) TAPVD b)VSD
c) PDA d) Tetralogy of fallot

1249. Fasle about mitral valvotomy for mitral stenosis is -
a) Is best performed between the age of 20-50 years
b) Should be considered when the symptoms are aggravated by pregnancy *(AMU 86, 91)*
c) Is indicated in persistent congestive heart failure
d) Gives good results when the mitral valve is immobile

1250. Which nerve is easliy injured at PDA ligation -
a) Phrenic *(PGI85, JIPMER 85,*
b) Sympathetic trunk *AIIMS 85)*
c) Cardial nerves
d) Recurrent laryngeal

1251. Rashkind's balloon septostomy is done in -
a) Coarctation of aorta *(PGI 81, DNB 90)*
b) Patent ductus arteriosus
c) Transpostion of great vessels
d) Fallot's tetralogy

1252. Most common artery used for coronary artery bypass graft is - *(Rohtak 97)*
a) Int. Mammary artery b) Intercostal artery
c) Radial artery d) Dorsalis pedisartery
e) Brachial artery

1253. Blood loss is least in trauma to which chamber of heart- *(JIPMER 99)*
a) Right atrium b) Right Ventricle
c) Left Atrium d) Left Ventricle

OESOPHAGUS

1254. About achalasia cardia all are correct except -
a) Mostly in women (*AP 84, Kerala 86, 88, JIP, 98)*
b) Dilated esophagus narrowing to a point
c) Heller's operation treatment of choice
d) Not premalignant condition

1255. During esophagoscopy, the area in the esophagus mostly perforated is - *(PGI 88)*
a) At aortic arch
b) Mid esophagus
c) At cricopharyngeus muscle
d) At esophagogastric junction

1256. Commonest cause of esophageal perforation is -
a) Acid ingestion b) Hyperemesis *(PGI87)*
c) Instrumentation d) Carcinoma infiltrating

1257. Mallory weiss syndrome often occurs in - *(PGI 87)*
a) Patient who abuse analgesics
b) Children
c) Pregnant females
d) Patients with hiatus hernia

1258. Hiatus hernia is treated by - *(TN89)*
a) Surgery when medical treatment has failed
b) Nissen's fundoplication
c) Medical treatment only
d) None of the above

1259. Which structure corsses the esophagus at 25 cm from the incisor teeth - *(PGI 88)*
a) Arch of aorta b) Bifurcation of trachea
c) Lt. bronchus d) Left subclavian artery

1260. Commonest benign tumour of the eosophagus -
a) Leiomyoma b) Papilloma *(PGI88)*
c) Adenoma d) Hemangioma

1261. Which drug is used for Achalasia cardia - *(TN90)*
a) Nifedipine b) Propranolol
c) Atenolol d) Bethnecol

1262. All are true of achalasia cardia except -
a) Dysphagia *(JIPMER 90)*
b) Aspiration pneumonitis
c) Mecholyl test is hyposensitive
d) X-ray finding of dilated esophagus with a narrow end

1263. Heller's operation is done in - *(AI90)*
a) Achalasia cardia b) Pyloric stenosis
c) Hirschsprung's disease d) Crohn's disease

1264. Gastro esophageal reflux is best diagnosed by -
a) Barium swallow b) Barium meal *(AIIMS92)*
c) Endoscopy d) Ultrasound

1265. Barrets ulcer is due to - *(JIPMER 93)*
a) Ischemia b) Ectopic gastric mucosa
c) Bile reflux d) Reflux esophagitis

1266. Radiologic feature suggestive of Achalasia cardia is-
a) Absence of gastric air bubble *(AIIMS 79, PGI 78)*
b) Air fluid level in mediastinum
c) Sigmoid esophagus
d) All the above

1267. Which figures-are very important to the oesophagoscopist - *(PGI 81, AIIMS 86)*
a) 10,20 and 30 b) 15,25 and 40
c) 20,30 and40 d) 25,35 and 45
e) 25,35 and 50

1268. The aim of preventing reflux oesophagitis by repairing hiatus hernia is achieved by -*(AIIMS 79,Rohtak 87)*
a) Bringing the stomach inferior to diaphragm
b) Reconstitution of the angle of Hill
c) Repair of defect in diaphragm
d) All of the above

1269. After surgical treatment of carcinoma Esophagus, replacement of esophagus is done with - *(AIIMS 81,*
a) Left colon b) Right colon *AP89)*
c) Stomach d) Jejunum
e) All of the above

1246) a 1247)b 1248)d 1249)d 1250)d 1251)c 1252)a 1253)d 1254)a,d 1255)c 1256)c 1257)a,c,d 1258)a,b 1259) a,c 1260) a 1261)a 1262)c 1263)a 1264)None 1265)b,d 1266)d 1267)b 1268)d 1269)e

1270. Maximum dilatation of esophagus occurs in -
a) Carcinoma at gastro esophageal junction
b) Achalasia cardia *{Kerala 94)*
c) Stricture at lower end
d) CRUST syndrome

1271. True about carcinoma eosphagus is - *{Kerala 94)*
a) Most common site is lower end
b) Both adeno and squamous cell carcinoma occur
c) Commonest histology is adenocarcinoma
d) More common in females

1272. Second swallowing in barium meal studies is found in- *{JIPMER 95)*
a) Pharyngeal pouch b) Achalasia cardia
c) Scleroderma d) Reflux esophagitis

1273. A 55-year old male has retero-sternal discomfort unrelated to physical exertion. Pain gets worse after lying down there is partial relief with antacids. The most likely diagnosis is - *{UPSC96)*
a) Ischaemic heart disease
b) Carcinoma oesophagus
c) Achalasia cardia
d) Hiatus hernia

1274. Feature of Achalasia cardia (cardiospasm) include all of the following except - **(***UPSC 96)*
a) Increasing difficulty in swallowing, more for liquids than for solids
b) Regurgitant vomiting
c) Dilated end elongated oesophagus
d) Filling defect and "rat-tail" deformity on barium study

1275. In mallory Weiss syndrome, where is the mucosal tear located - *{CUPGEE 96)*
a) Gastric cell anaplastic
b) Squamous cell CA
c) Gastro-oesophagal junction
d) Near gastric pylorus

1276. Dysphagia lusorum is due to obstruction due to -
a) Vascular rings b) Psychogenic *{AP96)*
c) Foreign body d)None

1277. In majority of patient with eosophageal leaks in thoracic cavity of less than 12 hours duration, the treatment of choice is- *{UPSC 97)*
a) Primary closure, drainage and antibiotics
b) Early oesophagogastrorstomy
c) Exclusion and diversion of continuity
d) Total oesophagectomy and gastric pull up

1278. All statement of Barret's esophagus are true except-
a) Metaplasia with intestinal columnar cells
b) Metaplasia with gastric fundus cells *{AIIMS 97)*
c) Carcinoma in situ formation
d) Increased incdence of squmaous cell carcinoma

1279. Adenocarcinoma of oesophagus is seen in- *{AIIMS 96)*
a) Barret's oesophagus b)Achlasia cardia
c) Scleroderma d) Menetriers diesease

1280. Investigation of choice for reflux oesophagittis -
a) Endoscopy *{JIPMER 98, PGI98,*
b) Barium swallow *CO MED 07)*
c) 24 hrs acid output
d) Echocardiogram

1281. Not true about p;ummer vinson syndrome is -
a) Occures in elderly males *{AIIMS 97)*
b) Post cricoid Web
c) Predispose to hypopharynx malignancy
d) Koilonychia

1282. Common site for esophageal perforation is -
a) Thoracic esophagus above arch *{AIIMS 96)*
b) Below arch
c) Cervical esophageal
d) Esophageal gastric junction

1283. The commonest cause ofhematemesis and malena- *{IN98)*
a) Oesophageal varies b) Chronic peptic ulcer
c) Acute peptic ulcer d) Carcinoma of stomach

1284. 3rd constriction of the oesophagus is at the level of-
a) Left bronchus crossing the aorta *{CMC 98)*
b) Where it pierces the diaphram
c) Junction of oesophagus and stomach
d) Cricopharynx

1285. Regarding adenocarcinoma oesophagus which is true- *(4198)*
a) Common in upper 1/3
b) Caused by barrets oesophagus
c) Common in children
d) Most common type of carcinoma

1286. Following are radiological evidence of Achalasia cardia except - *{Karnat 98)*
a) Smooth narrowing of oesophagus
b) Dilated tortous oesophagus
c) Absence of air in the fundus
d) Exaggerated peristalsis

1287. Following Ivor lewis operation for esphageal cancer of lower l/3rd, death is due to - *{AIIMS 98)*
a) Myocarditis b) Anastomolic leak
c) Pulmonary atelectasis d) Flap necrosis

1288. The pharyngeal diverticulum is a protrustion of mucosa between - *{UPSC 2K)*
a) The two parts of inferior constrictor muscle of the pharynx
b) The two parts of middle constrictor muscle of the pharynx
c) The two parts of the superior constrictor mucle of the pharynx
d) Cricopharyngeal and posterior part of suprahyoid membrane

1289. Peptic oesophagitis - *{UPSC2K)*
a) Is effectively demonstrated by barium swallow
b) Is always associated with hiatus hernia
c) Can be readily confirmed by oesophagoscopy
d) Is associated with the production of higher than normal amounts of gastric acid

1270) b 1271) a,b 1272)a 1273)d 1274)d 1275)c 1276)a 1277)a 1278)d 1279)a 1280)c 1281)a 1282)c
1283) b 1284)b 1285)b,d 1286)d 1287)b 1288)a 1289)None

1290. Best flap for eosphagus repair - *(CMC Vellore)*
a) Colon b) Stomach
c) Jejunum d) Latismus dorsi

1291. In eosphageal perforation all are seen except-
a) Pain b) Bradycardia *(UP2K)*
c) Fever d) Hypotension

1292. Which of the following statements regarding plummer Vinson syndrome is not *true-(Kerala 2k)*
a) It is otherwise known as Patterson-Brownkeliy disease
b) Iron deficiency anaemia is probably the basic cause
c) It occurs exclusively in men
d) Achlorhydria is usually present
e) Prone to post circoid cancer

1293. A patient presents with dysphagia of 4 weeks durattion. Now he is able to swallow liquid food only. Which of the following is the one investigation to be done - *(PGI2K)*
a) Barium studies are the best in this case
b) Upper GI endoscopy is to be done
c) CT Scan is needed
d) Esophageal manometry
e) USG abdomen

1294. Length of alimentary Canal from Oral Cavity to gastro esophageal Junction is - *(AIIMS 92)*
a) 15 Cm b)25Cm
c) 30 Cm d)40Cm

1295. Motility in the upper third of the oesophagus is decreased in except - *(DNB 89)*
a) Pseudobulbularpalsy b) Chagas disease
c) Myasthenia gravis d) Scleroderma
e) Cricopharyngeal carcinoma

1296. Corkscrew oesophagus is seen in - *(PGI97)*
a) Diffuse oesophageal spasm
b) Achalasia cardia
c) Ca. oesophagus
d) Pulsion diverticulum

1297. Mallory weiss syndrome in partial thickness rupture occurs at - *(PGI97)*
a) Gastric cardia
b) Oesophagus mucosa
c) Gastro oesophageal junction
d) Gastroduodenal junction

1298. Investigation of choice in upper GI bleeding is -
a) Ba swallow b) X-ray
c) Endoscopy d) Ultrasound

1299. In dysphagia lusoria true is - *(PGI97)*
a) Esophagela web
b) Aberrant vessels
c) Oesophageal stricture
d) Oesophageal carcinoma

1300. Schatazki's ring is - *(PGI 98)*
a) Mucosal ring ata sq-columnar in
b) Muscular ring
c) Dysphagia is the symptom
d) Inflammatory structure

1301. During sclerotherapy (by endoscopy), following are complications except - *(PGI 98)*
a) Hepatic encephalopathy b) Perforation
c) Stenosis d) Fibrosis

1302. Ca oesophagus is characterized by following except-
a) Adenocarcinoma *(PGI98)*
b) Middle 1/3 affected
c) Dysphagia is characteristic
d) Pernicious anemia often present

1303. Connective tissue disorder which is associated with gastroesophageal reflux is - *(PGI99)*
a) SLE b) Scleroderma
c) Behcet's syndrome d) Dermatomyositis

1304. About mallory weiss sydrome true is - *(PGI 99)*
a) Gastrointestinal reflux
b) Obesity
c) Tumour at gastroesophageal junction
d) Seen in alcoholics

1305. Esophageal carcinoma is not predisposed by- *(PGI 99)*
a) Achalasia b) Scleroderma
c) Corrosive intake d) Barret's esophagus

1306. True about sliding esophageal hernia in all cases -
a) Esophagus always shor *(PGI 99)*
b) Cardia goes through hiatus
c) Cardia and fundus goes through hiatus
d) Peritoneal sac goes with paraesophageal hernia

1307. The commonest type of tracheo-esophageal fistula is-
a) Proximal end blind; distal end communicating with trachea *(PGI 99)*
b) Distal end; blind proximal end communicating with trachea
c) Both ends blind
d) Both ends open

1308. Investigation of choice for dysphagia forsolids -
a) Barrium swallow b) Endoscopy *(PGI 2K)*
c) X-ray chest d) C.T. scan

1309. Patterson Brown Kelly syndrome is characterised by all except - *(PGI 2K)*
a) Lower oesophageal web
b) Iron deficiency andema
c) Common in adult female
d) Premalignant

1310. In achalasia cardia, true is - *(PGI2K)*
a) Pressure at distal end T with no peristalis
b) Low pr. at LES with no periotalins
c) Pressure > 50 mm Hg with peristalis

1311. Reflux esophagitis is prevented by- *(PGI01)*
a) Long intrabdominal esophagus
b) Increased intraabdominal pressure
c) Right crus of diaphragm
d) Increased intrathoracic pressure

1312. In ca esophagus predisposing factors - *(PGI02)*
a) Tylosis b) Smoking
c) Lye stricture d) Reflux erophagitis
e) Plummer vilson syndrome

1290)b 1291) b 1292)c 1293)b 1294)d 1295)d,e 1296)a 1297)a 1298)c 1299)b 1300)a,c 1301)a 1302)d
1303)b 1304) d 1305)b 1306)b 1307)a 1308)b 1309)a 1310)a 1311)a,b,c 1312)A11

1313. True about Ca esophagus - *(PGI03)*
a) MC in middle l/3rd
b) Adenocarcinoma is common variety
c) Carcinoma develops at the achalasia segment
d) Smoking is a risk factor
e) Endoscopy is the investigation of choice

1314. A 60 yrs old pt presenting with dysphagia of 6 wks duration with solid foods now can swallow only liquids. Investigations done to diagnose here -
a) CkR b) Ba Swallow *(PGI 03)*
c) Endoscopy d)USG
e) CTScan

1315. IVue about Barret's esophagus - *(PGI03)*
a) Premalignant
b) Predispose to sq. cell Ca
c) Can be diagnosed by seeing under endoscope
d) Biopsy is necessary to diagnose
e) Stricture may be present in high esophagus

1316. *True* **about upper GL bleedding** *(PGI 03)*
a) Malaena is the only symptom
b) Bleeding occurs beyond the ampula of vater
c) Endoscopy can best diagnose it
d) Peptic ulcer is the MC cause
e) -ed BUN

1317. Lower oesophageal sphinter is relaxed by -*(PGI 03)*
a) Alcohol b) Coffeine / Tea
c) Diazepam d) Antacid

1318. True about Barrett's oesophagus - *(PGI 03)*
a) Sequence of prolonged GE.R.
b) It is premalignant
c) Lower oesophageal mucosa is replaced by intestinal type of epithelium
d) Varocose veins are seen
e) Predisposes to squamous cell Ca of esophagus

1319. Intermittent dysphagia is caused by - *(PGI 04)*
a) Stricture
b) Reflux esophagitis
c) Achalasia cardia
d) Pharyngeal diverticulm
e) Diffuse esophageal spasm

1320. Dysphagia lusoria is due to - *(PGI 2000)*
a) Oesophageal webs
b) Abnormalities of Arch of Aorta
c) Aortic aneurysm
d) Enlarged left atrium

1321. LES sphineter is relaxed by - *(PGI 02)*
a) Nitrates b)HL blockers
c) Morphine d) Atropine
e) Calcium channel blockers

1322. True about achalasia cardia is - *(PGI 02)*
a) Dysphagia is a presenting symptom
b) The cause is the absence of Auerbach's plexus
c) Esophagectomy is the treatment
d) Motility-improving agents are used in treatment
e) Barium swallow shows irregular filling-defect in lower esophagus

1323. TYue about Barrets esophagus - *(PGI 04)*
a) Prone to adenocarcinoma
b) Squamous to columnar metaplasia
c) Squamous carcinoma
. d) Lump in the throat

1324. Which one of the following treatment modalities is not used for management of acute blood loss due to ruptured esophageal varices - **(***UPSC 04)*
a) Endoscopic sclerotherapy
b) Endoscopic band ligation
c) Octreotide
d) Propranolol

1325. Amyl nitrate inhalation test is used to detect -
a) Carcinoma esophagus *(COMEDK 05)*
b) Achalasia cardia
c) Oesophageal diverticulum
d) Transeoesophageal fistula

1326. An old man presenting to the Emergency following about of prolonged vomiting with excessive haematemesis following alcohol ingestion is likely to suffer from - **(***UPSC 05)*
a) Mallory-Wesis syndrome
b) Oesophageal varices
c) Gastric cancer
d) Bleeding disorder

1327. Complications of "reflux esophagitis" -*(MAHE 05)*
a) Stricture b) Schatzki's ring
c) Barrett's esophagus d) All of above

1328. Predisposing factors of Ca esophagus-(PG/ *June 05)*
a) Tylosis b) Achalasia
c) Barrett'sesophagus d) Hiatus hernia
e) Corrosive ingestion

1329. Malignant tracheo-esophageal fistula best treated with - *(PGI June 05)*
a) Radiotherapy b) Chemotherapy
c) Stenting d)Tube
e) Surgical correction

1330. Boerhove's syndrome, true about - *(PGI June 05)*
a) Iatrogenic
b) Silent manifestation
c) Presented with acute chest pain
d) Treatment is surgical

1331. Which of the following surgical approach was first described by Orringer for the management of carcinoma esophagus - *(J & K 05)*
a) Tranhiatal
b) Thoracoscopic
c) Left thoracoabdominal
d) Right thoracoabdominal

1332. The most common complication seen in hiatus hernia is - *(AI05)*
a) Oesophagitis b) Aspiration pneumonitis
c) Volvulus d) Esophageal stricture

1313)a,b,d,e 1314) All 1315)a,c,d,e 1316)c,d,e 1317)a,b,c 1318)a,b,c 1319)d,e 1320)b 1321) a,d,e 1322)a,b,d 1323) a,b 1324) d 1325)b 1326)a 1327)d 1328)a,b,c,e 1329)c 1330)c,d 1331)a 1332)a

1333. Features of Barrett's esophagus are - *(PGI June 06)*
a) Metaplasia
b) Always gastric type of epithelium
c) Adenocarcinoma more common
d) Present as patchy or ring involvement

1334. Regarding oesophagoscope true are - *(PGI June 06)*
a) Incisor acts as fulcrum
b) Compresses posterior tongue
c) Lifts epiglottis
d) Tip is in pyriform fossa
e) Inserted from right side

1335. Which is the most reliable diagnostic method for staging the oesphageal cancer? - **(***UPSC 06)*
a) MRI b) Endoscopic ultrasound
c) CT scan d) Thoracoscopy

1336. The most common type of Tracheo-Oesophageal Fistula is- *(MAHE07)*
a) Esophageal atresia without tracheoesophageal fistula
b) Esophageal atresia with proximal tracheoesophageal fistula
c) Esophageal atresia with distal tracheoesophagea fistula
d) Esophageal atresia with proximal and distal fistula

1337. Boerhaave's syndrome is due to - *(UP 07)*
a) Drug induced esophagus perforation
b) Corrosive injury
c) Spontaneous perforation
d) Gastro-esophageal reflux disease

1338. Esophageal carcinoma is predisposed by -
a) Achalasia b) Scleroderma
c) Corrosive intake d) Barret's esophagus

1339. Causes of esophageal carcinoma - *(PGI June 07)*
a) Tylosis b) Reflux esophagitis
c) Lye ingestion

1340. All are features of Plummer-Vinson syndrome except- **(***Corned 07)*
a) Oesophageal webb) Iron deficiency
c) Achalasia cardia d) Dysphagia

1341. Transhiatal esophagectomy was planned for adenocarcinoma of lower end of esophagus. The approach would be in the following order -
a) Abdomen-Neck *(AIIMS Nov 07)*
b) Abdomen-Thorax-Neck
c) Neck-Thorax-Abdomen
d) Abdomen-Thorax

1342. When a 'spontaneous perforation' of the oesophagus occurs as a result of severe barotrauma while a person vomits against a closed glotts, what is the condition known as - *(UPSC-II08)*
a) Maltory-Weiss syndrome
b) Plummer Vinsion syndrome
c) Kartergener syndrome
d) Boerhaave syndrome

1343. Mallory-Weiss tear occurs at - *(UPSC-II08)*
a) Gastro-oesophageal juction
b) Duodeno-jejunal flexure
c) Ileo-caecal junction
d) Colo-rectal junction

1344. Commonest site of oesophagus carcinoma is -
a) Upper 2/3 b) Middle 1/3 *(UP 08)*
c) Lower 1/3 d) Crico-esophageal junction

1345. Early stage of carcinoma esophagus is diagnosed by-
a) Barium meal b) Trans oesophageal USG
c) MRI d) Fluoroscopy *(UP 08)*

1346. Increasing difficulty in swallowing both for solids & liquids in a women with bird's beak appearance in X-ray seen in - *(PGI June 08)*
a) Achalasia cardia b) Carcinoma
c) Reflux esophatitis d) Barret's esophagus
e) Esophagitis

1347. 30 years of women comes with dysphagia for both solid & liquids & barium swallow shows Parrot beak appearance. On esophageal manometry, increased LES pressure. Management includes -*(PGI June 08)*
a) Nitrates b) Ca channel blockers
c) Botulinum toxin d) Myotomy

1348. True about hiatus hernia - *(PGI June 08)*
a) Surgery indicated in all symptomatic cases of para-esophageal
b) Para-esophageal type is more complicated
c) Para-esophageal type is common type
d) Common in infants

1349. The defect in achalasia cardia is present in -
a) Myenterich plexus of auerbach *(Manipal 08)*
b) Meissner's plexus
c) Kesselbach's plexus
d) Mesentric plexus

1350. The most common type of tracheoesophageal fistula is - *(Manipal 08)*
a) Esophageal atresia without tracheoesophageal fistula
b) Esophageal atresia with proximal tracheoesophageal fistula
c) Esophageal atresia with distal tracheoesophageal fistula
d) Esophageal atresia with proximal and distal tracheoesophageal fistula

1351. Best test to diagnose gastroesophageal reflux disease and quantify acid output is - *(AIIMSNov 08)*
a) Esohagogramb) Endoscopy
c) Manometry d) 24 hr pH monitoring

1352. Non progressive contraction of esophagus are -
a) Primary b) Secondary *(AI09)*
c) Tertiary d) Quaternary

1353. All of the following statements about Zenker's diverticulum are true Except - *(AI 09)*
a) Acquired diverticulum
b) Lateral X-rays on Barium swallow are often diagnostic
c) False diverticulum
d) Out pouching of the anterior pharyngeal wall, just above the cricopharyngeus muscle

1333) a,c,d 1334)b,d,e 1335)b 1336)c 1337)c 1338)a,c,d 1339)a,b,c 1340)c 1341)a 1342)d 1343)a 1344)a 1345) a 1346) a 1347)a,b,c,d 1348)a,b 1349)a 1350)c 1351)d 1352)c 1353)d

1354. Most common cause of esophagitis *is-(AILMSMay 09)*
a) Alcohol b) Smoking
c) Spicy and hot food d) Esophageal reflux

1355. Not a predisposing factor for Ca esophagus -
a) Diverticula *(AIIMSMay09)*
b) Human papilloma virus
c) Mediastinal fibrosis
d) Caustic ingestion

1356. Which of the following statements) is/are true about trauma inj ury - *(PGI June 09)*
a) Seat belt can cause pancreato- duodenal injury
b) Late death is caused by sepsis
c) Damage control surgery (DCS) is used to control major bleeding & to prevent contamination of peritoneal cavity.
d) In DCS the abdomen is closed in layer to prevent evisceration
e) In DCS, laprotomy is decided based on patient prognosis

1357. True about oesophageal injury - *(PGI June 09)*
a) Barium swallow is diagnostic
b) Treatment is primary repair
c) MC after penetrating injury
d) Mortality increased if repair delayed beyond 24 hr
e) Can lead to medasitinal collection

1358. Commonest benign tumour of the esophagus -
a) Leiomyoma b) Papilloma *(DELHIPG Feb.*
c) Adenoma d) Hemangioma *09)*

1359. A patient present with dysphagia of4 weeks duration. Now he is able to swallow liquid food only. Which of the following is the one investigation to be done ? *(DELHIPG Feb. 09)*
a) Barium studies b) Upper GI endoscopy
c) CT scan d) Esophageal manometry

1360. The site of mucosal tear in MaOory-Weiss syndrome is- *(COMED09)*
a) Stomach b) Small intestine
c) Colon d) Oesophagus

1361. Heller's operation is done for - *(COMED 09)*
a) Achalasia cardia b) Pyloric stenosis
c) Hirschsprung's disease d) Crohn's disease

1362. True about mallory weiss tear- *(PGINov 09)*
a) Hamman mediastinum
b) Esophagus perforates at all layers
c) Auscultation - Crunching sound
d) Symptoms improves after conservative Mx
e) Longitudinal tear at junction of esophagus & stomach

1363. True about Boerhoeve's syndrome - *(PGINov 09)*
a) MC at lower l/3rd
b) Hematemesis is early symptoms
c) Acute chest pain
d) Surgically treated
e) Operation is done after 24 hr

1364. Barrett's esophagus shows - *(AIIMSMay 10)*
a) Intestinal dysplasia
b) Intestinal metaplasia
c) Squamous cell metaplasia
d) Columnar cell metaplasia

1365. Dysphagia which is more for liquids than for solids in a 25-year-old female strongly suggests the possibility of - *(UPSC-110)*
a) Pseudobulbar palsy
b) Achalasia of oesophagus
c) Carcinoma of oesophagus
d) Corrosive induced oesophageal stricture

1366. A 45-year-old man presented with regurgitated food particles eaten several days earlier. He has foul smelling breath and occasional dysphagia for solid fooD. What is the probable diagnosis? *(UPSC-110)*
a) Gastric outlet obstruction
b) Zenker's diverticulum
c) Scleroderma
d) Diabetic gastroparesis

1367. Dysphagia lusoria is a condition which results from-
a) Oesophageal atresia *(UP SC II10)*
b) Aberrant right subclavian artery
c) Oesophageal web
d) Corrosive stricture

1368. True about Schatzki's ring - *(PGINov. 10)*
a) Has skeletal muscle
b) Located at lower esophagus
c) Causes dysphagia
d) Contain all layers of oesophagus

1369. Non progressive contraction of Esophagus are -
a) Primary b) Secondary *(AIIMSMay 11)*
c) Tertiary d) Quaternary

1370. A 30-year-old woman complains of suprasternal dysphagia only for, solids. She also has a long-standing untreated menorrhagia leading to iron deficiency anaemia. What is the most probable cause for her dysphagia? *(UPSC111)*
a) Pharyngeal pouch b) Carcinoma oesophagus
c) Dysphagia lusoria d) Patterson-Kelly syndrome

1371. Curling's ulcer is seen in - *(NEET/DNB Pattern)*
L: **a)** Drowning --■> / t^b)Bums
c) Electric shock, d) Intracranial tumor

1372. NottrueabbutBarrett's esophagus |§§ ^
a) Metaplasia of cells *(NEET/DNB Pattern)*
b) Predisposes to SCC
c) Precancerous condition
d) Intestinal type is the most common type

1373. True about achalasia cardia, all except -
a) Elevated resting LES tone
b) Increased baseline intraesophageal pressure
c); .Increased; f^lhaj^l'^^t&Mc^Jwavesr^in the esophagus *(NEET/DNBPattern)*
d) Increased risk of squamous cell ca

1354) d 1355) c 1356)a,b,c,e 1357) AH 1358)a 1359)b 1360)a 1361)a 1362)d,e 1363)a,c,d 1364)b 1365)b
1366)b 1367) b 1368)b,c 1369)c 1370)d 1371)b 1372)b 1373)c

STOMACH & DUODENUM

1374. The most usuful method to diagnose cuse of upper GI haemorrhage is - (*PGI80, UPSC 84)*
a) Barium study b) Celiac angiography
c) Gastric biopsy d) Endoscopy

1375. All of the following are common cuases of haematemisis except - (*AIIMS 82, DNB 88)*
a) Chronic peptic ulcer b) Pernicious anemia
c) Esophageal varices d) Carcinoma of stomach

1376. Uncommon cause of upper GI bleed - *(PGI96)*
a) Varices b) Erosive gastritis
c) Peptic ulcer d) Carcinoma stomach

1377. Commonest site of peptic ulcer perforation - *(UPSC 86, KERALA 86, AI86)*
a) Anterior aspect of the first part of duodenum
b) Posterior aspect of the 1 st part of duodenum
c) Greater cuvature of the stomach
d) Lesser curvature of the stomach
e) Anterior apect of 2nd of duodenum

1378. Treatment of Zollinger Ellison syndrome- *(AI88)*
a) Total gastrectomy with removal of tumour
b) Partial gastrectomy
c) Excision of tumour alone
d) H_2 receptor antogonist

1379. Curlings ulcer is seen in - *(AI 88)*
a) Bums patients
b) Patients with head injuries
c) Zollinger Ellison syndrome
d) Analgesic dmg abuse

1380. Most common site for carcinoma stomach is -
a) Prepyloric *(KERALA 87, AP 85, UPSC 88,*
b) Body of stomach *KERALA 94)*
c) Fundus
d) Lesser curvature

1381. Operability in carcinoma stomach is indicated by all except- *(PGI 86)*
a) Involvement of omental nodes
b) Involvement of lymphnodes at the celiac axis
c) Lymphnode at porta hepatis
d) Solitary metastatic nodule in the liver
e) Krukenberg tumour

1382. Percentage of patient with perforated peptic ulcer who show free gas under the diaphragm -
a) 100% b) 75%
c) 50% d)90%

1383. Duodenal blowout following a Bilroth gastrectomy most commonly occurs on the.....day- *(AIIMS 87)*
a) 3rd b) 2nd
c) 6th d) 19th

1384. Which of the following does not occur in chronic pyloric obstru ction - *(BHU 88)*
a) Acid urine b) Alkaline urine
c) Hypokalaemia d) Hypochloremia

1385. In pyloric stenosis the following changes occur-
a) Hypokalemic hyponatremic alkalosis *(AIIMS 84)*
b) Hyperkalaemia
c) Acidosis with hyponartremic alkalosis
d) Hyperchloremic acidosis

1386. Commonest stomach tumour which bleeds -*(PGI88)*
a) Adenocarcinoma b) Squamous carcinoma
c) Leiomysarcoma d) Fibrosarcoma

1387. Regarding acute dilation of stomach which is incorrect - *(PGI 88)*
a) Occurs with fracture femur
b) Occurs with plaster
c) Resolves spontaneosly without treatment
d) Hypophophatemia is to be avoided

1388. Commonest operation done for peptic ulcer with gastric outlet obstruction is - *(KERALA 89)*
a) Truncal vagotomy with pyloroplasty
b) Highly selective vagotomy with pyloroplasty
c) Truncal vagotomy with gastrojejunostomy
d) Gastrojejunostomy

1389. Which of the following regarding hypertrophic pyloric stenosis is correct - *(PGI 89)*
a) More in female infants
b) 4-6 months after birth
c) Billious vomiting
d) Hypochromic Metabolic alkalosis

1390. The treatment of Hodgkin's disease of stomach is -
a) Gastric resection *(Karnataka 89)*
b) Gastric resection and chemotherapy
c) Puurely medical
d) None of the above

1391. Commonest cause of death in peptic ulcer patients is- *(AI90)*
a) Perforation b) Hemorrhage
c) Pyloric stenosis d) Maliganancy

1392. All of the following predispose to gastric carcinoma except - *(AI 90)*
a) Achlorhydria b) 'O' blood group
c) Pernicious anaemia d) Post gastrectomy

1393. Linitis plastica is commonly seen in - *(AI91)*
a) Ca. stomach b) Sarcoidosis
c) Lymphoma d) Leiomyosarcoma

1394. G-cells are present mostly in- *(TN91)*
a) Fundus b)Cardia
c) Pyloric antrum d) Body

1395. Precancerous condition of the stomach is -*(Kerala*
a) Lipoma b) Linitis plastica *91)*
c) Atrophic gastritis d) Hyperacidity

1396. The commonest earliest complication of TV and GJis- *(AIIMS91)*
a) Stomal obstruction b) Panalytic ileus
c) Gastric leak d) Anastomotic Hemorrhage

1397. Malignant transformation is commonly seen in - *(AIIMS91)*
a) Stomal ulcer
b) Gastric ulcer
c) Chronic Duodenal ulcer
d) Post bulbar ulcer

1374) d 1375) b 1376)d 1377)a 1378)c 1379)a 1380)d 1381)e 1382)b 1383)None 1384)b 1385)a 1386)c
1387) c 1388)c 1389)d 1390)d 1391)b 1392)b 1393)a 1394)c 1395)c 1396)d 1397)None

1398. Hour glass stomach is seen in - *(AIIMS 92)*
a) Gastric carcinoma b) Gastric ulcer
c) Gastric Lymphoma d)Corrossive Strictures

1399. Most common benign tumour of the stomach is -
a) Adenoma b) Lipoma *(PGI93)*
c) Hamartoma d) Leiomyoma

1400. Gastric Acid secretion is inhibited by - *(AI93)*
a) Gastrin b) Alkaline pH
c) Vagal stimulation d) Somatostatin

1401. All the following predispose to Carcinoma stomach -
a) Menetriers disease b) Chronic gastritis
c) Gastric polyp d) Gastric erosion

1402. Erosive gastritis commonly occurs at - *(JIPMER 93)*
a) Body b) Fundus
c) Lesser curvature d) Antrum

1403. Endoscopy is useful in diagnosis of peptic ulcer in following sutuations except - *(JIPMER 79, PGI80)*
a) Post bulbar ulcer b) Stomal ulcers
c) Giant duodenal ulcer d) Duodenal erosion

1404. Deverticulum of the stomach - *(PGI 79, UPSC 86)*
a) Pain is the main symptom
b) Usually at cardiac end
c) Usually on posterior surface
d) Inversion is the satisfactory treatment
e) All of the above

1405. Anemia is greater in which of the following gastric resection - *(PGI 81, AMU 85)*
a) Billorth II
b) Billorth I
c) Both of the above are equal
d) Neither of the above

1406. The most frequent symptom of gastric diverticulum is - *(AIIMS 81, PGI 82)*
a) Epigastric pain b) Haematemesis
c) Vomiting d) Pain relieved by food

1407. All of the following may be features of a silent carcinoma of the body of the stomach except -
a) Obstructive jaundice *(JIPMER 80, AMU89)*
b) Ascites
c) Dysphagia
d) Krukenberg's tumours

1408. In congenital pyloric stenosis the defect usually lies in - antrum - *(AIIMS 78, PGI 83)*
a) Nerve fibres
b) Circular muscle fibres
c) Longitudinal muscle fibres
d) Mucosa

1409. The following are the complications of trichobezoars except- *(AIIMS 89, AMU89)*
a) Haematemesis b) Perforation and peritonis
c) Obstruction d) Malignancy

1410. If the mucosa was accidentally opended at operation (Ramstedt) it is wise not to feed the child orally for- *(AIIMS 70, AMU 90)*
a) 12 Hours b) 24 Hours
c) 48 Hours d) 1 week

1411. The operation of choice in congentital pyloric stenosis is - *(AIIMS 80, DELHI 83, AP 89, Jipmer 81, PGI 9 7)*
a) Pyloroplasty
b) Pyloromyotomy
c) Gastro-jejunostomy
d) Gastro duodenostomy

1412. Prensenting symptom of carcinoma stomach is -
a) Bleeding b) Obstruction *(AIIMS8JAP 90)*
c) Perforation d) Weight loss

1413. Investigation of choice in peptic ulcer perforation is - *(KERALA 94)*
a) USG b) X-Ray abdomen
c) Paracentasis d) CT scan

1414. About 6-8 hours after peptic perforation the disappearance of abdominal wall rigidity is due to -
a) Cessation of acid secretion in the stomach
b) Revival from initial shock *(UPSC 95)*
c) Dilution of acid in the peritonial cavity
d) Fatigue of reflex arc.

1415. Best prognosis in carcinoma stomach is - *(AI 95, AIIMS 89, 92)*
a) Superficial spreading
b) Ulcerative
c) Lintis Plastica
d) Polypoidal fungating

1416. What complication commonly occurs in anterior duodenal ulcer - *(TN 95)*
a) Bleeding b) Penetration
c) Perforation d) Stricture formation

1417. A person who had undergone gastrojejunotomy suddenly develops severe diarrhoea. Which should be suspected - *(IN 95)*
a) Gastric carcinoma b) Tb abdomen
c) Gastrojejunocolic fistula d) Gastric amoebiasis

1418. A 35 - year old male who had chronic duodenal ulcer for the last six years presents with worsening of symtomps loss of periodicity of symptoms pain on risingin the morning sense of epigastric bloating and post - prandial vomiting. The most likely cause of the worsening of his symptoms is the development of -
a) Posterior penetration *(UPSC 96)*
b) Gastric outlet obstruction
c) Carcinoma
d) Pancreatitis

1419. All of the following are indications for surgery in a case of duodenal ulcer except - *(UPSC 96)*
a) Acute perforation of ulcer
b) Pyloric stenosis
c) Massive haemorrhage
d) Typical periodicity

1420. The operation wherein the stump of the stomach is durectly anastomosed to the stump ofthe duodenum is called- *(KARNAT96)*
a) Polya gastrectomy
b) Hoffmeister gastrectomy
c) Billroth I gastrectomy
d) Billrothe II gastrectomy

1398)b 1399) a 1400)d 1401)d 1402)a,b 1403)c 1404)b,c 1405)a 1406)a 1407)c 1408)b 1409)d 1410)b 141 l)b 1412) d 1413) b 1414)c 1415)a 1416)c 1417)c 1418)b 1419)d 1420)c

1421. Which of the following is not true of Curling's ulcer-
a) Seen in burned patients *(KARNAT96)*
b) Are solitary penetrating ulcer
c) Are shallow multiple erosions
d) Has also been described in children after head injury or craniotomy

1422. TVosier's sign is - *(AP 96)*
a) Rt. supraclavicular lymph node enlargment
b) Lt. supraclavicular Lymphnode enlargement
c) Carpopedal spasm
d) Migrating Thrombophlebitis

1423. Maximal reduction in gastric acidity is achieved by- *(UPSC 97,*
a) Truncal vagotomy and pyloroplasty *PGI96)*
b) Truncal vagotomy and antrectomy
c) Partial gastrectomy
d) Highly selective vagotomy

1424. Investigation of choice for an early gastric carcinoma-
a) Endoscopic ultrasound *(AIIMS97)*
b) Stained endoscopic biopsy
c) Barium meal
d) CT scan

1425. Early gastric carcinoma uncludes all except -
a) Invasion of Mucosa
b) Invasion of Submucosa
c) Invasion of muscularis propria
d) Dysplasia

1426. Function of thick gastric mucusa is - *(AI97)*
a) Protects epithelium b) Neutralises HCL
c) Traps foreign particles d) None of the above

1427. Prognosis in a case of duodenal perforation is determined by all except - *(PGI 96)*
a) Age of the petient b) Duration of history
c) Basal pneumonia d) Peritonitis

1428. Gastro jejunostomy is an example of -*(JIPMER 98)*
a) Clean contaminated wound
b) Clean uncontaminated wound
c) Unclean uncontaminated wound
d) Unclean contaminated wound

1429. 'DUODENAL BLOWOUT' is - *(AP 97)*
a) Perforation of duodenal ulcer
b) Latrogenic
c) Complication of partial gastrectomy
d) Due to trauma

1430. Dumping syndrome occurs due to - *(AI99)*
a) Small stomach
b) Hyperosmolar load in intestine
c) Vagolytic action
d) Excesive intake of food

1431. A patient with ANTRAL Ca repeatedly vomits. No t seen is - *(AIIMS 98)*
a) Acidosis b) Hypokalemia
c) Hyponatremia d) Hypochloremia

1432. TVue about IHPS is all except - *(AIIMS 99)*
a) Males commonly affected
b) Commonly presents at 3-8 weeks
c) X-Ray shows gastric dilation and gasless small intestines
d) USG is of no use in diagnosis

1433. Gastric carcinoma involving the anrtum with lymph node involvements. The pancreas, liver, peritoneal cavity are normal. Most appropriate surgery is -
a) Total radical gastrectomy
b) Palliative gastrectomy
c) Gastrojejunostomy
d) None of the above

1434. Electrical pacemaker of stomach is situated in -
a) Fundus *(Karnataka 01)*
b) Body
c) Incisura Angularis
d) Gastro oesophageal junction

1435. H. pylori causes - *(TN 2001)*
a) Type A Gastritis b) Type B gastritis
c) Autommine d) Allergic Gastritis

1436. Highest pickup for gastro uejunocolic fistula is by- *(J&K2001)*
a) Ba swallow b)Bameal
c) Ba enema d) Ba follow through

1437. Post - Vagotomy diarrhoea can be effectively managed by - *(UPSC 2002)*
a) Steroids b) Thyroxin
c) Somatostatin analogue d) Parathormone

1438. Trichobezoar is - *(HPU 2001)*
a) Hair ball in stomach in psychiatric patient
b) Tumours of stomach
c) TB of bowel
d) Collection of worms in stomach

1439. Histologic examination of the lesion in stomach reveal fat - laiden cells, likely cause is -*(AIIMS2001)*
a) Lymphoma
b) Post gastrectomy
c) Signet - cell carcinoma stomach
d) Atrophic gastritis

1440. Minimum amount of GI bleed to cause melena is
a) 10 ml b)40ml *(PGI 78, AIIMS 79)*
c) 60ml d) 115 ml

1441. The most sensitive test to detect GI bleeding is -
a) Selective angiography *(PGI 79, AIIMS 81)*
b) Radiolabelled, erythrocyte scanning
c) I_{131} Fibrinogen studies
d) Stool for occult blood

1442. Most Severe degree of alkalosis occurs in obstruction of - *(MAHE 98)*
a) Cardiac end b) Pylorus
c) Lleocaecal region d) Colon

1443. In gastrectomy following occurs except - *(PGI 97)*
a) Calcium deficiency b) Steatorrhoea
c) Fe. deficiency d) Fluid loss

1421)b,d 1422)b 1423)b 1424)b 1425)c 1426)a 1427)c 1428)a 1429)c 1430)b 1431)a 1432)d 1433)d
1434)a 1435)b 1436)c 1437)c 1438)a 1439)c 1440)c 1441)b 1442)b 1443)d

1444. Antenatal double bubble appearance on ultrasound is due to - *(PGI97)*
a) Diaphragmatic hernia b) Duodenal atresia
c) Volvulus d) Intussusception

1445. Precancerous condition of Ca stomach is -*(PGI97)*
a) Peptic ulcer b) Chronic gastric atrophy
c) Achalasia cardia d) Curling's ulcer

1446. Deficiency of the abdominal muscle is associated with- *(PGI 99)*
a) Eagle-Barrette syndrome
b) Christopher syndrome
c) Megacystitis
d) Megaureter

1447. True about stomach carcinoma - *(PGI 2000)*
a) Weightloss is commonest feature
b) Secondaries are most commonly seen in peritoneum & omentum
c) Lymphatic & hematogenous spread are rare
d) Barrium meal is diagnostic
e) Radioresistant

1448. Artery to bleed in duodenal ulcer h'ge -*(PGI2000,*
a) Spleenic a *PGI 88, 99, AI89, UP 96)*
b) Gastroduodenal a
c) Left gastric a
d) Sup. mesenteric a

1449. Risk factor for carcinoma stomach are all except- *(PGI 2000)*
a) Blood group A b) Post gastrectomy
c) Old peptic ulcer d) Atrophic gastritis

1450. Treatment of perforated peptic ulcer includes -
a) i.v. fluids *(PGI 01)*
b) Drainage of paracolic gutter
c) Immediate surgery
d) Antacids
e) i.v. pantoprazole

1451. The investigation for duodenal ulcer is - *(PGI 01)*
a) Hypotonic duodenography
b) Barium meal
c) Barium swallow
d) Upper GI endoscopy
e) Abdominal X-ray erect view

1452. Predisposing factors for stomach carcinoma -
a) Gastric ulcer *(PGI 01)*
b) Pernicious anemia & achlorhydria
c) Hiatus hernia
d) Atrophic gastritis

1453. Which of the following factors contribute to the development of duodenal ulcers - *(PGI 01)*
a) Lysolecithin b) Gastric acid
c) Alcohol abuse d) Prostaglandins
e) Smoking

1454. Duodenal stricture is caused by - *(PGI 02)*
a) Amoebiasis b)T.B.
c) Ca pancreas d) Crohn's disease
e) Giardiasis

1455. Congeital pyloric stenosis causes - *(PGI02)*
a) Bilious vomiting
b) Non-billious vomiting
c) Projectile vomiting
d) Non projectile vomiting
e) Forceful

1456. TVue of early gastric carcinoma - *(PGI 02)*
a) Invasion of mucosa and sub-mucosa with neighbouring lymphanode
b) Invasion of mucosa and submucosa irrespective to L.N. spread
c) Radical Gastrectomy perferred
d) Endoscopic removal of lesions
e) Conservative gastrectomy

1457. Predisposing factors for gastric ca are - *(PGI 02)*
a) Atrophic gastritis b) Hyperplastic polyp
c) Adenomatous polyp d) Achlorhydria
e) Animal fat consumption

1458. Hypertrophic pyloric stenosis, true about -*(PGI 03)*
a) Common in females
b) Present after 3-5 wks of birth
c) USG can't diagnose
d) Alkalosis
e) Surgery is the TOC

1459. TVue about Ca stomach - *(PGI 03)*
a) Weight loss is the MC presentation
b) Mesenteric & peritoneal spread is early
c) Prognosis depends upon lymph node involvement
d) Spreads through haematogenous & lymphatic routes

1460. Thickened gastric folds are found in - *(PGI 03)*
a) Lymphoma b) Menetrier's disease
c) Carcinoma d) Eosinophilic gastritis
e) Giardiasis

1461. What is correct about duodenal ulcer - *{Kerala 03)*
a) 25% will occur if H. pylori is not eradicated -
b) Magnesium containing drugs may cause constipation
c) Bismuth is not used for long terms
d) None

1462. H. pylori infection causes carcinoma by which mechanism- *{TN03)*
a) Production of nitrosamines
b) Gastric metaplasia
c) Increasing acid secretion
d) Causing mutation

1463. Hpylori- *{PGI04)*
a) G - ve nonflagellate spiral organism
b) Obligate parasite on gastric mucosa
c) Does not infect duodenal mucosa
d) Antibiotics not effective
e) Causes hypergastinemia induced peptic ulcer

1464. Duodenal adeno carcinoma - *{PGI04)*
a) Most common small bowel carcinoma
b) Periampullary carcinoma
c) Jaundice & anemia - most common symptom
d) Local resection - curative

1444)b 1445)b 1446)a 1447)e 1448)b 1449)a,c 1450)a,c,e 1451)a,b,d 1452)b,d 1453)b,c,e 1454)b,c,d 1455)b,c,d,e 1456)b,c,d 1457)a,c,d 1458)b,d>e 1459)a,c,d 1460)a,b,c,d 1461)d 1462)b 1463)b 1464)a,c

1465. Gastric malignancy is predisposed with- *{Kerala 04)*
a) Blood group O b) Intestinal metaplasia
c) Gastric hyperplasia d) Duodenal ulcer

1466. Ramstedts operation is done for - *(IN04, AIIMS87)*
a) Congenital hypertrophic pyloric stenosis
b) Breast carcinoma
c) Thyroglossal cyst
d) Carcinoma stomach

1467. In which one of the following conditions is gas under diaphragm not seen - *(UPSC 05)*
a) Perforated duodenal ulcer
b) Typhoid perforation
c) After laparotomy
d) Spontaneous rupture of oesophagus

1468. The structures removed, while carrying out radial gastrectomy for a 2 x 2 cm antral adenocarcinoma, would include the following except - *(UPSC 05)*
a) Distal 2/3 of stomach with centimeter cuff of duodenum
b) Lesser and greater omentum
c) Lymph nodes along left and right gastric common hepatic and splenic arteries
d) Spleen

1469. The most commonly practiced operative procedure for a perforated duodenal ulcer is - *(Kamat 05, SGPGI05)*
a) Vagotomy and pyloroplasty
b) Vagotomy and antrectomy
c) Vagotomy and perforation closure
d) Graham's omentum patch repair

1470. Lesser curvature anterior seromyotomy is indicated in- *(MAHE05)*
a) Gastric ulcer b) Gastric CA
c) Duodenal blowout d) Duodenal uncer

1471. Eradication of H.pylori has been proved to be beneficial in the following condition except -
a) Duodenal ulcer *(ICS05)*
b) Gastric ulcer
c) Low grade MALT lymphoma
d) Hypertrophic gastritis

1472. True about gastric cancer are A/E - *(PGIJune 05)*
a) Incidence increasing worldwide
b) Incidence of upper gastric cancer increasing
c) Surgically correctable
d) Prognosis depends on the depth of the lesion than the size of the lesion

1473. All of the following are indications for surgery in gastric lymphoma except - *(AIIMS Nov 05)*
a) Bleeding
b) Perforation
c) Residual disease following chemotherapy
d) Intractable pain

1474. The most common causeof gastric outlet obstruction in India as - *(AI06)*
a) Tuberculosis b) Cancer of stomach
c) Duodenal lymphoma d) Peptic ulcer disease

1475. Features of pyloric stenosis - *(PGI June 06)*
a) Hypokalemic alkalosis
b) Peristalsis right to left
c) Commonly caused by carcinoma stomach
d) Retention vomiting present
e) Commonly females involved

1476. Characteristic of H. Pylori is/are - *(PGI June 06)*
a) Doesn't affect normal duodenal mucosa
b) Important cause for gastric ulcer
c) Protozoa
d) Antibiotics not usefùl

1477. Eradication of helicobacter pylori has been proved to beneficial in which of the following disorders of the stomach - *(COMED 06)*
a) Low grade malt lymphorqa
b) Erosive gastritis
c) Carcinoma stomach
d) Gastroesophageal disease

1478. In the Forest classification for bleeding peptic ulcler with a visible vessel or pigmented protuber ance is classified as - **(***COMED 06)*
a) FI b) Fll a
c) Fllb d) Fll c

1479. Stress ulcers is caused by all of the following except?
a) Bums (*.APPG06)*
b) Catisol therapy
c) Penicillin therapy
d) Pulmonary insufficiency

1480. True about Trichobazoers except - **(***Manipal 06)*
a) It is caused by Trichuris
b) It is a psychiatric manifestation
c) Balls of hairs in the stomach
d) Pulling the hair & sucking of hair is usually seen

1481. With reference to duodenal ulcers, consider the following statements - *(UPSC 07)*
1. They occur most often in the second part of duodenum
2. Infection with H. pylori and NS AID-induced injury account for majority of duodenal ulcer
3. Malignant duodenal ulcers are extremely rare
4. Exradication of H. pylori has greatly reduced the recurrence rates in doudenal ulcers

Which of the statements given above are correct ?
a) 1,2 and 3 only b) *2*,3 and 4 only
c) 1 and 4 only d) 1 , 2 , 3 and 4

1482. Which of the following statements related to gastric injury is not true ? *(AI07)*
a) Mostly related to penetrating trauma
b) Treatment is simple debridement and suturing
c) Blood in stomach is always related to gastric injury
d) Heals well and fast

1483. Metabolic abnormality seen in congenital hypertrophic pyloric stenosis is - *(Aiims May 07)*
a) Hypochloremic hypokalemic metabolic alkalosis
b) Hyperchlonemic hypokalemic metabolic alkalosis
c) Hypochloremic hypokalemic metabolic acidosis
d) Hyperchloremic hypokalemic metabolic acidosis

1465) b 1466) a 1467)d 1468)c 1469)d 1470)d 1471)d 1472)a 1473)d 1474)b 1475)a 1476)a,b 1477)a 1478)b 1479) c 1480) a 1481)b 1482)c 1483)a

1484. A patient comes with hematemesis and malena. On the upper GI endoscopy there was no significant finding. 2-days later the patient rebleeds. Next line of investigation is - *(Aiims May 07)*
a) Emergency angiography
b) Repeat upper GI endoscopy
c) Enteroscopy
d) Laprotomy

1485. In a highly selective vagotomy, the vagal supply is severed to - **(***Corned 07)*
a) Proximal two-thirds of stomach
b) Antrum
c) Pylorus
d) Whole of stomach

1486. Which of the following anaemias is a risk factor for the development of gastric carcinoma - (*Corned 07)*
a) Pernicious anaemia
b) Megaloblastic anaemia
c) Aplastic anaemia
d) Haemolytic anaemia

1487. Prepyloric or channel ulcer in the stomach is termed as - **(***Corned 08)*
a) type 1 b) type 2
c) type 3 d) type 4

1488. Which one of the following types of stomach cancers carries the best prognosis - *(UPSC-II08)*
a) Superficial spreading type
b) Ulcerative type
c) Linitis plastica type
d) Polypoidal type

1489. Treatment of choice in peptic ulcer grade III is -
a) Vagotomy only *(UP 08)*
b) Vagotomy and antrectomy
c) Vagotomy and pyloroplasty
d) Highly selective vagotomy

1490. An otherwise normal female presents with symptoms of flatulent dyspepsia. She was started on proton pump inhibitors, which controlled her symptoms. The next step in management of this condition should be- *(AI08)*
a) Immediate laparoscopic cholecstectomy
b) Laparotomy after 1 or 2 months
c) Wait & watch
d) Endoscopic retrograde cholangiopancreatography

1491. Metabolic abnormality seen in gastric outlet obstruction is - *(Aiims May 08)*
a) Hypochloremic, hypokalemic acidosis
b) Hypochloremic, hypokalemic alkalosis
c) Hyperchloremic, hypokalemic acidosis
d) Hypochloremic, hyperkalemic alkalosis

1492. False about Gastric lymphoma is - *(Aiims May 08)*
a) Stomach is the most common site
b) Asosciate with H. pylori infection
c) Total gastrectomy with adjuvant chemotherapy is the treatment of choice
d) 5 yr survival rate after treatment is 60%.

1493. Veins involve in stomach varices are -*(PGIDec 08)*
a) Coronary vein
b) Short gastric vein
c) Right Gastroepiploic vein
d) Left gastroepiploic vein
e) Left gastric vein

1494. Most common site of Curling's ulcer -
a) Ileum b) Stomach *(AIIMS Nov 08)*
c) Duodenum d) Esophagus

1495. Bariatric surgical procedures include -
a) Gastric Banding *(AIIMS Nov 08)*
b) Gastric Bypass
c) Biliopancreatic diversion
d) Ileal Transposition

1496. Double Bubble sign is seen with - *(AIIMSMay 09)*
a) Pyloric stenosis b) Duodenal atresia
c) Ileal atresia d) Esophageal atresia

1497. True statement (s) regarding peptic ulcer disease -
a) Anterior ulcer bleeds more commonly
b) Posteriorly perforated ulcer is always management conservatively *(PGI June 09)*
c) Anti-H. pylori drugs must be included in the treatment regime
d) H.pylori is known to increase incidence of gastric malignancies
e) Increase acid production is prerequisite for gastric ulcer

1498. All are true about gastric Ca except -*(PGI June 09)*
a) H-pylori association is present
b) D2 gastrectomy include total gastrectomy
c) Surgical non curatice lesion should not be resected
d) Pt under total gastrectomy should be given vit B12
e) Haematemesis present in majority of patients

1499. Posterior perforated ulcer on pyloric antrum cause .abcss formation in- *(PGI June 09)*
a) Greater sac b) Lesser sac
c) Pouch of morrison d) Omental bursa
e) Right subphrenic

1500. Which one of the following is NOT a feature of congenital hypertrophic pyloric *stenos\s-(UPSC-109)*
a) More common in males b) Projectile vomiting
c) Diarrhea d) Malnutrition

1501. True about gastric stump carcinoma -
a) Enterogastric reflex is the cause *(PGINov 09)*
b) Prognosis good after surgery
c) It is always adenocarcinoma in nature
d) Diffuse type is only variety

1502. True regarding gastric antral vascular ectasia (GAVE)- *(PGI Nov 09)*
a) Capillary lesion
b) Arterial type
c) Difficult to manage because of multiplicity & size
d) Best treatment argon plasma coagulation
e) Associated with chronic renal failure & iron deficiency anaemia

1484) d 1485) b 1486)a 1487)c 1488)a 1489)b 1490)c 1491)b 1492)c 1493) All 1494)c 1495)d 1496)b 1497)d 1498) e 1499) b 1500) c 1501) a 1502) a, b,e

1503. Increased risk of gastric carcinomias associated with-
a) Intestinal metaplasia *(PGINov09)*
b) Polyp - hyperplastic or adenoma
c) Atrophic gastritis
d) Corossive antral stricture
e) Eosinophilic gastritis

1504. Treatment of high lying ulcer near gastro-oesophageal junction is/are - *(PGINov 09)*
a) Pouchet procedure
b) Kelling - Madlenger operation
c) Csendes procedure
d) Total gasrectomy
e) Vagotomy & pyloroplasty

1505. Incorrect about gastric ulcer - *(PGI Nov 09)*
a) Most common on lesser curvature
b) 75% H.pylori related
c) Type IV ulcer most common type
d) Treatment is primaryly medical
e) 30% GU are associated with malignancy

1506. In a case of hypertrophic pyloric stenosis, the metabolic disturbance is - *(AIIMSNov 09)*
a) Respiratory alkalosis
b) Metabolic acidosis
c) Metabolic alkalosis with paradoxical aciduria
d) Metabolic alkalosis with alkaline urine

1507. A robust male baby with vigorous feeding and immediate vomiting at 2 months of age. Most probable diagnosis is - *(AIIMS Nov 09)*
a) Paralytic ileus
b) Hirschsprung's disease
c) Brain tumor
d) Congenital hypertrophic pyloric stenosis

1508. A 65 years old patient of coronary artery disease was on Aspirin for 2 years. He now complains of black stools. Abdominal examination is normal. What is the most probable diagnosis? *(AIIMSNov 09)*
a) Ileocecal TB b) Ca colon
c) Esophageal varices d) Duodenal ulcer

1509. Congenital hypertrophic pyloric stenosis associated with - *(AIIMS May 10)*
a) Hypokalemic acidosis b) Hypokalemic alkalosis
c) Hyperkalemic acidosis d) Hyperkalemic alkalosis

1510. An adult presented with hemetemesis and upper abdominal pain. Endoscopy revealed a growth at the pyloric antrum of the stomach. CT scan showed growth involving the pyloric antrum without infiltration or invasion into surrounding structures and no evidence of distant metastasis. At laparotomy neoplastic growth was observed to involve the posterior wall of stomach and the pancreas extending 6cm up to tail of pancreas. What will be the most apropriate surgical management - (AI10)
a) Closure of the abdomen
b) Antrectp,u amd vagotomy
c) Partial gastrectomy + Distal pancreatectomy
d) Partial gastrrectomy + Distal pancreatectomy+ splenectomy

1511. All of the following about gastrointestinal carcinoid tumors are true, except - *(AI 10)*
a) Small intestine and appendix account for almost 60% of all gastrointestinal carcinoid.
b) Rectum is spared
c) 5 year survival for carcinoid tumors is > 60%
d) Appendicial carcinoids are more common in females than males

1512. All of the following are primarily restrictive operation for morbid obesity, except - *(AI 10)*
a) Vertical band gastroplasty
b) Switch duodenal operation
c) Rouxen Y operation
d) Laparoscopic adjustable gastric banding

1513. A 35-year old male who had chronic duodenal ulcer for the last six years presents with worsening of symptoms, loss of periodicity of symptoms, pain on rising in the morning, sense of epigastric bloating and post-prandial vomiting. The most likely cause of the worsening of his symptoms is development of-
a) Posterior penetration *(DPG10)*
b) Gastric outlet obstruction
c) Carcinoma
d) Pancreatitis

1514. H. pylori infection is associated with increased risk of- *(Maharashtra10)*
a) Proximal gastric cancer
b) Carcinoma of body and pylorus of stomach
c) Carcinoma of duodenum first part
d) Carcinoma involving gastroesophageal junction

1515. Barium meal contrast radiography is better than endoscopy for diagnosing which of the following?
a) Large hiatus hernia (rolling type)
b) Linitus plastica *(Maharashtra10)*
c) Chronic gastric volvulus
d) All of the above

1516. What is the most common cause of gastric outlet obstruction in a 4-week-old baby? *(UP SC II10)*
a) Annular pancreas
b) Foreign body
c) Congenital hypertrophic pyloric stenosis
d) Duodenal atresia

1517. The transition between the stomach and duodenum is marked by - *(UP SC II10)*
a) Vein of Mayo
b) Hepatoduodenal ligament
c) Gastroduodenal artery
d) Incisura

1518. Dumping syndrome can occur after - *(UP SCII10)*
a) Billroth-II operation
b) Heller's operation
c) Whipple's operation
d) Nissen fimdoplication

1503)a,b,c 1504)a,b 1505)c,e 1506)c 1507)d 1508)d 1509)b 1510)c 1511)b 1512)b 1513)b 1514)b 1515)d 1516)c 1517)a 1518)a

1519. A 3 week old patient presenting with vomiting and failure to thrive is found to have pyloric stenosis. What should be the next step of management ? *(AIIMS May 11)*
a) Its emergency so do pyloromyotomy immediately
b) Fluid resuscitation may be delayed
c) Correction of electrolyte disturbances
d) Cardiopulmonary resuscitation

1520. Best test to diagnose gastroesophageal reflux disease and quantify acid output is - *(AIIMSMay 11)*
a) Esohagogram b) Endoscopy
c) Manometry d) 24 hr pH monitoring

1521. In a male after laparoscopic cholecystectomy, specimen is sent for histopathology which shows carcinoma gallbladder stage Tla. Appropriate management is - *(AIIMS May 11)*
a) Conservative and follow up.
b) Extended cholecystectomy
c) Excision of all port sites
d) Radiotherapy

1522. A thirty year old male presents to the Emergency Department with symptoms of epigastric pain radiating to back that wakes him up at nigh and is relieved by consuming food. He gives history of similar pain in the past which was diagnosed as perforated duodenal ulcer and treated with ometal patch surgery on two occasions. Pain before and after surgery has been contolled with proton pump inhibitors and analgesics. The likely diagnosis on this occasion is - *(AI11)*
a) Duodenal Ulcer b) Gastric Ulcer
c) Atrophic Gastritis d) Chronic Pancreatitis

1523. Which of the following statements about Gastric carcinoma are true - *(AI 11)*
a) Squammous cell carcinoma is the most common histological subtype
b) Often associated with Hypochlorhydria/ Achlorhydria
c) Occult blood in stool is not seen
d) Highly Radiosensitive tumor

1524. A 44-year-old man presents to the hospital emergency with sudden onset pain in the epigastrium and three episodes of vomiting in the last two hours. His last vomitus was slightly brownish in colour, lie is a known case of ankylosing spondylitis requiring regular medication for back pain. Which one of the following tests would best help diagnose the patient? *(UPSC 111)*
a) Upper GI endoscopy b) Ultrasound abdomen
c) Ryle's tube aspiration d) H.pylori serology

1525. Consider the following statements in respect of congenital hyper trophic pyloric stenosis - *(UPSC 1111)*
1. The condition is more common in males.
2. The investigation of choice is ultrasonography.
3. Hypertrophy is maximal in the prepyloric region.
4. The condition presents within the first week of birth

Which of the statements given above are correct?
a) 1 and 2 only b) 2,3 and 4 only
c) 1 and 3 only d) 1,2 and 4 only

1526, A 24 day neonate presents with projectile vomiting & failure to gain weight. What is the diagnosis? -
a) CHPS *(NEET/DNB Pattern)*
b) NEG
c) Duodenal atresia
M).Hirschsprung's disease ;*

1527dGastrotomyi$ *4 cy ~ (NEET/DNB Pattern)*
a)Ope.nthe:Stomachjclosed aftet^tubedifeertibn
B)QpeningfTte $tomach
y^yc) Resecting the terminal part of stomach
vs 'IB ^-Resecting theiprpxnal part of stomachy

LIVER

1528. For bleeding varices of the oesophagus the common operation operations is/are - (*AIIMS 81, DNB 89)*
a) Portocaval shunt b) Gastrectomy
c) Splenectomy d) All of the above

1529. In Budd chiari syndrome the occlusion is at the - *(Kerala 8 7, AP 86, Karn. 89)*
a) IVC b) Renal vein
c) Hepatic vein d) Spelnic vein

1530. Line of surgical divison of the lobes of the liver is -
a) F alciform ligament to the diaphragm *(AIIMS 85,*
b) Gall bladder bed to IVC *87)*
c) Gall bladder bed on the It curs of diaphragm
d) One inch to the left of falciform ligament to the IVC

1531. Honey comb liver is seen in - *(JIPMER 87)*
a) Micronodular cirrhosis
b) Dubin Johnson's syndrome
c) Actinomycosis
d) Hydatidosis

1532. The sengstaken tube must maintain a pressue of ... to stop bleeding from varices - *(JIPMER 87)*
a) 20mmHg b)25mmHg
c) 35mmHg d)45mmHg

1533. Following resection of 2/3 of the liver, regeneration is complete within - *(BHU 8 7)*
a) 2-3 months b) 8-10 weeks
c) 4-6 months d) 4-5 weeks

1534. What percentage of the blood flow to the liver is supplied by the hepatic artery - *(UPSC 86,*
a) 90% b) 20% *JIPMER 88)*
c) 40% d)60%

1535. Most common nodule found in the liver is -*(PGI87)*
a) Hepatoma b) Hamartoma
c) Hemangioma d) Cholangioadenoma

1536. Spontaneous rupture of the liver occurs in -*(BHU 88)*
a) Hepatoma b) Portal hypertension
c) Spherocytosis d) Secondary deposits

1537. Multiple liver secondaries are most common in the following cancers - *(AIIMS 84)*
a) Head of pancreas b) Stomach
c) Gallbladder d)Periampullary

1519) c 1520) d 1521)c 1522)a 1523)b 1524)a 1525)d 1526)a 1527)b 1528)a 1529)c 1530)b 1531)c 1532)c 1533)c 1534)b 1535)c 1536)a 1537)c

1538. Multiple Liver secondaries are most common in following persons - *(AIIMS84)*
a) Overweight b) Undeweight
c) Normal weight d) Short and shunted

1539. Liver malignancies can be studied by - *(PGI88)*
a) Radionurclear study b) Ultrasound
c) CT d) Laprascope
e) All

1540. Bud chiari syndrome is due to thrombosis of-
a) Infra renal IVC *(PGI88)*
b) Renal part of IVC
c) Superior mesentric vein thrombosis
d) Hepatic veins

1541. Contra indications of porta systemic shunting include- *(PGI88)*
a) Serum albumin less than 3 mg%
b) Massive ascites
c) Significant juandice
d) All of the above

1542. Drug induced portal hypertension is seen with - *(PGI 78, AIIMS 79)*
a) Vitamin A toxicity b) Methotrexate
c) Aldomet d) Valproic acid

1543. Which is the commonest incidentaloma detected in the liver - *(Kam. 94)*
a) Focal nodular hyperplasia
b) Haemangioma
c) Hepatocellular adenoma
d) Hydatid cyst

1544. A 40 year old male presents with a painless cystic liver enlargement of four years duration without fever or jaundice. The most diagnosis is-*(UPSC96)*
a) Amoebic liver abscess b) Hepatoma
c) Hydatid cyst of liver d) Choledochal cyst

1545. A 20 years old football player received a hard kick in the epigastrium. A large cystic swelling appeared in the epigastrium two weeks later. The most likely diagnosis is - *(UPSC 96)*
a) Hydatic cyst of liver
b) Amoebic liver abscess
c) Pseudopancreatic cyst
d) Haematoma of rectus sheath

1546. Regarding hepatic artery ligation which statement is false - *(Karnat. 96)*
a) The best rusults are obtained incase of haembilla
b) Not useful in primary hepatoma
c) Can cure secondary carcinoma
d) Must be coverd by massive antibiotic administration

1547. Liver biopsy is done through 8th midaxillary line to avoid- *(AI97)*
a) Lung b) Pleural cavity
c) Subdiaphragmatic space d) Gall bladder

1548. In child's criteria partial encephalopaty billirubin 2.5 mg/dl albumin 3 gm/dl controlled ascites indicates - *(PGI 96)*
a) Grade A b) Grade B
c) Grade C d) More information needed

1549. True treatment regarding hepatic amoebiasis -
a) More common in females *(PGI 96)*
b) Multiple lesions
c) Mostly treated conservatively
d) Jaundice is common

1550. Criteria for assessing prognosis of systemic portal shunt is by - *(AIIMS 96)*
a) Serum albumin b) Resistant ascites
c) Serum billirubin d) Type of shunt

1551. All are complications of hydatid cyst in the liver except- *(AP 97)*
a) Jaundice b) Suppuration
c) Cirrhosis d) Rupture

1552. Which one of the following is not a treatment of gastroesophageal variceal haemurrhage -
a) Sclerotherapy *(UPSC 01)*
b) Sengstaken tube
c) Transjugular intrahepatic portacaval shunt
d) Gastric freezing

1553. With couniard's nomenclature which one of the following segments of liver has an independent vascularisation - *(UPSC 02)*
a) Segment Ib) Segment II
c) Segment IV d) Segment VIII

1554. In hepatocellular carcinoma, factor important is -
a) Alcoholic hepatitis *(PGI97)*
b) Schistomiasis
c) Cirrhosis
d) Fasciolepsis buski infestation

1555. TrueaboutTIPSS- *(PGI98)*
a) It is a type of portocaval shunt
b) It is intrahepatic shunt
c) Performed by passing endoscopes
d) Most suitable for patient going for liver transplant

1556. Liver transplant is not possible for - *(PGI98)*
a) Liver b) Pancreas
c) Small intestine d) Cornea

1557. In non hemolytic jaundice, urobilinogen is seen in- *(PGI 99)*
a) Obstructive jaundice b) Hepatic fibrosis
c) Fatty liver d) Infective hepatitis

1558. True about carcinoma liver - *(PGI 2000)*
a) AFP increased in 70% cases
b) Resection possible in few cases only
c) USG guided biopsy is good for diagnosis
d) Aflatoxin & thorotrast are not risk factor

1559. True about amoebic liver abscess - *(PGI 2000)*
a) Frequently associated with diarrhea at presentation
b) Most common in right lobe liver
c) Can rupture into pleural cavity
d) Almost never respond to metronidazole

1560. True about pyogenic liver abscess- *(PGI 01)*
a) Single & large abscess
b) X-ray features are diagnostic
c) Serology is confirmatory investigation
d) Systemic complaints, fever & jaundice common
e) Liver enzyme abnormalities are common & severe

1538) a 1539)e 1540)d 1541)d 1542)a 1543)b 1544)c 1545)c 1546)b,c 1547)a 1548)b 1549)c 1550)a,b,c 1551) c 1552) d 1553)a 1554)a,c 1555)b,d 1556)c 1557)d 1558)a,b,c 1559)b,c 1560)a

1561. True about Hepatocellular carcinoma - *(PGI02)*
a) Most common tumour of liver
b) Resectable only in 1% cases
c) >70% of cases shows -ed AFP
d) USG guided aspiration biopsy is used for diagnosis

1562. Surgical lobes of liver are divided on the basis of -
a) Hepatic artery b) Hepatic vein *(PGI 02)*
c) Bile ducts d) Portal vein
e) Central veins

1563. True about hepatocelluar ca is - *(PGI02)*
a) Associated with HBV and HCV
b) Cirrhosis is predisposing factor
c) Fibrolamellar variety is not associated with cirrhosis
d) Low propensity of vascular invasion
e) Alcoholic cirrhosis does not predispose to HCC

1564. Portal hypertension following portal vein thrombosis are guided by - *(PGI 03)*
a) T in splenic pulp pressure
b) T in portal vein pressure
c) t in hepatic vein pressure
d) Portal vein doppler study

1565. Two most important clinical features of primary biliary cirrhosis - *(PGI 03)*
a) Generalised pruritus b) Jaundice
c) Fatigue d) Clubbing
e) Hematemesis

1566. Tumour markers of Hepatocellular carcinoma -
a) AFP b)CEA *(PGI 03)*
c) HOG d)CA-19-9
e) CA-125

1567. True about hydatid cyst of liver - *(PGI 04)*
a) Caused by E. granulosus
b) In 80% cases cyst is single
c) Blood culture helpful
d) Surgery is the only treatment.

1568. Child-pugh criteria doesnot includes - *(PGI04)*
a) Encephalopathy b) Ascites
c) Albumin d) Creatinine
e) ALT

1569. True about Hepatocellular Carcinoma - *(PGI04)*
a) Most prevalent malignancy
b) Common liver tumor
c) HBV predisposes
d) Patient present in early stage
e) Prognosis good

1570. During surgical exploration for hydrated cyst of the liver, any of the following agents can be used as scolicidal agent except - **(***UPSC 04)*
a) Hypertonic sodium chloride
b) Formalin
c) Cetrimide
d) Povidone Iodine

1571. The Couinaud's segmental nomenclature is based on the position of the - **(***AI04)*
a) Hepatic veins and portal vein
b) Hepatic veins and biliary ducts
c) Portal vein and biliary ducts
d) Portal vein and hepatic artery

1572. Vascular inflow occlusion of the liver is by -
a) Clamping the hepatic artery
b) Occluding the portal vein
c) Clamping the hepatic veins
d) The pringle manoeuvre

1573. Which of the following liver tumour has a propensity to invade the portal or hepatic vein - *{AIIMS 04)*
a) Cavernous haemangioma
b) Hepatocellular carcinoma
c) Focal Nodular hyperplasia
d) Hepatic adenoma

1574. A17 year old boy is admitted to the hospital after a road traffic accident. Per abdomen examination is normal. After adequate resuscitation, his pulse rate is 80/min and BP is 110/70 mmHg. Abdominal CT reveals 1 cm deep laceration in the left lobe of the liver extending from the dome more than half way through the parenchyma. Appropriate management at this time would be - **(***UPSC 05)*
a) Conservative treatment
b) Abdominal exploration and packing ofhepatic wounds
c) Abdominal exploration and ligation of left hepatic artery
d) Left hepatectomy

1575. The operation that precipitates portoasystemic encephalopathy is - **(***MAHE 05)*
a) Splenorenal shunt
b) Siguira operation
c) Talma-Marison Operation
d) Portacaval anastomosis

1576. Which one of the following is not correct with regard to amoebic liver abscess - **(***ICS 05)*
a) It usual occurrence is in the right lobe
b) Patient is toxic
c) Surgical drainage is always indicated
d) Extension of abscess from liver to pericardium is the most dreaded complication

1577. True about Hydatid disease - *{PGI June 05)*
a) MC site is lung
b) Pre-op Albendazole followed by surgery is the treatment of choice
c) 20% saline is scolicidal
d) Puncute, aspiration, injection & reaspiration (PAIR) done in hepatic hydatids

1578. Indication of liver transplantation A/E -
a) Biliary atresia *{PGI June 05)*
b) Sclerosing cholangitis
c) Hepatitis A
d) Cirrhosis
e) Fulminant hepatic failure

1561) c,d 1562) a,c,d 1563)a,b,c 1564)a,b,d 1565)a,c 1566)a 1567)a,b 1568)d,e 1569)c 1570)d 1571)a 1572)d 1573)b 1574)b 1575)d 1576)c>b 1577)b,c,d 1578)c

1579. A patient presented to emergency ward with massive upper gastrointestinal bleed. On examination, he has mild splenomegaly. In the absence of any other information available. Which of the following is the most appropriate therapeutic modality -
a) Intravenous propranolol *(AIIMSNov 05)*
b) Intravenous vasopressin
c) Intravenous pantoprazole
d) Intravenous somatostatin

1580. The following is ideal for the treatment with injection of sclerosing agents - *(AI05)*
a) External hemorrhoids
b) Internal hemorrhoids
c) Prolapsed hemorrhoids
d) Strangulated hemorrhoids

1581. All of the following modalities can be used for in situ ablation of liver secondaries, except - *(AI 06)*
a) Ultrasonic waves b) Cryotherapy
c) Alcohol d) Radio-frequency

1582. Indications for fine needle aspiration in liver abscess are - *(PGI June 06)*
a) Recurrent
b) Left lobe
c) Refractory to treatment after 48-72 hrs
d) > lOcms size
e) Multiple

1583. Best test to differentiate between medicals and surgical j audice is? **(***APPG 06)*
a) Akaline phosphatase
b) Bilirubin and serum enzymes
c) Enzymes
d) Ultrasound

1584. TIPSS involves percutaneous creation of a shunt between - **(***Karnataka pgmee 2006)*
a) Portal vein and vena cava
b) Portal vein and hepatic vein
c) Hepatic vein and vena cava
d) Portal vein and hepatic artery

1585. Contraindications to major hepatic resection for metastatic disease include all of the following except-
a) Total hepatic involvement (*Karn 06)*
b) Advanced cirrhosis
c) Extrahepatic tumor involvement
d) Jaundice from extrinsic ductal obstruction

1586. All are used in treatment of amoebic liver abscess except- *(MAHE07)*
a) Diloxanide furoate b) Chloroquine
c) Metronidazole d) Emetine

1587. "Crumbled egg appearance" in liver seen in -
a) Hepatic adenoma *(UP07)*
b) Chronic amoebic liver abscess
c) Hydatid liver disease
d) Haemangioma

1588. Charcot's triad - *(PGI June 07)*
a) Pain b) Fever
c) Jaundice d) Anaemia

1589. The minimum amount of normal perfused liver parenchyma to be left intact when a hepatic resection is planned is - **(***Corned 0 7)*
a) 10% b) 20%
c) 50% d) 75%

1590. The earliest symptom in primary biliary cirrhosis is- *(Corned 07)*
a) Jaundice b) Pruritus
c) Melanosis d) Vomiting

1591. Normal portal vein pressure is - *(Corned 08)*
a) <3mmHg b)3-5mmHg
c) 5-10mmHg d) 10to 1 2mmofHg

1592. In Couinaud classification, segment IV of liver is- *(AIIMS Nov 07)*
a) Caudate lobe b) Quadrate lobe
c) Right lobe d) Left lobe

1593. A surgeon excises a portion of liver to the left of the attachment of the falciform ligament. The segments that have been resected are - *(AI 08)*
a) Segment la and 4 b) Segment 1 and 4b
c) Segment 2 and 3 d) Segment 1 and 3

1594. Auxiliary orthotopic liver transplant is indicated for-
a) Metabolic liver disease *(Aiims May 08)*
b) As a standby procedure until finding a suitable donor
c) Drug induced hepatic failure
d) Acute fulminant liver failure for any cause

1595. Indication of aspiration in liver abscess A/E -
a) Left lobe abscess *(PGI June 08)*
b) Deep & less than 5 mm size
c) Multiple
d) Recurrent

1596. IVeament of hydatid cyst ? *(APPG 08)*
a) Excision of cyst
b) Percutaneous drainage
c) Conservative managment
d) None

1597. Central dot sign is seen in? *(AIIMS Nov 08)*
a) Primary sclerosing cholangitis
b) Liver Hamartoma
c) Caroli's disease
d) Polycystic liver disease

1598. Right hepatic duct drains all, except-
a) Segment I b) Segment III *(AIIMSMay 09)*
c) Segment V d) Segment VI

1599. False about hepatic duct- *(AIIMSMay 09)*
a) Left hepatic duct formed in umbilical fissure
b) Caudate lobe drains only left hepatic duct
c) Right hepatic duct formed by V and VIII segments
d) Left hepatic duct crosses IV segment

1600. Not true about choledochal cyst is -*(AIIMSMay 09)*
a) Associated with anomalous junction of the pancreatic and biliary duct.
b) Type 2 is most common
c) Surgical removal is the treatment of choice
d) If ruptures can cause biliary peritonitis

1579)c 1580)b 1581)a 1582)d 1583)d 1584)b 1585)d 1586)a 1587)c 1588)a,b,c 1589)b 1590)b 1591)c 1592)b 1593) c 1594)d 1595)b,c,d 1596) b 1597)c 1598)b 1599)b 1600)b

1601. Liver biopsy is done through 8th midaxillary line to avoid - *(DELHI PG Feb. 09)*
a) Lung b) Pleural cavity
c) Sub diaphragmatic d) Gall bladder

1602. Which of the following liver tumors always merit surgery ? *(DELHIPG Mar. 09)*
a) Hemangioma
b) Hepatic adenoma
c) Focal nodular hyperplasia
d) Peliosis hepatic

1603. In patients with cirrhosis of the liver the site of obstruction in the portal system is in *the-(Manipal 09)*
a) Hepatic vein b) Post sinusoidal
c) Extra hepatic portal vein d) Sinusoids

1604. In Budd-Chiari syndrome, the site of venous thrombosis is - *(Manipal 09)*
a) Infr a-hepatic inferior vena cava
b) Inffa-renal inferior vena cava
c) Hepatic veins
d) Portal vein

1605. A 20-year-old man presents with repeated episodes of haematemesis. There is no history of jaundice or liver decompensation. On examination, the significant findings include moderate splenomegaly and presence of esophageal varices. There is no ascites or peptic ulceration. The liver function tests are normal. What is the most likely diagnosis -
a) Extrahepatic portal venous obstruction
b) Non-cirrhotic portal fibrosis *(UPSC-I09)*
c) Cirrhosis
d) Hepatic venous outflow tract obstruction

1606. Consider the following with reference to the management of portal hypertension SURGERY:
1. Infusion of vasopressin *(UPSC-II09)*
2. General resuscitation
3. Devascularisation procedure
4. Endoscopic sclerotherapy

What is the appropriate sequence in the line of management in the event of massive variceal bleeding in portal hypertension ?
a) 1,4,2,3 b) 2,1,4,3
c) 4,2,1,3 d)3,2,1,4

1607. In orthotropic liver transplantation, which is the best way to get bile drainage in donor liver - *(A110)*
a) Donor bile duct with recipient bile duct or Roux en Y choledochojejunostomy
b) Donor bile duct with duodenum of recipient
c) Donor bile duct with jejunum of recipient
d) External drainage for few days followed by choledochojejunostomy

1608. In Budd Chiari syndrome, the occlusion is at the -
a) JVC b) Renal vein *(DPG10)*
c) Hepatic vein d) Splenic vein

1609. Following is true about Focal nodular hyperplasia (FNH) except- *(Maharashtra 10)*
a) Unusual benign tumor of liver
b) Commonly symptomatic and occurs as multiple liver nodules
c) More common in females than in males
d) Contains hepatocytes and Kupffer cells

1610. The percutaneous PAIR therapy used in the treatment of uncomplicated hepatic hydatid cyst can be associated with the following complications, except- *(UP SC II10)*
a) Urticaria b) Anaphylaxis
c) Hypotension d) Vomiting

1611. All ae true about amoebic liver abscess except -
a) Metronidazole is mainstay of treatment
b) Multifocal abscess can not be treated by aspiratio
c) More common in left side *(PGI May 10)*
d) More common in female

1612. False about hydatid cyst of liver- *(PGINov. 10)*
a) Hepatic resection is never done
b) Laparoscopic aspiration of cyst is performed
c) Most commonly located in the right liver
d) Mostly asymptomatic
e) Most common causative organism is echinococcus granulosus

1613. Not an indication for PAIR treatment in hydatid cyst - *(PGINov. 10)*
a) Size >5 cm b) Multiloculated
c) Cyst in lung d) Recurrence after surgery
e) Perforated cyst

1614. False about hepatic duct -
a) Left hepatic duct formed in umbilical fissure
b) Caudate lobe drains only left hepatic duct
c) Right hepatic duct formed by V and VIH segments
d) Left hepatic duct crosses IV segment

1615. Surgeon excises a portion of liver to the left of the attachment of the falciform ligament. The segments that have been resected are - *(AI11)*
a) Segment 1 a and 4 b) Segment 1 and 4b
c) Segment 2 and 3 d) Segment 1 and 3

1616. The prognostic indicators in a cse of portal hypertension include - *(UPSCII11)*
1. Serum globulin 2. Serum albumin
3. Serum bilirubin 4. Ascites

Select the correct answer using the code given below- *(UPSC II11)*
a) 1,2 and 3 b) 1 and 4 only
c) 2, 3 and 4 d) 3 and 4 only

1617. A 40-year old alcoholic male complains of acute pain in the epigastrium associated with vomiting for the last 10 days. On clinical examination, he is found to have a mass in the epigastrium. The most likely diagnosis is - *(UPSC 1111)*
a) Perforated peptic ulcer with sub-hepatic abscess
b) Pseudopancreatic cyst
c) Carcinoma of head of the pancreas
d) Hepatoma in left lobe of liver

1601)a 1602) b 1603)d 1604)c 1605)b 1606)b 1607)a 1608)c 1609)b 1610)None 1611)c,d 1612)a 1613) d,e 1614)b 1615)c 1616)c 1617)b

SPLEEN

1618. Most common complication post splenectomy is -
a) Formation of pseudo cyst (*UPSC86,*
b) Injury to tail of pancreas *JIPMER 88)*
c) Left lower lobe atelectasis
d) Perforation of stomach

1619. Most common post operative complication of splenectomy is - *(BHU 88)*
a) Left side pleural effusion
b) Subphrenic abscess
c) Left lower lobe atelectasis
d) Pancreatic fistula

1620. Accidental small splenic rupture is treated with-
a) Catgut sutures *(PGI88)*
b) Silk sutures
c) Omental patch
d) Catgut suturing with omental patch
e) Splenectomy

1621. The spleen contains about.....% of the total blood volume- *(PGI 85)*
a) 1 b)2
c) 5 d)7

1622. The most reliable radiological evidence of splenic rupture - *(PGI 85, Jipmer 86,87)*
a) Obliteration of psoas shadow
b) Elevation of left diaphragm
c) Indendation of gastric fundic shadow
d) Fracture ribs of the left lower side
e) Obliteration of splenic outline

1623. Most common complication of splenectomy is -
a) Pancreatic leak *(AIIMS92)*
b) Pulmonary complications
c) Pneumococcal peritonitis
d) Hemorrhage

1624. Splenosis means - *(PGI 79, AIIMS 85)*
a) Infection of spleen
b) Presence of acessory spleens
c) Rupture of spleen and distribution of its tissue on peritoneum
d) Non-functioning spleen

1625. Splenic vein thrombosis is best treated by -
a) Splenectomy *(USPC 97)*
b) Porta-caval shunt
c) Spleno-renal shunt
d) Mesenterico-caval shunt

1626. All of the following are features of splenic rupture except - *(TN 99)*
a) Obliteration of psoas shadow
b) Obliteration of splenic outline
c) Elevation of left diaphragm
d) Obliteration of colonic air bubble

1627. One of the following does not cause increase in the size of spleen in later stages - *(MANIPAL 01)*
a) Sickle cell anaemia b) Cirrhosis
c) Infectious mononucleosis d) Hairy cell leukaemia

1628. Splenectomy is least useful in - *(All India 89)*
a) Congenital elliptocytosis
b) Thalasemia major
c) Congenital spherocytic anaemia
d) Hereditary nonspherocytic haemolytic anaemea

1629. Splenectomy is indicated in - *(AIIMS 87)*
a) Sickle cell anemia
b) Hereditary spherocytosis
c) Hemoglobin C disease
d) Hodgkins lymphoma

1630. Removal of senescent RBC from circulation by spleen is called - *(PGI 79, JIPMER 80)*
a) Culling b) Pitting
c) Filtering d) Phagocytosis

1631. Hypersplenism is seen in - *(PGI 97)*
a) Pancytopenia b) Thrombocytopenia
c) Leukopenia d) Polycythemia

1632. After splenectomy, most common infections is- *(PGI 97, AIIMS 84)*
a) Pneumococcus b) Staphylococcus
c) Esch. coli d) Pneumocystis carinii

1633. Most common malignancy affecting spleen is -*(PGI*
a) Angiosarcoma b) Hamartoma *97)*
c) Secondaries d) Lymphoma

1634. Post splenectomy sepsis is common in -*(PGI2000)*
a) ITP b) Thalassemia
c) Hereditaryspherocytosis d) Trauma

1635. Infections encountered after splenectomy -
a) H. influenza b) Streptococcus pneumoniae
c) Klebsiela d) Neisseria *(PGI June 05)*

1636. In splenic injury conservative management is done in- *(MAHE05)*
a) Hemodynamically unstable
b) Young patients
c) Shattered spleen
d) Extreme pallor and hypotension b

1637. Positive kehrs sign is - *(Manipal 06)*
a) Haemopertionium b) Acute cholecystisi
c) Acute pancreatitis d) Amoebic abscess

1638. An evidence that splenectomy might benifit a patient with idiopathic thrombocytopenic purpura includes which of the following ? *(UPSC 0 7)*
a) A significant enlargement of the spleen
b) A high reticulocyte count
c) Patients age less than five years
d) An increase in platelet count on corticosteroid therapy

1639. What is the most common malignancy affecting spleen- *(UPSC-1I08)*
a) Angiosarcoma b) Hamartoma
c) Secondaries d) Lymphoma

1640. A patient with ITP has a platelet count of 50000 and is being planned for splenectomy. What is the best time for platelet infusion in this patient - *(AI08)*
a) 2 hours before surgery
b) At the time of skin incision
c) After ligating the splenic artery
d) Immediately after removal of spleen

1618)c 1619)c 1620)d 1621)b 1622)e 1623)b 1624)c 1625)a 1626)d 1627)a 1628)d 1629)a,b,d 1630)a 1631)a,b,c 1632) a 1633)d 1634)a,b 1635)a,b,c 1636)b 1637)a 1638)d 1639)d 1640)c

1641. During splenectomy in ITP, platelet infusion is given-
a) Immediately after ligating splenic vein*(DPGEE 08)*
b) Immediately after removal of spleen
c) After incision
d) Next day of surgery

1642. All of the following are true about OPSI (opportunistic post splenectomy infection) except -
a) Develop 1-5 year after splenectomy*(PGIJune 09)*
b) Max risk is within 1 yr of splenectomy
c) Begin with headache, myalgia *8c* fever
d) May present with severe septic shock
e) Usually not respond with antibiotic Treatment

1643. Most common cysts of the spleen are - *(AI10)*
a) Hydatid cyst b) Dermatoid cyst
c) Pseudocyst d) Lymphangioma

1644. A patient presents with fever for 3 weeks. On examination he is observed to have splenomegaly. Ultrasonography reveals a hypoechoic shadow in spleen near the hilum. Gram negative bacilli are isolated on blood culture. Which of the following is the most likely causative organism - *(AI 10)*
a) Cytomegalovirus b) Toxoplasmosis
c) Salmonella d) Lymphoma virus

1645. Most common infections after splenectomy are -
a) Capsulated bacteria *(DPG10)*
b) Uncapsulated bacteria
c) Gram positive sepsis
d) Gram negative bacteria

1646. Management of grade 3 splenic trauma in a stale child- *(PGINov.10)*
a) Embolization b) Partial splenectomy
c) Total splenectomy d) Conservative

GALL BLADDER & BILE DUCT

1647. Following tumours have the best prognosis -
a) Carcinoma gall bladder *(AIIMS 84)*
b) Carcinoma pancreas
c) Hepatoma
d) Cholangiocarcinoma of the CBD

1648. Commonest type of gall stone is - *(Kerala 87)*
a) Cholesterol stone b) Pigment
c) Mixed d) All are equally common

1649. Percentage of gall stones which are radio opaque -
a) 10% b) 20% *(JIPMER 86)*
c) 30% d) 50%
e) 80%

1650. Which of the following is not a component of Saint's triad - *(PGI86)*
a) Gall j stones b) Diverticuli coli
c) Crohn's disease d) Hiatus hernia

1651. Common bile duct stones will manifest all except -
a) Distended gall bladder b) Jaundice *(AI89)*
c) Itching d)Clay coloured stools

1652. A 40 year old lady is found to have a symptomatic galls sotnes. The treatment of choice *is-(AIIMS 85)*
a) Observation b) Cholecystostomy
c) Cholecystectomy d) Fat free diet

1653. The following can be done in obstructive j aundice - *(PGI 88)*
a) Vitamin K injections b)Vitamin C injections
c) Dehydration therapy d) Extamal drainage

1654. Bile is concentra in the gall bladder to..... times -
a) 5 b) 10 *(PGI 88)*
c) 20 d)50

1655. The components of Saints triad are - *(PGI 88)*
a) Gall stones b) Mesentric cysts
c) Hiatus hernia d) Diverticulosis

1656. In cholangitis, the organism mostly responsible is - *(PGI88)*
a) E.coli b) Streptococcus
c) E. Histolytica d) Clostridium

1657. The gall bladder is capable of distending.....ml. -
a) 10 b) 20 *(PGI 88)*
c) 40 d)50

1658. Association of carcinoma gall bladder with gall stones is about - *(PGI 85)*
a) 50% b)70%
c) 90% d) 20 %

1659. Best investigative modality for gall bladder-
a) OCG b)PTC *(PGI 85)*
c) Ultrasound d) Intravenous cholangiogram

1660. Triad of Jaundice, chills and fever occur in -*(AI 90)*
a) CBD stones b) Post cholecystectomy
c) Acute hepatitis d) Pancreatitis

1661. Which does not contribute to Enterobiliary Fistula- *(JIPMER 91)*
a) Duodenal ulcer b) Gall stones
c) Gastric ulcer d) Carcinoma gall bladder

1662. After a routine cholecystectomy, malignancy is detected in the gall bladder, the next line of treatment is- *(AIIMS 91)*
a) Right partial hepatectomy
b) Chemotherapy via hepatic artery
c) Hepatic wedge resection
d) Regular follow up

1663. Commonest association seen in carcinoma gall bladder- *(AIIMS 91)*
a) Peritoneal deposits
b) Duodenal infiltration
c) Secondaries liver
d) Cystic node involvement

1664. Incidence of gall stone disease is increased in all of the following except - *(AI 92)*
a) Truncal vagotomy b) Jejunal resection
c) ileal resection d) Right Hemicolectomy

1665. Strawberry gallbladder is seen in - *(JIPMER 81)*
a) Gangrene of gallbladder
b) Porcelain gall baldder
c) Adenomatosis
d) Cholesterolosis

1641) a 1642)b 1643)a 1644)c 1645)a 1646)a,dl647)c 1648)c 1649)a 1650)c 1651) a 1652)c 1653)a,d 1654)a,b 1655) a,c,d 1656) a 1657) d 1658) c 1659) c 1660) a 1661) c 1662) d 1663) c 1664)a,b,d 1665) d

1666. Cholangiocarcinoma histologically resembles -
a) Sq. cell type *{AIIMS 79, Delhi 79, 92)*
b) Colloid cell type
c) Schirrhous type
d) Columnar cell type

1667. Which of the following is the commonest site for impaction of the gall stones - *(JIMPER 81,87 A1IMS 84)*
a) Common hepatic duct
b) Ampulla of vater
c) Retroduodenalportion of common bile duct
d) Supradodenal portion of common bile duct

1668. Gall stones do not contain- *{JIPMER 81, AMU 86)*
a) Oxalate b) Cholesterol
c) Phosphate d) Carbonate

1669. Graham Cole test refers to - *{ARMS81, AP 89)*
a) Oral cholecystography
b) Intravenous cholangiography
c) Pre-oprerative cholangiography
d) Post-operative cholangiography
e) Tomography

1670. Gall stones are composed of all except -*{Kerala 94)*
a) Oxalates b) Bile salts
c) Choesterol d) Bile pigments

1671. Inability to visualise gall bladder in OCG is due to -
a) Malabsorption *{Kerala94)*
b) Poor functioning of gall bladder
c) Non functioning of liver
d) All

1672. Investigation of choice in gall bladder stone is - *{Kerala94)*
a) USG b) X-ray abdomen
c) OCG d) Intravenous cholangiogram

1673. Cholesterosis - *{Karn94)*
a) Disease of defective metabolism of choline
b) Concerned with epithelial tumours of brain'
c) Diffuse deposition of cholesterol in mucosa of gall bladder
d) Disease concerned with obstructive jaundice

1674. Cholesterol gall stones are due to - *{JIPMER 95)*
a) Decreased motility of Gall bladder
b) Hypo secretion of bile salts
c) Hypercholesterolemia
d) All of the above

1675. best suture for common bile duct is - *{JIPMER 95)*
a) Synthetic absorbable synthetic
b) Synthetic non-absorbable
c) Non-synthetic absorbable
d) Non-synthetic non-absorbable

1676. Contra indication for laproscopic cholecystectomy is all except - *{Kerala 95)*
a) Shrunken liver b) Previous laprotomy
c) Emphysema d) Obese individual

1677. Charot's triad is seen in - *{AI96)*
a) Acute pancreatitis b) Hemobilia
c) Stone in bileduct d) Chronic cholecystitis

1678. The most common malignancy after cholecystectomy is of - *(DELHI PG 96)*
a) Colon b) Stomach
c) Pancreas d) Ileum

1679. Following are true about choledochal cyst except
a) Presents mostly in childhood *{ARMS 96)*
b) Presents jaundice abdomen, mass abdomen pain
c) Congenital weakness of gall bladder wall
d) Treatment is cystojejunostomy

1680. After exploration of common bile duct, the T-Tube is removed on which of the following days - *{Karnat 96)*
a) 3 postop.day b) 4 postop.day
c) 12 postop.day d) 6 postop.day

1681. An ultrasound examination shows dilated intrahepatic biliary channels with a small gall bladder. The most likely possibility is -*{Karn 96,94)*
a) Gall baldder stone
b) Pancreatic calculus
c) Common bile duct stone
d) Carcinoma of the head of the pancreas

1682. The most common cuase of suppurative cholangitis is- *(UP 97)*
a) Stone in common bile duct
b) Cancer of the ampulla of vater
c) Choledochal cyst
d) Empyema of gall bladder

1683. All of the following increase the risk of gallbladder carcinoma except - *(ARMS 9 7)*
a) Chronic pancreatitis b) Choledochal cyst
c) Chloronchis d) Ulcerative colitis

1684. Investigation of choice of case of obstructive jaundice- *(AI97)*
a) USG b) Pain X-ray
c) CT scan d)ERCP

1685. Treatment of choice of choledochal cyst - *(PGI96)*
a) Hepatic transplantation
b) Cystojejunostomy
c) Excision of cyst with hepatojejunostomy
d) Gastrojejunostomy

1686. After surgery, a small left over stone in the CBD is best treated by - *{Kerala 9 7)*
a) ERCP
b) ESWL
c) Heparinised saline through T tube
d) Repeat surgery

1687. 'STRAWBERRYGALLBLADDER'is- *{AP97)*
a) Adenoma gall bladder
b) Acute cholecystitis
c) Cholesterosis
d) Carcinoma gall bladder

1688. Treatment of choice of a CBD stone of 2.5 cms size, diagnosed 2 years after cholecystectomy -
a) Choledochotomy and T tube *(A199)*
b) Dormia basket
c) Transduodenal sphincterotomy
d) Supraduodenal choledochotomy

1666) c 1667)b 1668)a 1669)a 1670)a 1671)d 1672)a 1673)c 1674)d 1675)c 1676)a 1677)c 1678)b 1679)c 1680) c 1681) c 1682) a 1683)a,b,c,d 1684) a 1685) c 1686) a 1687) c 1688) c

1689. In a post-cholecystectomy patient, who develops bile leakage due to CBD TEAR 5 days pot-op, with NO T-TUBE INSERTED at the time surgery ideal treatment is - *(AIIMS98)*
a) ERCP procedure with stent
b) Hepaticojejunostomy
c) Primary repair after reopening abdomen
d) Ultrasound guided insertion of drain

1690. Cholangiography viaT-tube done after how many days of cholesystectomy - *(TN99)*
a) 1-5 days b) 5-9 days
c) 10-14 days d) 15 -20 days

1691. Gallstones- *(Orissa98)*
a) Are about twice as common in men as in women
b) There is an increased incidence of stones in diabetics
c) About 80-90 % of gall stones are radio-opaque
d) Are usually more than 50 mm in diameter

1692. Regarding stones in gall bladder the following are true except - *(Kerala2k)*
a) Mixed stones are common in the west
b) In Saints Triad diverticulosis of colon and hiatus hernia coexist
c) Is a risk factor in the development of GB carcinoma
d) 90 % of gall stones are radio-opaque
e) A mucocele of GB is cuased by a stone impacted in the Hartmann's pouch

1693. The substance usedof OCG is - (*PGI87Kerala 88)*
a) Iapanoic acid
b) Sodium diltrozite
c) Meglumine iodothalamate
d) Biligraffin
e) Dianosil

1694. Dye used in IV cholangiography is - (*PGI86)*
a) Dianosil b) Conray
c) Biligraffin d) Myodil

1695. What is more appropriate for diagnosis of CBD stones- *(PGI 97)*
a) Ultrasonography b)ERCP
c) OCG d) IV cholangiography

1696. All are seen in hemobilia except- *(PGI 99)*
a) Shock b) Colicky pain
c) Melena d) Jaundice

1697. Which among the following does not lead to pigment gallstones - *(PGI 99)*
a) TPN b) Clonorchis sinensis
c) Hemolytic anemia d) Alcoholic cirrhosis

1698. The treatment of gall stone ileus is - *(PGI 99)*
a) Cholecystectomy alone
b) Removal of obstruction
c) Cholecystectomy, closure of fistula and removal of stone by enterotomy
d) Cholecystectomy with closure of fistula

1699. Features of healthy gallbladder on laprotomy are -
a) Typical "sea-green" colored *(PGI2000)*
b) Wall in thin & elastic
c) Cannot be emptied
d) Not easily visible

1700. Which of the following statements is true regarding cholangitis - *(PGI 01)*
a) Increased leucocyte count
b) Increased transaminases
c) Increased bilirubin
d) Increased alkaline phosphatase
e) Association with fever and chills

1701. Gallstones may be complicated by which among the following- *(PGI 01)*
a) Pancreatitis b) Choledocholithiasis
c) Acute cholecystitis d) Carcinoma stomach
e) Carcinoma pancreas

1702. Treatment for common bile duct stone is y -*(PGI01)*
a) ESWL
b) Exploration of bile duct and recovery of stones
c) Bile duct stenting
d) Nasobiliary drainage
e) Percutaneous drainage

1703. Acalculous cholecystitis is caused by - *(PGI 01)*
a) Diabetes mellitus b) Total parenteral nutrition
c) Tuberculosis d) Anemia
e) Malignancy

1704. Which of the following are histopathological features of Extra hepatic Biliary Atresia - *(PGI 01)*
a) Bile lakes
b) Hepatocyte ballooning degeneration
c) Marked bile duct proliferation
d) Fibrosis of hepatic duct
e) Parenchymal cholestasis

1705. Better prognostic factor for operation of biliary duct obstruction in newborn are - *(PGI 01)*
a) No passage of bile
b) Size of ductule > 200 micron
c) Weight of baby > 3 kg
d) Preterm baby
e) Age of 8 weeks

1706. A patient having multiple Gall stones and shows 8 mm dilation and 4 stones in CBD, best treatment modalities are - *(PGI 02)*
a) Cholecystectomy with choledecholithotomy at same setting
b) ESWL
c) Cholecystectomy and wait for ERCP
d) Sphicterotomy and then cholecystectomy
e) Cholecystectomy and after 14 days sphincterono done

1707. CBD stone may present with - *(PGI02)*
a) Increased bilirubin b) TWBC count
c) T livers enzymes d) Fever with rigors
e) Hepatomegaly

1689) a 1690) c 1691)b 1692)d 1693)a 1694)c 1695)b 1696)a 1697)a 1698)b 1699)a,b 1700) All 1701)a,b,c 1702) All 1703)a,b,c,e 1704)c,d,e 1705)b,e 1706)a,d 1707)a,b,c,d

1708. True about gall stones - *(PGI02)*
a) More common in female
b) Gall stones, haitus hernia, CBD stones form Saints triad
c) Limely bile precipitated
d) Lithotripsy always done

1709. Regarding Ca gallbladder - *(PGI02)*
a) Squamous cell ca is the most common
b) Present with jaundice
c) Good prognosis
d) Gallstones predispose
e) 65% survival after surgery

1710. On 7th postoperative day after laparoscopic cholecystectomy, pt. developed rt. upper abdominal pain and 10 cm X 8 cm collection. Treatment consists of- *(PGI 03)*
a) Immediate laparotomy
b) Percutaneous drainage
c) Laparotomy & surgical exploration of bile duct and T tube insetion
d) Laparoscopic cystic duct ligation and percutaneous drain
e) Roux-en-Y loop hepatojejunostomy

1711. Charcot's triad consists of - *(PGI 03)*
a) Biliary colic b) Jaundice
c) fever with rigor d) Hypotension
e) Pancreatitis

1712. Bile ductopenia seen in - *(PGI03)*
a) GVHD b) Alcoholic hepatitis
c) Autoimmune hepatitis d) Cirrhosis
e) Sclerosing cholangitis

1713. On 5th postoperative day after laparoscopic cholecystectomy, a 50 years old lady presented with rt. upper quadrant pain with fever and 12 cm subhepatic collection on CT and ERCP shows cystic duct leak. The best management is - *(PGI 03)*
a) Immediate laparotomy
b) Percutaneous drainage of fluid
c) Leparatomy and surgical exploration of bile duct and T-tube insertion
d) Laparoscopic cystic duct ligation & percutaneous drain
e) Roux en loop hepatojejunostomy

1714. Vanishing bile duct syndrome is seen in - *(PGI 03)*
a) Chronic viral hepatitis
b) Sarcoidosis
c) Lymphoma
d) Non-cirrhotic portal fibrosis
e) Alcoholism

1715. A patient presenting with H/O diarrhea for several years with recent onset pruri tus & tAlkalline Phosphatase, normal SGOT/PT & abnormality; the diagnosis is - *(PGI 04)*
a) Hodgkins Lymphoma b) Sclerosing cholangitis
c) Chronic Hepatitis d) Autoimmune Hepatitis
e) virald Hepatitis

1716. A 69 year old male patient having coronary heart disease was found to have gall bladder stones white undergoing a routine ultrasound of the abdomen. There was no history of colic or jaundice at any time. What is the best treatment advice for such a patient for his gall bladder stones - *(AIIMS 04)*
a) Open cholecystectomy
b) Laparoscopic cholesystectomy
c) No surgery for gall bladder stones
d) ERCP - aridremoval of gall bladder stones

1717. A retained stone impacted in distal common bile duct is seen on T- tube cholangiogram. What is the best management of stone- *(UPSC 04)*
a) Dissolution therapy
b) Operative removal
c) Endoscopic sphincterotomy and stone extraction
d) No active treatment is required

1718. Clinical features of choledochal cyst in adult are -
a) Pain, lump and intermittent jaundice *(UPSC 04)*
b) Pain, fever and intermittent jaundice
c) Pain, lump and progressive jaundice
d) Pain, fever and progressive jaundice

1719. The ideal treatment of stenosis of sphincter of Oddi is- *(SGPGI04)*
a) Transduodenal sphincteroplasty
b) Endoscopic sphincterotomy
c) Choledochojejunostomy
d) Choledochoduodenostmy

1720. Laproscopic cholecystectomy is largely preferred for all of the following reasons to conventional laparotmy except - *(SGPGI04)*
a) Decrease pain
b) Decreased incidence of bile duct injuries
c) Smaller scar
d) Decreased stay in hospital

1721. "Limeybile" is- *(Karnataka 04)*
a) Present in the CBD
b) Thin and clear
c) Like toothpaste emulsion in the gall bladder
d) Bacteria rich

1722. The treatment of choice for a mucocele of gallbladder is - *(AIIMS 04)*
a) Aspiration of mucous
b) Cholecystectomy
c) Cholecystostomy
d) Antibiotics and observation

1723. A 30-year old lady is found to have gall stones. She is asymptomatic and has never had any jaundice or dyspeptic symptoms is the past. The best course of management for her would be - **(***UPSC 05)*
a) Dissolution therapy
b) Extra corporeal lithotripsy
c) Cholecystectomy
d) To wait till she becomes symptomatic

1708) a 1709) b,d 1710)b,d,e 1711)a,b,c 1712)a 1713) b,d 1714) b 1715) b 1716)c 1717)c 1718)c 1719)a 1720)b 1721)c 1722)b 1723)d

1724. Which of the following factors in bile juice is responsible for preventing the precipitation of cholesterol and formation of gallstones - (*ICS 05)*
a) High alkaline condition
b) High concentration of bicarbonates
c) Bile salts
d) Bile pigments

1725. True about primary sclerosing cholangitis are A/E-
a) Fibrosing cholangitis of bile duct (*PGI June 05)*
b) Periductal onion skin appearance
c) Cirrhosis never occurs
d) Jaundice seen
e) AAV ulcerative colitis

1726. Factors a/w gall bladder Ca- *{PGI June 05)*
a) Chronic cholesteral stone b) Hyperlipidemia
c) Chronic gall bladder disease d) Hepatitis
e) Porcelain gall bladder

1727. A 50 year old lady with history of jaundice in the past has presented with right upper quadrant abdominal pain. Examination and investigations reveal chronic calculous cholecystitis. The liver function tests are within normal lilmits and no ultrasound examination the common bile duct is not dilated. Which of the following will be the procedure of choice in her-
a) Laparoscopic cholecystectomy *(J & K 05)*
b) Open choledocholithotomy with CBD exploration
c) ERCP ± cholecystectomy followed by laparoscopic cholecystectomy
d) Laparoscopic cholecystectomy followed by ERCP ± choledocholithotomy

1728. Most common type of cancer gall bladder in a patient with gallstones - *{APPGE 05)*
a) Adenocarcinomab) Squamous carcinoma
c) Adenocarcinoma d) None

1729. Regarding bile duct injuries following Cholecystectomy which of the following statement is false - *(AIMS Nov 05)*
a) The incidence following open cholecystectomy is in the range of 0.2 - 0.3%
b) The incidence rate following Laparoscopic Cholecystectomy is three times higher than the rates following Open cholecystectomy
c) Untreated cases may develop secondary biliary cirrhosis
d) Routine use of 'open' technique of laparoscopic port insertion has resulted in a decline in the incidence of postlaparoscopic cholecystectomy bile duct injuries

1730. Acalculous cholecystitis can be seen in all the following conditions except - *(AIMSNov 05)*
a) Enteric fever b) Dengue haemorrhagic fever
c) Leptospirosis d) Malaria

1731. All of the following are true for patients of ulcerative colitis associated with primary sclerosing cholangitis (PSC), except - *(AI05)*
a) They may develop biliary cirrhosis
b) May have raised alkaline phosphatase
c) Increased risk of hilar Cholangiocarcinoma
d) PSC reverts after a total colectomy

1732. The initial investigation of choice for a post cholecystectomy biliary stricture is-*(AIMSMay 05)*
a) Ultrasound scan of theabdomen
b) Endoscopic cholangiography
c) Computed tomography
d) Magnetic resonance cholangiography

1733. The treatment of choice for an 8 mm retained common bile duct (CBD) stone is - *(AIMSMay2005)*
a) Laparoscopic CBD exploration
b) Percutaneous stone extraction
c) Endoscopic stone extraction
d) Extracorporeal shock wave lithotripsy

1734. Which of the following is not an indication for cholecystectomy - *{AIMS May 2005)*
a) 70-year old male with symptomatic gallstones
b) 20-year old male with sickle cell anaemia and symptomatic gallstones
c) 65-year old female with a large gallbladder polyp
d) 55-year old with an asymptomatic gallstone

1735. A patient of post-cholecystectomy biliary stricture has undergone an ERCP three days ago. Following this she has developed acute cholangitis. The most likely organism is - *(AI 06)*
a) Escherichia colli
b) Bacillus fragilis
c) Streptococcus viridans
d) Pseudomonas aerogenosa

1736. Which one of the following statements is *incorrect* regarding stones in the common bile duct ? *(AI 06)*
a) Can present with Charcot's triad
b) Are suggested by a bile duct diameter > 6 mm of ultrasound
c) ERCP, sphincterotomy and balloon clearance is now the standard treatment
d) When Removed by exploration of the common bile ducts the T-tube can be removed after 3 days

1737. Biliary stricture developing after laparascopic choice-cystectomy usually occurs at which part of the common bile duct - *(AI 06)*
a) Upper b) Middle
c) Lower d) All side with equal frequency

1738. Absolute indication for choledochotomy -*(PGI June 06)*
a) Gallstone ileus b) Gallstone pancreatitis
c) Fever d) Jaundice
e) Palpable CBD stone

1739. Which of the following are causes for cholecystitis except ? *{APPG 06)*
a) Estrogen b) OCP
c) Diabetes mellitus d) Obesity

1724)c 1725) c 1726)a,c,e 1727)d 1728)a 1729)d 1730)d 1731)d 1732)c 1733)c 1734)d 1735)a 1736)d 1737)a 1738)e 1739)c

1740. Sentinel node of gall bladder is - (*Manipal 06)*
a) Virchow's nodes b) Iris nodes
c) Clouquet node d) Lymphnode of lund

1741. The procedure of choice for elective removal of CBD stones for most patients is - (*.Karn 06)*
a) Open choledocholithotomy
b) Endoscopic choledocholithotomy
c) Laparoscopic choledocholithotomy
d) Percutaneous choledocholithotomy

1742. The predominant constituent of the pale yellow gall stones in the gall bladder is - (*Corned 07)*
a) Mucin glycoproteinb) Calcium carbonate
c) Cholesterol d) Calcium phosphate

1743. Haemobilia is characterized by all except- *(Comed 07)*
a) Jaundice b) Biliary colic
c) Melaena d) Fever

1744. The Reynold's pentad of fever, jaundice, right upper quadrant pain, septic shock and mental status change in typical of - (*Corned 08)*
a) Cholangitis b) Hepatitis
c) Cholecystitis d) Pancreatitis

1745. In a survey, many children are examined and were found to have urogenital abnormalities. Which congenital anomaly is associated with increased risk of bladder carcinoma? *(AIIMS Nov 0 7)*
a) Medullary sponge kidney b) Bladder exstrophy
c) Unilateral renal agenesis d) Double ureter

1746. Common bule duct injuries are most commonly seen in-
a) Radical gastrectomy *(UPSC-II08)*
b) Penetrating injuries of abdomen
c) ERCP & sphincterotomy
d) Laparoscopic cholecystectomy operation

1747. A 88 years male patients presented with end stage renal disease with coronary artery block and metastasis in the lungs. Now presents with acute cholecystitis, patients relatives needs treatments to do something - *(UP 08)*
a) Open cholecystectomy
b) Tube cholecystostomy
c) Laproscopic cholecystectomy
d) Antibiotics then elective cholecystectomy

1748. A 60 year old females presented with hematuria and diagnosed transitional cell carcinoma of bladder stage T_r NjM_0. Best treatment modalities is -
a) Transurethral resection *(UP 08)*
b) Transurethral resection and intravesical chemo-immunotherapy
c) Total cystectomy and pelvic lymphadenectomy
d) Systemic chemotherapy

1749. In cholecystecomy, fresh plasma should be given -
a) Just before operation *(UP 08)*
b) At the time of operation
c) 6 hours before operation
d) 12 hour after operation

1750. A 45 year old female presents with symptoms of acute cholecystisis. On USG there is a solitary gallstone of size 1.5 cm. Symptoms are controlled with medical management Which of the following is the next most appropriate step in the management of this patient -
a) Regular follow up *(AI 08)*
b) IV Antibiotics
c) Laparoscopy cholecystectomy immediately
d) Open cholecystectomy immediately

1751. Most common type of choledochal cyst ? *(APPG08)*
a) Type 1 b) Type 2
c) Type 3 d) Type 6

1752. Which is not true about PBC ? *(APPG.08)*
a) No increase in risk of hepatocellular carcinoma
b) Often asyptomatic
c) Elevated IgM
d) Positive antimitochondrial antibody

1753. Bile strictures are seen in - *(PGIDec 08)*
a) Cholelithiasis b) Malignancy
c) Post operative d) Worm infestation
e) Acute pancreatitis

1754. In a male after laparoscopic cholecystectomy, specimen is sent for histopathology which shows carcinoma gallbladder stage lb. Appropriate management is - *(AIIMS Nov 08)*
a) Conservative and follow up.
b) Extended cholecystectomy
c) Excision of all port sites
d) Radiotherapy

1755. Most common site of cholangiocarcinoma?
a) Distal biliary duct b)Hilum *(AIIMSNov 08)*
c) Intrahepatic duct d) Multifocal

1756. Risk factors for malignant change in an asymptomatic patient with a gall bladder polyp on ultrasound include all of the following, Except -
a) Age > 60 years *(AI 09)*
b) Rapid increase in size of polyp
c) Size of polyp > 5 mm
d) Associated Gall stones

1757. Which of the following statements about acalculous cholecystitis is incorrect ? *(DELHIPG Mar. 09)*
a) Manifestation of disturbed microcirculation in critically ill patient
b) Prolonged parenteral nutrition can be causative
c) It is life threatening condition
d) Cholecystectomy is not indicated

1758. Which of the following is not a component of Reynolds' Pentad in toxic cholangitis ?
a) Right upper quadrant pain *(DELHI PG Mar. 09)*
b) Confusion
c) Septic shock
d) Markedly elevated transaminases

1759. Saccular diverticulum of extrahepatic bile duct in choledochal cyst is classified as - *(COMED 09)*
a) Type I b) Type II
c) Type III d) Type IV

1740)d 1741)b 1742)c 1743)d 1744)a 1745)b 1746)d 1747)b 1748)b 1749)a 1750)c 1751)a 1752)a 1753)a,b,c,d 1754)c 1755)b 1756)c 1757)d 1758)d 1759)b

1760. In the management of symptomatic benign prostatic hyperplasia with finesteride the period of trial required for determining a satisfactory response is-
a) 1 Month b) 2 Months *(COMED 09)*
c) 4 Months d) 6 Months

1761. The most common complication of transurethral resection of the prostate is - *(COMED 09)*
a) Erectile dysfunction
b) Retrograde ejaculation
c) Urinary incontinence
d) Urethral stricture disease

1762. Which of the following is NOT associated with elevation of prostatic specific antigen -*(COMED 09)*
a) Acute prostatitis
b) BPH
c) Prostatic intraepithelial neoplasm
d) Prostatic needle biopsy

1763. Which one of the following is NOT a common feature of bile duct stone - *(UPSC-II09)*
a) Obstructive jaundice
b) Itching
c) Clay colored stools
d) Distended gallbladder

1764. A young patient develops high grade fever with chills and rigors, mild jaundice and acute pain in the upper abdomen following cholecystectomy. On examination, she was jaundiced, toxic, haemodynamically stable and having vague fullness upper abdomen. What is the most probable diagnosis - *(UPSC-II 09)*
a) Localised collection of bile in peritoneal cavity
b) Iatrogenic ligation of common bile duct
c) Duodenal injury
d) Acute pancreatitis

1765. The following are complications of gallstone except- *(UPSC-II 09)*
a) Hemobilia b) Cholangitis
c) Biliary enteric fistula d) Acute pancreatitis

1766. Consider the following - *(UPSC-II 09)*
1. Cholesterosis
2. Adenomyomatosis
3. Polyposis
4. Cholelithiasis

To which of the above does cholecystoses refer to:
a) 1,2 and 3 b) 1 and 3 only
c) 2, 3 and 4 d) 1 and 3 only

1767. A 50-year-old diabetic patient with asymptomatic gallstone (>3 cm) will be best treated by-
a) Early surgery *(UPSC-II 09)*
b) Bile salt treatment
c) ESWL
d) Waiting till it becomes symptomatic

1768. Rigler's triad includes - *(PGINov09)*
a) Pheumobilia b) Ectopic stone
c) Cholangitis d) Intestinal obstruction
e) Biliary stenosis

1769. True about Biliary cystic adenocarcinoma -
a) CT scan is used for diagnosis *(PGINov 09)*
b) CA 19-9 is elevated
c) Intrahepatic location
d) Extrahepatic location
e) Common in male

1770. True about cystic duct stump stone are A/E -
a) Stone cause of postop pain *(PGINov 09)*
b) Re-cholecystectomy is the definite treatment of choice
c) ERCP is the investigation of choice to diagnose
d) Basket extraction is the Mx of choice
e) Oral Ursodeoxycholic acid relieves symptoms remarkably

1771. Risk factor for cholangiocarcinoma all except -
a) Chronic typhoid carrier *(AIIMSNov09)*
b) Chronic ulcerative colitis
c) Parasitic infestation
d) Choledocholithiasis

1772. Laparoscopic cholecystectomy done in a patient with cholelithiasis. Pathology report shows adenocarcinoma with invasion of muscular layer. CT was normal. Further t/t is - *(AIIMSNov 09)*
a) Wait and regular follow up
b) Wedge hepatic resection with lymph node dissection
c) Excise all port sites
d) Radiotherapy

1773. A patient with ITP has a plalelet count of50,000 and is being planned for splenectomy. What is the best time for platelet infusion in this patient - *(AI10)*
a) 2 hours before surgery
b) At the time of skin incision
c) After ligating the splenic artery
d) Immediately after removal of spleen

1774. All the following increase risk for cholangiocarcinoma except - *(DPG10)*
a) Ulcerative colitis b) Gall stones in CBD
c) Sclerosing cholangitis d) Chlonorchis

1775. An ultrasound examination shows dilated intrahepatic biliary channels with a small gall bladder. The most likely possibility is - *(DPG 10)*
a) Gall bladder stone
b) Pancreatic calculus
c) Common bile duct stone
d) Carcinoma of the head of the pancreas

1776. 'Strawberry gall bladder[9] is seen in -
a) Cholesterosis *(Maharashtra 10)*
b) Porcelain gall bladder
c) Necrosis of gall bladder
d) Gall bladder carcinoma

1777. Primary sclerosing cholangitis is associated with -
a) Ulcerative cholangitis *(Maharashtra 10)*
b) Retroperitoneal fibrosis
c) Reidel's thyroiditis
d) All of the above

1760)d 1761)b 1762)d 1763)d 1764)b 1765)a 1766)a 1767)a 1768)a,b,d 1769)A11 1770)b,e 1771)d 1772)b 1773)c 1774)b 1775)c 1776) a 1777)d

1778. Pneumobilia can be seen in - *(UP SCII10)*
a) Mirizzi's syndrome b) Acute pancreatitis
c) Gallstone ileus d) Carcinoma gallbladder

1779. Which one of the following is not a component of Charcot's triad? *(UP SCII10)*
a) Pain b) Fever
c) Vomiting d) Jaundice

1780. T/t of CBD stone includes - *(PGIMay 10)*
a) Endoscopic papillotomy b)ERCP
c) Ursodeoxy cholic acid d) Hepatojejunostomy
e) Choledochotomy

1781. Not included in Charcot's triad? *(AIIMSNov 10)*
a) Fever b) Pain
c) Jaundice d) Gallbladder lump

1782. Organism associated with fish consumption and also causes carcinoma gallbladder - *(AIIMSNov 10)*
a) Gnathostoma
b) Anglostrongyloidosis cantonensis
c) Clonorchis sinensis
d) H. dimunata

1783. On abdominal ultrasound gall bladder shows diffuse wall thickening with hyperechoic nodules at neck and comet tail artifacts. The most likely diagnosis will be -
a) Adenomyomatosis
b) Adenocarcinoma of gall bladder
c) Xanthogranulomatous cholecystitis
d) Chelesterol crystals

1784. Risk factors for malignant change in an asymptomatic patient with a gall bladder polyp on ultrasound include all of the following, except -
a) Age > 60 years *(AIIMS May 11)*
b) Rapid increase in size of polyp
c) Size of polyp > 5 mm
d) Associated Gall stones

1785. Most common site of cholangiocarcinoma- *(AIIMS*
a) Distal biliary duct b)Hilum *May 11)*
c) Intrahepatic duct d) Multifocal

1786. The technique of laproscopic cholecystectomy was first described by? *(AIIMS May 11)*
a) Erich Muhe b) Phillip Moure
c) KurtSemm d) Eddie Reddick

1787. Survival in unresectable GB ca is? *(AIIMSMay 11)*
a) 4-6 months b) 8-10 months
c) 1 yr d) 12-24 months

1788. Regarding laproscopic cholecystectomy, which of the following statements is correct - *(UPSCII11)*
a) It is primarily done for cholecystitis in the third trimester of pregnancy
b) It is associated with higher rate of bile duct injuries than open cholecystectomy
c) It is contraindjcated in acute cholecystitis
d) It is safer than open cholecystectomy in patients with cardiorespiratory disease

1789. The following constitute the Saint's triad except -
a) Gall stones b) Jaundice *(UPSC II11)*
c) Hiatus hernia d) Colonic diverticulosis

1790. Most common cause of obstructive jauridice>
a) Periampullary carcinoma *(NEET/DNB Pattern,*
b) Carcinoma gall bladder *AIIMS NOV96, 94,*
c) Carcinoma head ofpancreas *AI98, 2K)*
d) CBD stones

1791. What is choledocholithotomy - *(NEET/DNB Pattern)*
a) Removal of ureteric stone
b) Removal of gall stone
c) Removal of gall bladder
d) Removal of common bile duct stone

1792. Which of the following drug is used for medical treatment of gall stones - *(NEET/DNB Pattern)*
a) Clemastine fumarate b) Mizolastine
c) Lovastatin d) Ursodeoxycholicacid

1793. In a patient of acute cholecystitis, referred pain to the shoulder is k/a - *(NEET/DNB Pattern)*
a) Murphy's sign b) Gray Turner sign
c) Boa's sign d) Cullen's sign

1794. Pringle maneuver to arrest hemorrhage is -
a) Clamping of portal vein *(NEET/DNB Pattern)*
b) Clamping of hepatic artery
c) Clamping of hepatic vein
d) Clamping of hepatoduodenal ligament

PANCREAS

1795. Which one is not Ranson's prognostic criteria in acute pancreatitis - *(AI88)*
a) Age over 55 years
b) Blood glucose more than 200 mgs %
c) WBC more than 16000/mm^3
d) Serum calcium more than 8 mg %

1796. The treatment of annular pancreas is - *(AIIMS 85)*
a) Gastrojejunostomy
b) Duodeno duodenostomy
c) Duodenojejunostomy
d) Gastroduodenostomy

1797. Most common cause of acute pancreatitis is- *(JIPMER87)*
a) Biliary tract diseases b) Alcoholism
c) Post traumatic d) Idiopathic

1798. Treatment of pseudocyst of pancreas include- *(JIPMER87)*
a) Cystogastrostomy b) Cystojejunostomy
c) Cystocolostomy d) Excision of the cyst
e) All of the above

1799. Whipple's triad in insulinoma includes -
a) Hypoglycemia below 45 mg % *(JIPMER 86)*
b) An attack of hypoglycemia in the fasting stage
c) Symptoms relieved by glucose
d) all of the above

1778) c 1779) c 1780)a,b,c,e 1781)d 1782)c 1783)a 1784)c 1785)b 1786)a 1787)a 1788)b 1789)b 1790)d 1791) d 1792)d 1793)c 1794)d 1795)d 1796)b,c 1797)a 1798)a,b,d 1799)d

1800. Most common cause of pancreatic pseudocyst formation is- *(AIIMS86, 87)*
a) Trauma b) Pancreatitis
c) Neoplastic d) None of the above

1801. Pain relief in chronic pancreatitis can be obtained by destruction of - *(UPSC 8 7, 88)*
a) Celiac ganglia
b) Vagus nerve
c) Anterolateral column of spinal cord
d) None of the above

1802. Which of the following about acute pancreatitis is true - *(PGI88)*
a) Pain last for several hours
b) Serum amylase levels correlates with severity of attack
c) Common in alcoholics
d) Low serum calcium levels indicate good prognosis

1803. The complication least likely to occur in a pseudocyst of the pancreas is - *(Kerala 90)*
a) Hemorrhage b) Torsion
c) Infection d) Carcinomatous change

1804. Commonest type of pancreatic carcinoma is-
a) Acinar cell carcinoma *(AI92)*
b) Ductal adenocarcinoma
c) Islet cell carcinoma
d) Mucinous carcinoma

1805. Treatment of congenital cyst of head of pancreas - *(PGI 83, AMC 86)*
a) Total excision
b) Partial excision
c) Marsupialization
d) Observe and medical treatment

1806. In Mucoviscidosis of the pancreas the commonest defect is in the - *(JIPMER 80, AIIMS 89)*
a) Jejunum b) ileum
c) Ascending d) Descending colon

1807. Leukocytic infiltraton in islet cells of pancrease is characterstically seen in some cases of -
a) Juvenile diabetes *(PGI81, AMU87)*
b) Diabetic ketosis
c) Systemic mucoviscidosis
d) Haemorrhage pancreatic necrosis

1808. All are seen in chronic calcific pancreatitis except
a) Diabetis mellitus *(Kerala 96)*
b) Fat malabsorption
c) Hypercalaemia
d) Recurrent adbominal pain
e) Increasd incidence of pancreatic carcinoma

1809. All are features of pesudopancreatic cyst, except
a) Follows acute pancreatitis *(AI97)*
b) Lined by false epithelium
c) May regress spontaneously
d) Treatment of choice is percutaneous aspiration

1810. Serious complication in pancreatic pseudocyst include all of the following except - *(UPSC 97)*
a) Intracystic haemorrhage
b) Secondary infection
c) Calcification in the cyst wall
d) Rupture of the cyst

1811. All are true about pseudopancreatic cyst except -
a) Common after acute pancreatitis - *(AI 98)*
b) Present as adbomen mass
c) Increased serum amylase
d) Mostly present in head of pancreas

1812. A chronic alcoholic with epigastric pain was submitted to ERCP which showed chain of lakes' appearnace of main pancreatic duct treatment of choice is - **(***MAHE 98)*
a) Lateral pancreaticoj ejunostomy
b) Distal pancreaticoj ejunostomy
c) pancreatectomy
d) Proximal pancreaticojejunostomy

1813. In Whipple's operation all are removed except -
a) CBD b) Portal vein *(AIIMS 98)*
c) Head of pancreas d) Duodenum

1814. Most sentitive investigation of pancreatic carcinoma is - *(PGI 88)*
a) Angiography b)ERCP
c) Ultrasound d) CT scan

1815. Whipples triad is seen in - *(PGI97)*
a) Islet cell tumour b) Ca head pancreas
c) Argentaffmoma d) Cholangiocarcinoma

1816. Inverted "3" sign seen in - *(PGI97)*
a) AmpullaryCa b) Insulinoma
c) Ca. head pancreas d) Ca. stomach

1817. Treatment of annular pancreas is - *(PGI 97)*
a) Excision of head of pancreas
b) Duodenojejunostomy
c) Excision of tail of pancreas
d) Any of the above

1818. Treatment of pseudopancreatic cyst is - *(PGI 97)*
a) Endoscopic drainage
b) Percutaneous drainage
c) Internal drainage (surgical)
d) Pancreatectomy

1819. Which is not a feature of pancreatic ascites -
a) Low protein *(PGI 99)*
b) Somatostatin is the drug of choice
c) Communication with pancreatic duct in 80%
d) Raised amylase levels

1820. TVue about pancreatic carcinoma - *(PGI2000)*
a) Head is the most common site
b) Pain is the most common symptom
c) Obstruction ofbile & pancreatic secretion is common
d) 80% cases respond well to resection

1821. Investigation to diagnose carcinoma head of pancrease are/is - *(PGI 2K)*
a) Hypotonic duodenogram b) X-ray abdomen
c) USG d) Endoscopy
e) C.T. Scan

1800)b 1801)a 1802)a,c 1803)dl804)b 1805)c 1806)b 1807)a 1808)c 1809)d 1810)c 1811)d 1812)a 1813)b 1814) b 1815)a 1816)c 1817)b 1818)A11 1819)a 1820)a,c 1821)a,c,d,e

1822. Common cause (s) of acute pancreatitis is/are -
a) Alcohol b) Gall stone *(PGI2K)*
c) Primary billiary cirrhosis d) L-asparginase

1823. True about acute pancreatitis a/e *(PGI2K)*
a) Gallstones & alcohol are common
b) Sr. amylase levels increase after 72 hrs. of attack
c) Can cause secondary pleural effusion
d) Can present with shock

1824. Which of the following is the most common site for the carcinoma of pancreas - *(PGI2000)*
a) Head b) Ampulla
c) Body d)Tail

1825. Commonest complication of pancreatic pseudocyst - *(PGI 2000, AIMS 84)*
a) Rupture b) Infection
c) Pressure on viscera d) Hemorrhage

1826. Gold standard test in insulinoma - *(PGI 2000)*
a) CT scan b) Ultrasound
c) MRI d) Arteriography

1827. True about pseudocyst of pancreas - *(PGI 01)*
a) Is a true cyst
b) Common with penetrating trauma abdomen
c) Treated with cystogastrostomy if size > 2 cm
d) Can present from mediastinum to pubis
e) Contains a wall of fibrous granulation tissue

1828. True about ZES (gastrinoma) - *(PGI 01)*
a) Gastrin levels > 1000 pg/ml
b) B AO (Basal acid output) >15 meq/hr
c) Somatostatin is inhibitor of HCL secretion
d) Omeprazole is helpful
e) Secretin increases gastrin secretion in Zollinger Ellison Syndrome

1829. True about pancreatic Ca - *(PGI 02)*
a) M.C. symptom is pain
b) Ca head of pancreas causes obstruction of both pancreatic and billiary duct
c) Smoking predisposes
d) Family H/O familial adenomatous polyposis syndrome

1830. Annular pancreas true about - *(PGI 02)*
a) Complete or partial rotation failure
b) Congenital
c) Normal histology
d) Interstromal cell proliforation
e) Surgical correction should be done

1831. True increase in islet cell - *(PGI02)*
a) Nesdioblastoma b) Type II DM
c) Insulinoma

1832. Pancreatitis caused by - *(PGI 02)*
a) Ascending chlongitis b) Ted PTH
c) CBD stone d) Alcohol
e) Starvation

1833. Acute pancreatitis is caused by - *(PGI02)*
a) Gallstones b) Alcohol
c) Starvation d) Hypercalcemia
e) Hypertriglyceridemia

1834. Investigation done in Ca pancreas are - *(PGI 03)*
a) Hypotonic duodenography b) X-ray abdomen
c) Endoscopy d) C.T. Scan
e) Ba-fallow through

1835. True about acute pancreatitis - *(PGI04)*
a) Alcohol is the MC cause
b) 20-25% needs surgical treatment
c) CECT is preffered over USG in diagnosis
d) Serum Amylase is diagnostic
e) Grey Turner sign seen around the umpilicus

1836. The following conditions are indicative of surgery in acute pancreatitis - **(***UPSC 04)*
a) Acute fluid collection
b) Persistent pseudocyst pancreas
c) Pancreatic abscess
d) Infective pancreatic necrosis

1837. Increased amylase levels in pleural fluid are seen in - **(***BIHAR 03)*
a) Malignancy b) Pancreatitis
c) Oesophageal rupture d)All

1838. Major complication of cysto gastrostomy for pseudo pancreatic cyst is - **(***COMEDK 05)*
a) Infection b) Obstruction
c) Fistula d) Haemorrhage

1839. All are features seen in Chronic Pancreatitis except-
a) Chronic persistent pain (*HPU05)*
b) Diarrhoea, Steatorrhoea
c) Calcification
d) Paralytic ileus

1840. The preferred bypass procedure in case of non resectable carcinoma of head of pancreas is -
a) Cholecystojejunostomy (*MAHE05)*
b) Cholecystogastrostomy
c) Choledochoduodenostomy
d) Choledochojejunostomy

1841. Gastrinoma a/w - *{PGI June 05)*
a) Diarrhoea
b) Constipation
c) Achlorhydria
d) Multiple superficial gastric ulcers
e) Gastric atrophy

1842. Insulinoma is most commonly located m which part of the pacreas - **(***MAHA 05)*
a) Head b) Body
c) Tail d) Equally distributed

1843. Pancreatitis that has good prognosis - *(APPGE 05)*
a) Gallstone pancreatitis
b) Post operative pancreatitis
c) Alcoholic pancreatitis
d) Chronic pancreatitis

1844. All of the following are features of Zollinger Ellison syndrome except - *{AIMS Nov 05)*
a) Intractable peptic ulcers
b) Severe diarrhoea
c) Beta cell tumours of the pancreas
d) Very high acid output

1822)a,b 1823)b 1824)a 1825)b 1826)b 1827)d,e 1828)A11 1829)b,c 1830)a,b,c,e 1831)a,c 1832)b,c,d 1833)a,b,d,e 1834)a,c,d 1835)c 1836)b,d 1837)d 1838)d 1839)d 1840)a 1841) a 1842)d 1843)a 1844)c

1845. All the following can be used to predict severe acute p ancreatitis except - *(AIIMS Nov 05)*
a) Glasgow score ≥ 3
b) APACHE II score ≥9
c) CT severity score ≥ 6
d) C - reactive protein <100

1846. True in Pancreas trauma - *(PGIJune06)*
a) Solitary involvement common
b) Blunt injury usual cause
c) Always surgery needed
d) Amylase T in 90% cases
e) HRCT is investigation of choice

1847. Commonly seen pancreatic endocrinal tumour - *(PGI June 06)*
a) Insulinoma b) Somatostatinoma
c) Gastrinoma d) Glucagonoma
e) Vipoma

1848. What is the most common surgical complication following whipple procedure ? *(UPSC 0 7)*
a) Disruption of pancreatic anastomosis
b) Biliary peritonitis
c) Disruption of gastric anastomosis
d) GI bleeding

1849. Vascular complications of acute pancreatitis include the following except - *(UPSC 0 7)*
a) Splenic vein thrombosis
b) Splenic artery aneurysm
c) Gastroduodenal artery aneurysm
d) Middle colic artery thrombosis

1850. Most common complication after ERCP is -
a) Acute Pancreatitis *(AiimsMay07)*
b) Acute cholangitis
c) Acute cholecystitis
d) Duodenal perforation

1851. Severity of acute pancreatitis correlate with levels of all of the following except - *(Aiims May 07)*
a) Glucose b) Amylase
c) Transaminase d) Calcium

1852. Most common tumour of pancreas is - *(UP 07, TN89)*
a) Adeno-carcinoma
b) Squamous cell carcinoma
c) Adeno-squamous cell carcinoma
d) Duct cell adeno carcinoma

1853. Best prognosis in carcinoma of pancreas in the region of - *(UP 0 7)*
a) Head b) Tail
c) Body d)Periampullary

1854. "Chain of lakes" appearance seen in - *(UP 07, 05)*
a) Acute pancreatitis
b) Chronic pancreatitis
c) Carcinoma pancreas
d) Strawberry gall bladder

1855. Cullen's sign - *(UP07)*
a) Bluish disclolouration of the flanks
b) Bluish discolouration in the umbilicus
c) Migratory thrombophelebitis
d) Subcutaneous fat necrosis

1856. Which of the following is the most common non-alcholic cause of acute pancreatitis - (*Corned 07)*
a) Thiazides b) Hypercalcaemia
c) Hyperlipidaemia d) Gall stones

1857. Which of the following organs is the most common site of origin of the tumour associated with the Zollinger-Ellison syndrome - (*Corned 07)*
a) Duodenum b) Lymph nodes
c) Spleen d) Pancreas

1858. The commonest cause of acute pancreatitis is -
a) Biliary calculi b) Alcohol abuse *(Corned 07)*
c) Infective d) Idiopathic

1859. Grey Turner's sign (flank discoloration) is seen in - (*Corned 08)*
a) Acute pyelonephritis b) Acute cholecystitis
c) Acute pancreatitis d) Acute peritonitis

1860. Which one of the following is the management of pancreatic abscess - *(UPSC-II08)*
a) Needle aspiration b)Gastro-cystos
c) External drainage d)Jejuno-cystos

1861. Carcinoma of pancreas associated with - *(UP 08)*
a) Hypoglycemia
b) Syndrome of inappropriate secretion of ADH
c) Erythropoisis is due to erythropoietin
d) Hypercalcemia

1862. A chronic alcoholic presents with abdominal pain radiating to the back that responds to analgesics. At evaluation the pancreatic duct was found to be dilated and stones were noted in the tail of pancreas. The most appropriate management is - *(AI08)*
a) Pancreatic tail resection
b) Pancreaticojejunostomy
c) Percutaneous removal of stone
d) Medical management

1863. A chronic alcoholic presents with repeated episodes of severe intractable abdominal pain. At evaluation the pancreatic duct was found to be dilated and stones were noted in the tail of pancreas. The most appropriate management is - *(AI 08)*
a) Pancreatic tail resection
b) Pancreatico Jejunostomy
c) Percutaneous removal of stone
d) Medical management

1864. Zollinger Ellison syndrome true about A/E -
a) Surgery is to be done *(PGI June 08)*
b) Exocrine tumour
c) Endocrine disorder
d) Secretory diarrhoea seen
e) Metastasis seen

1865. Which of the following statements about Pancreatic Carcinoma is not true - *(AI 09)*
a) Mutation in P53 gene is associated in 75% of cases
b) Hereditary Pancreatitis significantly increases the risk
c) Median survival in locally advanced (stage III) disease is 3 - 6 months
d) Five year survival after curative pancreaticoduodenectomy is 15 - 20%

1845)d 1846)d,el847)a 1848)c 1849)d 1850)a 1851) b 1852)d 1853)d 1854)b 1855)b 1856)d 1857)a 1858)a 1859)c 1860)c 1861)a 1862)d 1863)b 1864)b 1865)c

1866. The advantage of bladder drainage over enteric drainage after pancreatic transplantation is better monitoring of - *(AI 09)*
a) HBA 1C levels b) Amylase levels
c) Glucose levels d) Electrolyte levels

1867. Sister Mary Joseph nodule is most commonly seen with - *(AIIMS May 09)*
a) Ovarian cancer b) Stomach cancer
c) Colon cancer d) Pancreatic cancer

1868. Commonest complication of Pseudocyst of the pancreas is - *(DELHIPG Feb. 09)*
a) Commonest into peritoneum
b) Rupture into colon
c) Hemorrhage
d) Infection

1869. Which of the following types of pancreatitis has the best prognosis - *(Manipal 09)*
a) Alcoholic pancreatitis
b) Gall stone pancreatitis
c) Post operative pancreatitis
d) Idiopathic pancreatitis

1870. Consider the following prognostic parameters of acute pancreatitis - *(UPSC-II09)*
1. Rise in blood urea nitrogen over 5 mg/dl
2. Hematocrit decrease over 10%
3. Base deficit more than 4 mmol/lit
4. Blood glucose over 10 mmol/lit
Which of the above parameters are important during initial 48 hours ?
a) 1 and 2 only b) 2 and 3 only
c) 1,2 and 3 d) 1,3 and 4

1871. Which ofthe following is NOT an indication for surgical intervention in acute pancreatitis - *(UPSC-II09)*
a) Acute fluid collection b) Pancreatic necrosis
c) Pancreatic abscess d) Diagnostic dilemma

1872. True about gastrinoma are all except - *(PGINov 09)*
a) Located mostly in pancrease
b) Unusal located ulcer
c) 90%beningn
d) Hypersecretion of gastric acid

1873. Middle segment pancrectomy avoided in -
a) Cystadenoma *(PGI Nov 09)*
b) Tumors of head of pancreas
c) Tumors of tail of pancreas
d) Tumor of neck of pancreas

1874. All are true for annular pancreas except -
a) Upper GI series is IOC *(PGI Nov 09)*
b) Duodenal obstruction present
c) ERCPisdone
d) Non - rotation of gut
e) Treatment is division of ring

1875. All are true about insulinoma except -
a) Usually asymptomatic & need no treatment
b) Usually small & multiple *(PGINov 09)*
c) Diazoxide & octreotide reduce insulin synthesis
d) Most common site is pancreas
e) 90% are Benign

1876. Treatment of choice for annular pancrease is -
a) Division of pancreas *(AI10)*
b) Duodenoduodenostomy
c) Duodenojejunostomy
d) Roux-en-Y loop

1877. A lady presented with recurrent attacks of giddiness and abdominal pain since three months. Endoscopy was normal. Her fasting blood glucose was 40 mg % and insulin levels were elevated. CT abdomen showed a well defined 8 mm enhancing lesion is the head of pancreas, with no other abnormal findings. What should be the treatment plan for this patient -
a) Whipple's operation *(AI 10)*
b) Enucleation
c) Enucleation with radiotherapy
d) Administration of streptozotocin

1878. Gold standard test for for insulinoma -
a) 72 hr fasting test *(AIIMS May 11)*
b) Plasma insulin levels
c) C-peptide levels
d) Low glucose levels <30 mg/dl

1879. Which of the following statements about Pancreatic Carcinoma is not true? *(AIIMS May 11)*
a) Mutation in P53 gene is associated in 75% of cases
b) Hereditary Pancreatitis significantly increases the risk
c) Median survival in locally advanced (stage III) disease is 3-6 months
d) Five year survical after curative pancreaticoduodenectomy is 15-20%

1880. Not true about mucinous cystadenoma pancreas-
a) Microcystic adenoma *(AIIMS May 11)*
b) Lined by columnar epithelium
c) Pre malignant
d) Focus of ovarian stroma in it

1881. A lady present with three day history of epigastric pain radiating to back. Serum amylase levels were observed to be normal while USG abdomen reveals gall bladder stones and an enlarged pancreas. CT scan was done which clinched the diagnosis. Which ofthe following is the most likely diagnosis - *(AI 11)*
a) Acute Cholecystitis b) Acute Pancreatitis
c) Acute Appendicitis d) Acute Peritonitis

1882. A fifty year old lady presents with two year history of recurrent abdominal pain with radiation to her back. Pain is severe in intensity, and refractory to simple analgesics. Ultrasound and Contrast Enhanced CT scan (CECT) confirmed the diagnosis and showed a dilated pancreatic duct. Which of the following is the likely recommended surgical procedure of choice? *(AI 11)*
a) Vagatomy with Antrectomy
b) Vagotomy with Gastrolejunostomy
c) Whipple's Procedure
d) Longitudinal Pancreatico Jejunostomy

1866) b 1867)b 1868)d 1869)b 1870)d 1871)d 1872) a,c 1873) b,c 1874) e 1875)a,bl876)c 1877)b 1878)a 1879)c 1880) a 1881)b 1882)d

1883. Zollinger-Ellison syndrome is characterised by the following except - *(UPSC111)*
a) Profound gastric hypersecretion
b) Large diarrhoea with occasional steatorrhoea
c) Hypocalcaemia
d) Hvpergastrinaemia

1884. In acute pancreatitis, surgery is indicated in which one of the following conditions - *(UPSC II11)*
a) Acute fluid collection
b) Acute pseudocyst
c) Sterile pancreatic necrosis
d) Infected pancreatic necrosis

1885. Most common complication of acute and chronic pancreatitis is - *(NEET/DNB Pattern)*
a) Portal vein thrombosis b) Pancreatic abscess
c) Pseudocyst d) Pancreatic head mass

1886. Most common cause of chronic pancreatitis- *(NEET/DNB Pattern)*
a) Gall stones
b) Tropical pancreatitis
e) Pancreasdivisium
d) Alcohol ,

1887. WhaT is common in both acute and chronic pancreatitis? ; *(NEET/DNB Pattern)*
a) Pseudocyst b) Abscess formation
c) 'DIC 7 d) Pancreatic head mass

PERITONEUM

1888. Commonest type of mesentric cyst is - *(JIPMER 87)*
a) Enterogenous b) Chylolymphatic
c) Dermoid d) Urogenital remnant

1889. Primary peritonitis with pneumococcus is associated with - *(UPSC 86, JIPMER 88)*
a) Lymphomas b) Nephrotic syndrome
c) Carcinoids d) None of the above

1890. Treatment of pouch of Douglas abscess is -
a) Laparotomy *{UPSC 87, 88)*
b) Posterior colpotomy
c) Antibiotics
d) Extraperitoneal drainage

1891. Generalised diffuse peritonitis has been compared to second and third degree burns of - *{AIIMS 84)*
a) 13% b)30%
c) 45% d) 60 %

1892. Early surgery is indicated in - *(PGI86)*
a) Amoebiasis peritonitis b) Biliary peritomitis
c) Typhoid peritonitis d) All

1893. Which of the following is not characteristic of visceral pain - *(PGI89)*
a) Poor localisationb) Diffuse in nature
c) High thresholdd) Very rapid adaptation

1894. Most common site for intra abdominal abscess following laparotomy is - *(AIIMS 92)*
a) Sub hepatic b) Subphrenic
c) Pelvic d) Paracolic

1895. Most common cause of generalised peritonitis is a 40 year old adult male is - *{AIIMS 92)*
a) Enteric perforation
b) Ruptured liver abscess
c) Duodenal Ulcer perforation
d) Perforated Ca stomach

1896. Correct about subphrenic abscess is -
a) Rarely chest symptoms *{PGI 81,Delhi 86)*
b) Toxaemia
c) Rarelly toxaemia
d) No sign and symptoms

1897. Odourless peritoneal fluid is noticed in-
a) Perforated petic ulcer *{AMC81, AP 89)*
b) Perforated ileum
c) Perforated appendix
d) T.B. Peritonitis

1898. The commonest cuase of acute mesentric adenitis is - *{JIPMER 81, AMU87)*
a) Tuberculosis b) Brucellosis
c) Pneumococcal infection d) Idiopathic

1899. Idiopathic retroperitoneal fibrosis involves first of aU - *{AIIMS 90, DNB 90)*
a) Stomach b) Duodenum
c) Kidneys d) Ureter
e) Urethra

1900. Which mesentric cyst whose removal entrails removals of part of gut - *{TN 95)*
a) Chylolymphatic cyst b) Enterogenous cyst
c) Dermoid d)All

1901. The most favoured treatment for a pelvic abscess in cul-de-sac is - *{Delhi 96)*
a) Laparotomy b) Colpotomy
c) Extemall&D d) Antibiotics

1902. Intra-abdominal calcificaition in a plane X-ray abdomen is most often seen in - *{Karn 95)*
a) Meconium ileus
b) Meconium peritonitis
c) Meconium plug syndrome
d) Necrotising enterocolitis

1903. Best investigation for air in peritoneal cavity is -
a) USG b) Laparotomy *{CMC 98)*
c) Laparoscopy d) X-ray abdomen-erect view
e) CT scan

1904. "Peritoneal mice" is - *{AP97)*
a) Pseudomyxoma peritonei
b) Appendices epiploicae
c) Peritoneal seedings of tumour
d) Endometriosis

1905. The "Mesenteric cyst" - *{AP 97)*
a) Moves parallel to the mysentery
b) Moves perpendicular to the mesentery
c) Is secondary tumour
d) Is fixed and immobile

1883)c 1884) d 1885)c 1886)d 1887)a 1888)b 1889)b 1890)b 1891)c 1892)b,cl893)d 1894)a 1895)c 1896)b
1897) a 1898) d 1899)d 1900)b 1901)b 1902)b 1903)d 1904)b 1905)b

1906. Ormond's disease is - *{Kerala 98)*
a) Idiopathic lymphadenopathy
b) Retractile testis
c) Idiopathic retroperitonial fibrosis
d) Idiopathic mediastinitis

1907. Gas most suited for laproscopy is - **(***Rohtak 97)*
a) Air b) Nitrogen
c) GO d) Oxygen
e) Carbon dioxide

1908. Advantage of carbon dioxide in laproscopy are all excpet - *{Rohtak 9 7)*
a) Non-irritant b) Non-inflammable
c) Minimally absorbed d) No tissue reaction
e) None

1909. Colopotomy is done to treat- *{AP 98)*
a) Ischeorectal abscess b) Pelvic abscess
c) Appendicular abscess d) Perianal abscess

1910. Which one of the following statements regarding Meconium peritonitis is NOT correct - *{UPSC2K)*
a) It is a septic peritonitis
b) It develops in later intra-uterine life or during or just after delivery
c) This condition should always be considered when a baby is bom with tense abdomen
d) Plain X-ray abdomen of this condition reveals calcification on liver and spleen

1911. The following are true regarding ascites except -
a) Only when the amount of fluid *{Kerala 2k)* present exceeds 1500 ml. It can be recognised clinically
b) Shifting dullness is absent when there is a very large accumulation of fluid
c) In Cirrhosis there is obstmction to the venous outflow of the liver due to obliterrative fibrosis of the intra hepatic venous bed
d) A transudate has a protein content of greater than 30 gms. Of protein per litre
e) In Meig's syndrome it is associated with pleral effusion and solid fibroma of ovary

1912. Mucinous peritoneal fluid - *(PGI2K)*
a) Carcinoma stomach b) Leimyo sarcoma
c) Teratoma ovary d) Mucocele of appendix

1913. Malignant change in lipoma is most common is -
a) Thigh b) Nape of neck *(2000 R)*
c) Retroperitoneum d)Back

1914. The commonest organism seen in peritonitis \s-*(IN01)*
a) Escherichia coli b) Clostridium welchii
c) Staphylococci d) Klebsiella

1915. Retractile mesentertis may be seen in-*(Nimhans 86)*
a) Ormonds's disease b) Gardner' syndrome
c) Turner's syndrome d) Down's syndrome

1916. Regarding primary peritonitis which of the following is correct- *{JIPMER 88)*
a) Caused by pneumococcus
b) Often oxygen
c) Steroids
d) No treatment is necessary

1917. Pseudochylous ascites occurs in -*(PGI80, JIPMER 81)*
a) Cirrhosis b) Hyperlipidemia
c) Filariasis d) Malignant ascites

1918. Localised idiopathic fibrosis is seen in all of the following except- *(UPSC 2001)*
a) Riedel's struma b) Hypertrophic scar
c) Sclerosing cholangitis d) Panniculitis

1919. True about mesenteric cysts is - *(PGI 97)*
a) Enterogenous cyst is commonest type
b) Recurrence is common after enucleation
c) Mensentric cyst are usually multiple
d) Enucleation is the treatment of choice of chylolymphatic cyst

1920. In pneumoperitoneum following are seen except -
a) Hypertension b) Bradycardia *(PGI97)*
c) Tachycardia d) Hypercapnia

1921. Treatment of ruptured pneumo-peritoneum, as a result of colonoscopy in a young patient is -*(PGI 98)*
a) Temporary colostomy b) Closure + lavage
c) Permanent colostomy d) Symptomatic

1922. Meconium peritonitis occurs - *(PGI99)*
a) Just before birth b) Just after birth
c) Before and after birth d) Due to birth trauma

1923. Mucinous peritoneal fluid is found in - *(PGI2000)*
a) Carcinoma stomach b) Leimyosarcoma
c) Teratoma ovary d) Mucocele of appendix

1924. Mucinous ascites is seen in - *(PGI 2000)*
a) Stomach Ca b) TB
c) Nephrotic syndrome d) Cirrhosis

1925. In which of the following conditions is air under both sides of diaphragm visualized - *(PGI 01)*
a) Perforated Meckel's diverticulum
b) Uterine rupture following illegal abortion
c) Perforation of duodenal ulcer
d) Liver abscess
e) Ruptured appendix

1926. Peritonitis with air under both diaphragmatic domes, possibility is/are - *(PGI 01)*
a) Duodenal perforation
b) Perforation of appendix
c) Meckle's perforation
d) Liver abscess rupture
e) Uterine perforation (during procedure for abortion)

1927. True about pseudomyxoma peritonei - *(SGPGI04)*
a) Seen in male only
b) Cytoreductive surgery needed
c) Always appendicectomy needed
d) Radiation therapy given
e) Locally malignat tumor

1928. Pseudomyxoma peritone- *{PGI04)*
a) Males more common than females
b) Appendix should be removed in all cases
c) Chemotherapy is effective
d) Not malignant

1906)c 1907)e 1908)c 1909)b 1910)a 1911)a,d 1912)a,d 1913)c 1914)a 1915)a 1916)a 1917)d 1918)b
1919) d 1920)b 1921)b 1922)c 1923)a 1924)a 1925)a,b,c,e 1926)a,c 1927)b,c,e 1928)b,c

1929. When gas filled cysts are found in subserosa or submucosa of small intestine or colon, it is called -
a) Pneumatosis cystoids intestinalis (*,AMU05)*
b) Crohn's disease
c) Ulcerative colitis
d) Mesenteric cyst

1930. Layers which are penetrated with trochar & cannula in production of pneumoperitoneum are -
a) Skin & superficial fascia (*PGIJune05*)
b) Deep fascia
c) Rectus abdominis
d) Transversus abdominis
e) Rectus sheath

1931. Apart from Escherichia coli, the other most common organism implicated in acute suppurative bacterial peritonitis is - *(AI06)*
a) Bacteroides b) Klebsiella
c) Peptostreptococcus d) Pseudomonas

1932. Commonest site from where pseudomyxoma peritonei arise - *(PGI June 06)*
a) Ovary b) Appendix
c) Pancreas d) Stomach
e) Colon

1933. Commonest sites of intraabdominal abscess -
a) Subphrenic *(PGI June 06, Jipmer 86, 87)*
b) Paracolic
c) Pelvis
d) Retroperitoneal
e) Between loops

1934. Which of the following complication is not seen with peritonitis - **(***Manipal 06)*
a) Renal failure b) Residual abscess
c) Endoxic shock d) Bone marrow suppression

1935. A 25 years old female presents with pyrexia for ten days, develops acute pain in periumblical region spreading all over the abdomen. What would be the most likely cause ? *(UPSC07)*
a) Perforation peritonitis due to intestinal tuberculosis
b) Generalised peritonitis due to appendicular perforation
c) Typhoid enteric perforation and peritonitis
d) Acute salpingo-oophoritis with peritonitis

1936. Most pathognomic in pelvic abscess is - *(UP 07)*
a) Constipation b) Mucopurulent discharge
c) Loose stool d) Bleeding

1937. All are true about Pseudomyxoma peritnonei except-
a) Common in male *(UP07)*
b) Associated with ovary tumours
c) Yellow jelly collection of fluids
d) Appendicetal adeno carcinoma

1938. 'Gas' in the tissue should be differenciates with -
a) Pseudomyxoma peritonei *(UP07)*
b) Pseudomonas infection
c) Clostridium nouyi
d) Non clostridial infection

1939. Sub acute spontaneous peritonitis in cirrhosis patients the polymorphonuclear cells are - *(UP 08)*
a) More than 200 cells/cumm
b) More than 300 cells/cumm
c) More than 400 cells/cumm
d) More than 500 cells/cumm

1940. All are true about pseudomyxoma peritonei except -
a) Associated with ovarian tumours *(DPGEE 08)*
b) Appendicitis
c) Yellow jelly collection of fluid
d) Common in male

1941. Most common site of intraperitoneal abscess is -
a) Right superior intraperitoneal spac*q* *(DPGEE 08)*
b) Right inferior intraperitoneal space
c) Left superior intraperitoneal space
d) Left inferior intraperitoneal space

1942. Most common site of intra peritoneal abscess ?
a) Morrison's pouch *(APPG 08)*
b) Omental bursa
c) Pelvic region
d) Left subhepatic pouch

1943. Pseudomyxoma peritonei arises from -
a) Carcinoma ovary *(PGI Dec 08)*
b) Ovarion cyst
c) Ovarian dermoid
d) Adenocarcinoma colon
e) Mucocele of appendix

1944. Not associated with fat necrosis - *(PGI June 09)*
a) Liposuction b) Radiotherapy
c) Mammoplasty d) Carcinoma breast
e) Following trauma

1945. Infection of all the following structures can be cause Psoas Abscess except - *(DELHIPG Mar. 09)*
a) Vertebrae b) Appendix
c) Hip joint d)Ribs

1946. Which of the following statements about preoperative optimization for perforation peritonitis is incorrect?
a) High technology intensive care unit environment is required *(DELHIPG Mar 09)*
b) Patients may require large volume of crystalloid infusion
c) Hypovolemia and sepsis contribute to tissue underperfusion
d) Base deficit >6 is marker of significant metabolic acidosis

1947. The most common intraperitoneal abscess following peritonitis is - *(UPSC-II09)*
a) Subphrenic b) Pelvic
c) Paracolic d) Interloop

1948. Regarding Abdominal cocoon all statements are true except - *(PGI Nov 09)*
a) Common in young girl
b) Associated with liver fibrosis
c) Fibrosis of small bowel & stomach
d) Chronic peritonitis is seen
e) Seen in tropical & subtropical region

1929) a 1930)a,c,d,e 1931)a 1932)b 1933)c 1934)None 1935)c 1936)b 1937)a 1938)c 1939)a 1940)d 1941)b 1942)c 1943) a,b,d,e 1944)b,c,d 1945)d 1946)a 1947)b 1948)b

1949. The commonest site of an intraperitoneal abscess -
a) Pelvis *(Maharashtra 10)*
b) Subphrenic space
c) Periappendicular
d) Paracolic gutter

1950. A patient with stab injury to anterior abdomen presents with a tag of omentum protruding through the abdominal wall near the umbilicus. On evaluation he is hemodynamically stable and shows no signs of peritonitis. Initial management of patient should involve- *(AI11)*
a) FAST
b) Exploratory Laparotomy
c) Local Wound Exploration and Suturing
d) CECT Abdomen

1951. A patient with abdominal injury presents to the emergency department with signs of signs of peritonitis and shock. Airway and Breathing were secured and IV fluids were started with 2 large bore cannulas. The next line of management should be -
a) FAST *(AI11)*
b) Exploratory Laparotomy under general anesthesia
c) Insertion of abdominal drain followed by laparotomy
d) Laproscopy

1952. Consider the following findings with reference to a diagnostic peritoneal lavage (DPL) in a case of abdominal trauma - *(UPSCII11)*
1. 10 ml of gross blood on aspiration
2. W.B.(c) count more than 500/cu mm
3. Amylase level more than 175 lU/dL
4. R.B .(c) count more than 100,000/cu mm

The criteria for a positive DPL are:
a) 1 and 2 only b) 3 and 4 only
c) 1,2 and 3 only d) 1,2,3 and 4

1953. Burst abdomen after laprotomy takes place after - *(NEET/DNB Pattern)*
a) 1-2 days b) 7-10 days
c) Usually after 3 weeks d) After one month

SMALL & LARGE INTESTINE

1954. Complications of Meckel's diverticulum include - *(NIMH.87, Kerala 86)*
a) Hemorrhage b)Intussusception
c) Strangulation d) All are correct

1955. Which sulphonamide is used for the treatment of ulcerative colitis - *(AI 88)*
a) sulphamethiazole b) Sulphathalazole
c) Sulphaguanidine d) Salazopyrin

1956. In acute diverticulitis of the colon, the sigmoidoscopic finding is - *(Kerala 87)*
a) Mucosa is inflammed
b) Minute diverticuli seen
c) Saw toothed appearance
d) Sigmoidoscope cannot be passed beyond 15 cm

1957. Thumb printing is characteristic of -*(AIIMS 86,88,*
a) Crohn's disease b) Ischemic colitis *PGI85)*
c) LGV d) Ulcerative colitis

1958. Ulcerative colitis almost always involves the... -
a) Caecum b) Sigmoid *(AIIMS 87)*
c) Right colon d) Rectum

1959. Procedure of choice in ulcerative colitis with acute perforation is - *(AIIMS 86, 88)*
a) Defunctioning ileostomy
b) Closure of perforation
c) Proximal diversion colostomy
d) Total colectomy and ileostomy

1960. Commonest site for colonic diverticula is - *(AIIMS 8 7, AI 90, PGI 89)*
a) Ascending colon b) Sigmoid colon
c) Transverse colon d) Descending colon

1961. Diagnostic of Hirschsprungs disease is -
a) Barium enema *(JIPMER 8 7, PGI 98)*
b) Rectal examination
c) Manometry
d) Rectal biopsy

1962. Small intestine is sutured by - *(PGI 88)*
a) Non absorbable in 2 layers
b) Absorbable in 2 layers
c) Inner absorbable and outer non absorbable
d) Inter non absorbable and outer absorbable

1963. The following is true of mesentric artery thrombosis-
a) Mostely embolic in nature *(PGI 88)*
b) Shock is present
c) Extensive infarction of whole of small bowel and cecum is seen
d) Good prognosis

1964. Resection of the terminal ileum results in-*(PGI 88)*
a) Vitamin B_{12}defeciency
b) Iron defeciency
c) Increased incidence of gall stones
d) Steatorrhoea

1965. Small intestinal tuberculosis can cause - *(PGI88)*
a) Diarrhoea b) Constipation
c) Stricture d) Malabsorption

1966. The commonest congenital gastrointestinal anomaly in an infant is - *(TN 90)*
a) Malrotation b) Congenital atresia
c) Congenital megacolond) None of the above

1967. Typhoid perforation occurs during - *(AIIMS 89)*
a) I^{st} week b) 2^{nd} weeks
c) 3 rd weeks d) 4^{th} weeks

1968. Tenesmus occurs in lesions of - *(TN 90)*
a) ileum b) Right side of colon
c) Descending colon d) Sigmoid colon

1969. The following are complications of ulcerative colitis except - *(AI 90)*
a) Peptic ulceration b) Arthritis
c) Sclerosing cholangitis d) Toxic megacolon

1949) a 1950) d 1951)b 1952)d 1953)b 1954)d 1955)d 1956)a 1957)b 1958)d 1959)d 1960)b 1961)d 1962)c 1963) a,b,c 1964)a,c 1965)a,c,d 1966)b 1967)c 1968)d 1969)a

1970. Sulfonamide useful in treating ulcerative colitis is -
a) Sulfadiazine b) Sulfasalazine^/^/,)
c) Sulfamethoxazole d) Sulfadimidine

1971. All are true about villous adenoma of intestine except- *(AI91)*
a) Watery diarrhoea
b) Hypercalcemia and hyper phosphatema
c) hypokalemia
d) Prolapse of the mass

1972. Which is true regarding Hirschsprungs disease -
a) More in females *(A11MS 91)*
b) Presentation within 3 days
c) Regular dilatation is effective
d) Rectal biopsy diagnostic

1973. Treatment of choice in multiple intestinal strictures of segment of Jejumum is - *(A11MS 92)*
a) Resection and end to end anastomosis
b) Nobles procedure
c) Stricturoplasty
d) End to side anastomosis

1974. \\liich is true of Ulcerative colitis - *(A11MS 92)*
a) Sting sign of kantor positive
b) Skip lesions are seen
c) Rectum is always invlolved
d) Fistulas are common

1975. Most common indication for laparotomy in intestine T.B is - *(PGI93)*
a) Peritonitis b) Intestinal obstruction
c) Doubtful diagnosis d) Lower GI bleeding

1976. The area of the colon which is used visulalized by barium studies - *(A11MS 80, PGI 81)*
a) Sigmoid b) Hepatic flexure
c) Splenic flexure d) Caecum

1977. The most frequent congenital anomaly of the GI tract is - *(PGI 80, ARMS 80,81)*
a) Imperforate anus b) Meckel's diveticulum
c) Malrotation d) Duodenal atresia

1978. Prophylactic polypectomy is done is -*(J1PMER 81)*
a) Peutz Jegher's syndrome b) Gardner's syndrome
c) Familial polyposis d) None of the above

19379.The incidence of carcinoma of the caecum in relation to colonic adenocarcinoma is - *(PGI 79,*
a) 2% b) 4.5% *A1IMS 82)*
c) 20% d)44%
e) 62%

1980. Following procedures (except one) are done for correction of Hirschprung's disease -
a) Duhamel's b) Soave's*(JIPMER 81,*
c) Swenson's d) Bayar's *ARMS87)*

1981. In intestine, lipoma is commonest in -
a) Rectum b) Sigmoid colon *(ARMS 82,*
c) Caecum d) ileum *PGI 85)*

1982. Internal fistulas with colonic diverticulitis are most often- *(PGI 81, 89)*
a) Colovesical b) Coloenteric
c) Colocolonic d) Colovaginal
e) Coloureteral

1983. The appearance of anastamotic leakage following a low colonic anastomosis most often mainfests -
a) 1-4 days b) 5-10 days *(PGI80,ARMS85)*
c) 11-15 days d) 16-20 days
e) None of the above

1984. The most likely cause for suture leak after colon resection and anastomosis for cancer sigmoid is -
a) Subclinical malnutrition *(PGI 81, Delhi 83)*
b) Infection of anastomotic site
c) Mechanical disruption due to colonic pressure and contractility
d) Ischaemia

1985. The operative treatment in Hirschsprung's disease is only undertaken when child - *(PGI 79, TN 89)*
a) Is 2 years of age
b) Is at least 8 kg in weight and thriving
c) Has no distension of abdomen
d) Has failed to respond to conservative treatment

1986. Mass in right iliac fossa can be - *(Kerala 94)*
a) ileoceccal T.B. b) ileocecal neoplasm
c) Amoeboma d)All

1987. Diverticular disease is not common in - *(Kar. 94)*
a) Colon b) Jejunum
c) Duodenum d) Stomach

1988. False regarding invlovement in crohn's disease -
a) Anorectal area *(ARMS 94)*
b) Rectum
c) Small intestine with Rt. colon
d) Large intestine alone without involvement of small intestine

1989. Skip transmural lesions with tuberculoid granuloma seen in - *(ARMS 94, 91)*
a) Ulcerative colitis b) Crohn's
c) Tuberculosis d)Amoebiasis

1990. A 60 years old man presents with acute onset of pain in lower abdomen followed by repeated rectal bledding Ex. animation regealed pulse rate of 100 minute, BP 160/96 mm of Hg and a localised tenderness in the left hypochondrium. Stools examination reveales only a few pus cells and sigmoidoscopywas normal. Which one of the following is the most likely diagnos -
a) Idiopathic ulcerative colitis *(UPSC96)*
b) Bacillary dysentery
c) Ischaemic colitis
d) Amoebic colitis

1991. Following is least common about angiodyplasia of colon- *(AI96)*
a) Involvement of cecum
b) Involvement of rectum in 50% of cases
c) Affecting age group > 40 yrs.
d) Cause of trouble some lower G.I. hemorrhage

1992. When rectal washouts are given to Hirshsprung's disease, the following flifluid is used - *(Karn 95)*
a) 5% dextrose b) Normal saline
c) Soap solution d) Tap water

1970)b 1971) b 1972)b,d 1973)c 1974)c 1975)a,b 1976)b,c 1977)b 1978)d 1979)None 1980)d 1981)d
1982) a 1983)b 1984)d 1985)b 1986)d 1987)d 1988)b 1989)b 1990)c 1991)b 1992)b

1993. Periampullay carcinoma feature is - *(AP 96)*
a) Early jaundice b) Late jaundice
c) Hemolytic jaundice d) No jaundice

1994. Best treatment for Remission of Acute ulcerative colitis is- *(AIMS97)*
a) Sulphasalazine b) Prednisolone
c) Aminosalicyclic acid d)NSAIDS

1995. All are features of congenital megacolon except- *(AI97)*
a) Large bulky stools b) Tight anal ring
c) Pseudodiarrhoea d) Failure to thrive

1996. Best investigation for carcinoma colon *(Kerala 97)*
a) Barium enem b) Colonic biopsy
c) Clinicl examination d) Colonscopy

1997. The best investigation for colorectal carcinoma -
a) Exfoliative cytology *(Kerala 97)*
b) Air contrast barium enema
c) Ultrasound
d) Colonoscopy and biopsy

1998. In ulcerative colitis, the inflammatory process is usually confined to - *(UPSC)*
a) Mucosa alone
b) Mucosa and submucosa
c) Mucosa, submucosa and muscularis
d) Mucosa submucosa, muscularis and serosa

1999. On colonoscopy which of the following is highly malignant - *(JIPMER 98)*
a) Single pedunculated polyp
b) Multiple flat polyp about hundreds '
c) Multiple pedunculated polyp
d) Solitary flat polyp

2000. Management of Ca descending colon in a 75 year old male is - *(AIIMS 98)*
a) Total colectomy b) Left hemicolectomy
c) Defunctional colostomy d)Harmann's procedure

2001. Hirschprung's disease is treated by - *(AP 98)*
a) Colostomy
b) Excision of aganglionic segment
c) Colectomy
d) Sodium chloride wash

2002. The commonest site of perforation during colonoscopy is - *(UPSC 2K)*
a) Caecum b) Hepatic flexure
c) Splenic flexure d) Sigmoid colon

2003. Not true about hyperplastic tuberculosis -*(UP 2K)*
a) Most common site is ileo-caecal region
b) Presents as mass in right iliac fossa
c) Surgery is the treatment of choice
d) Barium studies are characteristic

2004. True about carcinoma colon is - *(UP 2K)*
a) Left side present with anemia
b) Solitary liver metastasis is not a contradindication to surgery
c) Most common site is ascending colon
d) Right side are usually stenosing variety

2005. Which of the following is true about carcinoma colon- *(AIIMS 2K)*
a) Lesion on the left side of the colon presents with features of anemia
b) Solitary metastasis in liver is not a contraindication for surgery
c) Mucinous carcinoma has a good prognosis
d) Duke's A stage should receive adjuvant chemotherapy

2006. The following regarding colostomy are true except - *(Kerala 2K)*
a) A colostomy is an artificial opening made in Large Bowel to divert the faces to the exterior
b) Temporary colostomy is established to defunction an Anastomosis
c) Permanent colostomy is formed after the resection of Rectum by the abdominoperineal technique
d) Double barreled colostomy is commonly done nowadays
e) Colostomy hernia is a common complication

2007. Most common indication for operation in tuberculosis of intestine is - *(Kerala 2001)*
a) Obstruction b) Perforation
c) Mass abdomen d)GI symptoms

2008. Antiperistalsis is seen in - *(AIIMS 91)*
a) Distal colon b) Jejunum
c) Proximal Colon d) ileum

2009. Guaiac test is used for - *(PGI82)*
a) Pentosuria b) Fructosuria
c) For occult blood in stool d) Pancreatitis

2010. Commonest site of tuberculosis of the intestines -
a) Stomach b) ileum *(AI89)*
c) Jejunum d) Colon

2011. Commenst malignancy of the small instestineis-
a) Adenocarcinoma b) Lymphoma *(PGI 89)*
c) Carcinoid d) Leiomyosarcoma

2012. Typhoid perforation is diagnosed by- *(AIIMS81,*
a) Plain X-ray of abdomen in erect posture
b) Rectal examination *BHU 87)*
c) Gastric aspiration
d) Barium enema

2013. Commonest site involved in lleocaecal T.B.
a) Intestinal wall b) Lymph node
c) Mesentery d) Intestinal mucosa

2014. Investigation of choice for small intestine tumor -
a) Ba meal follow through *(JIMPER 98)*
b) Echo
c) X-ray abdomen
d) CT scan with contrast

2015. Ulcerative colitis progressing to malignancy is characterized by following except - *(PGI 97)*
«a) Risk increases with the time
b) Prognosis worsens
c) Prognosis depends on period
d) Forms pseudopolyps

2016. Absence of myenteric ganglion is seen in -*(PGI 97)*
a) Crohn's disease b) Ulcerative colitis
c) Hirschprung's disease d) Intussusception

1993)a 1994)b 1995)a 1996)b 1997)d 1998)b 1999)b 2000)d 2001)b 2002)d 2003)c 2004)b 2005)b 2006)d
2007)a 2008)a 2009)c 2010)b 201 l)a 2012)a 2013)d 2014)a 2015)d 2016)c

2017. True about colonic organisms is - *(PGI98)*
a) Distal ileum 10^3- 10^5 org
b) Colon 10^{10}- 10^{11} org
c) First org in new bom is coliforms and streptococcus
d) Chyme in jejunum contains many bacteria

2018. In children MC type of polyp is - *(PGI 98)*
a) Juvenile polyp
b) Solitary polyp
c) Familial polyposis
d) Multiple adenomatous polyp

2019. In ulcerative colitis, Ca arises from - *(PGI98)*
a) Pseudopolyps
b) Dysplastic sites
c) Familial polyposis
d) Multiple adenomatous polyp

2020. True about duplication of intestine is- *(PGI 98)*
a) Spherical type is MC
b) Tubular type is attached longitudinally with bowel
c) Spherical cyst communicates with lumen
d) All of the above

2021. Correct about diverticulosis is - *(PGI98)*
a) Arise from diverticula of colon
b) Common in ileum
c) Protrusion of mucosa through muscular layers at point of blood vessel
d) All of the above

2022. True about appendicular rupture is A/E - *(PGI 99)*
a) Common in extremes of age
b) Common in people with Feclith obstruction
c) Early antibiotics prevent rupture
d) Appendicectomy is done always in presence of rupture

2023. Which is true about intestinal tuberculosis -
a) Common site is appendix *(PGI 99)*
b) Causes intestinal perforation
c) Commonly associated with pulmonary TB
d) Caused by mycobacterium TB

2024. Fecal soiling in children is most commonly due to -
a) Hirschsprung's disease *(PGI99)*
b) Chronic constipation
c) Rectal atresia
d) None of the above

2025. Which among the following is not pre-malignant -
a) Ulcerative colitis *(PGI 99)*
b) Peutz-jeghers syndrome
c) Villous adenoma
d) Familial adenomatoses polyopsis

2026. In extensive small bowel resection, all are seen except- *(PGI 99)*
a) Gastric hyposecretion
b) Decreased protein absorption
c) Gall stones increased
d) Oxalate stone increased

2027. Which is most malignant - *(PGI99)*
a) Villous adenoma b) Tubulovillous adenoma
c) Tubular adenoma d) Familial polyposis

2028. Not true about malignancy arising from Ulcerative colitis is - *(PGI 99)*
a) Takes atleast 10 years to develop
b) Left sided is more common
c) Associated with dysplasia of the rest of the colon
d) Younger age of onset is associated with increased chance of carcinoma

2029. Paralytic ileus is seen in - *(PGI99)*
a) Spinal cord injury b) Hypocalcemia
c) Hypermagnesemia d) Uremia

2030. True regarding cancer colon - *(PGI 2000)*
a) Obstructive features are more common with right colon
b) 40% cases at presentation show liver metastasis
c) Resection possible in 25% cases
d) More common in AIDS patients

2031. Painless lower GI bleed is seen in child with- *(PGI 2000)*
a) Meckle's diverticulum b) Rectal polyp
c) Anal fissure d) Ac. appendicitis

2032. True about enterocutaneous fistula - *(PGI2000)*
a) High output fistula drains 500 ml/day
b) Malignancy is most common cause
c) Fluid & electrolyte loss can occur
d) No skin damage

2033. True about mesenteric venous thrombosis -
a) Peritoneal signs are always present *(PGI 2000)*
b) Invariably involves long length of bowel
c) I.V. Heparin is the treatment of choice
d) Surgery can lead to short-bowel syndrome

2034. All are premalignant except - *(PGI 2000)*
a) Adenomatous polyps b) Juvenile polyps
c) Familial polyposis coli d) Peutz-jegher synd

2035. Pt with recurrent diarrhoea, pseudopolyp, lead pipe appearance on Ba enema has - *(PGI2000)*
a) Ulcerative colitis
b) Crohn's disease
c) Irritable bowel syndrome
d) Short bowel syndrome

2036. Ulcerative colitis involves - *(PGI 01)*
a) Serosa b) Lamina propria
c) Mucosa d) Circularis mescle
e) Submucosa

2037. Risk of malignancy in ulcerative colitis is more in -
a) Onset in childhood *(PGI 01)*
b) Extensive involvement of colon
c) Disrupted architecture with crypt abscesses
d) Pseudopolyps
e) Recurrence after treatment

2038. True about Hirschsprung's disease - *(PGI01)*
a) Pathology of myenteric plexus of Auerbach
b) Blood in stools
c) May involve small intestine rarely
d) Involved segment of intestine is dilated
e) Present only in infant & children

2017)b 2018)a 2019)b 2020)a,b 2021)a,c 2022)c 2023)b,c,d 2024)b 2025)b 2026)a 2027)d 2028)b 2029)a,d 2030) None 2031)a,b 2032) a,c 2033) d 2034) b,d 2035) a 2036) c,e 2037) a,b 2038) a,c

2039. True about left sided colon carcinoma - *(PGI01)*
a) Anemia b) Obstruction
c) Melena d) Feculant
e) Sigmoid spared

2040. True about Meckel's diverticulum is/are -*(PGI01)*
a) Bleeding PR
b) Can be a leading point of intussusception
c) Multiple diverticuli common
d) Visualised best by barium meal
e) Almost never requires active treatment

2041. TYue about Ca colon - *(PGI02)*
a) l/3rd of cases shows liver metastasis
b) Obstruction common in sigmoid colon
c) CEA is useful for prognostic importance
d) King's staging in done
e) Alternate bowel habit is common in Ca left colon

2042. Dietery factors associated with colon carcinoma -
a) High fiber b) Low fiber *(PGI 02)*
c) Smoked fish d) High fat intake
e) Japanese are common to develop Ca colon

2043. Thrcot's syndrome is associated with - *(PGI02)*
a) Duodenal polyps
b) Familial adenomatous polyposis
c) Brain tumors
d) Villous adenoma
e) Hyperplastic polyps

2044. Carcinoma of right colon presents as - *(PGI 02)*
a) Anemia
b) Mass in RIF
c) Bleeding PR
d) Alternate constipation and diarrhea
e) Presents with obstruction

2045. Predisposing factors for colon ca are - *(PGI02)*
a) Animal fat consumption
b) Familial adenomatous polyposis
c) Ulcerative colitis
d) Crohn's disease
e) TB

2046. Hirchprung's disease - *(PGI02)*
a) Is seen in infants and children only
b) Absence of ganglia in involved segement
c) The involved segment is the dilated colon
d) Bleeding PR is a presenting feature
e) Surgery is used in therapy

2047. Which of these are associated with increased risk of colorectal ca - *(PGI 02)*
a) More intake of animal fat b) Aspirin
c) Ulcerative colitis d) Amoebic colitis
e) Polyps

2048. When acute appendicitis is suspected, it can be confirmed by - *(PGI 02)*
a) Clinical examination b)USG
c) CT scan d) Blood counts
e) Upper GI endoscopy

2049. After Hemicolectomy, on the 6^{tb} post operative day pt. developed serous discharge from the wound. Following are to be done - *(PGI03)*
a) Dressing of the wound only
b) Start IVF
c) Do urgent Laparotomy
d) Do Ba-enema to see for anastomotic leak

2050. TYue statements about inflammatory bewel disease (IBD)- *(PGI 03)*
a) Surgery is the 1st management
b) Pouch operation is done for fulminant ulcerative colitis
c) 2 % case of chrons disease undergo malignant changes
d) Ulcerative colitis don't undergo malignant changes

2051. TYue about mesenteric vein thrombosis - *(PGI03)*
a) Peritoneal signs always present
b) Thrombobectomy is always done
c) Heparin is given
d) Surgery can lead to short bowel synd.

2052. TYue about small bowel tumour - *(PGI03)*
a) Commonly located in duodenum
b) Lymphoma is common
c) Adenocarcinoma has good prognosis
d) Palliative surgeries are done even in presence of metastasis
e) Adjuvant chemotherapy is given

2053. A 60 years old man suffering from left colon Ca presented with acute Lt. colonic obstruction the treatment is - *(PGI 03)*
a) Primary resection and Hartman's procedure
b) Defunctioning colostomy
c) Rt. hemicolectomy
d) Resection of whole Lt bowel and end to end anastomosis
e) Conservative treatment

2054. Which of the following polyps is not premaliganant-
a) Juvenile polyposis syndrome *(PGI03)*
b) Peutz jegher's syndrome
c) Ulcerative colitis
d) Familial polyposis coli

2055. TYue about neoplastic colorectal polyps - *(PGI 03)*
a) Sessile polyps > 1 cm is malignant
b) MC site is colon and rectum
c) Adenomatous polyp is premalignant
d) Tubular adenoma is malignant
e) Pseudpolyps are premalignant

2056. Appendicitis is diagnosed by - *(PGI03)*
a) TC and DLC b) X-ray abodmen
c) USG d) Colour doppler
e) Ba enema

2057. A 70 yrs old man presenting with acute pain abdomen, pulsating abdominal mass with shock; the management is - *(PGI03)*
a) 6 unit blood transfusion
b) CT scan of abdomen to diagnose the aneurysm
c) Shift the patient to O.T. immediately and exploration of abdomen
d) Laparotomy
e) Angiography to diagnose the aneurysm

2039) b 2040) a,b 2041)a,b,c,e 2042)b,d,e 2043) b,c 2044) a,b 2045)a,b,c,d 2046) b,e 2047) a,c,e 2048) a,b,c 2049) a 2050) None ore 2051)c,d 2052) d 2053)a,b,d 2054)a,b,c,e 2055) a,b,c 2056) c 2057)a,c,d

2058. True about dietary factors in colorectal carcinoma-
a) Low fiber diet *(PGI03)*
b) High fiber diet and high fat intake
c) Low fiber, high fat intake
d) Smoked fish
e) High fiber diet

2059. In case elective surgery of Ca sigmoid colon, which of the following should be done - *(PGI04)*
a) Mechanical bowel wash
b) Broad spectrum antibiotic given 48 hours before operation
c) Broad spectrum antibiotic at the time of operation

2060. True about duodenal adenocarcinoma- *(PGI 04)*
a) Commonest small intestinal tumor
b) Arises from periampullary region
c) Jaundice & anaemia found
d) 5 yr survival is 5%
e) Surgery is only curative

2061. Commonest complication of Meckel's diverticulum is- *(Kerala 03, AI91)*
a) Bleeding b) Perforation
c) Diverticulitis d) Intussusception

2062. Which of the following organisms produces signs and symptoms that mimic acute appendicitis-
a) Enteropathic Escherichia coli *(Karnataka 03)*
b) Enterobius vermicularis
c) Trichomonas hominis
d) Yersinia enterocolitica

2063. Which one of the following conditions is diagnosed by T" Pertechnetate Scintigraphy? (*UP SC 04)*
a) Pharygeal diverticulum
b) Duodenal diverticulum
c) Meckel's diverticulum
d) Colonic diverticulum

2064. Which of the following is true about carcinoma of colon- *(SGPGI OS)*
a) Left colon tumors usually present with anaemia which is severe & unyielding to treatment
b) Mucinous carcinoma has excellent prognosis
c) Duke 'A' tage tumours need adjuvant chemotherapy
d) Solitary superficial hepatic metastasis is not a contraindication for resection

2065. All are true about Gardner's syndrome except -
a) Protein losing enteropathy *(SGPGI05)*
b) Always in 5th decade of life
c) Small intestine polyp
d) Malignancy is common

2066. Rectal polyp most commonly presents *ns-(SGPGI 05)*
a) Obstruction b) Bleeding
c) Infection d) Changes into malignancy

2067. Toxic megacolon is seen in - *(SGPGI 05, NIM 86,*
a) Chronic non specific ulcerative colitis *AIIMS 87,*
b) Crohn's disease *94)*
c) Colonic diverticulosis
d) Hamartomatous polyp

2068. Rotation of sigmoid volvulus occurs - *(AMU 05)*
a) Clockwise
b) Anticlockwise
c) Initially clockwise later anticlockwise
d) Either clockwise or anticlockwise

2069. Carcinoma of the colon develops in all patients with-
a) Juvenile polyposis *(COMEDK 05)*
b) Hamartomatous polyp
c) Inflammatory polyps
d) Familial adenomatous polyposis

2070. In a patient with spontaneous biliary enteric fistula the most common site of communication with gall bladder is- *(UPSC05)*
a) Duodenum b) Jejunum
c) Ileum d) Transverse colon

2071. The most useful investigation for profuse lower gastrointestinal bleeding is - (*UPSC 05)*
a) Proctosigmoidoscopy
b) Colonoscopy
c) Double contrast barium enema
d) Selective arteriolgraphy

2072. "Cobblestone" appearance seen on colonoscope is characteristic of the following disease -*(MAHE 05)*
a) Crohn's disease b) Ulcerative colitis
c) TB colitis d) Irritable bowel syndrome

2073. The fold of Treves is - *(MAHE 05)*
a) The fold of mucous membrane projecting into the lumen of the rectum
b) The ilieo-appendicular fold of peritoneum
c) The fold of mucous membrane around the papilla ofVater
d) The fold of peritoneum over the inferior mesenteric vein

2074. Signe-de-Dance is - *(MAHE 05)*
a) Empty right iliac fossa in intussusception
b) Pincer shaped appearance in barium enema in intussusception
c) Tenderness at the McBumey's Point
d) Passing of large quantities of urine in hydronephrosis

2075. Common surgical indication in chronic inflammatory bowel disease - *(PGI June 05)*
a) Obstruction b) Malignancy
c) Massive bleeding

2076. True about small bowel diverticula - *(PGI June 05)*
a) Contains all the layers of bowel wall
b) Seen in terminal ileum
c) Radiographically not visualized
d) Surgical treatment is not required

2077. Surgical treatment of ulcerative colitis -
a) Done in late cases only *(PGI June 05)*
b) Done in cases where medical treatment fails
c) Pouch surgery done

2058) a,c,d 2059) a,c 2060)b,c,e 2061) a 2062)d 2063)c 2064)d 2065)b 2066)b 2067)a 2068)a 2069)d 2070)a 2071)b 2072)a 2073)b 2074)a 2075)a,b,c 2076)a,b 2077)A11

2078. Mr. C.P. Patel is having carcinoma colon of left side, comes to emergency department with obstruction. What will be the best treatment to be given -
a) Hartman's procedure *(MAHA 05)*
b) Defunctioning colostomy
c) Lieotransverse anastomosis
d) Transverse colostomy

2079. Peutz-Jegher syndrome-all are ture except -
a) Pigmentation of lips & oral mucosa *(APPGE05)*
b) Polyposis of jejunum
c) Radiotherapy is treatment of choice
d) Malignancy occurs rarely

2080. Snow storm ascites is seen in - *(APPGE 05)*
a) Meconium ileus
b) Hirschsprung disease
c) Ileocaecal tuberculosis
d) Pseudomyxoma peritonei

2081. The term "Left sided appendicitis" as popularly called is nothing but - **(***APPGE 05)*
a) Diverticulitis b) Ascending colitis
c) Descending colitis d) Typhilitis

2082. The diagnosis of congenital megacolon is confirmed by- *(AIIMS Nov 05)*
a) Clinical features b) Barium enema
c) Rectal biopsy d) Recto - sigmoidoscopy

2083. All of the following extraintestinal manifestations of ulcerative colitis respond to colectomy except -
a) Primary sclerosing cholangitis *(AIIMSNov 05)*
b) Pyoderma gangrenosum
c) Episcleritis
d) Peripheral arthralgia

2084. The most common facial abnormality seen in Gardener's syndrome is - *{ARMS Nov 05)*
a) Ectodermal dysplasia b) Odontomes
c) Multile osteomas d) Dental cysts

2085. All of the following are modalities of therapy for hepatocellular carcinoma except - *{ARMSNov 05)*
a) Radiofrequency ablation
b) Transarterial catheter embolization
c) Percutaneous acetic acid
d) Nd Yag laser ablation

2086. Gardener's syndrome is a rare hereditary disorder involving the colon. It is characterized by - *(AI05)*
a) Polyposis colon, cancer thyroid, skin tumours
b) Polyposis is jejunum, pituitary adenoma and skin tumours
c) Polyposis colon, osteomas, epidermal inclusion cysts and fibrous tumours in the skin
d) Polyposis of gastrointestinal tract, cholangiocarcinoma and skin tumours

2087. A new born presented with bloated abdomen shortly after birth with passing of less meconium. A full-thickness biopsy rectal biopsy finding is most likely to be present - *(AI 05)*
a) Fibrosis of submucosa
b) Hyalinisation of the muscular coat
c) Thickened Muscularis propria
d) Lack of ganglion cells

2088. Surgical indications in inflammatory bowel diseases are A/E - *(PGI June 06)*
a) Obstruction
b) Perianal complication
c) Extraintestinal complication
d) Stricture
e) Malignancy

2089. Hirschprung's disease true are - *(PGI June 06)*
a) Sometimes found in adult
b) Dilated segment involved
c) Auerbach's plexus absent
d) Sometimes involve small intestine
e) Bleeding PR is usual presentation

2090. Meckel's diverticulum, true are A/E -*(PGI June 06)*
a) Has three layers with artery
b) Heterotopic epithelium in 50-60% cases
c) Always gastric epithelium
d) May present with hemorrhage
e) When accidentally seen in laparotomy always resected

2091. Features of Blunt trauma abdomen maximum injury is to - *(PGI June 06)*
a) Proximal ileum b) Proximal jejunum
c) Midihum d) Ileocaecal junction
e) Colon

2092. Features of left side Ca colon are - *(PGI June 06)*
a) Anemia b) Obstruction
c) Altered bowel habit d) Melena
e) Feculent vomiting

2093. Commonly undergoing malignant transformation is/are - *(PGI June 06)*
a) FAP b) Crohn's disease
c) Ulcerative colitis d) Enteric colitis
e) Juvenile polyposis

2094. Inflammatory bowel disease found in children -
a) Ulcerative colitis b) Tropical sprue *(PGI June*
c) Crohn's disease d) Celiac disease *06)*
e) Cystic fibrosis

2095. Small intestinal biopsy is diagnostic in -
a) Whipple's disease *(PGI June 06)*
b) Abetalipoproteinemia
c) Celiac disease
d) Agammaglobulinemia

2096. Carcinoma sigmoid colon with obstruction Management includes - *(PGI June 06)*
a) Hartmann's procedure
b) Resection and end to end anastomosis with proximal colostomy
c) Proximal colostomy with distal ligation
d) Sub-total colectomy

2097. All of the following is seen after massive small bowel resection, except - *{APPG 06)*
a) Increase in length of the bowel
b) Villous hypertrophy
c) Mucosal hyperplasia
d) Decrease in surface area per cell

2078) a 2079) c 2080) a 2081) a 2082) c 2083) a 2084) c 2085) d 2086) c 2087) d 2088) c 2089) a,c,d 2090) c,e 2091) b,d 2092) b,c 2093) a, c 2094) a,c 2095) a,b,d 2096) All 2097) a

2098. Which one of the following gastrointestinal disorders predisposes to urolithiasis - *(UPSC 07)*
a) Peutz - Jegher's syndrome
b) Short bowel syndrome
c) Familial polyposis coli
d) Ulcerative colitis

2099. All the following polyps are premalignant except -
a) Juvenile polyposis syndrome *(AI07)*
b) Famillial polyposis syndrome
c) Juvenile polyp
d) Peutz jeger syndrome

2100. Which of the following has least malignant potential-
a) Juvenile polyps in Juvenile polyposis syndrome *(AI07)*
b) Hamartomatous polyps in peutz Jaghers syndrome
c) Adenomatous polyps in Familial colonic polyposis
d) Adenomatous polyps in HNPCC

2101. Colonic diverticulosis is best diagnosed by -
a) Colonoscopy *(AiimsMay07)*
b) Nuclear scan
c) Barium enema
d) CT scan

2102. Which of the following colonic polyps is not premalignant - *(A iims May 0 7)*
a) Juvenile polyps
b) Hamartomatous polyps associated with Peutz-Jegher's syndrome
c) Villous adenoma
d) Tubular adenomas

2103. Most common site for carcinoid tumor in the abdomen - *(MAHE 0 7)*
a) Appendix b) Liver
c) Intestines d) Pancreas

2104. Most common cause of lower gastro intestinal bleeding is - *(UP 07)*
a) Diverticulitis b) Colorectal carcinoma
c) Angiodysplasia d) Anal fissure

2105. Meckel's diverticulum is patent of - *(UP 07)*
a) Vitello intestinal duct b) Urachus
c) Oganic diaphragm d)None

2106. Crohn's disease can be seen in - *(Corned 07)*
a) Jejunum only b) Colon only
c) Terminal ileum and right side d) Mouth of anus

2107. The Mechel's diverticulum is situated within about_____ cm from the ileocecal valve -
a) 25 b) 60 *(Corned 07)*
c) 75 d) 100

2108. Cobble stone appearance is seen in - *(Corned 07)*
a) Ulcerative colitis b) Crohn's disease
c) Appendicitis d) Carcinoma rectum

2109. The commonest gastric polyp is - *(Corned 08)*
a) Hyperplastic polyp
b) Inflammatory polyp
c) Adenomatous polyp
d) Part of familial polyposis

2110. What is most common type of carcinoma of the right colon- *(UPSC-II08)*
a) Stenosingb) Ulcerative
c) Tubular d) Fungating

2111. Most common cause of colonic fistula in India at age of 27 years - *(UP 08)*
a) Crohn's diseaseb) Ulcerative colitis
c) Tuberculosis d) Carcinoma rectum

2112. Metabolic abnormality seen in large colorectal villous adenoma - *(Aiims May 08)*
a) Hypokalemic metabolic alkalosis
b) Hypokalemic metabolic acidosis
c) Chlorine sensitive metabolic acidosis
d) Chlorine resistant metabolic alkalosis

2113. Treatment of carcinoma left colon with acute obstruction - *(PGI June 08)*
a) Harman's procedure
b) Left colectomy with anastomosis
c) Proximal colostomy
d) Extended rt. colectomy with ileoanal anastomosis
e) Primary anastomosis should never be attemped

2114. String sign of kantor seen in ? *(APPG 08)*
a) Chrons discose b) Ulcerative colitis
c) Both d) None

2115. What is epicolic node ? *(APPG 08)*
a) Node draining colon b) Adjacent to aorta
c) Epitracheal node d) None

2116. Most common presentation of Meckels diverticulum ? *(APPG 08)*
a) Lower GI bleeding b) Upper GI bleeding
c) Diarrhorea d) Abdominal pain

2117. True about Hirschprung's disease - *(PGIDec 08)*
a) Aganglionic segment is contracted not dilated
b) Descending colon is most common site of aganglionosis
c) Barium enema is diagnostic
d) Is seen in infants & children only
e) Barium enema show calcification

2118. Most common cause of acute mesenteric ischemia is- *(AIIMSNov 08)*
a) Arterial thrombosis b) Venous thrombosis
c) Embolism d) Non occlusive disease

2119. Based on Epidemiological studies, which of the following has been found to be most protective against carcinoma colon - *(AI 09)*
a) High fiber diet b) Low fat diet
c) Low selenium diet d) Low protein diet

2120. All of the following genes may be involved in development of carcinoma of colon Except - *(AI 09)*
a) APC b) Beta - Catenin
c) K - ras d) Mismatch repair genes

2121. Most important prognostic factor for colorectal carcinoma is - *(AI 09)*
a) Site of lesion b) Stage of lesion
c) Age of patient d) Lymph node status

2098)b 2099)c 2100)b 2101)c 2102)a 2103)a 2104)a 2105)a 2106)d 2107)b 2108)b 2109)a 2110)b 2111)a 2112)b 2113)a,b,c,d 2114)a 2115)a 2116)a 2117)a 2118)c 2119)a 2120)None 2121)b

2122. Parastomal hernia is most frequently seen with -
a) End colostomy b) Loop colostomy *(AI09)*
c) Endlliostomy d) Loop Iliostomy

2123. Most common cause of death in Crohn's disease is due to- *(AIIMSMay09)*
a) Sepsis
b) Thromboembolic complication
c) Electrolyte disturbance
d) Malignancy

2124. Skip lesions are seen in - *(AIIMS May 09)*
a) Ulcerative colitis b) Crohn's disease
c) Typhoid d) Tuberculosis

2125. True regarding Barium study of ileocaecal tuberculosis - *(PGI June 09)*
a) String sign b) Goose neck sign
c) Rt sided obstruction d) Pulled up caecum
e) Sterllinsign

2126. True about virtual colonscopy (VC) - *(PGI June 09)*
a) Have better image than conventional colonoscopy
b) VC is performed by CT & MRI
c) Take over time than conventional colonoscopy
d) easy to take tissue sample
e) Helpful in pathology outside colon

2127. True about diverticulitis - *(PGI June 09)*
a) Occur at any age
b) Often incidental finding at operation
c) Young patient has more aggressive disease
d) Left sided colon involvement is more common
e) Operation is not for all patients

2128. Which of the following statement about edematous bowel is correct ? *(DELHIPG Mar. 09)*
a) Stapled Anastomosis is less prone to leak than hand-sewn ones
b) Continuous monolayer Anastomosis gives best result
c) As bowel edema subsides, knots become loose
d) Bowel edema results from vigorous resuscitation

2129. Which of the following about acute diverticulititis is incorrect ? *(DELHIPG Mar 09)*
a) Sigmoid is the commonest site
b) Peri-colic abscess can occur
c) Fistulization is an emergency
d) Conservative treatment may be successful in severe attack

2130. The commonest cause of significant lower gastrointestinal bleed in a middle aged person with unknown reason is - *(DELHIPG Mar 09)*
a) Sigmoid diverticula b) Angiodysplasia
c) Ischemic colitis d) Ulcerative colitis

2131. Which of the following statements about sigmoid volvulus is incorrect ? *(DELHIPG Mar 09)*
a) More common with laxative abuse
b) Non-operative treatment has no role
c) Recurrence rate around 40%
d) Sigmoid resection is definitive treatment

2132. Which of the following statements about Crohn's disease is incorrect ? *(DELHIPG Mar 09)*
a) Granuloma present frequently
b) It is separate and distinct form ulcerative colitis
c) Cigarette smoking is a risk factor
d) Rectum spared in 50% patients with large bowel involvement

2133. The short bowel syndrome is characterized by all of the following except- *(Manipal 09)*
a) Diarrhea b) Hypogastrinemia
c) Weight loss d) Steatorrhoea

2134. The following disorders are predisposing conditions for carcinoma of the colon except - *(UPSC-II09)*
a) Ulcerative colitis
b) Villous adenoma
c) Familial polyposis coli
d) Peutz-Jeghers syndrome

2135. Which ones is commonly a/w crohn's disease -
a) Cologastric b) Colourеteric*(PGINov 09)*
c) Colovesical d) Coloduodenal
e) Colovaginal

2136. All are true about Ulcerative colitis except -
a) All layer are involved *(PGI Nov 09)*
b) Malabsorption
c) Backwash ileitis in 10-15%
d) Mesalazine maintains the disease in remission
e) Rarely recurs after surgery

2137. Hirschsprung's disease is due to - *(AIIMSNov 09)*
a) Loss of ganglion cells in the sympathetic chain
b) Atrophy of longitudinal muscles
c) Failure of migration of neural crest cells from cranial to caudal direction
d) Malformed taenia coli

2138. Ileocecal tuberculosis is associated with -
a) Megaloblastic anemia *(AIIMS Nov 09)*
b) Iron deficiency anemia
c) Sideroblastic anemia
d) Normocytic normochromic anemia

2139. Which of the following colonic polyps has no risk for malignancy - *(AIIMS Nov 09)*
a) Juvenile polyps
b) Hamartomatous polyps associated with Peutz-Jegher's syndrome
c) Juvenile polyposis syndrome
d) Famillial adenomatous polyposis syndrome

2140. Which of the following colonic polyps has no risk for malignancy - *(AIIMS May 10)*
a) Juvenile polyps
b) Hamartomatous polyps associated with Peutz-Jegher's syndrome
c) Juvenile polyposis syndrome
d) Famillial adenomatous polyposis syndrome

2141. Peutz Jeghers polyps present most commonly in -
a) Rectum b) Colon *(AIIMS May 10)*
c) Esophagus d) Jejunum

2122)a 2123)d 2124)b 2125)A11 2126)a,b,e 2127)d 2128)c 2129)c 2130)a 2131)b 2132)d 2133)b 2134)d 2135)a,c,d,e 2136)a,b 2137)c 2138)a 2139)a 2140)a 2141)d

2142. All of the following genes may be involved in development of carcinoma of colon Except -
a) APC b) Beta-Catenin *(AIIMSMay 10)*
c) K-ras d) Mismatch Repair Genes

2143. Early post-operative complication of ileostomy in the post-operative period - *(AIIMS May 10)*
a) Obstruction b) Necrosis
c) Diarrhea d) Prolapse

2144. Best investigation to diagnose Meckel's diverticulum? *(Maharashtra 10)*
a) X-ray abdomen b) Ultrasonography
c) Barium study d) Tc 99m Pertectinate scan

2145. Which one of the following is not a premalignant condition for colon cancer? *(UP SC II10)*
a) Familial adenomatous polyposis coli
b) Villous adenoma
c) Ulcerative colitis
d) Hamartomatous polyps

2146. True about Hirschprung's disease - *(PGIMay 10)*
a) Aganglionic segment is contracted not dilated
b) Descending colon is most common site of aganglionosis
c) Barium enema is diagnostic
d) It is seen in infants & children only
e) Barium enema show calcification

2147. Investigation for acute abdomen includes -
a) USG *(PGIMay 10)*
b) Multidetector CT
c) Contrast enhanced CT
d) X - ray
e) Echocardiography

2148. Colonic disease can be diagnosed by all except - *(PGIMay 10)*
a) Virtual colonoscopy b) Ba enema
c) Ba swallow d) Ba follow through
e) Enteroclysis

2149. All are true statement about Meckel's diverticulum except - *(PGINov. 10)*
a) Occurs in 2% of population
b) Perforation occurs
c) Common on antimesenteric border
d) Contains ectopic gastric tissue
e) Diarrhoea very common

2150. Features(s) of Jejunal diverticula is/are -
a) T Folate absorption *(PGINov. 10)*
b) *i* Ferritin absorption
c) *i* B12 absorption
d) Urea breath test
e) Steatorrhoea

2151. True about GIST all except- *(AIIMS Nov 10)*
a) Most common in duodenum
b) Necrosis and ulceration present
c) PET is used to assess response to therapy
d) Well circumscribed

2152. Child presents with recurrent abdominal pain and bilious vomiting. Condition was diagnosed by barium follow through. Surgery was done, - mesentric widening, appendicectomy, cutting the Ladd's band. What is the diagnosis? *(AIIMS Nov 10)*
a) Recurrent Caecal volvulus
b) Mai rotation
c) Recurrent appendicitis
d) Stricture TB

2153. A 50 yr. old male presents with obstructive symptoms. Biopsy of stomach reveals Gastrointestinal stromal tumor (GIST). Most appropriate marker for GIST is-
a) CD 34 b) CD 117 *(AIIMS May 11)*
c) CD 30 d)CD 10

2154. All of the following genes may be involved in development of carcinoma of colon Except -
a) APC b) Beta-Catenin *(AIIMS May 11)*
c) K-ras d) Mismatch Repair Genes

2155. Which of the following is NOT true about FAP?
a) AR inheritance *(AIIMS May II)*
b) Screening done by sigmoidoscopy
c) Polyps develop in late adulthood
d) Epidermal cysts & osteomas may occur

2156. Based on Epidemiological studies, which of the following has been found to be most protective against Carcinoma Colon? *(AIIMS May 11)*
a) High fiber diet b) Low fat diet
c) Low selenium diet d) Low protein diet

2157. Which of the following is the terminal group of lymph node for colon? *(AIIMS May 11)*
a) Paracolic b)Epicolic
c) Preaortic d) Ileocolic

2158. Gold standard investigation for recurrent gastrointestinal stromal tumor *is-(AIIMSMay 11)*
a) MRI b)MIBG
c) USG d) PET CT

2159. Most important prognostic factor for colorectal carcinoma is - *(AIIMS May 11)*
a) Site of lesion b) Tumour size & characteristics
c) Age of patient d) Lymph node status

2160. Most common cause of acute mesenteric ischemia is- *(AIIMS May 11)*
a) Arterial thrombosis b) Venous thrombosis
c) Embolism d) Non occlusive disease

2161. Multiple Cutaneous Sebaceous adenomas are seen in- *(AI11)*
a) Gardner's syndrome b) Turcot's syndrome
c) Muir Torre syndrome d) Cowden syndrome

2162. A 70-year-old patient complains of recent change in bowel habits. His stool examination is positive for occult blood and he has anaemia. Which one of the following tumour markers would be appropriate to test in him? *(UPSC111)*
a) CA-125
b) Prostate specific antigen
c) Carcino Embryonic Antigen
d) Neuron-specific enolase

2142)b 2143)b 2144)d 2145)d 2146)a 2147)a,b,c,d 2148)c,d,e 2149)e 2150)c,e2151)a 2152)b 2153)b 2154)b 2155)a 2156)a 2157)c 2158)d 2159)d 2160)c 2161)c 2162)c

2163. The following statements regarding Meckel's diverticulum in adults are true except- *(UPSCII11)*
a) It is a remnant of omphalomesenteric duct
b) It usually presents on the anti-mesenteric border of small intestine
c) Bleeding is a common complication
d) It should be removed if detected incidentally during an abdominal exploration

2164. The most common type of intussuception is -
a) Multiple b) Colocolic *(PGI81, AP 89)*
c) Ileoileal d) Ileoilecolic

2165. VIPoma is associated with which syndrome - *(NEET/DNB Pattern)*
a) Zollinger Ellison
b) Verner Morrison
c) Carcinoid syndrome
d) Cushing's syndrome

INTESTINAL OBSTRUCTION

2166. Commonest site of intestinal atresia is in the -
(AP 86, PGI 86, NIMHANS 86, PGI 85, UPSC 87,
a) Duodenum b) Jeiunum *Jipmer91)*
c) Lleum d) Colon

2167. Predisposing factors for sigmoid volvulus are -
a) Band of adhesion *(KERALA 97)*
b) Long pelvic meso colon
c) Narrow attachment of pelvic mesocolon
d) Loaded pelvic colon
e) All of the above

2168. Most common cause of colonic obstruction is - *(AMI 86, PGI 86, UPSC 88)*
a) Volvulus b) Hernia
c) Adhesions d) Neoplasm

2169. In obstruction of the large gut rupture occurs at the..... - *(PGI 89)*
a) Cecum b) Ascending colon
c) Transverse colon d) Descending colon

2170. Commonest cause of intussusception is - *(TN 90)*
a) Submucous lipoma
b) Meckel's diverticulum
c) Hypertrophy of submucous peyer's patches
d) Polyp

2171. Commonest cause of colonic obstruction in neonates is - *(TN 90)*
a) Meconium ileus b) Aganglionic colon
c) Ileal atresia d) Volvulus

2172. Intestinal obstruction due to meconium occurs in- *(TN90)*
a) Cystic fibrosis b) Mucoviscidosis
c) Hurschsprung disease d) Ileal atresia

2173. Water loss is severe if intestinal obstruction occurs at- *(JIPMER 90)*
a) First part of duodenum
b) Third part of duodenum
c) Midjejunum
d) Ileum

2174. Which is true about Intusssusception - *(AI91)*
a) Common in neonates
b) Fever always present
c) Not associated with tumors of intestine
d) Usually relieved by barium enema

2175. The treatment of choice in duodenal atresia -
a) Gastrojejunostomy *(PGI 79, AI 89)*
b) Duodenojejunostomy
c) Bishop Koop procedure
d) Duodenoduodenostomy

2176. Best investogation of acute mechanical intestinal obstruction is - *(DELHI 89, 90)*
a) X-Ray abdomen b) Baruin enema
c) Proctosigmoidoscopy d) Flatus tube

2177. The first to appear in a cause of acute intestinal obstruction is - *(PGI 82,DNB 90)*
a) Constipation b) Colicky pain
c) Vomiting d) Distension

2178. The least common type of intussuception is -
a) Multiple b) Colocolic *(PGI 81, AP 89)*
c) Ileoileal d) Ileoilecolic

2179. Henock Schnolein Purpura may rarely cause - *(JIPMER 80,81,ALIMS 90)*
a) Intussuception b) Volvulus
c) Atrial fibrillation d) Hernia

2180. Bilious vomitting is seen in all except - *(Kerala 94)*
a) Jejunal atresia b) Volvulus of small intestine
c) Djuodenal atresia d) Pyloric stenosis

2181. Paralytic ileus is caused by - *(Kerala 94)*
a) Peritonitis
b) Hyperkalemia
c) Acute intestinal obstruction
d) Head injury

2182. Acute mechanical large bowel obstruction should be operated early because - *(UPSC 95)*
a) Electrolyte imbalance due to third space loss
b) Septicaemia from absorption of bowel contents
c) Early gangrene and perforation
d) Respiratory embarrassment to massive abdminal distension

2183. In an infant born with intestinal obstruction due to meconium ileus, one should suspect - *(UPSC 95)*
a) Hirschsprung's disease b) Mucoviscoidosis
c) Imperforate anus d) Bile duct atresia

2184. Cause of gaseous distension of abdomen in acute intestinal obstruction is - *(AIIMS 95, AI 95)*
a) Diffusion of gases from blood into intestinal lumen
b) Swallowed atmospheric air
c) Bacterial fermentation of food matter
d) Disgestion process & released gases

2185. Primary feature of small intestinal obstruction -
a) Fever *(AP 96)*
b) High peristalsis with colic
c) Abdominal distension
d) Empty rectum

2163)d 2164)d 2165)b 2166)a 2167)e 2168)d 2169)a 2170)c 2171)b 2172)b 2173)a 2174)d 2175)d 2176)a 2177)b 2178)a 2179)a 2180)d 2181)a 2182)c 2183)b 2184)b 2185)b

2186. Acute mechanical large bowel obstruction should be operated early because of the risk of -
a) Respiratory embarrassment due to abdominal distension
b) Electrolyte imbalance from vomiting *(UPSC 97)*
c) Septicaemia from bowel contents
d) Closed-loop obstruction and caecal perforation

2187. Commonest site of ischemic colitis - *(PGI97)*
a) Hepatic flexure b) Splenic flexure
c) Transverse colon d) Sigmoid colon

2188. An elderly male with history of IHD and cerebrovascular disease presented with abdominal pain, and bloody stools, the likely diagnosis will be-
a) Ulcerative colitis *(AIIMS97)*
b) Crohns
c) Acute mesentric ischaemia
d) Malignancy

2189. Treatment of choice of acute obstruction due to left sided colonic carcinoma in a 70 year old male is -
a) Left sided colectomy *(A1IMSC97)*
b) Total colectomy
c) Hartman's procedure
d) Defimctionung colostomy

2190. In colonic obstruction immediate treatment is requiredto prevent - *(PGI96)*
a) Caecal rupture b) Water imbalance
c) Abdominal distension d) Severe vomitting

2191. Best way to diagnose lower intestinal obswtruction
a) Pain abdomen *(PGI 96)*
b) Abdominal distension
c) Profuse vimitting
d) Multiple air gas shadows on X - ray

2192. For intestinal obstruction immediate operation should not be done in case of - *(CULCUTTA 2K)*
a) Post - op adhesion b) Appendix perforation
c) Volvulus d) Obstructed hernia

2193. A Neonate is brought with history of not having passed meconium on examination there is no anal opening but a dimple. Investigation of choice is -
a) X-ray erect posture (*JIPMER 90)*
b) X-ray supine posture
c) Gastrografffn study
d) Invertogram

2194. What is intussuscepiens - *(PGI97)*
a) The entire complex of intussusception
b) The entering layer
c) The outer layer
d) The process of reducing the intussusception

2195. Most common cause of acute intestinal obstruction-
a) Adhesions b) Carcinoma *(PGI 97, 88)*
c) Int. hernia d) Lymphoma

2196. Definitive treatment of sigmoid volvulus \s-*(PGI97)*
a) Surgical correction b) Colectomy
c) Enema d) Endoscopic correction

2197. Major causes of distension in intestinal obstruction
a) Gas produced by coliform organism *(PGI 98)*
b) Swallowed air
c) Diffuse from arterial surface
d) Not known

2198. Prologed Post-op ileus is best treated by- *(PGI98)*
a) Long tube insertion
b) Calcium pentonthenate
c) Laporotomy and exploration
d) Peristaltic stimulants

2199. Fluid levels are not visible in - *(PGI 98)*
a) Meconeum ileus b) Intussusception
c) Colon pouch d) Duodenal obstruction

2200. Spastic ileus is seen in - *(PGI 99)*
a) Porphyria b) Retroperitoneal abscess
c) Hypokalemia d)MI

2201. Recurrent pain abdomen with intestinal obstruction and mass passes per rectum goes in favour of -
a) Internal herniation b) Stricture *(PGI 99)*
c) Strangulated hernia d) Intussusception

2202. What are the features of colonic obstruction -
a) No passage of gas absolutely (Obstipation)
b) No passage of stools absolutely *(PGI 2K)*
c) Distention of abdomen
d) Mild fever initially
e) Fecal vomitus

2203. Recurrent obstruction, mass per rectum and diarrhoea in child - *(PGI 2000)*
a) Intussusception b) Rectal prolapse
c) Internal hernia d) Haemorrhoids

2204. In intestinal obstruction, investigations needed are-
a) Barium swallow *(PGI 01)*
b) Intestinal barium meal
c) Stomach barium meal
d) Erect X-ray abdomen
e) Supine X-ray abdomen

2205. Features of intussusception are - *(PGI 01)*
a) Pincer sign b) Target sign
c) Dove sign d) Coiled spring sign
e) Dance sign

2206. Malrotation presents as - *(PGI02)*
a) Mass abdomen b) Bleeding PR
c) Billious vomiting d) Haematomesis

2207. Acute intestinal obstruction is characterized by -
a) Vomiting is common in duodenal obstruction
b) Pain after each attack of vomiting is characteristic of ileal obstruction *(PGI 03)*
c) In colonic obstruction distension is common than vomiting
d) X-ray erect posture is diagnostic
e) Colicky pain to steady pain indicates strangulation

2208. 30 years old lady presented with acute pain abdomen, constipation and vomiting suspecting acute intestinal obstruction. The investigation of choice for the patient is - *(PGI03)*
a) X-ray abdomen erect posture b) Ba enema
c) USG d) CT scan

2186)d 2187)b 2188)c 2189)c 2190)a 2191)d 2192)a,b 2193)d 2194)c 2195)a 2196)b 2197)b 2198)c 2199) a 2200) a 2201) d 2202)a,b,c 2203) a 2204)b,c,e 2205)b,d,e 2206) a,c 2207) a,c,d 2208) a

2209. Paralytic ileus is characterized by all except -
a) No bowel sounds on auseultation *(SGPGI05)*
b) No passage of flatus
c) Gas filled loops of intestine with multiple fluid levels
d) Loops of intestine are not seen d/t loss of peristalis

2210. Intestine get strangulated most commonly in which space - *(SGPGI 05)*
a) Omental bursa b) Paraduodenal space
c) Rectouterine space d) Subphrenic

2211. Gall stone causes intestinal obstruction when it gets impacted in which part of the intestine commonly -
a) Proximal ileum b) Distal ileum
c) Duodenum d) Jejunum *(SGPGI 05)*

2212. The most common cause of perforation of the distal ileum in India is - *(UPSC 05)*
a) Tuberculosis b) Typhoid
c) Amoebiasis d) Regional enteritis

2213. Borchart's triad of acute epigastric pain, violent retching and inability to pass a nasogastric tube is seen in patients with - *(J&K 05)*
a) Achalasia cardia
b) Acute gastric volvulus
c) Jejunogastric intussusception
d) Hiatus hernia

2214. The most common site of intestinal obstruction in gallstone ileus is - *(AIIMSMay 2005)*
a) Duodenum b) Jejunum
c) Ileum d) Sigmoid colon

2215. Features of intestinal obstruction : clinically/ investigation by - *(PGI June 06)*
a) Abdominal distension b) Vomiting
c) Fluid level in X-ray >4 d) Localized tenderness
e) Diarrhea

2216. With reference to Hirschsprung's disease, which one of the following statements is correct ?
a) It is initially treated by colostomy *(UPSC 07)*
b) In the neonatal period, it is best confirmed by barium enema
c) It is associated with high incidence of genito-urinary tract anomalies
d) It is characterised by the absence of ganglion cells in the transverse colon

2217. Acute pseudo-obstruction of the colon known as-
a) Sjogren's syndrome *(UP 07)*
b) Gardner's syndrome
c) Ogilivie's syndrome
d) Peutz-jegher's syndrome

2218. Sigmoid volvulus rotation occurs - *(UP 07, 05)*
a) Clockwise
b) Anticlock wise
c) Both clock wise and anti clock wise
d) Axial in direction

2219. True about Ogilive's syndrome are all except -
a) It is caused by mechanical obstruction of the colon
b) It involves entire / part of the large colon
c) It occurs after previous surgery *(AIIMS Nov 07)*
d) It occurs commonly after narcotic use

2220. A new born girl not passed meconium for 48 hrs, has abdominal distention and vomiting. Initial investigation of choice would be - *(AIIMSNov 07)*
a) Manometry
b) Genotyping for cystic fibrosis
c) Lower GI contrast study
d) Serum trypsin immunoblot

2221. Which one of the following is the treatment of gall stone ileus - *(UPSC-II08)*
a) Cholecystectomy alone
b) Removal of obstruction
c) Cholecystectomy, closure of fistula and removal of stone by enterotomy
d) Cholecystectomy with closure of fistula

2222. Which of the following statement about volvulus is false- *(AI08)*
a) More common in psychiatric patients
b) Sigmoid volvulus is more common than caecal volvulus
c) Lower GI scopy is contraindicated in sigmoid volvulus
d) Volvulus of caecum is managed by conservative methods

2223. A new born child has not passed meconium for 48 hrs. What is the diagnostic procedure of choice ?
a) USG b) Contrast enema *(AI08)*
c) CT d)MRI

2224. Claw sign seen in ? *(APPG 08)*
a) Intussception b) Volvulus
c) Both d)None

2225. Complete Rx of intussception indicates ? *(APPG 08)*
a) Free passage of barium in the terminal ileum
b) Passage of faceus and flatus along with barium
c) Improvement of clinical condition
d) None

2226. All statements about adult instussusception are true except - *(PGI Nov 09)*
a) Idiopathic & more enteric rather than colonic
b) Lead point present in majority of cases
c) Resection of bowel is adequate for large bowel intussusception
d) Hydrostatic reduction with barium or air are done if bowel is not completely obstructed

2227. "Red currant jelly" stool in an infant is characteristic of - *(UPSC-110)*
a) Acute gastroenteritis b Rectal piles
c) Intussusception d)Fissure-in-ano

2209)d 2210)a 2211)b 2212)a 2213)b 2214)c 2215) a,b 2216) a 2217)c 2218)b 2219)a 2220)c 2221)b 2222)c 2223)b 2224)a 2225)a 2226)a 2227)c

2228. Consider the following radiological signs -
1. Claw sign in barium enema *(UP SC II10)*
2. Apple core sign in barium enema
3. Multiple fluid levels with absent caecal gas in plain skiagram of abdomen
4. Single large fluid and air level in plain skiagram of abdomen

Which of the above signs is/are suggestive of ileocolic intussusception? *(UPSCII10)*
a) 1 and 2 only b) 1 and 3 only
c) 3 only d) 1,23 and 4

2229. True about Intussusceptions in children -
a) Most common variety is ileocolic *(PGIMay 10)*
b) A/w pathological lead point
c) May be seen after viral infection
d) Canbe relieved by barium enema
e) Surgery is always indicated

2230. True statement about treatment of intussusceptions-
a) Air enema *(PGI May 10)*
b) Saline enema
c) Ba enema
d) Hydostatic reduction
e) Colonoscopy is always done to confirmdiagnosis

2231. True about colonic volvulus - *(PGIMay 10)*
a) Most common in caecum
b) Common in psychiatric pt.
c) Bird's beak sign
d) May present as intestinal obstruction

2232. Emergency operation done in cases of-
a) Volvulus *(PGINov. 10)*
b) Obstructed hernia
c) Appendicular perforation with paralytic ileus
d) Toxic megacolon
e) Colonic perforation

2233. The cecum is found to be placed below the stomach and in the midline. Which of the following abnormality must have taken place while rotation of the gut? *(AIIMS Nov 10)*
a) Non rotation b) Mai rotation
c) Reversed rotation d) Mixed rotation

VERMIFORM APPENDIX

2234. Earliest symptoms in acute appendicitis is -
a) Pain b)Fever *(JIPMER 86,87,*
c) Vomiting d) Rise of pulse rate *Kerala 87)*

2235. Commonest position of the appendix - *(JIPMER 87)*
a) Retrocecal b) Preileal
c) Postileal d)Pelvic
e) Subcecal

2236. Surgery for carcinoid of the appendix - *{AIIMS 85)*
a) Right hemicolectomy
b) Appendicectomy
c) Limited resection of the Rt. Colon
d) Rt. Hemicolectomy with 6 inches of the ileum also

2237. Mucocele of the appendix is - *(AI89)*
a) Benign tumour b) Low grade malignancy
c) Retention cyst d) Infective process

2238. A patient with Crohn's disease was opened for and an inflammed appendix found. The treatment of choice is-
a) Appendicectomy *(PGI88)*
b) ileocolic resection and anastamosis
c) Close the adbomen and start medical treatment
d) None of the above

2239. Which of the following present as acute abdomen -
a) Acute intermittent porphyria *{Karnataka 89)*
b) Tabes
c) Pneumonitis of lower lobe
d) All

2240. Oschner sherren regime is used in management of- *{JIPMER 92)*
a) Appendicular abscess b) Chronic appendicitis
c) Appendicular mass d) Acute appendcitis

2241. When the rectum is inflated with air through a rectal tube, pain and tenderness occur in the right iliac fossain case of appenidicitis. This is known as- *{AIIMS 81, AMU 85)*
a) Aaron's sign b) Battle's sign
c) Bastede's sign d) Me Burney's sign

2242. The frequent mechanism in perforation of appendix is - *{DNB 89, 91)*
a) Impacted faecolith
b) Tension gangrene due to the accumulating secretions
c) Necrosis of lymphoid patch
d) Retrocaecal function

2243. Acute appendicitis is due to - *{AIIMS 90, AMU90)*
a) Faecoliths
b) Worms of ileo-caecal region
c) Streptococcal infections
d) Abuse of puragatives
e) None of the above

2244. All of the following are early complications arising after appendicectomy for acute appendicitis except -
a) ilues *(AIIMS 81, Rohtak88)*
b) Sterility
c) Intestinal obstruction
d) Pulmonary complications

2245. All are usuful in acute appendicitis exepet -
a) Antibiotics b) Analgesics *(Kerala 94)*
c) IV Fluids d) Purgation

2246. Which of the following statments is not true of McBurney's incsion - *(Kam 94)*
a) Most suitable if the diagnosis of appendicitis is definite
b) If it is converted into a muscle cutting incision it is called Rutherford Morison's incision
c) Inguinal hernia is a sequlae of the incision
d) The incision can be extended upwards or downwards

2228) b 2229) a,b,c,d 2230)a,b,c,d 2231)b,c,d 2232)All 2233) b 2234) a 2235) a 2236) a,b 2237)a,b,c 2238) c
2239) d 2240) c 2241) c 2242) b 2243) a,b 2244) b 2245) d 2246) d

2247. A Gridiron incision becomes a Rutherford Morison's incision is extended by - *(Korn 94)*
a) Splitting the muscles laterally
b) Cutting the muscles laterally
c) Cutting the muscles medially into the rectus sheath
d) Incising vertically along the rectus muscle

2248. During appendicectomy if it is noticed that base of appendix is inflammed than further line of treatment is - *(PGI96)*
a) No appendicectomy b) No hurrying of stump
c) Hemicolectomy d) Caecal resection

2249. A 25 year old man presents with 3 days history of pain in the right lower abdomen and vomitings, patient's general condition is satisfactory and clinical examination reveals a tender lump in right iliac fossa. The most appropriate management in this case would be - *(ICS 98)*
a) Immediate appendicectomy
b) Exploratory laprotomy
c) Oschner Sherren regimen
d) External drainage

2250. An appendicular fistula is least likely to heal if -
a) The stump was sutured with vicryl *(Kerala 98)*
b) There is stenosis/narrowing of the sigmoid colon
c) Superaded infection
d) None

2251. What should be done for an incidental carcinoid of 2.5 cms size detected in the appendix- *(A1IMS 99)*
a) Right hemicolectomy
b) Appendicectomy
c) Appendiccectomy followed by yearly HIAA estimation
d) Total colectomy

2252. Diffuse peritonitis following appendicitis is usually seen- *(ICS2K)*
a) When appendicular perforation occurs early (within 24 hours)
b) When perforation occurs late (after 24 hours)
c) Particularly in non-obstructive appendicitis
d) When antibiotics are withheld

2253,. All of the following signs are not seen in acute appendicitis except - *(IN01)*
a) Rovsing's b) Murphy's sign
c) Boa's sign d) Mack wen's sign

2254. Confirmation of appendicitis - *(PGI June 07)*
a) Clinical examination b)USG abdomen
c) X-ray abodmen d) Raised TLC/DLC

2255. In a case of retrocecal appendicitis which movement aggravates pain - *(AIIMSNov 07)*
a) Flexion b) Extension
c) Medial rotation d) Lateral rotation

2256. Diffuse peritonitis in acute appendicitis is caused due to- *(NEET/DNB Pattern)*
a) 'Early rupture of appendix
b) Xate rupture 6f appendix ^
c) Fecolith
d) Old age

RECTUM

2257. Prognosis for carcinoma rectum is best assessed by-
a) Site of tumour *(AIIMS 87, Karn. 89)*
b) Histological grading
c) Size of tumours
d) Duration of the symptoms

2258. Earliest symptoms of carcinoma rectum - *(AI88)*
a) Pain b) Alteration of bowel habits
c) Bleeding PR d) Tenesmus

2259. Villous polyp of rectum manifest - *(AI89)*
a) Bleeding PR
b) Mucus diarrhoea with hypokalemia
c) Prolapse rectum
d) Obstruction

2260. Recurrent prolapse of the rectum in children is treated by - *(JIPMER 87, 88)*
a) Thiersh wiring b) Digital reposition
c) Excision d) Ripstein's operation

2261. In villous papillomas of the rectum which is lost -
a) Na+ b) Mg+ *(IN 89)*
c) K+ d)All

2262. Arterior resection is contra indicated in the following- *(PGI 90)*
a) Age more than 60 years
b) Undifferentiated carcinoma
c) Melanin in liver
d) Cancer is less than 5 cm from anorectal margin

2263. Resting Tone of Rectum is decreased in all except
a) Micturation *(AI91)*
b) Retained feaces in the rectum
c) Prolapse rectum
d) Trauma involving the perineum

2264. Best procedure in mid rectal Carcinoma is -
a) Abdomino perineal resection *(AIIMS 92)*
b) Anterior resection
c) Perineal loop
d) Transverse Colostomy

2265. The best surgical management for villous adenoma of the rectum is - *(PGI 81, AP 88)*
a) Local resection of lesion
b) Repeated sigmoidoscopy
c) Abdomino perineal resection
d) Electrolyte infusion and chemotherapy

2266. Treatment of carcinoma rectum 5 cm from anal verge without nodal metastasis is - *(Kerala 94)*
a) Abdominoperineal resection
b) Radiotherapy
c) Endoscopic resection
d) Chemotherapy

2267. Sitz Bath consists of which of the following -
a) Patient bathed in normal saline *(Karan. 96)*
b) Bathed in molten wax
c) Sits in a basin containing warm antiseptic lotion
d) Sits in a basin conatining molten wax

2247) b 2248) b 2249) c 2250) b 2251) a 2252) a 2253) a 2254)a,b2255)b 2256) a 2257) b 2258) c 2259) b 2260) d 2261) c 2262) c,d 2263) b 2264) b 2265) a 2266) a 2267) c

2268. Rectal polyps usually present with - *(UP 97)*
a) Obstruction b) Perforation
c) Bleeding d) Malignant change

2269. Solitary rectal ulcer all are true *except-(AIIMS 97)*
a) 20% have multiple ulcers
b) Most common site is midline posterior
c) Half of patients give history of digital examination
d) Commonest cause of rectal prolapse

2270. In carcinoma of anus distal margin of clearance of anal canal of at least.....- *(CMC 2001, A190)*
a) 2 cm b)5cm
c) 4cm d)7cm

2271. An AIIDS patients presents with fistula-in-ano. His CD4 count is below 50. What is the treatment of choice - *(MANIPAL 01)*
a) Seton b) Fistulectomy
c) None d) Both

2272. Muscle concerning with rectal continence is - *(PGI86, UPSC 86, NIMHANS 87, Kerala 88)*
a) Ext. sphincter b) Int. sphincter
c) Puborectalis d) Sacrococcygeous
e) iliococcygeous

2273. Sphincter saving surgery for rectal malignancy is not done in - *(PGI 01)*
a) Age over 50 years
b) Lymph node involvement
c) Infiltration of lamina propria
d) More than 4 cm from anal verge
e) High grade tumor

2274. Abdomino-perineal resection is done in colorectal Ca on the basis of - *(PGI 02)*
a) Age of patient b) Distance from anal-verge
c) Fixity of tomor d) Hepatic metastasis
e) Extent of tumor

2275. Rectal adenoma is associated with - **(***Jipmer 03)*
a) Familial polyposis coli b) Hypokalemia
c) Intussusception d)Hemorrhoids

2276. Delorme's Procedure is used for - *(SGPGI04)*
a) Rectal prolapse b) Solitary rectal ulcer
c) Rectal bilharziasis d) Proctalgia fugax

2277. The length of a standard proctoscope is - **(***TN04)*
a) 4 inches b) 6 inches
c) 8 inches d) 3 inches

2278. Which type of malignancy is found in anorectal fistula - **(***PGI June 05)*
a) Sq. cellCa b) Transitional cell Ca
c) Adeno Ca d) Columnar Ca

2279. True about rectal Ca - *(PGI June 05)*
a) MC type adenocarcinoma
b) Surgery is the treatment of choice
c) Surgical treatment indicated inspite of hepatic metastasis
d) APR done in lesions of upper zone

2280. Rectal incontinence is due to involvement of -
a) External anal sphincter *(PGI June 06)*
b) Internal anal sphincter
c) Ischiococcygeus
d) Pubococcygeus

2281. Which of the following is more aggressive rectal carcinoma - *(Manipal 06)*
a) Adencarcinoma
b) Secondary mucoid carcinoma
c) Signet ring carcinoma
d) Squamous cell carcinoma

2282. True about solitary rectal ulcer syndrome is all/ except - *(Aiims May 07)*
a) Increased muscle layer proliferation
b) Crypt distortion
c) Lamina propria infiltration with lymphocyte
d) Subepithelial fibrosis

2283. Hemangioma of the rectum - *(PGI June 07)*
a) Common tumour
b) Fatal haemorrhage seen
c) Ulcerative colitis like symptoms seen

2284. A punch biopsy shows carcinoma rectum with fixed mass. X-ray chest normal, which of the following is LEAST useful investigation - *(UP 08)*
a) Rigid protoscope b) Barium enema
c) CT chest d) MRI-abdomen and pelvis

2285. Management of rectosigmoid obstructive carcinoma in elderly frail - *(PGINov 09)*
a) Colostomy
b) Abdomino-perineal resection (APR)
c) Resection & primary anastomosis
d) Hartmann procedure
e) Laser recanalisation

2286. A young male patient presents with complete rectal prolapse. The surgery of choice is - *(AI10)*
a) Abdominal rectopexy
b) Delerome's procedure
c) Anterior resection
d) Goodsall's procedure

2287. A young office executive, on tour, presents with bright red painless bleed since 7 days and abdominal pain. External and perrectal examinations are normal. As attending general practioner what will be your next step - *(AIIMS Nov 10)*
a) Proctoscopy
b) Do a barium enema
c) Refer to surgeon for sigmoidoscopy
d) Refer to gastroenterologist for colonoscopy

ANAL CANAL

2288. Commonest type of Ano rectal abscess is -
a) Ischiorectal b) Submucous *(AIIMS85)*
c) Pelvi-rectal d) Perianal

2268)c 2269)b,c 2270)a 2271)a 2272)c 2273)d 2274)b 2275)b 2276)a 2277)a 2278)a,c 2279)a,b,c 2280)All 228 l)b 2282) c 2283) b,c 2284) a 2285)a,b,e 2286) a 2287) a 2288) d

2289. Sentinel pile indicates - *(AIIMS 87)*
a) Carcinoma rectum b) Internal haemorrhoids
c) Perianal fistula d) Anal fissure

2290. Cancer of the anus is commonly - *(JIPMER87)*
a) Adenocarcinoma b) Squamous carcinoma
c) Melanoma d) Sarcoma

2291. Below the pectineal line the lymphatic spread is to..... nodes- *(PGI89)*
a) Superficial inguinal b) Internal iliac
c) External iliac d) Para aortic

2292. Rectal examination should not be done -
a) Anal fissure *(JIPMER 90)*
b) Fistual in ano
c) Prolapsed piles with bleeding
d) Anal stenosis

2293. Treatment of Choice in 2nd degree piles is - *(AIIMS 92)*
a) Cryosurgery b) Sclerotherapy
c) Banding d) Surgery

2294. The treatment of choice in fistula in ano - *(Jipmer*
a) Anal dilatation b) Fissurotomy *93)*
c) Fistulectomy d) Fistulotomy

2295. Internal sphincterotomy is the treatment of choice for - *(JIPMER 81, AMC 86)*
a) Piles b) Fistula
c) Fissure-in-ano d) Carcinoma

2296. Internal sphincter of rectum is formed by -
a) Levator ani *(AIIMS 79, Delhi 96)*
b) Puborectalis
c) Longitudinal muscle fibres condensation
d) Circular muscles fibres condensation

2297. Treatment of primary piles is - *(Kerala 94)*
a) Surgery b) Sclerotherapy
c) No treatment d) Analgesics

2298. Best investigation to diagnose piles is - *(Kerala 94)*
a) Proctosigmoidoscopy b) Barium enema
c) Ultrasound d) Proctoscopy

2299. Ideal treatment for squamous cell carcinoma of Anal canal is - *(AIIMS 97)*
a) Pelvic exentration
b) Chemotherapy and radiotherapy
c) Chemotherapy alone
d) Abdomino perineal resection

2300. Five-day self subsiding pain is diagnostic of-
a) Anal fissure *(AP 97)*
b) Fistul-in-ano
c) Thrombosed external hemorrhoids
d) Thrombosed internal hemorrhoids

2301. Invertogram is taken after - *(2000 R)*
a) 2hrs b)4hrs
c) 6 hrs d) 8 hrs

2302. The following are true of haemorrhoids except -
a) They are arteriolar dilatations *(JIPMER 01)*
b) They are common causes of painless bleeding
c) They cannot be per rectally palpated
d) They can be banded

2303. It can be stated that the superior haemorrhoidal veins - *(AIIMS 84)*
a) Drain into the inferior mesentric vein
b) Have no valve
c) Leave the anal canal at the pactinate line
d) Cause external haemorrhoids

2304. The increased incidence of infection inthelschio rectal fossa is due to - *(AI89)*
a) Absence of deep fascia
b) Proximity to anus
c) Poor blood supply
d) Presence of fibrofatty tissue

2305. Anal carcinoma is most commonly carcinoma of type- *(PGI 97)*
a) Adeno carcinoma b) Epidermoid
c) Mixed d) None of the above

2306. TVue about melanoma of the anal canal is - *(PGI 99)*
a) Present usually as anal bleeding
b) AP resection gives better result than local excision
c) Local recurrence at the same site after resection
d) Radiosensitive

2307. Most common complication following hemorrhoidectomy is - **(***Kerala 04, AIIMS 92)*
a) Hemorrhage b) Infection
c) Fecal Impaction d) Urinary retension

2308. A 1 cm x 1 cm squamous cell carcinoma of anal canal is best treated initially by - **(***UPSC 05)*
a) Abdominoperineal resection
b) Localized resection followed by irradiation
c) Proximal colostomy followed by interstitial irradiation
d) Chemo-radiotherapy

2309. The treatment of choice for the management of carcinoma of the anal canal is - *(AI 06)*
a) Abdominoperineal resection
b) Primary radiotherapy
c) Combined radio-and chemotherapy
d) Neoadjuvant chemotherapy and local excision

2310. The treatment of choice for squamous cell anal cancer is - *(AI 06)*
a) Abdominoperennial resection
b) Laser fulgaration
c) Chemoradiotherapy
d) Platinum-based chemotherapy

2311. Which of the following statement is true about external haemorrhoids ? *(AI 07)*
a) Painful, below the dentate line
b) Painless, above the dentate line
c) Rubber band ligation is the treatment of choice
d) May be associated with a skin tag

2312. The following statement about Pilonidal sinus is true- *(AI07)*
a) More common in females
b) Mostly congenital
c) Prognosis after surgery is poor
d) Treatment of choice is surgical excision of sinus tract

2289)d 2290)b 2291)a 2292)a 2293)c 2294)d 2295)c 2296)d 2297)a,b2298)d 2299)b 2300)c 2301)c 2302)a 2303)a,b 2304)c 2305)b 2306)a 2307)d 2308)d 2309)c 2310)c 2311)a 2312)d

2313. Most common cause of anorectal abscess is -
a) Inflammation of anal gland *(MAHE 07)*
b) Folliculitis
c) Inflammation of rectal mucosa
d) Rectum

2314. High or low fistula in ano is termed according to its internal opening present with reference to -
a) Anal canal b) Dentate line *(UPSC-II08)*
c) Anorectal ring d) Sacral promontary

2315. Anal fissure best diagnosed by - *(AI08)*
a) Anoscopy
b) History and superficial clinical examination
c) PR examination
d) USG

2316. Which of the following statements is true for Nigro's regimen - *(AI 08)*
a) It is a regimen for anal canal neoplasm
b) It incorporates chemotherapy with radiation as an alternative to surgery
c) Has the advantage of preserving continence
d) All of the above

2317. A new born baby presents with absent anal orifice and meconuria. What is the most appropriate management ? *(AI 08)*
a) Transverse colostomy
b) Conservative
c) Posterior Saggital Anorectoplasty
d) Perenial V-Y plasty

2318. Most common cause of anorectal abscess is -
a) Inflammation of anal gland *(Manipal 08)*
b) Folliculitis
c) Inflammation of rectal mucosa
d) Rectum

2319. All of the following are true in management of Haemorrhoids except - *(DELHI PG Mar 09)*
a) Excisional surgery is cornerstone
b) Fiber supplementation is effective
c) Improvement in bowel function is helpful
d) Ligation with rubber bands effective

2320. True about treatment of hemorrhoids-*(PGIMay 10)*
a) Band ligation
b) 5% phenol in almond oil is used as sclerosant
c) May be resolved by diet modification
d) Hemorrhoidectomy is TOC

HERNIA

2321. Rgarding desmoid tumour which is not correct -
a) Often seen below the umbilicus *(JIPMER 87)*
b) Unencapsulated
c) More common in women
d) Metastasis does not occur
e) Highly radiosensitive

2322. Treatment of choice in desmoid tumours is -
a) Irradiation *(ARMS 85)*
b) Wide excision
c) Local excision
d) Local excision following radiation

2323. Recurrent fibroma refers to Desmoid tumor arising in - *(PGI 88)*
a) Uterus b) Scar tissue
c) Ovary d) Muscle

2324. Meckel's diverticulum is *(JIPMER 81, Rohatak87)*
a) Ductus venosus
b) Vitello intestinal duct
c) Left umbilical vein
d) Obliterated umbilical artery

2325. Slidding constituent of a large direct hernia is -
a) Bladder b) Sigmoid colon *(AI 88)*
c) Caecum d) Appendix

2326. Commonest type of hernia is - *(JIPMER 87)*
a) Femoral b) Inguinal
c) Ventral d) Epigastric
e) Hiatus

2327. Commonest type of hernia in a female is -
a) Femoral b) Inguinal *(AIIMS85)*
c) Ventral d) Hiatus

2328. Burst abdomen most commonly occurs on the -
a) 2nd day b) 3rd day *(JIPMER 86)*
c) 7 th day d) 9th day
e) 5th day

2329. Most important step in the repair of an indirect inguinal hernia is - *(JIPMER 8 7)*
a) Herniotomy
b) Narrowing of the internal ring
c) Bassini's repair
d) Transfixation of the neck of the sac

2330. The covering over an omphalocele is - *(PGI87)*
a) Skin b)Amniotic membrane
c) Chorionic membrane d) None of the above

2331. The superficial inguinal ring is a defect in-
a) Transversalis fascia *(UPSC88)*
b) Internal oblique
c) External oblique
d) External oblique aponeurosis

2332. Femoral hernia is characteristically ... the pubic tubercle - *(IN89)*
a) Lateral and below b) Medial and above
c) Lateral and above d) Medial and below

2333. Causes of recurrent hernia - *(PGI88)*
a) Absorbable suturesb) Sliding hernia
c) Missed sac d) Infection

2334. In hernia-en-glissade, the most common content is- *(ARMS89)*
a) Omentum b) Urinary bladder
c) Cecum d) Sigmoid colon

2313)a 2314)c 2315)b 2316)d 2317)a 2318)a 2319)a 2320)A11 2321)e 2322)b 2323)b 2324)b 2325)a 2326)b 2327)b 2328)c 2329)b 2330)b 2331)d 2332)a 2333)a,b,c,d 2334)d

2335. Vestigeal remnants of vitello intestinal duct include- *(JIPMER 90)*
a) Meckel's diveticulum
b) Enterocyst
c) Enteroteratoma at umbilicus
d) All

2336. Exomphalos is a disease involving - *(Keala 91)*
a) Umbilicus b) Cervix
c) Abdominal wall d) Urinary bladder

2337. Which of the following does not predispose to abdominal wall dehiscence except - *(JIPMER 92)*
a) Faulty technique
b) Malignancy
c) Raised intra abdominal pressure
d) Old age

2338. Strangulation is most common with which hernia -
a) Femoral b) Inguinal *(AI92)*
c) Obturator d) Epigastric

2339. Treatment of choice of umbilical adenoma in a new born in- *(PGI80, Delhi 81,93)*
a) Occlusion with a coin b) Strapping
c) Surgery d) Masterly inactivity

2340. "Raspberry tumour" is another name for -
a) Umbilical fistula *(PGI, BHU 85)*
b) Umbilical granuloma
c) Umbilical adenoma
d) Meckel's diverticulum

2341. Hernia with hydorcele is.... hernia - *(PGI 79,*
a) Gibbon's b)Fruber's *AIIMS84)*
c) Dobson's d)Leobel's

2342. In Moore's classification of omphalocole (examphalos), type 1 unbilical defect is less than .... cm. - *(PGI 81, AIIMS 86)*
a) 0.5 b)2.5
c) 3.5 d)4.5

2343. Henia into pouch of Douglas is..... hernia -
a) Bedard's b)Bochdaleks *(AIIMS 81,*
c) Blandin's d) Berger's *PGI84)*

2344. The treatment of choice from inguinal hernia in infants is - *(AMU 85)*
a) Herniotomy b) Hemiorrhapy
c) Truss d) Hemioplasty

2345. Exomphalos major should be operated at - *(PGI81,*
a) Birth b) 3 months of age *DNB 91)*
c) 1 year d) 3 years

2346. In examination of the patient for a hernia, it is useful to realize that - *(AIIMS 81, PGI 83)*
a) An impulse if often much better seen than felt
b) The internal abdominal ring lies 1.25 cm. above the midpoint of poupart's ligament
c) The external abdominal ring lies 1.25 cm above and external
d) None of the above

2347. A patient is advised to avoid strenous activity following herniorrhaphy for a period of -
a) One day b) One week *(AMU 86, 91)*
c) 3 weeks d) 6 weeks

2348. On an average, the distance between femoral ring and saphenous opening (length of femoral canal) is-
a) 1.25 cm b) 2.50 cm *(AIIMS81, UPSC 87)*
c) 3.75 cm d) 5.00 cm

2349. Patent vitello-intestinal duct should preferably be operated at - *(PGI 80,81, AMU 89)*
a) Birth b) 6 months of age
c) 12 months of age d) 3 years of age

2350. Which age group most often presented with jaundice due to Omphalitis in infants is - *(PGI 81,*
a) At birth b) 24-72 hours *Kerala 90)*
c) 1-3 weeks d) 3-6 weeks

2351. The patent vitello-intestinal duct most often discharges - *(JIPMER 78,79, TN 89)*
a) Mucus b) Pus
c) Urine d) Faeces

2352. Treatment of strangulated hernia is - *(Kerala 94)*
a) Observation b)Immediate surgery
c) Manual reduction d)Analgesics

2353. Which is the 1st sign of strangulation of ingunial hernia- *(CUPGEE 96)*
a) Tense b)Tender
c) Irreducible d) Redness

2354. The hernia which often stimulates a peptic ulcer is - *(Karn. 96, 94)*
a) Umbilical hernia
b) Fatty hernia of the Linea alba
c) Incisional hernia
d) Inguinal hernia

2355. Preservation of illioinguinal nerve is an important step inguinal hernia operation while - *(UPSC 97)*
a) Incising the sub-cutaneous tissue
b) Incising the extra oblique aponeurosis
c) Incising the cremasteric fascia
d) Isolating the sac

2356. While operating for obstructed inguinal hernia the sac is opened at - *(AIIMS 96)*
a) Fundus b)Neck
c) Body d) Base

2357. Raspberry tumour is- *(JIPMER 98)*
a) Neoplastic b) Inflamatory
c) Traumatic d) Congenital

2358. Hernia is prevented by - *(ROHTAK98)*
a) Scarpa's fascia b) Transversalisa fascia
c) External oblique d) Lacunar ligament
e) Rectus sheath

2359. Spigelian hernia occurs - *(AI99)*
a) Para umbically b) Supra umbically
c) Infra umbically d) At lumbar areas

2335)d 2336)c 2337)a,b,c 2338)a 2339)None 2340)c 2341)a 2342)b 2343)d 2344)a 2345)a 2346)b2347)None 2348)a 2349)b 2350)d 2351)a 2352)b 2353)a 2354)b 2355)b 2356)c 2357)d 2358)None 2359)c

2360. Inguinal and femoral hernia are differentiated by relation with - *(AIIMS 98)*
a) Pubic tubercle b) Femoral artery
c) Inferior epigastic artery d) Pectineal line

2361. Truss cannot prevent progression of which type of inguinal hernia - *(CUPGEE99)*
a) Sliding b) Littres
c) Indirect d) Direct

2362. Ventral hernia is a/an - *(AMC99)*
a) Incisional hernia b) Umbilical hernia
c) Femoral hernia d) Inguinal hernia

2363. Mayo's operation is done for - *(2000 R)*
a) Spigelian hernia b) Femoral hernia
c) Richer's hernia d) Umbilical hernia

2364. Hernia through foramenof bochdalek true is - *(PGI98)*
a) Congeniatal hernia b) In asymptomatic
c) Seen executive in males d) Least common

2365. True about femoral hernia is - *(PGI98)*
a) Occurs exclusively in females
b) Pregnancy is common cause
c) Doesn't strangulate
d) In males associated with cryptochidism

2366. Spigelian hernia - *(PGI2000)*
a) Lateral to rectus abdominis
b) Obturator intemus
c) Lies above int. oblique
d) Common in men

2367. Which of the following is not to be done in strangulated inguinal hernia - *(PGI01, 03)*
a) X-ray abdomen
b) USG scrotum
c) Aspiration of sac for confirming diagnosis
d) Immediate surgery is required
e) Hypovolemia should be corrected with i./v. fluids

2368. Which of these would you like to do for a case of strangulated hernia - *(PGI 02)*
a) X-ray abdomen
b) USG abdomen
c) Aspiration of contents of sac
d) Correction of hypovolemia
e) Prepare OT for urgent surgery

2369. True about hernia - *(PGI 03)*
a) Extra-abdominal hernia is common
b) Direct hernia usually acquired
c) Strangulation is common in femoral hernia
d) Direct hernia is acquired in old age
e) TOC for indirect inguinal hernia is surgery

2370. About hernia, false statements - *(PGI 03)*
a) In children, indirect inguinal hernia is treated medically
b) In Richter's hernia, absolute constipation seen
c) Indirect inguinal hernia is the MC type
d) Deep inguinal ring is lateral & above the puplic tubercle

2371. True about inguinal hernia - *(PGI 03)*
a) It is more common in female
b) Rt sided is more common than Lt side
c) Direct hernia is less likely to undergo strangulation
d) Femoral hernia is more common in female

2372. True statment (s) about indirect inguinal hernia-
a) 25% is bilateral *(PGI04)*
b) In children, if inguinal (indirect) hernia is present in on side, then processus vaginalis is intact on other side
c) In bubonocele sac lies in the inguinal canal
d) Equal incidence in male and female

2373. In a case of strangulated hernia management is - *(PGI June 06)*
a) USG-abdomen b) X-ray abdomen
c) Aspirate contents d) Immediate surgery
e) IV fluids

2374. Which is one of the following is not performed in Lichtenstein tension free hernioplasty? (.*Karn 06)*
a) High ligation of indirect hernia sac
b) Mesh sutured to the conjoint tendon and inguinal ligament
c) Conjoint tendon sutured to inguinal ligament
d) Spermatic cord is placed in two tails of the internal ring

2375. In the treatment of femoral hernia Lockwood's operation refers to - (.*Karnatakapgmee 06)*
a) Low operation
b) High operation
c) Inguinal operation
d) Laparoscopic surgery

2376. Umbilical hernia in a child - indication for sruger is - *(MAHE 07)*
a) Failure to disappear by 3 years
b) > 2 cm size
c) Symptomatic
d) All of the above

2377. The sac contains only a portion of the circumference of the intestine is called-(T/P *07,05)*
a) Richter's hernia b) Littre's hernia
c) Spigelian hernia d) Lumber hernia

2378. True statement regarding direct inguinal hernia - *(UP 08)*
a) Most common direct inguinal hernia in women
b) Direct hernia medial to inferior epigastric artery
c) Repair of the transvers alis fascia and the internal ring
d) Descends downwards and inwards towards the scrotum

2379. Most useful investigation in sliding hernia in female - *(UP 08)*
a) Fluroscopy b) Barium-meal
c) Palpation method d) Ultrasound

2360) a 2361) a 2362) a 2363) d 2364) a 2365) b 2366) a 2367)a,b,c 2368) d,e 2369)All 2370)a,b,d 2371)b,c,d 2372) b,c 2373) d,e 2374) c 2375) a 2376) d 2377) a 2378) b 2379) b

2380. Internal oblique, external oblique and transverses is retracted later ally in - *(Atims May 08)*
a) Classic renal approach
b) Laparoscopic approach
c) Spigelian hernia
d) ----------

2381. Which one of the following is the treatment of choice in a child with inguinal hernia - *(UPSC-II09)*
a) Bassin's repair b) Shouldice operation
c) Herniotomy alone d) Lichtenstein repair

2382. TVue about obturator hernia in adults -
a) More common in space of lorentz *(PGI Nov 09)*
b) Common in female
c) Chronic constipation risk factor
d) Surgical treatment should be done
e) May present with intestinal obstruction

2383. False about paraduodenal hernia - *(PGINov 09)*
a) Congenital
b) Found in fossa of Kolb
c) Found in fossa of Landzert
d) Common in right side

2384. Most important prognostic factor in congenital diaphragmatic hernia - *(AIIMS Nov 09)*
a) Pulmonary hypertension b) Size of hernia
c) Timing of surgery d) Gestational age

2385. Most common site of Morgagni hernia -*(AIIMSMay*
a) Right anterior b) Right posterior *10)*
c) Right anterior d) Left posterior

2386. Strangulation most commonly occurs in_____ hernia - *(Maharashtra 10)*
a) Ritcher's b) Spigelian
c) Femoral d) Sliding

2387. What is the most common hernia in females?
a) Femoral hernia *(UP SC II10)*
b) Spigelian hernia
c) Inguinal hernia
d) Obturator hernia

2388. True statement about inguinal hernia -
a) Pain indicate obstruction *(PGI May 10)*
b) Direct common in young male
c) Spigelia hernia occur through rectus sheath
d) Direct is more common
e) More common on left side

2389. Spigelia hernia is a type of hernia occurring at - *(NEET/DNB Pattern, PGI June 95, PGI June 2000)*
a) Medial border of rectus abdominis
b) Lateral border of rectus abdominis
c) Through linea alba
d) Through medial wall of inguinal canal

URINARY TRACT (General)

2390. Acute urinary retention in a male child may be due to-
a) Prostatic radiotherapy *(AIIMS 87)*
b) Urethral stricute
c) Hysteria
d) Meatal ulcer with scabbing

2391. What is oliguria - *(JIPMER 87)*
a) Excretion of less than 300ml in 24 hrs
b) Excretion of less than 500ml in 24 hrs
c) Excretion of less than 300 ml. in 12 hrs
d) Excretion of less than 100 ml. in 24 hrs

2392. Normal capacity of the renal pelvis is - *(AIIMS 87,*
a) 7ml. b) 10 ml *CMC86)*
c) 15ml d)20ml

2393. Acute onset of anuria in elderly men - *(AI89)*
a) Bilateral infarction of kidneys
b) Obstructive urinary disease
c) Acute tubular necrosis
d) Acute cortical necrosis

2394. Urinary incontinence results from all except -
a) Neurogenic bladder *(AMU 88)*
b) Vesico vaginal fistula
c) Ectopic ureter
d) Rectovesical fistula

2395. Urinary cytology is a useful screening test for the dignosis of - *(AIIMS 84)*
a) Renal cell carcinoma b) Wilm's tumour
c) Urothelial carcinoma d) Carcinoma prostate

2396. Urinary tract infection exists when the bacterial count in 1 ml. of midstream specimen of urine is -
a) 100 b) 1000 *(AIIMS 84)*
c) 10^4 d)10^5orover

2397. Majority of primary infection of the urinary tract are caused by - *(AIIMS 84, AP 85)*
a) Strep fecalis b)E. coli
c) Proteus d) Pseudomonas

2398. Isotope Renogram - *(Karn. 94)*
a) Study of renin mechanism
b) Contrast study of kidneys, ureter and bladder
c) Utilised in mapping the anatomy of kidneys
d) Graphic representation of radioactivity of kidneys

2399. On exertion urine stream increases in - *(AP 96)*
a) Prostate enlargement b) Marion's disease
c) Post, urethral valves d) Urethral stricture

2400. The most reliable urine specimen is obtained by -
a) Urethral catheterization (*UPSC05*)
b) Catheter aspiration
c) Midstream voiding
d) Suprapubic aspiration

2401. An elderly male presents with one episode of gross haematuria. All fo the following investigations are recommended for invastigating this patient except -
a) Cystoscopy (*AI07*)
b) Urine microscopy for malignant cells
c) Urine tumor markers
d) Intravenous pyelogram

2402. A 60 yr old smoker came with a history of painless gross hematuria for one day. Most logical investigation would be - *(AI 0 7)*
a) Urine routine
b) Plain X ray KUB
c) USGKUB
d) Urine microscopy for malignant cytology

2380)? 2381)c 2382)b,c,d,e 2383)d 2384)a 2385)a 2386)c 2387)c 2388)a 2389)b 2390)d 2391)a 2392)a 2393)b 2394) d 2395)c 2396)d 2397)b 2398)d 2399)d 2400)d 2401)c 2402)d

2403. A new born presents with discharge of urine from the umbilicus for 3 days. Diagnosis is - *(UP 08)*
a) Meckel's diverticulum b) Mesenteric cysts
c) Urachal fistula d) Omphalocele

2404. A new born presents with mid anterior abdominal wall defect with characteristic spontaneous disappearance at age of 4 years - *(UP 08)*
a) Patent urachus b) Omphalocele
c) Ectopia vesicae d) Umbilical hernia

2405. Most common cause of umblicus does not seperate at age of 2 years - *(UP 08)*
a) Raspbery tumour
b) Leukocyte adhesion deficiency
c) Patent urachus
d) Umblical granuloma

2406. A six yr. old female presents with constipation and urinary retention. On examination a presacral mass is noted. Most probable diagnosis is -
a) Pelvic neuroblastoma *(AiimsMay08)*
b) Rectal duplication cyst
c) Sacrococcygeal teratoma
d) Anterior sacral meningocele

KIDNEY & URETER

2407. Radio-luscent renal stones are composed of -
a) Cysteine b) Calcium phosphate *{PGI 85)*
c) Uric acid d) Xanthine

2408. Commonest type of cancer of the renal pelvis and upper ureter is - *(NIMHANS 8 7)*
a) Transitional cell carcinoma
b) Adenocarcinoma
c) Squarmous cel carcinoma
d) Nephroblastoma

2409. Spider leg appearance in IVP is suggestive of -
a) Renal cyst *(AP 84, Kerala 86, 88,*
b) Renal carcinoma *JIPMER87)*
c) Renal Tb
d) Hydronephrosis
e) Chronic renal failure

2410. Percentage of renal stoneswhich are radio opaque- *(JIPMER86)*
a) 10% b) 25
c) 37% d)75%
e) 90%

2411. Staghorn calculus is made out of - *(UPSC 97)*
a) Oxalate b) Phosphate
c) Uric acid d) Cystine

2412. Most common congenital anomaly of the upper renal tract is - *(JIPMER87)*
a) Duplication of renal pelvis
b) Duplication of ureter
c) Ectopic ureteric orifice
d) Congenital megaureter

2413. Dormia basketing is used for removal of renal calculi in the - *(JIPMER 85)*
a) Pelvic ureteric juction b) Upper 1/3 of ureter
c) Middle 1/3 of ureter d) Lower 1/3 of ureter

2414. Earliest symptom of Wilm's tumour *(JIPMER 86)*
a) Hematuria b) Pyrexia
c) Abdominal mass d) Metastases

2415. Renal tuberculosis is characterised by - *(TN89)*
a) Loin pain
b) Painful hematuria
c) Sterile acid pyuria
d) Constitutional symptoms

2416. The triad of Wilm's tumour is - *(PGI88)*
a) Hematuria b) Mass abdomen
c) Pain d) Fever
e) Weight loss

2417. Polycystic kidneys can be associated with *(PGI84)*
a) Cysts in liver lungs b) Coarcctation of aorta
c) Berry aneurysms d)All

2418. A patient with alkaline urine which is cloudy with plenty of pus cells is suffering from..... infection -
a) E. coli b) Proteus *(Kerala 89)*
c) T.B. d) None

2419. Ideal approach for renal malignancy is - *(AIIMS89)*
a) Transperitoneal
b) Retroperitoneal
c) Lumbar incision
d) Abdominothoracic incision

2420. What is the following is Radiolucent - *(AI90)*
a) Calcium phophae b) Calcium oxalate
c) Uric acid d) Cysteine

2421. All are true about WOm's tumour except- *(AI97)*
a) Fever and weakness are clinical features
b) Arises from Primitive cells
c) Haematuria almost always present
d) It presents as abdominal mass

2422. Polycystic kidney may be assocaited with cyst in all the sites except - *(AI91)*
a) Lung b) Liver
c) Pancreas d) Brain

2423. Good prognosis in Wilm's tumour is seen in -
a) 2-5 years b) Less than 1 year *(Kerala 91)*
c) Male child d) Female child

2424. Treatment of choice in polycystic kidney is - *(Kerala 91)*
a) Removal of cyst b) Nephrectomy
c) Dialysis d) Renal transplant

2425. Commonest presentation of bilateral ureteric stones- *(AIIMS91)*
a) CRF b)UTI
c) Pain d) Hematuria

2426. Incidence of Renal ectopia is- *(AI 92)*
a) 1:100000 b) 1:75000
c) 1:10,000 d) 1:1000

2403)c 2404)d 2405)b 2406)d 2407)c,d 2408)a 2409)a 2410)e 2411)b 2412)a 2413)d 2414)c 2415)c 2416)a,b,d 2417)a,c 2418)b 2419)a 2420)c 2421)c 2422)d 2423)b 2424)None 2425)c 2426)d

2427. The incidence of Liver cysts in childhood polycystic kidney disease is - *(AI92)*
a) 5% b) 10%
c) 18% d) 50%

2428. All are true regarding Wilm's tumour except -
a) Pre Operative use of ActinomycinD *(AIIMS 92)*
b) Post Operative Radiotherapy
c) Good prognosis in Infants
d) Neuroblastoma is the commonest differential diagnosis

2429. Which does not happen in Unilateral Renal Trauma - *(AIIMS92)*
a) Hypertension b) Uraemia
c) Clot formation d) Perinephric haematoma

2430. Following is true of Pyonephrosis except -
a) Commonly associated with Renal calculi
b) Always unilateral *(AIIMS92)*
c) Is a complication of Hydronephrosis
d) Follows acute pyelonephritis

2431. Which is false regarding Ureteric stones -
a) Urine is always infected *(AIIMS92)*
b) Should be removed immediately
c) Source is always the kidneys
d) Pain is referred to tip of penis in intramural stones

2432. Which is false of Hosr shoe Kidney - *(AIIMS 92)*
a) Spider like appearance in IVP
b) Ureteral Obstruction is common
c) Lower calyx is reversed
d) Heminephrectomy improves function

2433. In Renal injury following blunt injury to abdomen which is not done - *(AIIMS 92)*
a) Prophylactic nephrectomy
b) Diagnostic peritoneal lavage
c) IVP
d) Exploratory laparotomy

2434. All are true of Aberrant renal artery except -
a) Bilateral *(PGI93)*
b) Leads to hydronephrosis
c) Comon in females
d) More common on left side

2435. Subcapsular nephrectomy is indicated is -*(PGI 93)*
a) Perinephric abscess
b) Hydronephrosis
c) Pyonephrosis
d) Solitary adenocarcinoma

2436. Most common route of infection of Kidneys in T.B. is - *(AllIndia 93)*
a) Direct invastion b) Hematogenous
c) Lymphatic d) Ascending

2437. Renal collar to prevent spread of malignancy from kidney is put around - *(JIPMER 93)*
a) Aorta b)IVC
c) Renal vein d) Renal artery

2438. Most common of congenital abnormality of upper renal tract- *(PGI79, AIIMS 81, 92)*
a) Duplication of Pelvis b) Duplication of ureter
c) Horse shoe kidney d) Post caval ureter

2439. Inadvertent surgical occlusion of the ureter leato-
a) Complete renal atrophy *(PGI 80,*
b) Hematuria *AIIMS81, 87)*
c) Renal failure
d) Hydronephrosis
e) Hypertension

2440. The following are the complications of haemodialysis except - *(JIPMER 81, AIIMS 86)*
a) Hypotension b) Peritonitis
c) Hypertension d) Bleeding tendency

2441. The risk of rupture in renal artery aneurysms is -
a) Less than 1 % b) 5% *(AMU81,*
c) 20% d) 75% *JIPMER 81)*
e) None of the above

2442. Treatment of choice of ureteric colic is- *(UPSC*
a) Nitrites b) Pethidine *82,84)*
c) Adrenaline d)Regitine

2443. Renal tuberculosis originates in the - *(JIPMER 81,*
a) Renal papilla *PGI 86)*
b) Renal medulla
c) Afferent tubules
d) Efferent arteriole of glomerulus

2444. Flower 'Vase' pattern of the pelvis in an intravenous urogram is seen in - *(PGI80,AIIMS 84, Karn 96)*
a) Polycystic kidney b) Renal carcinoma
c) Horse shoe kidney d) Ectopic kidney

2445. Epidermoid carcinoma of renal pelvis is usually associated with - *(Karn. 94)*
a) Multiple papilomas b) Pelvic calculus
c) Tuberculosis of kidney d)Filariasis

2446. "Golf-hole" ureter is seen in - *(Karn. 94)*
a) Ureteric calculus
b) Ureteral polyp
c) Tuberculosis of ureter
d) Retroperitonial fibrosis

2447. Auto nephrectomy is seen in - *(JIPMER 95)*
a) Sickle cell anemia b) Renal T.B.
c) Sarcoidosis d) Lymphoma

2448. In Renal cell carcinoma which is tru*(JIPMER 95)*
a) Hypercalcemia b) Polycythemia
c) Cushings syndrome d)All

2449. Commonest site of metastasis of Wilm's tumour is-
a) Bones b) Lungs *(AIIMS 94)*
c) Liver d) Brain

2450. Regarding renal cell carcinoma what is wrong -
a) Most common is females *(AIIMS 94)*
b) Invades renal vein
c) May be associated with varicocle
d) Arises from proximal convulated tubule

2427)d 2428)a 2429)b 2430)b 2431)a,b 2432)a,d 2433)a 2434)a 2435)c 2436)b 2437)c 2438)a 2439)a,d 2440) b,c 2441) e 2442) None 2443) a 2444) c 2445) b 2446) c 2447) a 2448) d 2449) b 2450) a

2451. False regarding angiomyolipoma of kidney is -
a) Is associated with tuberous sclerosis*(AIIMS 94)*
b) Treatment is neprectomy
c) May cause hypertension
d) Usually presents with pain

2452. True about renal trauma is - *(AI95)*
a) Urgent IVP is indicate
b) Exploration of kidney to be done in all causes
c) Lumbar approach to kidney
d) Renal artery aneurysms are common

2453. Commonest metastasis in Renal Cell Carcinoma is to- *(AIIMS 97)*
a) Lung b)Bone
c) Adrenal d) Liver

2454. Not true about polycystic kidney disease is -
a) Autosomal dominant *(AIIMS 97)*
b) Progress to CRF
c) Proteinuria is common, but seldom exceeds 2g
d) Excision of the cyst is the treatment of choice and it reverses the renal function

2455. Rena trauma is best treated by - *(UPSC)*
a) Observation and supportive measures
b) Early drainage and perirenal haematoma
c) Heminephrectomy
d) Nephrostomy

2456. The most common neoplasm of kidney is -*(Kan. 98)*
a) Wilm's tumour b) Renal cell carcinoma
c) Renal adenoma d)Haemagioma

2457. Best method of confirm treatment of TB kidney -
a) IVP b) CT *(AIIMS 98)*
c) Renal angiogram d) Ultrasound

2458. Stone at lower end ofureter removed by -*(AIIMS 98)*
a) Diuretics b) Endoscopic removal
c) Lithotripsyin situ d) Antispasmodics

2459. Ectopic ureter occurs in all sites *e\cept(AIIMS98)*
a) Bladder neck b) Seminal vesicle
c) Prostate d) Bulbar urethra

2460. Most severe pain in ureteric stone is seen in cases of- *(CUPGEE 99)*
a) Oxalate stones b) Triple phosphate
c) Cystine stone d) Uric and stone

2461. Unilateral hydronephrosis is due to - *(AMC99)*
a) Bladder neck contracture b) Stricture urethra
c) Carcinoma of prostate d) Ureterocele

2462. During investigation of hydonephrosis, isotope renogram is useful mainly in - *(UPSC 2K)*
a) Detecting vesicoureteric reflux
b) Anatomical definition
c) Distinguishing between non-obstructed system
d) Identifying ectopic kidney tissue

2463. A patient was admitted with complaints of ureteric stones. He was on treatment with i.v. fluids and analgesics. Suddenly he developed radiating pain to the pubic area and medial aspect of the thigh. The stone is coming down. What is the most probable site of lodgment of the stone -
a) At renal pelvis *(AIIMS 2K)*
b) At pelvic brim
c) At the lelve of gonadal vessels
d) Intramural portion of the ureter

2464. Pseudo kidney is - *(J & K 2001)*
a) Thickened bowel loop on USG
b) Hydronephrosis
c) Unascended kidney
d) Undescended testes

2465. Drug of choice for renal colic - *{Kerala 98)*
a) Methadone b) Pentazocine
c) Voveran d)Piroxican

2466. Ectopic ureter may be frequently associated with-
a) Oliguria *(JIPMER 81, AMU 89)*
b) Dysuria
c) Bilateral hydroureter
d) paradoxical incontinence

2467. Earliest and often the only presentation of TB kidney is - *(AIIMS 78,AMU88)*
a) Increased frequency b) Pain
c) Hematuria d) Renal calculi

2468. Renal function failure is best evaluated by-
a) DTPA b) DMSA
c) Iodohippurate d) MAG-3

2469. IVP is done using - **(***PGI85)*
a) Conray240 b)Conray3080
c) Conray480 d)conray540

2470. In a patient who was has acid-fast bacilli in the urine-
a) Calcification of the bladder is common
b) Bladder diseases is associated with extensive renal disease *(AIIMS 83)*
c) Ureteric involvement causes shortening of the ureters
d) Renal disease can produce changes indentical to reflux nephropathy
e) Ureteric calculi calculi are commonly present

2471. Which of the following is diagnostic of the Rim sign in a nephrogram - *(AMU88)*
a) Phelonephritis
b) Hypernephroma
c) Polycystic kidney
d) Severe hydronephrosis

2472. In Genitourinary TB, True is - *(PGI98)*
a) Sterile pyurias consistent finding
b) AFB in early morning sample is always positive
c) MC site is pelvis
d) Commonest cause of pyelonephritis

2473. Urinary ascites is due to - *(PGI 98)*
a) Injury to bladder during birth
b) Ureteric obstruction
c) Cong, urethral atresia
d) Urethral valves

2474. Left loin nephrectomy, Str. not cut is - *(PGI 98)*
a) Trapezius b) Seratus inf post
c) Lat. dorsi d) Internal oblique

2475. The resting uretric pressure in mm - *(PGI 99)*
a) 5-7 cm *of Up* b) 15-30 cm of H_20
c) 7-10 cm of *Ufi* d) 0-5 cm of H_20

2451)b,c,d 2452)a 2453)a 2454)d 2455)a 2456)c 2457)a 2458)b 2459)d 2460)a 2461)c,d 2462)c 2463)b 2464)a 2465)c 2466)d 2467)a 2468)A11 2469)None 2470)b,c,d 2471)d 2472)a 2473)A11 2474)a

2476. Renal cell carcinoma histopathologicaly showing 'perinuclear halo'&"Plant like"structure imalignant cells - *(PGI 2000)*
a) Clear cell tumor b) Papillary Ca
c) Collecting duct. Ca d) Oncocytoma

2477. Which of the following statements is true regarding kidney tumors - *(PGI 01)*
a) Mutated VHL gene is associated with clear cell carcinoma
b) Extreme hyperdiploidy occurs
c) Extreme hypodiploidy occurs
d) Renal papillary carcinoma has defect in chromosome 8
e) Oncocytoma has defect in chromosome 11

2478. True of autosomal dominant polycystic kidney disease I and II respectiely - *(PGI 02)*
a) Chromosomes 16 and 5 b) 16 and 4
c) 11 and 5 d) 11 and 4
e) 4 and 5

2479. The substances present in the gall bladder stones or the kidney stones can be best identified by the following techniques - *(AI03)*
a) Flourescence spectroscopy
b) Electron microscopy
c) Nuclear magnetic magnetic resonance
d) X - ray diffraction

2480. A 10mm calculus in the right lower ureter associated with proximal hydroureteronephrosis is best treated with - *(AI 03)*
a) Extracorporeal shockwave lithotripsy
b) Antegrade percutaneous access
c) Open ureterolithtomy
d) Ureteroscopic retrieval

2481. Which of the following is not a contraindication for extra corporeal Shockwave Lithotripsy (ESWL) for renal calculi? *(AIIMS 03)*
a) Uncorrected bleeding diathesis
b) Pregnancy
c) Ureteric stricture
d) Stone in a calyceal diverticulum

2482. Unilateral small smooth kidney is seen in -
a) Reflux nephropathy *(Karnataka 03)*
b) Labar infarction
c) Renal artery stenosis
d) Chronic glomerulonephritis

2483. A 67 year old man presented initially after a single episode of gross painless haematuria. An excretory urogram demonstrated a 1.5 mm round filing defect in the right lower renal infundibulum. The best study to obtain next is - *(Karnataka 03)*
a) Urinary cytology b) Cystoscopy
c) Ultrasonography d) Retrograde pyelography

2484. Polycystic disease of the kidney may have cysts in all the following organs except - *(AI 04)*
a) Lung b) Liver
c) Pancreas d) Spleen

2485. The neonatal kidney achieves concentrating ability equivalent to adult's kidney by - *(AI 04)*
a) One year of age
b) Eighteen months of age
c) Three to six months of age
d) Just before puberty

2486. A 3 year old girl presents with recurrent UTI. On USG shows hydronephrosis with filling defect and negative shadow of bladder with no ectopic orifice- *(U.PPG.M.E.E. 04)*
a) Vesicoureteric reflex
b) Hydronephrosis
c) Ureterocele
d) Sacrococcygeal teratom

2487. An absent kidney is found in - *(AMU 05)*
a) 1:200 individuals b) 1:700 individuals
c) 1:1400 individuals d) 1:5000 individuals

2488. All are features of Hypernephroma except -
a) Persistent pyrexia *(HPU 05)*
b) Hematuria
c) Polycythemia
d) Lower pole involvement

2489. Forty eight hours after sustaining a blunt abdominal injury, a 15 year old boy presents with hematuria and pain in the left side of abdomen. On examination, he has a pulse rate of 96/minute with a BP of 110/70 mmHg. His Hb is 10-8 gm% with a PCV of 31%. The blood urea is 32 mg%. Abdominal examination revealed tenderness in left lumbar region but no palpable mass. The most appropriate investigation to diagnose and find the extent of renal injury would be-
a) Sonographic evaluation of abdomen *(UPSC 05)*
b) Intravenous pyelography
c) Contrast enhanced computed tomography
d) MR urography

2490. Ectopic ureter opening is not located in - *(MAHA 05)*
a) Bulbar urethra b) Prostatic urethra
c) Seminal vesicle d) Bladder neck

2491. Which of the following is not a preferred site for planning vascular access for maintenance hemodialysis ? *(AI 06)*
a) Nondominant extremity
b) Upper limb
c) RadiocephalicAV fistula
d) Saphenofemoral fistula

2492. Oxalate stones are found in - *(PGI June 06)*
a) Ethylene glycol b) Ethanol
c) Diethyl glycol d) Methyl alcohol

2493. In a patient suspected to be suffering from vesicoureteric reflex, which one of the following radiological investigations may confirm the diagnosis ? *(UPSC 07)*
a) Intravenous urography
b) Micturating cystourethrography
c) Pelvic ultrasound
d) Antegrade pyelography

2475) b 2476)None 2477) a,c 2478) b 2479) d 2480) d 248 l)d 2482) c 2483) c 2484) d 2485) a 2486) c 2487) c 2488)d 2489)c 2490)a 2491)d 2492)a 2493)b

2494. Stone which is resistant to lithotripsy -
a) Calcium oxalate *(AiimsMayQ7)*
b) Triple phosphate stone
c) Cystine stone
d) Uric acid stone

2495. Fruit Juice which helps in preventing UTI -
a) Cranberry b) Raspberry *(Aiims May 07)*
c) Orange d) Grape

2496. "Spider leg" deformity in excretory urogram occurs in - *(UP 07, AI91)*
a) Hydronephrosis b) Polycystic kidney
c) Uretrocele d) Renal agenesis

2497. Commonest cause of ureteric injury during surgical operation is - *(UP 07, 06)*
a) Abdomino-perineal resection
b) Hysterectomy
c) Prostectomy
d) Colectomy

2498. Ureteric colic characterized by all except - *(UP 07)*
a) Acute onset
b) Stillness of the patients
c) Responds to antispasmodics
d) Radiates to the groin

2499. The common organism isolated in Emphysematous pyelonephritis is - *{Corned 08)*
a) E.Coli b) Proteus
c) Pseudomonas d) Klebsiella

2500. A 23 year old male who is otherwise normal complains of mild pain in his right iliac fossa in a waveform pattern which increases during the night and he becomes exhausted and is admitted in the hospital. On examination there is mild hematuria. Urine examination reveals plenty of RBCs, 50WBCs/hpf. Urine pH is 5.5. Most likely diagnosis is- *(AIIMSNov 07)*
a) Glomerulonephritis b)Ca-Urinary bladder
c) Ureteral calculus d) Cystitis

2501. Persistent foetal lobulation of adult kidney is due to- *(AIIMS Nov 07)*
a) Congenital renal defect
b) Obstructive uropathy
c) Intrauterine infections and scar
d) Is a normal variant

2502. The typical appearance of "spider leg" on excretory urography is seen in - *(UPSC-II08)*
a) Hydronephrosis
b) Polycystic kidney
c) Medullary sponge kidney
d) Renal cell carcinoma

2503. Ureteric colic due to stone is caused by - *(AI08)*
a) Stretching of renal capsule due to back pressure
b) Increased peristalsis of ureter to overcome the obstruction
c) Irriation of intramural ureter
d) Extravasation of urine

2504. What percent of cases with blunt injury to kidney require surgical exploration - *(Manipal 08)*
a) 20% b) 90%
c) 50% d) 70%

2505. What is column of bertini in kidney ? *(APPG 08)*
a) Renal tumour
b) Tongue like papillary projection
c) Caliculus
d) None

2506. Alady present with U/L hydronephrosis on USG She is asymptomatic. Ureteropelvic drainage is normal. What is/are treatment modality for her -
a) Pyleroplasty *(PGIDec 08)*
b) Analgesia SOS
c) Underobservation
d) Follow up by USG

2507. Renal calculi associated with proteus infection -
a) Uric acid b) Triple phosphate *(AI09)*
c) Calcium oxalate d) Xanthine

2508. Which of the following is the Post - Chemotherapy based staging system in Wilm's tumor - *(AI 09)*
a) National Wilm's tumor staging system (NWTSG)
b) International society of Pediatric Oncology (SIOP)
c) AJCCTNM
d) Chadwick

2509. Most important prognostic indicator for Renal cell carcinoma - *(AIIMS May 09)*
a) Nuclear grade b) Histological type
c) Size d) Pathological staging

2510. Which one of the following is the treatment of choice for lower ureteric stone - *(UPSC-II 09)*
a) Endoscopic removal b) Diuretics
c) Drug disslution d) Laser

2511. Renal calculi associated with Proteus infection -
a) Uric acid *(AIIMS May 10)*
b) Triple phosphate
c) Calcium oxalate
d) Xanthine

2512. Wilm's tumor associated with A/E - *(AIIMSMay 10)*
a) Hemihypertrophy
b) Aniridia
c) Hypertension
d) Bilateral polycystic kidney disease

2513. A 60 yr old chronic smoker presents with painless gross hematuria of 1 day duration. Investigation of choice to know the cause of hematuria -
a) USG *(AIIMS May 10)*
b) X-ray KUB
c) Urine routine
d) Urine microscopy for malignant cytology cells

2514. Which of the following stones is hard to break by ESWL.- *(AI 10)*
a) Calcium oxalate monohydrate
b) Calcium oxalate dihydrate
c) Uric acid
d) Struvite

2494) c 2495) a 2496) b 2497) b 2498) b 2499) a 2500) c 2501) d 2502) b 2503) b 2504) a 2505) b 2506)b,c,d
2507)b 2508)b 2509)d 2510)a 2511)b 2512)d 2513)d 2514)a

2515. A 50 year old female is admitted with abdominal pain and anuria. Radiological studies revealed bilateral impacted ureteric stones with hydronephrosis. Urine analysis showed RBCs with pus cells in urine. Serum creatinine level was 16 mg/dl and urea level was 200 mmol/1 which of the following should be the immediate treatment - *(AI10)*
a) Hemodialysis
b) ' J' stent drainage
c) Lithotripsy
d) Ureteroscopic removal of stones

2516. What complication should one expect when PCNL is done through 11th intercostals space - *(AI 10)*
a) Hydrothorax b) Hematuria
c) Damage to colon d) Ramnants fragments

2517. Which of the following is the most common renal vascular anomaly - *(AI 10)*
a) Supernumerary renal arteries
b) Supmumerary renal veins
c) Double renal arteries
d) Double renal veins

2518. First autologous renal transplantation was done by -
a) Hardy b) Kavosis *(AI 10)*
c) Higgins d) Studor

2519. MEN 2A is associated with following except -
a) Medullary Thyroid Carcinoma *(Maharashtra 10)*
b) Pituitary tumor
c) Pheochromocytoma
d) Hyperparathyroidism

2520. Renal carcinoma with solitary lung secondary is best treated by - *(UP SC II10)*
a) Radiotherapy b) Surgery
c) Chemotherapy d) Immunotherapy

2521. Match List-I with List-II and select the correct answer using the code given below the Lists -

List-I (Aetiology)	List-II (Type of cyst)
A. Hamartoma	1. Enterogenous
B. Failure of connections of tubular elements	2. Urachal
C. Persistence of normal vestigial remnants	3. Polycystic kidney
D. Duplication	4. Lymphatic cyst

Code: *(UP SC II10)*

	A	B	C	D
a)	4	3	1	1
b)	4	3	1	2
c)	3	4	1	2
d)	3	4	**2**	1

2522. Indications of percutaneous nephrostomy -
a) Stone removal *(PGINov.10)*
b) Ureteral obstruction
c) Anterograde renography
d) Renal tumor resection
e) Ischemic renal failure

2523. Stone which is resistant to lithotripsy-^LKMS' *Nov 10)*
a) Calcium oxalate b) Triple phosphate stone
c) Cystine stone d) Uric acid stone

2524. A 24 yr old man presented with retroperitoneal, necrotic, heterogenous enhancing mass on CT near the hilum of the left kidney. What is the most probable diagnosis - *(AIIMS Nov 10)*
a) Metastatic germ cell tumour
b) Metastatic melanoma
c) Lymphoma
d) Metastatic transitional cell tumour

2525. Which of the following is not associated with Renal cell carcinoma - *(AIIMS May 11)*
a) Polycythemia b) Amyloidosis
c) Cushing's syndrome d) Hypertension

2526. Renal Calculi associated with proteus infection -
a) Uric Acid b) Triple phosphate
c) Calcium oxalate d) Xanthine *(AI 11)*

2527. A 55 year old smoker presents with history of five episodes of macroscopic hematuria each lasting for about 4-5 days in the past five years. Which of the following investigations should be performed to evaluate the suspected diagnosis - *(AI 11)*
a) Urine microscopy and cytology
b) X- ray KUB
c) Ultrasound KUB
d) DTPA scan

2528. A 40 year old patient with a single kidney presents with a solitary exophytic mass of 4 cm localized at its lower pole which amongst the following is the best recommended management option - *(AI 11)*
a) Partial Nephrectomy
b) Radical Nephrectomy
c) Radical Nephrectomy with dialysis
d) Radical Nephrectomy with immediate Renal Transplantation

2529. A 25-year-old hypertensive man with a history of recurrent calcium-containing renal calculi presents to the emergency department with excruciating flank pain and blood in the urine. This patient is likely to have which one of the following underlying disorders? *(UPSCI11)*
a) Chronic proteus infection
b) Factor VIII deficiency
c) Hyperaldosteronism
d) Hyperparathyroidism

2530. Most common site of genitourinary tuberculosis -
a) Kidney b) Ureter *(NEET/DNB Pattern)*
c) Bladder d) Urethra

2531. Best investigation for ureteric stones is -
a) USG b) CT *(NEET/DNB Pattern)*
c) CECT d) IVP

2515)b 2516)a 2517)a 2518)a 2519)b 2520)b 2521)a 2522)a,b,c,d 2523)c 2524)a 2525)c 2526)b 2527)a 2528) a 2529) d 2530) a 253 l)b

URINARY BLADDER

2532. Commonest cause for pulsion diverticulum of the urinary bladder is - *(JIPMER86)*
a) Benign enlargement of prostate
b) Fibrous prostate
c) Contracure of bladder neck
d) Stricture urethra

2533. Most malignant carcinoma of the bladder is -
a) Malignant villous tumour *(AP85)*
b) Solid tumour
c) Carcinomatous ulcer
d) Adenocarcinoma

2534. Most reliable investigation in bladder rupture is
a) IVP *(JIPMER87)*
b) Cystoscopy
c) Retrograde cystogram
d) Catheterisation

2535. Following is the commonest tumour of urinary bladder - *(AIIMS 84, PGI97, Jipmer 86, AI89)*
a) Papilloma
b) Adenocarcinoma
c) Transitional cell carcinoma
d) Squamous cell carcinoma

2536. Following may predispose to carcinoma bladder except- *(AIIMS 84)*
a) B-Nephthylamine b) Smoking
c) Bilharziasis d) Tuberculous cystitis

2537. It is true of carcinoma of the urinary bladder that
a) It usually occurs in childhood *(AIIMS 85)*
b) Occurs more often in aniline dye workers
c) It is located most frequently in the trigone
d) Papillary formation is rare

2538. Which is not seen in complete ecotopic vesicae -
a) Umbilical hernia *(IN89)*
b) Visible uretero vesical efflux
c) Hypospadias
d) Waddling gate

2539. The commonest bladder sone is - *(PGI 84)*
a) Triple phosphate b) Xanthine
c) Uric acid d) Cysteine

2540. The following is true about bladder stones -
a) Girls more than boys *(PGI 84)*
b) Treatment is lithopexy
c) Always forms in kidneys and passes down to bladder
d) Usually asymptomatic

2541. Bladder tumours mostly arises from - *(AI91)*
a) Mucosa b) Submucosa
c) Muscularis Mucosa d) Seorsa

2542. Thimble bladder is seen in - *(AI91)*
a) Acute tuberculosis b)Chronic tuberculosis
c) Neurogenic bladder d) Schistosomiasis

2543. All are precancerous for carcinoma bladder except- *(AI91)*
a) Tuberculosis bladder b) Aniline dyes
c) Schistosomiasis d) Chronic ulcer

2544. Bladder cancer most constantly shows which -
a) Dysuria *(AIIMS 81, Rohtak 86)*
b) Urgency
c) Increased frequency
d) Haematuria
e) Persistent & recurrent urinary infection

2545. Treatment of 'Thimble bladder' is - *(JIPMER 81, Delhi 84)*
a) Anti-tubercular treatment
b) Corticosteroids
c) ileocystoplasty
d) Anti-tubercular drugs + steroids

2546. 'Kiss cancer' of the urinary bladder is - *(AIIMS 80,81, UPSC 88)*
a) Highly malignant b) Malignant
c) Benign d) Pre-malignant

2547. In extraperitonial bladder rupture urine escapes into- *(AIIMS 94, AI93)*
a) Peritonium
b) Perivesical space
c) Below urogenital diaphragm
d) Groin

2548. About transitional cell carcinoma of bladder all of following are correct except - *(Delhi, PGI 86)*
a) Most common site is fundus
b) Prognosis is excellent if muscle layer is invaded
c) Exposure to industrial carcinogens predisposes to it
d) Most of carcinomas are flat, solid & deeply infiltrating

2549. Earliest symptom is carcinoma bladder is -
a) Frequency b) Pain *(AIIMS 96)*
c) Burning d) Haematuria

2550. Which is a normal finding in cystometry- *(PGI97)*
a) Absence of systolic detrussor contraction
b) Residual volume of 75 ml
c) Leakage on coughing
d) First sensation of urination at 300 ml

2551. 'Tear dorp'bladder is found in- *(Karn. 98)*
a) Tuberculosis b) Neurogenic bladder
c) Pelvic hematoma d) None of the above

2552. In ureterosigmoidostomy all occure except- *(JIPMER 98)*
a) Hyponatremia b) Hyperkalemia
c) Hyperchloremia d) Acidosis

2553. Regarding STONES all are true, except -
a) Uric acid is a dropped stone *(AIIMS 98)*
b) Obstruction to urinary tract is a common cause
c) Jackstone calculus is formed in alkaline pH due to urea - splitting organisms
d) Staghorn calculus is seen in alkaline urine

2554. Cystoscopic findings in TB bladder are all except -
a) Cobblestone mucosa *(PGI97)*
b) Thimble bladder
c) Golf hole ureter
d) Whitish efflux from the ureteric holes

2532)c 2533)b 2534)c 2535)c 2536)d 2537)b 2538)c 2539)None 2540)b 2541)a 2542)b 2543)a,d 2544)d 2545) a,c 2546) c 2547) b 2548)a,b,d 2549) d 2550) a 255 l)c 2552) a,b 2553) c 2554) d

2555. Sq. cell tumor of urinary bladder is due to - *(PGI97)*
a) Stone b) Schistosomiasis
c) Chr. cystitis d) Diabetes mellitus

2556. Tear-drop bladder is seen in - *(PGI99)*
a) Tuberculosis
b) Hunner's ulcer
c) Perivescial hemorrhage with rupture
d) Perivesical hemorrhage without rupture

2557. Transitional cell carcinoma of bladder is associated with- *(PGI 01)*
a) Schistosomiasis b) Naphthylamine
c) Smoking d) Tuberculosis of bladder

2558. Squamous cell ca of urinary bladder is predisposed toby- *(PGI 02)*
a) Urolithiasis b) Persistent Urachus
c) Schistosomiasis d) Polyp
e) Smoking

2559. True about transitional cell Ca of urinary bladder -
a) Smoking predisposes *(PGI 03)*
b) Schistosoma infection predisposes
c) Aniline dye workers
d) Radiation

2560. Post micturation dribbling is due to - *(AMU05)*
a) Detrusor overactivity
b) Dribbling decreases in case of urethral stricture
c) Collection of Urine in U shaped curve ofbulb of penis
d) Neurogenic bladder

2561. Which one of the following is not an intravesical chemotherapeutic agent - **(***UPSC 05)*
a) MitomycinC b)BCG
c) Epirubicin d) Thiotepa

2562. A patient Ramu presents with hematuria for many days. On investigations he is found to have renal calculi, calcifications in the wall of urinary bladder and small contracted bladder; most probable cause is- *(MAHA05)*
a) Schistosomiasis b) Amyloidosis
c) Tuberculosis d) Ca urinary bladder

2563. Which of the following is the most effective intravesical therapy for superficial bladder cancer- *(AIIMSNOV05)*
a) Mitomycin b) Adriamycin
c) Thiotepa d)BCG

2564. Urinary catheterisation indicated in case of acute retention of urine in following conditions -
a) Stricture b) Rupture *(PGI June 06)*
c) Postoperative d) Carcinoma prostate
e) Before appendicectomy in acute appendicitis

2565. Consider the following conditions -
1) Urinary flow rate less than lOcc / second
2) Residual volume of urine > lOOcc
3) Serum level of prostatic specific antigen >10 mmOl /litre
4) Trabeculated urinary bladder

Which of the above are indications of TRUP for BHP?
a) 1,2 and 3 b) 2,3 and 4
c) 1,2 and 4 d) 1,3 and 4

2566. Secondary vesical calculus refers to stones formed due to - *(Karnataka PGMEE 06)*
a) Hypercalciuria b) Injury
c) Infection d) Migrating from

2567. A 50 year old man known to have diabetes presents with, poor urinary stream, hesitancy, difficulty in micturation and failure to void completely. What is the diagnosis ? *(AI0 7)*
a) BPH b) Autonomic neuropathy
c) UII d) Atonic bladder

2568. A 50 year old man, known to have diabetes, presents with poor urinary stream, increased frequency of micturation and hesitancy. What is the most likely diagnosis - *(AI07)*
a) BPH b) Autonomic neuropathy
c) UTI d) Atonic bladder

2569. A man falls astride a penetrating object He develops retention of urine, perineal hematoma and bleeding from urinary meatus. The nature of injury would be-
a) Rupture of membranous urethra *(UPSC II10)*
b) Rupture of bulbar urethra
c) Intraperitoneal rupture of bladder
d) Extraperitoneal rupture of bladder

2570. A lady who presented with hematuria was found to have Stage II Transitional Cell Carcinoma of bladder. Which of the following statements about management of her condition is true - *(AI 11)*
a) Cystoscopic falguration is the standard treatment
b) 70% chance of requiring cystectomy in 5 years after TUR
c) History of smoking is not a risk factor
d) There is no role of chemotherapy

2571. In a patient with stage I (confined to mucosa and submucosa) transitional cell carcinoma of the urinary bladder, the recommended treatment is -
a) Trans urethral resection of bladder tumour (TURBT)
b) Radical cystectomy *(UPSC II11)*
c) Radiation therapy
d) Systemic chemotherapy

2572. Persistent urachus is a risk factor for-]
a) Transitional cell ca of bladder *(NEET/DNB*
b) Adenocarcinoma of bladder *Pattern)*
c) Squamous cell ca of bladder
d) Undifferentiated ca of bladder

2573. Diversion of urinary bladder is best done at -
a) Jejunum b) Ileum *(NEET/DNB Pattern)*
c) Cecum ^ d) Colon

PROSTATE & SEMINAL VESICLE

2574. Marion's disease is due to - *(AIIMS81, DNB 90)*
a) Muscular hypertrophy of internal sphincter of urinary bladder
b) Fibrosis of the neck of bladder
c) Vesicular diverticula
d) Vesicular calculi

2555) a,b 2556) c 2557) a,b,c 2558) a,c 2559)a,b,c,d 2560) c 2561)b 2562) a 2563) d 2564) c,d 2565) c 2566)c 2567)b 2568)a 2569)b 2570)b 2571)a 2572)b 2573)b 2574)a

2575. Medical castration is effected by - *(KERALA 90)*
a) Diethylstibesterol b) LH RH analogues
c) Gossypol d) Hanovan

2576. T.U.R. (trans urethral resection) syndrome is due to- *(UPSC 95)*
a) Hyponatremia b) Hypokalemia
c) Hypovolaemia d) Hypoxia

2577. 80 year old man underwent transurethral prostatectmy biopsy revealed foci of adenocarcinoma. Next line of management - *(AI89, AIIMS 8 7,2K)*
a) Radiotherapy b) Hormonal therapy
c) Surgery d) No further treatment

2578. Complication which commonly accompanies acute prostatitis - *(AIIMS 87)*
a) Epidymitis b) Orchitis
c) Seminal vesiculitis d) Sterility

2579. Grade I benign prostate with outflow obstruction is best treated with - *{AIIMS84)*
a) Retropubic prostatectomy
b) Transurethral resection
c) Transvesical pristatectomy
d) Androgen therapy

2580. Complimentary operation done at the time of prostatectomey is - *(UPSC 88)*
a) Vasectomy b) Circumcission
c) Hernia repair d) All of the above

2581. In carcinoma prostate with matastasis which is raised - *(TN89)*
a) ESR b) Alkaline phosphatase
c) Acid phosphatase d) Bilirubin

2582. Secondary deposits from prostatic carcinoma is commonest in - *{PGI80, AI 89, AP 89)*
a) Bone b) Kidney
c) liver d) Brain

2583. Indication for surgery in Benign prostatic hypertrophy are all except - *{JIPMER 80, AI 89, AP 85)*
a) Prostatism b) Chronic retention
c) Hemorrhage d) Enlarged prostate

2584. Most reliable indicator of carcinoma of prostate recurrence after surgery - *{JIPMER95)*
a) Prostate specific antigen b) Acid phosphatase
c) Alkaline phosphatase d)CEA-15

2585. Which is the earliest symptom of benign hypertrophy of prostate - *{Karnat96)*
a) Frequency b)Haematuria
c) Incontinence d) Strangury

2586. 70 year old man with Ca.prostate with osteoblastic secondaries in pelvis and lumbar vertebra showed well differentiated Adeno Carcinoma prostate on needle biopsy. He is idealy treated by - *{MAHE 98)*
a) Radical prostectomy b)TURP
c) Radiation d) Hormonal manipulation

2587. A patient was undergoing trans Urethral resection of Prostate. He was under spinal anesthesia using Bupivacaine. He developed preumbilical pain after 30 minutes of surgery. The probable cause could be-
a) Effect of Bupivacaine waning *{AIIMS 2K)*
b) Mesentric ischemia
c) Bladder rupture
d) meteorism

2588. A patient presents with complains of sciatica. On radioligical examination there was sclerotic lesions on his skulll. Which of the following is most likely to be elevated in this patient - *{AIIMS 2K)*
a) CEA
b) Prostate specific antigen
c) Alkaline phosphatase
d) Alpha 1 antitrypsin

2589. Which is not used in carcinoma prostate - *(PGI 97)*
a) Estrogen b) Progesterone
c) Cyproterone acetate d) Flutamide

2590. Absence of fructose in semen indicates - *(PGI 98)*
a) Obstruction to seminal vesicles
b) Obstruction at prostatic urethra
c) Vas deferens obstruction
d) Testicular failure

2591. In prostatic metastasis, the site most commonly involved is - *(PGI 99)*
a) Obturator nodes b) Perivesical nodes
c) Pre-sacral nodes d) Paraaortic nodes

2592. Which one of the following is an absolute indication for surgery in cases of benign prostatic hyperplasia- *{AI 03)*
a) Bilateral hydroureteronephrosis
b) Nocturnal frequency
c) Recurremt urinary tract infection
d) Voiding bladder pressures > 50 cm of water

2593. Semen analysis of a young man who presented with primary infertility revealed low volume, fructose negative ejaculate with azoospermia. Which one of the following is the most useful imaging modality to evaluate the cause of his infertility- *{AI 03)*
a) Color duplex ultrasonography of the scrotum
b) Transrectal ultrasonography
c) Retrograde urethrography
d) Spermatic venography

2594. Which one of the following lasers is used treatment of benign prostatic hyperplasia as well as urinary calculi- *(AI03)*
a) C02 laser b) Excimer laser
c) Ho: YAG laser d) Nd: YAG laser

2595. Screening of prostate Ca commonly done by -
a) DRE (Digital rectal exam) b) USG *{PGI June 05)*
c) MRI d)PSA
e) CTScan

2596. The following statements regarding finasteride are true except - *(AI 05)*
a) It is used in the medical treatment of benign Prosstatic hypertrophy (BPH)
b) Impotence is well documented after its use.
c) It blocks the conversion of dihydrotestosterone to testosterone
d) It is a 5-a reductase inhibitor

2575) a,b2576) a 2577)d 2578)c 2579)b 2580)None 2581)b 2582)a 2583)d 2584) a 2585)a 2586)d 2587)c
2588)b 2589)b 2590)a 2591)a 2592)a 2593)b 2594)c 2595)d 2596)c

2597. Which of the following is the most troublesome source of bleeding during a radical retropubic prostatectomy - *(AI05)*
a) Dorsal venous complex
b) Inferior vesical pedicle
c) Superior vesical pedicle
d) Seminal vesicular artery

2598. McNeal's peripheral Zone in prostate gland is the seat of - **(***Karnataka PGMEE 06)*
a) Benign Hypertrophy b) Cancer
c) Prostatitis d) Calculi

2599. 50 year old male with positive family history fo prostate cancer has come to you for a screening test. The most sensitive screening test to pickup prostate cancer is - *(AI 07)*
a) DRE
b) PSA
c) DRE+PSA
d) Endorectal coil MRI with TjW and T_2W images

2600. 60 yr old male undergoes TURP. After 3 days patient develops altered senstiveness and drowsiness. Most probable diagnosis is - *(Aiims May 07)*
a) Hypernatremia
b) Hyponatremia
c) Stroke
d) Meningitis due to spinal anaesthesia

2601. Carcinoma of the prostate arise from - *(UP 07, 05)*
a) Central zone b) Peripheral zone
c) Transitional zone d) Periurethral zone

2602. The most important use of transrectal ultarsonography (TRUS) is for - *(Corned 0 7)*
a) Screening for Ca prostate
b) Distinguishing prostate cancer from BPH
c) Systematic prostate biopsy in suspected prostate cancer
d) Guiding transurethral resection of prostate cancer

2603. The most common complication of transurethral resection of prostate (TURP) - *(Corned 07)*
a) Erectile dysfunction
b) Retrograde ejaculation
c) Urinary incontinence
d) Urethral stricture disease

2604. Which one of the following is used as an irrigation solution during transurethral resection of the prostate - *(Corned 08)*
a) 1.5% glycine b) Physiological saline
c) Ringer's lactate d) 5% dextrose

2605. Trans rectal ultrasonogram in evaluation of carcinoma prostate most useful for - *(AI 08)*
a) Taking guided biopsy
b) Identifying seminal vesicle invasion
c) Nodal sampling
d) Measuring in extent of invasion

2606. Which of the following is true about prostate cancer screening ? *(APPG 08)*
a) Digital screening along with PSA is additive
b) Prostate cancer is common among young males
c) Tumor markers are diagnosed
d) Bleeding per rectum in earliest manifestation of disease

2607. Hot flush is not associated with - *(PGIDec 08)*
a) Medical castration
b) Surgical castration
c) Ketoconazole therapy
d) Androgen receptor blockade
e) Radical prostatectomy

2608. Gleason score: all are true except - *(AIIMSNov 08)*
a) Used for grading prostate cancer
b) Scores range from 1-10
c) Higher the score, poorer the prognosis
d) Helps in planning management

2609. Assessment of patient with Prostatism include all except - *(DELHI PG Mar. 09)*
a) Rectal examination
b) Serum prostate specific antigen
c) Pressure flow urodynamic studies
d) Transrectal ultrasound scanning

2610. 50 year old male with positive family history of prostate cancer has come to you for a screening test. The most sensitive screening test to pickup prostate cancer is - *(AIIMS May 10)*
a) DRE
b) PSA
c) DRE+PSA
d) Endorectal Coil MRI with T1W and T2W images

2611. What is the optimum duration antibacterial treatment of acute bacterial prostatitis?*(UPSC-110)*
a) 3 days b) 4-6 weeks
c) 7-14 days d) 2-14 days

2612. Screening of prostate Ca is done by -*(PGINov. 10)*
a) Transrectal USG b) Digital rectal exam
c) PSA d) CT scan
e) Urodynamic study

2613. In follow up of BPH, most important indication of surgery is - *(AIIMSNov 10)*
a) Prostate size >75gm
b) Single episode of UTI requiring 3 day antibiotics
c) Cannot use medication due to hypertension
d) Bilateral hydronephrosis

2614. 60 yrs old male with poor stream of urine, post void residual urine is 400ml, b/1 hydronephrosis and prostate weighing 70 g. His urea is 120 and creat 3.5. Ideal "next immediate" step - *(AIIMSNov 10)*
a) Catheterize with Foley catheter
b) b/1 PC Nephrostomies
c) CT to rule out ca
d) MRI pelvis

2597)a 2598)b 2599)c 2600)b 2601)b 2602)c 2603)b 2604)a 2605)a 2606)a 2607)c,e2608)b 2609)c 2610)c 261 l)b 2612) b,c 2613) d 2614) a

2615. Which of the following is the most common cause of delayed urinary tract obstructive symptoms after TURP- *(AI11)*
a) Stricture of the Navicular fossa
b) Stricture of the membranous urethra
c) Stricture of the bulb of urethra
d) Bladder neck stenosis

2616. During TURP, surgeon takes care to dissect above the verumontonum to prevent inj ury to - *(AI 11)*
a) External Urethral Sphincter
b) Urethral crest
c) Prostatic Utricle
d) Trigone of bladder

2617. Gleason score: all are true except - *(AIIMSMay 11)*
a) Used for grading prostate cancer
b) Scores range from 1-10
c) Higher the score, poorer the prognosis
d) Helps in planning management

2618. BPH involves - ***(NEET/BW 'Pattern)***
a) Peripheral zone b) Central zone
c) Transition zone d) Prostate capsule

URETHRA & PENIS

2619. Features of carcinoma penins are all except -
a) Circumcision soon after birth provides total immunity *(PGI85, Kerala 87)*
b) Metastatic to inguinal nodes
c) Surgery treatment of choice
d) Transitional cell carcinoma

2620. Commonest type of hypospadias is- *(JIPMER 87)*
a) Glandular b) Coronal
c) Penile d) Penoscrotal
e) Perineal

2621. In case of pelvic fracture with urethral injury, the most important first step in management is -
a) Repair in injured urethra *(AIIMS84)*
b) Fixation of pelvic fracture
c) Treatment of shock and haemorrhage
d) Splinting urethra with catheters

2622. Posterior urethral valve are commonly observed in- *(AIIMS84)*
a) Boys b) Girls
c) Adult males d) Adult females

2623. Commonest site for post gonococcal stricture urethra is - *(AIIMS 87, Jipmer 87)*
a) Penoscrotal Jn. b) Bulb
c) Distal spongy urethra d) Membranous urethra

2624. Narrowest part of the urethra \s-*(PGI 88, Jipmer 87, AI89)*
a) Intenal meatus
b) Membranous urethra
c) Bulbous urethra
d) External meatus

2625. Circumcision is done in a child in which of the following conditions - (77V *91)*
a) Phimosis b) Recurrent balanitis
c) Paraphimosis d) All of the above

2626. Commonest late complication of traumatic rupture of urethra is - *(JIPMER 92)*
a) Diverticulamb) Retrograde ejaculation
c) Stricture d) Choradee

2627. Which is not true of Hypopadias - *(AIIMS 92)*
a) Chordee is reversed after 5 years
b) Glandular type needs no treatment
c) Circumcission should not be done
d) Surgical correction has good results in infancy

2628. Rupture of membranous Urethra occurs more commonly due to - *(AIIMS 92)*
a) Thin unsupported wall b) Fixity of Urethra
c) Angulation d) Proximity to bladder

2629. Rupture of bulbar urethra is associated with all the following except - *(AIIMS 92)*
a) Retention of Urine b) Pelvic fracture
c) Urethral hemorrhage d) Perineal hematoma

2630. Posterior urethral valves are commonly situated
a) Above verumontanum *(JIPMER 79, Delhi 93)*
b) At verumontanum
c) Below verumontanum
d) Bladder neck

2631. Penis is curved in downward direction in all types of hypospadius except - *(PGI 80, AIIMS 80)*
a) Glandular b) Coronal
c) penile d) Perineal

2632. Epispadias in relation to hypospadias -
a) Is more common *(PGI 81, UPSC 88)*
b) Less common
c) Occures with the same frequency
d) Is difficult to treat

2633. In children persistent priapism may result due to
a) Thrombosis of venous plexus *(PGI 81,*
b) Leukaemia *AIIMS 86)*
c) Wilm's tumour
d) Trauma

2634. Which type of hypospadias usually does not require any treatment - *(JIPMER 80, AMU 89,*
a) Penile b) Penoscrotal *Assam 96)*
c) Coronal d) Glandular

2635. In severe hyposadias the possibility of an intersex problem is settled by - *(AIIMS 81, AMU 8 7)*
a) Careful inspection of genitals
b) Biopsy for gonadal tissue
c) Karyotyping
d) Hormone assay

2636. Bleedig penile ulcer is seen in all except -
a) Syphilis b) LGV *(Kerala 94)*
c) Chanchroid d) Granuloma inguinale

2615) d 2616) a 2617)b 2618)c 2619)d 2620)a 2621)c 2622)a 2623)b 2624)d 2625)d 2626)c 2627)a 2628) b 2629) b 2630) c 2631) a 2632) b 2633) b 2634) d 2635) c 2636) a

2637. The cause of death from cancer penis in the terminal stages is usually by - (*Karn 94)*
a) Inanition
b) Secondaries liver
c) Lung secondaries
d) Bleeding form femoral or iliac vessels

2638. Treatment of fracture pelvis with rupture urethra is - (*Kerala 95)*
a) Supra pubic cystostomy
b) Explore and correct the fracture, repair urethra
c) Catheerisation
d) Urethrogram to access injury

2639. All of following are seen in hypospadias except -
a) Ectopia vesicae b) Hooded prepuce
c) Chordee d) Infertility *(AI96)*

2640. Palable fibrous plaque on dorsa penile shaft indicates- {*Karn 95)*
a) Paget's disease b) Potter's syndrome
c) Prehn's sign d) Peryonie's disease

2641. The following are complocations of stricture urethra except - {*Karnat 96)*
a) Perurethral abscessb) Inguinal hernia
c) Hydronephrosis d) Papilloma of bladder

2642. Commonest cuase of urethral stricture in a young person is - {*Karnat 96)*
a) Trauma b) Gonococcal
c) Syphilis d) Tuberculosis

2643. If a patient with a suspected fracture of the pelvis has some bleeding form the urethra and is unable to pass urine - {*UPSC97)*
a) He should be encouraged to pass urine after beign given antibiotics and analgesics
b) He should be immediately catheterised in the ward
c) A hot water bottle should be given followed by injection of carbachol
d) He should be prepared for surgery and catheteristion attempted in the O.T.

2644. Which of the following urethral anomaly is the most common - (*TN 99)*
a) Hypospadias b) Pin hole meatus
c) Epispadias d) Stricture urethra

2645. Circumcission is included in management of Ca penis at - (*PGI98)*
a) Gians b) Prepuce
c) Glandulo prepucial d) Shaft of penis

2646. About Ectopia vesicae, following is true except -
a) CA bladder may occur *(PGI98)*
b) Ventral curvature of penis
c) Incontinence of urine
d) Visible uretero - vesical efflux

2647. True about hypospadias is all except - *(PGI01)*
a) Bifid scrotum b) Meatal stenosis
c) Mental Retardation d) Spatulated glans
e) Dorsal chordee

2648. Hypospadias true is/are - (*PGI02)*
a) Spatulated penis
b) Ventral hood
c) Meatal stenosis
d) Opens on ventral aspect of penis

2649. True about congenital short urethra - *(PGI03)*
a) Urethra is short
b) Opening is always ventral
c) Prepuce deficient ventrally
d) Splitting of the two secrotum in the midline
e) Spatulated penis

2650. Urinary retention in child is most commonly caused by- (*PGI 03)*
a) Metal scab with ulceration
b) Post.urethral valve
c) Urethral stricture
d) Epispadius
e) Congenital short penis

2651. Posterior urethral valve is diagnosed by - *(PGI 03)*
a) MJ b)MCU
c) CT scan d) X-ray pelvis
e) USG

2652. True about Hypospadiasis - (*PGI03)*
a) Meatal stenosis
b) Dorsal hood
c) Proximal opening of meatus
d) Lateral curvature
e) Urethral stricture common

2653. Catheterisation should not be done in case of acute retention of urine due to - (*PGI 03)*
a) Benign prostatic hyperplasia (BPH)
b) Ca prostate
c) Stricture urethra
d) Rupture urethra
e) Post operative retention

2654. Urine extravasation occurs in the following case of penile urethral rupture, EXCEPT - *{Jipmer 03)*
a) Ischiorectal fossa
b) Scrotum
c) Abdominal wall
d) Below superficial fascia of penis

2655. There is a high risk of renal dysplasia in-
a) Posterior urethral valves *{AUMS03)*
b) Bladder extrophy
c) Anorectal malformation
d) Neonatal sepsis

2656. Indications of circumicision are all except -
a) Chronic balanoposthitis *(Mahara02)*
b) Jew religion
c) Carcinoma penis
d) Paraphimosis

2657. Which of the following is not a content of the pudendal canal - {*Kerala04)*
a) Pudendal nerve
b) Internal pudendal artery
c) Internal pudendal vein
d) Nerve to obturator intemus

2637) d 2638) a 2639) a 2640) d 2641) d 2642) a 2643) d 2644) a 2645) b 2646) b 2647) a,c 2648) c,d 2649) a 2650) a 2651) b 2652)a,b,c 2653) c,d 2654) a 2655) a 2656)c 2657) d

2658-. For treatment of the ectopic-vesicle, which of the following bone is divided to reach the site -
a) Pubic rami b) Iliac bone *{UPPGMEE 04)*
c) Ischium bone d) Symphysis

2659. In hypospadias all are seen except - *{UPPGMEE 04,*
a) Hooded penis *PGI99)*
b) Dorsal chordee
c) Spatulated glans
d) Meatal stenosis

2660. The recent treatment of short bridle passable stricture of urethra in the penile and bulbous urethra is - *{MAHE 05)*
a) Internal urethrotomy with Thompson-Walker's urethrotome
b) Optical internal urethrotomy
c) Syme's operation
d) Wheelhouse operation

2661. During urethral catheterization in male patients, resistance is encountered at the following sites except- *{ICS 05)*
a) Base of navicular fossa
b) Mid-penile urethra
c) Urogenital diaphragm
d) Bulbomembranous junction

2662. A patient is brought to the hospital with history of RTA8 hours back. A few drops of blood were noted at the external urethral meatus. He has not passed urine and his bladder is palpable per abdomen. What is the probable diagnosis - *{AI07)*
a) Ureteral injury with extravasations of urine in the retro peritoneum
b) Urethral injury
c) Rupture bladder
d) Anuria due to hypovolemia

2663. A yound man gets into a flight after taking beer and iskicked by the lower abdomen. There was pelvic fracture. Blood at meatus. Most likely cause is -
a) Rupture to membranous urethra *(MAHE 07)*
b) Bulbar urethral injury
c) Kidney laceration

2664. All the features of membranous urethral injury except- *(MAHE 07)*
a) blood of meatus b) Retention of urine
c) Pelvic fracture d) All of the above

2665. All are true about Peyronie's disease except -
a) Self limiting *UP 07, UP 06)*
b) Medial treatment is effective
c) Association with Dupvytren's contracture
d) Calcified plaques

2666. Optical urethroplasty is done in - *(UP 07)*
a) Congenital stricture of urethra
b) Hypospadias
c) Epispadias
d) Testicular tumour's

2667. Epispadias is associates with ? *(AI 08)*
a) Bifid pubic symphysis b) Chordee
c) Anal atresia d) Intestinal obstruction

2668. A young man gets into a fight after taking bear and is kicked by the lower abdomen. There was pelvic fracture. Blood at meatus. Most likely cause is -
a) Rupture of membranous urethra *(Manipal 08)*
b) Bulbar urethral injury
c) Bladder rupture
d) Kidney laceration

2669. All are features of membranous urethral injury except- *(Manipal 08)*
a) Blood at meatus b) Retension of urine
c) Pelvic fracture d) All of the above

2670. Smegma is secreted by - *(DP GEE 08)*
a) Tyson gland b) Brenner gland
c) Cowper's gland d) Bartholin's gland

2671. All are indications for penile angiography except -
a) Painful priapism *(AIIMS May 09)*
b) Peyronie's disease
c) Erectile dysfunction
d) Arterio-venous malformation

2672. Most frequent causes of acute retention of urine include all except - *(DELHIPG Mar. 09)*
a) Meatal ulcer with scabbing in children
b) Haemorrhoidectomy
c) Hemiorraphy
d) Fecal impaction

2673. Most common site or urethral carcinoma in men is-
a) Bulbomembranous urethra *(AI 10)*
b) Penile urethra
c) Prostatic urethra
d) Fossa Navicularis

2674. The Gray hack shunt is established between -
a) Corpora cavemoso and corporo spongiosa
b) Corpora cavernosa and saphenous vein
c) Corpora cavernosa and dorsal vein *(AI 10)*
d) Corpora cavernosa and glans

2675. Priapism in a young male could occur because of -
a) Testicular cancer *(UP SCII10)*
b) Carcinoid tumour of appendix
c) Leukaemia
d) Penile cancer

2676. True about hypospadias - *(PGIMay 10)*
a) Defect seen in ventral penis
b) Always a/w chordee
c) A/w hooded prepuce
d) Circumcision should be avoided

2677. A five year old child presents with ballooning of prepuce after micturation. Examination of penis reveals prepucial adhesions which the following the best treatment- *(AI 11)*
a) Adhesiolysis & dilatation
b) Circumcision
c) Dorsal slit
d) Conservative management

2658)b 2659)b 2660)b 2661)a 2662)b 2663)a 2664)d 2665)b 2666)a 2667)b 2668)a 2669)d 2670)a 2671)a 2672) d 2673) a 2674) b 2675) c 2676)a,c,d 2677) b

2678. Which one of the following does not indicate good prognosis in Ca penis - *(NEET/DNB Pattern)*
a) Size less than 2 cm
b) No regional lymph node metastasis
c) No invasion of subepithelial connective tissue
d) No metastases

2679. A 40 yr old patient«f pelvic injury presents with stricture bulbar urethra of 1.5 cm.length. What would be the mailagement ? *(NEET/p.Nfi Pattern)*
a) Urethral dilatat;on
b) Excision and e[illegible]
c) Patch graft urethroplasty
d) Urethrotomy

2680. A neonate presanting with ^sdtes is diagnosed having urinary asicites,^atis the most common cause - *(NEET/DNB Pattern)*
a) Bilateral PUJ obstruction
b) Infant polycystic^i^y diseas^
c) Posterior urethral valve
d) Meatal stenosis

2681. What is the best prognostic marker .olGA penis -
a) Age <40 yrs *(NEEX/WB Pattern)*
b) Lesion size < 2
c) Previous circumcision
d) Absent inguinil LN, metastasis

2682. Circumcision is contraindicatedin- *(NEET/DNB Pattern)*
a) Balanitis
b) Hypospadias
c) Paraphimosis
d) Meatal stenosis

TESTIS & SCROTUM

2683. Ectopic testis is found in all location except -
a) Lumbar b) Perineal *(AIIMS87)*
c) Intra abdominal d) Inguinal

2684. Which is not true regarding varicocele - *(Al88)*
a) Testicular veins involved
b) More common on the right side
c) May be the first feature of a renal tumaur
d) Feels like a bag of worms

2685. Commonest testicular malignancy is - *(Al89)*
a) Seminoma b) Teratoma
c) Choriocarcinoma d) Embryonal cell carcinoma

2686. Most malignant testicular tumour - *(AIIMS 87)*
a) Embryonal cell carcinoma
b) Seminoma
c) Choriocarcinoma
d) Teratoma

2687. It is true about seminoma testis that - *(AIIMS85)*
a) It commonly occurs in the 6th decade
b) An undescended testes is more liable to develop this tumour
c) Histologically it resembles dysgerminoma of the ovary
d) It is radioresistant

2688. Disseminated seminoma is treated by - *(PGI88)*
a) CT or RT and orchidectomy
b) only RT
c) Only CT
d) Retroperitoneal lymphnode dissection

2689. Regarding spermatocele which is correct - *(PGI88)*
a) Occurs in head of epididymus
b) Barley water fluid in appearance
c) Tender
d) Contain spermatozoa

2690. Testicular tumour can simulate - *(PGI88)*
a) Hydrocele
b) Hematocele
c) Acute epidydimo orchitis
d) Chronic orchitis

2691. In seminoma testis the treatment is - *(PGI 89)*
a) Surgery b) Radiotherapy
c) Chemotherapy d) Stibesterol

2692. Which of the following is the differential diagnosis of cancer testes - *(PGI 90)*
a) Hydrocele b) Hematocele
c) Spermatocele d) Granulomatous orchitis

2693. Fournier's gangrene occurs in the - *(JIPMER 90)*
a) Toes b) Scrotum
c) Fingers d) Muscles

2694. Testicular cancer is common in - *(Al 91)*
a) Ectopic testis b) Undescended abdominal testis
c) Atropic testis d) Anteverted testis

2695. Differential diagnosis of acute funicultitis with a small inguinal swelling is - *(TN 91)*
a) Undescended testes
b) Acute orchitis
c) Lymphadentis
d) Small strangulated inguinal hernia

2696. Orchitis without epididymitis is seen in - *(Al 92)*
a) Gonorrhoea b) Tuberculosis
c) Syphilis d) Chlamydia infection

2697. Which of the following closely mimics testicular malignancy - *(JIPMER 81, DELHI 79,93, PGI 93)*
a) Hydrocele b) Haematocele
c) Spematocele d) Cyst of epididymis

2698. The life of preserved semen for artificial insemination is - *(PGI 82, DNB 90)*
a) One year b) Two year
c) Five year d) Ten year
e) Fifty year f) None of the above

2699. Incompletlty descended testis is commonest on - *(JIMPER 78,79,PGI 85)*
a) Right side b) Left side
c) Both side d) Right sided only

2700. Complication of ectopic testis is - *(KERALA 94)*
a) Seminoma b) Atrophy
c) Torsion d) All

2678)a 2679)b 2680)c 2681)d 2682)b 2683)a,c 2684)b 2685)a 2686)c 2687)b,c 2688)a 2689)a,b,d 2690) a,b,c 2691)a,b,c 2692)a,b,c 2693)b 2694)b 2695)d 2696)c 2697)b 2698)d 2699)a 2700)c

2701. Torsion of the testis can be distinguished from epididymoorchitis by - *(KARN 94)*
a) Elevation of the testis relieves the pain in torsion
b) Elevation does not relieve the pain in torsion
c) Fever is more in torsion
d) Absence of tenderbess in torsion

2702. A 5-year old male child has been brought with a complaint that there is only one testis in the scrotum. On examination, it is found that the testis on the opposite side is felt in the inguinal canal. The patient should be advesed- *(UPSC96)*
a) Orchiopexy
b) To wait till puberty
c) Orchidectomy
d) Administration of androgens

2703. Seminoma testis is seen - *(ASSAM 96)*
a) Always in undescendent testis
b) Always bilateral
c) Occurs in younger
d) Occrus in elderly

2704. Testis tumor is associated with secondary hydrocele in - *(KARN 95)*
a) 1% of cases b) 10% of cases
c) 20% of cases d) 30% of cases

2705. In differential diagnosis of epididymo-orchitis & torsion it is important that - *(A1IMS 95)*
a) Elevation of testis in torson relieves pain
b) Elevation of testis in epididymo orchitis relieves pain
c) Tenderness is characteristic of torsion of testis
d) Fever is characteristic of epididymo orchitis

2706. The lymph nodes first involved in cancer of the skin of the scrotum are - *(KARNAT 96)*
a) Superfical injguinal b) External iliac
c) Paraaortic d) Gland of eloquent

2707. Subcapsular orchiectomy is done for cancer of -
a) Testes b) Prostate *(AP 96)*
c) Penis d) Urethra

2708. Which one of the following statement is true of undescended testis - *(UPSC 97)*
a) Usually descends spontaneously at puberty
b) Orchipexy to be done of no descent by puberty
c) Has a higher incidence of malignancy
d) Maintains normal sperm production

2709. Ligation of cord in orchidectomy for treatment of testicular tumor is done at - *(PGl 96)*
a) External ring b) Internal ring
c) Base of scrotum d) Just above epididiymis

2710. After the division of testicular vein for treatment of varicose vein, venous dreainage of testes is by -
a) Cremasteric veins *(PGI96, Jipmer 80,*
b) Dorsal vein of penis *Delhi 90)*
c) Pampiniform pleus
d) Internal pudendal vein

2711. Hydrocele is labelled[6]vaginal'when it is -
a) Limited to sorotum *(AIIMS96)*
b) Upto inguinal canal
c) Communicating into coelomic cavity
d) Upto deep inguinal ring

2712. Treatment of a large hydrocele in an infant -
a) Repeated aspirations *(KERALA 97)*
b) Ligation of sac at the opening if ingunal canal
c) Herniotomy
d) Eversion of sac

2713. Cause of hydrocele is infants- *(CMC 98)*
a) Pateint processus vaginalis
b) Patent gubemaculum
c) Impaired drainage
d) Epididymal cyst
e) Infection

2714. 58 years old male presenting with acute onset of varicocle on left side most prbobable cause -
a) Ca testes *(CMC 98)*
b) Epididymitis
c) Inguinal lymphnodes
d) Ca kidney

2715. Varicocele of pampiniform plexus of veins has all the following characteristics except - *(M.P 97)*
a) Negative transillumination test
b) Reducible
c) Cough impluse is present
d) Frequently on right side

2716. Most common cause of surgically treatment male infertility is - *(MAHE 98)*
a) Varicocele b) Cryptorchidism
c) Stricture urethra d) Epidydimitis

2717. Orchidopexy in an undescended testes decreases all except - *(AIIMS 99)*
a) Tumour incidence b) Epididymoorchitis
c) Torsion d) Avoid sexual ambiguity

2718. A 25 years old male who had sex recently presented with painful testes and the pain was not relieved on elevation of the testes. Find the diagnosis from the following - *(AIIMS 99)*
a) Epididymo-orchitis b) Torsion testis
c) Testicular malignancy d) Pyocele

2719. Dermoid arises from - *(PGI97)*
a) Pluripotent cell b) Totipotent cell
c) Ectoderm d) Mesoderm

2720. In testicular ca, investigation not done is - *(PGI 98)*
a) Aortography b)CT
c) Biopsy d) Serum AFP

2721. Seminoma correspond to - *(PGI 99)*
a) Choriocarcinoma b) Dysgerminoma
c) Granulosa tumor d) Leutal cyst

2722. True regarding epispadias is - *(PGI99)*
a) Always associated with dystrophy of bladder
b) Penile
c) Common congenital anomaly
d) Urethra opens on ventral side of penis

2701)b 2702)a 2703)c 2704)b 2705)b 2706)a 2707)b 2708)c 2709)b 2710)a 2711)a 2712)c 2713)a 2714)d 2715)d 2716)a 2717)a 2718)b 2719)b 2720)c 2721)b 2722)a

2723. The treatment of metastatic testicular carcinoma is
a) Bleomycin, Etoposide, Cisplatin *(PGI99)*
b) Vinblastine, Etoposide, Cisplatin
c) Doxorubicin, 5-FU mercaptopurine
d) Methotrexate, 5-FU, Vincristine

2724. Germ cell tumours of testis are - *(PGI 01)*
a) Seminoma b) Teratoma
c) Ley dig cell tumour d) Gynandroblastoma
e) Rhabdomyoma

2725. Predisposing factor of Testicular germ cell tumor -
a) Cryptorchidism *(PGI 03)*
b) Testicular feminization syndrome
c) Klinefelter's syndrome
d) Radiation
e) Trauma

2726. Testicular tumour markers are - *(PGI 03)*
a) b-HCG b)AFP
c) LDH d) CA-125
e) CEA

2727. Stage-II testicular teratoma is treated by -
a) Orchidectomy + RPLND *{AMU 05)*
b) Orchidectomy + Chemotherapy
c) Orchidectomy
d) Radiotherapy

2728. Testicular tumour most sensitive to radiation is- *{UPSC 05)*
a) Teratoma b) Lymphoma
c) Mixed germ cell tumour d) Seminoma

2729. A16 - year old boy presents with acute onset pain in the left testis. The following statements about his management are true except - *{AIlMSNov 05)*
a) The patient should be prescribed antibiotics and asked to come after a week
b) Colour flow Doppler will be very useful in diagnosis
c) Scrotal exploration should be done without delay if doppler is not available
d) If left testis is not viable on exploration, patient should undergo left Orchidectomy and right orchidopexy.

2730. All of the following clinicopathologic features are seen more often in seminomas as compared to non-seminomatous germ cell tumors of the testis *except-*
a) Tumors remain localized to testis for a long time *{AIIMS May 2005)*
b) They are radiosensitive
c) They metastasize predominantly by lymphatics
d) They are often associated with raised levels of serum AFP and HCG

2731. Which of the following statements in true regarding testicular tumors ? *(AI06)*
a) Are embryonal cell carcinomas in 95% of cases
b) Bilateral in up to 10% cases
c) Teratomas are more common than seminomas
d) Usually present after 50 years of age

2732. All of the following abnormalities are predisposing causes for torsion of the testis except -*{COMED 06)*
a) Inversion of testis
b) Low investment of tunica vaginalis
c) Between 10 to 25 years of age
d) Seperation of the epididymis

2733. Which of the following is not seen in testicular carcinoma? *{APPG 06)*
a) Abdominal lump
b) Epidydimo orchitis
c) Inguinal lymphadenopathy
d) Hydrocele

2734. Orchidopexy for undescended testis is recommended at which age? *(Karnataka - PG MEE - 2006)*
a) 3 months b) 6 months
c) 2 years d) 5 years

2735. Ideal age for orchiopexy for cryptorchidism is -
a) At 6-10 yrs b) At 1 -2 yrs *(Aiims May 07)*
c) At puberty d) < 1yr of age

2736. All are features of Fournier's Gangrene except -
a) Testicles are involved *(MAHE 07)*
b) Obliterative arteritis seen
c) Hemolytic streptococci, isolated
d) Necrotizing fascitis

2737. High inguinal orchidectomy specimen showed tumor testis with involvement of epididymis without vascular invasion; Stage is - *(MAHE 07)*
a) T, b) T_2
c)T_3 d) T_4

2738. A 30 year old male patient presents with sudden onset swelling and pain over the right hemiscrotum. On examination the scrotum is redened and tender. Which of the following statement about the affecting condition is not true ? *(AI 08)*
a) Probable diagnosis is torsion
b) The right testis is likely to ride high in the scrotal compartment.
c) If torsion confirmed, trest with antibiotics and analgesics and perform corrective surgery immediately
d) If torsion confirmed, treat with antibiotics and analgesics and perform corrective surgery after 14 days

2739. Most common testicular tumor in prepubertal adults is - *(A iims May 08)*
a) Yolk sac tumor b) Embryonal cell Ca
c) Seminoma d) Teratoma

2740. All are features of Fournier's gangrene except -
a) Testicles are involved *(Manipal 08)*
b) Obliterative arteritis seen
c) Haemolytic streptococci, E.coli, staphylococci, Cl. Welchi can be isolated
d) Necrotising fascitis

2723) a 2724) a,b 2725)a,b,c,e 2726)a,b,c 2727) a 2728) d 2729) a 2730) d 273 l)b 2732) b 2733) c 2734) c
2735) d 2736) a 2737) a 2738) d 2739) a 2740) a

2741. High inguinal orchidectomy specimen showed teratoma testis with involvement of epididymis; stage is - *(Manipal 08)*
a) Tj **b) T_2**
c) T_3 d) T_{4b}

2742. Which is false about hydrocele ? *(APPG08)*
a) Almost always fluid is transudate
b) Get above the swelling
c) Testis is separate from swelling
d) Obscures inguinal hernia

2743. Operative managements of varicocele are indicated in which of the following condition (s) -*(PGIDec 08)*
a) Ipsilateral testis small size
b) Oligospermia on semen analysis
c) Grade - 3 varicocele (large size)
d) Signs or symptoms present
e) Subclinical presentaion

2744. Which of the following is false about testicular tumor- *(AIIMS May 09)*
a) Pure seminoma is more aggressive than ncnseminoma
b) Seminoma is radiosensitive
c) Seminoma can be treated by orchidectomy with radiotherapy
d) Seminoma spreads commonly through lymphatics

2745. Orchidopexy for cryptorchidism is done at the age of- *(AIIMS Nov 09)*
a) 1 to 2 years b) 5 to 6 years
c) Puberty d) Neonatal period

2746. A male with azoospermia found to have normal FSH & testosteron levels & normal size testes. Probable cause is - *(AIIMS Nov 09)*
a) Vas obstruction
b) Kallman syndrome
c) Undescended testis
d) Klinefeltor's syndrome

2747. All of the following are true about cryptorchidism, except - *(AIIMSNov 09)*
a) Cryptorchidism is a risk factor for testicular tumor
b) Seminoma is the most common tumor
c) Contalateral testis is also at risk
d) Orchidopexy reduces the risk of malignancy

2748. Orchidopexy for cryptorchidism is done at the age of- *(AIIMS May 10)*
a) 1 to 2 years b) 5 to 6 years
c) Puberty d) Neonatal period

2749. Lord's plication is done for - *(AI10)*
a) Inguinal hernia b) Testicular cancer
c) Hydrocele d) Testicular varices

2750. Best time for surgery of undescended testis is -
a) Just after birth *(AI 10)*
b) 6 months of age
c) 12 months of age
d) 24 months of age

2751. Which of the following is not true about testicular tumor? *(Maharashtra 10)*
a) About 95% are embryonal tumors
b) 10% are bilateral
c) Pulmonary metastases suggest that the tumor is teratoma
d) Lymphatic spread is to retroperitoneal and intrathoracic lymph nodes

2752. Surgery for undescended testis is recommended at what age - *(AI I I)*
a) 6 months b) 12 months
c) 24 months d) 36 months

2753. Surgery for undescended testes should be performed before what age ? *(AI 11)*
a) 6 months b) 12 months
c) 24 months d) 36 months

NEOPLASIA

2754. Which of the following tumours are sugrically curative - *(PGI88)*
a) Pheochromocytomab)Insulinoma
c) Glucogonoma d)Appendicular carcinoid
e) All

2755. Commonest intra-abdominal tumour below 2 years -
a) Neuroblastomab) Wilm's tomour *(PGI 85)*
c) Hepatoblastomad) Lymphoma

2756. Commonest intra-abdominal tumour between 2-5 years - *(PGI86)*
a) Neuroblastomab) Wilm's tomour
c) Hepatoblastomad) Lymphoma

2757. Lipoma becomes malignant commonly at which site - *(JIPMER88)*
a) Subcutaneous b) Retro-pertioneal
c) Sub-aponeuroticd) Intermuscular

2758. Calcifying epithelioma is also known *as-(AIIMS 86)*
a) Pilomatrixoma b) Myoblastoma
c) Calcinosis cutisd) Dermatofibromalenticulare

2759. Not a neuroglial tumor - *(Kerala 95)*
a) Shwanoma b)Astrocytoma
c) Medulloblastomad)Apendymoma

2760. Pseudolymphoma is seen in - *(PGI 97)*
a) Sjogren's syndrome
b) SLE
c) Mixed connective tissue disease
d) Behcet's syndrome

2761. Opsomyoclonus is seen in - *(PGI97)*
a) Neuroblastoma b) Meningioma
c) Medulloblastoma d) Wilms tumor

2762. Most favorable prognosis after radiotherapy is in -
a) Melanomab) Teratoma *(PGI 97)*
c) Seminomad) Desmoid

2763. Most haemorrhagic tumor is - *(PGI98)*
a) Leiomyosarcoma stomach
b) Ca stomach
c) AdenoCaGB
d) Ca pancreas

2741) a 2742) c 2743)a,b,c;d 2744) a 2745) a 2746) a 2747) d 2748) a 2749) c 2750) c 2751) a 2752) a 2753) b 2754) a,b,d 2755) a 2756) a 2757) b 2758) a 2759) a 2760) a 2761) a 2762) c 2763) a

2764. Pancoast tumour is seen with cancer of - *(PGI99)*
a) Apical lobe of lung b) Lingual lobe
c) Thyroid d) Pyriform fossa

2765. All are recognised tumour markers except-*(PGI99)*
a) BetaHCG b) Beta 2 microglobulin
c) Alpha fetoprotein d) Acid phosphatase

2766. Erythema chronicum migrans is seen in - *(PGI99)*
a) Lyme's disease b) Glucagonoma
c) Gastrinoma d) Phaeochromocytoma

2767. Cancers associated with excess fat intake are/is -
a) Breast b) Colon *(PGI 2000)*
c) Prostate d)Lung
e) Thyroid

2768. TVue about keratoacanthoma - *(PGI 2000)*
a) Benign tumor
b) Malignant skin tumor like squamous cell carcinoma
c) Treatment same as for squamous cell carcinoma
d) Easy to differentiate from squamous cell Ca. histologically
e) Treatment is masterly inactivity

2769. Features of carcinoid are - *(PGI 2000)*
a) Wheezing b) Cyanosis
c) Flushing d) Mitral valve involvement
e) Clubbing

2770. Gleason's staging is done in - *(PGI 2000)*
a) Ca prostate b) Ca Pancreas
c) Ca kidney d) Ca Cx

2771. 5 H. indole acetic acid in urine is seen in -
a) Carcinoid *(PGI 2000)*
b) Pheochromocytoma
c) Hirschsprung's disease
d) Wilm's tumor

2772. True about Carcinoid is all except - *(PGI 2000)*
a) Common in distal 3/4 appendix
b) Carcinoid sydrome is due to malignant transformation
c) Distal 2/3 T.O.C. Apendicectomy
d) Of all the carcinoid tumors in GIT 45% in appendix

2773. Uses of tumor marker are - *(PGI 01)*
a) Screening of a cancer
b) Follow up of a cancer patient, esp. for knowing about recurrence
c) Confirmation of a diagnosed cancer
d) For monitoring the treatment of a cancer

2774. Erythropoietin secreting tumor (s) - *(PGI01)*
a) Cerebellar hemangioblastoma
b) Hepatoma
c) Renal cell Ca
d) Adrenal adenoma
e) Fibromyoma of uterus

2775. True about soft tissue sarcoma - *(PGI02)*
a) Lymphatic spread
b) Enlarged size
c) Pseudoencapsulated
d) Spread though musculoaponeurotic plane

2776. CA-125 associated with - *(PGI 02)*
a) Colon Ca b) Breast Ca
c) Ovarian Ca d) Bronchogenic ca
e) Pancreatic ca

2777. CEA is associated with - *(PGI 02)*
a) Adenocarcinoma of colon b) Pancreatic ca
c) Neuroblastoma d) Ovarian ca
e) Prostatic ca

2778. Psammoma body found in - *(PGI 03)*
a) Papillary Ca thyroid b) Follicular Ca thyroid
c) Medullary Ca thyroid d) Anaplastic Ca thyroid
e) Lymphoma thyroid

2779. True statement about soft tissue sarcoma is/are -
a) Liposarcoma is rare *(PGI 04)*
b) Incisional biopsy is needed when size > 5cm
c) ENSC is diagnostic
d) TNM staging done
e) Radio sensitive

2780. True about Sential Lymph node biospy - *(PGI04)*
a) Special OT is requried
b) Blue dyes injected
c) Contraindicated if axillary LN is involved
d) It is done to avoid inadvertent axillary LN biopsy
e) Radioactive dye is used

2781. Lynch II syndrome is associated with which of the following carcinoma - *(PGI04)*
a) Ovary b) Colon
c) Breast d) Thyroid

2782. Buschke - Lowenstein tumor is - *(TN03)*
a) Molluscum contagiosum
b) Condyloma lata
c) Giant condyloma accuminata
d) Metastasise

2783. Which of the following is not an oncological emergency- *(MIMS03)*
a) Spinal cord compression
b) Superior venacaval syndrome
c) Tumorlysis syndrome
d) Carcinoma cervix stage - III "B" with pyometra

2784. Which one of the following is frequent cause of serum alpha feto protein level greater than 10 times the normal upper limit - **(***UPSC 04)*
a) Seminoma
b) Metastaic carcinoma of liver
c) Cirrhosis of liver
d) Oat cell tumour of lung

2785. Kaposi's Sarcoma - *(SGPGI04)*
a) Does not occur in non HIV positive persons
b) Has increasing incidence among AIDS patients
c) No GI bleeding
d) Uncommon among homosexual HIV Positive

2786. Which one of the following is rare site for metastasis- *(SGPGI04)*
a) Vertebrae b) Skull
c) Pelvis d) Forearm and leg bones

2764)a 2765)b 2766)a 2767)a,b,c 2768)a,e 2769)a,c 2770)a 2771)a 2772)b,d 2773)a,b,d 2774)a,b,c,e 2775)b,c,d 2776) c 2777) a,b,d 2778) a 2779)a,b,d 2780)b,d,e 2781) a,b 2782) c 2783) d 2784) b 2785) b 2786) d

2787. AD are seen in carcinoid syndrome - *(HPU05)*
a) Diarrhoea b) Constipation
c) Liver metastasis d) 5-HT secretion

2788. In which of the foUowing tumors alpha fetoprotein is elevated - **(***AIIMS Nov 05)*
a) Choriocarcinoma b) Neuroblastoma
c) Hepatocellular carcinoma d) Seminoma

2789. In which of the foUowing disease, the overaU survival is increased by screening procedure - *(AI05)*
a) Prostate cancer b) Lung cancer
c) Colon cancer d) Ovarian cancer

2790. Which one of the following soft tissue sarcomas frequently metastasizes to lymph nodes - *(AI 05)*
a) Fibrosarcoma
b) Osteosarcoma
c) Embryonal Rhabdomyosarcoma
d) Alveolar soft part sarcoma

2791. The prognosis of rhabdomyosarcoma is likely to be poor if the site of the tumour is - *(AI 06)*
a) Orbit b) Para testicular
c) Extremity d) Urinary bladder

2792. Fine needle aspiration cytology is not suitable for diagnosing - *(AI 06)*
a) Tubercular lymphadenitis
b) Papillary carcinoma thyroid
c) Plasmacytoma
d) Aneurymal bone cyst

2793. Spontaneously regressing tumours are- *(PGI June 06)*
a) Malignant melanoma b) Neuroblastoma
c) Ewing's sarcoma d) Wilm's tumour

2794. AD are correctly matched except - *(PGI June 06)*
a) BRC AI - Lung
b) BCL_2 - Apoptosis
c) Ch -16 - Philadelphia chromosome
d) APC - colon

2795. All the following skin conditions are considered as skin markers for internal malignancy except - *(Kam 06)*
a) Acanthosis nigricans b) Dermatomyositis
c) Bullous pemphigoid d) Pemphigus vulgaris

2796. Carcinoembryonic antigens (CEA) is increased in aU except - *(Aiims May 07)*
a) Lung cancer b) Breast cancer
c) Colon cancer d) Osteogenic sarcoma

2797. Tumor marker for primary hepatocellular carcinoma are aU except - *(Aiims May 07)*
a) Alpha feto proteinb) Alpha 2 macroglobulin
c) PIVKA-2 d) Neurotensin

2798. AU are precancerous except - *(MAHE 07)*
a) Lichen planusb) Verrucous carcinoma
c) Submucous fibrosis d) Leukoplakia

2799. Dukes classification is used for - *(UP 07)*
a) Pancreas carcinoma
b) Gastric carcinoma
c) Urinary bladder carcinoma
d) Colo-rectal carcinoma

2800. Screening increases life span in which ca -
a) Breast b) Colon *(PGI June 07)*
c) Prostate d) Lung ca

2801. The commonest site of lymphoma in the gastrointestinal system is - (*Corned 07)*
a) Small bowel b) Stomach
c) Large intestine d) Oesophagus

2802. Most common location of spinal tumors -
a) Intramedullary *(AIIMSNov 07)*
b) Intradural extramedullary
c) Extradural
d) Equally distributed

2803. Radiotherapy is the treatment of choice for which one of the foUowing tumors ? *(UPSC-II08)*
a) Verrucous carcinoma b) Malignant melanoma
c) Maijolin's ulcer d) Rodent ulcer

2804. What is the treatment of choice in desmoid tumors -
a) Irradiation *(UPSC-II 08)*
b) Wide excision
c) Local excision
d) Local excision following radiation

2805. Most common site for carcinoid tumor -
a) Appendix b) Liver *(Manipal08)*
c) Stomach d) Rectum

2806. Which is not having underlying malignancy ?
a) Paget disease of bone *(APPG 08)*
b) Paget disease of nipple
c) Paget disease of vulva
d) Paget disease of anal region

2807. Glomus tumor is seen in - *(AIIMSNov 08)*
' a) Liver b) Adrenals
c) Pitutary d) Finger

2808. Concomitant chemoradiotherapy is indicated in aU of the foUowing Except - *(AI 09)*
a) Stage III B Ca cervix
b) T2 No Mo anal cancer
c) T2 No Mo Glottic cancer
d) T1 N2 Mo Nasopharyngeal cancer

2809. Smoking may be associated with aU of the foUowing cancer's Except - *(AI 09)*
a) Ca Larynx b) Ca Nasopharynx
c) Ca Bladder d) Ca Esophagus

2810. Dye used in chromoendoscopy for detection of cancer - *(AIIMS May 09)*
a) Gentian violet b) Toluidine blue
c) Hemotoxiline and eosine d) Methylene blue

2811. Reparative granuloma of Jaw is treated by -
a) Antibiotics *(DELHI PG Feb. 09)*
b) Wedge resection
c) Resection and bone grafting
d) Curettage

2812. The foUowing bone tumour may cause dural deposits without causing bony changes- *(DELHIPG Feb. 09)*
a) Hodgkin's lymphoma b) Multiple myeloma
c) Secondaries d) Fibrous dysplasia

2787) b 2788) c 2789) c 2790) c 2791) c 2792) d 2793) a,b 2794) a,c 2795) d 2796) d 2797) b 2798) b 2799) d 2800)a,b,c 2801)b 2802)c 2803)d 2804)b 2805)a 2806)a 2807)d 2808)c 2809)None 2810)d 2811)d 2812)a

2813. Carcinoma in which surgery is rarely indicated -
a) Osteosarcoma *(PGINov 09)*
b) Wilm's tumor
c) Neuroblastoma
d) Rhabdomyosarcoma
e) Hodgkin's lymphoma

2814. Frozen section is/are used for - *(PGINov 09)*
a) Enzyme
b) Intraop Histopathological examination
c) Fat
d) Acid fast bacilli
e) To check surgical margin in tumor surgery

2815. Common tumor of Posterior mediastinum are -
a) Lymphoma *(PGINov 09)*
b) Neuroblastoma
c) Neurogenic tumors
d) Thymoma
e) Bronchogenic cyst

2816. MC germ cell tumor is - *(PGINov 09)*
a) Embryonal teratoma b) Dermoid
c) Rhabdomyosarcoma d) Seminoma
e) Sertoli cell CA

2817. A50 yr. old male presents with obstructive symptoms. Biopsy of stomach reveals Gastrointestinal stromal tumor (GIST). Most appropriate marker for GIST is- *(AIIMS Nov 09)*
a) CD 34 b) CD 117
c) CD 30 d)CD 10

2818. Lynch syndrome is associated with -*(AIIMSNov 09)*
a) Endometrial ca, Colon ca & Ovarian ca
b) Breast ca, Colon ca & Ovarian ca
c) Breast ca, Endometrial ca & Ovarian ca
d) Breast ca, Stomach ca & Colon ca

2819. Alpha feto protein is increased in - *(AIIMSNov 09)*
a) Hepatoblastoma b) Neuroblastoma
c) Seminoma d) Renal cell carcinoma

2820. Desmoid tumor, treatment is - *(AIIMSNov 09)*
a) Local excision
b) Wide excision
c) Wide excision with radiotherapy
d) Radiotherapy

2821. Presence of nephroblastomatosis in a biopsy specimen from Wilm's tumor of left kidney indicates high possibility of - *(AIIMS Nov 09)*
a) Denys-Drash syndrome
b) Mutation in insulin like growth factor
c) Increased risk of tumor in right kidney
d) Lymph node metastasis

2822. Tumors associated with infective etiology are all except - *(AIIMS Nov 09)*
a) Nasopharyngeal ca
b) Hepatocellular ca
c) Non-small cell carcinoma lung
d) Gastric ca

2823. A well differentiated follicular carcinoma of thyroid can be best differentiated from a follicular adenoma by- *(AIIMS May 10)*
a) Hurthle cell change
b) Lining of tall columnar and cuboidal cells
c) Vascular invasion
d) Nuclear features

2824. Psammoma bodies seen in A/E- *(AIIMS May 10)*
a) Follicular CA of thyroid
b) Papillary CA of thyroid
c) Serous cystadenocarcinoma of ovary
d) Meningioma

2825. Sister Mary Joseph nodule is most commonly seen with- *(AIIMS May10)*
a) Ovarian cancer b) Stomach cancer
c) Colon cancer d) Pancreatic cancer

2826. Which of the following is NOT true about FAP?
a) AR inheritance *(AIIMS May10)*
b) Screening done by sigmoidoscopy
c) Polyps develop in late adulthood
d) Epidermal cysts & osteomas may occur

2827. Smoking may be associated with all of the following cancers, except - *(AIIMS May 10)*
a) Ca Larynx b) Ca Nasopharynx
c) Ca Bladder d) Ca Esophagus

2828. Neoadjuvant chemotherapy is used in all except -
a) Esophageal Ca b) Breast Ca *(DPG10)*
c) Thyroid Ca d) Lung non-Small cell Ca

2829. All of the following hereditary conditions predispose to CNS tumors, except - *(DPG10)*
a) Neurofibromatosis 1 and 2
b) Tuberous sclerosis
c) Von-Hippel-Lindau syndrome
d) Xeroderma pigmentosum

2830. A 60-year old male was diagnosed as carcinoma right lung. On CECT chest there was tumour of 5 x 5 cm in upper lobe and another 2 x 2 cm size tumour nodule in middle lobe. The primary modality of treatment is - *(DPG 10)*
a) Radiotherapy b) Chemotherapy
c) Surgery d) Supportive treatment

2831. Most common site of minor salivary gland tumor? -
a) Pharyngeal cavities *(Maharashtra 10)*
b) Paranasal sinuses
c) Retromolar area
d) Nasal cavity

2832. Pseudoachalasia may be caused *by-(Maharashtra 10)*
a) Gastric adenocarcinoma b) Lung carcinoma
c) Pancreatic carcinoma d) All the above three

2833. Hypertension with hypokalemia and a *7-cm* **suprarenal mass suggests the diagnosis of -**
a) Cushing's syndrome *(Maharashtra 10)*
b) Adrenal carcinoma
c) Hypernephroma
d) Pheochromocytoma

2813)e 2814)a,b,c,e 2815)b,c,e 2816)d 2817)b 2818)a 2819)a 2820)b 2821)c 2822)c 2823)c 2824)a 2825)b 2826)a 2827)None>b 2828)c 2829)d 2830)c 2831)c 2832)d 2833)b

2834. Most common site of colorectal malignancy? *(MH10)*
a) Caecum b) Splenic flexure
c) Sigmoid colon d) Rectum

2835. Serum calcitonin may be elevated in - *(UP SC II10)*
a) Islet cell tumour of pancreas
b) Choriocarcinoma of ovary
c) Carcinoid tumour of appendix
d) Medullary carcinoma of thyroid

2836. 'Double duct' sign is diagnostic of - *(UP SC II10)*
a) Periampullary carcinoma
b) Gallbladder carcinoma
c) Klatskin's carcinoma
d) Hepatocellular carcinoma

2837. Fiscb'Classi£^fidtfi^p^l|4|G^^^^|®^a^i^ ;^||jl^Phaechromocytoma- b) Synovial cell sarcoma
c) Glomus tumor d) Astrocytoma

2838. Browii«ign is seen in - *(NEET/DNB'Pattern)*
§tf a) Xjlomus-tumor b) Cholesteatoma
c) Aoustic neuroma d) Hypothyroidism

MISCELLANEOUS

2839. All of the following are cause of blood in stools in children except - *(AIIMS 85)*
a) Meckels diverticulum b) Carcinoma
c) Intussusception d) Juvenile polyp

2840. Most common coagulopathy noted in surgical patients is - *(AIIMS 86, 88)*
a) Thrombocytopenia b) Afibrinogenemia
c) Fibrinolysis d) Factor VIII defeciency

2841. Leucine aminopeptidase is elevated obstructions of-
a) Ureter *(BHU 88, Assam 96)*
b) Urethra
c) Common bile duct
d) Spermatic cord

2842. Bee venon can be neutralised by applying- *(PGI88)*
a) Soda bicarbonate b) Vinegar
c) Lemon juice d) Dilute HCL

2843. The most dangerous injury is - *(PGI 88)*
a) Snake bite b) Scorpion bite
c) Wasp sting d) Human bites

2844. The best site for intramuscular injection is -
a) Deltoid *(PGI88)*
b) Anterolateral part of thigh
c) Upper outer segment of buttocks
d) Upper inner segment of buttocks

2845. Hereditary spehrocytosis is transmitted as- *(PGI85)*
a) Autosomal dominant b)Autosomal recessive
c) X-linked dominant d) X-linked recessive

2846. A patients compalints of occasional vomiting of food particles eaten a few days ago. His wife reports that his breath smells foul. The most likely diagnosis is - *(Kerala89)*
a) Pyloric construction b) Carcinoma stomach
c) Carcinoma esophagus d) Achalasia cardia

2847. Burning epigastric pain is due to - *(TN 90)*
a) Vomiting b) Reflux esophagitis
c) Duodenal ulcer d) Gastric ulcer

2848. Intractable peptic ulceration with renal stones occurs in - *(JIPMER 90)*
a) Zollinger Ellison syndrome
b) Parathyroid adenoma
c) Milk, alkali syndrome
d) MEN I syndrome

2849. Embolotherapy using heat contrast is done in -
a) Renal tumours *(TN91)*
b) A-V malformation
c) Varicosa veins of lowr limb
d) Varicocele of testes

2850. Peyronies disease affects the - *(TN91)*
a) Breast b) Vagina
c) Scrotus d) Penis

2851. Which is a non absorbable suture - *(JIPMER 91)*
a) Polypropylene b) Polyglycollic acid
c) Viciyl d) Collagen

2852. Removal of LI Ganglion in sympathetomy results in- *(JIPMER91)*
a) Impotence b) Retention of urine
c) Sterility d)Causalgia

2853. Gasless abdomen in X-ray is a sign *of-(AIIMS 91)*
a) Acute pancreatitis
b) Necortising enterocolitis
c) Ulcerative colitis
d) Intussusception

2854. 5-Fu is the chemotherapeutic agent of choice for all except - *(PGI 93)*
a) Ca Breast b) Ca stomach
c) Ca pancreas d) Ca colon

2855. Gastric tetany is due to - *(PGI 93)*
a) Increased intestinal acidity
b) Vagal Hyperactivity
c) Increased Calcium Sequestration
d) Decreased Calcium absorption

2856. Subcutaneous Calcifications are seen in -*(JIPMER 93)*
a) Gout b) Hyperparathyroidism
c) Oochronosis d) Malignancies

2857. Raji cell assays are used to quantitate - *(PGI 39, AIIMS 81)*
a) Complement levels
b) Immune complexes
c) T-cells
d) Interferon levels

2858. Courvoisier's law is related to -
a) Jaundice *(AIIMS 79, AMC 81, 84)*
b) Ureteric calculi
c) Portal hypertension
d) The length of skin flap in skin grafting

2859. In polycythaemia vera the most common postoperative complication following major surgery is - *(PGI 91, AMUR 8 7)*
a) Thrombosis b) Gastric ulcer
c) Diabetes insipidus d) Haemorrhage

2834)d 2835)d 2836)a 2837) c 2838)a 2839)b 2840)a 2841)c 2842)a 2843)d 2844)c 2845)a 2846)d 2847)b
2848) d 2849)b 2850) d 2851)a 2852)c 2853)c 2854)c 2855)d 2856)b,d 2857)b 2858)a 2859)d

2860. Witzelsucht syndrome (i.e. "Pathological Joking") is seen in - *(JIPMER 88, AI90)*
a) Frontal lobe tumours
b) Parietal lobe tumours
c) Temporal lobe tumours
d) IV ventriculars tumours

2861. Biot's respiration is seen in - *(JIPMER 88, AI90)*
a) Hypnosedative poisoning
b) Appendicitis
c) Cholecystitis
d) Bulbar poliomyelitis

2862. 'Sterile needle test' helps in differentiating -
a) Healing proces *(JIPMER 81, AIIMS 86)*
b) Depth of bums
c) Degenerative proces
d) Infection

2863. Van Buchem's syndrome is characterized by all except- *(PGI80, Rohtak 86)*
a) Overgrowth b) Distrotion of mandible
c) Facial Palsy d) Increased acid phosphatase

2864. The stage of myasthenia gravis that best responds to thymectomy is - *(AIIMS 80,81, PGI 86)*
a) Stage 1 : active
b) Stage 2: inactive
c) Stage 3 : burnt out
d) Those with thymoma present
e) None of the above

2865. Quant's sign (a T-shaped depression in the occipital bone) may be present in - *(JIPMER 81, AIIMS 84)*
a) Down's syndrome b) Head injury
c) Rickets d) Scurvy

2866. Nezelof's syndrome is recurrent episodes of- *(JIPMER 81, DNB 90)*
a) Appendicitis b) Cholecystitis
c) Intestinal obstruction d) Pneumonia

2867. Oxygen consumption during anesthesia and surgery with mid levels of hypothermia in infants less than 12 kg is (35-36$_0$C) - *(AIIMS 89, DNB 90)*
a) Unchanged b) Doubles
c) Tripled d) Quadrupled
e) None of the above

2868. Hickey-Hare test is used to diagnose - *(PGI 81, AIIMS 86)*
a) Congenital pyloric stenosis
b) Duodenal atresia
c) Achiasia cardia
d) Diabetes insipidus

2869. Usually employed techynique for splanchnic block is - *(JIPMER 79, AIIMS 80)*
a) Braun's method b) Kappi's method
c) Wending's method d) None of the above

2870. Spontaneous regression of malignant tumour is seen in - *(JIPMER 80, AIIMS 81)*
a) Burkits lymphoma b) Neuroblasoma
c) Wilm's tumour d) Renal cell carcinoma

2871. Secondary amyloidosis occurs in - *(JIPMER 80, AIIMS 82)*
a) Chronic osteomyelitis
b) Rheumatoid arthritis
c) Leprosy
d) Syphilis

2872. Presence of trifluroacetic acid (TFA) in urine indicates that volatile anaesthetic agent used was
a) Halothane *(JIPMER 81, AIIMS87)*
b) Methoxyflurance
c) Trichloroethylene
d) None of the above

2873. Arrow headed finger on X-ray is suggestive of -
a) Acromegaly *(PGI 83, 85)*
b) Hyperparathyroidism
c) Down's syndrome
d) Sarcoidosis

2874. Preoperative shaving is idealy done at -
a) Evening before *(JIPMER 81, Delhi 86)*
b) Morning of operation
c) Just before operation
d) At operation table

2875. The most important in assessing Fertility potential is- *(PGI 80, UPSC 89)*
a) Sperm count
b) Sperm motility
c) Sperm morphology
d) Quantity of ejaculated semen
e) None of the above

2876. A seldinger neeedle is used for - *(AIIMS 81,*
a) Liver biopsy b) Suturing skin *AMC 87)*
c) Arteriography d) Lymphography

2877. Newman and Seabrook's operation is used for -
a) Repair of parotid fistula *(PGI 79, AIIMS 84)*
b) For parotid calculi
c) For carcinoma of tongue
d) For treatment of recurrent chronic parotitis

2878. The commando operation is - *(JIPMER 80,81,*
a) Abdomino-perineal resection of the rectum for carcinoma *(UPSC 85)*
b) Disarticulation of the hip for gas gangrene of the leg
c) Extended radical mastectomy
d) Excision of carcinoma of the tongue, the floor of the mouth, part of the jaw and lymphnodes enbloc

2879. All of the following are perils of prolonged antibiotic therapy in intra abdominal sepsis except
a) Masking of general signs *(PGI 81, AIIMS 86)*
b) Subacute intestinal obstruction
c) Malignant change
d) Frozen pelviss

2880. Emergency thoractomy is only indicated in -
a) Empyema *(JIPMER 81, AMU 86)*
b) Pneumothorax
c) Uncontrolled bleeding
d) None of the above

2860)a 2861)None 2862)b 2863)d 2864)a 2865)c 2866)d 2867)b 2868)d 2869)a 2870)b,d 2871)a,b,c 2872)a 2873)a 2874)c 2875)b 2876)c 2877)a 2878)d 2879)c 2880)c

2881. Aaron's sign is seen in - *(AIIMS81, 86)*
a) Achlasia cardia
b) Hiatus hernia
c) Mediastinum emphysema
d) Acute appendicitis

2882. Duhamel operation is done in - *(JIPMER 81, UPSC 89)*
a) Congenital pyloric stenosis
b) Hiatus hernia
c) Achlasia cardia
d) Hirschsprung's disease

2883. Bolognini's symptom (a feeling of crepitation occuring from gradual increasing pressure on the abdomen) is seen in - *(PGI80,81, AIIMS 84)*
a) Congenital pyloric stenosis
b) Gastric polyp
c) Duodenal atresia
d) Measles

2884. First meconium is said to be formed during the — -month of foetal life - *(PGI 81, AIIMS 84)*
a) Second b) Fourth
c) Seventh d) Ninth

2885. Mauriac's syndrome is characterized by the following except - *(JIPMER 81, AIIMS 86)*
a) Diabetes b) Obesity
c) Dwarfism d) Cardiomegaly

2886. Kocher's manuever **means -** *(JIPMER 81)*
a) Mobilisation of gall bladder during cholecystectomy
b) Mobilisation of 2nd part of duodenum
c) Mobilisation of pancreas during pancreatectomy
d) Mobilisation of ascending colon

2887. Pyrexia due to wound infection commonly occurs after- *(PGI 81, AMU 87)*
a) Third post operation day
b) Fifth post operation day
c) Seventh post operation day
d) Second post operation day

2888. Catgut is prepared from submucosal layer of the intestine of- *(AIIMS 81, DNB 89)*
a) Cat b) Sheep
c) Human being d) Rabbit

2889. A cricoid hook is used particularly - *(JIPMER 81, DNB 89)*
a) In thyrodectomy
b) In block dissection of the neck
c) For retractting the superior laryngeal nerve
d) In tracheostomy

2890. Not a premalignant ulcer - *(Kerala 94)*
a) Bazin's ulcer b) Pagets disease of nipple
c) Maijolins ulcer d) Lupur vulgaris

2891. Cullen's sign in seen in - *(Kerala 94)*
a) Acute cholecystitis
b) Acute pancreatitis
c) acute haemorrhagic pancreatitis
d) Blunt injury abdomen

2892. Ramsteds operation is for - *(Kerala 94)*
a) Duodenal atresia
b) Volvulous of small intestine
c) Anorectal malformation
d) Congenital pyloric stenosis

2893. Corpora amylaciae is seen in - *(Kerala 94)*
a) Thymus b) Lymph node
c) Spleen d) Prostate

2894. Antibioma is best treated by - *(JIPMER 95)*
a) Partial resection
b) Complete resection
c) Aspiration
d) Administration of antibiotics

2895. Antibiotics should be given how long with surgery for prophytaxis- *(JIPMER 95)*
a) 1 hour before b) 1 hour after
c) 2 hours before d) 2 hours after

2896. During endotracheal intubation, unilateral breath sounds, no air heard entering the stomach and no gastric distension is suggestive of entry of the endotracheal tube into - *(UPSC 96)*
a) Right main bronchus b) Oesophagus
c) Mid-trachea d) Left main bronchus

2897. Sappey's line denotes a line - *(Karn. 95)*
a) Encircling the neck at C6 vertebra level
b) Encircling the trunk just above the umbilicus
c) Encircling the salphigian tubes
d) None of the above

2898. Hormonal treatment is given for which of the following malignancy - *(Kerala 96)*
a) ChorioCarcinoma b) Carcinoma prostate
c) Hepatoma d) Teratoma
e) Granulosa cell tumour

2899. Rovsing sign is seen in - *(PGI 95)*
a) Acute appendicitis b) Acute cholecystitis
c) Pancreatitis d) None

2900. A female patients complains of perumbilical pain & nausea particularly after taking food. The diagnosis is - *(CUPGEE 95)*
a) Meckel's diverticulum
b) Peptic ulcer syndrome
c) Lactose intolerance
d) None

2901. In a Kocher's subcostal incision which of the following should not be divided - *(Karanatak96, 94)*
a) Rectus abdominis muscle b) 8th dorsal nerve
c) Oblique muscles d) 9th dorsal nerve

2902. Hilton's method of treatment of an axillary abscess is advised because it - *(Karnatak 96, 94)*
a) Protects vital structures
b) Ensures adquate drainage
c) Hinders the spread of infection
d) Allows local instillation of antibiotics

2903. Bisgard treatment is for - *(AP 96, SCTIMS 98)*
a) Arterial ulcer b) Venous ulcer
c) TAO d) Raynauds phenomenon

2881)d 2882)d 2883)d 2884)a 2885)d 2886)b 2887)b 2888)b 2889)d 2890)a 2891)c 2892)d 2893)d 2894)b 2895)a 2896)a 2897)a 2898)b 2899)a 2900)a 2901)b,d 2902)a 2903)b

2904. Which tumour is treated by hormones - *(Kerala 96)*
a) Carcinoma prostrate b) Carcinoma bladder
c) Carcinoma cervix d) Carcinoma pancreas
e) Carcinoma stomach

2905. A patient is admitted with sever pain in the abdomen, nausea, vomiting and fever. The most likely diagnosis is - *(UPSC 97)*
a) Perforated peptic ulcer b) Intestinal obstruction
c) Acute pancreatitis d) Acute cholecystitis

2906. A12 month old male child suddenly draws up his legs and screams with pain. This is repeated periodically throughout the night interspeersed with periods of quiet sleep. When seen after 12 hours the child looks pale, has just vomited and passed thin blood-stained stool; there is a mass around umbilicus. What is the most likely diagnosis
a) Appendicitis *(UPSC 97)*
b) Intussusception
c) Gastro-enteritis
d) Roundworm obstruction

2907. Commonest tumour among children 1-5 years in South Africa is - *(TN 96)*
a) Neuroblastoma b) Wilm's tumour
c) Neurofibroma d) Burkitts lymphoma

2908. In a patient presenting with abdominal trauma, fracture Rib and bruise over left hypochondrium probable diagnosis is - *(PGI96)*
a) Rupture left lobe of liver
b) Rupture right lobe of liver
c) Splenic rupture
d) Rupture stomach

2909. Earliest method of diagnosing pituitary tumour
a) CT scan *(JIPMER 98)*
b) Visual field charting
c) Visual evoked potential
d) X-ray skull

2910. Most common sarcoma in a child is - *(JIPMER 98)*
a) Fibrosarcoma b) Rhabdomyosarcoma
c) Leiomyosarcoma d) Liposarcoma

2911. BCG is used in tumour therapy - *(JIPMER 98)*
a) Bladder b) Stomach
c) Oesophagus d) Colon

2912. Regarding CEA-false is - *(AIIMS 9 7)*
a) Prognostic indicator
b) Glycoprotein
c) Elevated in colorectal carcinoma
d) Elevated only when there is hepatic metastasis

2913. In head injury with lesion to the pituitary stalk, all are seen - *(AIIMS 97)*
a) SIADH b) Diabetes inspidus
c) Diabetes mellitus d) Prolactinoma

2914. Randall's plagues causes - *(TN 98)*
a) Bile stones b) Urinary stones
c) Premalignant lesions d) Bacterial infections

2915. A 40 year old male was brought to the hospital with acute pain in the upper abdomen. Pateints was in shock with feeble pulse andtachycardia. There was tenderness present in the epigastrium. There is no blood in the gastric aspirate and the patient felt better after aspiration. X-ray abdomen showed no free gas under the diaphragm. Investigations revealed TLC 13500 serum bilirubin 2.0 mg and serum amylase 8001.U.. The most likely diagnosis is - *(UPSC 88)*
a) Acute cholecystitis b) Acute pancreatitis
c) Acute appendicitis d) Acute hepatitis

2916. A 24 years old male, who has been having fever for 15 days starts having acute pain and distension of abdomen. Abdominal examination reveals generalised tenderness with guarding. The most likely diagnosis is - *(UPSC 88)*
a) Acute appendicitis
b) Acute pancreatitis
c) Enteric perforation
d) Duodenal ulcer perforation

2917. Inguinal lymphnode enlargement is seen in- *(MP 97)*
a) Seminoma testis b) Malignant melanoma foot
c) Ca cervix d)None

2918. Panceatico duodenectomy is the treatment of choice for - *(TN 99)*
a) Duodenal carcinoma b) Pancreatic carcinoma
c) Gall bladder carcinoma d) Gastric carcinoma

2919. A10 year old female who used to use the swimming pool regularly, comes with a three day history of vomitting, fever and adbominal pain. On examination, abdominal tenderness and guarding are present. The liver dullness is not obliterated. Likely diagnosis is - *(AIIMS 99)*
a) Gangrenous intussusception
b) Perforation
c) Spontaneous biliary peritonitis
d) Primary peritonitis

2920. Use of all the following significantly decreases airborne infection is operating room except -
a) Laminar air flow *(UPSC2K)*
b) Air-conditioning
c) Ultraviolet light
d) Microfilters

2921. Vicryl, the commonly used suture material is a -
a) Homopolymer of polydioxanone *(UPSC2K)*
b) Co-polymer of glycolide and lectide
c) Homopolymer of glycolide
d) Homopolymer of lactide

2922. All the following suture materials are non absorbable except - *(Kerala 2K)*
a) Poly amide b) Poly propylene
c) Poly diaxonone d) Polyethylene
e) Polyester

2904)a 2905)c 2906)b 2907) d 2908)c 2909)a 2910)b 2911)a 2912)d 2913)a,b2914)b 2915)b 2916)c 2917)b 2918)a,b 2919) d 2920)b 2921)b 2922)c

2923. 45 years executive suddenly develops hematemesis at home. He is brought to thehospital 4 hrs. later, there he again had about of hematemesis. Total blood loss would be around 2 litres. Most likely diagnosis is- *(A1IMS 2001)*
a) Gastritis b) Oesophagitis
c) Oesophageal varices d) Duodenal ulcer

2924. Psychiatric symptoms, true except - *(PGI2K)*
a) More common with supra than infra tentorial tumours
b) More common with slow growing
c) More with temporal than frontal lobe tumours
d) More with brain stem lesions

2925. PDS is absorbed within - *(MAHE 2001)*
a) 7 days b) 21 days
c) 100 days d) 225 days

2926. Bird's beak is seen in - *(J & K 2001)*
a) Volvulus b) Intussusception
c) Achalasia d) Ulcerative colitis

2927. Sentinel node biopsy is done in - *(A12002)*
a) Carcinoma Lung b) Carcinoma breast
c) Liposarcoma d) Carcinoma colon

2928. Local anaeshthetics cannot be used at the site of infections because it causes - *(MANIPAL 01)*
a) Spread of infection b) Lowered efficiency
c) Both d)None

2929. An AIIDS patient presents with fistula - in-ano.His CD4 count is below 50. What is the treatment of choice - *(MANIPAL 01)*
a) Seton b) Fistulectomy
c) None d) Both

2930. Commonest tumour at inner canthus of eye- *(HPU2001)*
a) Rodent ulcer b) Dermoid cyst
c) Malignant melanoma d) Buruli ulcer

2931. Steinstrasse is - *(UPSC2001)*
a) Staining of stones
b) Stones because of stress
c) Failure of ESWL
d) Ureteric obstruction due to fragments is ureter

2932. Stereotactic radiosurgery is done for - *(Jipmer 02)*
a) Glioblastoma multiforme
b) Medulloblastoma spinal cord
c) Ependymoma
d) AV malformation of brain

2933. Not true about bladder stones is - *(Jipmer 02)*
a) Rare in Indian children
b) Primary stones are rare
c) Small stones can be removed per urethra
d) Mixed stones are radioopaque

2934. Which malignancy would occur to prolonged multimodular goitre - *(AMU 2001)*
a) Papillary Ca b) Follicular Ca
c) Anaplastic Ca d) Medullary Ca

2935. Not true about urethral injuries is - *(TN 2001)*
a) Catheterize the pt. immediately
b) Can be associated with fracture pelvis
c) Bladder injury is associated with post urethral injuries
d) Blood at the external urethral meatus is an Imp feature

2936. Which of these is not a risk factor for thromboembolism - *(TN 2001)*
a) Myocardial infarction
b) Hypertension
c) Estrogen therapy
d) Superficial thrmbophlebitis

2937. Not true about 'Struvite Stones' is - *(SCTIMS 01)*
a) better k/a staghorn calculus
b) These are triple phosphate stones
c) Common in infected urine
d) Usually seen in acidic urine

2938. Treatment for parathyroid hyperplasia is -
a) Removal of all four glands *(UPSC 01)*
b) Calcitonin
c) Removal of 3 1/2 glands
d) Enlarged glands to be removed

2939. Treatment of choice for warthins tumour is -
a) Superficial parotidectomy *(UPSC 01)*
b) Enucleation
c) Radiotherapy
d) Injection of a sclerosant agent

2940. Treatment of choice for solitary thyroid nodule is- *(TN 01)*
a) Removal of the nodule
b) Hemithyroidectomy
c) Subtotal thyroidectomy
d) Total thyroidectomy

2941. Most common site of lentigo maligna melanoma is -
a) Face b)Legs *(PGI 01)*
c) Trunks d) Soles

2942. Most common origin of melanoma is from -
a) Junctional melanocytes *(AMU 01)*
b) Epidermal cells
c) Basal cells
d) Follicular cells

2943. Congenital hydrocele is best *tit* by - *(PGI 01)*
a) Eversion of sac b) Excision of sac
c) Lords procedure d) Herniotomy

2944. For carcinoma of the prostate the commonest site is- ***(Aims 01)***
a) Anterior zone b) Peripheral zone
c) Central zone d) Transitional zone

2945. Splenectomy is not done in - *(AIIMS 01)*
a) Mylofibrosis
b) Sickle cell anemia
c) Hereditary spherocytosis
d) Splenic abscess

2923) d 2924) d 2925) d 2926) a,c 2927)b 2928) c 2929) a 2930) a 293l)d 2932) d 2933) a 2934)b 2935) a 2936)d
2937)d 2938)c 2939)a 2940)b 2941)a 2942)b 2943)d 2944)b 2945)b

2946. All are true about long flexor tendons except
a) Flexor digitorum profundus inserted to distal phalanx base *(KERALA 95)*
b) Flexor digitorum superficialis attached to the sides of middle phalanx
c) Damag to the tendons involves formation of tenoma during repair
d) Good repair results if tendon sheath is damaged

2947. No man's land in palm corresponds to - *(MAHE98)*
a) Zone I b) Zone II
c) Zone III d) Zone IV

2948. Failure of migration of neural crest cells is seen in- *(KERALA 2001)*
a) Albinism b) Congenital megacolon
c) Odontomes d) Adrenal tumour

2949. Hypothermia is used in all except - *(PGI98)*
a) Cardiac surgery b) Neonatal ischemia
c) Heat stroke d) Cardiac arrhythmia

2950. Millards 'Rule of Ten' includes all except -
a) 10 kg b) 10 weeks *(Amu 95)*
c) 10 gm % Hemoglobin d) 10 months

2951. The commonest symptom post operatively seen is -
a) Depression *(Kerala 97)*
b) Psychosis
c) Euphoria
d) None of the above

2952. The most sensitive qualitative method for detection of air embolism is - *(PGI 79, AIIMS 86)*
a) Doppler ultra sound technique
b) Electro cardiogram
c) Arterial pressure
d) End expiratory carbon dioxide content
e) Rest of life

2953. Commonest artery for cannulation is - *(PGI97)*
a) Radial b) Ulnar
c) Brachial d) Cubital

2954. Duplication of GIT most commonly involves -
a) Esophagusb) Stomach *(PGI97)*
c) Duodenum d) Ileum

2955. Fiberoptic endoscopy is contraindicated in -*(PGI98)*
a) Children
b) Aneurysm of arch of aorta
c) Cervical spondylosis
d) Hemoptysis

2956. Fluoroscopy is used for diagnosis of - *(PGI 98)*
a) LV function b) Diaphragmatic palsy
c) Valvular clacification d) Pericardial effusion

2957. Which is not a feature of Dupuytern's contracture -
a) Recurrent trauma *(PGI 99)*
b) Genetic predilection
c) Bilateral lesions rare
d) Seen equally in males and females

2958. TVue about berry-aneurysm is following except -
a) Associated with familial syndrome *(PGI 2000)*
b) Most common site of rupture is apex which causes SAH
c) Wall contains smooth muscle fibroblasts
d) 90% occurs at ant. part of circulation at branching point

2959. Immediate surgery is required for - *(PGI 01)*
a) Paralytic ileus due to pelvic collection
b) Volvulus of intestine
c) Post-operative adhesions
d) Intestinal obstruction
e) Paralytic ileus with appendicitis

2960. AFP is raised in - *(PGI 03)*
a) Prostate Ca b) Hepatic Ca
c) LungCa d) Breast Ca
e) Colon Ca

2961. Absorbable sutures are - *(PGI 04)*
a) Catgut b) Silk
c) Polyprophylene d) Polyglycolic acid
e) Vicryl

2962. IFue about intra abdominal compartment syndrome-
a) Intra abdominal pressure > 15 cm H_20 *(PGI 04)*
b) Pneumoperitoneum can produce it.
c) T Renal blood flow
d) *i* venous return
e) T central blood volume

2963. Increased intra abdominal pressure is/are associated with - *(PGI 04)*
a) T pul capillary wedge pressure
b) T venous return
c) T pul inspiratory pressure
d) T renal blood flow
e) T cardiac output

2964. What will be your advice to a 60 yr moderately obese patient with h/O 4-6 cup of coffee per day, 4-6 glass of wine/day with 20 cigarettes per day. He is engaged as a salesman in a computer company. His brother died of Pancreatic carcinoma - *(PGI 04)*
a) Urgent wt. Reduction b) Strict vegetarian diet
c) Stop alcohol d) Stop coffee
e) Stop cigarette smoking

2965. Which is the baseline investigation in the case of an acute abdomen in this high -tech *era-(Kerala 03)*
a) Abdomen CT b) Abdomen X - Ray
c) USG d) Colonoscopy

2966. Which one of the following statements about xeroradiography is correct- **(***Karnataka 02)*
a) Is a wet technique
b) Uses X - ray film
c) Uses charged selenium plate
d) Requires more radiation exposure

2946)d 2947)b 2948)b 2949)b,d 2950)d 2951)d 2952)d 2953)a 2954)d 2955)b 2956)b,c 2957)d 2958)c
2959) b,d 2960) b,c 2961) a,d,e 2962)a,b,d 2963) a,c 2964)a,b,e 2965) b 2966) d

2967. A chest physician performs bronchoscopy in the procedure room of the out patient department. To make the instrument safe for use in the next patient waiting outside, the most appropriate method to disinfect the endoscope is by - *(A103)*
a) 70% alcohol for 5 min
b) 2% gluteraldehyde for 20 min
c) 2% formaldehyde for 10 min
d) 1% sodium hypochlorite for 15 min

2968. Bedsore is an example of - *(A103)*
a) Tropical ulcer b) Trophic ulcer
c) Venous ulcer d) Post thrombotic ulcer

2969. Depressed bridge of nose can be due to any of the following except - *{Karnataka 03)*
a) Leprosy b) Syphilis
c) Thalassemia d) Acromegaly

2970. A 60 year old lady underwent abdominal surgery and on the 4th post - operative day she was diagnosed to have Systemic Inflammatory Response Syndrome (SIRS). What are the features of SIRS *2{UPSC 04)*
a) Normal body temperature and normal respiratory rate
b) WBC > 12 x 10^9/L or < 4 x 10^9/L
c) Respiratory rate > 24 breaths/minute and heart rate > 90 beats/minute
d) Respiratory rate < 10 breaths/minute

2971. Which of the following preservatives is used while packing catgut suture? *(AI04)*
a) Isopropyl alcohol b) Colloidal iodine
c) Gluteraldehyde d) Hydrogen peroxide

2972. In sickle cell anemia sudden onset of Pancytopenia with hemolysis and no rise of reticulocyte count occurs in - *(Jipmer 04)*
a) Sequestration crisis b) Aplastic crisis
c) Hemolytic crisis d) Vasooculusive crisis

2973. Suicidal enzyme is - *{Jipmer 04)*
a) Cycloxygenase b) Lipooxygense
c) Dehydrogenase d) Pyruvate kinase

2974. A 48 year-old woman underwent subtotal thyroidectomy. She has a vague family history of malignant hyperthermia. She develops agitation, restlessness, fever, tremor, shivering, and tachypnea. Thyrotoxic crises can be best distinguished from malignant hyperthermia by estimating - *(Kerala 04)*
a) Temperature variation b) Increased CPK levels
c) LDH d) Mascular rigidity

2975. Who said these words: To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all - *{Karnataka 04)*
a) Hamilton Bailey b) Sir Robert Hutchison
c) Sir William Osier d)J.B. Murphy

2976. T1 and T2 images are a feature of which diagnostic test- *{Karnataka 04)*
a) Ultrasound b) C.T. scan
c) Duplex scan d) MRI scan

2977. Who said: "Skin is the best dressing"? *{Karn 04)*
a) Joseph Lister b) John Hunter
c) James Paget d) McNeill Love

2978. In the acronym "SWELLING" used for the history and examination of a lump or swelling, the letter $^{T}N^{f}$ stands for- *(Karnataka 04)*
a) Nodes b) Noise (Thrill/bruit)
c) Numbness d) Neurological effects

2979. Disparity of the bowel ends during and to end anastamosis is corrected by - *(Karnataka 04)*
a) Cheatle's manoeuvre b) Connell suture
c) Lambert suture d) Czerny technique

2980. Which of the following is a delayed absorbable synthetic suture material- *(TN 04)*
a) Chromic catgut b) Vicryl
c) Silk d) Nylon

2981. Lamina dura lining the alveolus is -*(Karnataka 02)*
a) Cancellous bone b) Ligament
c) Dense cortical bone d) Muscle

2982. Low and fixed specific gravity of urine is seen in -
a) Diabetes mellitus *(SGPGI05)*
b) Diabetes insipidus
c) Chronic renal failure
d) Acute glomerulonephritis

2983. Functional GI disorders can be differentiated from organic GI disorders by - *(SGPGI 05)*
a) Abdominal pain b) Diarrhoea
c) Tenesmus d) Bleeding PR

2984. In triage green colour indicates - *(COMEDK 05)*
a) Ambulatory patients
b) Dead or moribund patients
c) High priority treatment of transfer
d) Medium priority or transfer

2985. Lord's and Jaboulay's operation is done for- *(AMU*
a) Rectal prolapse b) Fistula in ano *05)*
c) Inguinal hernia d) Hydrocele

2986. Surgically used suture material polydioxanone (PDS)- *(COMEDK 05)*
a) Is non absorbable and remains encapsulated
b) Undergoes hydrolysis and complete absorption
c) Undergoes phagocytosis and enzymatic degradation
d) Is specifically used for heart valves or synthetic grafts

2987. Which one of the following is a muscle-splitting incision- *{ICS 05)*
a) Kocher's b) Rutherford-Morris
c) Pfannenstiel d)Lanz

2988. Aims of abbreviated laparotomy- *{PGI June OS)*
a) Decreased chance of infection
b) Early ambulation
c) Early wound healing
d) Haemostasis

2967)b 2968)b 2969)d 2970) b,c 2971) a 2972) a 2973)a 2974)b 2975)c 2976)d 2977)a 2978)b 2979)a 2980)b 2981)c 2982)c 2983)d 2984)a 2985) d 2986)b 2987) d 2988)d

2989. Orthobaric oxygen is used in - (*MAH A 05)*
a) Carbon monoxide poisoning
b) Ventilation failure
c) Anaerobic infection
d) Gangrene

2990. Which of the following catheter materials is most suited for long-term use is - *(AI05)*
a) Latex b) Silicone
c) Rubber d) Polyurethane

2991. Referred pain from all of the following conditions may be felt along the inner side of right thigh, except- *(AI 06)*
a) Inflamed pelvic appendix b) Inflamed ovaries
c) Stone in pelvic ureter d) Pelvic abscess

2992. On the 4th postoperative day of laparotomy a patient presents with bleeding & oozing from the wound Management is - *(PGI June 06)*
a) Dressing of wound & observe for dehiscence
b) IV fluids
c) Send for USG abdomen
d) Start treatments for peritonitis
e) Urgent surgery

2993. Pelvic exentration is known as - **(***APPG06)*
a) Miles Operation b) Lyods operation
c) Finch operation d) Brunshwing[5] operation

2994. Jack stone calculi is been in which anatomic part -
a) Prostate b) Kidney *(Manipal 06)*
c) Ureter d) Bladder

2995. In abdominal surgery lembert sutures refers to -
a) Single layer suturing *(Kam 2006)*
b) Sero muscular sutures
c) All coat intestinal suturing
d) Skin suturing

2996. Barrets esophagus is commonly associated with one of the following - *(AIIMS 06)*
a) Adenocarcinoma
b) Squamous cell carcinoma
c) Sarcoma
d) Gastrointestinal stromal tumor

2997. Which of the following brain tumours is highly vascular in nature? **(***AIIMS 06)*
a) Glioblastoma b) Meningiomas
c) CP angle epidermoid d) Pituitory adenomas

2998. A 40-year old female patient presented with dysphagia to both liquids and solids and regurgitation for 3 months. The dysphagia was non-progressive. What is the most likely diagnosis?
a) Carcinoma of the esophagus *(AIIMS 06)*
b) Lower esophageal mucosal ring
c) Achalasia cardia
d) Reflux esophagitis with esophageal stricture

2999. A 45-year-old male having a long history of cigarette smoking presented with gangrene of left foot. An amputation of the left foot was done. Representative sections from the specimen revealed presence of arterial thrombus with neutrophilic infiltrate in the arterial wall. The inflammation also extended into the neighbouring veins and nerves. The most probably diagnosis is - *(AIIMS 06)*
a) Takayasu arteritis
b) Giant cell arteritis
c) Hypersensitivity angiitis
d) Thromboangiitis obliterans

3000. RET proto oncogene mutation is a hallmark of which of the following tumors? *(AIIMS 06)*
a) Medullary carcinoma thyroid
b) Astrocytoma
c) Hurthle cell tumor thyroid

3001. A 65-year-old miner has lost 7 kgs weight within two months, has presented with cough, and bloody streaked sputum. He was treated for pulmonary tuberculosis 10 years ago. He also has drooping of his left eyelid for one month. On physical examination, there is ptosis of the left eye and papillary miosis. Chest X-ray revealed round opacification in the left upper apical lobe. What is the most probable diagnosis? *(AIIMS 06)*
a) Secondary tyberculosis b) Adencarcinoma
c) Squamous cell carcinoma d) Asbestosis

3002. In which of the following conditions acquired (secondfary) megacolon is seen? *(AIIMS 06)*
a) Fissure in-ano
b) Complete absence of parasympathetic ganglion cells
c) Absence of sympathetic ganglion cells
d) Rectal malignancy

3003. One of the following is not correct in papillary carcinoma of thyroid - *(AIIMS 06)*
a) Can be reliably diagnosed using fine needle aspiration cytology
b) Always unifocal
c) Typically spreads to the cervical lymph nodes
d) Requires a total thyroidectomy for large tumours

3004. Which one of the following statements is incorrect in regard to stones in the gallbladder ? *(AIIMS 06)*
a) Pigment stones are due to increased excretion of conjugated bilirubin
b) Are considered a risk factor for the development of gallbladder carcinoma
c) 10% of gallstones are radio-opaque
d) A mucocele of the gallbladder is caused by a stone impacted in Hartmann's pouch

3005. A 45-year-olf gentleman has undergone truncal vagotomy and pyloroplasty for bleeding duodenal ulcer seven years ago. Now he was intractable recurrent symptoms of peptic ulcer. All of the following suggest the diagnosis of Zolliner Ellison syndrome, except - *(AIIMS 06)*
a) Basal acid output of 15 meq/hour
b) Serum gastrin value of 500 pg/ml
c) Ulcers in proximal jejunum and lower end of esophagus
d) Serum gastrin value of 200 pg/ml with secretin stimulatiopn

2989) a 2990) b 2991) d 2992) b,e 2993) d 2994) d 2995) b 2996) a 2997) a 2998) c 2999) d 3000) a 3001) c 3002) d 3003)b 3004) d 3005)d

3006. The defective migration of neural crest cells results in- *(AIMS 06)*
a) Congenital megacolon
b) Albinism
c) Adrenogenital hypoplasia
d) Dentinogenesis imperfecta

3007. Which of the following statements is true of primary grade IV-V vesicoureteric reflux in young children?
a) Renal scarring usually begins in the midpolar regions *(AIIMS 06)*
b) Postnatal scarring may occur even in the absence of urinary tract infections
c) Long-term outcome is comparable in patients treated with either antibiotic prophylaxis or surgery
d) Oral amoxicillin is the choice antibiotic for prophylaxis

3008. Which of the following is the best way of preventing development deep vein thrombosis (DVT) in postoperative period? *(AIIMS 06)*
a) Early ambulation b) Physiotherapy
c) Prophylactic heparin d) Low dose aspirin

3009. A 48-year-old sports photographer has noticed a small nodule over the upper lip from four months. The nodule is pearly white with central necrosis, telangiectasia. The most likely diagnosis would be -
a) Basal cell carcinoma *(AIIMS 06)*
b) Squamous cell carcinoma
c) Atypical melanoma
d) Kaposis sarcoma

3010. Which one of the following statements is incorrect regarding Meckel's diverticulum? *(AIIMS 06)*
a) Is found on the anti-mesenteric border of the small intestine
b) Consists of mucosa without a muscle coat
c) Heterotopic gastric mucosa can ulcerate and cause a brisk gastrointestinal bleed
d) A fibrous band between the apex and umbilicus can cause intestinal obstruction

3011. A 35-year-old premenopausal patients as recently developed a 1.5 cm sized pigmented lesion on her back. Which of the following forms of tissue diagnosis will you recommend for her? *(AIIMS 06)*
a) Needle biopsy b) Trucut biopsy
c) Excision biopsy d) Incisional biopsy

3012. Extensive surgical debridement, decompression or amputation may be indicated in the following clinical setting except - *(UPSC 07)*
a) Progressive synergistic gangrene
b) Acute thrombophlabitis
c) Acute haemolytic streptococcal cellulitis
d) Acute rhabdomyolysis

3013. Match list I with list II and select the correct answer using the code given below the lists - *(UPSC 07)*

List I *(Carcinoma)*	List II *(Characteristic)*
A. Seminoma testis	1. Hormone dependent
B. Carcinoma prostate	2. Does not spread by lymphatics
C. Basal cell carcinoma	3. Prognosis depends on thickness
D. Malignant melanoma	4. Highly radiosensitive

Code:

	A	B	C	D
a)	4	1	2	3
b)	4	2	1	3
c)	3	1	2	4
d)	3	2	1	4

3014. A 55-year-old male patient underwent cholecystectomy for Gall stone calculus. During surgery the patient's pulse was irregulary irregular, 160/min, BP = 80/ 50 mm of Hg, temp. 40°c On examination a swelling in the neck was found. Most likely diagnosis is -
a) Thyroid storm b) Myocardial infarction
c) Arrthmias d) Stridor *(MAHE 07)*

3015. Cushing reflex is - *(UP 07)*
a) T Mean arterial pressure with increase intra cranial pressure
b) T Mean arterial pressure with decrease intracranial pressure
c) T Mean arterial pressure with increase intracranila pressure
d) 1 Mean arterial pressure with decrease intra cranial pressure

3016. Gases for Pneumoperitoneum - *(PGIJune07)*
a) $C0_2$ b) N_2
c) 0_2 d) Room air
e) N_zO

3017. Scrambled egg appearance is seen in - *(Corned 07)*
a) Carcinoma stomach b) Carcinoma galll bladder
c) Pancreatic carcinoma d) Renal carcinoma

3018. Shoulder pain post laparoscopy is due to -
a) Subphrenic abscess *(AIIMS Nov 07)*
b) CO_z retention
c) Positioning of the patient
d) Compression of the lung

3019. FNAC needle size - *(AIIMS Nov 07)*
a) 18-22 b) 22-26
c) 27-29 d) 16-18

3020. TViangle of Doom is bounded by all of the following except - *(AIIMS Nov 08)*
a) Cooper's ligament b) Vas deferens
c) Gonadal vessels d) Peritoneal reflection

3021. Nicoldoni sign is also known as - *(AIIMS Nov 08)*
a) Murray sign b) Frei sign
c) Darriersign d) Branham sign

3022. Allopurinol is used in organ preservation as -
a) Antioxidant *(AIIMS May 09)*
b) Preservative
c) Free radical scavenger
d) Precursor for energy metabolism

3006)a,b 3007)b 3008)c3009)a 3010)b 3011)c 3012)b 3013)a 3014)a 3015)a 3016)a,c,e 3017)c 3018)b 3019) b 3020) a 3021) d 3022) c

3023. True about aprocine gland - *(PGIJune09)*
a) Modified sweat gland
b) Modified sebaceous gland
c) present in axilla & groin
d) Hidradenitis suppurativa is infection of apocrine gland

3024. Aim of damage control laparatomy are -
a) Provide fascial closure *(PGIJune09)*
b) Arrest haemorrhage
c) Control contamination
d) Prevent infection
e) Prevent coagulation

3025. In surgical stress hormone is increased except -
a) ADH b) ACTH *(PGIJune 09)*
c) Cortisol d) Insulin
e) Renin

3026. True about Abdominal compartment syndrome -
a) i Cardiac output *(PGIJune 09)*
b) *i* Urine
c) *i* Pulmonary capillary wedge pressure
d) *i* Venous return
e) *i* Systemic vascular resistance

3027. Minimum amount of GI bleed to cause malena is -
a) 10mlb) 40 ml *(DELHIPGFeb. 09)*
c) 60ml d) 115 ml

3028. Which of the following is a delayed absorbable synthetic suture material ? *(DELHIPG Feb. 09)*
a) Chronic catgut b) Vicryl
c) Silk d) Nylon

3029. All of the following patients presenting with abdominal pain and shock need immediate laparatomy except- *(DELHIPG Mar. 09)*
a) Ruptured ectopic pregnancy
b) Haemorrhagic pancreatitis
c) Rupture abdominal aortic aneurysm
d) Ruptured liver hemangioma

3030. Which of the following statements is incorrect ?
a) Gas in biliary free may be seen following sphicterotomy
b) Column of feces in the left colon is normal
c) Intestinal obstruction can be one of the presentation in Gall Stone disease
d) Gas in periphery of liver suggests portal vein gas

3031. Risk factors for the development of critical limb ischemia include all except - *(DELHIPG Mar. 09)*
a) Diabetes
b) Hyeprlipidemia
c) Moderate alchol intake
d) Hyperhomocysteinemia

3032. The following statements are correct about burst abdomen (abdominal dehiscence) except-
a) Peak incidence in between 6th and 8th postoperative days *(UPSC-II09)*
b) Manage with nasogastric aspiration and intravenous fluids
c) Cover the wound with sterile towel and perform emergency surgery
d) Second dehiscence is very common

3033. A patient presents to the emergency department with pain and distension of abdomen and absolute constipation. What is the investigation of choice-
a) Plain X-ray abdomen (erect) *(UPSC-II09)*
b) Ultrasonography
c) Barium meal follow-through
d) Colonoscopy

3034. Mackler's triad includes- *(PGINov09)*
a) Vomiting
b) Subcutaneos emphysema
c) Lower thoracic pain
d) Peripheral cyanosis
e) Pleural effusion

3035. Pain in hypogatric region may arise from -
a) Uterus b) Left colon *(PGIMaylO)*
c) Urinary bladder d) Gallbladder

3036. Day care surgery can be done in - *(PGINov. 10)*
a) Lateral sphincterotomy
b) Rhinoplasty
c) Orchidectomy
d) Total thyroidectomy
e) Sub-cutaneous mastectomy

3037. Advantage of Minimal access surgery-(PG/*Nov. 10)*
a) t Heat loss b) Better Hemostasis control
c) Improved vision d) *i* in wound pain
e) Improved Mobility

3038. Fogarty's catheter is used for? *(AIIMSNov 10)*
a) Urethral catheterization
b) Removal of blood clots from the arteries
c) Bladder drainage
d) TPN

3039. Complication (s) of obesity is /are - *(PGIMay 10)*
a) Venous ulcer b) Pulmonary embolism
c) t Mortality d) Prostate cancer
e) Pulmonary hypertension

3040. The best cosmetic results for large capillary (port wine) hemangiomas are achieved by -
a) Excision and split-thickness skin
b) Laser ablation *(NEET/DNB Pattern)*
c) Cryosurgery
d) Tattooing

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3023) a,c,d 3024)b,c 3025)a,d 3026)a,b,d 3027)c 3028)b 3029)b 3030)b 3031)c 3032)d 3033)a 3034)a,b,c 3035)a,b,c 3036)a,b,c,e 3037)c,d,e 3038)b 3039)AU 3040)b


FORENSIC

SEC - I & II: LAW & MEDICINE. PERSONAL INPENTIF1CATION. MEDICOLEGAL AUTOPSY. EXHUMATION

1. Coroner's court is present at - *(PGI87, Kerala 87, UPSC85)*
a) Bombay b) Delhi
c) Madras d) Bangalore
e) Chandigarh

2. In case of death in lock up, the inquest is held by -
a) A Police officer b) Magistrate *(PGI 86)*
c) Panchayat officer d) District Attorney

3. Which carries more weight in a court of law -
a) Dying declaration *(PGI87)*
b) Dying deposition
c) Both carry the same weight
d) Both are not significant

4. The age of a 16 years old female is best determined by the radiograph of - *(PGI 87)*
a) Lower end of radius and Ulna
b) Upper end of humerus
c) Upper end of radius and Ulna
d) Xiphistemum

5. Legal age for marriage for boys in India -
a) 18 b) 19 *(PIIMS 87, PGI 86)*
c) 20 d)21
e) 25

6. Most common pattern of finger print is- *(AI88)*
a) Arch b) Loop
c) Whorl d) Composite

7. Postmortem staining can occur in some cases before death in - *(AIIMS 84)*
a) Children b) Old persons
c) Cholera d) Allof the above

8. Cephalic index is used for determintion of-
a) Race b) Age *(AI89)*
c) Sex d) Pelvic abnormality

9. Dying declaration can be received by - *(AI89)*
a) Medical officer b) Lawyer
c) Police officer d)All

10. Most reliable method of identificaton of a person is by- *(PGI86)*
a) Scars b) Anthropometry
c) Fingerprinting d) Photography

11. Dying deposition is recored by - *(NIMHANS86)*
a) Doctor b) Magistrate
c) Police officer d) Lawyer

12. The power of Amnesty for capital punishment is vested with - *(AMJ 88)*
a) The president b) Supreme court
c) High court d) The govemer

13. Pre-auricular sulcus is used for - *(AMJ88)*
a) Determination of Race
b) Determination of age
c) Determination of sex
d) None of the above

14. Who can be considered as an expert witness -
a) Medical men b) Firearm expert
c) Chemical examiner d)All *(TN89)*

15. To detemine the age of a 16 year old girl which of the following is to be rediographed - *(PGI 88)*
a) Wrist b)Knee
c) Ankle d) Elbow

16. Conduct money is paid to expert witness with summons from - *(AI90)*
a) Civil court b) Criminal court
c) High court d) Sub magistrate

17. Ossification centre appearing just before birth is- *(AI90)*
a) Lower end of femur b) Lower end of tibia
c) Upper end of humerus d) Scaphoid

18. Super imposition technique is used in- *(AI90)*
a) Skull b) Pelvis
c) Femur d)Ribs

19. Second molar erupts at - *(AI 91)*
a) 6 years b) 12 years
c) 18 to 22 years d) 25 to 28 years

20. Tatoo is useful in identifying body - *(AI 91)*
a) Living b)Dead
c) Decomposed d) Burnt

21. Perjury is - *(TN 91)*
a) Willful utterance of falsehood
b) An act comitted within court premises
c) Failure to sign summons
d) Failure to appear as a witness

22. Death sentence can be awarded by - *(Kerala 91)*
a) First class magistrate
b) Second class magistrate
c) Session court
d) Chief judicial magistrate

23. Medicolegal autopsy requires the premission of- *(JIPMER91)*
a) Police b) Magistrate
c) Reletives d) Medical superintendant

24. Best method for identification of a person is by- *(JIPMER91)*
a) Scars b) Blood group
c) DNA Analysis d) Finger prints

25. In India, inquest is carried out by all except -
a) Police b) Coroner *(AIIMS 91)*
c) Doctor d) Magistrate

26. Rigor mortis is simulated by - *(AIIMS92)*
a) Mummification b) Algor mortis
c) Cadaveric spasm d) All of the above

27. Medicolegal autopsy required the permission of-
a) Relatives *(AI93)*
b) Medical superintendent
c) Police
d) Magistrate

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l)a 2)b 3)b 4) a 5)d 6)b 7)c 8) a 9) a 10)c ll)b 12)a 13)c 14)d
15)a 16) a 17)a 18) a 19)b 20)b,c 21)a 22)c 23)a,b 24)d 25)c 26)c 27)c

28. Which of the following is true about oath -
a) Not compulsory *(J1PMER 93)*
b) Compulsory and binds witness for evidence given
c) Holds witness responsible for consequences of evidence
d) Witness is liable for prosecution if he does not take oath

29. Mummification is seen in - (*JIPMER 80, Delhi 92)*
a) I.U.D. (Intrautemine death) fresh
b) I.U.D. late
c) Both
d) None

30. Rigor mortis is simulated by - (*A11MS92)*
a) Cadaveric spasm b) Mummification
c) Algor mortis d) All of theabove

31. To make a positive identification with the help of a partial finger point, the points of similarity should be at least - *{DNB 89)*
a) 10 b) 12
c) 16 d)20

32. Skull of a male differs from that of a female by all of the following except- (*JIPMER 81, Delhi 93)*
a) Capacity greater than 1500 c.c
b) Muscular markings over occiput are less marked
c) Orbits square
d) Frontal eminence small

33. Multiplying factor for estimating stature from humerus is (males) - *{AIIMS 84)*
a) 10-12 b)5-6
c) 7-9 d)9-10

34. Minimum quantity of blood required to be pre served for chemical analysis is- (*PGI81)*
a) 2 ml b) 10 ml
c) 50ml d) 100 ml

35. Medical certificate is - (*AIIMS 85)*
a) Documentary evidence b) Oral evidence
c) Hearsay evidence d) Parole

36. Eruption of temporary teeth will be completed by-
a) One to one and half year (*JIPMER 81,*
b) Two to two and half years *Kerala90)*
c) Three to four years
d) Four to five years

37. Colliquative liquefaction is seen within---------after death - *{AIIMS 80, AMU 86)*
a) Immediately b) 24 hours
c) 72 hours d) 1 week

38. Union of epiphysis at the age of 17 occurs in- *{BIHAR91)*
a) Head of femur b) Head of humerus
c) Lower end of femur d) All the above

39. The enquiry into the circumstances of death is called- (77V*91)*
a) Homicide enquiry b) Inquest report
c) Open verdict d) Adjourned verdict

40. A girl of 10 years will have----------permanent and —temporary teeth - *{PGI 79, DNB 90)*
a) 8,12 b) 8,16
c) 12,12 d) 16,8

41 Spinal cord is opened from the - *(AIIMS 86)*
a) Frontal approach b) Back side
c) Lateral side d) None of the above

42. C.S.F.is required to be preserved in -
a) Alcohol poisoning *{AIIMS 80, BIHAR 89)*
b) Arsenic poisoning
c) Copper poisoning
d) Organophosphorous poisoning

43. The temperature of the body rises up for first two hours after death. The probable condition include following except - *{AIIMS 81, DNB 89)*
a) Sun-stoke b)Frost-bite
c) Septicemia d) Tetanus
e) Strychnine poisoning

44. Multiplying factor of estimating from femur (males) is- *{AIIMS 84)*
a) 3.6-3.8 b) 4.1-4.8
c) 4.9-5.6 d) 5.8-6.2

45. The most reliable bones for the purpose of medul lary index are the folio wing except - *{AP91)*
a) Humerus b) Tibia
c) Radius d)Sternum

46. Lower end of the femur can help to determine the- *{PGI 85)*
a) Age b) Height
c) Weight d) Stature

47. In case of death in lock up, the inquest is held by- *{PG186)*
a) A police officer b) A magistrate
c) A panchayat officer d) Distric attorney

48. The age of a 15 year old female is best determined by the radiograph of - *{AIIMS 86, PGI 8 7)*
a) Lower end of Radius and Ulna
b) Upper end of humerus
c) Upper end of Radius and Ulna
d) Xiphistemum

49. Faint letter mark can be made visible by -
a) Infrared photography *{AIIMS 86)*
b) Spectrophotometer
c) Ordinary light
d) X-rays

50. Which of the following is best for establishing identity- *{Delhi 85)*
a) Anthropomery b) Dactylography
c) Hair examination d) Blood

51. Deep inspiration above the water level may cause
a) No effect on floatation of body - *{Delhi 84)*
b) Early floatation of the body
c) Late floatation of the body
d) Late floatation of the body only is sea water

28) b 29) b 30) a 31)c 32)b 33)b 34)b 35)a 36)b 37)d 38)a 39)b 40)d 41)b
42) a 43) b 44)a 45)d 46)a 47)b 48)c 49)a 50)b 51)a

52. A female pelvis differs from male pelvis by all except- *{Delhi 86, 87, 88, 89)*
a) Obtuse subpubic angle
b) Broad greater sciatic foramen
c) Broad lesser sciatic foramen
d) Prominent muscle markings

53. Pearson's formula is used for- *{PGI79, AIIMS 83)*
a) Cephalic index b) Stature
c) Race d)Age

54. Closure of coronal sutures starts at the age of- *(AIIMS 85)*
a) 20 years b)21 years
c) 30-35 years d) 50-60 years

55. Pure aryans have which type of skull -
a) Mesaticephalic *(JIPMER 80, AIIMS 85)*
b) Brachycephalic
c) Dolicocephalic
d) None of the above

56. "Cardiac polyp" is a term used for postmortem -
a) Fibrinous clots in heart *(AIIMS 81)*
b) Aneurysm
c) Infarcts in heart
d) Pale patches in heart

57. Lungs are preserved in - *(AIIMS 85)*
a) Alcohol poisoning
b) HCN poisoning
c) Carbon monoxide poisoning
d) All of the above

58. A child at the age of 7 years has how many teeth-
a) 16 b) 20 *(PGI83, UPSC81)*
c) 24 d)28

59. The minimum age for the appointment of governoris - *(AIIMS 79, AMC 81)*
a) 18 years b) 21 years
c) 35 years d) 45 years

60. Who can commute a death *sentence-(JIPMER 80)*
a) High court b) Supreme court
c) President d) Any of the above

61. Crural index is calcutated as-fPG/*80, AIIMS 82)*
a) Length of Radius b) Length of tibia
c) Length of Humerus d) Length of ulna

62. The sentence awarded by a court may be enhanced by the- *(AIIMS 83)*
a) Magistrate court b) High court
c) Higher court d) None of the above

63. While despatching blood and urine chemical analysis sodium flouride is added as preservative in the following concentration - *(PGI 80, AMU 86)*
a) 30 mg/10ml b)40mg./10ml
c) 50mg./ml d) 100mg./10ml

64. Exhumation is usually done in the - *(AIIMS 80)*
a) Early morning b) Evening
c) Night d) Any time

65. The most common death by suicide is by -
a) Phenobarbitone *(PGI 80, AIIMS 81)*
b) Insecticide
c) Hanging
d) Suicidal cut throat

66. The time limit for ordering of exhumation in India is- *(AIIMS 79, PGI 81)*
a) 1 month b) lyear
c) 10 years d) No limit

67. Best specimen of bone for sex determination is -
a) Femur b) Pelvis *(Kerala 94)*
c) Skull d) Mandible

68. Best method to determine age upto 14 years is - *(Kerala94)*
a) Ossification centres b) Dentition
c) Anthropometry d) Head circumference

69. The common type of inquest in India is -
a) Coroner's inquest *(Karn94)*
b) Police inquest
c) Judicial magistrate inquest
d) Medical examiner's inquest

70. After post mortem exam body has to be handed over to investigating - *(JIPMER95)*
a) Investing police officer b) Relatives of victim
c) Magistrate d) The civil authorities

71. For exhumation the order should be passed by -
a) Chief judicial magistrate *(Kerala95)*
b) Executive magistrate
c) Police officer
d) Session judge

72. Leading questions are permitted only in- *(AI95)*
a) Examination in chief b) Cross examination
c) Dying declaration d) Re-examination

73. If angle of mandible is obtuse it means that the bone belongs to - *(Delhi96)*
a) Adult male b) Adult female
c) Young female child d) Elderly person

74. Identical twins may not have - *(Karnat 96)*
a) Same DNA finger
b) Same finger print pattern
c) Same blood group
d) Same HLA system

75. Dying deposition is more important than dying declaration because it is - *(IN97)*
a) Made to a magistrate
b) Oath is taken
c) Made in presence of accused
d) Cross examination is permitted

76. Best method for identification of human is - *(AI97)*
a) Blood grouping b) Dactylography
c) Anthropometry d) Gustuffon's formula

77. 100 % sure differentiation of sex is possible by pelvic assessment of all except - *(PGI 96)*
a) Subpubic angle b) Obturator foramen
c) Preauricular sulcus d) Greater sciatic notch

52) d 53) b 54) c 55) c 56) a 57) b 58) c 59) c 60) d 61) b 62) c 63) d 64) a 65) c
66) d 67) b 68) b 69) b 70) a 71) a 72) b 73)c,d 74) b 75) a,d 76) b 77) None

78. Post-mortem autopsy is done for - (,*JIPMER98)*
a) Whole body
b) Parts which are injured
c) Parts which have been asked for in inquest
d) Parts which relatives have given permission for

79. After postmortem body is handed over to -
a) The authority who has conducted inquest in that particular case (.*JIPEMR 98)*
b) Police station near by
c) Coroner
d) Chief magsitrate

80. Most reliable method of indetification of a person is - *(Rajasthan97)*
a) Gustafson method b) Galton method
c) Anthropometry d) Scars

81. Sodium Fluride is used for preservation *of-(AI98)*
a) Urine b) Blood
c) Alcohol d) Carbolic acid

82. Perjury is- *(MAHE98)*
a) Wilful utterance of falsehood
b) Grevious injury
c) Contributory negligence
d) Criminal negligence

83. First finger loop bureau was established in -
a) London b) Paris *(MP2K)*
c) Calcutta d) Madras

84. Rectified spirit not used as preservative in case of -
a) Phenol b) Cyanide *(Bardwan2K)*
c) Insectides d) Aluminium phosphide

85. Exhumaion can be done in India - *(Bardwan 2K)*
a) After 7 years b) After 2 years
c) After 10 years d) At any time

86. The period of mixed dentition is between the ages of- *(Orissa 98)*
a) 2-5 years b) 6-11 years
c) 12-14 years d)15-17years

87. 20 permanent teeth and 8 temproray teeth are seen at the age of - *(Kerala 2001)*
a) lOyrs b) 11 yrs
c) 9 yrs d) 12 yrs

88. Cross examination of the prosecution witness is done by- *(Manipal 01)*
a) Public prosecutor b) Defence counsel
c) Judge d)None

89. First permanent tooth to arise - *(J1PMER 02)*
a) Incistor b) Canine
c) Premolar d) Molar

90. Temperature of a dead person is best measured by -
a) Mouth b) Rectum *(TN 02)*
c) Armpit d) Groin

91. Rigor mortis in a foetus develops after attaining -
a) 3 months of age b) 4 months of age *(TN 02)*
c) 7 months of age d) 10 months of age

92. Cheiloscopy is the study of - *(TN 2002)*
a) Foot prints b) Palatal prints
c) Fingerprints d) Lip prints

93. Corpus delicti means - *(TN 02)*
a) Essence of crime
b) Non decomposed body
c) Identification of dead person
d) Decomposed body

94. An order for exhumation can be given by -
a) District collector *(AI1MS 81, AP 02)*
b) Additional district magistrate
c) Sub collector
d) Any of the above

95. Subpoena is a kind of - *(A1IMS 81, AMU 02)*
a) Decomposed body tissue b) Designation
c) Document d) Court tribunal
e) Indelible ink

96. Puglistic attitude is seen in - *(All India 02)*
a) Drowning b) Protein coagulation
c) Electrocoagulation d) Hanging

97. Two carpal bones are radiologically seen in the wrist X-ray of most of the children by the end of -
a) 1 year b) 2 years (*UPSC 96)*
c) 3 years d) 4 years

98. Atavism is when a child resembles his -*(AIIMS 99)*
a) Parents b) Grandparents
c) Cousin d) Twin

99. The pubic arch in females is above - *(PGI88)*
a) 60-70 b) 70-75
c) 100 d) 130

100. Most specific and sensitive for identification is - *(PGI 98)*
a) Anthropometry b)Dactylography
c) Skull d) Pelvis

101. Most common type in dactylography is - *(PGI98)*
a) Wholrls b) Loops
c) Composite d) Arches

102. Sex determination form pelvis possible upto 95% accuracy from following except - *(PGI 98)*
a) Greater sciatic notch b) Pre auricular sulcus
c) Obturator foramen d) Sub public arch

103. The fetus can be considered viable if the following ossification center appears - *(PGI 99)*
a) Calcaneum b) Manubrium stemi
c) Lower end of femur d) None of the above

104. Testamentary capacity refers to - *(PGI 99)*
a) Ability to make a valid will
b) Criminal liability
c) Right to vote
d) Ability to give evidence

105. 99% sex difference can be done by all features of pelvic bones except - *(PGI 2000)*
a) Subpubic angle b) Greater sciatic notch
c) Preauricular sulcus d) Public rami

106. Best bone to assess age between 20-50 yrs -
a) Skull b)Ribs *(PGI 2000)*
c) Sternum d) Symphysis pubis

78)a 79)a 80)b 81)c 82)a 83)c 84)a 85)d 86)b 87)b 88)b 89)d 90)b 91)c 92)d
93) a 94) b 95)c 96)b 97)b 98)b 99)c 100)b 101)b 102)None 103)c 104)a 105) None 106)a

107. Cephalic index is useful for determination of -
a) Age b) Sex *(PGI03)*
c) Race d) Religion
e) Caste

108. A skull with squared orbit & rectangular palate with cephalic index 75 with broad nose, probably the race is - *(PGI 04)*
a) Negroes
b) Mongoloids
c) Europeans

109. Blackening and tattooing of skin and clothing can be best demonstrated by - *(AI03)*
a) Luminol spray
b) Infra red photography
c) Ultra violet light
d) Magnifying lens

110. Perjury means giving willful false evidence by a witness while under oath, the witness is liable to be prosecuted for perjury and the imprisonment may extend to seven years. This falls under which section of IPC - *(AI 03)*
a) 190 of Penal Code b) 191 of Penal Code
c) 192 of Penal Code d) 193 of Penal Code

111. At the age of 9 number of teeth are - *(Mahara 02)*
a) 12 b) 16
c) 20 d)24

112. Jurisdiction of land assessment comes under- *(Mahara 02)*
a) Supreme court b) Sessions count
c) District court d) None of the above

113. " Juvenile court" is presided over by -(.*Mahara 02)*
a) I class woman magistrate
b) II class woman magistrate
c) II class male magistrate
d) None of the above

114. The cephalic index of Indian population is between -
a) 70-75 b) 75 - 80 *(AI04)*
c) 80-85 d)85-90

115. Dichotomy means - *(Manipal 04)*
a) Fee splitting b) Summons
c) Civil wrong d)None

116. If a patient survives after having given dying declaration then it stands as - *(Jipmer 04)*
a) Corroborative evidence b) Non valued
c) Valid for 48 hours d)None

117. "Dry Submarine" in custodial torture injuries refers to - *(Karnataka 04)*
a) Falanga beating, on soles of feet
b) Tying of a plastic bag over the ears
c) Immersing head in contaminated water
d) Suspending the accused by the ankles

118. Cheiloscopy is the study of prints of - *(AIIMS 04)*
a) Foot b) Fingers
c) Palate d)Lips

119. A boy has 20 permanent and 8 temporary teeth his age would be - *(APPPGE 04)*
a) 9 years b) 10 years
c) 11 years d) 12 years

120. Corpus delciti means - *(TN 04)*
a) Warrant of arrest b) Body of crime
c) Dead body d) Body of a criminal

121. Exhumation is ordered by - *(J&K05)*
a) Civil Surgeon b) Superintendent of police
c) Circle Inspector d) District magistrate

122. Which is not a medical negligence *2LCt-(MAHA 05)*
a) 37 IPC b)304A
c) 351 IPC d) 312 IPC

123. The following may be the example of privileged communication except - *(MAHA 05)*
a) An impotent person marrying
b) A syphilitic taking bath in a public pool
c) Engine driver found to be color blind
d) Pilot having hypermetropia

124. In India, magistrate inquest is done in the following cases except - *(AI 05)*
a) Exhumation cases
b) Dowry deaths within 5 years of marriage
c) Murder cases
d) Death of a person in police custody

125. Medical qualifications awarded by institutions outside India and recognized by MCI are registered in- *(AI06)*
a) First schedule of Indian Medical Council Act 1956
b) Second schedule of Indian Medical Council Act 1956
c) Part I of third schedule of Indian Medical Council Act 1956
d) Part II of third schedule of Indian Medical Council Act 1956

126. Powers of a 1st class magistrate - *(PGI June 06)*
a) Fine upto Rs. 5000 & 3 years imprisonment
b) Fine upto Rs. 3000

127. Subpnoeais- *(Manipal 06)*
a) Summons b)Panchanama
c) Suratra d) Review

128. Power of chief judicial magistrate is imprisonment upto- *(MAHE07)*
a) 7 years b)5 years
c) 3 years d) Death sentence

129. Spalding sign is seen in - *(AI07)*
a) Drowning b) Maceration
c) Mummification d) Starvation

130. Spalding's sign is seen in - *(Aiims May 07)*
a) Drowning b) Mummification
c) Adipocere d) Maceration

131. Affiliation refers to - *(MAHE 07)*
a) Paternity dispute b) Divorce case
c) Rape d) Adultery

107)c 108) a 109)b 110)d lll)d 112)c 113)a 114)a 115)a 116)a 117)b 118)d 119)b 120)bl21)d
122)c 123) a 124)c 125)b 126)a 127)a 128)a 129)b 130)d 131)a

132. DNA finger printing doe with all except -
a) WBC b)RBC *(UP 07, 06)*
c) Saliva d) Spermatozoan

133. Exhumation order is given by - *(UP 07, 03)*
a) Coroner's court b) Police officer
c) Magistrate d) All of the above

134. If death of a patient occurs during surgery due to the negligency of the surgeon, then he can be charged under- *{Corned 07)*
a) 299DPC b)300IPC
c) 304AIPC d)304BIPC

135. There is no criminal responsibility below the age of- *{Corned 07)*
a) 5 years b) 7 years
c) 10 years d) 12 years

136. The center of ossification of which one of the following is used as medicolegal evidence for fetal viability - *{Corned 0 7)*
a) Head of the femur b) Distal end of femur
c) Greater trochanter d) Lesser trochanter

137. Not true about consent is - *(AIIMSNov07)*
a) Explaining to the patient the nature of his disease, the proposed treatment or procedure, the alternative procedure, the risks and benefits involved in both the proposed and alternative procedure, the relative chances of success or failure of both procedures
b) In cases of emergency consent is not necessary.
c) In criminal cases, the victim cannot be examined without his/her consent.
d) Blanket consent authorizers the attending physician or surgeon to do what ever he thinks best for him under the circumstances.

138. Sex can be established by examining hair root cells for the presence of - *{Corned 08)*
a) Davidson body b) Barr body
c) Golgi body d) Medullar index

139. Among the secondary changes in tooth the most useful one for age determination is - *{Corned 08)*
a) Attrition
b) Secondary dentine deposition
c) Root resorption
d) Root transparency

140. The most common type of fingerprint is - *(UP 08)*
a) Loop b) Arch
c) Composite d) Whorl

141. Cephalic index determines - *(UP 08)*
a) Age b)Sex
c) Race d) Socio-economic status

142. Medical man is witness box is - *(UP 08)*
a) Common witness
b) Expert witness
c) Common and Expert witness
d) Voluntary witness

143. Ossification centres appears - *(UP 08)*
a) Just before birth
b) After upper and of the femur
c) Upper end of the tibia
d) After lower end of femur

144. Corporobasal index is useful for determination of -
a) Race b) Age *(A 108)*
c) Stature d)Sex

145. Finger print bureau was first established in -
a) India b) England *(Aiims May 08)*
c) USA d) France

146. Power of chief judicial magistrate is imprisonment upto- *(Manipal 08)*
a) 7 years b) 5 years
c) 3 years d) Death sentence

147. Contributory negligence if proved is beneficial to -
a) The patient *(DPGEE 08)*
b) The treating doctor
c) Both of the above
d) None of the above

148. A leading question is not asked during -
a) Cross-examination *(DPGEE 08)*
b) Examination-in chief
c) Re-examination
d) All of the above

149. Contributory negligence is a defence in ?
a) Civil negligence *(APPG08)*
b) Criminal negligence
c) Ethical negligence
d) None

150. The test in which weight of lungs is compared with body weight is/are - *(PGI Dec 08)*
a) Fodere's Test b) Ploucquet's Test
c) Raygat's Test d) Wredin Test
e) Flourence Test

151. When two objects come in contact with each other, transfer of material takes place in accordance with-
a) Me naughten rule *(PGI Dec 08)*
b) Locard exchange principle
c) Rule of Haase
d) Locard's method

152. Privileged communication is made between -
a) Patient and Doctor *(AI09)*
b) Doctor and court of Law
c) Doctor and relative
d) Doctor and concerned authority

153. Disease which permanently alters the finger prints is- *(AI09)*
a) Leprosy b) Tuberculosis
c) Diabetes d) Dermatitis

154. Casper's dictum is used for - *(AI 09)*
a) Identification of body
b) Estimation of time since death
c) Establishing cause of death
d) Establishing weapon of Injury

132)c 133) a,c 134)c 135)b 136)b 137)d 138)b 139)d 140)a 141)c 142)c 143)a 144)d 145)a
146) a 147) b 148)c 149)b 150)b 151)b 152)d 153)a 154)b

155. All of the following are type of fingerprinting except-
a) Arch b) Loop *(PGI June 09)*
c) Composite d) Circle
e) Whorls

156. In India the age of consent for marriage of a female is - *(COMED 09)*
a) 15 years b) 16 years
c) 18 years d) 20 years

157. Diaphanous test is the test to detect - *(COMED 09)*
a) Pregnancy
b) Stoppage of respiration
c) Stoppage of circulation
d) Presence of blood

158. Rokitansky's method is - *(DELHIPG Feb. 09)*
a) An autopsy technique for infants
b) Used in heavy metal detection
c) Used for estimation of age using skull sutures
d) Used in brain mapping

159. All are true about cadaveric spasm, except -
a) Appears instantaneously by any method after death *(DELHI PG Feb. 09)*
b) Cannot be produced by any method after death
c) Molecular death does not occur
d) All the muscle of the body are involved

160. First sign of decomposition in a dead body is- *(DELHI PG Feb. 09)*
a) Greanish discoloration of skin over face
b) Greanish discoloration of skin over right iliac fossa
c) Greanish discoloration of skin over left iliac fossa
d) Reddish discoloration of skin over right iliac fossa

161. What is the age of a child having 20 permanent and 8 temporary teeth ? *(DELHIPG Mar. 09)*
a) 13 years b) 11 years
c) 9 years d) 15 years

162. Culpable homicide not amounting to murder is under section - *(DELHI PG Mar. 09)*
a) 304 b)304A
c) 302 d)376

163. To compare weight of lung of body which of the following test is used - *(PGI Nov 09)*
a) Cavette test b) Teichman test
c) Takayama test d) Fordere test
e) Ploucqet test

164. At what age, a person can be called as major (According to "Indian Majority Act") -
a) 16 b) 18 *(PGI Nov 09)*
c) 21 d)25
e) 12

165. Cadaveric spasm seen - *(PGI Nov 09)*
a) After 6 hrs b) After 24 hrs
c) After 12 hrs d) After 48 hrs
e) Immediately after death

166. Section IPC 377 deals with - *(AIIMS Nov 09)*
a) Unnatural sex offences b) Rape
c) Incest d) Adultery

167. A teacher slapped a 6th standard student after which she suffered from 25% hearing loss in left ear. This was corrected after a surgery. Which type of injury is this? *(AIIMS Nov 09)*
a) Simple b) Grievous
c) Dangerous d) Serious

168. Incisional wound on genital is seen commonly in -
a) Accidents b) Suicides *(AIIMSMay 10)*
c) Homicides d) Postmortem artifact

169. A woman died within 5 years of marriage under suspicious circumstances. Her parents complained that her in laws used to frequently demand for dowry. Under which of the following sections can a magistrate authorize of the case - *(AI10)*
a) Section 174 CrPc b) Section 176 CrPc
c) Section 304 IPC d) Section 302 IPC

170. Which of the following Indian Penal Codes offers immunity to doctor if he/she treats a patient without his/her consent in case of an emergency?
a) IPC91 b)IPC92 *(Maharashtra10)*
c) IPC93 d) IPC94

171. As per Indian Medical Council 2002 it is compulsory to maintain the medical records pertaining to all indoor patients for a minimum period of____ years-
a) 1 year b) 2 years *(Maharashtra10)*
c) 3 years d) 4 years

172. The age of a 15-year old female is best determined by the radiograph of - *(DPG 10)*
a) Lower end of Radius and Ulna
b) Upper end of humerus
c) Upper end of Radius and Ulna
d) Xiphistemum

173. When a group of muscles of a dead body were in state of strong connaction immediately prior to death and remain so even after death, the condition is termed as - *(DPG 10)*
a) Gas stiffening b) Rigor mortis
c) Cadaveric spasm d) Cold stiffening

174. Which of the following sections of IPC are concerned with dowry death? *(DPG 10)*
a) 300 b)302
c) 304A d)304B

175. A cognizable offence signifies - *(DPG 10)*
a) Imprisonment upto 2 years
b) Imprisonment upto 5 years
c) Arrest without warrant
d) Fine upto Rs. 10,000

176. A child has 20 temporary teeth and 8 permanent teeth. What is the age of the child- *(Punjab 10)*
a) 10 years b) 11 years
c) 13 years d) 14 years

177. Which carries more weight in a court of law -
a) Dying deposition *(Punjab 10)*
b) Dying declaration
c) Both carry the same weight
d) Both are not significant

155) d 156) c 157) c 158)a 159)d 160)b 161)b 162)b 163) e 164) b,c 165) e 166) a 167) b 168) c
169)b 170) b 171)c 172) a 173) c 174) d 175) c 176)None 177)b

178. Determination of sex is done best by which bone -
a) Femur b) Pelvis *(Punjab 10)*
c) Skull d) Mandible

179. A skull with squared orbit & rectangular palate with cephalic index 75 with broad nose, probably the race is - *(Punjab 10)*
a) Negroes b) Mongoloids
c) Europeans d) Oriental

180. Following surgery, a surgeon leaves behind a swab in the abdominal cavity. He is liable for punishment under - *(Jipmer 10)*
a) Criminal negligence
b) Civil negligence
c) Res judicata
d) Novus actus interveniens

181. The confirmatory test for blood is - *(Corned 10)*
a) Benzidine test
b) Luminol test
c) Leucomalachite green test
d) Teichmann test

182. "Declaration of oslo" deals with - *(Corned 10)*
a) Abortion b) Torture
c) Human experimentation d) Consumerism

183. True about battered baby syndrome- *(PGIMay 10)*
a) Posterior rib # may be seen in X- ray
b) Injury at the side of metaphysic is specific
c) Epiphyseal injury is common
d) Babygram is diagnostic
e) Me casue of death is extradural hemorrhage

184. All are true about postmortem staining except -
a) Occur immediate after death *(PGIMay 10)*
b) Common in dependent part
c) Disappear with rigor mortis
d) Margins are raised
e) Not found in internal organ

185. True about suspected animation - *(PGIMay 10)*
a) Common phenomenon in yogic person
b) Can be voluntary
c) Similar to molecular death
d) Similar to brain death
e) Person can be revived

186. True about Molecular death - *(PGINov. 10)*
a) Same as cellular death
b) Same as cellular death as indicated by rigor mortis
c) Indicated by stopping of heart function and flat BOG
d) Brain death
e) All cells of body die

187. Widmark's formula is used in calculating -
a) Quantity of alcohol in body *(AIIMSNov 10)*
b) Time since death
c) Infliction of injuries
d) Stature

188. During autopsy, if spinal cord is to be examined what is the most commonly used *approach-(AIIMS May 11)*
a) Anterior b) Posterior
c) Lateral d) Antero-lateral

189. In civil negligence, onus of proof lies on -
a) Judicial first degree magistrate *(AIIMS May 11)*
b) Police not below the level of sub inspector
c) Doctor
d) Patient

190. Condition promoting adipocere formation - *(AIIMS*
a) Dry and hot b) Hot and humid *May 11)*
c) Dry & optimum d) cold and moist

191. According to MCI act, medical education granted by Indian universities comes under - *(AIIMSMay 11)*
a) Schedule I of MCI act
b) Schedule II of MCI act
c) Part I of schedule III
d) Part II of schedule III

192. Dental numbering is done by all, except - *(AI11)*
a) FDI Two Digit System
b) Anatomic and diagrammatic charting
c) Palmer Notation
d) Aerogram

193. Which Indian law describes dying declaration?
a) Sec. 39 Cr.P.C *(Karn 11)*
b) Sec. 278 Cr.P.C
c) Sec.32IEA
d) Sec. 118IEA

194. With respect to dating of a bone, a bone more than 100 years old contain - *(Karn 11)*
a) 6 amino acids b) 7 amino acids
c) 8 amino acids d) 9 amino acids

195. In Polygraph test "GSR" stands for - *(Karn 11)*
a) Guilt Score Reaction
b) Galvanic Skin Reaction.
c) Guilt Sensor Reaction
d) Guilt Sensitivity Reaction.

196. Algor mortis is - *(PUNJAB 11)*
a) Cadaveric spasm
b) Post partum rigidity
c) Cooling of the body
d) Post mortem caloricity

197. Species identification is done by - *(PUNJAB 11)*
a) Neutron activation analysis (NAA)
b) Precipitin test
c) Benzidine test
d) Spectroscopy

198. Most common primary finger print pattern -
a) Loop b) Whorl *(Jipmer11)*
c) Mixed d)Arch

SEC - III s MEDICOLEGAL ASPECTS OF DEATH, INVESTIGATIONS. HANGING, STRANGULATION, STARVATION, COLD & HEAT

199. Rigor moritis develops ....after death - *(PGI86, 87)*
a) 1/2 -1 hr. b) 1 to 2 hrs
c)3to6hrs. d) 12 hrs

178)b 179) a 180) a 181) d 182) a 183)a,b,c,d 184)a,c,d,e 185)a,b,e 186)a,b,e 187) a 188)b 189)d
190) b 191)a 192)d 193)c 194) b 195) b 196)c 197)b 198) a 199)d

200. Cadaveric spasm- *(PGI86, 87)*
a) Instant in onset
b) Confined to a small group of muscle
c) Occurs only in voluntary muscles
d) Indicates that the person was alive at that time
e) All of the above

201. Foamy liver is seen in - *(AIIMS 87)*
a) Putrefaction b) Drowning
c) Mummification d)Adipocere

202. Post mortem staining gets fixed after - *(PGI 87)*
a) 2-3 hrs., b) 3-4 hrs.,
c) 5-6 hrs., d)6-7hrs.,
e) 7-8 hrs.,

203. Mummification occurs when - *(PGI 87)*
a) High atmospheric temperture is present
b) Dry air condition
c) Wind is present
d) All are correct

204. If a body is left undisturbed, for how long does post mortem staining persists - *(PGI 87)*
a) Few hours
b) Few days
c) Few months
d) Persists till it merges with discolouration of putrefaction

205. What poisoning retards putrefaction - *(PGI 87)*
a) Phosphorus b) Arsenic
c) Mercury d)Lead
e) Copper

206. Suspended animation may be seen in - *(AIIMS 85)*
a) Electrocution b) Morphine poisoning
c) Strangulation d) Rape

207. Hypostasis lasts for - *(PGI 88)*
a) Hours b) Days
c) Weeks d) Months

208. Cadaveric spasm - *(PGI 88)*
a) Immediately after death
b) After 2 hrs of death
c) Affect voluntary muscles
d) Affects involuntary muscle

209. The rate of cooling down of dead bodies in tropical climate is - *(PGI 88)*
a) 0.2°c/hr., b)0.5°c/hr.,
c) 1.0°c/hr., d)1.5°c/hr.,

210. Last organ to be affected in putrefaction -
a) Prostate b) Uterus *(PGI 85)*
c) Kidney d) Thyroid

211. Immediate stiffnes postmortem occurs in - *(A190)*
a) Cadaveric rigidity b) Cadaveric spasm
c) Rigor mortis d) Algor mortis

212. Mummification is - *(AI91)*
a) Dessication of the body
b) Pugilistic attitude of the body
c) Electric bums
d) Burking

213. Floatation of a body in water is due to - *(Kerala 91)*
a) Flesh being eaten by fishes
b) Presence of gases
c) Water logging of body
d) All of the abve

214. Honeycombing is seen in liver in cases of -
a) Cirrhosis b) Rupture *(Kerala 91)*
c) Putrefaction d) Hydatid disease

215. Presence of maggots at post mortem indicates -
a) Duration since death *(JIPMER 91)*
b) Cause of death
c) Mode of death
d) Posture of body at time of death

216. Cold stiffening may be associated with -
a) Trench foot *(AIIMS 80, AMC 85)*
b) Immersion foot
c) Body rigid, heavy and stiff
d) Any of the above

217. Colour changes of putrefacion are first observed in the- *(AIIMS 86)*
a) iliac fossa b) Popliteal fossa
c) Cubital fossa d) Arm pits
e) Neck

218. Rigor mortis in India in summer sets in - *(JIPMER 80, Delhi 92)*
a) 2-3 hrs b) 18-36 hrs
c) 2-5 days d) 1 week

219. Number of hours since death is calculated by multiplying the fall in rectal temperature -
a) 0.33 b) 0.67 *(JIPMER 81, Delhi 93)*
c) 1.0 d) 1.33
e) 1.5

220. Definition of suspended animation is -
a) It is a condition of apparent death when no signs of life are discovered as the functions are inter mpted for sometime or are reuced to minimum
b) Sign of death are irreversible
c) Only signs of brain death are present
d) None

221. In putrefaction greenish discolouration is first seen in - *(TN91)*
a) Lion b) Epigastrium
c) Right iliac fossa d) lower limb

222. Maggots in a dead body do not appear before -
a) 4 hours b) 12 hours *(PGI 80, Delhi 87)*
c) 24 hours d) 48 hours

223. The following are correct about cadaveric rigidity in contrast to cadaveric spasm except -
a) Condition is seen after death *(AIIMS 80,*
b) Affects all mucles of body *PGI 84)*
c) Helpful in determining time since death
d) None of the above

224. Rigor mortis first starts in - *(PGI 81, AIIMS 82)*
a) Upper eyelids b) Lower eyelids
c) Lower limbs d) Fingers

200)e 201)a 202)e 203)d 204)d 205)b 206)a,b 207)b 208)a,c 209)b 210)b 211)b 212)a 213)b
214) c 215)a 216)c 217)a 218)a 219)e 220)a 221)c 222)d 223)a 224)a

225. Marbling is noticed by - *(AIIMS84)*
a) 18 hours b) 36 hours
c) 48 hours d) 24 hours

226. In rigor mortis muscle - *(Kerala 94)*
a) Stiffens b) Shortens
c) Stiffens and shortens d) Stiffens and lengthens

227. Putrefaction is a - *(Karn 94)*
a) Perimortem sign of death
b) Immediate sign of death
c) Early sign of death
d) Late sign of death

228. Mummification is due to - *(AI95)*
a) Putrefaction b) Saponification
c) Dessication d) Extreme cold

229. Adipocere is likely to occur in - *(Karnat 96)*
a) Warm humid climate b) Dry hot climate
c) Burial in sandy soil d) All the above

230. Post-mortem caloricity is seen with - *(AI97)*
a) Strychnine poisoning
b) Lead poisoning
c) Mercury poisoning
d) Phosphorous poisoning

231. First indication of post mortem putrefaction is -
a) Discoloration of right iliac fossa *(AI 9 7)*
b) Puffiness of face
c) Bullous lesion
d) Scaling of skin

232. Immediate rigidity if a group of muscle without passing into stage of primary relaxation - *(AI 9 7)*
a) Cadaveric spasm b) Cadaveric rigidity
c) None

233. Maggots are seen on the dead body after- *(PGI96)*
a) One day b) 2 to 3 days
c) 3 - 4 days d) one week

234. Rate of cooling helps in determining-^/PMEK *98)*
a) Time of death b) Manner of death
c) Place of death d) Cause of death

235. Maggots appear in body in rainy season within -
a) 24hr b) 1-2 day *(PGI97)*
c) 2-3 day d) 3-4 days

236. What is suspended Animation- *(PGI 97)*
a) Animal is suspended in air
b) The subject is alive but shows no signs of life
c) Hibernation
d) Deep sleep

237. Suspended animation occurs after - *(DIA 99)*
a) Electrocution b) Cyanide poisoning
c) Bums d) Drowning

238. Putrefraction starts in - *(PGI 98)*
a) Liver b)Lung
c) Brain d) Heart

239. Rigor mortis first starts in - *(PGI 98)*
a) Heart b) Eye lids
c) Lung d) Limbs

240. Rigor mortis starts in - *(DNB 2001)*
a) Right iliac fossa b) Left iliac fossa
c) Brain d) Heart

241. Rigor mortis occurs first in which voluntary muscle- *(JIPMER 02)*
a) Muscles of eyelids b) Small muscles of hands
c) Neck muscles d) Face muscles

242. Entomology of cadaver helps in finding - *(IN 02)*
a) Time since death b) Mode of death
c) Manner of death d) Identify the disease

243. Putrefaction is facilitated by following except -
a) Very high temp b) Free air
c) Damp environment d) Shallow grave

244. Maggots in rainy day are seen within - *(PGI9 7)*
a) 6 hours b) 1-2 days
c) 2-4 days d) 5-6 days

245. Rigor mortis in winder season in Northern India lasts for - *(PGI 97)*
a) 24-48 HR b)>24HR
c) 2-3 days d) > 3 days

246. True about mummification is - *(PGI 9 7)*
a) External features are preserved
b) High atmospheric temperature is needed for it
c) Occurs in dry air
d) All of the above

247. Rigor mortis starts in - *(PGI 98)*
a) Eyelids b) Heart
c) Voluntary muscles d) Limbs

248. First internal sign of putrefaction is found-*(PGI98)*
a) Below the liver b) In mediastinum
c) Below the spleen d) In kidney

249. Suspended animation is defined as - *(PGI 98)*
a) Apparent death from which person can be aroused
b) True death from which person can not be aroused
c) May last for days or weeks
d) Can not be produced voluntarily

250. Postmortem caloricity is - *(PGI 98)*
a) t ed temp within 2 hours of death
b) Rapid fall in temp after death
c) ted temp after 6-8 hours of death
d) Decreases in temperature followed by rise

251. Adipocere formation is seen in - *(PGI 99)*
a) Dead body exposed to air
b) Dead body buried in damp, clay soil
c) Burial in dry hot air
d) Prolonged immersion in water

252. True about cadaveric spasm - *(PGI 2000)*
a) Develops immediately after death
b) May develop hours after death
c) Develops only in facial muscles
d) Involves individual/small group of muscles

253. True statement regarding mummification -
a) Time since death *(PGI 01)*
b) Facial features are preserved
c) Skin is shrunken, dry and brown
d) Implies the body was recovered from a hot and dry place
e) Modified putrefaction

225) b 226) c 227)d 228)c 229)a 230)a 231)a 232)a 233)b 234)a 235)b 236)b 237)a 238)a 239)a 240)d 241)a 242)a 243)a 244)c 245)a 246)d 247)b 248)a 249)a 250)a 251)b,d 252)a,d 253) a,c,d,e

254. Post mortem lividity persists till - *(PGI01)*
a) 24 hours b) 18 hours
c) 2-3 days d) 48 hours
e) Merges with putrefactive changes

255. True about adipocere - *(PGI 02)*
a) Common in dry and cold climate
b) Also called saponification
c) Sweetish smell
d) Occurs due to gradual hydrolysis and hydrogenation of fats

256. Rigor mortis is simulated by - *(PGI 02)*
a) Cold stiffness b) Heat stiffness
c) Tetanus d) Strychnine poisoning
e) Putrefaction

257. \\Tiich is true about Somatic death - *(PGI 03)*
a) Cooling of the body
b) Cessation of spontaneous respiration
c) Cessation of circulation
d) Flat isoelectric E.E.G
e) Deep unconsciousness with no response to external stimuli or internal need

258. Prolongation of Rigor mortis is seen in - *(PGI 03)*
a) Lead b) Arsenic
c) Mercury d) Copper

259. IVue about rigor mortis - *(PGI 03)*
a) First appear in chin
b) It last 18-36 hours in summer
c) Seen immediately after death
d) It disappears in the sequence as it appears
e) It last 24-48 hours in winter

260. Rigor mortis first seen in - *(PGI 04)*
a) Myocardium b) Upper eye lid
c) Lower eye lid d)Jaw
e) Leg

261. Post - mortem caloricity is increased in all except-
a) Bums b) Sunstroke *(Jipmer 03)*
c) Tetanus d) Septicaemia

262. Algor Mortis is - *(Jipmer 03)*
a) Cadaveric spasm b) Hypostasis
c) Cooling of body d) Ethyl alcohol

263. Rigor mortis starts at - *(IN03)*
a) Hands b)Eyes
c) Heart d) Intestines

264. Postmortem lividity is unlikely to develop in a case of- *(AI03)*
a) Drowning in well
b) Drowning in a fast flowing river
c) Postmortem submersion
d) Drowning in chlorinated swimming pool

265. Aseptic autolysis is seen in - *(Kerala 04)*
a) Adipocere b) Maceration
c) Putrefaction d) Mummification

266. Burking consits of- *(PGI85,87, UPSC87)*
a) Smothering and Traumatic asphyxia
b) Choking and drowning
c) Gagging only
d) Traumatic asphyxia only

267. The conclusive post mortem finding of death by drowning - *(PGI86,87)*
a) Cutis anserina
b) Presence of water in the middle ear
c) Edematous lungs
d) Demonstration of diatoms in the organs of the body

268. White lathery froth is seen in deaths duee to -
a) Drowning *(AI 88)*
b) Hanging
c) Organophosphours poisoning
d) Mineral acid poisoning

269. Fractures of the hyoid bone results from all except -
a) Throttling b) Hanging *(PGI 86)*
c) Choking d) Ligature strangulation

270. Death of judicial hanging is because of - *(AMJ88)*
a) Vasovagal shock
b) Occlusion of airway
c) Fracture disclosation of upper cervical vertebra
d) Coma

271. In starvation, the gall bladder may be - *(PGI 85,*
a) Atrophied b) Distended *(JIPMER 90)*
c) Show stones d) Normal

272. Hanging is established by - *(PGI85)*
a) Fracture of hyoid cartilage
b) Fracture of thyroid cartilage
c) Staining of saliva
d) Ligature mark

273. Hanging with the feet touching the ground is seen in- *(TN90)*
a) Partial hanging b) Complete hanging
c) Homicidal hanging d) Suicidal hanging

274. Hyoid fracture is seen in - *(JIPMER 90, TN 90)*
a) Hanging b) Strangulation
c) Burking d) Throttling

275. Petechial hemorhages in drowning is seen in -
a) Subpleural tissutes of lung *(JIPMER90)*
b) Submucosa of trachea
c) Bronchioles
d) Alveoli

276. Paultaf's hemorrhages occurs in which injury-
a) Strangulation b) Hanging *(AI90)*
c) Drowning d)Bums

277. Horizontal ligature mark in the neck is seen in -
a) Throttling b) Hanging *(AI91)*
c) Strangulation by ligature d) Chocking

278. Emphysema aqueosum is seen in - *(AIIMS 92)*
a) Wet drowning b) Secondary drowning
c) Dry drowning d) Immersion syndrome

279. In a acute starvation feeling of intense hunger lasts - *(AIIMS 79, AMU 86)*
a) 12-24 hours b) 24-36 hours
c) 36-48 hours d) 48-60 hours

254)e 255)b,c,d 256)a,b,e 257)b,c,d,e 258)b 259)b,d,e 260)a 261)a 262)c 263)c 264)b 265)b 266)a 267)c,d 268)a 269)c 270)c 271)J>,c 272)c,d 273)a 274)d 275)a 276)c 277)c 278)a 279)c

280. Which of the following sign will indicate that the death was antemortem - *(Delhi 86, TN 93)*
a) Cutis anserina
b) Washer woman's skin
c) Weed and grass in the hands
d) Cyanosis

281. Cafe coronary commonly occurs when a person is- *(PGI79, Bihar 89)*
a) Intoxicated b) Eating fatty food
c) Eating meat d) Eating fish

282. Accidental drowning is ruled out if - *(PGI 80, 84)*
a) The body is tied up inside a gunny bag
b) Hand and feet are tied by a ligature in way that is inconsistent with suicidal drowning
c) Heavy weights are attached in such a way that suicidal drowning is excluded
d) All of the above

283. Froth of drowning can be differentiated from that due to other causes by - *(ARMS 86)*
a) Microscopic detection of mucous
b) Detecting excess of salt in the froth
c) Both a and b
d) None of the above

284. A method of homicidal smothering and traumatic asphyxia is known is - *(PGI 80, Delhi 86)*
a) Choking b) Gagging
c) Burking d) Overlying

285. Hyperventilation before drowning - *(PGI85)*
a) Can cause death
b) Does not alter the process of drowning
c) Can cause delayed death
d) Can cause secondary drowning

286. Entire absence of fat throughout the body is suggestive of - *(PGI 90)*
a) Starvation b) Tuberculosis
c) Diabetes d) All of the above

287. Commonest type of drowning is - *(JIPMER 80, AIIMS 84)*
a) Suicidal b) Accidental
c) Homicidal d) All of the above

288. In frost bite, skin becomes hard and black in about
a) 3 days b) 7 days *(ARMS 87)*
c) 2 weeks d) 4-6 weeks

289. Le facies sympathique is seen in - *(JIPMER 79, AMU87)*
a) Traffic accident b) Hanging
c) Strangulation d) Myocardial infarction

290. If both water and food are completely with held to a person, death usually occurs in -*(JIPMER 80, Kerala 88)*
a) 1 to 2 days b) 2 to 4 days
c) 5 to 7 days d) 10 to 12 days

291. Suicidal drowning differs from homicidal drowning by the following except - *(PGI 80, ARMS 82)*
a) Absence of signs of struggle
b) Marks of violence on body absent
c) Untom clothes
d) None of the above

292. Hanging is defined as - *(Kerala 94)*
a) Suspension of body by a ligature, body weight acting as constricting force
b) Suspension of body by ligature after death
c) Obliteration of air passages by external compression
d) Mechanical interference to respiration.

293. Maximum congestion is seen in - *(Kerala 94)*
a) Choking b) Hanging
c) Strangulation d) Drowning

294. Oedema aquosum occurs in - *(Karn. 94)*
a) Wet drowning
b) Dry drowning
c) Secondary drowning
d) Immersion syndrome

295. Gettler's test is positive in - *(ARMS 94)*
a) Hanging b) Poisoning
c) Strangulation d) Drowning

296. Dry drowning is defined as - *(Delhi 96)*
a) Drowning in sea water
b) Drowning is cold water, death dut to cardiac arrest
c) Drowning of a dehydrated body
d) Drowning where death is due to laryngospasm

297. The most specific feature of death due to hanging is-
a) Tardieu sports *(Delhi 96)*
b) Ligature mark
c) Fracture of thyroid cartilage
d) Dribbling of saliva

298. Extensive bruising of neck muscles or ecchymosis of subcutaneous tissues in neck is characteristic of- *(Delhi96)*
a) Hanging b) Strangulation
c) Throttling d) Burking

299. One of the following is a definite sign of death due to drowning - *(Karn.95)*
a) Sand and mud in the mouth and nostrils
b) Fine lathery froth in the mouth and nostrils
c) Washerman's hands and feet
d) Diatoms in bone marrow

300. In a case of hanging neck ligature marks are example of- *(JIPMER98)*
a) Contussion b) Printed abrasion
c) Laceration d) Bruise

301. Gettlers test is positive in - *(Rajashthan 9 7)*
a) Hanging b) Poisoning
c) Strangulation d) Drowning

302. The postmortem finding seen in smothering-
a) Abrasion on the inner side of the mouth *(AP 98)*
b) Fracture body of Hyoid
c) Thyroid fracture
d) Curved marks on the neck

303. Gettler's test is done in - *(MP98)*
a) Hanging b) Strangulation
c) Drowning d)Throtling

280) c 281) a 282)d 283)d 284)c 285)c 286)a 287)b 288)c 289)b 290)d 291)d 292)a 293)c 294) a 295)d 296)d 297)d 298)b 299)d 300)b 301)d 302)a 303) c

304. Cafe coronary is due to - *(MP 98)*
a) MI b) Asphyxia
c) Strangulaion d) Drowning

305. Lynching is - *(AMC 2K)*
a) Practised in North America
b) Practised by white people on Negroes
c) Hanging publically on a tree
d) All

306. For diatoms test the best site for taking sample is
a) Lungs *(J &K 2001)*
b) Bone marrow in ulna
c) Bone marrow in femur
d) Muscle

307. Atypical arrest due to drowning is - *(PGI 79,*
a) Cardiac arrest due to drowning *AIIMS 83)*
b) Laryngo spasm due to drowning
c) Drowning in unconcious state
d) All of the above

308. In acute starvation, feeling of intense hunger lasts- *(PGI80, AMU89)*
a) 10 to 20 hours b) 20 to 30 hours
c) 36 to 48 hours d) Beyond 60 hours

309. Number of deciduous teeth is - **(**,*JIPMER 95)*
a) 20 b) 24
c) 28 d)32

310. Most common consistent feature after a child has been taken out from pond died from drowing is -
a) Water in lungs alveoli *(PGI 97)*
b) Petechial haemorrhages
c) Washer woman skin
d) Cyanosis

311. Hanging causes large amount of injury to -
a) Vertebral artery b) Carotid A *(PGI 98)*
c) Trachea d) Oesphagus

312. Diatom test is to determine death due to - *(PGI98)*
a) Drowing b) Strangulation
c) Hanging d)Bums

313. All are seen in drowing except - *(PGI 99)*
a) Miosis
b) Wet heavy lungs
c) Water and weeds in stomach and lung
d) Froth from mouth

314. Features supporting strangulation are - *(PGI 01)*
a) Blood outside vessels in microscopy from skin of ligature site
b) Dribbling of saliva from angle of mouth
c) Marked cyanosis of face
d) Frothy sputum in mouth and nostrils
e) Ligature mark

315. A dead body is found, on pressure over the chest fine leathery froth came out through nostrils and mouth, the mode of death was - *(PGI 03)*
a) Hanging
b) Organophosphorus poisoning
c) Drowing
d) Strangulation
e) Morphine poisoning

316. In fresh water drowning the death occurs within 4-5 minutes of submersion due to ventricular fibrillation. Which of the following reasons is responsible for this- **(***AIIMS 04)*
a) Total asphyxia is produced due to fresh water
b) Laryngospasm causing vagal inhibition
c) Haemoconcentration of blood caused by the osmotic pressure effect
d) Haemodilution, overloading of heart and haemolysis resulting in release of potassium

317. Which of the following is not seen in drowning -
a) Weeds in stomach and lung (*Kerala 04)*
b) Miosis
c) Wet heavy lungs
d) Frothing from mouth

318. All are types of strangulation except - (*Kerala 04)*
a) Bansdola b) Lynching
c) Garotting d) Mugging

319. When skull and photograph of face are available, identity can be established by - *(SGPGI05)*
a) Dactylography
b) Poroscopy
c) Superimposition technique
d) Gustafson's method

320. Foamy liver is seen in - *{SGPGI05)*
a) Arsenic poisoning b) Putrefaction
c) Mummification d) Aconite poisoning

321. Study of finger printing is - *(PGI June 05)*
a) DNA finger printing b) Dactylography
c) Gene analysis d) Poroscopy
e) Cheiloscopy

322. Medico-legal importance of rigor mortis is in estimation of - *{MAHE 05)*
a) Time of death b) Manner of death
c) Cause of death d) All the above

323. Female pelvis can be differentiated from male pelvis by- **(***APPGE05***)**
a) Larger obturator foramen
b) Obtuse angle of suprapubis
c) Suprapubic sulcus is prominent
d) All

324. The minimum age at which an individual is responsible for his criminal act is - *(AI05)*
a) 7 years b) 12 years
c) 16 years d) 21 years

325. The most reliable method of identification of an individual is - *(AI 05)*
a) Dactylography b) Scars
c) Anthropometry d) Handwriting

326. The most common pattern of fingerprint is -
a) Arch b)Loop *(AI 05)*
c) Whorl d) Composite

327. The most reliable criteria in Gustafson's method of identification is - *(AI 05)*
a) Cementum apposition b) Transparency of root
c) Attrition d) Root resorption

304)None 305)d 306)c 307)d 308)c 309)a 310)a 311)b 312)a 313)a 314)a,c,e 315)c 316)d 317)b
318)b 319)c 320) b 321)b 322)a 323)b 324)a 325)a 326)b 327)b

328. **Spalding's sign occurs after -** *(AI06)*
a) Birth of live fetus
b) Death of fetus in uterus
c) Rigor mortis of infant
d) Cadaveric spasm

329. **Fingerprint Bureau was first established in -**
a) England b) China *(AI06)*
c) India d) Singapore

330. **When a surgeon wants to send the autopsy specimen for virological examination, it should be preserved in-** *(AIIMS06)*
a) 50% glycerine
b) 10% formalin
c) Rectified spirit
d) Saturated solution of common salt

331. **The fingerprint pattern may be impaired permantly in cases of -** *(AIIMS 06)*
a) Eczema b) Scalds
c) Scabies d) Leprosy

332. **Most reliable criteria in Gustafson method of age estimation is -** *(AIIMS 06)*
a) Attrition
b) Secondary dentin deposition
c) Transparency of root
d) Cementum apposition

333. **Minimum age for punishment in Railways act ?**
a) 2 years b) 5 years *(APPG 06)*
c) 7 years d) 12 years

334. **The rate of temperature falls after death is -** *(UP 0 7)*
a) 0.2 - 0.3°C/hour b) 0.5 - 0.7°C/hour
c) 2 - 3°C/hour d) 5 - 7°C/hour

335. **The medicolegal importance of postmortem lividity is all except -** *(UP 07)*
a) Cause of death elsewhere
b) Time since death
c) Manner of death
d) Position of the body at the death

336. **Delayed rigor mortis occurs with -** *(UP 0 7)*
a) Vegetables poisons b) Strychnine
c) Opium d) Septicemia

337. **Last organ to be dissected during autopsy in asphyxial death is -** *(AIIMS Nov 0 7)*
a) Neck b) Head
c) Abdomen d) Thorax

338. **In autopsy, preservative used for vitreous is -**
a) Fluoride b) HC1 *(AIIMSNov 07)*
c) Phenol d) Xylol

339. **Postmortem rigidity first starts in -** **(***Corned 08)*
a) Eyelids b) Neck
c) Upper limbs d) Lower limbs

340. **In normal conditions of temperature and atmosphere, the rate of cooling of dead body is -**
a) 1.0°F/hour b)1.5°F/hour *(Corned 08)*
c) 2.0°F/hour d)2.5°F/hour

341. **Foamy liver is found in -** *(UP 08)*
a) Drowning b) Putrefaction
c) Adipocere d) Abortion

342. **In Riger mortis, first appearance occurs at-(T/P** *08)*
a) Neck b) Eyelid
c) Face d) Trunk

343. **Which of the following is not a cause of death due to suffocation -** *(AI 08)*
a) Choking b) Gagging
c) Smothering d) Throttling

344. **Fracture of the hyoid bone and thyroid cartilage with neck muscle bruising suggests a diagnosis of -**
a) Strangulation b) Hanging *(AI08)*
c) Choking d) Gagging

345. **Fracture of hyoid bone, thyroid cartilage and cricoid cartilage along with extensive bruising of neck muscles suggests a diagnosis of -** *(AI 08)*
a) Manual strangulation
b) Ligature strangulation
c) Hanging
d) Choking

346. **Sweating is Not present in -** *(AiimsMay08)*
a) Heat syncope b) Heat cramps
c) Heat stroke d) Heat fatigue

347. **Corpus delicti means -** *(Aiims May 08)*
a) Essence of crime
b) Inquest into death
c) Postmortem examination
d) Death by asphyxia

348. **Last organ to be dissected during autopsy in asphyxial death is -** *(Aiims May 08)*
a) Neck b) Head
c) Abdomen d) Thorax

349. **Dark brown P.M. lividity is seen in -** *(PGI June 08)*
a) Aniline b)CO
c) Phosphorous d) Hydrocyanide

350. **The rate of temperature fall after death** *is-(DPGEE 08)*
a) 2-3° C/hour b) 0.5-0.7^0 C/hour
c) 0.2-0.3^0 C/hour d) 5-7° C/hour

351. **What is aseptic autolysis called ?** *(APPG 08)*
a) Decomposition b) Adipocere
c) Mummification d)None

352. **Heat Rupture is characterized by -** *(AI 09)*
a) Regular margins
b) Irregular margins
c) Ruptured blood vessels
d) Ruptured red blood cells

353. **Incisional wound on genital is seen commonly in-** *(AIIMSMay 09)*
a) Accidents b) Suicides
c) Homicides d) Postmortem artifact

354. **Tentative cuts are seen in -** *(PGI June 09)*
a) Homicidal wound
b) Suidical wound
c) Rail Track accidental wound
d) Road traffic wound

355. **After death, tache noir is seen in -**
a) Lungs b) Brain *(DELHI PG Feb. 09)*
c) Heart d)Eyes

328) b 329) c 330) b 331)d 332) c 333) b 334) b 335) c 336) d 337) a 338) a 339) a 340) b 341) b
342) b 343) d 344) a 345) a 346) c 347) a 348) a 349) c 350) b 351) a 352) b 353) c 354) b 355) d

356. Paltauf s hemorrhage is seen in- *(DELHIPGFeb. 09)*
a) Wet drowning b) Dry drowning
c) Electrocution d) Suicidal hanging

357. Heat rupture is characterised by - *(AIIMSMay 10)*
a) Irregular margin b) Clotted blood
c) Regular margin d) Clotted blood vessels

358. During putrefaction, fixation of marbling occurs at- *(Maharashtra 10)*
a) 48-72 hours b) 72-96 hours
c) 36-48 hours d) 12-24 hours

359. Cephalic index is used to detect - *(Maharashtra 10)*
a) Age b)Sex
c) Race d) Any of the above

360. Le Facies sympathique is suggestive of -
a) Antemortem hanging *(Maharashtra 10)*
b) Suicidal hanging
c) Homicidal hanging
d) Postmortem hanging

361. Which of the following is best for testing development of rigor mortis? *(Maharashtra 10)*
a) Opening the lower jaw
b) Flexing elbow joint
c) Flexing knee joint
d) Falling the leg from height

362. Maximum congestion is seen in - *(DPG10)*
a) Choking b) Hanging
c) Strangulation d) Drowning

363. In freshwater drowning, the death occurs with 4-5 minutes of submersion due to ventricular fibrillation. Which of the following reasons is responsible for this? *(DPG 10)*
a) Total asphyxia produced due to fresh water
b) Laryngospasm causing vagal inhibition
c) Hemoconcentration of blood caused by the osmotic pressure effect
d) Haemodilution, overloading of heart and haemolysis resulting in release of potassium

364. All are components of black gum powder blister except- *(DPG 10)*
a) Sulphur b) Charcoal
c) Potassium nitrate d) Lead peroxide

365. In case of death due to starvation, at autopsy the condition of the gall bladder will be - *(Corned 10)*
a) Distended with inspissated bile
b) Empty
c) Filled with mucus
d) Filled with purulent fluid

366. Spanish windlass was practices in Spain as a method of execution. It is a type of - *(AIIMS Nov 10)*
a) Bansdola b) Mugging
c) Garrotting d) Hanging

367. 'La facies sympathique[9] is a condition seen in cases of- *(PUNJAB 11)*
a) Hanging b) Strangulation
c) Myocardial insufficiency d) Railway accidents

368. When a doctor shows gross absence of skill and care during treatment resulting in serious injury or death of the patient, it is called - *(Jipmer 11)*
a) Criminal negligence b) Malpractice
c) Maloccurence d) Misadventure

SEC - IV s MECHANICAL INJURIES, FIREARMS AND FIREARM INJURIES, REGIONAL INJURIES, THERMAL INJURIES

369. Grevious injury includes which of the following -
a) Incised wound of scalp *(PGI87)*
b) Lacerated wound of scalp
c) Fracture radius
d) Injury which kept patient away from week for 10 days
e) Abdominal trauma

370. Arborescent marking are seen in burns due to -
a) Electricity b) Phosphorus *(PGI 87)*
c) Lightening d)UVrays

371. Puglistic attitude in burns is seen in -
a) Antemortem bums *(AIIMS87, PGI86)*
b) Post mortem bums
c) Homicidal bums
d) Suicidal bums
e) Both antemortem bums and post mortem bums

372. Bevelling of the skull is seen in the - *(AI88)*
a) Broad end of the entry point in bullet injury
b) Narrow end of the entry point in bullet injury
c) Exit point of bullet
d) Depressed fracture of the skull

373. Pugilistic attitude is seen in - *(AI89)*
a) Bums b)Electrocution
c) Drowning d) Strangulation

374. Grease color is seen with.....Wounds - *(AI 89)*
a) Fire arm entry b) Fire arm exit
c) Road traffic accident d) Hanging

375. Joule burn is seen with - *(AI 89, TN 90)*
a) Electrocution b) Scalds
c) Lighting d) Vitriolage

376. Which of the following constitute grevious injury-
a) Incised wound of scalp *(AI 89, TN 90)*
b) Incised wound of thigh
c) Fracture Tibia
d) Laceration of the scalp

377. Grease collar is seen with - *(AIIMS 84)*
a) Electrocution b) Lighting
c) Thermal injury d) Bullet entry

378. In a lacerted wound the hair bulb is - *(AIIMS 84)*
a) Cut b) Crushed
c) Both of the above d) Lacerated

379. Pugilistic attitude is seen in - *(PGI88)*
a) Antemortem bums b) Post mortem bums
c) Drowning d)All

356) a 357) d 358) c 359) c 360) a 361) a 362) c 363) d 364) d 365) a 366) c 367) a 368) a 369) c
370) c 371)e 372) c 373) a 374) a 375) a 376) c 377) d 378) b 379) a,b

380. Privation of any member of joint is a.....hurt -
a) Simple b)Grevious *(PGI85)*
c) Serious d) Dangerous

381. More than 5% carboxyhemoglobin is indicative of -
a) Ante mortem bums b) Drowning *{PGI 89)*
c) HCN poisioning d) Suffocation

382. Greenish colour in a contussion is due to -
a) Hemosiderin b)Haematoidin *(JIPMER90)*
c) Bilirubin d) Biliverdin

383. In a completely charred body at autopsy, medical officer can say that the burns are antemortem if he can find-
a) Soot in respiratory passage *(JIPMER 90)*
b) Cyanosis of finger nails
c) Congestion of kidney
d) Pale internal organs

384. Tentative cuts occur in which injury - (*.AI90)*
a) Accidentalb) Suicidal
c) Homicidal d) Fabricated

385. Choking is constricting device within the barrel at the muzzle end of - *(TN 89)*
a) Revolverb) 303 rifle
c) Shot gun d) Semiautomatic pistol

386. Which is true about stab wound - *{AI 91)*
a) Breath is maximum
b) Length is maximum
c) Depth is maximum
d) It has wound of entry and exit

387. The commonest cause for sudden death is - *{AI91)*
a) Acute myocarditis b) Pulmonary edema
c) Myocardial infarction d) CCF

388. Dermal Nitrate test detects - *{AIIMS 91)*
a) Nitrite Salt Poisoning b) Blood stains
c) Nerve gas poisoning d) Gun powder residue

389. Which is a Cognisable offence except - *{AI 93)*
a) Robbery b) Murder
c) Rape d) Attempted suicide

390. Postmortem wound best differs from the antemortem wound by - *{Delhi 87,93)*
a) Gaps on incising
b) No clots
c) Absence of erythema and cellular changes
d) Stain can be removed by washing

391. Which of the following indicates that the wound in a hospitalized woman typist hit by lathis admitted for 20 days was grevious - *(AIIMS 81, Delhi 93)*
a) She is not able to be recognized
b) Wound does not heal completely
c) Incised wound over scalp
d) She is not able to do her daily routines

392. Following are the causes of death in a patient with burns except - *(ARMS 78, ORISSA 91)*
a) Shock b) Suffocation
c) Sepsis d) Air embolism

393. Tearing of the skin and subcutaneous tissue is called- *{AP90)*
a) Abrasion b) Laceration
c) Contussion d) Avulsion

394. On tenth day of a tooth being knocked out, the local clinical finding will be - *(ARMS 81, Kerala 89)*
a) Tooth socket being filled up by tissue
b) Blood clots in the socket
c) Alvoelar process smooth
d) Fluid blood in the socket

395. The effective range of shot gun is - *(ARMS 79,*
a) 10 to 15 yards b) 20 to 30 yards *AMU87)*
c) 30 to 40 yards d) 60 to 80 yards

396. False vesication differs from true vesication except-
a) Produced after death *(DNB 89)*
b) Vesicles contain gas and no fluid
c) No inflammatory or respiratory zone present
d) None of the above

397. Bullet is picked up with- *(ARMS 81, ROHTAK86)*
a) Toothed forceps b) Hands
c) Scissors d) Needle

398. Compressed air is used to fire lead slugs in- *(PGI 81, AMU 87)*
a) Automatic pistol b) Revolver
c) Air rifle d) Shot gun

399. Detonator cap is situated at - *(ARMS 80, PGI85)*
a) Top of the bullet b) Side of the bullet case
c) Base of the rim d) None of them

400. Section 302 of Indian penal Code is for-
a) Rape *(ARMS 80, AMC 83)*
b) Murder
c) Grievous hurt
d) Attempt to commit suicide

401. Pellet holes in a firearm wound is seen if distance is - *(JIPMER 81, ARMS 84)*
a) 60 cm b) 100 cm
c) 150 cm d) 200 cm

402. Incised-like lacerated wound appears at - *(PGI83,*
a) Forehead b) Hand *DELHI 87)*
c) Thorax d) Abdomen

403. Filigree burns are due to - *{ARMS 79, PGI 81)*
a) Chemicals b) Lightening
c) Electric shock d) Radiations bums

404. The proliferation of vascular endothelium is seen within - *{ARMS 81, AMU 86)*
a) 6 hours b) 12 hours
c) 24 hours d) 7 days

405. Smokeless gun powder is composed of - *(ARMS 80,*
a) KMn04 b) HCN*81)*
c) Nitrocellulose d) Sulphur

406. Provisional callus forms in fracture of bone by- *(JIPMER 81, AMU 86)*
a) 3 days b) 7 days
c) 14 days d) 30 days

407. 'Pond Fracture' is seen commonly in - *(TN87)*
a) Persons who are over 50 year of age
b) Young adults
c) Children
d) Women

380) b 381)None 382)b 383) a 384) b 385) c 386) c 387) c 388) d 389) d 390) c,d 391)d 392) d 393) b
394)a 395)c 396)d 397)b 398)c 399)c 400)b 401)d 402)a,b 403)b 404)d 405)c 406)b 407)c

408. Full dispersion is seen in - *(PGI79, AIIMS81)*
a) Full choked b) Half choked
c) Unchoked d) All of the above

409. Callus becomes thick and hard like bone within- *(JIPMER80, AMU86)*
a) 2 weeks b) 4 weeks
c) 6 weeks d) 3 months

410. "Fracture a-la signature" is - *(IN89)*
a) A depressed fracture
b) A fissured fracture
c) Separation of the suture lines
d) A ring fracture

411. The killing range of a military rifle is about -
a) 100 yards b) 500 yards *(AP89)*
c) 1000 yards d) 300 yards

412. Open wound is a - *(Kerala 94)*
a) Contussionb) Abrasion
c) Laceration d) Concussion

413. "Triage" is associated with - *(Jipmer 95)*
a) Warfare injuries b) Road injuries
c) Gun shot injuries d) Poisoning resuscitation

414. Brush injury is due to - *(All India 95)*
a) Friction b) Electric shock
c) Scalds d) Bullet injury

415. One of the following is an example of a grevious injury- *(Delhi 96)*
a) Scalp laceration
b) Forearm laceration requiring stitches
c) Fracture of radius
d) Groin injury with loss of 1 litre of blood

416. The most common type of hemorrhage in injury to boxers is - *(AIIMS 95)*
a) Extradural b) Subdural
c) Intracerebral d)Intraventricular

417. Crocodile skin appearance is seen in - *(Kerala 96)*
a) High voltage bums b) Electric Shock
c) Drowning d) Mummifications

418. Which is not true regarding colour of bruise -
a) 4th day - bluish black to brown *(CUPGEE96)*
b) 7-12 days - green
c) lstday-Red
d) 2 Weeks - normal

419. Filigree burns are due to - *(AP96)*
a) Splashes b) Flame bums
c) AC Current d) Lightening

420. All are components of black gun powder except- *(AIIMS97)*
a) Sulphur b) Charcoal
c) Potassium nitrate d) Lead peroxide

421. Ante mortem blister differs from postmortem blister by- *(PGI96)*
a) Presence of Albumin & Chloride in blister fluid
b) Gas in blister
c) Dry hard surface of the floor of blister (punctured)
d) Absence of hyperemia around the blister

422. Joule burn is seen in - *(UP 97)*
a) Electrocution b) Thermal Injury
c) Radiation Injury d) Lightning

423. In deep incised wounds, Langer's lines determine -
a) Direction b) Gaping *(MAHE98)*
c) Shelving d) Healing

424. Damage produced by a bullet fired from a_____ person in direct proportion - *(Orissa 99)*
a) Size b) Shape
c) Velocity d) Weight

425. Which is associated with shotgun along-
a) Gun powder b) Primer *(Orissa98)*
c) Projectile d) Wads

426. For dowry death punishment is - *(Orissa R)*
a) 3 year imprisonment+Rs. 10,000/-
b) 5 year imprisonment + Rs. 15,000/-
c) 7 year imprisonment + Rs. 20,000/-
d) 2 year imprisonment + Rs. 15,000/-

427. Grevious hurt is punishable under section_____ IPC- *(Orissa R)*
a) 320 b)354
c) 321 d)402

428. Which of the following sections of IPC are concerned with dowry death - *(Kerala 2K)*
a) 300 b)302
c) 304 d) 304-A
e) 304-B

429. Grevious injury includes all the following except-
a) Emasculation *(Kerala 2K)*
b) Permanent privation of hearing
c) Privation of any member/joint
d) Disability to follow one's ordinary pursuits for a period of a week
e) Permanent disflgeration of face

430. Dermal Nitrate test is done for the detection of- *(J&K2001)*
a) Gunpowder residue b) Seminal stains
c) Blood stains d) Saliva

431. Gutter fracture is due to - *(KERALA 2001)*
a) A sharp weapon b) Fire arm injury
c) Blunt weapon d) Serrated edge

432. Detection of metals (heavy) is done by using all tests except - *(AI2002)*
a) Harrison - Gilory test
b) Spectroscopic examination
c) Neutron activation test
d) Paraffin test

433. Black gun powder; ingredient not present is -
a) Lead peroxide b) Arsenic *(PGI 02)*
c) Charcoal d) Silver nitrate
e) Sulphur

434. Where does a lacerated wound appear like a incised wound- *(AP 02)*
a) Abdomen b) Thorax
c) Hand d) Forehead

408) c 409) d 410) a 411)b 412)c 413)a 414) a 415)c 416) b 417)a 418)b 419)d 420)d 421) a
422) a 423) b 424) c,d 425) d 426) c 427) a 428) e 429) d 430) a 431)b 432) d 433)a,b,d 434) c,d

435. Gutter fracture result from - *(AP 02)*
a) Injury with a large round object
b) Bullet injuries
c) Automobile accident
d) Falling from a height

436. Grevious injury includes - *(PGI02)*
a) Emasculation
b) Loss of 15 days work
c) Permanent disfigurement
d) Fracture of bones

437. Mercury fulminate is used in fire arm ammunition as - *(JIPMER 89, AMC 02)*
a) Detonator b) Smokeless powder
c) Black powder d) Mixed powder

438. Pugilistic attitude is due to - *{PGI02)*
a) Bums
b) Vitriolage
c) Flexor group contracture
d) Extensor group contracture

439. Markings in a projectile occurs in - *(A.L 02)*
a) Double barrel gun b) Pistol
c) Rifle d) Shot gun

440. In blast injury most common organ affected -
a) Eardrum b) Stomach *(CUPGE97)*
c) Lungs d) All of the above

441. The extent of muscle damage by a bullet depends primary on the - *(UPSC 9 7)*
a) Size b) Velocity
c) Shape d) Weight

442. Lacerated wound looks like an incised wound in the-
a) Scrotum b) Scalp *(PGI 88)*
c) Abdomen d) Thigh

443. Burn (heat) haematoma is seen between -*(PGI97)*
a) Skull and dura b) Brain and arachnoid
c) Arachnoid and Pia d) Pia and dura

444. Pugilistic attitude is most common in woman dying with- *(PGI 97)*
a) Antemortem bums
b) Post mortem bums
c) Asphyxia
d) Carbon monoxide poisoning

445. Injury that comes under sec 320IPC - *(PGI97)*
a) Abrasion over face
b) Nasal bone fracture
c) Epistaxis
d) Lacerated wound over scalp

446. Antemortem bruise is differentiated from postmortem bruise by - *(PGI 99)*
a) Well defined margin
b) Capillary rupture with extravasation blood and ligature mark
c) Yellow colour
d) Gaping

447. Pugilistic attitude is due to - *(PGI 99)*
a) Coagulation of proteins b) Cadaveric spasm
c) Rigor mortis d) Coagulation of fats

448. Grevious injuries are - *(PGI 2000)*
a) Severe bodily pain for 10 days
b) Not able to work for 17 days
c) Dislocation of tooth
d) Joint dislocation
e) Bone fracture

449. Difference between antemortem burns & postmortem burns & vesicles, favouring AM burn vesicles is/are- *(PGI 2000)*
a) Tissue beneath vesicle is dry, hard & yellow
b) Protein & chloriedes in vesicle are more
c) Erythema is present
d) Fluid in the vesicle is scanty

450. Difference between incised wound & heat rupture, favouring heat rupture are - *(PGI2000)*
a) Margins well defined
b) Small & multiple wounds
c) Nerves & vessels around are visible in floor
d) Seen only over scalp

451. Use of wadding in a smooth bore gun rifle produces all except - *(PGI2000)*
a) Causes fatal injuries b) Helps in lubrication
c) Optimum pressure d) Sealing the air

452. Sites notorious for incised looking wound are all except- *(PGI2000)*
a) Chest b) Zygoma
c) Iliac crest d)Shin

453. Depressed # of skull results from - *(PGI 2000)*
a) Heavy object with small striking surface
b) Heavy object with large striking surface
c) Fall over the ground
d) Light object

454. Lacerated wound appears as incised wound in which of the following sites - *(PGI 01)*
a) Scalp b)Tibialshin
c) Anterior abdominal wall d) Anterior thigh
e) Around the hip

455. Difference between antemortem wounds and postmortem wounds, in favour of AM wounds is/are-
a) Are larger *(PGI01)*
b) Increased gaping of wounds
c) Increased enzyme activity
d) Oozing of blood

456. Black gunpowder contains- *(PGI02)*
a) Charcoal b)$KN0_3$
c) Sulfur d) Lead peroxide
e) Arsenic

457. Which of the following are grevious injury -
a) Emasculation *(PGI03)*
b) Privation of any member of joint
c) Permanent disfiguration of head or face
d) Injury that heals spontaneously without any damage
e) Injury causing an absence from work for 15 days

435) b 436) a,c,d 437) a 438) a 439) b,c 440) d 441) b,d 442) b 443) a 444) a,b 445) b 446) b,d 447) a 448)c,d,e 449) b,c 450) b,e 451) a 452) a 453) a 454) a,b 455) b,c 456)a,b,e 457)a,b,c

458. In antemortem tooth loss or extraction of the alveolus is - (*Karnataka 02)*
a) Smooth
b) Sharp and feathered
c) Does not show any injury
d) sMay have a regular or an irregular appearance

459. I.P.C section for grevious injury - (*Jipmer 03)*
a) Section 420 b) Section 320
c) Section 299 d) Section 351

460. Stellate wound is produced with firearm in -
a) Contact shot b) Close shot *(TN 03)*
c) Range within 60 cms d) Distant shot

461. In which of the following weapons empty cartridge case is ej ected after firing - *(AIIMS 04)*
a) Short gun b)Revolver
c) Pistol d) Rifle

462. A 25 year old person sustained inj ury in right eye. He developed right corneal opacity following the injury. Left eye was already having poor vision. Corneoplasty of right eye was done and vision was restored. Medicolegally such injury is labeled as - *(AI04)*
a) Grievous b) Simple
c) Dangerous d) Serious

463. True regarding electrocution injuries is all except - *(SGPGI04)*
a) Direct current produces greater damage as compared to alternating current
b) The injuries are greater when associated with moist contact
c) The injuries are of higher intensity if the body is partially not earthed
d) High voltages throw the victms clear

464. In Northern India postmortem staining seen in - *(PGI June 05)*
a) 6 hr after death b) 12 hr after death
c) 24 hr after death d) 18 hr after death
c) 26 hr after death

465. Goose skin or cutis anserina is seen in -*(PGIjune 05)*
a) Drowning b) Lightening
c) Strangulation d) Fire arm injury

466. Ideal tissue for diatom study - *(PGI June 05)*
a) Bone marrow of femurb) Lung
c) Liver d) Brain
e) Kidney

467. Atypical drowning is due to - *(MAHE 05)*
a) Laryngospasm b) Vagal inhibition
c) Water inhalation d) Electrolyte disturbance

468. A person is presumed dead as per law if not seen or heard for by his/her near and dear ones for -
a) 5 years b) 7 years *(Orissa 05)*
c) 10 years d) 15 years

469. 'La facies sympathique' is a condition seen in cases of - *(AIIMS NOV 05)*
a) Hanging b) Strangulation
c) Myocardial insufficiency d) Railway accidents

470. Which of the following statements is not correct regarding diatom - *(AI 05)*
a) Diatoms are aquatic unicellular plant
b) Diatoms has an extracellular coat composed of magnesium
c) Acid diagestion technique is used to extract diatoms
d) Presence of diatoms in the femoral bone marrow is an indication of antemarten inhalation of water.

471. Postmortem caloricity may be seen in all the following causes of death *except* **-** *(AIIMS May 05)*
a) Septicemia
b) Barbiturates poisoning
c) Strychnine poisoning
d) Tetanus

472. The ideal place to record temperature in dead body is from - *(AIIMS May 05)*
a) Axilla b) Groin
c) Rectum d) Mouth

473. When a group of muscles of a dead body were in state of strong contraction immediately prior to death and remain so even after death, the condition is termed as - *(AIIMS May 05)*
a) Gas stiffening b) Rigor mortis
c) Cadaveric spasm d) Cold stiffening

474. The ideal place to record body temperature in dead body is- *(AIIMS 06)*
a) Rectum b) Axilla
c) Mouth d) Groin

475. A dead boy having cadaveric lividity of bluish green colour.The most likely cause of death is by poisioning due to - *(AIIMS 06)*
a) Hydrocyanic acid b) Hydrogen sulphide
c) Oleander d) Sodium nitrite

476. Paradoxical undressing is seen in - *(Manipal 06)*
a) Exhibitionism b) Fetichism
c) Hypothermia d) Carbon monoxide poisoning

477. KEYHOLE bullet entry is a feature of- *(MAHE 07)*
a) Tandem Bullet b) Ricochet Bullet
c) Single Bullet d) Double Bullet

478. Most common cause of death in Electrocution is -
a) Respiratory muscle paralysis *(UP 07)*
b) Ventricular fibrillation
c) Asphyxia
d) Regurgitation of fluids

479. 'Molotov cocktail' is - *(UP 07)*
a) Time bound bomb
b) Mixture of alcohol
c) Mixture of drug composition
d) Incendiary bomb

488. Fg, FFg FFFg used to describe - *(PGI June 07)*
a) Primer b) Cartridge
c) Black gunpowder d) Wad

458) b 459) b 460)a 461)c 462)a 463)a 464)a 465)a 466)a 467)b 468)b 469)a 470)b 471)b
472) c 473)c 474)a 475)b 476)c 477)b 478)b 479)d 480) c

481. With Reference to an incised wound all the following are true except - *(Corned 07)*
a) It has clean cut margins
b) Bleeding is generally less than in laceration
c) Tailing is often present
d) Length of injury does not correspond with the length of the blade

482. Fracture dislocation of 2nd and 3rd cervical vertebrae is common in - *(Corned 07)*
a) Partial hanging b) Lynching
c) Judicial hanging d) Throttling

483. Which of these is not a grevious injury?
a) Loss of teeth *(ARMS Nov 07)*
b) Loss of hearing of one ear
c) Permanent disfiguration of face.
d) Abrasion on face.

484. Telefono is... *(AIIMSNov 07)*
a) Beating the soles of feet with rod
b) Beating of the ears
c) Forced immersion of head until stage of suffocation
d) Tying of a plastic bag over head.

485. Most common site of primary impact injury to pedestrians in a motor vehicle accident is...
a) Abdoemn b)Legs *(ARMS Nov 07)*
c) Head d) Chest

486. In tandem bullet, number of bullet/bullets coming out of the gun is/are - *(ARMS Nov 07)*
a) 1 b)2
c) 3 d)4

487. In a 6 year old child with burns involving the whole of head and trunk, the estimated body surface area of burns is- *(Corned 08)*
a) 44% b) 52%
c) 55% d)58%

488. Vipers snake bites resembles - *(UP 08)*
a) Sulfuric acid b) Organophosphorus
c) Thallium d) Abrus precatorius

489. Gun powder consists of all except - *(UP 08)*
a) Sulphur b) Charcoal
c) Potassium nitrate d) Lead nitrate

490. Difference between post burn rupture & incised wound - *(PGI June 08)*
a) Seen in front of the thigh
b) Intact blood vessels & nerve at floor of the wound
c) Bleeding from the wound
d) Small and multiple

491. Hingee fracture of skull is seen in accidents involving- *(Manipal 08)*
a) Car driver b) Car passenger
c) Pedestrian d) Motorcycler driger

492. A bullet which is packed with jacket and opens at base is called - *(DPGEE 08)*
a) Tandem bullet b) Duplex bullet
c) Dum Dum bullet d) Souneir bullet

493. Hydrocutioifis - *(ARMS Nov 08)*
a) Electrocution ^ water
b) Dry drowning ˅
c) Drowning in cold water
d) Postmortem immersion

494. What is Falanga? *(ARMS Nov 08)*
a) Beating on soles with blunt object
b) Beating on ear with both palms
c) Beating on the abdomen
d) Suspension by wrists

495. FQ FFQ FFFG..used to discribe - *(PGI Dec 08)*
a) Primer b) Cartridge
c) Black gunpowder d) Wadding
e) Base of firearms

496. Antemortem Abrasions can be confused with -
a) Eczema b) Ant bite marks *(A109)*
c) Chemical bum d) Joule bum

497. Extensive abrasions are found all over the body of a pedestrian lying by the road side. What is the likely cause ? *(AI09)*
a) Primary impact injury
b) Secondary impact injury
c) Secondary injury
d) Postmortem artifact

498. Stellate wound may be seen in which of the following bullet entry wounds - *(AI 09)*
a) Contact wound b) Close shot
c) Distance shot d) Two feet distance

499. Commonest organ to be injured in primary blast injuries is - *(AI09)*
a) Lung b) Liver
c) Spleen d)Skin

500. Which of the following skull fractures is called a 'Motorcyclist's fracture - *(AI 09)*
a) Ring fracture of base of skull
b) Hinge fracture of base of skull
c) Comminuted fracture of skull
d) Depressed fracture of skull

501. All of the following may cause Traumatic Asphyxia, Except- *(A109)*
a) Railway accident
b) Road traffic accident
c) Accidental strangulation
d) Stampede in crowd

502. In which part of body a lesser impact causes maximum bruise? *(ARMS May 09)*
a) Face b)Sole
c) Back zd) Palm

503. Antemortem and postmortem wounds could be differentiated by all, except - *(ARMS May 09)*
a) Everted margins
b) Blood clots in surrounding tissue
c) Swollen edges
d) Sharp edges

481)b 482)c 483)d 484)b 485)b 486)b 487)b 488)d 489)d 490)a,b,d 491)d 492)c 493)c 494)a
495) c 496)b 497)c 498) a 499)a 500)b 501)c 502)a 503) d

504. Destructive power of bullet is determined by- *(AIIMS May 09)*
a) Weight of bullet b) Shape of bullet
c) Size of bullet d) Velocity of bullet

505. The most affected organ or system in a blast under water is - *(DELHIPG Feb. 09)*
a) Lungs b) Intestine
c) Skin d) Heart

506. In countrecoup injuries - *(DELHIPG Mar. 09)*
a) Injury is on same side
b) Injury is on opposite side
c) Injury is all over the brain
d) None of the above

507. Blackening found at entry wound in firearm injuries is due to - *(DELHI PG Mar 09)*
a) Burnt gun powder b) Smoke
c) Flame d) Friction and dirt

508. All belong to category of grievous hurt, except- *(DELHI PG Mar 09)*
a) Superficial firearm wound over thigh
b) Stab injury of abdominal cavity
c) Hairline fracture of first metatarsal
d) Acid bum over face

509. All are suggestive of traumatic bleed, except -
a) Extradural haemorrhage *(DELHI PG Mar 09)*
b) Subdural haemorrhage
c) Subarachnoid haemorrhage
d) Contusion

510. Antemortem burn differ from postmortem burns by all except - *(AIIMS Nov 09)*
a) Pus in vesicle
b) Vesicle with hyperemic base
c) Vesicle containing air
d) Infammatory red line

511. Motorcyclist fracture among the following is -
a) Ring fracture *(AIIMS May 10)*
b) Sutural seperation
c) Comminuted fracture of vault of skull.
d) Fracture base of skull into anterior & posterior halves

512. Destructive power of bullet is determined by -
a) Weight of bullet *(AIIMS May 10)*
b) Shape of bullet
c) Size of bullet
d) Velocity of bullet

513. Primary impact injuries are commonly seen on -
a) Chest b) Abdomen *(AI10)*
c) Legs d)Head

514. Which of the following bullets leaves a visible mark, so that a person can see it - *(AI 10)*
a) Tandem bullet b) Tracer bullet
c) DumDum bullet d) Incendiary bullet

515. Lightening flash can cause injury by all of the following, Except - *(AI 10)*
a) Direct effect of electric current
b) Super heated air
c) Expanded and repelled air
d) Compressed air pushed in front of the current

516. Arborescent marks or filigree burns are seen in- *(Maharashtra 10)*
a) Radiation b) Electrical bums
c) Chemical bums d) Lightening

517. Bevelling of the skull is seen in the - *(DPG10)*
a) Broad end of the entry point in bullet injury
b) Narrow end of the entry point in bullet injury
c) Exit point of bullet
d) Depressed fracture of the skull

518. A bullet fired from a gun is not released. It is ejected out with the subsequent shot. It is known as- *(DPG 10)*
a) Dumdum bullet b) Rocketing bullet
c) Richochet bullet d) Tandem bullet

519. Rule of Hasse is used for calculating - *(Punjab 10)*
a) Time since death b) Age of Foetus
c) Fluid requirement d) Bum area

520. All are components of black gun powder except -
a) Sulphur *(Punjab 10)*
b) Charcoal
c) Potassium nitrate
d) Nitrocellulose

521. Incised looking lacerated wounds are seen in -
a) Hand b) Thorax *(Jipmer 10)*
c) Abdomen d) Forehead

522. Differentiating features of contusion (Vs postmortem staining) are - *(PGI May 10)*
a) Blusih is color
b) Disappear on pressure area
c) Margin irregular
d) Limited to intravascular compartment
e) Extravasation of blood occurs

523. True about pugilistic attitude - *(PGIMay 10)*
a) Indicate only antemortem bum
b) Indicate only postmorten bum
c) Can not differentiate b/w ante & post mortem bum
d) Occur d/t intense heat
e) Indicate defence by victim

524. False about bruise - *(PGINov. 10)*
a) Much darker at point of contact / pressure
b) Blood is present in vessel and can be easily washed away
c) Seen at / around the area of injury
d) Extravasation of blood occurs
e) Produced by blunt object

525. A rickshaw tyre passed on a 8 year old child. T^re marks were found on the body. This is an exmaple of- *(AIIMS Nov 10)*
a) Percolated bruise b) Imprint abrasion
c) Contusion d) Patterned bmise

526. 'Sparrow's foot' mark is seen in - *(AI 11)*
a) Gunshot Injuries
b) Stab injury of face
c) Windshield Glass injury
d) Vitriolage

504) d 505) b 506)b 507)b 508)a 509)c 510)c 511)d 512) d 513)c 514)b 515)d 516) d 517) c
518) d 519)b 520) d 521)d 522)a,c,e 523)c,d,e 524)a,b 525)b 526)c

527. Gunpowder and/or Soot on bloodstained garments can be visualized by - *(AI11)*
a) Magnifying lens b) UV Rays
c) Infrared Rays d) X rays

528. A Rikshaw tire passed over the body of an 8 year old child leaving distinct markings of the tire treads. Marking's of the Rikshaw Tire over the child's body are best defined as - *(AI 11)*
a) Contact Abrasions b) Percolated Abrasions
c) Imprint Abrasions d) Patterned Abrasions

529. 'Fracture-ala signautre' or signature fracture is -
a) Gutter fracture & Contre coup injury *(AI 11)*
b) Depressed fracture of skull
c) Ring fracture at foramen magnum
d) Sutural separation

530. A child is brought to the casualty with reports of violent shaking by parents. Most likely injury is?
a) Long bone fracture *(AI 11)*
b) Ruptured spleen
c) Subdural haematoma
d) Skull bone fracture

531. One gram of smokeless gun powder produces -
a) 3000-4000 cc of gas *(Kamil)*
b) 9000-10,000 cc of gas
c) 12,000-13,000 cc of gas
d) 15,000-16,000 cc of gas

532. Filigree burns are seen in - *(Jipmer 11)*
a) Electrocution b) Lightening
c) Antemortem bums d) Postmortem bums

SEC - V = IMPOTENCE, STERILITY, STERILISATION, VIRGINITY, PREGNANCY, DELIVERY, NATURAL SEXUAL OFFENSES, UNNATURAL SEXUAL OFFENSES,

533. Bestiality is - *(PGI87)*
a) Having intercourse with an animal
b) Cruelty to animals
c) Cruelty to fellow human
d) Beast like behaviour of an Insane

534. The Hydrostatic Test need not be performed in case of- *(AIIMS 84)*
a) Infanticide
b) Spongy or crepitant
c) Lungs or liver like in consistency
d) None of the above

535. Spaldings sign is seen with.....foetus -
a) Live bom b) Dead bom *(NIMHANS 86)*
c) Still bom d) All of theabove

536. The MTP Act was introduced in - *(AMJ 88)*
a) 1961 b) 1971
c) 1974 d) 1975

537. Pedophile is having anal intercourse with -
a) Older women b) Children *(A.I. 90)*
c) Homosexual adult d) Hijra

538. Spaldings sign is diagnostic of - *(Kerala 91)*
a) Prematurity b) Post maturity
c) Fetal death d) Hydrocephalus

539. Of the following which does not categorises under Rape. Sexual intercourse with - *(PGI 93)*
a) Wife below 15 yrs
b) Wife above 20 years
c) Woman below 16 years
d) Woman above 20 years

540. Which of the following sign will indicate that menstrual blood was antemortem - *(Delhi 93)*
a) Alkaline
b) Light pink
c) Does not clot unless mixed with seminal fluid
d) Shows endometrial and vaginal cells

541. The feminine of impotence is- *(AIIMS 81, DNB 91)*
a) Rigidity b) Frigidity
c) Sterility d)Flaccidity
e) Nymphomania

542. The commonest maternal cause of abortion is - *(JIPMER 78, DNB 90)*
a) Tuberculosis b) Syphilis
c) General debility d) Sexual weakness

543. Impotence may be pleaded as a ground for all except - *(AIIMS 79, Delhi 93)*
a) Divorce b)Rape
c) Adultery d) Unnatural sexual offence

544. The average length of a full term child will be about - *(AIIMS 79, DNB 89)*
a) 30cms b)35cms
c) 40 cms d) 50 cms

545. The most striking symptom of pregnancy is -
a) Enlargement of abdomen *(JIPMER 80, AMC 87)*
b) Morning sickness
c) Frequency of micturition
d) Cessation of menstruation

546. Post mortem in a new born baby is done by opening first- *(AP 91)*
a) The skull
b) The chest cavity
c) The abdominal cavity
d) Any of the above according to convenience

547. The currently favoured hypothesis suggests that cot-deaths are due to - *(PGI 80, ROHTAK 87)*
a) Allergy to cow's milk protein
b) Laryngeal spasm
c) Prolonged sleep apnoea
d) Respiratory infection

548. When any two objects come into contact there is always a transference of material from each object on to the other. This is called -*(PGI 80, Kerala 91)*
a) Locard's exchange principle
b) Corpus delicti
c) Metallic fouling
d) Rule of Haase

527)c 528)d>c 529)b 530)c 531)c 532)b 533)a 534)d 535)b 536)b 537)b 538)c 539)b 540)c 541) b 542) b 543) None 544) d 545) d 546) c 547) c 548) a

549. Hymen can be ruptured by- *(PGI80, BIHAR 91)*
a) Sol.apith b) Masturbation
c) Sanitary tampons d) Horse riding
e) Any of the above

550. Crown-Heel length of five month foetus would be-
a) 16 cm b) 25 cm *(A1IMS87)*
c) 30 cm d)35cm

551. All the following are indication for doing Medical Termination of pregnancy except - *(J1PMER 81, AMU 88)*
a) Pregnancy from rape
b) Substantial risk of delivering seriously handicapped baby
c) Very poor socio economic position of the family
d) Injury to physical and mental health of the pregnant woman

552. The most important sign of defloration is-*(AP 90)*
a) Enlarged nipple
b) Dilation of vaginal canal
c) Enlarged breasts
d) Ruptured Hymen

553. Dowry Death is included in the following section of the Indian Penal Code - *(AIIMS 80, AMU 86)*
a) 304-A b)304-B
c) 320 d) 498-A

554. The most important cause of temporary impotence is- *(PGI81, AP 89)*
a) Overexcitement b)Guilt
c) Fear d) Aversion

555. For hydrostatic test to be positive at all stages, the following must be present inside lung alveoli -
a) Residual air *(AIIMS 84)*
b) Tidal air
c) Exudates and tidal air
d) Amniotic fluid and tidal air

556. All of the following could be seen in a false virgin except - *(JIPMER 80, DNB 89)*
a) Flabby breasts
b) Tight and narrow vagina
c) Labia separated
d) Thick and elastic injured hymen

557. Sexual perversions include - *(ARMSM 89)*
a) Masturbation b) Transvestism
c) Fetichism d) All of the above

558. Which of the following is considered as an "ideal infanticidal poison" *(JIPMER 80, Delhi 81)*
a) Cannabis b) Cocaine
c) Opium d) Alcohol

559. In India, a boy below - years cannot be charged with rape - *(PGI 80, AIMS 81)*
a) 12 b) 14
c) 21 d) No such limit

560. One of the following is a sure sign of rape:
a) Ruptured hymen in a girl aged 20 years *(JIPMER 80, DNB 89)*
b) Presence of semen in the posterior fornix in a girl age 20 years
c) Presence of semen in the posterior fornix in a girl aged 14 years
d) Presence of semen in the posterior fornix in a married girl aged 16 years

561. The type of paraphilia where sexual excitement is obtained by wearing clothes of opposite sex is -
a) Tribadism b) Voyeurism *(AI96)*
c) Transvestite d) Exhibitionism

562. Eonismis - *(Kerala 96)*
a) Desire to identify with the opposite sex
b) Intercourse with a lower animal
c) Female homosexualism
d) Oral sex
e) Obtaining sexual gratification by seeing naked bodies

563. Edmund Locard is known for his - *(Karnat 96)*
a) System of personal identification using the body measurements
b) Finger print study
c) Formula for estimation of stature
d) Theory of exchange

564. Statutory Rape is - *(Kerala 97)*
a) Rape of an insane woman
b) Rape of another persons wife
c) Rape in police custody
d) Rape of under 15 years

565. Legal age by which fetus is capable of independent existence is - *(MAHE98)*
a) 240 days b) 230 days
c) 220 days d)210 days

566. Aseptic autolysis is seen in - *(ARMS 98)*
a) Maceration b) Mummification
c) Adipocere d) Putrefaction

567. Gettlers test is positive in - *(Rajasthan 97)*
a) Hanging b) Poisoning
c) Strangulation d) Drowning

568. Negligence on the part of the father towards the son can be punished under section - *(Orissa R)*
a) 319 b) 317
c) 315 d) 318

569. When two objects come in contact, an exchange takes place. This is known as - *(KERALA 2001)*
a) Galton exchange
b) Locard exchange principle
c) Chertillions system
d) Hasse rule

570. Macerated foetus indicates - *(AP 88)*
a) Dead bom b) Still bom
c) Live bom d)IUGR

571. Which of the following statements about the award of capital punishment to a pregnant woman sentenced to death is correct - *(Kerala 2K)*
a) Until delivery
b) Until 6 months after the birth of the child
c) Until 1 year passes after the birth of the child
d) Until 2 years pass after the birth of the child
e) None of the above

549)e 550)b 551)c 552)d 553)b 554)c 555)b 556)b 557) b,c 558)c 559)d 560)c 561)c 562)a
563) d 564) d 565)d 566)a 567)d 568)b 569)b 570)a 571)b

572. The commonest cause of impotence is- *(UPSC 87)*
a) Syphilis b) Psychogenic
c) Leriche syndrome d) Diabetes mellitus

573. Which part of the hymen ruptures *Tirst-AIIMS 92)*
a) Posterior b) Posterolateral
c) Anterolateral d)Anterior

574. Paraphilias are all except- *(PGI01)*
a) Bisexuality b) Homosexuality
c) Bestiality d) Frottuerism
e) Sadomasochism

575. Spalding sign is seen in - *(PGI 01)*
a) Abortion b) Still birth
c) IUD d) Infanticide

576. Rape- is defined if man has intercourse with women- *(PGI 01)*
a)of<16yrage b)of<15yrage
c) Wife of < 15 yr age d) Wife of < 16 yr age

577. In prenatal diagnostic technique Act 1994 which one of the following is not a ground for carrying out prenatal test - *(AI03)*
a) Pregnant women above 35 years
b) History of two or more spontaneous abortion or fetal loss
c) When fetal heart rate is 160 per min at fifth and 120 per min at ninth
d) History of exposure to potentially teratogenic drugs

578. A dead born foetus does not have - **(***AIIMS 03)*
a) Rigor mortis at birth b)Adipocere formation
c) Maceration d) Mummification

579. For Sexual intercourse with a prostitute-
a) Consent is required (*.Bihar 03)*
b) Consent is not required
c) May or may not
d) None

580. Masochism Meams - *(Jharkand 03)*
a) Sexual intercourse with dead body
b) Sexual pleasure by contact with articles of opposite sex
c) Sexual pleasure by the suffering of pain
d) Sexual pleasure by self stimulation

581. Following is not a feature of self inflicted injury -
a) Clothes are cut in incompatible way with number, length direction of nature of wounds *(SGPGI05)*
b) Characteristic multiple & superficial injuries
c) Multiple scars of different edges
d) Injuries on palmar aspect of hand

582. Tattooning is seen surrounding the wound of entrance from a revolver or pistol, if the weapon is discharged upto distance of - **(***COMEDK05)*
a) 10 cm b)30cm
c) 50 cm d)90cm

583. Antemortem and postmortem blisters can be differentiated by - *(PGI June 05)*
a) Size
b) Colour of blister fluid
c) Choloride & albumin content
d) PM blister is dry

584. Keyhole bullet entry is a feature of - *(MAHE 05)*
a) Tandem Bullet b)DumDum Bullet
c) Ricochet Bullet d) Fragmentation Bullet

585. In a Anti-mortem burn which is NOT true -
a) Line of redness *(MAHA 05)*
b) Increase of enzymes
c) Vesicle formation
d) Non albuminus bulla

586. A cognizable offence signifies - *(MAHA 05)*
a) Imprisonment upto 2 yrs
b) Imprisonment upto 3 yrs + Rs. 1000 fine
c) Arrest without warrant
d) Only fine upto Rs. 1000

587. For dowry death punishment is-
a) 3 year imprisonment + Rs. 10,000/- fine
b) 5 year imprisonment + Rs. 15,000/- fine
c) 7 year imprisonment+Rs. 20,000/- fine
d) 2 year imprisonment+Rs. 15,000/- fine

588. Chop wounds are caused by weapons with -
a) Sharp cutting edge, heavy *(Orissa 05)*
b) Blunt & Heavy
c) Sharp cutting edge light
d) Sharp edges

589. Gunshot residue on hands can be detected by -
a) Phenolphthalein test *(AIIMSNOV05)*
b) Dermal nitrate test
c) Benzidine test
d) Hydrogen activation analysis

590. A dead body is found to have marks like branching of a tree on front of chest. The most likely cause of death could be due to -
a) Fire-arm *(AIIMSNOV 05)*
b) Lightening injury
c) Injuries due to bomb blast
d) Road traffic accident

591. In a firearm injury, there is burning, blackening, toattooing around the wound, along with cherry red colour of the surrounding tissues and is cruciate in shape, the injury is - *(AI 05)*
a) Close shot entry b) Close contact exit
c) Contact shot entry d) Distant shot entry

592. 'Patterned' abrasion is variety of - *(AIIMSMay 05)*
a) Linear abrasion b) Pressure abrasion
c) Sliding abrasion d) Superficial bruise

593. Scab or crust of abrasion appears brown - *(AI 06)*
a) Between 12-24 hours b) Between 2-3 days
c) Between 4-5 days d) Between 5-7 days

594. 'Fracture-ala signature'is- *(AIIMS 06)*
a) Gutter fracture b) Depressed fracture
c) Ring fracture d) Sutural separation

595. A bullet fired from a gun is not released. It is ejected out with the subsequent shot. It is known as- *(HP 06)*
a) Dumbum bullet b) Rocketing bullet
c) Richochet bullet d) Tandem bullet

572) b 573) b 574) a 575) c 576) a,c 577) c 578) b 579) a 580) b 581) d 582) d 583) c 584) c 585) d
586) c 587) b 588)a 589)b 590)b 591) a 592)b 593)b 594)b 595)d

596. Ring fracture is present around - *(Kam 06)*
a) Obturator foramen
b) Glenoid cavity
c) Foramen magnum
d) Base of a metacarpal boone

597. In Forensic science, a comparison microscope is used for examination of - *(Kam 06)*
a) Soft tissues b) Bone pieces
c) Sample of soil d) Bullets

598. Fresh bruise is coloured - **(***Kam 06)*
a) Red b)Pink
c) Blue d) Brown

599. Shape of nulliparous cervical canal is -
a) Circular b) Transverse *(AiimsMay07)*
c) Spherical d) Longitudinal

600. 509-IPC deals with- *(UP 07)*
a) Masturbation in public place
b) Inquest
c) Dowry death
d) Act intended to insult the modesty ofa women

601. Fetishism is a sexual perversion characterized by -
a) Sexual focus on children *(Corned 08)*
b) Sexual focus on genital rubbing
c) Sexual pleasure from pain
d) Sexual pleasure derived from non living objects

602. Punishment for the offence of rape under - *(UP 08)*
a) 375IPC b) 376IPC
c) 377 IPC d) 378 IPC

603. Which of the following test is done for detecting vaginal cells from the accused in a case of rape ?
a) Lugol's iodine b) Phenolphthalein *(AI08)*
c) Toludine blue d) Methylene blue

604. Which of the following best describes the mechanism of induction of labor with use of abortion stick -
a) Stimulation of uterine contraction *(AI08)*
b) Oxytocin present in the stick
c) Uterine necrosis
d) Menstrual bleeding

605. Affiliation refers to - *(Manipal 08)*
a) Paternity dispute b) Divorse case
c) Rape d) Adultery

606. Which of the following is called catamite ?
a) Passive victim of sodomy anybody *(APPG 08)*
b) Passive victim of sodomy young boy
c) Both
d) None

607. What is transvestism ? *(APPG 08)*
a) Wearing clothes of opposite sex to be known as of opposite sex
b) Wearing clothes of opposite sex for sexual gratification
c) Contact with another person to obtain sexual satisfaction
d) None

608. What is meant by "Suppositious child" -
a) Child bom out of wedlock *(PGI Dec 08)*
b) Child fictitiously claimed by a woman
c) Second bom of a twin pregnancy
d) Child is born after artificial insemination homologous

609. Unnnatural sexual offences is/are - *(PGI June 09)*
a) Sodomy b) Buccal coitus
c) Rape d) Incest
e) Adultry

610. Voyeurism is a sexual perversion characterized by- *(COMED09)*
a) Sexual pleasure derived form observing people in sexual acts
b) Sexual focus on children
c) Sexual focus on pain
d) Sexual focus from non living objects

611. Which of the following is not a ground for conduction MTP ? *(DELHIPG Mar. 09)*
a) Contraceptive failure b)Rape
c) Unmarried female d) Mother at risk

612. Early signs of pregnancy include all, except:
a) Quickening *(DELHI PG Mar 09)*
b) Amenorrhea
c) Morning sickness
d) Detection of HCG in urine

613. All of the following are features of four months of intra-uterine life, except - *(DELHI PG Mar 09)*
a) Length of 16 cm
b) Weight of 125 gm
c) Sex differentiable
d) Nails upto tips of fingers

614. In a virgin girl, rupture of hymen after sexual intercourse, occurs at which position-fPG/*Nov 09)*
a) 12' O clock b)6'0 clock
c) ll'Oclock d)7'Oclock
e) 10' O clock

615. In Buggery, the victim in called paederasty if he is.
a) Young boy b) Young girl *(Maharashtra 10)*
c) Old woman d) Oldman

616. Most important sign of defloration?
a) Enlarged breast *(Maharashtra 10)*
b) Enlarged nipple
c) Roomy vagina
d) Ruptured hymen

617. Legal age by which fetus is capable of independent existence - *(DPG 10)*
a) 240 days b) 230 days
c) 220 days d) 210 days

618. Rape, even after consent is considered when age of women is - *(PGI May 10)*
a)<16yr b)<17yr
c) < 21 yr d) < 25 yr and in police custody
e) < 18 yr 4

596) c 597) d 598) a 599) b 600) d 601) d 602) b 603) a 604) a 605) a 606) b 607) b 608) b 609) a,b
610) a 611)c 612) a 613)d 614)b 615)a 616)d 617)d 618)a

619. Incest- *(Karri 11)*
a) Is punishable under Sec. 294IPC
b) Is punishable under Sec. 304A IPC
c) Is punishable under Sec. 377 IPC
d) Is not punishable in India 4

SEC-VI: FORENSIC PSYCHIATRY

620. Professional secrecy can be divulged - *{AIIMS 85)*
a) If the doctor feels so
b) On demand by a court
c) Both
d) None

621. McNaughten Rule is concerned with - **(***IN 89)*
a) Criminal responsibility b) Litigation
c) Rape d) Suicide

622. Which of the following legislation is regarding insanity - (*JIPMER 90)*
a) McNaughten Rule b)CurrenRule
c) Durhams Rule d) All of the above

623. Law does not consider the following doctrine in a charge of criminal negligence - *{PGI93, AP 91)*
a) Vicarious laibility
b) Contributory negligence
c) Resipsa loquitur
d) Novus actus interveniens

624. A quack gives a penicillin injection to a patient who dies due to it. Will the quack be relieved for his criminal responsibility by raising a plea of accident - **(***PGI 80, ROHTAK 88)*
a) Definitely
b) Likely to
c) Never
d) Deserves to be acquitted on the Strength of evidence

625. An arrested person on request the magistrate for a medical examination of his body by a registered medical practitioner as per the following provision in the code of criminal procedure - *{JIPMER 79,*
a) Section 53 b) Section 54 *BIHAR 91)*
c) Section 56 d) Section 57

626. Criminal responsibility of a person of unsound mind in India is incorporated in the Indian Penal Code - *{JIPMER 80, DNB 89)*
a) Section 302 b) Section 84
c) Section 85 d) Section 88

627. Criminal responsibility in Indian constitution is included in IPC section - *{PGI 81, KERALA 90)*
a) 84 b)300
c) 302 d)304

628. Disciplinary control over Registered Medical Practitioners is under - *{AIIMS 85)*
a) State Medical Council
b) Indian Medical Council
c) Director of Medical and Helth Services
d) Health secretary of State Government

629. The hair examination is important for the following cases except - *{AIIMS 79, PGI 83)*
a) To find out its origin
b) To find the accused or victim
c) In cases of sexual assault
d) In cases of lead poisoning

630. The following may be the examples of privilaged communication except - *{JIPMER 80, AIIMS 81)*
a) An impotent person marrying
b) A syphilitic taking bath in a public pool
c) Engine driver found to be colour blind
d) Pilot having hypermetropia

631. Indian Lunacy Act was passed in -*(PGI 79, Delhi 8 7)*
a) 1804 b) 1881
c) 1916 d) 1921

632. Criminal negligence is punishable under -
a) 306 IPC b) 376 IPC
c) 304-AIPC d) 304-B IPC

633. All of following can be used in criminal negligence except- *(All India 96)*
a) Resipsa loquitor
b) Contributory negligence plea
c) Law of vicarious liability
d) Novus actus interveniens

634. 20 year old young female comes to a male gynaecologist for pelvic examination - *(PGI 95)*
The consent for examination is :
a) Implied consent b) Written consent
c) Verbal consent d) Informed consent

635. Repeated advertisement in newspaper by a medical practitioner is an example of -
a) Infamous conduct *{JIPMER 98)*
b) Ethical negligence
c) Criminal negligence
d) Privilaged communication

636. Death of a patient due to an unintentional act by doctor, staff or hospital is - *{MAHE 98)*
a) Therapeutic misadventure
b) Vicarious liability
c) Therapeutic privilage
d) Diminished liability

637. Medical negligence falls under - *{AIIMS 98)*
a) Sec. 304A b) Indian contract act
c) IPC312 d) IPC 351

638. Normal courtesy of one doctor towards another is according to - *{AMC 99)*
a) Medical etiquette b) Medical ethics
c) Both d) None

639. A doctor should not take fees for issuing certificate - *{Calcutta 2K)*
a) To a govt, employee b) Death certificate
c) Poor patient d) Psychiatric patient

640. In case of malpractice punishment is given by -
a) State medical council b) MCI *{Calcutta 2K)*
c) IMA d) High court

619)d 620)b 621)a 622)d 623)b,d 624)c 625)b 626)b 627)a 628)a 629)a 630)a 631)None
632) c 633) a,b 634) a 635) a 636) a 637) a 638) a 639)b 640)a

641. Professional death sentence is - *(AMC2K)*
a) Imprisonment for whole life
b) Rigorous imprisonment
c) Erasing the name from the panel of RMPs
d) None

642. For diagnosis of lunacy a person can be kept under observation at a stretch for - *(Orissa 98)*
a) 2 days b) 7 days
c) 10 days d) 30 days

643. Me Naughten's rule: *(Orissa R)*
a) Section 84 b) Section 85
c) Section 86 d) Section 87

644. All of the following conditions of defence available to a doctor against allegation of negligence except
a) Medical maloccurrence *(Kerala 2K)*
b) No fee for treatment charged
c) Therapeutic misadventure
d) Res Judicata
e) Error judgement

645. Lucid interval is seen in - *(NIMHANS2K)*
a) Insanity b) Malignant disease
c) Electrical shock d) Syphilis

646. Barr body is seen in - *(TN 2001)*
a) Buccal mucosa smear b)RBC
c) WBC d) Saliva

647. Euthanasia is - *(Kerala 97)*
a) Recently recognised in India
b) Recognoised in all countries
c) Recognized is few countries
d) illegal world wide

648. McNaughten rule is applicable to - *(PGI02)*
a) Calculate length of fetus b) Estimate height
c) Insanity d) Dactyglography
e) Detect CO poisoning

649. During an operation if a pair of scissors is left in abdomen, it is known as - *(Kerala 04)*
a) Petty's method b) Res ipsa forcepalis
c) Res ipsa loquitor d) Pharaoh's serpents

650. A case of head injury requiring urgent decompression, when there are no relative present. The doctor must -
a) Operate
b) Consent from police is a must
c) Wait for relatives
d) None

651. Disputed maternity can be solved by using the following tests except - *(All India 04)*
a) Blood grouping b) HLA typing
c) Precipitin test d) DNA finger printing

652. A 16 years boy is accused as rape to a 12 years old girl. By which of the following the boy can prove that he is innocent - *(PGI June 05)*
a) No abrasion in body & genitalia
b) Absence of blood & semen in cloth & genitalia
c) Absence of saliva in cheek
d) Age of the boy 16 years
e) Presence of smegma in penis & copora granulosus

653. Presence of semen in the vaginal canal is a proof of- *(J&K05)*
a) Rape b) Sexual intercourse
c) Indecent assault d) Attempted rape

654. MTP Act was passed in the year - *(MAHE 05)*
a) 1971 b) 1974
c) 1981 d) 1984

655. Sexual asphyxia is associated with - *(MAHA 05)*
a) Sadism b) Masochism
c) Fetichism d) Vouyerism

656. Feature of sodomy, conclusive in nature -
a) Dilated tender levator ani *(Orissa 05)*
b) Lax sphincter ani
c) Sperms in anus
d) Bleeding from anal verge

657. 'Vagitus uterinus' is - *(AIMSNOV05)*
a) An infection of vagina
b) An infection of uterus
c) A cry of unborn baby from uterus
d) Infection of both vagina and uterus

658. Which of following tests in used to detect semen ?
a) Phenolphthalein test b) Reine's test *(AI06)*
c) Barberio's test d) Paraffin test

659. Age limit for marriage in Men - *(PGI June 06)*
a) 15 b) 16
c) 18 d)21
e) 25

660. Sexual asphyxia is associated with - *(HP 06)*
a) Sadism b) Masochism
c) Fetishism d) Voyeurism

661. Supposititious child is - *(Manipal 06)*
a) Child bom after death of father
b) Birth after artificial insemination
c) Child bom through Surrogate mother
d) Fictitious child

662. Irresistible sexual desire in male is known as -
a) Sadism b) Tribadism *(AiimsMay08)*
c) Satyriasis d) Nymphomania

663. Legal Responsibility of insane is/are all except -
a) Rule of Haase *(PGI June 09)*
b) Me Naughten's rule
c) Curren'srule
d) Durham mle
e) Rule of nine

664. All are related with legal responsibility to insane person, except - *(DELHI PG Mar. 09)*
a) Rule of Hasse b) McNaughten's mle
c) Durham's mle d) Curren's mle

665. For claiming criminal negligence against a doctor, case should be filed within - *(Jipmer 10)*
a) 1 year b) 3 years
c) 6 months d) 2 years

666. Not a grievous hurt - *(PGI May 10)*
a) Emasculation b) Contusion over scalp
c) # of bone d) Hurt which endanger life
e) Severe bodily pain for 15 days

641)c 642)c,d 643)a 644)b 645)a 646)a 647)c 648)c 649)c 650)a 651)c 652)a,b 653)b 654)a
655)b 656) c 657) c 658) c 659) d 660) b 661) b 662) c 663) a,e 664) a 665) d 666) e

SEC - VII s FORENSIC EXAMINATION OF BIOLOGICAL FLUID, STAINS & OTHER MATERIALS, COLLECTION AND PRESERVATION OF BIOLOGICAL MATERIALS

667. If the father has blood group genotype AO and the mother's blood group genotype BO. The offspring may have blood group genotype -
a) A b)B *(AlIMS84)*
c) AB d) All of the above

668. Best test for seminal stains is - *(PGI86)*
a) Acid phosphatase test
b) Precipitin test
c) Florence test
d) Alkaline phosphatase test

669. Florence test detects - *(AlIMS 85)*
a) Bilirubin # b) Urine
c) Semen d) Blood

670. Blood clots after.....hrs. of death - (*PGI 85)*
a) 1/2 hrs. b) 45 minutes
c) 1/4 hrs. d) *l/z* hrs.

671. Berberio's test is done for - *(PGI89)*
a) Blood b) Urine
c) Saliva d) Semen

672. In old blood stained fibre, blood grouping is done by- *(AI90)*
a) Benzidine test b) Acid elution test
c) Preciptin test d) Hemin cystal test

673. Acid phosphatase test is used for analysing-
a) Semen b) Blood*(AI91)*
c) Urine d) Bile

674. All are tests for Seminal stains *except-(AIIMS 91)*
a) Takayama test b) Barberio's test
c) Florence test d) Acid phosphatase test

675. Takayama reagent is used in - *(AI91)*
a) Gulacumtest b) Castle mayer test
c) Haemin cystal test d) Haemochromogen test

676. Which is wrong match - *(AlIMS 83)*

Test for blood	Positive colour
a) Benzidine test	Blue
b) Gulacum test	Deep blue
c) Castle mayer test	Pink purple
d) Leucomalachite test	Pink

677. True about human hair is - *(Delhi 92)*
a) Medulla is 1/3 ^ of cortex
b) Cortex is 1/3[1(1] of medulla
c) Has scales
d) None of the above

678. In Leucomalachite test, the positive test is indicated by_____ colour - *(AlIMS 83, 86)*
a) Peacock blue b) Deep purple
c) Red d) Khaki

679. Human hair differs from animal hair by that -
a) Cuticle has scales *(PGI 86,*
b) Medulla is thick *Delhi 85, 86,89)*
c) Medulla is broader than cortex
d) Pigment is central

680. Fragmentation of medulla of scalp hair is a feature of- *(All India 96)*
a) Negro race b) Monogolians
c) Caucasians d) Aryans

681. Absent fragmented medula in hair is seen in all except- *(AI 98)*
a) Negroes b) Aryans
c) Mongloids d) Caucasians

682. In Takayama test, which of the following is seen under microscope - *(AP 9 7)*
a) Yellowish to brownish rhomboid crystals
b) Yellow needle shaped crystals
c) Pink feathery structures
d) Spherical granules

683. Benzidine test is positive with the enzym*e-(Kerala 94)*
a) Cytochrome oxidase b) Dehydrogenase
c) Hydrolase d) Peroxidase

684. Species identification is done by - (*AlIMS 03)*
a) Neutron activation analysis (N.A.A)
b) Precipitin test
c) Benzidine test
d) Spectroscopy

685. Hydrogen peroxide is used in all the following chemical tests for blood except - *(A ll India 04)*
a) Benzedine test b) Phenoththalein test
c) Orthotoluidine test d) Teichmann's test

686. Maximum period of observation for proving insanity is - **(***Orissa 05)*
a) 10 days b) 14 days
c) 30 days d) 90 days

687. Me. Naughten's law used in - *(PGI June 06)*
a) Insanity b) Alcohol level estimation
c) Drug level

688. Criminal responsibility of a person of unsound mind comes under which penal code - (*APPG 06)*
a) Section 84 b) Section 85
c) Section 88 d) Section 302

689. Best method to prove paternity is - *(Kerala 94)*
a) Blood grouping b) Finger prints
c) Phenotypic resembelance d) DNA finger printing

690. Consider the following statements - *(ICS 98)*
DNA fingerprint is valuable in
a) Determination of blood group
b) Investigation of crime
c) Investigation of autoimmune
d) Determination of paternity

691. Puppe's rule is related to - *(CMC 2001)*
a) Sequence of bullets
b) Enzyme assay in blisters
c) Related to age estimation
d) Sex determination

692. What is 'DNA' fingerprinting - *(PGI 01)*
a) Identification of a person fingerprinting by using genetic enginering method
b) A record of a persons genetic make up
c) Identification of persons by genetic analysis
d) None of the above

667) d 668) a 669) c 670) a 671)d 672) b 673) a 674) a 675) d 676) d 677) a,c 678) a 679) None
680) a 681) a 682) c 683) d 684) b 685) d 686) c 687) a 688) a 689) d 690) b,d 691) a 692) c

693. Which is the best method to determine paternity - *(Kerala 01)*
a) Fingerprinting b) DN A finger printing
c) Blood group d)HLA

694. The species orgin of blood can be detected by -
a) Benzidine test b) Takayama test *(Corned 08)*
c) Spectroscopy d) Precipitin test

695. DNA fingerprinting is done with all except -
a) RBC b) WBC *(DPGEE08)*
c) Salvia d) Spermatozoa

696. Dried semen stain in clothes is identified by- *(AIIMS Nov 09)*
a) UV light b) Spectroscopy
c) Magnifying lens d) Infra red

697. Sodium fluoride is used for preservation of -
a) Urine d) Blood *(DPG10)*
c) Alcohol d) Carbolic acid

POISONS

698. Neostigmine is beneficial in symptomatic bites by-
a) Cobra b) Viper (*UPSC05)*
c) Scorpion d) Black widow spider

699. Brown disclouration of the mucosa of the stomach is seen in poisoining due to *- (AIIMS 87, PGl 86)*
a) Nitric acid b) Sulphuric acid
c) Hydrochloric acid d) Mercury
e) Arsenic

700. Amyl Nitrie is used as an antidote in ..... poisoining - *(AIIMS 87)*
a)$C0_2$ b) CO
c) Cyanide d) Nitric acid
e) Arsenic

701. Complication of Kerosene poisoning - *(AI88)*
a) Pneumonia b) Vomiting
c) Hemoptysis d) Diarrhoea
e) Acute renal failure

702. Diwali poisoning is due to - *(AI88)*
a) Phosphorus b) Arsenic
c) Mercury d) Lead
e) Copper

703. Antidote for sodium nitrate poisoning is - *(A188)*
a) Methylene blue IV b) Egg albumin
c) EDTA d) Animal charcoal

704. Nux Vomica is - *(AP 85,88)*
a) Vegetable poison containing atropine
b) Seed containing strychnine
c) Used as a cattle poison
d) Used to induce vomiting in poisoning

705. Brown coloured urine is seen in the - *(A189)*
a) Nitric acid poisoning
b) Carbolic acid poisoning
c) Sulphuric acid poisoning
d) Hydrochloric acid poisoning

706. Pin point pupils is seen in..... poisoning-
a) Barbiturate b) Morphine *(PG186)*
c) Organophosphours d) Methyl aicohol

707. Nalorphin is used as an antidote of - *(AP 88)*
a) Strychnine b) Opium
c) Dhatura d) Cocaine

708. Greenish urine is seen in poisoning with-*(AMJ 88)*
a) Carbolic acid b) Nitric acid
c) Copper sulphate d) Hydrochloric acid

709. Optic atrophy can be caused by..... poisoning -
a) Phosphrous b) Ethyl alcohol *(AIIMS 85)*
c) Methyl alcohol d) Lead

710. Preservative used for alcohol poisoning is -
a) Formalin *(AIIMS 85)*
b) Saturated solution of sodium chloride
c) Methyl alcohol
d) None of the above

711. Blue line on the gums is seen in chronic ..... poisoning - *(PGl 85, JIPMER 90)*
a) Hg b) Pb
c) Ag d)As

712. Anaemia, punctate basophilia, constipation blue line and abdominal colic are characreristic of - *(A186)*
a) Opium addiction b) Arsenic poisoning
c) Mercuric poisoning d) Lead poisoning

713. In Chronic alcoholism which of the following is seen in - *(JIPMER 90)*
a) Delirium tremens b) Wemike's syndrome
c) **Korsokoff** psychosis d) All of the above

714. Dilated pupil, dry mouth is a features of poisoning due to- *(A1.89)*
a) Morphine b) Organophorous
c) Dhatura d) Phenothiazines

715. The pupil is constricted in - *(A.189)*
a) Dhatura b) Opium
c) Benzodiazepines d)Phenothiazines

716. Best method of treatment of Methyl alcohol poisoning is - *(JIPMER 91)*
a) Calcium gluconate b) Ethyl alcohol
c) Amphetamines d) 1% Ammonia

717. The non poisonous salt of cyanide is-*(JIPMER 91)*
a) Potassium Cyanide b) Sodium cyanide
c) Hydrocyanic acid d) Potassium ferrocyanide

718. Tactile hallucinations is seen in chronic poisoning with- *(JIPMER 91)*
a) Cocaine b) Opium
c) LSD d) Cannabis

719. Anterior horn cells are affected in - *(JIPMER 91)*
a) Dhatura poisoning
b) Srtychnine poisoning
c) Botulism
d) None of the above

720. An overdosage of morphine is treated with -
a) Nalorphine IV b) Steroids *(PGI93)*
c) IV methadone d)Naloxone IV

721. Which of the following toxins can be detected in burnt bone- *(AI93)*
a) Cyanide b) Arsenic
c) Mercury d) Phosporus

693) b 694) d 695) a 696) a 697) b 698) a 699) b 700) c 701) a 702) c 703) a 704) b,c 705) a 706) b,c 707)b 708)a 709)c 710)d 711)a,b,c 712)d 713)d 714)c 715)b 716)b 717)d 718)a 719)b 720)d 721)b

722. The non poisonous Salt of cyanide is-*(JIPMER 93)*
a) Potasium cyanide
b) Hydrocyanic acid
c) Sodium cyanide
d) Potassium ferrocyanide

723. Which of the following is non poisonous snake -
a) Viper b)Krait *(AIIMS 81, JIPMER 92)*
c) Sea snake d) Rat snake

724. True about strychnine poisoning is-*(DELHI 86, 92)*
a) All muscles affected of the same time
b) Shoulder girdle affected 1st
c) Pelvic girdle affected first
d) None of the above

725. Critical level of alcohol on blood should be -
a) 0.1 % b) 0.15% *(ARMS 78, DELHI93)*
c) 0.2% d) 0.3%

726. People suffering from achlorhydria may not sufferfrom toxic effect of oral ingestion of - *(AMU*
a) Phosphorus b) Copper sulphate *86)*
c) Arsenic trioxide d) Potassium cyanide

727. Shaking palsy is associated with poisoning with -
a) Lead b) Mercury *(AIIMS 87, AI93)*
c) Arsenic d) Strontium

728. Poisoning by irritants may be mistaken for -*(AIIMS*
a) Peritonitis b) Cholera *81, UPSC 88)*
c) Gastroenterits d) Intestinal obstruction

729. Antidote for acute iron poisoning - *(PGI81,*
a) Desferioxamine b)NaEDTA *DELHI 92)*
c) BAL d) Penicillamine

730. The following are true about chloral hydrate except
a) Peculiar pungent odour *(AIIMS 86)*
b) Crystalline
c) Used as hypnotic
d) Sweetish taste

731. At the following blood carbon carbon monoxide concentration the clinic picture will simulate alcoholic intoxication - *(JIPMER 81, DELHI93)*
a) 10% b) 70%
c) 30% d) 50%

732. A pinch of which of the following poisons can kill as many as five persons - *(BIHAR 92)*
a) Arsenic trioxide b) Copper sulphate
c) Lead sulphate d) Arsenic disulphide

733. Which of the following is used in forgeries as an ink remover solution - *(PGI 80, DNB 90)*
a) Sulphuric acid b) Nitric acid
c) Carbolic acid d) Oxalic acid

734. It is true about formalin - *(AIIMS 80,DNB 90)*
a) That it can be used as preservative in alcohol poisoning
b) Never used as a preservative for chemical analysis
c) Used as a preservative in poisoning with digitalis
d) None of the above

735. Which of the following is known as "Thorn apple"- *(AIIMS 82)*
a) Dhatura alba b) Dhatura niger
c) Dhatura stramonium d) Dhatura metet

736. In nux vomica poisoning the following is also required to be preserved - *(PGI 81, AMU 89)*
a) Long bones b) Brain
c) Muscles d)Skin

737. The following is also known as "Knock out drops" or "micky finn - *(AIIMS 81, AMU 89)*
a) Chloroform b) Methyl alcohol
c) Chloral hydrate d) Ethylene glycol

738. Ganja is obtained from - *(JIPMER 79, UPSC 89)*
a) Dried leaves b) Fresh leaves
c) Flowering tops d) Roots

739. Fatal period in sulphuric acid poisoning is - *(AIIMS 81,BIHAR 90)*
a) 2-4 hours b) 6-10 hours
c) 12-16 hours d)18-14hours

740. Blood cholinesterase level should be estimated for three weeks, in non-fatal cases of poisoning with- *(JIPMER 90)*
a) Parathion b) Eedrine
c) Thallium sulphate d) Arsenic oxide

741. Large bones of about 6 inches are required to be preserved in - *(AIIMS 81, BIHAR 89)*
a) Arsenic & antimony poisoning
b) Aconite poisoning
c) Dhatura poisoning
d) Smack poisoning

742. An addict develops delusions, misleading hallucination of sight and hearing and the felling of creeping things of "grains of sand " in the skin he is addicted to - *(AIIMS 8 7)*
a) Heroin b) Methadone
c) Cocaine d) Amphetamines

743. About 20 grams of hairs are required to be preserved in - *(AIIMS 79, AMU 89)*
a) Minerals poisoning b) Aconite poisoning
c) Iodine poisoning d) Codeine poisoning

744. Which of the following is not used in methyl alcohol poisoning - *(UPSC 85,87, DELHI 87)*
a) Gastric lavage b) Dialysis
c) Ethyl alcohol d) High does of vitamin B_{12}

745. In salicylate poisoning the treatment recommendedis - *(AIIMS 87, DNB 88)*
a) Forced diuresis b) Chelating agents
c) Atropine d) Conservative

746. Average fatal dose of croton oil seeds is- *(PGI 80, AIIMS 85)*
a) 500 drops b) Handful of seeds
c) About 4 to 5 drops d) 20 drops

747. Amyl nitrite is an antidote for poisoning with - *(UPSC 85, 86, DELHI 87)*
a) H SO b) Ammonia
c) HfcN4 d) Carbon monoxide

748. One of the following substance produce injuries which stimulate contussion-fJZPMEft *80, AIIMS 83)*
a) Semicarpus anacardium b) Ricinus communis
c) Abrus percatorius d) Capsicum annum

722) d 723) d 724) a 725) b 726) d 727) b 728) c 729) a 730) d 731)c 732) a 733) d 734) b 735)a,b
736) b 737) c 738) c 739) d 740) a 741) a 742) c 743)None 744) d 745) a 746) d 747) c 748) a

749. In burnt bones, the following can be detected -
a) Arsenic *(AIIMS 79,81)*
b) Lead
c) Oraganoposphorus compound
d) None of the above

750. Which of the following is considered as an antidote for cocaine p oisoning- *(PGI78,AIIMS 80)*
a) Phenobarbitone b) Morphine
c) Amyl nitrate d) Ether

751. Which of the following commonly known as "thorn apple" - *(AIIMS 81,AMC 83)*
a) Dhatura alba b) Dhatura niger
c) Dhatura atrox d) Dhatura stramonium

752. Nux vomica seeds contain 2 alkaoids, strychnine and- *(AIIMS 84)*
a) Hyoscine b)Hyoscyamine
c) Brucine d) Atropine

753. In low concentration of carbon monoxide (4%) the commonest symptom is - *(AIIMS 80, UPSC 82)*
a) Nausea b) Headache
c) Muscular weakness d) Ringing in ears

754. The following alkaloids are presents in opium except- *(AP 86)*
a) Hyoscyamine b) Morphine
c) Papaverine d) Narcotine

755. Chromodacryorroea (shedding of pink tears due to accumulation of porphyrin) may be seen in poisoning with - *(PGI 82)*
a) Arsenic b) Barbiturate
c) CuS04 d) Oraganophosphorous

756. Which of the following is the lateral curve of the body in strychnine *poisoning-(JIPMER 80, UPSC 83)*
a) Opisthotonus b) Emprosthotonus
c) Pleurosthotonus d) None of the above

757. Which of the following is also known as "Kasoomba" or Madak Chandu - *(AIIMS 83)*
a) Dhatura b) Cannabis
c) Opium d) Calotropis

758. Magnan's symptom is - *(PGI 79)*
a) Illusion b) Delusion
c) Formication d) Depersonalization

759. Which of the following is considered as an antidote for cocaine poisoning - *(AIIMS 80, 81)*
a) Oxygen b) Diazepam
c) Ethyl alcohol d) Nitric oxide

760. The fatal dose of absolute alcohol in an adult is -
a) 30ml b) 60 ml *(AP 88)*
c) 90ml d) 150 ml

761. The alcohol content in[6] Absolute alcolol' - *(PGI 79,*
a) 90% b) 95% *AIIMS 81)*
c) 99.95% d) 100%

762. The active principles of Dhatura are all of the following except - *(AIIMS 84)*
a) Phyricatachol b)Hyoscyamine
c) Atropine d) Hyascine

763. The average fatal period of copper poisoning is -
a) 30-60 minutes b) 1-3 days *(AIIMS87)*
c) 3-7 days d) 7-14 days

764. Ptysalism is seen in - *(AIIMS 80, UPSC 84)*
a) Arsenic poisoning b) Copper poisoning
c) Dhatura poisoning d) Atropine sulphate

765. Which of the following tests are used for arsenic poisoning - *(JIPMER 80,PGI 83)*
a) Marsh's test b) Reinsh's test
c) Macewen's test d) Marquri' test

766. Widmark's formula is used to calculate the quantity of the following in the body after equilibrium between the blood and tissues is reached - *(ROHATAK86)*
a) Methyl alcohol b) Nitrous oxide
c) Ethyl alcohol d) Lithium carbonate

767. The fatal period of Aconite is usually -(*JIPMER 80,*
a) 5-10 minutes b) 15-30 minutes *AMU89)*
c) 1-5 hours d) 12-48 hours

768. All of the following are aryl phosphate except -
a) Folidol b)Parathion *(AIIMS 82)*
c) Diazinon (Tick 20) d) Malathion

769. Arsenophagists are - *(AIIMS 80)*
a) Criminals using arsenic for homicidal purpose
b) Person using arsenic as abortion stick
c) Persons who can tolerate high doses of arsenic after taking arsenic in low doses at frequent intervals
d) Persons using it as cattle poison

770. The upper limit of safety for carbonmonoxide in air is- *(PGI81)*
a) 0.2% b)0.01%
c) 0.4% d) 0.005%

771. Narcotic Drugs and psychotropic substance act was passed in the year - *(AIIMS 79,DNB 90)*
a) 1981 b)1983
c) 1985 d) 1986

772. Velvety appearance of stomach is seen in poisoning with- *(KERALA 95)*
a) Abruspercatorius b) Barbiturate
c) Arsenic d)Lead

773. All of the following causes constriction of pupil except- *(AJ 95)*
a) Dhatura
b) Morphine
c) Organophosphorus poisoning
d) Pontine haemorrahge

774. Following druge causes delirium - *(AI95)*
a) Dhatura b) Cannabis
c) Morphine d) Barbiturates

775. Macewans's sign is associated with - *(AI95)*
a) Alcohol poisoning b) Pontine haemorrhage
c) Cerebellar tumours d) Cocaine intoxication

776. Tactile hallucinations occurs in - *(AI 95)*
a) Acute barbiturate toxicity
b) Chronic cocaine poisoning
c) Parkinsonism
d) Chronic depression

749)a 750)a 751)a,b 752)c 753)None 754)a 755)d 756)c 757)c 758)c 759)b 760)None 761)c
762)a 763)b 764)b 765)a,b 766)c 767)c 768)d 769)c 770)b 771)c 772)c 773)a 774)a,b 775)a 776)b

777. Cyanide poisoning acts by - *(DELHI 96)*
a) Inhibiting DNA synthesis
b) Inhibiting enzymes of proteins synthesis
c) Inhibiting cellular respiration
d) Inhibiting protein breakdown

778. Antidote for oxalic acid poisoning - *(KAR. 95)*
a) BAL b) Animal charcoal
c) Calcium gluconate d) Magnesium sulphate

779. Which metal poisoning can be detected analysing bone- *(KERALA 96)*
a) Arsenic b) Nickel
c) Chromium d) Lead
e) Mercury

780. Fatal does of methanol - *(KERALA 96)*
a) 15 ml b) 30-60 ml
c) 60-250ml d) 500 ml

781. What is not seen with bite of pit viper - *(PGI95)*
a) CVS collapse b) Absence of local sign
c) Convulsion d) DIC

782. Hyperpigmentation of palms & soles is seen in which poisoning - *(CUPG.EE 96)*
a) Arsenic b) Mercury
c) Lead d) Copper

783. Carbolic acid poisoning; Postmortem finding are-
a) Greenish stomach *(A.P96)*
b) Yellow charred stomach
c) Leathery stomach
d) Black charred stomach

784. Marsh test used in diagnosis of poisoning due to-
a) Arsenic b) Lead *(AIMS 97)*
c) Iron d) Copper sulphate

785. Hemoglobinuria is seen in all except - *(AIMS 97)*
a) Copper sulphate poisoning
b) Snake venom
c) Clostridium welchii sepsis
d) Thalassemia

786. Opium poisoning produces.....types of respiration - *(AIMS97)*
a) Rapid and shallow b) Rapid & deep
c) Shallow d) Diaphagmatic

787. Arsenic poisoning mimics - *(AI9 7)*
a) Cholera b) Food poisoning
c) Alcohol withdrawl d) Tetanus

788. 'Liquid gold' with reference to urine is seen in presence of - *(AI 9 7)*
a) Heavy metals (222-M) b) Barbiturates
c) Organophosphorous d) Lead poisoning

789. Post mortem cherry red discoloration is due to -
a) Asphyxia *(AI97)*
b) Carbon monoxide poisoning
c) Drowning
d) Organophosphorus poisoning

790. Run Amok Homicide delusion is characteristic of- *(AIMS96)*
a) Cannabis b) Cocaine
c) Dhatura d) Alcohol poisoning

791. Almond like bitter smell is positive in- *(AIMS 96)*
a) Chloral hydrate poisoning
b) Hydrocyanic acid
c) Hydrocyanic poisoning
d) Oleander poisoning

792. Dryness of mouth dialted pupil & delirium are symotoms of - *(UP 9 7)*
a) Chronic lead poisoning
b) Opium addiction
c) Chronic arsenic poisoning
d) Dhatura poisoning

793. Heavy metal poisoning causes proximal tubular necrosis - *(PGI97)*
a) Hg b) Cadium
c) Lead d)Gold

794. Proximal convoluted tubule necrosis is seen in ..... poisoning- *(AIMS97)*
a) Phenol b) Arsenic
c) Aconite d)Lead

795. Almond bitter smell is seen with - *(KERALA 97)*
a) Cyanide poisoning b) Arsenic poisoning
c) Lead poisoning d) None of the above

796. Haemodialysis is done in all except.....poisoning-
a) Barbiturates b) Salicylates *(AI 98)*
c) Kerosene d) Alcohol

797. In acute organophosphorous poisoning which of the following is seen - *(AP 96)*
a) Dry lungs b) Edematous lungs
c) Pneumonia d) Pleural rub

798. Widmarks formula is used for which poisoning -
a) Alcohol b) Mercury *(MP 98)*
c) Cyniad d)Lead

799. Asthma like symptoms is seenin.....poisoning-
a) Arsenic b) Organophosphorous
c) Lead d)Gold *(ME98)*

800. Gastric lavage is contraindicated in poisoning-
a) Kerosene b) Carbolic acid *(ME 98)*
c) Alcohol d) Salicylate

801. Average fatal period of copper poisoning -
a) 4hrs b) 18-36hrs *(Kerala98)*
c) 24-48 hrs d) >5 days

802. In barbitutate poisoning which is not present - *(ROHATAK 97)*
a) Hypotrension b) Hypothermia
c) Pupils not reactive d) Pulmonary edema
e) None

803. Morbid jealousy is diagnostic of - *(ROHATAK 97)*
a) Cocaine b) Cannabis
c) Alcoholism d) Tabacco Intoxication
e) Barbiturate

804. Erethism is seen in toxicity of - *(AIMS 98)*
a) Arsenic b) Mercury
c) Lead d)Iron

805. Stability of venom is dependent on - *(AMC 99)*
a) H bond b) Disuphlide bond
c) Van der waal's d) Ionic interaction

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777) c 778) c 779) a 780) c 781) b 782) a 783) c 784) a 785) d 786) c 787) a 788) b 789) b 790) a 791)b 792)d 793)a,b 794)a,b 795)a 796)c 797)b 798)a 799)b 800)a 801)b 802)c 803)c 804)b 805) b

806. Venom of sea snake is mostly - *(UPSC 2K)*
a) Neurotoxic b) Haemolytic
c) Myotoxic d) Hepatotoxic

807. Widmark formula is used for - *(MP 2K)*
a) Alcohol b) Barbiturate
c) Cannabis d) Opium

808. Perforation of stomach is more common due to ingestion of- *(ORISSA98)*
a) Nitric acid b) Sulphuric acid
c) Hydrochloric acid d) Carbolic acid

809. Metal fume fever is common in chronic poisoning with- *(Orissa98)*
a) Mercury b)Lead
c) Zinc d) Thallium

810. Elevated levels of cyanide is seen in which of the following - *(AIIMS2K)*
a) Cold b) Scald
c) Starvation d) Thermal bums

811. Least toxic compound of lead is - *(MAHE 2001)*
a) Lead arsenate b) Lead oxide
c) Lead carbonate d) Lead sulphide

812. Linseeds used for (cattle/animal) poisoning contain which of the following principle poisoning substance- *(AI2002)*
a) Aconite b) Hydrocyanic acid
c) Pilocarpine d) Atropine

813. Narcotic abuse case with jet black, tongue, the cause is - *(AIIMS2001)*
a) Cocaine poisoning b) Morphine poisoning
c) Cannabis toxicity d) LSD poisoning

814. Patient is brought to casualty with poisoning . Stomach wash lavage fluid on heating produced black precipitate. The poison is - *(AIIMS2001)*
a) TIC 20 b)$AgN0_5$
c) Malathione d) Celphos

815. Alternate contraction & dilatation of pupils is seen in.....poisoning - *(TN2002)*
a) Aconite b) Cyanide
c) Hemlock d) Organo phosphate

816. Non irritant gas with systemic toxicity -*(PGI2002)*
a) N_2 b)CO
c)NH3 d)Cl
e) HCL

817. Putrefaction is retarded by - *(AIIMS 02)*
a) Carbolic acid
b) Oxalic acid
c) Organophosphorous poison
d) Hydrochloric acid

818. Acute lead poisoning in child presents as - *(AI99)*
a) Status epilepticus b) Ataxia
c) Focal deficit d) Papilloedema

819. Amyl nitrate is usually administered by- *(ORISSA 91)*
a) Inhalation b) Sublingual route
c) Subcutaneous route d) Ingestion

820. Amyl Nitrate is used as an antidote for- *(AIIMS87)*
a) Co poisoning b) Cyanide poisoning
c) $C0_2$ poisoning d) Dapsone poisoning
e) Barbiturate poisoning

821. A patient with headache, nausea, vomiting, fatigue, jaundice,hepatomegaly and oliguria may have an occupational disease caused by - *(AIIMS 79, PGI80)*
a) HjS b) Carbon tetrachloride
c) Benzol d) Mercury
e) Lead

822. Amenorrhoea and sterility may occur in women as a result of occupational exposure to-*(Jimper 80,*
a) Zinc b) Mercury
c) Chromium d) CO
e) Lead

823. A comatose child has a garlic like odour to the breath. The most probable diagnosis is -*(UPSC 82)*
a) Flavism b) Atropine poisoning
c) Lead poisoning d) Arsenic poisoning

824. Haemodialysis is indicated in - *(UPSC 2K)*
a) Organophosphorous poisoning
b) Salicylate poisoning
c) Mushroom poisoning
d) Phenobarbitone poisoning

825. Sodium Fluoride is used as a preservative of blood in the estimation of - *(PGI 93)*
a) Cyanide b) Mercury
c) Arsenin d) Alcohol

826. Macewen's sign is seen in poisoning with -
a) Salicylates b) Alcohol *(AI93)*
c) Barbiturates d)Diazepan

827. Hemodialysis is useful in poisoning with all except-
a) Barbiturates b) Methanol
c) Diazepam d) Salicylates

828. A patient is brought with a history of excessive thirst and agitated behaviour. On examination, the pupils were dilated and temperature was raised with dry skin. The patient was picking on clothes. The most likely diagnosis is - (*UPSC 95)*
a) Organophosphorous poisoning
b) Heat storke
c) Dhatura poisoning
d) Thyroid crisis

829. A 3 year old male child has features of gripping abdominal pain, severe vomiting, bloody diarrhoea and fever. The most likely diagnosis is - *(UPSC95)*
a) Iron poisoning
b) Lead poisoning
c) Phosphorous poisoning
d) Magnesium poisoning

830. Features of chronic lead poisoning are all except-
a) Encepalopathy b) Burtonion line *(AI95)*
c) Cutaneous blisters d) Constipation

831. Symptoms in first two days of poisoning with methyl iso cyanate are all except - *(AMU95)*
a) Hemoptysis b) Lacrimation
c) Chest pain d) None

806) c 807) a 808)b 809)c 810)d 811)d 812)b 813)a 814)d 815)a 816)b 817)a 818)a 819)a
820)b 821)b 822)e 823)None 824)b,d 825)d 826)b 827)c 828)c 829)a 830)c 831)a

832. Type of respiration in Morphine poisoning is -
a) Deep Rapid b) Rapid shallow *(AIIMS 97)*
c) Slow d) Diaphragmatic

833. Haemodialysis is useful in all except - *{AIIMS 96)*
a) Barbiturate poisoning b) Methanol poisoning
c) Salicylate toxicity d)Digoxin toxicity

834. Not seen in Barbiturate poisoning is - *{AIIMS 97)*
a) Hypothermia b) Hypotension
c) Flaccid coma d) Non reacting pupil

835. Antidote of choice in methyl alocohol poisoning is- *{AIIMS 98)*
a) Atropine b)PAM
c) Neostigmine d) Adrenaline
e) None

836. An overdose of narcotics causes all of the following except- *{KARNAT 98)*
a) Dilated pupils b) Hypotension
c) Depressed reflexes d)Coma

837. Which of the following gas causes toxicity (systemic) without causing respiratory irritation-
a) Sulphur b) Carbon monoxide *{AI02)*
c) Ammonia d) Hydrochloric acid

838. Heavy metal poisoning causing PCT necrosis is -
a) Cadmium b) Lead *(PGI97)*
c) Mercury d)Gold

839. Which is excreted typically in lead poisoning -
a) Urobilinogen b) Coproporphyrin *(PGI97)*
c) Bilirubin d) Bile salts

840. In organophosphorous poisoning, following are seen except - *(PGI 97)*
a) Pupillary dilatation b) Salivation
c) Bronchospasm d) Sweating

841. Atropine is used for following except - *(PGI97)*
a) Organophosphorus posioning
b) Mushroom poisoning
c) Physostigmine overdose
d) Glaucoma

842. Postmortem finding in carbon monoxide poisoning is- *(PGI 97)*
a) Cherry red blood b) Intense cyanosis
c) Excessive salivation d) Pin point pupil

843. In aluminium phosphide poisoning, not true is -
a) Accumulation of acetylcholine at NM junction *(PGI 98)*
b) Cytochrome oxidase
c) Phosphine formation
d) Metabolic acidosis

844. Dhatura poisoning is characterized by - *(PGI 99)*
a) pinpoint pupil
b) Dilated salivary gland
c) Dilated pupil with facial flush
d) Decrease temp

845. Marsh test is for detection of - *(PGI 99)*
a) Lead b) Strychnine
c) Arsenic d) Opium

846. Specimens for toxicological studies is preserved in- *(PGI 99)*
a) 10% of formaldehyde
b) Alcohol
c) Supersaturated solution of common salt
d) Normal saline

847. The principle of using nitrate in cyanide poisoning is to reduce - *(PGI 99)*
a) Methemoglobin production
b) Sufi Hb production
c) To correct metabolic abnormalities
d) Carboxy Hb production

848. Preservative used for toxicological specimen -
a) 20% formalin *(PGI 2000)*
b) Saturated sodium chloride
c) 20% alcohol
d) 10% alcohol

849. Proximal tubule proteinuria and painful bone lesions are seen in overdose of - *(PGI 2000)*
a) Cadmium b)Lead
c) Mercury d) Phenol

850. Pinpoint pupil is seen in which of the following conditions- *(PGI 01)*
a) Organophosphorus poisoning
b) Opium poisoning
c) Celephos poisoning
d) Dhatura (Dhatura fastuosa)
e) Hyoscine

851. Cherry red discoloration of skin is seen in which poisoing in post mortem lividity - *(PGI 01)*
a) Lead b) Arsenic
c) HCN d)CO

852. Opium poisoning is featured by - *(PGI 01)*
a) Constricted pupil
b) Respiratory depression
c) Tachycardia
d) Tachypnea
e) Hallucination

853. Blue hypostasis is seen poisoning due to - *(PGI 02)*
a) E^S b) Phosphorus
c) GO d) Organophosphorus compounds
e) Arsenic

854. Amylnitrate is used in which of the following poisioning - *(PGI 02)*
a) Hydrocyanide poisoning b) Red phosphorus
c) Yellow phosporus d) Arsenic poisoning
e) Lead poisoning

855. Which of the following is neurotoxic - *(PGI 02)*
a) Sea snake b) Russel viper
c) Krait d) Cobra
e) Pit viper

856. Wid mark's formula is used in which poisor -
a) Alcohol b) Barbiturate *(PGI02)*
c) Carbolic acid d) Clephos poisoning
e) Lead

832) c 833) d 834)d 835)e 836)a 837)b 838)c 839)b 840)a 841) d 842)a 843)a 844)c 845) c
846) c 847) a 848) b 849) a 850) a,b 851)d 852)a,b,e 853) a 854) a 855) c,d 856) a

857. Chronic arsenic poisoning causes - *(PGI02)*
a) Pure sensory neuropathy
b) Pure motor neuropathy
c) Mixed sensory and motor neuropathy
d) Painful neuropathy
e) Hyperkeratosis of skin

858. In a patient with acute arsenic poisoning, which of these would show accumulation of as - *(PGI 02)*
a) Liver b) Bone marrow
c) Skin d) Kidney
e) Brain

859. A person feels that grains of sand are lying under the skin or some small insects are creeping on the skin giving rise to itching sensation; the condition is seen in - *(PGI 03)*
a) Cocaine poisoning
b) Organophosphorus poisoning
c) Morphine poisoning
d) Alcohol withdrawal
e) Carbon monoxide poisoning

860. Viper snake venom is - *(PGI 03)*
a) Haematotoxic b) Vasculotoxic
c) Myotoxic d) Hepatotoxic
e) Neurotoxic

861. Delirium is seen in which of the following poisonings - *(PGI 03)*
a) Dhatura b) Lead
c) Naxvomika d) Opioid
e) Cannabis

862. Activated charcoal is used in - *(PGI 03)*
a) Alcohol b) Barbiturate
c) Heavy metal poisoning d) Lead poisoning

863. Lead poisoning is characterised by - *(PGI 03)*
a) Diarrhoea b) Encephalopathy
c) Neuropathy d) Anaemia
e) Constipation

864. Opium poisoning is treated with - *(PGI 03)*
a) Nalorphine b) Atropine
c) Neostigmine d) Physostigmine

865. Gatric lavage turns black in presence of silver nitrate, most probable poisoning was - *(PGI04)*
a) Celfos b) Malathion
c) Organophosphorus d)Parathion

866. Jet black tongue found in - *(PGI 04)*
a) Cocaine b) Arsenic
c) Opium d) Bismuth

867. Krit poisoning is - *(PGI 04)*
a) Vasculotoxic b) Neurotoxic
c) Cardiotoxic d) Haemotoxic
e) Vaslulotoxic

868. In a suspected case of death due to poisoning where cadaveric rigidity is lasting longer than usual, it may be a case of poisoning due to -
a) Lead b) Arsenic *(AI03)*
c) Mercury d) Copper

869. True about Blindness due to methanol poisoning -
a) Due to direct off of formic acid
b) Formipezole, a specific alcohol dehydrogenase inhibitor is helpful
c) Ethanol is useful reduced blindness
d) Gastric lavage not helpful
e) Activated charcoal is highly effective

870. Deep blue colour of hypostasis is seen in death due to poisoning by - *(Al 04)*
a) Potassium cyanide b) Phosphorous
c) Aniline dyes d) Carbon monoxide

871. Which of the following is the most reliable method of estimating blood alcohol level - *(AI04)*
a) Cavett's test
b) Breath alcohol analyzer
c) Gas liquid chromatography
d) Thin layer chromatography

872. Which of the following are poisonous -*(Jharkand 03)*
a) Krait b) Hydropis
c) Cobra d)All

873. Rain drop pigmientation is seen in - *(Jharkand 03)*
a) Arsenic poisoning
b) Phosphorous poisoning
c) Mercury Poisioning
d) All

874. Magnan's Symptom is - *(Kerala 04)*
a) Illusion b) Delusion
c) Auditory hallucination d) Formication

875. Cyanide poisoning kit does not contain *(Kerala 04)*
a) Sodium thiosulfate b) Sodium nitrate
c) Sodium bicarbonate d) Amyl nitrate

876. Cage test is used in - **(***TN04)*
a) Alcohol poisoning b) Opiate poisoning
c) Datura poisoning d) Cannabis poisoning

877. The poison causing delirium is - (*77V04)*
a) Strychinine b) Dhatura
c) Cannabis d) Caster

878. The Following are features of cyanide poisoning except* *(SGPGI05)*
a) Fixed dilated nonreacting pupil
b) Loss of consciounsness
c) Areflexia
d) Normal myocardial activity

879. Following is not correct about mercury poisoning-
a) Highest concentration of consumed mercury is found in kidneys *(SGPGI05)*
b) Mercuria lentis is due to deposition of mercury
c) Tremors are more common in workers of this industry
d) penicillamine is not effective in its treatment

880. A new drug that reduces craving for alcohol is -
a) Naltrexone b) Buspirone (*COMEDK 05)*
c) Trazadone d) Phenindamine

881. All are adulterants of heroin -
a) Chalk powder b) Quinine
c) Charcoal d) Fructose

857)c,e 858)a,c,d 859)a 860)a,b 861)a,b,d,e 862)b 863)All 864)a,d 865)a 866)a 867)b 868)b 869)a,b,c 870) c 871)c 872) d 873)a 874)d 875)c 876)a 877)b 878)d 879)d 880)a 881)c

882. Treatment of aluminium phosphide consists of -
a) Magnesium sulphate IV infusion *(J & K 05)*
b) Acidosis correction with IV sodium carbonate
c) Adequate hydration with IV infusion
d) All of the above

883. A person in coma has pin point pupils. The cause may be all except - *(APPGE 05)*
a) Barbiturate poisoning
b) Morphine poisoning
c) Organophosphate poisoning
d) Pontine hemorrhage

884. Xanthoproteic reaction is seen in - *(Orissa 05)*
a) $HN0_3$ b) HCL acid poisoning
c) H_2S0_4 poisoning d) Carbolic acid poisoning

885. All of the following poison's are dialyzable except- *(A11MS NO V 05)*
a) Ethylene glycol b) Methanol
c) Barbiturates d) Copper sulphate

886. In methyl alcohol poisoning there is CNS depression, cardiac depression and optic nerve atrophy. These effects are produced due to -
a) Formaldehyde and formic acid *(AI 05)*
b) Acetaldehyde
c) Pyridine
d) Acetic acid

887. In chronic arsenic poisoning the following samples can be sent for laboratory examination, except -
a) Nail clippings b) Hair samples *(A105)*
c) Bone biopsy d) Blood sample

888. At autopsy, the cyanide poisoning case will show the following features, except - *(AI05)*
a) Characteristic bitter lemon smell
b) Congested organs
c) The skin may be pinkish or cherry red in colour
d) Erosion and haemorrhages in oesophagus and stomach

889. Diffusion of oxygen at the tissue level is affected in all the following poisonings except -*(AIIMS May 05)*
a) Carbon monoxide b) Curare
c) Phosgene d) Cyanides

890. Priapism occurs in - *(ARMS 06)*
a) Snakebite b) Ratti poisoning
c) Cantharide poisoning d) Arsenic poisoning

891. In OPC poisoning, OPC actions are -
a) Phosphorylated enzyme *(PGIJune 06)*
b) Irreversibly inhibit cholinesterase
c) Oximes effective when given beyond 24 hours
d) Atropine can't reverse in early stage

892. "Plant Penicillin" is the term used for -
a) Organophosphorous compounds
b) Endrin
c) Arsenious oxide
d) Cyanide

893. Milky juice obtained by incising the leaves and stalk of the plant and fed for female infanticide is -
a) Madar j uice b) Avandi j uice *(COMED 06)*
c) Nacpala juice d) Rati juice

894. Most Poisonous Snake is - **(***PUNJAB 06)*
a) Cobra b) King Cobra
c) Viper d)Krait

895. Universal antidote is made up of all except ?
a) Tannic acid (*Manipal 06)*
b) Potassium permanganate
c) Magnesium oxide
d) Activated charcoal

896. Burtonian line is seen with poisoning of - *(AI 0 7)*
a) Mercury b)Lead
c) Arsenic d)Zinc

897. Acrodynia is associated with - *(AI 07)*
a) Mercury b) Phenolic acid
c) Oxalic acid d) Carbolic acid poisoning

898. Mercury will affect which part of the renal tubule -
a) PCT b) DCT *(AI07)*
c) CT d) Loop of Henle

899. The drug of choice for mushroom poisoning is -
a) Atropine b) Physostigmine *(AI 07)*
c) Adrenaline d)Carbachol

900. Which of the following is not as aryl phosphate ?
a) TIK20 b) Malathion *(AI 07)*
c) Parathion d)Follidol

901. Which is not an aryl phosphate - *(Aiims May 07)*
a) Parathion b) Tik-20
c) Malathion d)Paraoxon

902. Dialysis is useful in poisoning with all of the following except - *(Aiims May 07)*
a) Methyl alcohol b) Barbiturates
c) Ethylene glycol d) Copper sulphate

903. Hemoperfusion with charcoal is useful in poisoning with- *(Aiims May07)*
a) Barbiturate poisoning b) Methyl alcohol
c) Lithium d) Ethylene glycol

904. Which of the following poison is detects after death is - *(UP 07, 06)*
a) Lead b) Arsenic
c) Thallium d)Zinc

905. Green colored urine seen in - *(PGI June 07)*
a) Kerosene b)OPCs
c) Carbolic acid d) Paracetamol

906. Diagnosis of CO poisoning poste mortem -
a) Blood thin and red coloured *(PGI June 0 7)*
b) Congestion of all organs
c) Cyanosis

907. Formication is associated with_____ abuse -
a) Alcohol b) Cocaine *(Corned 07)*
c) Benzodiazipine d) Analgesics

908. Which of the following poisons has only local action?
a) Sulphuric acid b) Carbolic acid *(Corned 07)*
c) Oxalic acid d) Phosphorus

909. Copper sulphate poisoning manifests with -
a) Acute hemolysis *(Corned 08)*
b) High anion gap acidosis
c) Peripheral neuropathy
d) Rhabdomyolysis

882) d 883) a 884) a 885) d 886) a 887) d 888) a 889) b 890) c 891) a,b 892) b 893) a 894) b 895) b
896)b 897)a 898)a 899)a 900)b 901)c 902)d 903)a 904)b 905)c 906)a,b 907)b 908)a 909)a

910. The poison that can be detected after death in hair is - *(Corned 08)*
a) Lead b) Copper
c) Mercury d) Arsenic

911. The following are complications of cocaine poisoning except- *(UPSC-108)*
a) Angina and myocardial infarction
b) Epileptic seizures
c) Hypothermia
d) Hypertension

912. Which one among the following is generally used as a fungicide, while others are 'generally used as insecticides' ? *(UPSC-108)*
a) Aldrin b)Dieldrin
c) Heptachlor d) Hexachlorobenzene

913. Cherry red colour postmortem appearance is seen in- *(UP08)*
a) Cyanide poisoning b) Phosphorus
c) Arsenic d) Mercury

914. Over doses of acetaminophen causes hepatic finding in postmortem - *(UP08)*
a) Centrilobular necrosis
b) Scattered patchy necrosis
c) Liquefactive necrosis
d) Coagulative necrosis

915. Which of the following is an example of a polychlorinated hydrocarbons- *(AI08)*
a) Parathion b) Malathion
c) Diazinion d)Endrin

916. Yellow fatty liver is characteristic of poisoning with-
a) Arsenic b) Mercury *(AI08)*
c) Phosphorus d) Oxalic acid

917. Which of the following heavy metal poisoning may cause colitis that resembles diptheritic colitis ?
a) Lead b) Arsenic *(AI 08)*
c) Mercury d) Copper

918. A middle aged man from West Bengal presents with paraesthesia of hands and feet, hyperkeratosis of palms, lines on his nails and rain drop pigmentation. The most likely causative toxin for the above mentioned presentation is - *(AI 08)*
a) Lead b) Arsenic
c) Thallium d) Mercury

919. Alkalinisation of urine may be done in cases of poisoning with - *(AI 08)*
a) Barbiturates b) Amphetamines
c) Alcohol d) Morphine

920. Gastric lavage contraindicated in poisoning by -
a) Kerosene b) Morphin *(PGI June 08)*
c) Barbiturates d) Dhatura
e) Cynide

921. All are organophosphorus compounds except -
a) DDT b)HETP *(Manipal 08)*
c) TEPP d) OMPA

922. Gastric Lavage is contraindicated in poisoning with-
a) Kerosene *(PGI Dec 08)*
b) Organophosphorus
c) Arsenic
d) Morphine
e) Dhatura

923. A man working as a pest killer comes to OPD with pain abdomen, garlic odour in breath and transverse lines on nails. Most likely the person is having -
a) Arsenic poisoning *(AIIMS Nov 08)*
b) Lead poisoning
c) Mercury poisoning
d) Cadmium poisoning

924. A man working as a pest killer comes to OPD with pain abdomen, garlic odour in breath and transverse lines on nails. Most likely the person is having:
a) Arsenic poisoning *(AIIMS May 09)*
b) Lead poisoning
c) Mercury poisoning
d) Cadmium poisoning

925. Formication and delusion of persecution occurs together in - *(AIIMS May 09)*
a) LSD b) Amphetamine
c) Canabis d) Cocaine

926. Mee's lines are seen in poisoning with -
a) Cadmium b)Lead *(PGI June09)*
c) Mercury d) Arsenic
e) Thallium

927. plumbism is caused by- *(PGIJune 09)*
a) Lead poisoning b) Mercury poisoning
c) Thallium poisoning d) Copper poisoning
e) Arsenic poisoning

928. Dark brown postmortem lividity is seen in -
a) Aniline poisoning *(COMED 09)*
b) Carbon-monoxide poisoning
c) Phosphorus poisoning
d) Cyanide poisoning

929. The chief compound in cannabis is - *(COMED 09)*
a) 9-A-tetrahydrocannabinol
b) 6-A-tetrahydrocannabinol
c) 5-A-tetrahydrocannabinol
d) 4-A-tetrahydrocannabinol

930. Tactile hallucination is seen in poisoning with -
a) Carbolic acid b) Cannabis *(COMED 09)*
c) Cocaine d) Chloral hydrate

931. All the following methods are used in the detection of heavy metals, except - *(DELHIPG Feb. 09)*
a) Neutron activation analysis
b) Atomic absorption spectroscopy
c) Scanning electron microscope-energy dispersive X-ray analysis
d) Paraffin test

932. Putrefaction is delayed in - *(DELHIPG Feb. 09)*
a) Peritonitis b) Septicemia
c) Anasarca d) Zinc chloride poisoning

910) d 911)c 912) d 913)a 914)a 915)d 916)c 917)c 918)b 919)a 920)a 921)a 922)a 923)a
924) a 925) d 926) d 927) a 928) c 929) a 930) c 931) d 932) d

933. Kennedy phenomenon deals with-*(DELHIPGFeb. 09)*
a) Evaluation of exit and entry wounds
b) Evaluation of bum wounds
c) Effects of poisoning on stomach mucosa
d) Estimation of fetal age

934. The most preferred side for collection of blood in alcohol poisoning is - *(DELHIPG Feb. 09)*
a) Femoral vein b) Radial artery
c) Subclavian vein d) Cardiac

935. Cholera like action is seen in poisoning by -
a) Ricinus communis *(DELHI PG Feb. 09)*
b) Calotropis gigantea
c) Ergot
d) Abrus precatorius

936. Magnesium sulphate lavage is done in poisoning with - *(DELHIPGFeb. 09)*
a) Aniline b) Copper sulphate
c) Ethyl alcohol d) Phenol

937. Parotid swelling occurs in poisoning with :
a) Iodine b) Mercury *(DELHIPGFeb. 09)*
c) Thallium d) Barium

938. Cobra snake venom is - *(DELHIPG Mar. 09)*
a) Vasculotoxic b) Urotoxic
c) Musculotoxic d) Nephrotoxic

939. Green-coloured urine is characteristic of which poisoning? *(DELHI PG Mar. 09)*
a) Phenol b) Copper sulphate
c) Barbiturates d)Lead

940. False snese of perception without any external stimuli is a characteristic of -*(DELHI PG Mar 09)*
a) Illusion b) Delusion
c) Hallucination d) Impulse

941. Tactile sensations over the body are a characteristic of which poisoning ? *(DELHI PG Mar 09)*
a) Cocaine b) Opium
c) Cannabis d) Barbiturate

942. Hatter's shakes are present in poisoning by- *(DELHI PG Mar 09)*
a) Lead b) Arsenic
c) Copper sulphate d) Mercury

943. Which one of the following is most characteristic of Elapidae snake envenomation ? *(UPSC-109)*
a) Bleeding manifestation
b) Neuro-paralytic symptoms
c) Rhabdomyolysis
d) Cardiotoxicity

944. A 28-year-old male patient is brought to casualty in comatose state, with pin-point pupils, reduced respiratory rate and bradycardia. What is the most likely diagnosis ? *(UPSC-109)*
a) Tricyclic antidepressant poisoning
b) Opioid poisoning
c) Benzodiazepine poisoning
d) Organophosphorus poisoning

945. True about role of nitrites in cyanide poisoning -
a) Deoxygenation *(PGI Nov 09)*
b) Chelation of cyanides
c) Methemoglobin formation
d) Sulfhemoglobin formation

946. Caustic poison corrodes mucosa because of -
a) It's hygroscopic nature *(AIIMS Nov 09)*
b) It has glue like action
c) It has affinity for mucosa
d) It is programmed to stick

947. Hatter's shakes are seen in which poisoning -
a) Arsenic b) Mercury *(AIIMS Nov 09)*
c) Copper d) Lead

948. A child brought with suspected ingestion, presented with dry mouth, dilated pupil, difficulty in swallowing, delirium, dry & warm skin, the substance is -
a) Anti-cholinergic *(ARMS May 10)*
b) Sympathetic
c) Cholinergic
d) Alpha-blocker

949. A factory worker presents with excessive salivation, blue lines on gums, tremors, disturbed personality, insomnia and loss of appetite. The most likely poisoning is - *(AI10)*
a) Mercury b)Lead
c) Arsenic d) Phosphorus

950. Aconite poisoning causes all except - *(AI 10)*
a) Hypersalivation b) Tingling and numbness
c) Increased BP d) Chest pain

951. Which of the following drugs is used for narcoanalysis - *(AI 10)*
a) Atropine b) Phenobarbitone
c) Scopolamine d) Pethidine

952. Vesiculation can be caused by application of -
a) Cantheridin b) Brucine*(Maharashtra 10)*
c) Dhatura d) Capsicum

953. Brown-coloured urine is seen in the - *(DPG10)*
a) Nitric acid poisoning
b) Carbolic acid poisoning
c) Hydrochloric acid poisoning
d) Sulphuric acid poisoning

954. Which of the following is a non- poisonous snake?
a) Viper b)Krait *(DPG10)*
c) Sea snake d) Rat snake

955. In methyl alcohol poisoning there is CNS depression, cardiac depression and optic nerve atrophy. These effects are produced due *to-(DPG10)*
a) Formaldehyde and formic acid
b) Acetaldehyde
c) Pyridine
d) Acetic acid

956. Priapism occurs in - *(DPG 10)*
a) Snakebite b)RattiPojsoning
c) Cantharide poisoning d) Arsenic poisoning

957. Green coloured urine is seen in poisoning with -
a) Phenol b) Ethyl alcohol *(Punjab 10)*
c) Ethylene glycol d) Kerosene

933)a 934)a 935)a 936)c 937)a 938)None 939)a 940)c 941)a 942)a 943)b 944)b 945)c 946)a
947) b 948) a 949)a 950)c 951)c 952)a 953)a 954)d 955)a 956)a 957)a

958. A person feels that grains of sand are lying under the skin or some small insects are creeping on the skin giving rise to itching sensation; the condition is seen in - *(Punjab 10)*
a) Organophosphorus poising
b) Alcohol withdrawl
c) Cocaine poisoning
d) Morphine poisoning

959. Gastric lavage turns black in the presence of silver nitrate, most probable poisoning is - *(Punjab 10)*
a) Celphos b)Malathion
c) Organophosphorus d)Parathion

960. "Hatter's shakes" are see in poisoning due to -
a) Mercury b) Arsenic *(Jipmer 10)*
c) Lead d) Copper

961. Acrodyniaisafeatureof- *(Jipmer 10)*
a) Iron deficiency anemia b) Mercury poisoning
c) Copper poisoning d) Zinc poisoning

962. Colour of urine in phenol poisoning- *(Jipmer 10)*
a) Green b)Red
c) Blue d) Yellow

963. All are features of cocainism except -
a) Hemorrhagic stroke *(Jipmer 10)*
b) Seizures
c) Co-existing alcohol addiction
d) Priapism

964. Blindness along with metabolic acidosis occur in -
a) Methanol poisoning *(Jipmer10)*
b) Ethanol poisoning
c) Barbiturate poisoning
d) Salicylate poisoning

965. Spinal cord is preserved in the poisoning of -
a) Alcohol b) Oleander *(Jipmer 10)*
c) Opioid d) Strychnine

966. The state of muscles in between convulsions in strychnine poisoning is *(Jipmer10)*
a) Fasciculations b) Relaxation
c) Rigidity d) Tonic contraction

967. Sarcoidosis is mimicked by chronic_____ poisoning- *(Corned.10)*
a) Mercury b) Beryllium
c) Aluminium d)Lead

968. All the following statements are TRUE regarding methyl alcohol poisoning EXCEPT - *(Corned 10)*
a) It is characterized by high anion gap acidosis
b) It causes ocular toxicity
c) It causes high osmolal gap
d) Concurrent ethanol ingestion worsens the clinical features

969. Dimercaprol is/are used in poisoning with -
a) Pb b) Hg *(PGIMaylO)*
c) As d) Acetaminophen
e) Iron

970. Red brown post mortem staining is seen in -
a) Dhatura b) Aniline *(PGINov 10)*
c) CO d) Nitrites
e) Cyanide

971. Feature (s) of CO poisoning is/are - *(PGINov. 10)*
a) Cherry red colour and thinning of blood
b) Congestion of all organs
c) Severe cyanosis
d) Parkinsonism
e) Blister on skin

972. Gastric Lavage is contraindicated in poisoining with- *(PGINov. 10)*
a) Kerosene b) Organophosphorus
c) Arsenic d) Morphine
e) Dhatura

973. Patient is having bronchodilation, increased temperature, constipation and tachycardia. The diagnosis is - *(AIIMS Nov 10)*
a) Organophosphate poisoning
b) Paracetamol poisoning
c) Mushroom poisoning
d) Atropine poisoning

974. Aluminium phosphide poisoning - all true except -
a) Subendocardial infarction *(AIIMS Nov 10)*
b) Produces phosphine gas
c) Oesophageal stricture
d) Inhibits cytochrome a oxidase

975. A middle aged man comes to OPD with paraesthesia of hands and feet, hyperkeratosis of palms, rain drop pigmentation and transverse lines on nails. Most likely the person is having - *(AIIMS May 11)*
a) Arsenic poisoning b) Lead poisoning
c) Mercury poisoning d) Cadmium poisoning

976. Which of the following is an iOuminous, translucent and waxy poison - *(AI11)*
a) Iodine b) Ammonium bromide
c) Cobra venom d) Yellow phosphorus

977. A patient presents to the emergency department with bluish discolouration of conjunctiva, mucus membranes and nails one hour after ingestion of a poison. Examination reveals tachycardia and hypotension. Which of the following is the most likely ingested poison - *(AI 11)*
a) Mercury b) Arsenic
c) Lead d) Silver

978. Which of the following is commonly used as a Rave drug- *(AI11)*
a) Cannabis b) Cocaine
c) Heroin d) Ecstasy

979. All are true about aluminium phosphide poisoning except- *(PUNJAB11)*
a) Accumulation of acetylcholine at neuromuscular junction
b) Inhibit cytochrome oxidase
c) Production of phosphine
d) Metabolic acidosis

980. Maximum damage to esophagus is by -
a) $H_?S0_4$ *(PUNJAB11)*
b) Nitric acid
c) Sodium hydroxide (NaoH)
d) Acetic acid

958) c 959) a 960) a 961)b 962) a 963) d 964) a 965) d 966)b 967) b 968) d 969)a,b,c 970) a,d
971)a,b,d,e 972) a 973) d 974) d 975) a 976) d 977) b 978) d 979) a 980) c

981. Colour of urine in phenol poisoning - *(Jipmer 11)*
a) Red b)Blue
c) Green d) Yellow

982. Dhatura poison contains all except - *(Jipmer 11)*
a) Atropine b) Hyoscine
c) Hyoscyamine d) Muscarine

983. Spinal cord is preserved in - *(Jipmer 11)*
a) Strychnine poisoning b) Arsenic poisoning
c) Oleander poisoning d) War gas poisoning

984. Basophilic stippling of the RBCs is a sensitive index of- *(UPSCII11)*
a) Lead poisoning b) Arsenic poisoning
c) Asbestosis d) Silicosis

MISCELLANEOUS

985. A civil wrong is known as - *(AIMS 80)*
a) Mutatis mutandis b) Pari passu
c) Tort d) Ultra wires

986. Hatter's Shake is seen in - *(AI93)*
a) Arsenic b) Mercury
c) Phosphorus d) Lead

987. Colour changes of putrefaction are first observed in the- *(AIMS 86)*
a) iliac fossae b) Popliteal fossae
c) Cubital fossae d) Arm pits
e) Neck

988. A congnizable offence signifies - *(AI93)*
a) Imprisonment upto 2 yrs
b) Imprisonment upto 3 yrs+Rs. 1000 fine
c) Arrest without warrant
d) Only fine upto Rs 1000

989. Criminal responsbility in Indian constitution is included in IPC section - *(PGI81, Kerala 90)*
a) 84 b)300
c) 302 d)304

990. Erethism is seen in which poisoning - *(AIMS 97)*
a) Mercury b) Arsenic
c) Aconite d) Phenol

991. Sexual consent cannot be given by a girl below- *(TN 99)*
a) 15 yrs b) 17 yrs
c) 18 yrs d) 21 yrs

992. Which of the following sections of IPC are concerned with dowry death - *(Kerala 2K)*
a) 300 b) 302
c) 304 d) 304-A
e) 304-B

993. Fibrosis is seen in a thrombus after....weeks -
a) One b) Two *(AI 89)*
c) Four d)Five

994. A farmer who worked in he field whole day suddenly took ill and was brought to the hospital with vomiting, diarrhoea, salivation perspiration, constricted pupils and pulmonary oedema. The most likely diagnosis is-
a) Acute left ventricualr failure *(UPSC 97)*
b) Organophosporus poisoning
c) Snakebite
d) Aluminium phosphide poisoning

995. Sewer gas is - *(PGI 03)*
a) Phosgene b) H_2S
c) CO_2 d) Aluminium phosphide

996. Not a test of circulation - *(Orissa 04)*
a) Magnus test b) Icard test
c) Winslow test d) Diaphanous test

997. Weight of a virgin uterus is - *(Orissa 04)*
a) 50 gm b) 100 gm
c) 200 gm d) 150 gm

998. Nasal swabs preserved in - *(Manipal 04)*
a) Drowning b) Anaphylaxis
c) Cocaine poisoning d) None

999. False negative hydrostatic test in a live born foetus may be seen in - *(AI 08)*
a) Atelectasis b) Artificial respiration
c) Emphysema d) Putrefaction

1000. Study of death in all its aspects is known as -
a) Trichology b) Ornithology *(AIMS Nov 08)*
c) Odontology d) Thanatology

1001. Constituents of a typical embalming solution are all except- *(AIMS Nov 08)*
a) Phenol b) Glycerine
c) Formalin d) Ethanol

1002. The best method of injection in embalming is- *(DELHIPGFeb. 09)*
a) Continuous injection and drainage
b) Continous injection with disrupted drainage
c) Alternate injection and drainage
d) Discontinuous injection and drainage

1003. Ewing's postulates deals with relationship between-
a) Trauma and tumor *(DELHI PG Feb. 09)*
b) Trauma and MI
c) Trauma and SAH
d) Trauma and poisoning

1004. Which of the following organs/tissues are presently not being used for organ/tissue transplantation. -
a) Blood vessels b)Lung *(AI11)*
c) Liver d) Urinary Bladder

Recent Years NEET/DNB Questions

1005. Cobras belong to- *(NEET/DNB Pattern)*
a) Viperidae b)Elapidae
c) Colubridae d)Crotalide

1006. Voyeurism is also known as - *(NEET/DNB Pattern)*
a) Scotophilia b) Priapism
c) Frotteurism d) Onanism

1007. Coirneal tattooing is done by - *(NEET/DNB Pattern)*
a) Gold chloride
b) Calcium chloride
c) Copper sulphate
d) Potassium permanganate

981)c 982) d 983) a 984) a 985) c 986) b 987) a 988) c 989) a 990) a 991) a 992) e 993) b 994) b
995)b,c 996)c 997)a 998)a 999)a 1000)d 1001)a,d 1002)d 1003)a 1004)d 1005)b 1006)a 1007)a

1008. Angel dust is - *(NEET/DNB Pattern)*
a) Phencyclidine b)LSD
c) Morphine d) Cannibis

1009. Two identical twins will not have same - *(NEET/DNB Pattern)*
a) Fingerprints b) Iris color
c) DNA copies d) Blood group

1010. La facies symapthique is seen in -
a) Hanging *(NEET/DNBPattern)*
b) Strangulation
c) Myocardial insufficiency
d) Railway accident

1011. According to 2000 act, juvenile is boy and girl respectively less than - *(NEET/DNB Pattern)*
a) 16 and 18 b)18and21
c) 14 and 16 d) 18 and 18

1012. CrPC 26 - *(NEET/DNBPattern)*
a) Division of offence
b) Division of negligence
c) Division of malpractice
d) None

1013. Contributory negligence is negligence due to -
a) Doctor *(NEET/DNBPattern)*
b) Patient
c) Doctor and patient
d) Hospital administrator

1014. Best site for blood collection for toxicology sampling-
a) Abdominal aorta *(NEET/DNBPattern)*
b) Femoral vein
c) Carotid artery
d) Heart

1015. Borax is- *(NEET/DNB Pattern)*
a) Gastrointestinal irritants
b) Genitourinary irritants
c) Ecbolics
d) Emmenagogues

1016. Not a part of firearm - *(NEET/DNB Pattern)*
a) Bolt b) Piston
c) Extractor d) Muzzle

1017. Pupil condition in opium poisoning - *(NEET/DNB Pattern)*
a) Miosis b) Mydriasis
c) Irregular d) No change

1018. Methadone is used in treatment of overdose of-
a) Cocaine b) Heroin *(NEET/DNB Pattern)*
c) Amphetamine d) Barbiturate

1019. What is first external sign of decomposition of dead body- *(NEET/DNB Pattern)*
a) Decomposition of liver and intestine
b) Greenish discolouration over right iliac fossa
c) Greenish discolouration over dependent parts
d) Blood stained froth from mouth

1020. In strychnosnux vomica poisoning- *(NEET/DNB Pattern)*
a) Pt becomes unconscious immediately
b) Pt remains conscious throughout
c) Pt becomes unconscious at end stage
d) Pt becomes unconscious in 1 hr or so

1021. Medical etiquette is related to -
a) Legal responsibility of physicians
b) Rules to be followed by physician
c) Laws of courtesy observed between physicians
d) Moral principles

1022. Colour of urine in carbolic acid poisoning -
a) Dark yellow b) Reddish *(NEET/DNB Pattern)*
c) Black d) Dark green

1023. Which snake bite causes hematologic abnormalities-
a) Cobra b)Crait *(NEET/DNB Pattern)*
c) Viper d) Sea snake

1024. Injury by Lathi- *(NEET/DNB Pattern)*
a) Contusion b) Laceration
c) Stab wound d) Abrasion

1025. Number of milk teeth - *(NEET/DNB Pattern)*
a) 16 b) 12
c) 20 d)8

1026. In nux vomica poisoning, posture assumed by the spine is - *(NEET/DNB Pattern)*
a) Opisthotonus b) Emprosthotonus
c) Pleurosthotonus d) b and c

1027. Rule ofHasseis used to determine- *(NEET/DNB Pattern)*
a) Age of fetus b) Height of adult
c) Race of person d) Identification

1028. Widmark's formula helps in the measurement of blood level of - *(NEE T/DNB Pattern)*
a) Cocaine b) Alcohol
c) Barbiturates d) Benzodiazepines

1029. Gastric lavage is contraindicated in poisoning by -
a) Kerosene *(NEET/DNB Pattern)*
b) Morphine
c) Barbiturates
d) Cyanide

1030. Marshalls triad is seen in - *(NEET/DNB Pattern)*
a) Explosive injury b) Gunshot injury
c) Drowning injury d)None

1031. What acts as both poison & antidote- *(NEET/DNB Pattern)*
a) $CuS0_4$ b)$HgCl_2$
c) Ar_20_3 d)Thallium arsenate

1032. Yellow discoloration of skin and mucosa is seen in which poisoning? *(NEET/DNB Pattern)*
a) Nitrous oxide b) Nitric acid
c) Sulphuric acid d) Phosphoric acid

1033. Organs first to be injured in blast- *(NEET/DNB Pattern)*
a) Ear, lung b) Kidney, spleen
c) Pancreas, duodenum d) Liver, muscle

1034. In which of the following case police inquest is not done-
a) Dowry death b) Suicide
c) Death by accident d) Death by animals

1035. Liking to wear opposite sex clothes - *(NEET/DNB Pattern)*
a) Fetichism b) Masochism
c) Transvestism d) Sadism

1008) a 1009) a 1010)a 1011)d 1012)a 1013)b 1014)b 1015)a 1016)b 1017)a 1018)b 1019)b 1020)b 1021)c
1022)d 1023) c 1024) a1025)c 1026)d 1027)a 1028)b 1029)a 1030)a 1031)a 1032)b 1033)a 1034)a 1035)c

1036. Cause of death for drowing in cold water -
a) Vagal *(NEET/DNB Pattern)*
b) Asphyxia
c) Loss of consciousness
d) None

1037. Cephalic index is used for - *(NEET/DNB Pattern)*
a) Race b) Age
c) Sex d) Caste

1038. Telefono is - *(NEET/DNB Pattern)*
a) Beating on soles b) Pulling of hair
c) Beating on ears d) Beating on fingers

1039. Plantiff is a person who - *(NEET/DNB Pattern)*
a) Files case in civil court b) Acts as defender
c) Gives judgement d) None

1040. Incised looking laceration is seen at ? *(NEET/DNB Pattern)*
a) Forehead b) Hand
c) Thorax d) Abdomen

1041. Dirt collar or grease collar is seen in - *(Jipmer 2005)*
a) Punctured wound by sharp weapon
b) Lacerated wound
c) Firearm entry wound
d) Stab wound

1042. A person knows the truth & wilfully concealed the truth &gives false evidence in the court of law. He will be punished under which IPC - *(NEET/DNB Pattern)*
a) 190 b) 192
c) 191 d) 193

1043. Sexual assault of child, hymen is not ruptured due to-
a) Deep seated *(NEET/DNB Pattern)*
b) Underdeveloped
c) Too tough to rupture
d) Distensible

1044. Boy died in emergency room with white froth in mouth. The poisoning is due to -
a) Orgnophosphorus b) Opium
c) HCN d) None

1045. Burking includes- *(NEET/DNB Pattern)*
a) Choking b) Ligature
c) Overlaying d) Traumatic asphysia

1046. Phossy jaw is caused by - *(NEET/DNB Pattern)*
a) White phosphorous b) Yellow phosphorous
c) Arsenic d) Antimony

1047. Victim was choked with mouth & nose covered with elbow around neck. It is called as- *(NEET/DNB Pattern)*
a) Mugging b) Garrotting
c) Bansadola d) None of the above

1048. Crural index is - *(NEET/DNB Pattern)*
a) Length of tibia / femur x 100
b) Length of radius /humerus x 100
c) Length of fibula/ tibia x 100
d) Length of radius/ ulna x 100

1049. Falangais- *(NEET/DNB Pattern)*
a) Beating on soles with blunt object
b) Beating on soles with palms
c) Beating on the abdomen
d) Suspension by wrists

1050. Questionnaire is to check toxicity after-
a) Alcohol b) Nicotine *(NEET/DNBPattern)*
c) Opium d) Heroine

1051. Law of Criminal responsibility is in which section -
a) 81 b) 80 *(NEET/DNB*
c) 83 d)84 *Pattern)*

1052. Blackening of eye most common because of -
a) Friction abrasion *(NEET/DNBPattern)*
b) Patterned abrasion
c) Imprint abrasion
d) Contusion

1053. Incised looking laceration is seen in all except -
a) Iliac crest *(NEET/DNBPattern)*
b) Zygomatic bone
c) Shin
d) Chest

1054. In vitrous what is measured for time since death -
a) Sodium *(NEET/DNBPattern)*
b) Potssium
c) Proteins
d) Chloride

1055. In criminal cases, conduct money is paid by -
a) Court *(NEET/DNBPattern)*
b) Magistrate
c) Judge
d) No conduct money is given

1056. DNA finger printing cannot be taken from -
a) Saliva *(NEET/DNBPattern)*
b) Tooth
c) Buccal mucosa
d) Blood

1057. Sexual asyphyxia is associated with -
a) Sadism *(NEET/DNBPattern)*
b) Masochism
c) Fetichism
d) Vouyerism

1058. Ectopic bruise is most commonly seen in -
a) Leg *(NEET/DNB Pattern)*
b) Eye
c) Pinna
d) Scalp

1059. Kennedy phenomenon is seen in -
a) Road traffic accident *(NEET/DNB Pattern)*
b) Gunshot injury
c) Bums
d) Contusion

1060. Muttering delirium is seen with - *(NEET/DNB Pattern)*
a) Ricinus b) Datura
c) Cocaine d) Aconite

1061. TVeatment of paracetamol poisoning -
a) N acetyl cysteine *(NEET/DNB Pattern)*
b) Activated charcoal
c) Dialysis
d) Alkaline diuresis

1036) a 1037) a 1038)c 1039)a 1040)a 1041)c 1042)d 1043)a 1044)b 1045)d 1046)a 1047)a 1048)a 1049)a
1050) a 1051) d 1052)d 1053)d 1054)b 1055)d 1056)b 1057)b 1058)b 1059)b 1060)b 1061)a

1062. Police Inquest is all except - *(NEET/DNB Pattern)*
a) Senior head constable can investigate
b) Most common inquest
c) Panchnama has to be signed by 10
d) 10 may not summon

1063. Emysema aquosum is found *m-(NEET/DNBPattern)*
a) Dry drowning b) Wet drowning
c) Immersion syndrome d) Secondary drowning

1064. Post mortem caloricity is seen in -
a) Tetanus *(NEET/DNB Pattern)*
b) Cholera
c) Strychnine poisoning
d) All of the above

1065. Ethylene glycol when ingested affects kidney by forming- *(NEET/DNB Pattern)*
a) Formaldehyde b) Oxalates
c) Isoproylalcohol d) Phosphates

1066. All are cardiotoxic except - *(NEET/DNB Pattern)*
a) Aconite b) Opium
c) Oleander d) Nicotine

1067. Which of the following retards putrefaction ?
a) Mercury b)Lead *(MH2003)*
c) Arsenic d) Copper

1068. Gunshot residue on hands can be detected by which test - *(NEET/DNB Pattern)*
a) Benzidine test
b) Phenolphthalein test
c) Dermal nitrate test
d) Hydrogen activation analysis

1069. Best means to identify a *person-(NEET/DNB Pattern)*
a) Photography b) Dactylography
c) Anthropometry d) Handwriting

1070. Color of postmortem lividity in hypothermic death- *(NEET/DNB Pattern)*
a) Purple b) Deep red
c) Cherry red d) Bright pink

1071. Chronic arsenic poisoning does not cause -
a) Mixed sensory & motor neuropathy
b) Mesothelioma *(NEET/DNBPattern)*
c) Hyperkeratosis of skin
d) Anemia

1072. In civil cases, conduct money is decided by -
a) Opposite party *(NEET/DNBPattern)*
b) Judge
c) Doctor
d) Witness

1073. For DNA sampling which preservative is used -
a) EDTA b) Citrate *(NEET/DNB Pattern)*
c) Heparin d) Fluoride

1074. Frigidity is- *(NEET/DNBPattern)*
a) Inability to initiate sexual arousal in female
b) Inability to initiate sexual arousal in male
c) Ejaculation occurring immediately after penetration
d) None

1075. IPC 94 states that - *(NEET/DNB Pattern)*
a) Criminal responsibility
b) Act to which a person is compelled by threats is not offence
c) Act to which a person is compelled by threats is an offence
d) Civil responsibility

1076. Pink disease or acrodynia is seen with -
a) Arsenic b) Mercury *(NEET/DNB Pattern)*
c) Copper d)Lead

1077. Who is called as the Father of toxicology -
a) Paracelsus b) Galen *(NEET/DNB Pattern)*
c) Galton d) Guftafson

1078. Cognisable offence comes under which section of Cr. P.C. - *(NEET/DNB Pattern)*
a) 2C b)2B
c) 1A d) None

1079. Which of the following is not seen in finger prints -
a) Loop b) Circles *(NEET/DNB Pattern)*
c) Whorl d)Arch

1080. speed ball is cocaine plus - *(NEET/DNB Pattern)*
a) Heroin b) Cannabis
c) Amphetamine d)LSD

1081. Brutonian lines on gums is seen in poisoning with ?
a) Lead b) Mercury *(NEET/DNB Pattern)*
c) Arsenic d)Zinc

1082. In how many hours does a dead body float in India in summer -
a) 6 hours b) 12 hours
c) 24 hours d) 48 hours

1083. Method of identification using lips? *(NEET/DNB Pattern)*
a) Dactylography b)Podogram
c) Cheiloscopy d) None

1084. Not used for iron poisonin ? *(NEET/DNB Pattern)*
a) Penicillamine b) Desferrioxamine
c) Gastric lavage d) Magnesium hydroxide

1085. IPC for criminal responsibility defining non-offence is ? *(NEET/DNBPattern)*
a) 82 b) 182
c) 88 d) 188

1086. Chemical name for ectasy is - *(NEET/DNB Pattern)*
a) MDMA b) MDHA
c) EDHA d) MDAM

1087. Most common drug abuse in India- *(NEET/DNB Pattern)*
a) Cannabis b) Amphetamine
c) Cocaine d) Heroine

1088. Dathura poisoning is characterised by -
a) Pinpoint pupil *(NEET/DNBPattern)*
b) Dilated salivary gland
c) Dilated pupil with facial flush
d) Decreased temperature

1089. Stellate wound may be seen in which of the following bullet entry wounds - *(NEET/DNBPattern)*
a) Contact shotb) Close shot
c) Distance shot d) Two feet distance

1062)d 1063) b 1064)d 1065)b 1066)b 1067)c 1068)c 1069)b 1070)c 1071)b 1072)b 1073)a 1074)a 1075)b 1076)b 1077) a 1078)a 1079)b 1080)a 1081)a>b 1082)c 1083)c 1084)a 1085)a 1086)a 1087)d 1088)c 1089)a

1090. In a 3 month fetus - *(NEET/DNB Pattern)*
a) Nail comes
b) Limbs well formed
c) Anus is seen as dark spot
d) Meconium is found in duodenum

1091. Paltauf s hemorrhages are seen in -
a) Hanging *(NEET/DNB Pattern)*
b) Strangulation
c) Drowning
d) Thermal injury

1092. First aid should be given in acid contact - *(NEET/*
a) Wash with normal water soap *DNB Pattern)*
b) Wash with mild alkali agent
c) Wash with strong alkali
d) Refer to higher centre

1093. Hyoid bone fracture is common with- *(NEET/DNB*
a) Hanging b) Strangulation *Pattern)*
c) Choking d) Throttling

1094. Dhatura seeds resemble - *(NEET/DNB Pattern)*
a) Risinus communis b) Capsicum
c) Opium d)None

1095. Black papper adultrant is -
a) Khesari dal b) Dried papaya seed
c) Fine sand d) None

1096. Amotivational syndrome is seen with- *(NEET/DNB*
a) Cannabis b) Cocaine *Pattern)*
c) LSD d)None

1097. Hydrogen Peroxide is used in all of the following chemical tests for blood except -*(NEET/DNB Pattern)*
a) Benzidine test b) Kastle Mayer test
c) Ortho toludine test d) Teichman test

1098. IPC 82 states that: child cannot be punished under what age - *(NEET/DNBPattern)*
a) 5yrs b) 8yrs
c) 7yrs d) lOyrs

1099. Oral evidence is more important than written testimony as- *(NEET/DNBPattern)*
a) Oral evidence cannot be cross examined
b) Oral evidence can be cross examined
c) Documentary evidence requires no proof
d) None

1100. Knockout drops are- *(NEET/DNBPattern)*
a) Paraldehyde b) Chloral hydrate
c) Kerosene d) Turpentine

1101. Oochronosis is seen in which poisoning -
a) Hydrochloric acid *(NEET/DNBPattern)*
b) Carbolic acid
c) Oxalic acid
d) Formic acid

1102. Dilated pupil with coma is seen in which poisoning -
a) Opium *(NEET/DNBPattern)*
b) Datura
c) Mushroom
d) Pilocarpus

1103. Last organ to putrify in males *)sr(NEET/DNBPattern)*
a) Bones b) Prostate
c) Brain d) Spleen

1104. Instantaneous rigor is seen in -*(NEET/DNB Pattern)*
a) Cadaveric rigidity b) Rigor mortis
c) Cold stiffening d) Gas stiffening

1105. % of COHb that can cause death - *(NEET/DNB*
a) 70% b)82% *Pattern)*
c) 75% d) 80%

1106. In a case of Hanging neck ligature marks are example of - *(NEET/DNB Pattern)*
a) Contusion b) Pressure abrasion
c) Laceration d) Bruise

1107. Grievous injury is punishable under which section of IPC- *(NEET/DNB Pattern)*
a) 354 b)320
c) 321 d)402

1108. Bright red color on post martum staining found in-
a) CO b) HCN*(NEET/DNB Pattern)*
c) H2S d)P

1109. Opium is derived from - *(NEET/DNB Pattern)*
a) Leaf b)Root
c) Poppy seed d) Unripe capsule

1110. Neurotoxin is which snake - *(NEET/DNB Pattern)*
a) Viper b)Krait
c) Sea snake d)None

1111. Mechanism of cyanide poisoning is by inhibiting -
a) DNA synthesis *(NEET/DNB Pattern)*
b) Cytochrome oxidase
c) Protein breakdown
d) Protein synthesis

1112. Most common hymen rupture in a virgin is -
a) Anterior *(NEET/DNB Pattern)*
b) Anterolateral
c) Posterolateral
d) Posterior

1113. A patient with rain drop pigmentation, which poisoning caused it - *(NEET/DNB Pattern)*
a) Copper b) Arsenic
c) Lead d) Mercury

1114. Which section belongs to marital rape - *(NEET/DNB*
a) 375A b)376A *Pattern)*
c) 376B d) 375 B

1115. Frotteruism is - *(NEET/DNB Pattern)*
a) Sexual pleasure is obtained by witnessing the act of urination
b) Sexual gratification by rubbing private parts
c) Sexual practise involving three people
d) None

1116. Foamy liver is seen as - *(NEET/DNB Pattern)*
a) Adipocere b) Putrefaction
c) Mummification d)Drowing

1117. What test is used to check if blood is of human origin- *(NEET/DNB Pattern)*
a) Takayamatest b) Benzidine test
c) Precipitin test d) Teichmann's test

1090) a 1091)c 1092)b 1093)b 1094)b 1095)b 1096)a 1097)d 1098)c 1099)b 1100)b 1101)b 1102)b 1103) a
1104)a 1105)b 1106)b 1107)b 1108)c 1109)d 1110)b 1111) b 1112)c 1113)b 1114)b 1115)b 1116)b 1117)c

1118. Vasculotoxic is - *(NEET/DNB Pattern)*
a) Sea snakeb) Viper
c) Krait d) Cobra

1119. Shotgun does not contain - *(NEET/DNB Pattern)*
a) Barrel b) Choke bore
c) Bullets d) Muzzle

1120. Vitriolage is used for - *(NEET/DNB Pattern)*
a) Using vitriol for suicide
b) Using vitriol for homiside
c) Vitriol throwing
d) Perforation of stomach caused by sulphuric acid.

1121. Doctrine of res ipsa loquitur means -
a) Common knowledge *(NEET/DNB Pattern)*
b) Medical maloccurance
c) Fact speaks for itself
d) Oral evidence

1122. In medicolegal autopsy, cavity to be opened first is - *(NEET/DNBPattern)*
a) Thoracic b) Abdomen
c) Cervical d) Any of the above

1123. Antidote for Strychnine poisoning is- *(NEET/DNB Pattern)*
a) Barbiturates b) Physotigmine
c) Fomepizole d) Naloxone

1124. Cyanide odour is of - *(NEET/DNB Pattern)*
a) Rotten egg b) Fish
c) Fruity d) Bitter almond

1125. First treatment for snake bite is -
a) Antisnake venom *(NEET/DNBPattern)*
b) Application of tourniquet
c) Clean the wound with soap & water
d) Local incision & suction

1126. Algor mortis is - *(NEET/DNBPattern)*
a) Rise of body temperature after death
b) Cooling of body
c) Persistent body spasm
d) None

1127. Lendrum stain is done for - *(NEET/DNB Pattern)*
a) Air embolism b) Fat embolism
c) Amniotic fluid embolism d)None

1128. Barium carbonate poisoning causes -
a) Respiratory distress *(NEET/DNB Pattern)*
b) Gastrointestinal irritation
c) Muscular weakness
d) Cyanosis

1129. True about Stab Wounds - *(NEET/DNB Pattern)*
a) Depth is Greater than Breadth
b) Breadth is greater than depth
c) Length is greater than breadth
d) It has wound of entry and exit

1130. Concealment of an Infant is under which section of IPC - *(NEET/DNB Pattern)*
a) 320 b)304
c) 375 d) 318

1131. Gabon's system is used for - *(NEET/DNB Pattern)*
a) Dactylography b) Poroscopy
c) Ridgeology d) None

1132. Oximes are contraindicated in which poisoning ?
a) Malathion b) diazinon *(NEET/DNB Pattern)*
c) Phorate d) Carbamate

1133. Ethylene Glycol antidote is - *(NEET/DNB Pattern)*
a) Barbiturates b) Acetycysteine
c) Ferric chloride d)Fomipizole

1134. Post mortem caloricity is seen with -
a) Arsenic b) Lead *(NEET/DNB Pattern)*
c) Datura d) Strychnine

1135. Tetany is caused by which poisoning- *(NEET/DNB Pattern)*
a) Oxalic acid b) Carbolic acid
c) Sulphuric acid d) Nitric acid

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1118)b 1119) c 1120)b 1121) c 1122)d 1123)a 1124)d 1125)b 1126)b 1127)c 1128)b 1129)b 1130)d 1131)a 1132) d 1133)d 1134) d 1135)a

ANAE STHESIA



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ANAESTHESIA

ANAESTHETIC EQUIPMENTS

1. True about Boyle's apparatus - *(PGIDec 06)*
a) Continuous flow machine
b) Liquid anesthetic vapours not used
c) Resistance very high
d) Resistance low

2. True about anaesthesia machine - *(PGI June 08)*
a) Cylinder is a part of high pressure system
b) 0_2 flush delivers < 35 lit
c) O_z flush delivers > 35 lit
d) Pipeline is a part of low pressure system

3. For high pressure storage of compressed gases cylinders are made up of -
a) Molybdenum steel b) Iron + Mo
c) Steel + Cu d) Cast iron

4. Gas is filled as liquid in cylinder in - *(PGIDec 07)*
a)O_z b)$C0_2$
c)N_zO d) Cyclopropane
e) Halothane

5. Ratio of O_2 : N_2O in Entonox is - *(NEET/DNB Pattern)*
a) 50 : 50 b) 60 : 40
c) 40 : 60 d) 25 : 75

6. An anaesthetist orders a new attendant to bring the oxygen cylinder. He will ask the attendant to identify the correct cylinder by following color code -*(AI 03)*
a) Black cylinders with white shoulders
b) Black cylinders with grey shoulders
c) White cylinders with black shoulders
d) Grey cylinder with white shoulders

7. As per ISO, color of N_zO cylinder is - *(MH11)*
a) Blue b) Black
c) White d)Red

8. Colour of oxygen cylinder is - *(AI97)*
a) Grey b)Blue
c) Black with white shoulder d) Orange

9. Pin index system is a safety feature adopted in anaesthesia machines to prevent - *(AIIMS 03)*
a) Incorrect attachment of anaesthesia machines
b) Incorrect attachment of anaesthesia face masks
c) Incorrect inhalation agent delivery
d) Incorrect gas cylinder attachment

10. DISS is used for - *(NEET/DNB Pattern)*
a) Correct application ofcylinder tdanaesthesia machine
b) To provide analgesia
c) To monitor BP
d To monitor CVP

11. IVue statement regarding pin index - *(PGIMay 10)*
a) Pin is present on cylinder
b) Pin is present on machine
c) Not effective if wrong gas is filled in cylinder
d) Pin index of air is 2,5

12. Pin code index of N_2O is - *(PGI 00, PGI June 04 NEET/DNB Pattern)*
a) 1,6 b) 2,5
c) 2,6 d)3,5

13. Pin index safety system what is true - *(Punjab 11)*
a) Holes in the anaesthesia machine
b) Pin index of N_20 is 2,5
c) Pins on the cylinder - yokes
d) Pin index of O_z - 2,5

14. True about N_zO cylinder ■ *(PGI 00, PGI June 04)*
a) Pressure is 2200 PSI b) Blue in colour
c) Gas in liquid form d) Pin index 3.5
e) It is flammable

15. All statements are true about gas cylinders except -
a) Pressure of N_zO is 745 psig at 20°C
b) Higher pressure indicates impurity in N_zO
c) N_20 is in liquid form *(Jipmer 02,MAHE 04)*
d) Emergency oxygen 'E' cylinder has more gas than 'H' cylinder

16. Color of N_20 cylinder is - *(Maharashtra 01)*
a) Black with white shoulders
b) White with black shoulders
c) Grey
d) Blue

17. True about N_20- *(PGI June 08)*
a) Pin index 3,5 b) Blue in colour
c) Stored as liquid d) MAC 105

18. True about Rotameter - *(MP 06)*
a) Rotameter reading may not get affected by dirt inside the tube
b) Rotameter reading may not get affected by static electricity
c) The height to which bobbin rises indicates the flow rate
d) A rotameter is a variable pressure flowmeter

19. If an anaesthetist at high altitude uses plenum vaporizers. It will deliver the vapor concentration -
a) Higher than the original concentration at high partial pressure *(MP 06)*
b) Lower than the concentration at lower partial pressure
c) Higher than the concentration at same partial pressure
d) Lower than concentration at same partial pressure

20. All of the following are used to maintain proper oxygen flow to the patient except - *(AIIMSMay 08)*
a) Placement of Oxygen flowmeter downstream of the Nitrogen flowmeter
b) A proportionater between N_2 and O_2 control valve
c) Different pin index for nitrogen and oxygen
d) Calibrated oxygen concentration analyses

21. All of the following are safety measures to prevent the delivery of hypoxic gas mixture to the patient except - *(AIIMS May 08)*
a) Location of oxygen valve after the N O valve
b) Presence of a PIN index system to prevent wrong attachment of the N O and oxygen cylinders
c) Location of a fail-safe valve downstream from the nitrous oxide supply source

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l)a,d 2)a,c 3) a 4)b,c,d 5) a 6) a 7) a 8)c 9)d 10) a ll)b,c 12) d 13)c,d 14)b,c,d
15) d 16) d 17) a,b,c,d 18)c 19)c 20)c 21)b

22. True regarding anesthesia apparatus - *(MP 05)*
a) Rotameter reading may not get affected by dirt inside the tube
b) Rotameter reading may not get affected by static electricity
c) The Boyle machine is an intermittent flow device
d) An oxygen failure safety device operate even in the absences of nitrous oxide

23. O is given during anaesthesia to prevent-*(Jipmer 95)*
a)[2] Pain b) Hypoxia
c) Hypercapniad) Hypotension

24. All of the following are suitable anaesthetic circuits for both controlled and assisted ventilation except -
a) Mapleson A b) Mapleson B & C *(AIIMS 03)*
c) Mapleson D d) Mapleson E

25. A **25 year old male is undergoing incision and drainage of abscess under general anaesthesia with spontaneous respiration. The most efficient anaesthetic circuit is** - *(SGPGI05)*
a) Maplelson Ab) Mapleson B
c) Mapleson C d) Mapleson D

26. The most appropriate circuit for ventilating a spontaneously breathing infant- *(MH 05; AI05; NERT/DNB Pattern)*
mh ; ^r^clSbn#ee^i£t)d^ehtion ofAyre's T peiece
p; v^^b) Mapleson A or Magill's circuit
gSfftp- c) Mapleson C on watery to *'8c* fro canister *'(4* g v
d) Bain's circuit

27. In an infant anaesthesia is given by using - *(MP 98)*
a) Open mask ventilation
b) Non - breathing circuit
c) Magill's system
d) Ayre's T. Piece

28. Anaesthesia breathing circuit recommended for spontaneous breathing is - *(Kam 11)*
a) Mapleson A b) Mapleson B
c) Mapleson C d) Mapleson D

29. In magil circuit airflow is - *(AI 00, 98, MP 99)*
a) *Zt* . of minute volume b) equal to M. V.
c) 2xm.v. d)3 xm.v.

30. Bains' circuit is Mapelson type - circuit - *(MH06,*
a) TyepA b)TypeB *MP 99)*
c) Type D d) Type E

31. Ayre's T-piece is which type of *mcmt-(NEET/DNB*
a) Type A b) Type B *Pattern)*
c) Type E d) Type D

32. True about Bain circuit - *(PGI June, 09, Nov 10)*
a) Mapleson type B
b) Mapleson type D
c) Can be used for spontaneous respiration
d) Can be used for controlled vantilation
e) Coaxial

33. Anaesthetic circuit that prevents rebreathing of CO2" *(Maharashtra 08)*
a) Magil's circuit b) Mapleson D circuit
c) Ayre's piece d) Circle system

34. Rebreathing systems are A/E - *(PGI 95, SGPGI 00,*
a) To & fro system b) Circle system *AI 91)*
c) Water's system d) Mapleson F

35. The most important constituent in soda lime for reabsorption of $C0_2$ in a closed circuit is -
a) Sodium hydroxide *(AIIMS May 12)*
b) Barium hydroxide
c) Calcium hydroxide
d) Potassium hydroxide

36. All are constituents of soda lime except - *(PGI 96,*
a) $Ca(OH)_2$ b) $Ba(OH)_2$ *Jipmer 2K)*
c) Silica d) Moisture

37. The constitution of soda lime is - *(Delhi 96)*
a) 5% $Ca(OH)_2$,95% NaOH
b) 5% NaOH, 95% $Ca(OH)_2$
c) 5% KoH 95% NaOH
d) 100%$Ca(OH)_2$

38. 100 gms of soda lime absorbs..... % of $C0_2$ -
a) 15 b) 25 *(Kerala 98)*
c) 150 d) 1000

39. Clayton is used in a close breathing system for the purpose of- *(PGI 96, AMU98)*
a) As a hardner b) As an absorbent
c) As a softner d) As an indicator

40. Water is used for hardening in - *(PGI 96, AI 92)*
a) Sodalime b) Baralime
c) Both d)None

41. All >LC02 absorption in circuit except-(PG/*Dec 07)*
a) Resistance in circuit b) High flow
c) Small granule size d) Medium granule size
e) Chanelling

42. Sodalime is used to absorb $C0_2$ in - *(MH09)*
a) Bain's circuit b) Magill's circuit
c) Closed circuit d) Jackson system

43. Bag and mask ventilation is absolutely contraindicated in - *(Rajasthan 97)*
a) Tracheo-esophageal fistula with esophageal atreasia and esophagus connected to trachea
b) Diaphragmatic hernia
c) Meconium aspiration

44. True about laryngeal mask airway (LMA) -
a) Available in 8 sizes *(PGI June 08)*
b) Intubation can be done
c) Size 1 for neonate
d) Size 3 for adults
e) Full protection from aspiration

45. Laryngeal mask airway size 2 is recommended for-
a) <6.5kg b) 6.5-20kg *(Kam 11)*
c) 20-30 kg d) 30-50 kg

46. Laryngeal mask airway is indicated in - *(PGI01)*
a) To prevent aspiration of stomach contents
b) Short surgical procedure
c) Where endotracheal intubation is contra-indicated
d) Difficult airway
e) Facilitate endotracheal intubation

22) d 23) b 24) a 25) a 26) a 27) d 28) a 29)b 30) c 31)c 32)b,c,d,e 33) d 34) d 35) c
36) b 37) b 38) b 39)d 40)b 41)a,d 42)c 43)a,b,c 44)a,b,c,d 45)b 46)b,d,e

47. The laryngeal mask airway used for securing the airway of a patient in all of the following conditions except -
a) In a difficult intubation *(AI 05)*
b) In cardiopulmonary resuscitation
c) In a child undergoing an elective / routine eye surgery
d) In a patient with a large tumour in the oral cavity

48. Laryngeal mask Airway (LMA) is used for -
a) Maintenance of the airway *(AIIMS 03)*
b) Facilitating laryngeal surgery
c) Prevention of aspiration
d) Removing oral secretions

49. IVue about Larynegeal mask airway-fPG/ *June, 09,*
a) More reliable than face mask *Nov 10)*
b) Prevent aspiration
c) Alternative to Endotracheal tube (E.T.T)
d) Does not require laryngoscope & visualisation
e) Can be used in lull stomach

50. True about laryngeal mask airway is - *(Punjab 11)*
a) Can be used in full stomach patients
b) Used as alternative to ET intubation
c) Provides full protection from aspiration
d) Difficult airway is an indication for use

51. Which of the following are used to protect airways -
a) LMA b) Endotracheal tube
c) Ryles tube d) Combitube *(PGINov 09)*
e) Sengsten blackmore tube

52. Endotracheal tube level is - *(CMC Vellore 97)*
a) 5 cms above xiphistemum
b) 4 cms above camia
c) 1 cm above camia
d) At camia

53. Both oral and Nasal intubation are *Cfl - (AIIMS 95)*
a) Laryngeal edema
b) CSF-Rhinorrhoea
c) Comatose patient
d) Acute Tracheo-Laryngo-bronchitis

54. True about endotracheal intubation is - *(AI99)*
a) It reduces normal anatomical dead space
b) It produces decrease in resistance to respiration
c) Subglottic edema is most common complication
d) All of the above

55. Which of the following is not an indication for endotracheal intubation ? *(AI 06)*
a) Maintenance of a patent airway
b) To provide positive pressure ventilation
c) Pulmonary toilet
d) Pneumothorax

56. Position for orotracheal intubation -
a) Extension of neck and atlanto-occipital joint
b) Extension of only neck *(Maharashtra 09)*
c) Flexion of neck only
d) Flexion of neck and extension of atlanto-occipital joint

57. During laryngoscopy and endo-tracheal intubation which of the maneuver is not performed- *(AIIMS*
a) Flexion of the neck
b) Extension of Head at the atlanto-occipital joint
c) The laryngoscope is lifted upwards levering over the upper incisors
d) In a straight blade laryngoscope, the epiglottis is lifted by the tip

58. Pressure necrosis which causes venous flow to stop during endotracheal intubation occurs at- *(Jipmer 01)*
a) 20-30 mmHg b) 15-20 mm Hg
c) 30-40mmHg d)16-15mmHg

59. Nasal intubation is contra indicated in - *(AIIMS95)*
a) CSF Rhinorrhea b) Fracture cervical spine
c) Fracture mandible d) Short neck

60. Contraindication for nasotracheal intubation -
a) Basal skull fractures *(Karn 04)*
b) Neonate
c) Difficult intubation
d) Prolonged intubation

61. Merits of nasotracheal intubation is -
a) Good oral hygiene *(AIIMS May 07)*
b) Less infection
c) Less muscosal damage and bleeding
d) More movement or displacement of endotracheal tube

62. Blind nasal intubation is indicated in - *(SGPGI04)*
a) Temporomandibular joint ankylosis
b) Cervical spondylitis
c) Fracture mandible
d) Traumatic quadriplegia

63. IVue about laryngoscopy & intubation-fPG/ *June 04)*
a) Hypertension
b) Tachycardia
c) Tic t
d) T Intra ocular pressure
e) *i* Lower oesophageal sphincter tone

64. True about endotracheal intubation (during the process) is all except - *(PGI 01)*
a) Hypertension & tachycardia
b) Raised IOT
c) Raised ICT
d) Arrhythmias
e) Increased oesophageal peristalsis

65. True about endotracheal cuff - *(PGI June 04)*
a) Low-volume, high pressure
b) Low-volume, low pressure
c) High-volume, low pressure
d) High-volume, high pressure
e) Equal-volume, pressure

66. The following is true about endotracheal cuff. It has -
a) Low volume, high pressure *(DELHIPG Feb. 09)*
b) Low volume, low pressure
c) High volume, high pressure
d) Equal volume and pressure

47) d 48) a 49)a,c,d 50)b,d 51)b 52) b 53)a,d 54) a 55) d 56) d 57) c 58) c 59) a 60) a
61) a 62) a 63)a,b,c,d 64) e 65)a,c 66) a

67. In infant (full term) diameter (mm) length (cm) of ETT used are - *(SGPGI01)*
a) 3.5,16 b) 7,12
c) 3.5,12 d)7,10

68. What should be the internal diameter of the endotracheal tube in a child weighing 1500 gm ?
a) 2mm b) 2.5 mm *(MH07)*
c) 3mm d) 3.5 mm

69. Armoured enforcement of ET tube is used in-
a) Neurosurgery b) Cardiac surgery *(Calcutta*
c) Liver surgery d) Intestinal Surgery *2K)*

70. With regard to laryngeal trauma associated with the placement of an endotracheal tube (ETT) -
a) It is most likely to occur at the thyroid cartilage
b) Trauma to the vocal cords usually involves the right *(DELHI PG Mar 09)*
c) Vocal cord paralysis is caused by injury to the anterior branch of the recurrent laryngeal nerve
d) Postoperative hoarseness greater than one week is likely to represent transient nerve injury

71. A 27 year old female was brought to emergency department for acute abdominal pain following which she was shifted to the operation theatre for laparotomy. A speedy intubation was performed but after the intubation, breath sounds were observed to be decreased on the left side and a high end tidal $C0_2$ was recorded. The likely diagnosis is - *(AI10)*
a) Endotracheal tube blockage
b) Bronchospasm
c) Esophageal intubation
d) Endobronchial intubation

72. Most reliable indicator to prevent oesophageal intubation - *(NEET/DNB Pattern)*
a) Oxygen saturation on pulse oximeter
b) Measurement of CO_2 in exhaled air(Etco2)
c) Direct visualization of passing tube beneath vocal cords
d) Auscultation over chest

73. What is the volume of reservoir bag used in neonatal resuscitation - *(Jipmer 98)*
a) 240ml b) 500ml
c) 750ml d) 1000 ml

74. All of the following are example of definite airways, except- *(AI 11)*
a) Nasotrachealtube b) Orotracheal tube
c) Laryngeal Mask airway d) Cricothyroidotomy

75. Seen after tracheostomy - *(AIIMS May 09)*
a) Inversion of V/P ratio
b) Increased V/P ratio
c) Decreased in dead space
d) Increased resistance of air flow

76. Indications of tracheostomy are - *(PGI03)*
a) Flail chest b) Head injury
c) Tetanus d) Cardiac tamponade
e) Foreign body

77. Fixed performance device is - *(Jipmer 11)*
a) Ventury mask b) Nasal cannula
c) Simple mask d) Non rebreathing mask

78. Which one of the following device provides fixed performance oxygen therapy-(^4/ZMS'*May 05, UP 00)*
a) Nasal Cannula b) Venturi mask
c) 02byT-piece d) Edinburg mask

79. In venturi mask maximum 0_2 concentration attained is - *(Bihar 05)*
a) 90% b) 100%
c) 60% d) 80%

80. Which of the following is used for oxygen therapy-
a) Pulse oximeter b) Nick name's catheter
c) Hudson's mask d) Guedel's airway *(MH01)*

81. At a flow rate of 3L/min, inspiratory ($FU0_2$) concentration of 30-60% can be achieved by using a - *(Jipmer98)*
a) Nasopharyngeal catheter b) Simple face mask
c) Venturi mask d) Head box

82. Side effects of oxygen therapy are all except -
a) Absorption atelectasis *(AIIMS May 07)*
b) Increased pulmonary compliance
c) Decreased vital capacity
d) Endothelial damage

83. In hyperbaric oxygenation the maximum allowed pressure of O_z is - *(Delhi96)*
a) 3 atm b) 1 atm
c) 5 atm d)9atm

84. Mac Intosh curved blade laryngoscope is a type of- *(Jipmer11)*
a) Indirect laryngoscope b) Direct laryngoscope
c) Bronchoscope d) Video laryngoscope

85. Laryngeal spasm induced during intubation can be prevented by the following drugs except -*(UPSC 04)*
a) Fentanyl b) Local anesthetic spray
c) Rofecoxib d) Diltiazem

86. Which of the following produces the least damage to blood elements - *(AIIMS Nov 04)*
a) Disc oxygenator b) Membrane oxygenator
c) Bubble oxygenator d) Screen oxygenator

87. True about oxygen concentrator - *(PGI June 05)*
a) Zeolite activation b) Delivers 0_2
c) Requires power supply d) Gives 0_2 at 100%

88. Which.'.camreplace&£)as *O^C9rnet,r(NEET/DNB*
a) Argon b) Xenon *Pattern)*
c) Helium t d^None ■

PREOPERATIVE ASSESSMENT & MONITORING IN ANAESTHESIA

89. ASA classification is done for - *(Rajasthan 01)*
a) Status of patient b) Risk
c) Pain d) Lung disease

67) c 68) c 69) a 70) a,c 71) d 72) b 73) a 74) c 75) c 76)a,b,c,e 77) a 78) b 79) c 80) c
81) a 82) b 83) a 84) b 85) c 86) b 87)a,b,c 88) c 89)a,b

90. All are features of difficult airway except -
a) Miller's sign *(NEET/DNB Pattern)*
b) Micrognathia with macroglossia
c) TMJ ankylosis
d) Increased thyromental distance

91. Malampatti grading is for - *(AI 2000)*
a) Mobility of cervical spine
b) Mobility of atlanto axial joint
c) Assessment of free rotation of neck before intubation
d) Inspection of oral cavity before intubation

92. Plan C of anesthetic airway management is -
a) Standard laryngoscopy & intubation *(Make 05)*
b) Intubation catheter guided intubation
c) Insertion of laryngeal mask airway & fiberoptic bronchoscopy
d) Cancel the surgery or perform tracheostomy

93. A patient who was on aspirin for long period was selected for an elective surgery. What should be done- *(A1IMS01)*
a) Stop aspirin for 7 days
b) Infusion of fresh frozen plasma
c) Infusion of platelet concentration
d) Go ahead with surgery maintaining adequate hemostasis

94. Calcium channel blockers in anesthesia, True is -
a) Needs to be decreased as they augment hypotension & muscle relaxation *(PGI2000)*
b) Withheld because they lower LES pressure
c) Should be given in normal doses as they prevent MI & angina
d) All of the above

95. A Patient is on regular medications for co-existing medical problems. Which of the following drugs may be stopped safely with minimal risk of adverse effects before an abdominal surgery - *(AI 12)*
a) Statins
b) Bta Blockers
c) ACE inhibitors/ACE Receptor Blockers
d) Steroids

96. Preanesthetic medication is used for A/E - *(PGI 02)*
a) Decrease of anesthetic dose
b) Decrease BP
c) Prevent aspiration
d) Produce amnesia for peri-operative events
e) Relieve anxiety

97. Premedication in anaesthesia is given for -
a) Decreasing the dose of anaesthetic drugs
b) Decreasing post-operative complications
c) Relieving the anxiety *(MH 02)*
d) All of the above

98. Premedication is prescribed to - *(SGPGI04)*
a) Allay anxiety
b) Make the patient asleep before coming for operation
c) Reduce the dose of induction agents
d) Produce amnesia

99. Drugs commonly used in pre-anaesthetic medication-
a) Diazepam b) Scopolamine *(PGIDec 04)*
c) Morphine d) Succinylcholine
e) Atracurium

100. Glycopyrolate is better than atrophine because -
a) It crosses blood brain barrier *(Jharkhand 04)*
b) Not crosses blood brain barrier
c) More sedation
d) Antisialague

101. Atropine as preanesthesia has all effects except -
a) Decrease secretion *(AI96)*
b) Bronchoconstriction
c) Prevent bradycardia
d) Prevent hypotension

102. Most potent antiemetic agent used in preoperative period- *(AIMS96)*
a) Glycopyrolateb) Hyoscine
c) Atropine d) Metochlorpromide

103. Which of the following is used as preanaesthetic medication causes longest amnesia - *(MP 98,*
a) Diazepam b) Lorezapam *DPG09)*
c) Midazolam d) Flunitrazepam

104. Which of the following is not a cardiovascular monitoring technique - *(AIIMS Nov 05)*
a) Transesophageal echocardio-graphy
b) Central venous pressure monitoring
c) Pulmonary artery catheterization
d) Capnography

105. A non ventilated preterm baby in incubator is under observation. Which is the best way to monitor the baby's breathing and detect apnea - *(AI 07)*
a) Capnography
b) Impedence pulmonometry
c) Chest movement monitoring
d) Infrared end Tidal $C0_2$ measurement

106. Pulse oxymetry detects inaccurately in presence of-
a) Hyperbilirubinemia *(PGI June 05)*
b) Nail polish
c) Methemoglobinemia
d) Skin pigmentation

107. Pulse oximetry - *(MP 05)*
a) Locates the isobestic point of hemoglobin and measure oxygen saturation
b) Is inaccurate in the presence of fetal hemoglobin
c) Is inaccurate in the presence of caboxyhemoglobin
d) Measures oxygen content

108. Pulse oximeter is used for monitoring -
a) Oxygen content of blood *(Maharashtra 03)*
b) Oxygen saturation
c) Partial pressure of oxygen
d) All of the above

109. Capnography basically monitors-
a) Central venous pressure *(NEET/DNB Pattern)*
b) Blood pressure during anesthesia
c) Concentration of exhaled $C0_2$
d) Concentration of inhaled 0_2

90) d 91) d 92) a,b 93)a 94)c 95)c 96)b 97)d 98)a,c,d 99)a,b,c 100)b 101)b 102)b 103)a 104) d 105)b 106) b,c,d 107) a,c 108)b 109) c

110. Capnography is useful for - *(MH11)*
a) Determining Vaporizer malfunction or contamination
b) Determining circuit hypoxia
c) Determining the appropriate placement of endotracheal tube
d) Detecting concentration of oxygen in the anesthetic circuit.

111. Flat capnogram found in A/E - *(A1IMSMay 09)*
a) Disconnection of anesthetic tubing
b) Accidental extubation
c) Mechanical ventilation failure
d) Bronchospasm

112. Most common cause for end tidal $C0_2$ falls due to- *(Jharkhand 05)*
a) Cardiac arrest b) Extubation
c) Hypothermia d) Hyperhermia

113. Rise in end tidal CO_z during thyroid surgery can be due to all except - *(AI11)*
a) Anaphylaxis
b) Malignant hyperthermia
c) Thyroid storm
d) Neuroleptic malignant syndrome

114. Which of the following may result in sudden increase in ETC 0_2- *(MH11)*
a) Malignant hyperthermia b) Hyperthyrodism
c) Shivering d) All of the above

115. The most sensitive and practical technique for detection of myocardial ischemia in the perioperative period is - *(AIIMS Nov 05)*
a) Magnetic Resonance Spectroscopy
b) Radio labeled lactate determination
c) Direct measurement of end diastolic pressure
d) Regional wall motion abnormality detected with the help of 2D transoesophageal echocardiography

116. All are the Complication of CVP line except -
a) Airway injury b) Haemothroax *(PGI June 09)*
c) Air embolism d) Septicemia
e) Pseudoaneurysm

117. Importance of CVP measurements is - *(PGI 01)*
a) Need for blood transfusion
b) Assess amount of fluid to be given
c) Need for inotropic support
d) Rate of intravenous fluid replacement
e) Assess need for plasma transfusion

118. While introducing the Swan-ganz catheter, its placement in the pulmonary artery can be identified by the following pressure tracing - *(AIIMSNov 05)*
a) Diastolic pressure is lower in PA than in RV
b) Diastolic pressure is higher in PA than in RV
c) PA pressure tracing has dicrotic notch from closure of pulmonary valve
d) RV pressure tracing for plateau and sharp drop in early diastole

119. Swan Ganz catheter measure - *(PGIDec 06)*
a) PCWP
b) C.O.
c) Mixed venous 0_2 saturation
d) Right atrial pressure

120. Use of Intraarterial cannula in major surgery -
a) Measurement of direct intra arterial BP *(PGI 05)*
b) Sample for ABG
c) Drug injection
d) BT (Blood transfusion)

FUNDAMENTAL CONCEPTS

121. The main controlling agent for respiratory drive is which of the following - *(Make 07)*
a) $C0_2$ b) Oxygen
c) NO d)$HB0_3$

122. Anatomic dead space is increase by all except -
a) Atropine *(AI 99)*
b) Halothane
c) Massive pleural effusion
d) Inspiration

123. Dead space is increased by all except-
a) Anticholinergic drugs *(AIIMS May 09)*
b) Standing
c) Hyperextension of Neck
d) Endotracheal intubation

124. The physiological dead space is decreased by -
a) Upright position *(AIIMS May 05)*
b) Positive pressure ventilation
c) Neck flexion
d) Emphysema

125. Regarding critical temperature which of the following is true - *(PGIDec 08)*
a) Tc of0_2 is -119°C b) Tc ofN_2 is 119°C
c) Tc ofN_2 is 36.5°C d) Tc ofN_20 is 36.5°C
e) Tcofairis-140.6°C

126. Which is the critical temperature of N_20 - *(AP 08)*
a) 118°C b)88°C
c) 26°C d)36.5°C

MUSCLE RELAXANTS

127. Features of depolarising neuromuscular blocking agents are all / except - *(PGI2000, Jipmer 99)*
a) Cause muscle fasciculation
b) No fade
c) No post tetanic facilitation
d) Isoflurane potentiates
e) Reversed by neostigmine

128. For non depolarization block which of the following statement is correct - *(PGI99)*
a) Post tetanic potentiation is seen
b) Tetanic fade is absent
c) Train of four is absent
d) Anticholinergic drugs potentiation of block

110) c 111) d 112) b 113) a 114)d 115)d 116)a 117)a,b,d,e 118)c>b 119)a,b,c,d 120)a,b,c,d 121)a
122) c 123) d 124) c 125)a,d,e 126) d . 127) e 128) a

129. All of the following statements about neuromuscular blockage produced by succinylcholine are true, Except- *(AI10)*
a) No fade on train of four stimulation
b) Fade on tetanic stimulation
c) No post tetanic facilitation
d) Train of four ratio >0.4

130. Train of four is characteristically used in concern with - *(AI 08)*
a) Malignant hyperthermia
b) Non-depolarizing neuromuscular blockers
c) Mechanical ventilation
d) To check hemodynamic parameters

131. M.C. nerve used for monitoring during anaesthesia-
a) Ulnar nerve b) Facial nerve
c) Radial nerve d) Median nerve

132. What is the time gap given in train of four - *(AP 08)*
a) 10 sec b) 20 sec
c) 40 sec d) 60 sec

133. Which of the following is not an amino steroid derivative - *(AP 08)*
a) Alcuroniumb) Vecuronium
c) Pancuronium d) Pipecuronium

134. Which of the following is/are non-depolarizing muscle relaxant(s) - *(PGI Nov 09)*
a) Mivacuriumb) Halothane
c) Desflurane d) Isoflurane
e) Ether

135. D-tubocurarineactsby- *(DPG09)*
a) Inhibiting nicotinic receptors at myoneural junction
b) Inhibiting nicotinic receptors at autonomic ganglion
c) Producing depolarizing block
d) By inhibiting reuptake of acetylcholine

136. Site of action of vecuronium is - *(AIIMS 95, 96)*
a) Cerebrum b) Reticular formation
c) Motor neuron d) Myoneural junction

137. Shortest acting non depolarizing muscle relaxant -
a) Mevacurium *(AI 98, 03, SGPGI01,*
b) Vercuronium *MH 06, 07, 08)*
c) Atracurium
d) Succinyl choline

138. Shortest acting skeletal muscle relaxant is- *(PGI98)*
a) Suxamethonium b) Mivacurium
c) Pancuronium d) Vecuronium

139. Which of the following is the neuromuscular blocking agent with the shortest onset of action *1 (AIIMSMay 06)*
a) Mivacurium b) Vecuronium
c) Rapacuronium d) Succinylcholine

140. Which of the following muscle relaxant has the maximum duration of action - *(AI 06, MH 09)*
a) Atracurium b) Vecuronium
c) Rocuronium d)Doxacurium

141. Muscle relaxant excreted exclusively by kidney -
a) Gallamine b) Atracurium *(AIIMS 98)*
c) Vercuronium d) Sch

142. Muscle relaxant contraindicated in Renal failure is - *(AIIMS 95, Jharkhand 04, AI 99)*
a) Gallamine b)d-TC
c) Vecuronium d) Atracurium

143. Which of the following skeletal muscle relaxants undergo Hoffman's elimination ? *(PGIJune 07; PGI 99,*
a) Atracurium *NEET/DNB Pattern)*
b) Succinylcholine
c) Mivacurium
d) Vecuronium

144. Muscle relaxant used in renal failure - *(NEET/DNB*
a) Ketamine b) Atracurium *Pattern)*
c) Pancuronium d) Fentanyl

145. Which of the following can be given in hepatic as well as in renal failure - *(Maharashtra 10)*
a) Atracurium b) Vecuronium
c) Pancuronium d) Mivacurium

146. The ideal muscle relaxant used for a neonate undergoing porto-enterostomy for biliary atresia is-
a) Atracurium b) Vecuronium *(AIIMS 03)*
c) Pancuronium d) Rocuronium

147. Which anaesthetic agent is neither metabolised by liver nor by kidney - *(NEET/DNB Pattern)*
a) Atracurium b) Vecuronium
c) Pancuronium d) Rocuronium

148. Muscle relaxant of choice in hepatic and renal failure-
a) Cisatracurium b) Rocuronium *(AIIMSMay 07)*
c) Vecuronium d) Rapacuronium

149. A child with bladder exstrophy and chronic renal failure. The Anesthesia of choice for the child while operating exstrophy is - *(AIIMS Nov 09)*
a) Atracurium b) Mivacurium
c) Pancuronium d) Rocuronium

150. A patient with bilirubin value of 8 mg/dl and serum creatinine of 1.9 mg/dl is planned for surgery. What is the muscle relaxant of choice in this patient-
a) Vecuronium b) Pancuronium *(AI10)*
c) Atracurium d) Rocuronium

151. A 21 year old lady with a history of hypersensitivity to neostigmine is posted for an elective caesarean section under general anesthesia. The best muscle relaxant of choice in this patient should be - *(AIIMS*
a) Pancuronium b) Atracurium *May04)*
c) Rocuronium d) Vecuronium

152. At the end of a balanced anaesthesia technique with non-depolarizing muscle relaxant, a patient recovered spontaneously from the effect of muscle relaxant without any reversal. Which is the most probable relaxant the patient had received - *(AI03)*
a) Pancuronium b) Gallamine
c) Atracurium d) Vecuronium

129) b 130) b 131)a 132)None 133)a 134) a 135) a 136) d 137) a 138) a 139)d 140) d 141)a 142) a
143) a 144) b 145) a 146) a 147) a 148) a 149) a 150)c 151)b 152)c

153. An ICU patient on atracurium infusion develops seizures after 2 days. The most probable cause is -
a) Accumulation of landonosine *(AI06)*
b) Allergy to drug
c) Due to prolong infusion

154. All of the following drugs are eliminated by kidney except - *(AIIMS Nov 04)*
a) Pancuronium bromide b) Atracurium besylate
c) Vecuronium bromide d) Pipecuronium

155. Cis atracurium is preferred over atracurium due to advantage of - *(AIIMS May 11)*
a) Rapid onset b) Short duration of action
c) No histamine release d) Less cardiodepressant

156. Laudanosine is metabolite of - *(AIIMSMay 11)*
a) Cisatracurium b) Atracurium
c) Pancuronium d)Gallamine

157. Which non depolarizing agent is a ganglion blocker-
a) Atracuriumb) Pancuronium *(AIIMS May 95)*
c) D-TC d) Gallamine

158. Cardiovascular side effects are minimal with -
a) Pancuronium b) Rocuronium *(PGIDec 06, 02)*
c) Doxacurium d) Vecuronium
e) Mivacurium

159. Agents safe in renal failure - *(SGPGI2000)*
a) Gallamine b)Pancuronium
c) Vecuronium d) Mivacurium

160. All of the following drugs are eliminated by kidney except - *(AIIMS Nov 04)*
a) Pancuronium bromideb) Atracurium besylate
c) Vecuronium bromide d) Pipecuronium

161. Succinyl choline is a muscle relaxant which act by -
a) Persistent depolarisation *(UP 02)*
b) Competitive blockade
c) Mechanism of action uncertain
d) a and b

162. Which muscle relaxant increases intracranial pressure ? *(AIIMS02)*
a) Mivacurium b) Atracurium
c) Suxamethonium d) Vecuronium

163. Muscle pain after anaesthesia is caused by -
a) Vecuronium *(UP 96, PGI 99)*
b) D-tubocurare
c) Suxamethonium
d) All

164. Bradycardia is common after injection of - *(AIIMS*
a) Midazolam b) Succinyl choline *Nov 05)*
c) Dopamine d) Isoprenaline

165. Depolarizing muscle relaxant - *(MH02)*
a) Scoline b) Ketamine
c) Halothane d) Atracurium

166. Effective adjuvant in attenuatating hypertension and tachycardia associated with laryngoscopy and intubation - *(MH09)*
a) Fentanyl b) Suxamethonium
c) Atracurium d) Ketamine

167. Fasciculation are caused by - *(MH 05, 02, AI97)*
a) Suxamethonium b) Pancuronium
c) d-TC d) Vecuronium

168. Phase II block is seen in - *(AIIMS 98)*
a) Sexamethonium (Sch) b)d-TC
c) Ether d)N_20

169. A 70 kg old athlete was posted for surgery, Patient was administered succinylcholine due to unavailability of vecuronium. It was administered in intermittent dosing (total 640 mg). During recovery patient was not able to respire spontaneously & move limbs. What is the explanation- *(AIIMSNov 10)*
a) Pseudocholinesterase deficiency increasing action of syccinylcholine
b) Phase 2 blockade produced by succinylcholine
c) Undiagnosed muscular dystrophy and muscular weakness
d) Muscular weakness due to fasciculation produced by succinylcholine

170. Dual block is by - *(Jharkhand 06)*
a) Vecuronium + pancuronium b) Atracurium
c) Vecuronium + rocuronium d) Succinylcholine

171. The use of succinylcholine is not contraindicated in- *(AIIMS 02)*
a) Tetanus b) Closed head injury
c) Cerebral stroke d) Hepatic failure

172. Hyperkalemia due to scoline is seen in all except -
a) Crush injury b)Bum *(AIIMS 2K)*
c) Abdominal sepsis d) Muscular dystrophy

173. Risk of adverse effect of scoline is greater in-*(MH 07)*
a) Spinal cord injury b) Thoracic injury
c) Bone injury d) Head injury

174. Administration of scoline (Sch) produces dangerous hyperkalemia in - *(AIIMS 99)*
a) Acute renal failure (ARF) b) Raised ICT
c) Fracture femur d) Paraplegia

175. Succinylcholine is used with caution in all except- *(NEET/DNB Pattern)*
a) Mysthenia gravis. b) Bums
c) Crush injury d) Tachycardia

176. The administration of succinylcholine to a paraplegic patient led to the appearance of dysarrhythmias, conduction abnormalities and finally cardiac arrest. The most likely cause is -
a) Hypercalcemia b) Hyperkalemia*(AIIMS 03)*
c) Anaphylaxis d) Hypermagnesemia

177. In a young patient who had extensive soft tissue and muscle injury, which of these muscle relaxants used for endotracheal intubation might lead to cardiac arrest- *(AIIMS 03)*
a) Atracurium b) Suxamethonium
c) Vecuronium d) Pancuronium

153) a 154) b 155)c 156)b>a 157) c 158)c,d 159)c,d 160)b 161)a 162)c 163) c 164)b 165) a 166) b
167) a 168) a 169)b 170)d 171)d 172)None 173) a 174)d 175) d 176) b 177) b

178. All of the following statements are incorrect about the treatment of prolonged suxamethonium apnoea due to plasma cholinesterase deficiency (after a single dose of suxamethonium) except-
a) Reversal with incremental doses of neostigmine
b) Continue anaesthesia and mechanical ventilation till recovery *(AIIMS Nov 04)*
c) Transfusion of fresh frozen plasma
d) Plasmapheresis

179. Abnormal plasma choline esterase produces apnea due to which of the following - *(Maharashtra 03)*
a) Halothane b)Lignocaine
c) Suxamethonium d)Isoflurane

180. After suxamethonium 50 mg, apnea persists for one hour- *(MP 05)*
a) Treatment with cholnesterase is indicated
b) Probably an atypical cholinesterase is present
c) Treatment with stored blood is indicated
d) Apnea may be due to low serum potassium concentration

181. Which of the following is not seen in scoline apnea?
a) It is due to succinylcholine *(AIIMS May 12)*
b) It can be inherited
c) Patients usually do not die of scoline apnea if they are properly managed
d) It occurs due to deficiency of cholinesterase

182. Succinylcholine when given by endotracheal intubation causes A/E - *(MP 99)*
a) Hypokalemia in paraplegic patient
b) Prolonged apnea
c) Raised intra ocular pressure
d) Bradycardia

183. Which one of the following increase the potassium level in the body - *(UPSC 2K)*
a) E-tubocurarine b)Gallamine
c) Suxamethonium d) Pancuronium

184. Succinyl choline is short acting due to -*(Jipmer 95)*
a) Rapid excretion b) Poor absorption
c) Rapid hydrolysis d) None

185. True about scoline are following except - *(PGI97)*
a) Fasciculations
b) ICT increases
c) Non depolarising neuro muscular blocker
d) Short acting muscle relaxant

186. Action of scoline is potentiated by- *(MH-11)*
a) Nitrous oxide b) Sevoflurane
c) Isoflurane d) Halothane

187. True about non-depolarizing muscle relaxants -
a) Competitive inhibitor of acetylcholine
b) Metabolised by pseudocholinesterase
c) Mg^{2+} predisposes the block *(PGI June 05)*
d) Ca^{2+} antagonizes the block
e) Hypothermia prolongs the block

188. Which of the following statement is not correct for Vecuronium - *(AIIMS 02)*
a) It has high incidence of cardiovascular side effects
b) It has short duration of neuromuscular block
c) In usual doses the dose adjustment is not required in kidney disease
d) It has high lipophilic property

189. Which of the following muscle relaxants is free of cardiovascular effects over the entire clinical dose range - *(MP 04)*
a) Pancuronium b) Vecuronium
c) Atracurium d) Pipecuronium

190. Mivacurium when given in high doses, all are true except - *(AIIMS Nov 07)*
a) Bronchospasm
b) Hypertension
c) Flushing
d) Increase in dose increases the rapidity of onset

191. True about d-TC is all except - *(PGI 98)*
a) Excreted unchanged by kidney
b) Causes hypotension by ganglion blocking action
c) Vagolytic action
d) Effects lasts for 2-3 hours

192. Muscle most resistant to non depolarizing block is-
a) Intercostal b) Abdominal *(Jipmer 03)*
c) Diaphragm d) Adductors

193. Which of the following occurs first with the use of DTC- *(TN 97)*
a) Diaphragmatic relaxation
b) Abdominal wall relaxation
c) Diplopia
d) Ptosis

194. dTcisa- *(MP 97, 01)*
a) Centrally acting agent
b) Ganglionic blocker
c) Depolarizing agent
d) Competitive neuromuscular blocker

195. All of the following can be used for reversal of muscle relaxant EXCEPT - *(SGPGI05)*
a) Neostigmine b) Atropine
c) Physostigmine d) Edrophonium

196. Only anticholinergic commonly used to reverse the action of neuromuscular blocker -*(Maharashtra 10)*
a) Edrophonium b)Physostigmine
c) Pyridostigmine d) Neostigmine

197. Which of the following is consistent with return of muscle tone adequate to protect the airway from aspiration after reversal from anaesthesia ?
a) TOF ratio of 0.7 *(DELHI PG Mar. 09)*
b) No fade detectable on Double Burst Tetanic Stimulation
c) Return of normal resting minute ventilation
d) Five seconds sustained head lift

178) b 179) c 180) b 181)d 182) a 183)c 184)c 185)c 186) a 187)a,c,d,e 188)a,b 189)b 190)b
191)c,d 192) c 193) c,d 194)d 195) b 196)d 197)a,d

198. Neostigmine is used for reversing the adverse effect of- *(PGI97)*
a) dTC + pancuronium b) d TC only
c) Alcuronium only d) Ketamine complication

199. The reversal of neutromuscular blockade with d-T-C is done with- *(Delhi 96)*
a) Scoline b) Neostimine
c) Atropine d) Dantrolene

200. Drugs metabolized by cholinesterase-(7*& K 01, PGI*
a) Succinylcholine b) Mivacurium *Dec 04)*
c) Esmolol d)Remifentanyl
e) Ketamine

201. Myasthenics are resistant to following muscle relaxant- *(PGI 2000)*
a) Suxamethoniumb) Pancurium
c) Atracuronium d) Vecuronium

202. A 25 year old overweight female was given fentanyl-pancuronium anesthesia for surgery. After surgery and extubation she was observed to have limited movement of the upper body and chest wall in the recovery room. She was consscious and alert but voluntary respiratory effort has limited. Her blood pressure and heart rate were normal. The likely diagnosis is- *(AI10)*
a) Incomplete reversal of pancuronium
b) Pulmonary embolism
c) Fentanyl induced chest wall rigidity
d) Respiratory depression

203. In myasthenia gravis, which drugs should not be used-
a) Gallamine * b) Neostigmine *(PGI 02)*
c) Aminoglycosides d) Metronidazole
e) Ampicilin

204. Which of the following muscle relaxants causes maximal pain on injection - *(AI12)*
a) Succinyl choline b) Vecuronium
c) Rocuronium d) Cistracurium

GENERAL ANAESTHESIA

205. In normal anesthesia fresh minimum gas flows 0_2 delivery- *(Bihar05)*
a) 21% b)33%
c) 51% d)75%

206. The concentration of 02 in adequate anesthesia is -
a) 15% b) 18% *(Jipmer 95, Delhi 96)*
c) 33% d)50%

207. Oxygen content in anaesthetic mixture is -
a) 25% b) 30% *(DELHI PG Feb. 09)*
c) 33% d)38%

208. 100% 0_2 given to wash out 94-98% N_2 in -
a) 2 min b)5min *(Orris a 98)*
c) 15 min d) 20 min

209. Commonly used route of administrationfor general anaesthesia is - *(Maharashtra02)*
a) Inhalational b) Intravenous
c) Intra-arterial d) Subcutaneous

210. Not intravenous Anaesthetic agent - *(MP97,AI95)*
a) Ketamine b) Thiopentone
c) Etomidate d) Cyclopropane

211. A 20 yr old patient presented with early pregnancy for Medical termination of Pregnancy (MTP) in day care facility. What will be the anesthetic induction agent of choice ? *(AIIMS May 06)*
a) Thiopentone b) Ketamine
c) Propofol d) Diazepam

212. Which of the following induction agent is used to produce a 'street-fit' person following surgery -
a) Midazolam b) Propofol *(Jipmer 2 K)*
c) Alfentanyl d) Thiopentone

213. All are true about propofol except - *(PGI 99, SGPGI02)*
a) Pleasant sedation & recovery
b) Safe in porphyria
c) Antiemetic effect
d) Suppression of airway reflexes
e) Cardiac stimulant

214. Which of the following is NOT TRUE regarding PROPOFOL? *(AI 08)*
a) It is used in day care anesthesia
b) It is contraindicated in porphyria
c) Commercial preparation contains egg extract
d) It does not cause airway irritation

215. True about propofol - *(PGI May 10)*
a) Indicated in egg allergy
b) Can be used in porphyria
c) It is of barbiturate group
d) Used in day care surgery

216. Regarding features of propofol, which of the following statement is correct - *(PGI Dec 05)*
a) It suppresses adrenocortical hormone secretion
b) I.M. inj. is painful
c) Undergoes hepatic metabolism
d) Chemically it is derivative of D-isopropyl phenol
e) Cerebral protective action

217. True regarding propofol - *(SGPGI 01)*
a) Emetogenic
b) Intramuscular injection is painful
c) Undergoes hepatic metabolism
d) Cerebral protection

218. A severely ill patient was maintained on an infusional anaesthetic agent On the 2nd day he started detiorating. The probable culprit may be - *(PGI 99, Jipmer 04)*
a) Etomidate b) Propofol
c) Opioid d) Barbiturate

219. Thiopentone is used for induction anesthesia, because it is - *(Jipmer 98)*
a) Smooth induction b) Rapidly redistributed
c) easy to adminster d) easy to monitor

220. Sodium Thiopentone is ultra short acting d/t -
a) Rapid absorption *(DPG 09, Maharashtra 05,*
b) Rapid metabolism *Jipmer 00)*
c) Rapid redistribution
d) Rapid excretion

198)a 199) b 200)a,b,d 201)a 202)a 203)a,c 204) c 205)b 206)c 207)c 208)None>a 209)b 210)d
211) c 212) b 213) e 214) b 215)b,d 216)c,d,e 217)c,d 218)b 219)a 220)c

221. Which of the following anaesthetic agent lacks analgesic effect - *(PGI Dec 05)*
a) N_20 b) Thiopentone
c) Methohexitone d) Ketamine
e) Fentanyl

222. % of thiopentone-used in induction - *(AIIMS 95)*
a) 0.5% b) 1.5%
c) 2.5% d)4.5%

223. Dose of thiopentone used for induction is-
a) 1 mg / kg *(Jipmer 96)*
b) 2 mg / kg c) 5 mg / kg
d) 10 mg / kg e) 15 mg / kg

224. A patient selected for surgery was induced with thiopentone iv through one of anticubital vein complains of severe pain of whole hand. The next line of management - *(AIIMS 01)*
a) Give IV propofol through same needle
b) IV ketamine through same needle
c) IV lignocaine through same needle
d) Leave it alone

225. If thiopentone is injected accidently into an artery the first symptom is - *(AI9 7)*
a) Analgesia b) Paralysis
c) Skin ulceration d)Pain

226. Intra arterial injection of thiopentone causes - *(AIIMS 95)*
a) Vasospasm b) Vasodialation
c) Necrosis of vessel wall d) Hypotension

227. Pentothiol sodium should preferablay be injected into- *(MAHE98)*
a) Femoral vein b) Antecubital vein
c) Neck vein d) Veins on outer aspect of fore arm

228. Intravenous thiopentone pentox, produces - *(PGI 03)*
a) Rash b)Pain
c) Spasm d) Hypotension
e) Muscular excitation (locally)

229. One of the following is true about the physical state of thiopentone - *(Delhi 96)*
a) Colorless b) Pale yellow color
c) Green color d) Acidic solution

230. All are true about thiopentone except -
a) $NaHC0_3$ is a preservative *(AIIMS Nov 07)*
b) Contraindicated in porphyria
c) Agent of choice in shock
d) Has cerebroprotective action

231. Thiopentone is C/I in - *(IN 00, AIIMS 97)*
a) Acute intermittent porphyria
b) Bronchial asthma
c) Both
d) None

232. Thiopentone has cerbroprotective effect because of-
a) Decrease cerebral metabolism *(AI 12)*
b) Reduction of vasospasm
c) Calcium channel blockage
d) Free redical removal

233. Use of Thiopentone- *(PGI Dec 04)*
a) Seizure b) Truth spell
c) Reduction of ICP d) Cerebral protection
e) Maintenance of an anesthesia

234. Induction agent that may cause adrenal cortex suppression is - *(PGI June 06, AI 03, AP 98)*
a) Ketamine b)Etomidate
c) Propofol d) Thiopentone
e) Fentanyl

235. Which of the following anaesthetic agent causes adrenal suppression - *(AIIMS Nov 10)*
a) Etomidate b) Thiopentone
c) Ketamine d) Propofol

236. Following is an adverse effect of Etomidate -
a) Adrenocortical suppression *(Korn 11)*
b) Hypertension
c) Hyperkalemia
d) Emergence phenomena

237. An intravenous anesthetic agent that is associated with hemodynamic stability, maintenence of CVP with post operative nausea, vomiting and myoclonus-
a) Ketamine b) Etomidate
c) Propofol d) Opioids

238. Which of the following anesthetic is safe in heart failure - *(NEET/DNB Pattern)*
a) Etomidate b) Propofol
c) Thiopentone d) Ketamine

239. Which anesthetic induction agent produces cardiac stability. In other words cardiostable anesthetic is -
a) Ketamine *(MH10, AIIMS May 09)*
b) Propofol
c) Thiopental
d) Etomidate

240. Ketamine belongs to which of the following group of drugs ? *(MH 08)*
a) Phencyclidine b) Phenols
c) Barbiturate d) Benzodiazepine

241. Which of the following drugs produces dissociative anesthesia - *(MH 10, 05, 03, 02, AIIMS Nov 06, AI96*
a) Ketamine *NEET/DNBPattern)*
b) Propofol
c) Thiopentone
d) Enflurane

242. TiCT caused by - ..... *(AI 2000, PGI 97)*
a) Ketamine b) Thiopentane
c) Halothane d) Propofol

243. Cerebral metabolism and 0_2 consumption are increased by - *(AIIMS Nov 07)*
a) Propofol b) Ketamine
c) Atracurium d) Fentanyl

244. Which of the following drugs is contraindicated in a patient with raised intracranial pressure ?
a) Thiopentone *(AIIMS 99, AIIMS May 06, AI 98)*
b) Propofol *NEET/DNBPattern)*
c) Midazolam
d) Ketamine

221)b,c 222) c 223) c 224) c 225) d 226) a 227) d 228)a,b,d,e 229) b 230) c 231) a 232) a 233)a,b,c,d
234) b 235)a 236)a 237)b 238)a 239)d 240)a 241)a 242)a 243)b 244) d

245. Maximum analgesic action found in - *(AI97)*
a) Catecholamine b) Propofol
c) Ketamine d) Thiopentone

246. Benefit of ketamine- . *(NEET/DNB Pattern)*
a) Causes decrease in BP b) Good analgesic action
c) Decrease ICT d) Decrease IOT

247. Which of the following anaesthetic agents have good analgesic property ? *(PGI June 06)*
a) Ketamine b) Nitrous oxide
c) Thiopentone d) Propofol
e) Midazolam

24$. Which drug of anesthetics causes hallucination -
a) Ketamine *(MH 06, DPG 09,AP 08, AI 98)*
b) Trilene
c) Halothane
d) Trichloroethylene

249. Emergence delirium is associated with - *(AP 96)*
a) Pentothal sodium b) Ketamine
c) Droperidol d) Halothane

250. The incidence of unpleasant dreams associated with emergence from ketamine anaesthesia can be reduced by administration of- *(COMED 09)*
a) Atropine b)Scopolamine
c) Physostigmine d) Diazepam

251. Hypertension with tachycardia is due to - *(MP 98)*
a) Morphine b)Thiopentone
c) Ketamine d) Halothane

252. Increased cardiac oxygen demand is caused by- *(Rohtak 99)*
a) Ketamine b) Nitrous oxide
c) Thiopentone d) Halothane

253. Which of the following anesthetic agent does not cause hypotension on injection? *(Jipmer 11)*
a) Ketamine b) Propofol
c) Halothane d)Thiopentone

254. Ketamine can be used in all of the situations except-
a) Status asthmaticus *(SGPGI2000)*
b) For analgesia & sedation
c) Obstetric hemorrhage
d) Ischemic heart disease
e) Aortic aneurysm

255. Ketamine is contraindicated in -
a) Raised ICT b) Hypertension
c) IHD d)All

256. Contraindicated in head injury -*(NEET/DNB Pattern)*
a) Halothane b) Ketamine
c) N_20 d) Propofol

257. Which of the following anesthetic agentsis contraindicated in patients with hypertension?
a) Ketamine b) Propofol *(AI 11)*
c) Etomidate d) Diazepam

258. All statements regarding ketamine are true except-
a) May be arrythmogenic *(PGI 02, SGPGI 04)*
b) Raised ICT do not respond to C02 level
c) Vasodilator and negative ionotropic effect
d) Psychomimetic emergence
e) Indirectly sympathetic action

259. Which of the following is a sympathomimetic -
a) Propofol b) Etomidate *(NEET/DNB*
c) Ketamine d)N O *Pattern)*

260. Ketamine is safe in - [2] *(SGPGI 02)*
a) Raised ICT b) Open eye injury
c) Ischemic heart disease d) Severe shock

261. Inducing agent of choice in *DIC-(NEET/DNB Pattern)*
a) Thiopentone b) Ketamine
c) Methohexitone d) Propofol

262. With regard to ketamine, all of the following are true except - *(AIIMS Nov 05)*
a) It is a direct myocardial depressant
b) Emergence phenomenon are more likely if anticholinergic premedication is used
c) It may induce cardiac dysarythmias in patients receiving tricyclic antidepressants
d) Has no effect on intracranial pressure

263. True about ketamine - *(NEET/DNB Pattern)*
a) Bronchodilator
b) Depressed airway reflexes
c) Causes hypotension
d) Decreases ICT

264. Increased requirement of curare - *(Jipmer 2000)*
a) Ketamine b) Althesin
c) Nitrous oxide d) Histotoxic hypoxia

265. Site of action of ketamine is- *(Bihar 04)*
a) Spinal cord
b) Local nerve fibers
c) Primary action on thalamoneocortical projection
d) Posterior column

266. The anesthetic that affects the laryngeal & pharyngeal reflexes minimally - *(AP 9 7)*
a) Propanidid b) Methohexitane
c) Thiopentone d) Ketamine

267. Inducing ageht of choice in asthma - (*NEET/DNB*
a) Thiopentone b) Methhexitone *Pattern)*
c) Ketamine d) Propofol

268. Dose of ketamine by IM route is (in mg/kg) -
a) 4 b) 6 *(MH01)*
c) 8 d) 10

269. A patient presented with blunt trauma to the abdomen to the emergency department. His heart rate is 150/min and his BP is 80/50 mm Hg. He is scheduled to undergo an emergency laparotomy. Which of the following is the anaesthetic agent of choice? *(AIIMS May 12)*
a) Thiopentone b) Midazolam
c) Ketamine d) Propofol

270. A 32-year old male with no past medical history is brought to the emergency department after being injured in a bomb blast. On examination he is suspected to have a splenic injury and is supposed to undergo an emergency laparotomy. Which of the following is the ideal anaesthetic agent of choice? *(AIIMS May 12)*
a) Remifentanil b) Morphine
c) Etomidate d) Halothane

245) c 246) b 247) a,b 248) a 249) b 250) d 251)c 252) a 253) a 254) d,e 255)All 256) b 257) a 258) b
259) c 260)d 261)b 262) d 263)a 264)a 265)c 266)d 267)c 268)a 269)c 270) c

271. All of the following cause myocardial depression except- *(PGIJune09)*
a) Halothane b)Etomidate
c) Thiopentone d) Ketamine
e) Propofol

272. The following anaesthetic drug causes pain on intravenous administration - *(A1IMSMay 06)*
a) Midazolam b) Propofol
c) Ketamine d) Thiopentone sodium

273. Pain during injection occurs with all except-*(MH07)*
a) Propofol b) Thiopentone
c) Ketamine d)Etomidate

274. Sufentanyl is a potent - *(A1IMS 97)*
a) Myocardial depressant b) Analgesic
c) Anticonvulsnt d) Hepatotoxin

275. Which one of the following is the shortest acting intravenous analgesic - *(AIIMS03)*
a) Remifantanil b) Fentanyl
c) Alfentanil d) Sufentanil

276. More potent opiod - *(Jipmer 04)*
a) Fentanyl b) Morphine
c) Sufentanyl d) Methadone

277. Characteristics of Remifentanyl - *(PGIDec 07)*
a) Metabolised by plasma esterase
b) Short half life
c) More potent than Alfentanyl
d) Dose reduced in hepatic and renal disease
e) Duration of action more than Alfentanyl

278. Significant muscle rigidity is caused by-*(Kerala 04)*
a) Domperidone b) Ketamine
c) Halothane d) Fentanyl

279. Which one of the common side effects is seen with fentanyl ? *(A1IMS May 06)*
a) Chest wall rigidly b) Tachycardia
c) Pain in abdomen d) Hypertension

280. Neurolept analgesia all are true except- *(PGI98)*
a) Can be used along with 0_2 & N_20
b) Causes focal dystonia
c) Fentanyl-droperidol
d) Causes hypotension
e) None

281. Partition coefficient of gas- *(PGI 98)*
a) Measure of potency
b) Directly proportional to potency
c) Measures solubility
d) All of the above

282. Index of potency of general anaesthesia - *(AP 9 7)*
a) Minimum alveolar concentration
b) Diffusion coefficient
c) Dead space concentration
d) Alveolar blood concentration

283. The potency of an inhalational anesthetic depends on- *(PGI 99)*
a) Blood gas partition co-efficient
b) Oil-gas partition co-efficient
c) Gas pressure
d) Blood pressure

284. Highly lipid soluble agent would be associated with -
a) Potent anaesthetic action *(MAHE 98)*
b) Potent analgesic action
c) Excellent muscle relaxant action
d) Least respiratory depression

285. Lowest concentration of anesthetic agent in alveoli needed to produce immobility in response to painful stimulus in 50% of individual is termed as -
a) Minimum alveolar concentration *(AIIMS98)*
b) Minimal analgesic concentration
c) Minimal anaesthetic concentration
d) Maximum alveolar concentration

286. MAC stands for - *(NEET/DNB Pattern)*
a) Mmmum alveoiar concentration, ^ g|
b) Minimal analgesic concentration
c) Minimal anaesthetic concentration
d) Maximum alveolar concentration

287. Minimum alveolar concentration (MAC) of an anaesthetic agent means it produces lack of reflex response to skin incision in of subjects -
a) 25% b)50% *(MH06)*
c) 75% d) 100%

288. Which of the following has minimum MAC ?
a) Methoxyflurane b) N_2O *(Bihar 05)*
c) Halothane d) Desflurane

289. MAC of desflurane is - *(DPG 09)*
a) 1.15 b)2
c) 4 d)6

290. MAC of halothane is - *(DPG 08)*
a) 0.75% b) 1-2%
c) 6% d)2%

291. Minimum Alveolar Concentration (MAC) of sevoflurane in % is - *(Karn 11)*
a) 0.75 b) 0.42
c) 1.15 d) 2

292. All of the following factors decrease the minimum alveolar concentration (MAC) of an inhalation anaesthetic agent except - *(AI1MS 03)*
a) Hypothermia b) Hyponatremia
c) Hypocalcemia d) Anemia

293. Exception of Meyer overton rule are A/E-
a) Nonanaesthetics *(Jipmer 03, J&K 04)*
b) Nonimmobilizer
c) Cut off effect
d) Hydrophobic site

294. Which of the following inhalational agents has the minimum blood gas solubility coefficient ?
(WB 06, Jharkhand 05, ARMS May 06, ARMS 02)
a) Isoflurane b) Sevoflurane
c) Desflurane d) Nitrous oxide

295. Least diffusion coefficient is for-*(Jipmer 04, AMU05)*
a) Isoflurane b)Enflurane
c) Halothane d) N_20

296. Least soluble anesthetic agent is - *(Jharkhand 05,*
a) Desflurane b) Sevoflurane *TN05)*
c) Halothane d) Methoxyflurane

271)b 272)b>d 273)c 274)b 275)a 276)c 277)a,b,c 278)d 279)a 280)e 281)a,c 282)a 283)b 284)a
285) a 286) a 287)b 288)a 289)d 290)a 291)d 292)c 293)d 294)a 295)d 296)a

297. **Fastest acting agent -** *(J & K 06, Jharkhand 04)*
a) Sevoflurane b)Desflurane
c) Isoflurane d)None

298. **Which one of the following inhalational anesthetic agents has rapid onset and rapid recovery actions and is most desirable for use day. case (out patient) surgical procedures -** *(Kam 03)*
a) Ether b) Halothane
c) Trichloroethylene d)Desflurane

299. **Which one of the following is the fastest acting inhalational agent ?** *(AI05)*
a) Halothane b) Isoflurane
c) Ether d) Sevoflurane

300. **st induction and recovery is se** *infi$$EET/pNB*
IpSif) Methoxyflurane b) Ether *Pattern)*
omwtnane . *, $) K p* |§§ :

301. **Diffusion hypoxia is seen during -** *(PGI98)*
a) Induction of anaesthesia
b) Recovering anaesthesia
c) Preoperatively
d) Postoperatively

302. **At the end of anaesthesia after discontinuation of nitrous oxide and removal of endotracheal tube, 100% oxygen is administered to the patient to prevent -** *(AIIMS 03)*
a) Diffusion Hypoxia b) Second gas effect
c) Hyperoxia d) Bronchospasm

303. **Diffusion hypoxia is seen with -** *(Jipmer 03)*
a) Ether b) Cyclopropane
c) Halothane d) Nitrous oxide

304* lievels of ether anesthesia were demonstrated by whom - *(NEET/DNB Pattern)*
a) Morton b) Guedel
c) Thompson d) None

305. **Stages of anesthesia were established by -**
a) Ether b) N_20 *(AIIMS97)*
c) Halothane d) Chloroform

306. **All are stages of anaesthesia** *except-(NEET/DNB*
a) Analgesia b) Allodynia *Pattern)*
c) Delirium d) Surgical anesthesia

307. **Surgical anesthesia is -** *(Kerala 98)*
a) Stage I b) Stage II
c) Stage III d) Stage IV

308. **In the second stage of anaesthesia the pupil is -**
a) Constricted b) Partially dilated *(KA 96)*
c) Normal in size d) Totally dilated

309. **Lacrimation during anaesthesia indicates -**
a) Stage I b) Stage II *(CUPGEE95)*
c) Stage III d) Stage IV

310. **In which plane of anaesthesia, movement of eyeball is lost -** *(AP 96)*
a) Stage 3, Plane 1 b) Stage 1, Plane 3
c) Stage 2, Plane 3 d) Stage 4

311. **Definitive sign of phase I of anaesthesia is -** *(JIPMER 95, DPG 09)*
a) Fixation of eyeball b) Pupillary dilatation
c) Blurring of vision d) Intercostal paralysis

312. **All are fluorinated anaesthetics except-** *(Jipmer 98)*
a) Halothane b) Isoflurane
c) Enflurane d) Methoxyflurane

313. **True about halothane -** *(PGI 03)*
a) 1% thymol is used as preservative
b) It senitizes heart to catecholamines at 1 MAC
c) 20% metabolized
d) It is not usually given in same patient within 3 months
e) It forms compound - A with sodalime

314. **True about Halothane -** *(PGI Dec 06)*
a) Non irritant
b) Antiarrhythmic
c) It antagonizes bronchospasm
d) Vasodilator

315. **True about halothane -** *(PGI 02)*
a) Causes bronchodilation
b) Anti-arrhthmic
c) Can be used in hepatitis
d) Uterine contraction occurs
e) Causes hepatitis

316. **Which of the are the following contraindication for halothane used -** *(PGI 01)*
a) Male sex
b) Middle age
c) Recent halothane use
d) Associated liver pathology
e) Obesity

317. **In a 2 months old infant undergoing surgery for biliary atresia, you would avoid one of the following anaesthetic -** *(AIIMS 03)*
a) Thiopentone b) Halothane
c) Propofol d) Sevoflurane

318. **Which of the following inhalational anaesthetic agents is contraindicated in liver disease-** *(MH 06)*
a) Methoxyflurane b) Halothane
c) Ether d) Isoflurane

319. **The anaesthetic drug that is contraindicated in the presence of jaundice is-** *(CMC 98)*
a) Halothane b) Ether
c) Gallamine d) Nitrous oxide

320. **Hepatotoxic agent is -** *(AIIMS 97)*
a) Ketamine b) Ether
c) N_20 d) Halothane

321. **All are true except -** *(AI 01)*
a) Halothane is good analgesic agent
b) Halothane sensitize heart to catacholamines
c) Halothane relaxes bronchi
d) Halothane causes hepatitis and liver cell necrosis

322. **All are true about halothane** *except-(NEET/DNB*
a) Tachycardia b) Hepatitis *Pattern)*
c) Bronchodilatation d) Uterine relaxation

297)b 298)d 299)d 300)d 301)b 302)a 303)d 304)b 305) a 306)b 307)c 308)b 309)c 310)a
311)a 312)None 313)b,c,d 314)a,c,d 315)a,e 316)c 317)b 318)None>b 319)None>a 320)d 321)a 322)a

323. Which of the following fluorinated anaesthetics corrodes metal in vaporizers and breathing systems?
a) Sevoflurane b)Enflurane *(AIIMSMay06)*
c) Isoflurane d) Halothane

324. Regarding the use of halothane in obsteric surgery, which is true - *(CUP GEE 96)*
a) There is increased risk of PPH
b) It has no effect on uterine musculature
c) Best used in caesarean section
d) None is true

325. Best uterine relaxation is seen with -*(DELHI PG*
a) Chloroform b) Nitrous oxide *Feb. 09)*
c) Ether d) Halothane

326. Post operative jaundice is because of use of -
a) Isoflurane b)N_20 *(PGI99)*
c) Methoxyflurane d) Halothane

327. Repeated use of halothane causes - *(AI99, PGI97)*
a) Hepatitis b) Pancreatitis
c) Encephalitis d) Meningitis

328. Shivering is most commonly seen with use of -
a) Halothane b) Cyclopropane *(KA 97)*
c) Ether d) Thiopentone

329. True statement regarding halothane is - *(Make 98)*
a) Reduces arterial pressure
b) Increases heart rate
c) Decreases cardiac output
d) Increases sympathoadrenal activity

330. Anaesthetic agent that predisposes to maximum arrhythmias - *(MH 07, PGI96)*
a) Isoflurance b)Enflurane
c) Halothane d) Ether

331. A six year old child is posted for elective urology surgery under general anesthesia. He refuses to allow the anaesthesiologist an I.V. access. The best inhalational agent of choice for induction of anesthesia is - *(AIIMS May 04)*
a) Sevoflurane b) Methoxyflurane
c) Desflurane d) Isoflurane

332. In a child, the anesthetic of choice is - *(SGPGI01)*
a) Enflurane b) Isoflurane
c) Sevoflurane d) Halothane

333. Which is C/I in closed system anesthesiology -
a) Methoxyflurane b) Isoflurane *(Bihar 05)*
c) Sevoflurane d) Desflurane

334. True about Sevoflurane - *(PGIDec 04)*
a) Isopropyl ether
b) MAC is 2%
c) Good to use in old age
d) Blood gas partition coefficient is more than halothane
e) Formation of compound A with baralyme

335. Which of the following statements about inhalation anesthetic agents is wrong ? *(AI 08)*
a) Sevoflurane is more potent than isoflurane
b) Sevoflurane is less cardiodepressant than isoflurane
c) Desflurane has lower blood-gas partition coefficient than sevoflurane
d) Sevoflurane has a higher MAC than isoflurane

336. Leastcardiotoxic agent- *(AI 98, 96)*
a) Isoflurane b) Enflurane
c) Sevoflurane d) Halothane

337. Least cardiovascular side effects found in - *(AI2000)*
a) Isoflurane b) Enflurane
c) Trilene d) Ketamine

338. Anesthetic of choice for cardiac anesthesia -
a) Isoflurane b) Ketamine *(SGPGI 03)*
c) Methoxyflurane d) Halothane

339. Which of the following statements regarding desflurane is correct ? *(AIIMS Nov 04)*
a) It causes severe myocardial depression
b) It is a structural analogue of isoflurane
c) It has very high blood and tissue gas partition coefficient
d) It is metabolically unstable

340. All are true regarding Desflurane EXCEPT-
a) Low blood/gas partition coefficient *(Karn 11)*
b) Minimum alveolar concentration range from 5—7%
c) Sweet smelling agent
d) Suitable for day care surgery

341. A seventy year old patient is posted for a surgery which is likely to last 4-6 hours. The best inhalational agent of choice for maintenance of anesthesia in such a case is - *(AIIMS May 04)*
a) Methoxyflurane b) Ether
c) Trichlorethylene d) Desflurane

342. Which of the following is contraindicated in CRF -
a) Halothane b) Enflurane *(MH08)*
c) Desflurane d) Isoflurane

343. Which of the following should be considered as the cause of generalized convulsions 20 minutes postoperatively ? *(DPG 09)*
a) Halothane b) Enflurane
c) Isoflurane d) Sevoflurane

344. Which of the following inhalational agent is contraindicated in a patient with history of epilepsy-
a) Isoflurance b) Enflurane *(AIIMS 03)*
c) Halothane d) Sevoflurane

345. Which of the following is an epileptogenic anesthetic agent - *(Ain)*
a) Isoflurane b) Sevoflurane
c) Methoxyflurane d) Halothane

346. Nephrotoxic agent is - *(AI 98, AIIMS 97)*
a) Methoxy flurone b) Isoflurone
c) Halothane d)N_20

347. Fluoride content is least - *(PGI 97)*
a) Methoxyflurane b) Enflurane
c) Isoflurane d) Sevoflurane

348. Fluoride content is least in -*(NEET/DNB Pattern)*
a) Enflurane b) Isoflurane
c) Sevoflurane d) Desflurane

323) d 324) a 325) d 326) d 327) a 328) a 329) a,c 330) c 331) a 332) c 333) c 334)a,b,e 335) a,b
336) a 337) a 338)a 339)b 340)c 341) d 342)b 343)b 344)b 345)b 346)a 347)c 348)d

349. Anaesthetic agent of choice in renal failure -
a) Methoxyflurane b) Isoflurane *(Jharkhand 06)*
c) Enflurane d)None

350. A patient with alcoholic liver failure requires general anesthesia for surgery. The agent to be used-
a) Ether b) Halothane *(MH09, SGPGI03)*
c) Methoxyflurane d) Isoflurane

351. Bone marrow depression is seen with - *(ARMS 96)*
a) Halothene b)N_20
c) Ether d) Isoflurane

352. Which anesthetic gas has high propensity to accumulate in cavities? *(Jipmer 11)*
a) Halothane b) Nitrous oxide
c) Ether d) Sevoflurane

353. True about N O - *(NEET/DNB Pattern)*
a) Good muscle relaxant
b) Low potency and goc danalgesia
c) High potency and poor analgesia
d) None

354. Use of nitrous oxide is contraindicated in all of the following surgeries except - *(ARMS Nov 08)*
a) Cochlear implant b) Microlaryngeal surgery
c) Vitrioretinal surgery d) Exentration operation

355. If pneumocephalus created either by surgery or by performance of a pneumoencephalogram, it is suggested that nitrous oxide be avoided for how many days - *(Jipmer95)*
a) 4 days b) 5 days
c) 6 days d) 7 days

356. Anaesthesia contraindicated in volvulus of gut is -
a) Halothane *(J & K 01, CUPGEE 96)*
b) Nitrous oxide
c) Ketamine
d) Pancuronium

357. **Anesthetic agent contraindicated in Emphysema is-**
a) N_20 b) Halothane *(SGPGI01)*
c) Ether d) Isoflurane

358. Which anaesthetic gas is contraindicated in the presence of pneumothorax ? *(COMED09)*
a) Halothane b) Isoflurane
c) Nitrous oxide d) Chloroform

359. Pulmonary vasodilatation associated with -
a) Halothane b) Lignocaine *(Jharkhand 05)*
c) Isoflurane d) Ketamine

360. Which of the following anaesthetic agents causes a rise in the Intracranial pressure - *(AI05)*
a) Sevoflurane b) Thiopentone sodium
c) Lignocaine d) Propofol

361. Heart is not sensitized by - *(MP 01)*
a) Halothane b) Chloroform
c) Diethyl-ether d)None

362. All of the following are the disadvantages of anesthetic ether, except - *(AI05)*
a) Induction is slow
b) Irritant nature of ether increases salivary and bronchial secretions
c) Cautery cannot be used
d) Affects blood pressure and is liable to produce arrhythmias

363. Ether is not used in modern surgical practice, because it is- *(Kerala 97)*
a) Highly explosive
b) Poor anaesthetic
c) Expensive
d) Complicated apparatus needed

364. Anaesthetic agent which is explosive in the presence of cautery - *(Delhi PG Feb. 09)*
a) Nitrous oxide b) Ether
c) Trilene d) Halothane

365. Maximum emesis causing anaesthetic - *(Jipmer 95)*
a) N20 b) Diethyl ether
c) Chloroform d) Thiopental

366. Not compatible with soda lime - *(ARMS 97)*
a) Ether b) Halothane
c) Trilene d) N_20

367. Agent which dissolves rubber - *(Punjab 10)*
a) Halothane b) Enflurane
c) Desflurane d) Isoflurane

368. Which of the following is not true about Xenon anaesthesia- *(ARMSNov 06, 11)*
a) Non explosive
b) Minimal cardiovascular side effects
c) Slow induction and slow recovery
d) Low blood gas solubility

369. True about xenon anaesthesia - *(PGINov. 10)*
a) Rapid induction and recovery
b) Low potency
c) High blood solubility
d) Non - explosive
e) Heavier than air

370. Anaesthetic that has a smooth induction is -
a) Diethyl ether b) Thiopental *(DPG 09)*
c) N_20 d) Halothane

371. Pungent volatile anaesthetic agents are-
a) Halothane b) Isoflurane *(PGI Nov 09)*
c) Sevoflurane d) Desflurane
e)N_20

372. In emergency caesarian section rapid induction of anaesthesia is done to - *(Jipmer 2 K)*
a) Prevent gastric aspiration
b) Prevent fetal depression
c) To decrease awareness

373. During rapid induction of anesthesia - *(AI03, NEETf*
a) Sellick's maneuver is not required *DNBPattem)*
b) Pre-oxygenation is m&nditqfy
c) Suxamethonium is contraindicated
d) Patient is mechanically ventilated before endotracheal, intubation

374. Stress free anaesthesia occurs in - *(Bihar 04)*
a) Alfentanil b) Sufentanil
c) Fentanyl d) Morphine

349)b 350)d 351)b 352)b 353)b 354)d 355)d 356)b 357)a 358)c 359)a>c 360)a 361)c 362)d 363) a 364) b 365) b 366) c 367) a 368) c 369)a,b,d,e 370) b 371)b,d 372) a 373) a 374) All

375. Which of the following intravenous induction agent is the most suitable for day care surgery- *^03, 06,*
a) Morphine b) Ketamine *AIIMS 98, MH 09)*
c) Propofol d) Diazepam

376. Which of the following is the best indication for propofol as an intravenous induction agent ?
a) Neurosurgery *(Manipal 09, A104)*
b) Day care surgery
c) Patients with coronary artery disease
d) In neonates

377. The following combination of agents are the most preferred for short day care surgeries - *(AIIMS 03)*
a) Propofol, fentanyl, isoflurane
b) Thiopentone sodium, morphine, halothane
c) Ketamine, pethidine, halothane
d) Propofol, morphine, halothane

378. Anesthetic agent(s) safe to use in 1tCP-(PG7*Nov 09)*
a) Halothane b) Thiopentone
c) Ketamine d) Ether

379. Bradycardia during anaesthesia seen in -
a) Pancuronium b) Vecuronium *(PGIJune04)*
c) Atracurium d) Propofol
e) Succinylcholine

PSP **Dept of anaesthesia can be best assessed by -**
a) Pulse oximeter *(NEET/DNB Pattern)*
b) End-tidal pC02 MP&1P
c) Acid blood gas analysis
d) Bispectral index ?l§Sl

381. A 40 year old female underwent surgery. Postoperatively she told the anesthetist that she was aware of preoperative events. Individual intraoperative awareness is evaluated by - *(AI11)*
a) Pulse oximetry b) Colour doppler
c) Bispectral imaging d) End tidal $C0_2$

382. Individual intraoperative awareness is evaluated by- *(AI12)*
a) Pulse oximetry b) Colour doppler
c) Bispectral imaging d) End tidal $C0_2$

383. A 40-year female has to undergo insicional hernia surgery under general anesthesia. She complains of awareness during her past cesarean section. Which of the following monitoring techniques can be used to prevent such awareness?
a) Color doppler *(AIIMS May 12)*
b) Bispectral index monitoring
c) Transesophageal echocardiography
d) Pulse plethysmography

384. Which of the following have analgesic property ?
a) N_20 b) Ketamine *(PGI June 08, 01)*
c) Thiopentone d) Etomidate

385. Which of following is/are false - *(PGI Nov. 10)*
a) Enflurane interacts with sodalime
b) Sevoflurane casues seizures
c) Rapid recovery from propofol
d) Ketamine acts through GAB A-A receptors
e) MAC indicates potency of inhalational agents

386. Which of the following statements about Total Intravenous Anesthesia (TIVA) is true - *(AI 12)*
a) Causes More Renal Toxicity
b) Reduces Cerebral Metabolic Rate
c) Risk of Malignant Hyperthermia is high
d) Inhibits Hypoxic Pulmonary Vasconstriction

3877" **True about midazolam as inducing agent -** SIP
a) Increase in BP *(NEET/DNB Pattern)*
• 7 b) Does not product pain an IV injection
'% | c),,b£crease ce^ebrai ox^gen consm^ptipn 11
d) Increase peripheral vascular resistance

388. Which of the following responses is least affected by Anesthesia - *(AI 12)*
a) Brainstem Auditory Evoked Response (BAER)
b) Visual Evoked Response (VER)
c) Somatosensory Evoked potential (SSEP)
d) Electroencephalogram (EEG)

389. Which of the following statements about Anesthetic Machine is true - *(AI 12)*
a) Temperature of Desflurane Vaporizer Chamber is 39°C
b) Flow-meters (Rotameters) are Interchangeable
c) Oxygen sensors are placed on the expiratory limb of the anesthesia circuit
d) All of the above

REGIONAL ANAESTHESIA

390. Local anaesthesia acts by - *(NEET/DNB Pattern)*
a) Na^+ channel inhibition
b) Ca^{4*4} channel inhibition
c) Mg^{4-4} channel inhibition
d) K^+ channel inhibition

391. *True* about local anaesthetic - *(PGI 01)*
a) Cocaine acts by decreasing norepinephrine
b) Act by decreasing sodium entry into cell
c) Lignocaine is an amide
d) Dibucaine is drug of choice for epidural anaesthesia

392. True statements about local anaesthesia - *(PGI 03)*
a) It inhibits the generation of action potential
b) Unmyelinated thin fibers are most susceptible than myelinated large fibers
c) Toxicity is reduced by addition of vasoconstrictor
d) Blocks all modalities of sensation at the same time

393. In local anesthesia, which of the following is the first sequence to go - *(Maharashtra 05)*
a) Temprature b) Parasympathetic
c) Motor d) Preganglionic sympathetic

394. The afferent nerve fibres which are most sensitive to local anaesthetic belong to Group -
a) A b) B *(AIIMS May 04, AI 95)*
c) C d)D

375)c 376)b 377)a 378)b 379)d,e 380)d 381)c 382)c 383)b 384)a,b 385)a,d 386)b 387)b 388)a 389)a 390)a 391)b,c 392)a,c 393)d 394)b

395. True about local anaesthetic agents - *(PGI04)*
a) Duration depends on protein binding
b) Potency depends upon lipid solubility
c) LA with low PKa is more active
d) Higher dose produces more block
e) Signal transduction blockade

396. Sodium bicarbonate when given with local anaesthetics has which of the following effect -
a) Increases speed and quality of anaesthesia^/ *09)*
b) Decreases diffusion of the anaesthetic drug
c) Causes rapid elimination of the local anaesthetic
d) Decreases speed and quality of anaesthesia

397. Addition of epinephrine to lignocaine-*(NEET/DNB*
a) Increaseses distribution of LA *Pattern)*
b) Decreases absorption of LA
c) Decreases duration of LA
d) Increases metabolism of LA

398. Drug used to prolong action of LA in Hypertensive pts- *(NEET/DNB Pattern)*
a) Clonidine b) Felypressin
c) Dedtqmidate d) Noratenalin

399. From which of the following routes absorption of local anaesthetic is maximum ? *(AIIMSNov 08)*
a) Intercostal b) Epidural
c) Bronchial d) Caudal

400. Which one of the following is not an amide- *(AJ 07,*
a) Lignocaine b) Procaine *98, AIIMS 03)*
c) Bupivacaine d)Dibucaine

401. Which of the following is not an ester - *(MH08, 07)*
a) Amethocaine b) Benzocaine
c) Procaine d) Bupivacaine

402. Which of the following is an ester linked local anaesthesia - *(Kerala 98)*
a) Cocaine b)Lidocaine
c) Bupivacaine d) Dubicaine

403. Which of the following are not local anesthetics -
a) Bupivacaine b) Mepivacaine *(PGINov 09)*
c) Mivacurium d) Butorphenol
e) Buprenorphine

404. Which of the following local anaesthetics is most likely to produce an allergic reaction - *(Jipmer 05)*
a) Prilocaine b) Ropivacaine
c) Etidocaine d) Benzocaine

405. Allergic reactions to amide linked anesthetic are -
a) Less common than that of ester linked local anesthetics
b) More common than that of ester linked anesthetics
c) Not known *(Maharashtra 03)*
d) None of the above

406. Cholinesterase metabolizes following except -
a) Tetracaine b) Procaine *(PGI97)*
c) Acetylcholine d) Bupivacaine

407. Which of the following is long acting local anesthetic > 2hrs - *(PGIDec 05)*
a) Bupivacaine b) Prilocaine
c) Etidocained)Dibucaine
e) Tetracaine

408. Local anaesthetic acting for more than 2 hrs-*(PGI 00*
a) Bupivaciane b) Etodocaine *SGPGI 00)*
c) Lignocaine d) Cholorprocaine

409. Short acting L.A - *(PGI 2000)*
a) Procaine b) Lignocaine
c) Bupivacaine d) Tetracaine

410. Long acting local anesthetic is - *(Jipmer 11)*
a) Procaine b) Lignocaine
c) Bupivacaine d) Etidocaine

411. Longest acting L.A. - *(MH02)*
a) Bupivacaine b) Tetracaine
c) Xylocaine d) Procaine

412. Shortest acting local anesthetic agent is - *(AI97)*
a) Procaine b) Lidocaine
c) Tetracaine d) Bupivacaine

413. Which local anaesthetic has highest protein binding capacity - *(MH-ll)*
a) Lignocaine b) Tetracaine
c) Prilocaine d) Procaine

4143 Local anaesthetic with maximum ionized form tit physiological pH - *(NEET/DNB Pattern)*
a) Lignocaine b) Etidocaine
c) Bupivacaine d) Chloroprocaine

415. Which local anesthetic causes vasoconstriction -
a) Cocaine b) Lidocaine *(SGPGI04)*
c) Bupivacaine d) Procaine

416. Vasoconstrictor L. A. is - *(NEET/DNB Pattern)*
a) Cocaine b) Procaine
c) Lidocaine d) Chlorprocaine

417. All are vasodilators except - *(AI98)*
a) Procaine b) Lidocaine
c) Cocaine d) Chlorprocaine

418. Local Anesthetic first used clinically -*(AIIMSNov 09)*
a) Procaine b) Lignocaine
c) Bupivacaine d) Cocaine

419. Cocaine was first used as local anaesthetic by-
a)Carlkollar b) Holmer wells *(NEET/DNB*
c) Morton d) None *Pattern)*

420. Naturally occuring LA - *(Kerala 97)*
a) Cocaine b) Lidocaine
c) Bupivacaine d) Tetracaine

421. Pupil fails to dilate by giving cocaine in -
a) Central sympathetic paralysis *(AIIMS June 2000)*
b) Central parasympathetic paralysis
c) Peripheral parasympathetic paralysis
d) Peripheral sympathetic paralysis.

422. Maximum dose of plain lignocaine (in mg) -
a) 300 b)500 *(Maharashtra 03)*
c) 700 d) 1000

423. Maximum dose of lignocaine with adrenaline (in mg/kg) - *(AIIMS May 12)*
a) 4 b) 5
c) 7 d) 10

424. Concentration of lignocaine used - *(PGI Dec 07)*
a) 2% b)4%
c) 5% d) 10%
e) 1%

395)All 396) a 397) b 398) b 399) a 400) b 401) d 402) a 403)c,d,e 404) d 405) a 406) d 407)a,c,d,e 408)a,b 409)a 410)c,d 411)a,b 412)a 413)b 414)d 415)a,c 416)a 417)c 418)d 419)a 420)a 421)d 422) a 423) c 424)a,b,c,e

425. All are true about lignocaine except - *(JH 05)*
a) Most commonly used anesthetic agent
b) Effective for 45-60 minute
c) Safe for person prone to malignant hyperthermia
d) None

426. About lidocaine, all are true except - *(PGI98)*
a) LA effect b) Cardiac arrhythmia
c) Ester d) Acts on mucous membranes

427. Cardiac or central nervous system toxicity may result when standard lidocaine doses are administered to patients with circulatory failure. This may be due to the following reason - *(AI03)*
a) Lidocaine concentration are initially higher in relatively well perfused tissues such as brain and heart
b) Histamine receptors in brain and heart gets suddenly activated in circulatroy failure
c) There is a sudden out-burst of release of adreneline, noradreneline and dopamine in brain and heart
d) Lidocaine is converted into a toxic metabolite due to its longer stay in liver

428. Which one of the following local anesthetic is highly cardiotoxic - *(AIIMS May 05)*
a) Lignocaine b) Procaine
c) Mepivacaine d) Bupivacaine

429. A 30 year old lady is to undergo surgery under intravenous regional anesthesia for her left 'trigger finger'. Which one of the following should not be used for patient ? *(AIISMMay 04)*
a) Lignocaineb) Bupivacaine
c) Prilocaine d) Lignocaine + ketorolac

430. Correct statement regarding bupivacaine includes-
a) Less carditoxic than prilocaine *(PGIDec 05)*
b) It is an amide
c) The maximum tolerable dose is 8 mg/kg body wt
d) Duration more than 2 hrs

431. Levo-bupivacaine is administered by which of the following route - *(PGI June 04)*
a) Nasogastricb) Epidural
c) Intravenous d) Intra-theccal
e) Oral

432. The following statements about Bupivacaine are true except- *(WB 96)*
a) Must never be injected into a vein
b) More cardiotoxic than lignocaine
c) 0.25 percent is effective for sensory block
d) Long acting drug
e) It produces methaemaglobinaemia

433. Local anaesthesia causing methemoglobinemia -
(AIIMS May 10> May 09, NEET/DNB Pattern)
a) Procaine b) Prilocaine
c) Etodicaine d) Ropivacaine

434. Earliest sign of systemic absorption of local anaesthetic is - *(COMED 09)*
a) Convulsions b) Circulatory collapse
c) Circumoral numbness d) Respiratory arrest

435. Lignocaine in high dose produces - *(PGI June 04)*
a) Convulsion b) Respiratory depression
c) Hypotension d) Cardiac arrest
e) Hypothermia

436. Bupivacaine toxicity treated with - *(PGIDec 97)*
a) Esmolol b) Epinephrine
c) Lignociaine d) 5 percent dextrose
e) Benzodiazepines

437. In acute convulsions due to toxicity to local anaesthetic most important step in immediate management is -
a) Secure airway *(Kerala 95)*
b) Adrenaline
c) IV short acting barbiturate
d) Diazepam IV

438. Least useful treatment of local anesthetic induced convulsions- *(Maharashtra 08)*
a) Phenytoin b) Thiopentone
c) Midazolam d) Propofol

439. Treatment of bupivacaine toxicity includes -
a) Isoprenaline b) Epinephrine *(PGINov. 10)*
c) Bretylium d) Metoprolol
e) Lignocaine

440. A 25 year old male with roadside accident underwent debridement and reduction of fractured both bones right forearm under axillary block. On the second postoperative day the patient complained of persistent numbness and paresthesia in the right forearm and the hand. The commonest cause of this neurological dysfunction could be all of the following except- *(AI04)*
a) Crush injury to the hand and lacerated nerves
b) A tight cast or dressing
c) Systemic toxicity of local anaesthetics
d) Tourniquet pressure

441. The topical use of following local anesthetic is not recommended ? *(AIIMS02)*
a) Ligocaine b) Bupivacaine
c) Cocaine d)Dibucaine

442. LbcaTAnaesthetic in wound/ulcerfftahagement-
a) Prilocaine * ' b) ^ilb^rbGai***n^0EBT/DNB***
c) Benzocaine d) Bupivacaine *Pattern)*

443. Which among the following is NOT used for surface anaesthesia - *(COMED09)*
a) Lignocaine b) Procaine
c) Tetracaine d) Benzocaine

444. All of the following are effective topically except -
a) Procaine b) Cocaine *(NEET/DNB Pattern)*
c) Lidocaine d)Amethocaine

445. TVue about EML A - *(PGI Dec 06)*
a) Can be used for intubation
b) Mixture of local anesthesia
c) Faster acting
d) Used in children

425) c 426) c 427) a 428) d 429) b 430) b,d 431)b 432) e 433) b 434) c 435)a,b,c,d 436) b,e 437) a
438) a 439) b,c 440) c 441) b 442) c 443) b 444) a 445) b,d

446. EMLA constituent is - *(NEET/DNB. Pattern)*
a) Lidocaine + Cocaine
b) Lidocaine + Prilocaine
c) Lidocaine + Bupivacaine
d) Bupivacaine + Prilocaine -

447. Interscalene approach to brachial plexus block does not provide optimal surgical anaesthesia in the area of distribution of which of the following nerve -
a) Musculocutaneous b) Ulnar *(AI03,01)*
c) Radial d) Median

448. For reduction of shoulder one of the following technique is appropriate - *(MP05)*
a) Spinal anesthesia b) Interscalene block
c) Axillary brachial block d) Bier block

449. Which of the following is not a sign of successful stellate ganglion block - *(AI09)*
a) Nasal stuffness b) Guttman sign
c) Homer's syndrome d) Bradycardia

450. A successful stellate ganglion block can produce -
a) Hypotension *(Kerala97)*
b) Homer's syndrome
c) Brachial plexus involvement
d) Hemifacial anaesthesia

451. Most common complication of celiac plexus block -
a) Pneumothorax *(AIIMS May 09)*
b) Postural hypotension
c) Retroperitoneal hemorrhage
d) Intra-arterial injection

452. The anesthetic drug injected for paravertabral block is least likely to diffuse to - *(AI 09)*
a) Epidural space
b) Subarachnoid space
c) Intercostal space
d) Superior and inferior paravertebral spaces

453. A patient in ICU was on invasive monitoring with intra arterial canulation through right radial artery for last 3 days. Later he developed swelling and discolouration of right hand. The next line of management is - *(UP 03, AIIMS 01)*
a) Stellate ganglion block b) Paravertebral block
c) Radial Nerve block d) Celiac plexus block

454. For Bier's block drug of choice is - *(MP 00)*
a) Prilocaine b) Bupivacaine
c) Lignocaine d)None

455. In spinal anesthesia, the needle is piereced upto -
a) Subdural space *(Maharashtra 01)*
b) Extradural space
c) Epidural space
d) Subarachnoid space

456. In spinal anesthesia, the drug is deposited between-
a) Dura and arachnoid *(DELHIPG Feb. 09)*
b) Pia and arachnoid
c) Dura and vertebra
d) Into the cord substance

457. Structure (s) pierce in Lumber spinal puncture is/are - *(PGI June 09)*
a) Ligamentum flavum
b) Duramater
c) Supraspinous ligament
d) Anterior longitudinal ligament
e) Posterior longitudinal ligament

458. Which of the following nerves are affected after spinal anesthetic block - *(Maharashtra 10)*
a) Motor and sensory only
b) Sensory and autonomic nerve only
c) Sensory nerves only
d) Sensory, autonomic and motor nerves

459. Spinal anesthesia should be injected into the space between- *(AI97)*
a) T_{12}-L_1 b) L_1-L_2
c) Lg - L_4 d) L_5 - S i

460. Spinal anesthesia is given at which of the following levels -
a) Ll-2 b) L2-4 *(AI 11)*
c) Midline of thorax d) Below L5 (caudal)

461. In high spinal anaesthesia what is seen -
a) Hypotension & Bradycardia *(Kerala00,*
b) Hypotension & Tachycardia *AIIMS01)*
c) Hypertension & Bradycardia
d) Hypertension & Tachycardia

462. Following spinal subarachnoid block a patient develops hypotension. This can be managed by the following means except-
a) Lowering the head end *(AIIMS03)*
b) Administration of 1000 ml of Ringers lacate before the block
c) Vasopressor drug like methoxamine
d) Use of ionotrope like dopamine

463. Best way to prevent hypotension during spinal anesthesia - *(AI 95)*
a) Preloading with crystalloids
b) Mephentermine
c) Dopamine
d) Trendelenburg's position

464. Vasopressor of choice in hypotension produced during sub-arachnoid - *(PGIDec 04, SGPGI00)*
a) Ephedrine b) Mephenteramine
c) Adrenaline d) Dopamine
e) Steroids

465. Post dural puncture headache, true about -
a) Common in elderly *(PGI June 04, PGI 01)*
b) Small bore needle prevents it
c) Early ambulation increases incidence
d) Occurs immediately after spinal anaesthesia
e) Blood patch is the first line of treatment

466. Best treatment for post dural puncture headache-
a) Caffeine b)NSAIDs
c) Extradural blood patch d) IV fluid

467. Post spinal headache is due to - *(AI 95)*
a) Meningitis b) Encephalitis
c) CSFleak d) Increased ICT

446) b 447) b 448) b 449) d 450) b 451)b 452) b 453) a 454) Oa 455) d 456) b 457)a,b,c 458) d
459) c 460) b 461) a 462)b 463)None>a 464) a 465) b,d 466) c 467) c

468. For prevention of headache during spinal anaesthesia-
a) Diluted solution of local anaesthetic should be used *(NEET/DNB Pattern)*
b) Preloading with crystalloids
c) Finer I.P. needle should he used
d) Head end should be elevated

469. Cranial nerve not involved in spinal anaesthesia -
a) 1st and 10th b) 3rd and 6th *(Rohtak 99)*
c) 2nd and 4th d) 7th and 8th

470. A patient was admitted epidural anaesthesia with 15 ml of 1.5%. Lignocaine with adrenaline for hernia surgery. He devoled hypotension and respiratory depression within 3 minutes after administration of block. The most common cause would be -
a) Allergy to drug administered *(AIIMSMay 05, 03)*
b) Systemic toxicity to drug administered
c) Patient got vasovagal shock
d) Drug has entered the subarachnoid space

471. An anesthesia resident was giving spinal anesthesia when the patient had sudden aphonia and loss of consciousness. What could have happended? *(AI11)*
a) Total spinal b) Partial spinal
c) Vaso vagal attack d) Intravascular injection

472. Tuohy needle is used for - *(MH 02)*
a) Spinal anesthesia b) Epidural anesthesia
c) CSF tapping d) Biopsy

473. Epidural anesthesia decrease risk of - *(UP 2K)*
a) Headache b) Hypotension
c) Meningitis d) Arachnoiditis

474. All of the following are advantage of epidural anaesthesia over spinal anaesthesia except -
a) Dural puncture is avoided *(Orissa 98)*
b) Chances of meningitis are very low
c) Post spinal headache is avoided
d) Its duration of action is very short

475. True about Epidural anesthesia - *(PGIMay 10)*
a) Effects start immediately
b) C/I in coagulopathies
c) Given in subarachnoid space
d) Venous return decreases

476. In epidural anaesthesia all are used except-
a) Pentazocine b) Buprenorphine*(Bihar 04)*
c) Bupivacaine d) Morphine, fentanyl

477. Which cant be given by Epidural anaesthesia -
a) Morphine b) Remifentanil *(NEET/DNB*
c) Alfentanil d) Fentanyl *Pattern)*

478. Site of action of epidural analgesia - *(AIIMS 98)*
a) Sensory nerve ending
b) Ventral horn
c) Substantia gelatinosa
d) Cortex

479. Maximum concentration for epidural block -
a) Bupivacaine b) Lidocaine*(NEET/DNB*
c) Ropivacaine d) Chlorprocaine *Pattern)*

480. Epidural narcotic is preferred over epidural LA because it causes - *(AIIMS 96)*
a) Less respiratory depression
b) Less dose is required
c) No motor paralysis
d) No retention of urine

481. True about epidural anaesthesia in pregnancy -
a) Given through subarachnoid space *(PGI 03)*
b) Increases cardiac output
c) Decreases venous return
d) Venous pooling
e) Decreased placental circulation

482. Saddle block is used for - *(MP 03)*
a) Surgery of lower limbs
b) Upper abdominal surgery
c) Inguinal hernia repair
d) Perianal surgery

483. In all of the following conditions neuraxial blockade is absolutely contraindicated, except - *(AI 03)*
a) Patient refusal
b) Coagulopathy
c) Severe hypovolemia
d) Pre-existing neurological deficits

484. Subarachnoid block as anesthesia is contraindicated in- *(KA98)*
a) Diabetic gangrene b) Burgers disease
c) Atherosclerotic gangrene d) Hemophilia

485. Contraindications to epidural analgesia include the following EXCEPT - *(UPSC-II09)*
a) Raised intracranial pressure
b) Coagulopathy
c) Infection over the back
d) Hypertension

486. Contraindication of spinal anesthesia is - *(DPG 08)*
a) Hypertension b) Renal disease
c) Clotting disorders d) Diabetes %

487. Centrineuraxial (spinal and epidural) anaesthesia is not contraindicated in - *(AI 0 7)*
a) Platelets < 80,000
b) Patient on aspirin
c) Patient on oral anticoagulants
d) Patient on I. V.UFH

488. A young boy has sickle cell trait. Which of the following anaesthesia is contraindicated ?
a) IV regional anaesthesia *(AIIMSMay 10)*
b) Brachial plexus block by supraclavicular approach
c) Brachial plexus block by infraclavicular approach
d) Brachial plexus block by axillary approach

489. Which anaesthetic modality is to be avoided in sickle cell disease - *(AI 11)*
a) General anaesthesia
b) Brachial plexus block
c) I. V. Regional Anaesthesia
d) Spinal

468)c 469)a 470)d 471)c 472)b 473)a,c,d 474)d 475)b,d 476) None 477)b 478)c 479)d 480)c 481) c,d 482) d 483) d 484) d 485) d 486) c 487) b 488) a 489) c

490. Anesthetic agent with vasoconstriction is contraindicated in ? *(AI11)*
a) Finger block b) Spinal block
c) Epidural block d) Regional anesthesia

COMPLICATIONS OF ANAESTHESIA

491. Mendelson syndrome is due to - *(PGI98)*
a) Aspiration pneumonitis
b) Chemical pneumonitis
c) Oesophagitis
d) Oesophageal spasm

492. The following are true of Mendelson's syndrome - *(Delhi PG Mar: 09)*
a) Critical volume of aspirate is 50 mis
b) Critical pH of gastric aspirate is 1.5
c) Onset of symptoms generally occurs within 30 minutes
d) Steroids have been shown to improve outcome

493. True about aspiration pneumonia - *(PGI June 04)*
a) Affected by volume of aspiration
b) Affected by pH of aspiration fluid
c) Occurs during induction
d) Inflammation
e) Infection

494. Sallick's manouvere is used *for*-*(PGI 09, (A1IMS97)***
a) To prevent gastric aspiration
b) To facilitate Respiration
c) To reduce dead space
d) To prevent alveolar collapse

495. During anaesthetic procedure, compression of cricoid cartilage - *(MP 98)*
a) Prevents spinal headache
b) Helps in preventing regurgitation
c) Aid in intubation
d) Help to relieve reflex bronchospasm

496. Which of the following drugs are believed to be effective in the treatment of post-operative shivering?
a) Ondansetron *(Delhi PG Mar. 09, AI 06)*
b) Diclofenac Sodium
c) Pethidine
d) Paracetamol

497. Hypothermia is used in all except - *(UP 04, PGI 98)*
a) Neonatal asphyxia b) Cardiac surgery
c) Hyperthermia d) Arrythmia

498. Hypothermia is used in - *(PGI 2000)*
a) Hyperpyrexia
b) Prolonged surgeries
c) Massive blood transfusion
d) Hypertension

499. Which of the following anesthetic agents does not trigger malignant hyperthermia ? *(AI 06)*
a) Halothane b) Isoflurane
c) Suxamethonium d) Thiopentone

500. Which does not cause malignant hyperthermia -
a) Isoflufahe *ih ^0* *V)* **Desffiirade** *(NEET/DNB*
c) N_2O ^ **d) Enflurane** *^'jPatt&rn)*

501. Agent causing malignant *hyperthertn\a-(NEET/DNB*
a) Succinyl choline b) Dantrolene *Pattern)*
c) Gallamine l|||§g|) Ketamine

502. All the following cause malignant hyperpyrexia except- *(Karnataka 05)*
a) N20 b) Halothane
c) Methyoxyflurane d) Isoflurane

503. End-tidal $C0_2$ is increased to maximum level in -
a) Pul. embolism *(PGI 2000)*
b) Malignant hyperthermia
c) Extubation
d) Blockage of secretion

504. All are seen in malignant hyperthermia except -
a) Bradycardia *(AIIMS May 07)*
b) Hyperkalemia
c) Metabolic acidosis
d) Hypertension

505. Treatment of malignant Hyperthermia includes -
a) Dantrolene *(PGI Dec 08)*
b) Cooling
c) Deepening plane of inhalational anaesthesia
d) Discontinue inhalational anaesthesia
e) GiveO therapy with 100%O .

506. About malignant hyperthermia^true - *(PGI June 08)*
a) Succinylcholine & Halothane predisposes
b) Dantrolene usefull in all cases
c) Ketanserine can be used as an alternative to Dantrolene
d) Propofol is safe
e) Muscle biopsy of diagnostic

507. A 10-year old child is undergoing squint surgery. He suddenly developed increased heart rate, arrhythmia, high fever, metabolic and respiratory acidosis on arterial blood gases and elevation of end tidal $C0_2$. Which of the following would be the first agent of choice in the management of this condition? *(AIIMS May 12)*
a) Dantrolene b) Paracetamol
c) Procainamide d) Sodium bicarbonate

508. Drugs used to control post-operative vomiting
a) Diazepam b) Phenobarbitone
c) Aprepitant d) Droperidol *(PGI June 08)*
e) Ondansetron

509. The following are used for treatment of postoperative nausea and vomiting following squint surgery in children except - *(AI 05)*
a) Ketamine b) Ondansetron
c) Propofol d) Dexamethasone

510. The most common rhythm disturbance during early post-operative period is - *(AIIMS May 05)*
a) Bradycardia b) Ventricular fibrillation
c) Tachycardia d) Complete heart block

490)a 491)a,b 492)c 493)All 494)a 495)b 496)c 497)d 498)a,b 499)d 500)c 501)a 502)a 503)b
504) a 505)a,b,d>e 506)a,b,d,e 507) a 508)a,c,d,e 509) a 510)c

511. Which of the following is not used in controlling heart rate intraoperatively - *(AI07)*
a) Propanolol / Metoprolol b) Verapamil
c) Esmolol d) Procainamide

512. Ultra short acting beta blocker most commonly used in anaesthesia is - *(IN 02)*
a) Esmolol b)Nadalol
c) Propanalol d) Atenolol

513. With respect to cardiac arrests occurring during anaesthesia - *(Delhi PG Mar. 09)*
a) The most common preceding arrhythmia is bradycardia
b) The most common cause is failure of ventilation
c) Most occur during emergence from anaesthesia
d) Most are considered unpreventable and untreatable

514. Cause of post operative hypertension -*(PGI June 04)*
a) Pre-operative hypertension
b) Inadequate analgesia
c) Phaeochromocytoma
d) Hypoxemia
e) Hypercarbia

515. Which of the following signs of congestive cardiac failure constitute a major risk to the surgical patient undergoing anaesthesia ? *(DELHI PG Mar. 09)*
a) Jugular venous distention and third heart sound
b) Cardiomegaly
c) Pedal oedema
d) Basal crepitations on auscultation

516. Trendelenberg position produces decrease in all of the following except - *(AI 91)*
a) Vital capacity b) Functional residual capacity
c) Compliance d) Respiratory rate

517. Upper respiratory tract infection is a common problem in children. All the following anaesthetic complications can occur in children with respiratory infections, except - *(AI 02)*
a) Bacteremia
b) Halothane granuloma
c) Increased mucosal bleeding
d) Larygospasm

518. During intraoperative anaesthesia mismatch BT develops - *(PGI Dec 0 7)*
a) Increased bleeding b) Hypotension
c) Bronchospasm d)Rash
e) Movements of limbs

519. Mismatched blood transfusion manifests intraoperatively as - *(PGI 99)*
a) RiseinB.P. b) Excessive bleeding
c) Dyspnoea d) Hematuria

520. During surgery transfusion reaction is manifested as- *(PGI 02)*
a) Hypothermia
b) Hypotension
c) Bleeding
d) Increased muscle movement
e) Decreased respiratory rate

521. Which of the following surgical incisions is associated with the highest risk of postoperative pulmonary complications ? *(Delhi PG Mar. 09)*
a) Vertical laparotomy b) Horizontal laparotomy
c) Lateral thoracotomy d) Median sternotomy

522. 5 yr old child going to sitting craniotomy while positioning in O.T. developed end tidal C02 0mm Hg P02 80 mm Hg implies - *(AIIMS 00)*
a) Endotracheal tube in oesophagus
b) E.T. blocked with secretion
c) Venous air Embolism
d) Left lung collapse

523. 55 year old female a known case of thryotoxicosis in control posted for abdomino perineal resection during surgery there was sudden drop in B.P., and end tidal C02 decreased from 40 to 10 mmHg. On auscultation there was a mill wheel murmur, what is the diagnosis - *(AIIMSNov 09)*
a) Thyroid storm b) Bleeding
c) Hypoxia d) Air embolism

524. Which of the following is true to the immediate postoperative period in a young patient with previously normal lungs having upper abdominal surgery ? *(Delhi PG Mar. 09)*
a) Arterial oxygen tension will typically be reduced by an average of 10 mm Hg when breathing room air
b) Arterial oxygen tension will normalize after 15 minutes
c) Diffusion hypoxia is the major determinant of arterial hypoxaemia
d) The CXR will typically reveal no abnormalities

ANAESTHESIA FOR SPECIAL SITUATIONS

525. A 5 year old child is suffering from cyanotic heart disease. He is planned for corrective surgery. The induction agent of the choice would *by-(AIIMS Nov 05)*
a) Thiopentone b) Ketamine
c) Halothane d) Midazolam

526. A 6 month old child is suffering from patent ductus arteriosus (PDA) with congestive cardiac failure. Ligation of ductus arteriosus was decided for surgical management. The most appropriate inhalational anaesthetic agent of choice with minimal haemodynamic alteration for induction of anaesthesia is - *(AIIMSNov 05)*
a) Sevoflurane b)Isoflurane
c) Enflurane d) Halothane

527. A 52 year old male diagnosed as triple vessel coronary artery disease with poor left ventricular function. Coronary artery bypass grafting surgery was decided. During maintenance of anaesthesia which one of the following agents should be preferred ? *(AIIMS Nov 04)*
a) IV opioids b) Isoflurane
c) Halothane d) Nitrous oxide

511)None>a 512)a 513)a,b 514)A11 515)a 516) d 517)b 518)a,b,c,d 519)b 520)b,c 521)a 522)c
523) d 524) a 525) b 526) a 527) a >b

528. During surgery for aortic arch aneurysm under deep hypothermic circulatory arrest, which of the following anesthetic agent administered prior to circulatory arrest that also provides cerebral protection ? *(AIIMS 02)*
a) Etomidate b) Thiopental sodium
c) Propofol d) Ketamine

529. A 30 year old woman with coarctation of aorta is admitted to the labour room for elective caesarean section. Which of the following is the anaesthesia technique of choice - *(AIIMS Nov 05)*
a) Spinal anaesthesia
b) Epidural anaesthesia
c) General anaesthesia
d) Local anaesthesia with nerve block

530. Patient with mitral stenosis is having surgery tomorrow. There is some liver compromise. Which of the following inhalational agent is preferred -
a) Halothane b)Enflurane *(AIIMSNov 10)*
c) Xenon d) Sevoflurane

531. The most common cause of morbidity and mortality in patients undergoing major vascular surgery is -
a) Renal complications *(AIIMSMay 05)*
b) Thromboembolic phenomenon
c) Coagulopathies
d) Cardiac complications

532. A patient of alcohlic liver faliure requires general anesthesia AOC is - *(AI01)*
a) Ether b) Halothane
c) Isoflurane d) Methoxyflurane

533. The volatility of an anesthetic agent is directly proportional to lowering the flow in the portal vein. Portal flow is maximally reduced by-
a) Ether b) Halothane*(AIIMS May 10)*
c) Isoflurane d)Enflurane

534. Anesthesia of choice in renal failure - *(AI 01)*
a) Methoxy flurane b) Isoflurane
c) Enflurane d)None

535. Anaesthesia of choice in renal disease-*(PGI June 08)*
a) Atracurium b) Cisatracurium
c) Vecuronium d)Rocuronium
e) Mivacuronium

536. Best anaesthesia for status asthmaticus -*(AIIMS 97)*
a) Thiopentone b) Ketamine
c) Ether d)N_20

537. Which is safest to be used in asthmatic patients -
a) Nitrazepam b) Phenobarbitone *(PGI01)*
c) Chloral hydrate d) All hypnotics are safe
e) Morphine

538. After Hyperventilating for some time holding the breath is dangerous because - *(AIIMSNov 00)*
a) Decrease $C0_2$ shift the 0_2 dissociation curve to the left
b) Alkalosis can lead to tetany
c) It can lead to $C0_2$ Narcosis
d) Due to lack of stimulation by $C0_2$, anoxia can go into dangerous levels

539. Current mode of analgesia best for intrapartum pain relief- *(MH06)*
a) Epidural analgesia b) Spinal anaesthesia
c) Inhalational d) Local analgesia

540. A lower Segment Caesarean Section (LSCS) can be carried out under all the following techniques of anesthesia, except- *(Delhi PG Feb. 09, AI 05)*
a) General anesthesia
b) Spinal anesthesia
c) Caudal anesthesia
d) Combined spinal epidural anesthesia

541. In general, the last muscle to be rendered akinetic with a retrobulbar anesthetic block *\s-(ARMS May 06)*
a) Superior rectus b) Superior oblique
c) Inferior oblique d) Levator palpebral superioris

542. Complication of peribulbar block- *(PGI Dec 04)*
a) Retrobulbar hemorrhage
b) Globe rupture
c) Optic neuritis
d) Local anaesthetic solution can migrate to brain
e) Vasovagal syncope

543. A five year old child is scheduled for strabismus (squint) correction. Induction of anesthesia is uneventful. After conjunctival incision as the surgeon grasps the medial rectus, the anaesthesiologist looks at the cardiac monitor. Why do you think he did that? *(A I I MS 02)*
a) He wanted to check the depth of anaesthesia
b) He wanted to be sure that the blood pressure did not fall
c) He wanted to see if there was an oculocardiac reflex
d) He wanted to make sure there were no ventricular dysarhythmias which normally accompany incision

544. During ocular surgery, when eye surgeon touches the medial rectus, he asked to assistant to measure heart rate because of - *(Bihar 06)*
a) Occulocardiac reflex b) Occulocephalic reflex
c) Occulovagal reflex d)None

545. Following will be the choice of anaesthesia in an infected tooth posted for extraction - *(MP 06)*
a) Local block with lignocaine
b) Local block with lignocaine and adrenaline
c) Isoflurane
d) Enflurane

546. Which of the following anaesthesia will produce decreased EEG activities - *(AIIMS Nov 06, 11)*
a) Hypothermia b) Early hypoxia
c) Ketamine d) N_20

547. Fire breaks out during laser vocal cord surgery. What is not to be done? *(AI 11)*
a) Pouring sterile water
b) Removing endotracheal tube
c) 100% oxygen after discontinuing anesthetic gases
d) Treatment with steroid and antibiotics

528) b 529) c 530) c 531)d 532) c 533) b 534) b 535)a,b,e 536) b 537) a 538) d 539) a 540) c 541) b 542)All 543) c 544) a 545) d 546) a 547) c

548. Anaesthesia used in microlaryngoscopy is -
a) Pollarad tube of 10 mm diameter with heavy sedation
b) Pollarad tube of 15 mm diameterwith topical xylocaine
c) Pollarad tube with infiltration block *(AIIMS 96)*
d) Heavy sedation on and endotracheal intubation

549. Which of the following anesthetic drugs is contraindicated in chronic renal failure -*(AI 12)*
a) Morphine b) Fentanyl
c) Pethidine d)Atracurium

550. In a pregnant female, there is decreased requirement of the spinal anaesthetic agent because of all of the following except - *(AIIMS May 12)*
a) Exaggerated lumbar lordosis
b) Decreased volume of subarachnoid space
c) Engorgement of epidural veins
d) Increased sensitivity of the nerves to anaesthetic agent

551. A six year old child is posted for elective urology surgery under general anesthesia. He refuses to allow the anaesthesiologist an I.V. access. The best inhalational agent of choice for induction of anesthesia is - *(AIIMSMay 04)*
a) Sevoflurane b) Methoxyflurane
c) Desflurane d) Isoflurane

552. Which of the following inhalational agents is the induction agent of choice in children -*(AI06, 04,PGI 08,05, MH 08)*
a) Methoxyflurane b) Sevoflurane
c) Desflurane d) Isoflurane

553. All agents can be given for induction of anesthesia in children except ? *(Jharkhand 06)*
a) Halothane b) Sevoflurane
c) Morphine d)N_20

554. In a child with intestinal obstruction with deranged liver function test, the anesthetic of choice is -
a) Enflurane b) Isoflurane*(PGIJune06)*
c) Halothane d) Sevoflurane
e) Ether

555. A 5 year old boy suffering from Duchenne Muscular dystrophy and polymyositis has been fasting for 8 hrs and has to undergo tendon lengthening. Which anaesthesia should be used - *(AIIMS 2000)*
a) Induction by IV thiopentone & maintenance by N_20 & halothene
b) Induction by IV propofol and maintenance by N_20 &o_2
c) Induction by IV scoline and maintenance by N_20 & Halothane
d) Inhalation N_zO, 0_2 & halothene

556. A 5 year old boy suffering from Duchenne muscular dystrophy has to undergo tendon lengthening procedure. The most appropriate anaesthetic would be- *(AI03)*
a) Induction with intravenous thiopentone and N_20; and halothane for maintenance
b) Induction with intravenous suxamethonium and N_20; and oxygen for maintenance
c) Induction with intravenous suxamethonium and N_20; and halothane for maintenance
d) Induction with inhalation halothane and N_20; oxygen for maintenance

557. The most appropriate circuit for ventilating a spontaneously breathings infant during anaesthesia is- *(AI05)*
a) Jackson Rees modification of Ayres T piece
b) MaplesonAor Magill's circuit
c) Mapleson C or Waters to and frocanister
d) Bains circuit

558. The narrowest part of larynx in infants is at the cricoid level. In administering anesthesia this may lead to all except - *(AIIMS 03)*
a) Choosing a smaller size endotracheal tube
b) Trauma to the subglottic region
c) Post operative stridor
d) Laryngeal oedema

559. A 5 year old patient is scheduled for tonsillectomy. On the day of surgery he had running nose, temperature 37.5°C and dry cough. Which of the following should be the most appropriate decision for surgery -
a) Surgery should be cancelled
b) Can proceed for surgery if chest is clear and there is no history of asthma
c) Should get X-ray chest before proceeding for surgery
d) Cancel surgery for 3 weeks and patient to be on antibiotic

560. A six year old boy is scheduled for examination of the eye under anaesthesia. The father informed that for the past six months the child is developing progressive weakness of both legs. His elder sibling had died at the age of 14 years. Which drug would you definitely avoid during the anaesthetic management ? *(AIIMS 02)*
a) Succinylcholine b) Thiopentone
c) Nitrous oxide d) Vecuronium

561. A two month old infant has undergone a major surgical procedure. Regarding postoperative pain relief which one of the following is recommended -
a) No medication is needed as infant does not feel pain after surgery due to immaturity of nervous system *(AI 06)*
b) Only paracetamol suppository is adequate
c) Spinal narcotics via intrathecal route
d) Intravenous narcotic infusion in lower dosage

562. Regarding neonatal circumcision, which one of the following is true - *(AIIMS 03)*
a) It should be done without anaesthesia, as it is hazardous to give anaesthesia
b) It should be done without anesthesia, as neonates do not perceive pain as adults
c) It should be done under local anaesthesia only
d) General anaesthesia should be given to neonate for circumcision as they also feel pain as adults

548) c 549) c 550)a 551)a 552)b 553)c 554)c 555)d 556)a 557)a 558)a 559)d 560)a 561)d 562) c

CARDIOPULMONARY RESUSCITATION AND MECHANICAL VENTILATION

563. First step in CPR (cardio pulmonary resuciatation) should be- *(PGI2000)*
a) IV adrenaline b) Intracardic atropine
c) Airway maintainance d) Hystrectomy

564. In a patient with multiple injuries, first thing to be done is - *(DPG 09, PGI99)*
a) Patency of airway
b) Maintenance of B.P.
c) Immobilize cervical spine
d) Lateral position with mouth gas

565. A 40 year old man who met with a motor vehicle catastrophe came to the casualty hospital in an hour with severe maxillofacial trauma. His Pulse rate was 120/min, BP was 100/70 mm Hg, Sp02 - 80% with oxygen. What would be the immediate management-
a) Nasotracheal intubation *(AIIMS Nov 10)*
b) Orotracheal intubation
c) Intravenous fluid
d) Tracheostomy

566. In a patient with cardiorespiratory arrest, basic life support is given to support which of the following system- *(PGI01)*
a) Respiratory system b) Cardiovascular system
c) Renal system d) Gastrointestinal system
e) CNS

567. According to 2005 AHA guidelines true about number of chest compression in CPR -
a) 80/min including neonate *(PGI Dec 07)*
b) 90/min including neontate
c) 100/min excluding neonate
d) 120/min including neonate
e) 120/min excluding neonate

568. IN CPR drug of choice is - *(AP 96)*
a) $NaHC0_3$ b) Isoprenaline
c) Propranolol d) Adrenaline

569. IVue about adrenaline in CPR - *(PGI 01)*
a) Can be given intratracheally
b) I. V. route better than intracardiac
c) Intracardiac route better than IV
d) Converts coarse fibrillation into fine ones
e) The dose used is 2ml containing 1 in 1000 concentration

570. Concentration of adrenaline in CPR is - *(MP 03)*
a) 1 : 10 lakhs b) 1 : 1 lakhs
c) 1:10,000 d) 1 :1000

571. Which of the following drugs in NOT recommended for intracheal administration during cardiopulmonary resuscitation - *(Karn 96)*
a) Atropine b) Sodium bicarbonate
c) Adrenaline d)Lignocaine

572. The outcome following resuscitation of cardiac arrest is worsened if during resuscitation patient is given - *(AIIMS Nov 05)*
a) Ringer's lactate b) Colloids
c) 5% Dextrose d) Whole blood transfusion

573. During cardiac resuscitation, the following can occur except- *(PGI 01)*
a) Rupture of lungs b) Rupture of liver
c) Rupture of stomach d) Rupture of spleen
e) Disseminated intravascular coagulation occurs

574. During cardiopulmonary resuscitation, cardiac massage is given - *(MH 06)*
a) Upper third of sternum b) Mid third of sternum
c) Lower third of sternum d) Precordium

575. In controlled ventilation - *(PGI Nov 09)*
a) Patient is active b) Patient is passive
c) Ventilator is active d)IPPV
e)Ventilater is passive

576. In volume-cycled ventilation the inspiratory flow rate is set at - *(AIIMS 02)*
a) 140-160 L/min b) 110-130 L/min
c) 60-100 L/min d) 30-50 L/min

577. The following modes of ventilation may be used for weaning off patients from mechanical ventilation except- *(AI05)*
a) Controlled mechanical ventilation (CMV)
b) Synchronized intermittent mandatory ventilation (SIMV)
c) Pressure support ventilation (PSV)
d) Assist-control ventilation (ACV)

578. All are true about PEEP except - *(PGI 99)*
a) Useful in situations where $P0_2$ is low
b) I CO
c) Impaired renal function
d) slid

579. About CPAP all are true except - *(AIIMS May 09)*
a) Given prophylactically in all preterm with respiratory distress
b) Started with $Fi0_2$ 50-60%
c) Given in infants less than 28 weeks and less than 1 kg weight
d) Improves oxygenation and improves lung compliance

580. Complication of positive pressure ventilation- *(Kerala 98)*
a) Pneumothorax b) Bradycardia
c) Decreased ventilation d) Arrhythmias

581. Placement of a double lumen tube for lung surgery is best confirmed by - *(PGIDec 08, AIIMS Nov 05)*
a) $EtC0_2$
b) Airway pressure measurement
c) Clinically by auscultation
d) Bronchoscopy

563)c 564)a 565)b 566)a,b,e 567)c 568)d 569)a,b 570)d 571)b 572)c 573)e 574)c 575)b,c,d
576) c 577) a 578) d 579) c 580) a 581) d

582. The most sensitive and practical technique for detection of myocardial ischemia in the perioperative period is - *(AIIMS Nov 05)*
a) Magnetic Resonance Spectroscopy
b) Radio labeled lactate determination
c) Direct measurement of end diastolic pressure
d) Regional wall motion abnormality detected with the help of 2D transoesophageal echocardiography

MISCELLANEOUS

583. Which one of the following is the description used for the term allodynia during pain management ?
a) Absence of pain perception *(AIIMS May 06)*
b) Complete lack of pain sensation
c) Unpleasant sensation with or without a stimulus
d) Perception of an ordinarily non-noxious stimulus as severe pain

584. Perception of ordinarily non noxious stimuli as pain, is better known as - *(PGI2000, SGPGI03)*
a) Allodynia b) Hyperalgesia
c) Hyperesthesia d) Radiculopathy

585. Allodynia is - *(AIIMS 98)*
a) Feeling pain without stimulus
b) Feeling pain to a normal non painful stimulus
c) Both
d) None

586. Visual analogue scale (VAS) most widely used to measure - *(AIIMS 05, 03)*
a) Sleep b) Sedation
c) Pain intensity d) Depth of anaesthesia

587. Pain rating index is provided *by-(PGI02,Jipmer 00)*
a) Faces scale b) Visual analogue scale
c) Me Gill questionniare d) CHEOP scale

588. Best scale to measure pain in children of 5 years age would be - *(SGPGI 02)*
a) \AS b) Me Gill scale
c) Faces scale d) CHEOPS

589. A children hospital Eastern Ontaria Pain Scale (CHEOPS) for rating potoperative pain in children includes all - *(AIIMS Nov 08)*
a) Cry b) Touch
c) Torso d) Oxygen saturation

590. TVue regarding morphine - *(PGI June 06)*
a) Tolerance develops for all except miosis and constipation
b) Tolerance to all effects develops with chronic usage
c) Tolerance develops for all except euphoria and sedation
d) Tolerance can develop to all effects in high doses

591. All are opioid agonist - antagonist compounds except- *(PGI 02, Jipmer 01)*
a) Buprenorphine b) Nalbuphine
c) Pentazocine d) Nalmefene
e) Papaverine

592. Best antagonist of morphine is - *(AIIMS 97)*
a) Nalorphine b) Naloxone
c) Buprenorphine d) Pentazocine

593. Which one of the following is the shortest acting intravenous analgesic - *(AIIMS 03)*
a) Remifantanil b) Fentanyl
c) Alfentanil d) Sufentanil

594. Established routes of administration of morphine include - *(PGI June 02)*
a) Inhalation b) Rectal
c)SC d)IV
e) IM

595. Which of the following drug can be given intravenously, epidurally or by transdermal route -
a) Fentanyl b)Thiopental *(DPG 08)*
c) Succinylcholine d) Vecuronium

596. Opioid antagonist that can be given orally -*(MH10)*
a) Naltrexone b) Naloxone
c) Nalbuphene d) Pentazocine

597. True about nitric oxide - *(PGI June 07)*
a) Formed from L-Arginine by NO synthase
b) Causes vasodilation in all vessels
c) Used in portal hypertension
d) Interacts with Hb
e) Used in erectile dysfunction

598. Which of the following inhaled gas is used to decrease pulmonary artery pressure in adults and infants ? *(AIIMS 02)*
a) Nitrous oxide b) Nitrogen dioxide
c) Nitric oxide d) Nitrogen

599. True about inhaled nitric oxide - *(PGI June 07)*
a) Causes generalized vasodilation
b) Dilates pulmonary arteries
c) Causes hypotension
d) Least systemic effects
e) Better ventilation perfusion match

600. TVue about action of inhaled NO - *(PGINov. 10)*
a) Causes pulmonary vasodilation
b) Increase pulmonary artery pressure
c) Inproves ventilation- perfusion matching
d) Systemic vasodilation
e) Least systemic effect

601. Which of the following statements is true regarding Nitric oxide - *(PGI 01)*
a) Used in pulmonary hypertension
b) Decreases the dose of anaesthetics
c) Sympathomimetic action
d) Causes systemic hypotension
e) Used as a vasoconstrictor

602. Which of the following agents is not used to provide induced hypotension during surgery ? *(AI06)*
a) Sodium nitroprusside b) Hydralazine
c) Mephenteramine d)Esmolol

582)d 583)d 584)a 585)b 586)c 587)c 588)d 589)d 590)a 591)d,e 592)b 593)a 594)b,c,d,e 595) a 596) a 597) All 598) c 599)b,d,e 600)a,c,e 601) a,d 602) c

603. Hypotensive anesthesia in nasopharyngeal angiofibroma is/are given by - *(PGI June 09)*
a) Propofol b) Ketamine
c) Phentolamine d) Halothane
e) Na Nitroprusside

604. Sodium nitroprusside infusion may result in - *(AIIMS May 05)*
a) Hypertension b) Pulmonary oedema
c) Cyanide toxicity d) Heart block

605. The drug which is not suitable for patients with acute porphyria for intravenous induction *is-(AHMSMay 05)*
a) Thiopentone sodium b) Propofol
c) Midazolam d)Etomidate

606. Drugs contraindicated in AIP - *(PGIDec 07, 04)*
a) Thiopentone b)Etomidate
c) Ketamine d) Propofol
e) Midazolam

607. In porphyria all drugs are safe except - *(MH 09)*
a) Propofol b) Midazolam
c) Afentanyl d)Pentazocin

608. Anesthetic agent contraindicated in porphyria -
a) Thiopentone b) Propofol *(PGINov 09)*
c) Ketamine d)Etomidale
e) Methadone

609. A patient after undergoing thoracotomy complains of severe pain. He can be managed by-
a) Intercostal cryoanalgesia *(AIIMS Nov 10)*
b) I.V fentanyl
c) Oral morphine
d) Oralbrufen

610. Management of chronic pain includes-fPG*/Nov 10)*
a) Intra-thecal hyperbaric phenol
b) Anterolateral cordotomy
c) Epidural fentanyl
d) Patient controlled analgesia (PCA)
e) Anticonvulsant drugs

611. True about Heliox - *(PGI Nov. 10)*
a) Helium is an inert gas
b) Less viscous than air
c) Higher density than air
d) Reduces work of breathing
e) Mixture of He & 0_2

612. Criteria for brain death A/E- *(PGI Dec 07)*
a) BOG b)EEG
c) Brain stem reflex d) 1 body temperature
e) Pupillary dilatation

613. Clinical criteria of brain death is all except -
a) Coma *(Jipmer 05)*
b) Absent brain stem reflex
c) Absent spinal cord reflex
d) Absent motor activity

614. Which of the following does not represent a significant anaesthetic problem in the morbidly obese patient ? *(ARMS Nov 04)*
a) Difficulties in endotracheal intubation
b) Suboptimal arterial oxygen tension
c) Increased metabolism of volatile agents
d) Decreased cardiac output relative to total body mass

615. Characteristic of an ideal gas is - *(PGI 98)*
a) Volume is directly proportional to change in pressure
b) Volume is inversely proportional to change in temperature
c) At absolute temp, volume of gas is 1
d) Obeys Charles, Byles and Avagadro laws

616. The gas used to create pneumoperitoneum is -
a)$C0_2$ b)N_2 *(PGI 01)*
c)0_2 d) Room air
e) N_2O

617. Incubator heat is delivered by except - *(PGI 98)*
a) Conduction b) Convection
c) Radiation d) Evaporation

618. True about scavenging action in OT - *(MP 06)*
a) Outlet connection is 22 mm male fitting
b) Interface limit pressure is 0 to +2 cm H20
c) The charcoal as an adsorbent should not be used
d) Scavenging is defined as the collection of excess gases from equipment used in administrating anesthesia or exhaled by the patient and removal of these gases to an appropriate places discharge outside the working environment

619. The gas which produces systemic toxicity without causing local irritation is - *(AI02)*
a) Ammonia b) Carbon monoxide
c) Hydrocyanic acid d) Sulfur dioxide

620. In a patient with fixed respiratory obstruction Helium is used along with Oxygen instead of plain oxygen because - *(AI 02)*
a) It decreases oxygenation
b) It decreases turbulence
c) It decreases the dead space
d) It provides analgesia

621. Drugs which interfere with anesthesia are -
a) Calcium channel blocker nifedipine *(PGI 01)*
b) Beta blockers
c) Aminoglycosides
d) Steroid administration
e) D-tubocurane

622. In an injured patient with hypovolemia intravenous fluid administerved is guided by - *(PGI 03)*
a) Central venous pressure b) Blood pressure
c) Urine output d) Pulse rate

** *

603) c,d,e 604) c 605)a 606)a,b 607)d 608)a,d 609)b 610) All 611)a,d,e 612)a,b,d,e 613)c 614) d 615) d 616)a,c,d,e 617)a 618)d 619)b 620)b 621)a,b,c 622)a,b,c,d



RADIOLOGY

FUNDAMENTALS IN RADIOLOGY

1. **X-rays were discovered by -** *(MP 04)*
   a) Godfrey Hounsfield b) Roentgen
   c) Coulomb d) Sievert
2. **The active ingredient of X-ray film is -** *(DPG 08)*
   a) Silver chloride b) Silver bromide
   c) Silver nitrate d) Gold chloride
3. **X-rays are modified -** *(DPG Feb 09)*
   a) Protons b) Electrons
   c) Neutrons d) Positrons
4. T **energy linear acceleration used in-***(PGI June 04)*
   a) X-ray b) Cathode rays
   c) Photon rays d) a - rays
   e) y-rays
5. **X-rays are produced when -** *(AIIMS 02)*
   a) Electron beam strike the nucleus of the atom
   b) Electron beam strikes the anode
   c) Electron beam reacts with the electromagnetic field
   d) Electron beam strikes the cathode
6. **Which is provided by linear accelerator-flTZ/MS'** *95)*
   a) Electron b) Neutron
   c) Proton d) Infrared rays
7. **Ion which scatters X-ray most is -** *(AI9 7)*
   a)Ca^{++} b) Hg
   c) Pb d)H^{+}
8. **Maximum scattering in X-ray plate occurs in -**
   a) Carbon b) Mercury *(AI 96)*
   c)lt d)Ca^{++}
9. **What is needed for proper radiographic image in a heavy bony built person?** *(AI 02)*
   a) tedma b)Tkvp
   c) Ted exposure time d) Ted developing time
10. **Contrast in X-rays is dependent -** *(Assam 95)*
    a) KV
    b) Ma
    c) Duration of exposure
    d) Distance between source and object
11. **Photoelectric effect can be best described as an -**
    a) Interaction between high energy incident photon and the inner shell electron *(AI 08)*
    b) Interaction between low energy incident photon and the outer shell electron
    c) Interaction of the high energy incident photon and the outer shell electron
    d) Interaction between a low energy incident photon and the inner shell electron
12. **Photon transferring some of its energy to electron is-** *(Jipmer 06)*
    a) Photoelectric effect
    b) Bremsstrahlung effect
    c) Compton effect
    d) Ionization
13. **Grid is a device used for -** *(Punjab 11)*
    a) Reducing scattered radiation
    b) Reducing patient's exposure time
    c) Reducing the contrast of the X-ray
    d) All of the above
14. **CAT was invented by -** *(Jharkhand 03)*
    a) Hounsfield b) Roentgen
    c) Cormack d) Tesla
15. **Hounsfield units depends on -** *(AIIMSMay 09)*
    a) Electron density
    b) Mass density
    c) Effective atomic number
    d) Attenuation coefficient
16. **In computed tomography (CT), the attenuation value are measured in hounsefield units (HU). An attenuation value of'O' (zero) HV corresponds to -**
    a) Water b) Very dense bone structure
    c) AIR d) Fat *(AIIMS Nov 04)*
17. **HU is measure of-** ***(iyEET/DNB Pattern)***
    a) CT ... ; *b)\m*
    c) PET ■ *d)USG*
18. **Slice of tissue X-rays is -** *(PGI99)*
    a) Tomography b) Mammography
    c) Contrast studies d) All of the above
19. **High - resolution CT of the lung is a specialized CT technique for greater detail of lung parenchyma and it utilizes -** *(AIIMS 02)*
    a) Special lung filters
    b) Thick collimation
    c) Bone algorithm for image reconstruction
    d) Large field of view
20. **High resolution computed tomography of the chest is the ideal modality for evaluating -** *(AI 03)*
    a) Pleural effusion b) Interstitial lung disease
    c) Lung mass d) Mediastinal adenopathy
21. **Which one of the following imaging techniques gives maximum radiation exposure to the patient?**
    a) Chest X-ray b)MRI *(AI06, AIIMS, May 11)*
    c) CT scan d) Bone scan
22. **Radiation hazard is absent in -** *(PGI June 06)*
    a) MRI
    b) Doppler USG
    c) Digital substraction angiography
    d) Tc 99 scan
23. **Calcification is best detected by -** *(PGI 03)*
    a) X-ray b)USG
    c) CTScan d)MRI
    e) PET Seen
24. **Regarding CT scan all are true except -**
    a) 50% reduction in kVp reduces 50% radiation dose
    b) Decrease in mA (milli amperes) decreases radiation dose exposure significantly in pediatric chest
    c) Quality of the radiation generated depends upon voltage *(AIIMS Nov 08)*
    d) Radiation dose exposure is directly related to the time of exposure

l)b 2)b 3)b 4) a 5)b 6)a 7)c 8)a 9)a,b 10)a 11) d 12)c 13)a 14)a
15)d 16) a 17)b 18)a 19)c 20)b 21)c 22)a,b 23)c 24)a

25. Walls of the CT scanner room are coated with -
a) Lead b) Glass *(A110)*
c) Tungsten d)Iron

26; Which of the fdilbwing techniqu^ use pi^zpelectric *cry%i^T(AnMSNov04;J^Q&^plEE>r/DNB Pattern)*
a) Ultrasonography b) X-ray diffraction
c) NMR imaging d) Xeroradiography

27. Ultrasound frequency used for diagnostic purposes in obstetrics - *(PGI01)*
a) 1-20 MHz b) 20-40 MHz
c) 40-60 MHz d) 60-80 MHz
e) 80-100 MHz

28. Frequency of sound waves used in USG - *(Bihar 04)*
a) <1000Hz b)>5000Hz
c) > 10000 Hz d) > 20000 Hz

29. USG wave travel in human body at the rate of -
a) 1500 m/s b) 2500 m/s *(Jhark03)*
c) 3500 m/s d)None

30. Ultrasonography transducer contain - *(Bihar 05)*
a) Sodium fluoride b) Lead Zirconate
c) Caesium fluoride d) None

31. The ultrasonic sound waves employed in ultrasound machine for medical sonography have the frequency of- *(MH 06)*
a) 2-20 MHz b) Less than 1 MHz
c) 20 -20,000 Hz d) Greater than 100 MHz

32. Which is not echogenic while doing ultrasonography-
a) Bile b)Gas *(Jipmer 03)*
c) Bone d) Gall stones

33. Acoustic shadow is produced by the following except-
a) Bone b) Calculus *(MH03)*
c) Fat d)Gas

34. The intensity of colour in Doppler is determined by -
a) Direction flow *(PGI98)*
b) Velocity of flow
c) Strength of returning echo
d) None of the above

35. Contrasts used in USG - *(PGIDec 07)*
a) Urograffin b) Ultragraffin
c) Sonavist d) Conray
e) Barium

36. Time sector scanning of neonates is preferred because of the following reason. Most practical reason - *(PGI 95)*
a) Open fontanelles
b) Inexpensive
c) Children more co-operative
d) Better resolution

37. In which of the following form of imaging, Harmonic Imaging is related - *(DPG Mar. 09)*
a) Sonography b) Digital radiography
c) MRCP d) Nuclear imaging

38. NMR based in the principle of - *(AIIMS2000, AI99)*
a) Electron beam b) Proton beam
c) Magnetic field d) Neutron beam

39. In MRI the field used is - *(AI 97)*
a) 0.05 tesla b) 100 tesla
c) 1.1 tesla d) 11 tesla

40. Tj and T_2 images are a feature of which diagnostic test- *(MH06, Kar 04)*
a) USG b) CT Scan
c) Duplex scan d) MRI

41. On a MRI scan on T weighted images all appear hypointensve except - [1] *(DPG Mar. 09)*
a) Chronic hemorrhage b)Air
c) Cortical bone d) Ligaments

42: Which loqkssamepn T^ T_2 on MRI- *(NEET/DNB Pattern)*
a) Gallbladder b)Fat
c) Kidney d)GSF

43. Advantage of MRI - *(PGI Dec 08)*
a) Calcification best seen
b) CSF hypointense on T_1 hyperintense on T_2
c) Best to visualise vascular structures
d) Best to differentiate benign/malignant pulmonary nodule
e) Can be used in multiple plain

44. Which of the following is not true about MRI ?
a) MRI is useful in locating small lesions *(AI 12)*
b) CT is better than MRI in bone lesions
c) MRI is better for calcified lesions
d) None

45. An absolute contraindication of MRI is -
a) Pacemaker *(AiimsMay08)*
b) Prosthetic cardiac valves
c) Insulin pump
d) Choclear implants

46. Absolute C/I of MRI is - *(PGI June 05)*
a) Pacemaker
b) Pregnancy at 1st trimester
c) Aneurysmal clip
d) Phobia

47. Patient with a metallic foreign body in eye, which investigation is not done - *(PGI Dec 06)*
a) MRI b)USG
c) X-ray d)CT .

48; Vk Tnie about MM are all except - *(NEET/DNB Pattern)*
a) Not helful in breast implant
b) Nofgoodfbf Cjal^^|^Sipn^.
c) No radiation exposure
d) Contraindicated in cardiac pacemaker

49. All of them use non-ionizing radiation except -
a) Ultrasonography *(AI06,MH03)*
b) Thermography
c) MRI
d) Radiography

50. Which one is non-ionising radiation - *(PGI97)*
a) MRI b) CT Scan
c) X-ray d) Position emission scintigraphy

25) a 26) a 27) a 28) d 29) a 30) b 31) a 32) a 33) c 34) b 35) c 36) a 37) a 38)b>c
39) c 40) d 41) a 42) b 43)c,e 44) c 45) a 46)a,c 47) a 48) a 49) d 50) a

51. "Time of Flight" technique is employed in-*(DPG Mar.*
a) Spiral CT b) MR imaging *09)*
c) CT angiography d) Digital radiography

52. Most radio dense substance is - *(DPG Feb. 09)*
a) Fluid b) Soft tissue
c) Brain d) Bone

53. MR1 rooms are shielded completely by a continuous sheet or wire mesh of copper or aluminum to shield the imager from external electromagnetic radiations, etc. It is called - *(AJIMS 03)*
a) Maxwell cage b) Faraday cage
c) Edison's cage d) Ohms cage

54. The EEG cabins should be completely shielded by a continuous sheet of wire mesh of copper to avoid the picking of noise from external electromagnetic distrubances. Such a shielding is called as - *(AHMSNov*
a) Maxwell cage b) Edison's cage *04)*
c) Faraday cage **d)** Ohm's cage

55. PACS in medical imaging stands for"*(Aiims May 08)*
a) Planned archiving common system
b) Planned archiving computerized system
c) Picture archiving and communication system
d) Picture archiving or computerized system

56. Which of the following statements about contrast in radiography is true - *(AI11)*
a) Ionic monomers have three iodine atoms per two particles in solution
b) Osmolar contrast agents may be ionic or non ionic
c) Gadolinum may cross the blood brain barrier
d) Iohexol is a high osmolar contrast media

57. Contrast used in CT - *(PGI 2000)*
a) Gadolinium b) Technitium
c) Iodine d) Chromium

58. Contrast used for MRI - *(PGI 2000)*
a) Iodine b) Gadolinium
c) Metvazamide d) Pmnipaque

59. Radiocontrast is contraindicated in all except -
a) Renal failure b) Patient on metformin
c) Dehydration d) Obesity *(AI07)*

60. Which of the following contrast agents is preferred in a patient with decreased renal function to avoid contrast nephropathy - *(AI 11)*
a) Acetylcystine b)Fenoldapam
c) Mannitol d) Low osmolar contrast

61. Contrast media of choice for myelogram \&-*(AIIMS95)*
a) Urografin 75% b) Conray 470
c) Iohexol d) Biligrafin

62. Contrast material used in the diagnosis of esophageal atresia is - *(PGI 97)*
a) Gastrograffin b) Conray 420
c) Dianosil d) Myodii

63. Nonionic dye is - *(NEET/DNB Pattern)*
a) Ioxoglate b) Iohexol
c) Iothalamate d) None

64. Non-Iodine containing contrast is - *(AIIMSMay 12)*
a) GdDTPA b)Visipaque
c) Iohexanol d) Diatrozoate

65. Allergic reactions to radiological contrast agents are-
a) Anaphylactic reactions *(AI 08)*
b) IgE mediated reactions
c) Urticaria
d) Edema

66. All of the following are true about iodinated intravascular contrast media except -
a) They are used in digital subtraction angiography
b) They are radio opaque *(Kerala 00)*
c) They can cause anaphylactic reactions
d) They are used in magnetic resonance imaging
e) They are excreted mainly by the kidneys

67. I/V contrast is not used in - *(Punjab 11)*
a) HRCT b)MRI
c) IVP d) Myelography

RESPIRATORY SYSTEM

68. For chest X-ray best view is - *(Bihar 06)*
a) P.A. view b) A.P. view
c) Lateral view d)None

69. Decubitus view is useful in diagnosing - *(PGI 01)*
a) Pleural effusion
b) Pleural effusion with dependent hemithorax
c) Pericardial effusion
d) Middle lobe consolidation

70. Minimal pleural effusion is best detected by X-ray...view - *(UP 98)*
a) A.P. b)P.A
c) Lateral d) Oblique

71. What minimal amount of pleural fluid is seen on chest radiograph - *(MH 03)*
a) 50ml b) 150 ml
c) 500 ml d) 800 ml

72. Right anterior oblique view of chest X-ray true is/ are - *(PGI June 08)*
a) Cassette near right shoulder
b) Cassette near left shoulder
c) Arch of Aorta best seen
d) Left atrial enlargement can be diagnosed
e) Mitral & tricuspid valves better seen

73. Which view is taken for aortic window -
a) AP b) LAO *WEET/DNB Pattern)*
c) RAO d) LPO

74. Apex of lung is best assessed by- *(Kerala 03)*
a) APview b) PA view
c) Lordotic view d) Oblique view

7 5. The lordotic view is valuble in confirming the presence of lesion in the lung apex and also in the -*(Jipmer 96)*
a) Posterior mediastinum b) Lingular segment
c) Posterior basal segment d)Hilum

51)b 52) d 53)b 54)c 55)c 56)a 57)c 58)b 59)d 60)d 61)c 62)c 63)b 64)a
65) a 66) d 67) d 68) a 69)a,b 70) c 71) None >a 72) a,d 73) b 74) c 75) b

76. Right lung is seen to best advantage on the following view- *(UP 99)*
a) Right posterior oblique b) Right anterior oblique
c) Left anterior oblique d) Lateral

77. Best view to diagnose pneumothorax - *(PGI98)*
a) Lateral oblique
b) PA view in full expiration
c) PA view in full inspiration
d) AP view in full expiration

78. X-ray film should be taken in closed pneumothorax during - *(MP 2000)*
a) Deep expiration b) Deep inspiration
c) In supine position d) In lateral position

79. Normal hilar shadow in X-ray chest is produced by all except - *(MP 00, AIIMS 97)*
a) Pulmonary artery b) Bronchus
c) Lower lobe viens d) Upper lobe veins

80. True about chest X-ray is all except - *(PGI 97)*
a) Left hilum is higher
b) Left dome is higher
c) All fissures are clearly seen on lateral film
d) None

81. Structure forming right border of heart-
a) SVC b)IVC *(PGI June 06)*
c) Rt. atrium d) Lt. atrium appendage
e) Pulmonary vessels

$%i >R|ghit heart border is formed by all exceftig
a) SVC , gj ,, *bwc, ,m£TmWaaer4*
c) Right atrium d) Left atrium

83. Right border of the heart in CXR is formed by -
a) Pulmonary artery *(PGI June 07)*
b) Superior vena cava
c) Rt atrium
d) Rt ventricle

84. Lt border of the heart in CXR is formed by -*(PGI 04)*
a) Pul. artery b) Pul. vein
c) Abdominal aorta d) Arch of aorta
e) Rt ventricles

85. Left border of heart on chest X-ray is formed by- *(PGINov. 10)*
a) Aortic arch b) Left Pulmonary artery
c) Right atrium d) Left ventricle
e) Right ventricle

86. Base of heart is formed by - *(PGIDec 06)*
a) Rt. ventricle b)LV
c) LV+RV d)RA+RV
e) RA + LA

87. In X-ray right border of mediastinum is formed by all except - *(AI98)*
a) SVC b) Right atrium
c) Right ventricle d) Right brachiocephalic veins

88. Right side of mediastinum shadow is not formed by -
a) Superior venacava *(AI 95)*
b) Right innominates
c) Right atrium
d) Right ventricle

89. True about chest X-ray - *(PGINov 09)*
a) 40% lung tissue seen obscured by bony structure & mediastinum.
b) 60% lung tissue seen obscured by bony structure & mediastinum
c) Right dome higher than left dome
d) Right dome pushed up by liver
e) Should be taken in expiration

90. All are true about thymus swelling except -
a) Widening of mediastinum on X-ray *(AIIMS 99)*
b) Sharp border with sail like appearance
c) Steroid administration reduces size of swelling
d) Shift of trachea on X-ray

91. Tracheal bifurcation on X-ray corsponds to -
a) T_5T_6 b) T_4T_5 *(PGI01)*
c) Sternal angle d) Thoracic inlet

92. Perihilar fluffy opacities oh chest X-ray is seen in - *(NEET/lINB Pattern)*
a) Sarcoidosis b) Pulmonary edema
c) Silicosis d) Lung carcinoma

93. All are true about Kerley B line except - *(AIIMS 97)*
a) Horizontal
b) Runs from hilar area to peripheral area
c) Due to thickening of septa
d) Due to pulmonary venous hypertension

94. Kerley's ⁶B' lines are found in - *(PGI 03)*
a) Interstitial edema
b) Pulmonary venous congestion
c) Pericardial effusion
d) Mitral stenosis

95. Kerley B lines are seen in - *(PGINov 09)*
a) Pleural effusion b) Mitral stenosis
c) Pericardial effusion d) Interstitial edema
e) Lymphangitis carcinomatosis

96. Air bronchogram may be seen in the following except- *(MH03)*
a) Consolidation of lung b) Lung collapse
c) Bronchoalveolar Ca d) Normal variant

97. Silhouetting of left border of heart (silhoutte sign positive) on chest radiograph indicates what pathology- *(Maharashtra 05)*
a) Upper lobe b) Hilar
c) Lingular d) Lower lobe

98. Consolidation of which portion of the lung is likely to obliterate the Aortic knuckle on X- ray chest -
a) Left Lingula *(AM)*
b) Right upper lobe
c) Apex of lower lobe
d) Left upper lobe (posterior part)

99. A triangular opacity with clear borders, base towards midline and obliterating right heart border on a chest radiograph suggest that the pathology is likely to be in-
a) Apical segment of right lower lobe *(MH11)*
b) Medial segment of right lower lobe
c) Right middle lobe
d) Any of the above

76) a,c 77) b 78) a 79) c 80) b 81)a,b,c 82) d 83)b,c 84) a,d 85)a,d 86) e 87) c 88) d 89)a,c,d
90) d 91)b,c 92) b 93) b 94)a,b,d 95)b,d,e 96) b 97) c 98) d 99) c

100. Bulging fissures in lungs in seen in - *(PGI99)*
a) Klebsiella pneumonia b) Staph pneumonia
c) Pulmonary oedema d) Pneumoconiosis

101. Floating water-lily sign is feature of -*(AIIMSNov 0 7)*
a) Lung hydatid b) Bronchial adenoma
c) Lung abscess d) Aspergilloma

102. Honeycombimg of lung in C.X.R. is seen in -
a) R.A. b)T.B. *(PGI03)*
c) Scleroderma d) Carcinoma
e) Interstitial lung disease

103. Ground glass appearance is not seen in-*(MH06, AI01)*
a) Hyaline membrane disease
b) Left to right shunts
c) Pneumonia
d) Obstructive TAP VC

104. Bilateral pleural plaques and pulmonary fibrosis involving bases is hallmark of - *(MH10)*
a) Asbestosis b) Silicosis
c) Scleroderma d) Byssinosis

105. A 48 years old man, resident of Baroda outskirts near a textile mill presents to his family physician with respiratory symptoms. Doctor advices X-ray chest which showed - fine reticular & nodular pattern in lower zone with loss of clarity of diaphragm & cardiac shadows. He also doubts about the presence of small pleural effusion. The probable diagnosis is? *(Al 99)*
a) Stannosis b) Asbestosis
c) Silicosis d) Coal worker's pneumoconiosis

106. Extensive pleural thickening and calcification especially involving the diaphragmatic pleura are classical features of - *(AI 03)*
a) Coal worker's pneumoconiosis
b) Asbestosis
c) Silicosis
d) Siderosis

107. Solitary nodule lung cannot be - *(DPG Feb. 09)*
a) Tuberculoma b) Neurofibroma
c) Bronchogenic carcinoma d) Lymphoma

108. Which of the following signs suggest benign nature in the evaluation of solitary pulmonary nodule on CT scan? *(DPG Mar. 09)*
a) Air bronchogram in nodule
b) Presence of amorphous calcification
c) Fat density within the lesion
d) Spiculated outline

109. A patient presents with a solitary pulmonary nodule (SPN) on X-ray. The best investigation to come to a diagnosis would be - *(AI1MS 02)*
a) MRI b)CTScan
c) USG d) Image guided biopsy

110. Hypertranslucency of lung unilaterally is seen on all except- *(PGI 2000)*
a) Pneumothorax
b) Resection of mammary gland
c) Pulm art. obstruction
d) Pneumonectomy

111. Hyperinflation of lung in CXR is seen in -
a) CCF *(PGI Dec 04)*
b) Congenital lobar emphysema
c) Diaphragmatic hernia
d) Foreign body
e) Mucoviscidosis

112. Hypertranslucent chest X-ray is seen in all except -
a) J&cleodsyndrome *(NEET/DNB Pattern)*
b) Emphysema
p) Pneumonectomy |§
i2§3l dlJPqIkffl%yfi8pmb^SilI 1I 1§3|

113. Which of the following is a cause of unilateral hyperlucent lung on chest radiography? *(COMED 09)*
a) Poland syndrome b) Asthma
c) Acute bronchiolitis d) Pleural effusion

114. The cause of homogenous opacity on X-ray is all except- *(Karnataka 2000)*
a) Pleural effusion
b) Diaphragmatic Hernia
c) Massive consolidation
d) Emphysema

115. In lung X-ray, heterogenous shadow is due to -
a) Haemangioma *(PGI 97)*
b) Pulmonary infarction
c) Metastatic lesion
d) TB

116. Causes of a cavitating lesion in the chest radiograph are all except - *(WB 2000)*
a) Hamartoma
b) Pulmonary infarction
c) Squamous carcinoma of the bronchus
d) Caplan's syndrome
e) Haematoma

117. Miliary mottling seen in - *(PGI Dec 06)*
a) TB b) Sarcoidosis
c) Silicosis d) P. carinii pneumonia

118. "Miliary shadow" on chest X-ray is seen in - *(PGI 03)*
a) Tuberculosis b) Rheumatoid arthritis
c) Pneumoconiosis d) COPD
e) Metastasis

119. Miliary mottling found in - *(PGI June 06)*
a) Rheumatoid arthritis
b) TB
c) Pneumocystis carinii pneumonia
d) Congestive heart failure
e) Pulmonary edema

120. Miliary shadow in chest X-ray is seen in A/E -
a) TB *(NEET/DNB Pattern)*
b) Sarcoidosis
^ c) Klebsiella 4 §§i| M/ |§§0
d) Metastasis

121. Miliary mottling on X-ray chest is seen in - *(PGI 00)*
a) Histoplasmosis
b) Sarcoidosis
c) Secondaries from Ca. colon
d) Gonococal pneumonia

100) a 101)a 102) a,b,c,e 103)b 104)a 105)b 106)b 107)d 108)c 109)d 110)d lll)b 112)c 113)a 114) d 115)c,d 116) a 117)a,b,c 118)a,b,c,e 119)a,b,e 120)c 121)a,b,c

122. Miliary mottling on chest radiograph can be seen in-
a) Pneumoconiosis b) TB *(MH 05)*
c) Mitral stenosis d)All

123. Egg shell calcification found in - *(PGIJune 06, PGI03)*
a) Silicosis b) Sarcoidosis
c) Metastatic node d) Lymphoma
e) Tuberculosis

124. Egg shell calcification is seen in - *(Punjab 11)*
a) Lymphoma
b) Sarcoidosis
c) Carcinoma metastatic to lymph node
d) T.B.

125. Mediastinal lymph node calcification is seen in which one of the following? *(COMED 09)*
a) Metastatic neoplasm b) Lymphoma
c) Sarcoidosis d)Bronchiectasis

126. Egg shell calcification is seen in all except -
a) Sarcoidosis *(AIIMS 98)*
b) Silicosis
c) Post irradiation lymphoma
d) Bronchogenic CA

127. Egg shell calcification is seen in - *(PGI June 09)*
a) Sarcoidosis b)Sillicosis
c) Lung Ca d) pneumoconiosis
e) Lymphoma following radiation treatment

128. "Egg shell" calcification is seen in - *(PGI 01)*
a) Bronchiolitis b) Silicosis
c) Ca. bronchus d) Sarcoidosis
e) Histoplasmosis

129. Egg shell calcification in hilar lymph nodes is seen in- *(PGI 01)*
a) Sarcoidosis b) Histoplasmosis
c) Tuberculosis d) Carcinoma lung
e) Silicosis

130. Egg shell calcification is seen in - *(PGI June 09)*
a) Sarcoidosis b)Sillicosis
c) Lung Ca d) pneumoconiosis
e) Lymphoma following radiation treatment

131. Popcorn calcification is characteristically seen in -
a) TB *(AI97)*
b) Metastasis
c) Pulmonary hamartoma
d) Fungal invagination

132. Well defined lesion in the lung with popcorn calcification on X-ray suggestive of - *(Delhi 2000)*
a) Calung b) Adenoma
c) Hamartoma d) Hydatid cyst

133. Chest X-ray showing opacity in the lung with irregular calcification is suggestive of - *(MH 10)*
a) Lung carcinoma b) Hamartoma
c) Hydatid cyst d) Adenoma

134. Characteristics of BENIGN tumour of lung in X-ray is - *(Assam 99)*
a) Size > 5 cms diameter
b) Cavitation
c) Peripheral location
d) Concentric dense calcification

135. Features of pneumothorax are all except - *(MP 05)*
a) Devoid of lung markings
b) Hypertranslucency
c) Shift of mediastinum to same side
d) Collapse of ipsilateral lung

136. All of the following are indirect radiologic signs of collapse of lung EXCEPT - *(Karn 11)*
a) Mediastinal displacement
b) Hilar displacement
c) Compensatory hyperinflation
d) Loss of aeration

137. A 55 year old man who has been on bed rest for the past 10 days, complain of breathlessness and chest pain. The chest X-ray is normal. The next step in investigation should be - *(AI 04, 03)*
a) Lung ventilation - perfusion scan
b) Pulmonary arteriography
c) Pulmonary venous wedge angiography
d) Echocardiography

138. Best method to diagnose pulmonary embolism -
a) Pulmonary angiography *(PGI97, AP 95)*
b) Scintillation perfusion scan
c) CTScan
d) X-ray chest

139. In patient with high clinical suspicion of pulmonary thromboembolism, best investigation would be?
a) D-dimer *(AIIMS Nov 07)*
b) CT angiography
c) Catheter angiography
d) Color Doppler

140. Good standard for diagnosing pulmonary embolism -
a) X-ray chest *(PGI 97)*
b) Ventilation perfusion scan
c) Blood gas analysis
d) Doppler

141. Investigation of choice for pulmonary embolism -
a) CT scan *(AI 98)*
b) Contrast CT
c) Ventilation - Perfusion scan
d) MRI

142. Pulmonary embolism is best diagnosed by -
a) USG *(MH 02, AI 96)*
b) X-ray chest
c) Ventilation - Perfusion scan
d) CT scan

143. In pulmonary embolism, findings in perfusion scan is - *(PGI2000)*
a) Perfusion segmental defect
b) Perfusion defect with normal lung scan & radiography
c) Tenting of diaphragm
d) Normal chest scan

144. Hampton hump is feature of ? *(AIIMSNov 07)*
a) Pulmonary tuberculosis
b) Pulmonary embolism
c) Pulmonary hemorrhage
d) Bronchogenic carcinoma

122)d 123)a,b,d,e 124)a,b,d 125) b,c 126) d 127)a,b,d,e 128)b,d,e 129)a,b,c,e 130)a,b,d,e 131)c 132)c 133) b 134)d 135)c 136) d 137) a 138) c 139) b 140)None>b 141)b 142) d 143)a,b,d 144)b

145. Uremic lung most often results due to - *(PGI98)*
a) Pulmonary edema b) Fibrosis
c) Alveolar injury d) CVC liver

146. A young man with pulmonary tuberculosis presents with massive recurrent hemoptysis. For angiographic treatment, which vascular structure should be evaluated first - *(AI04, AIIMS 03, 02)*
a) Pulmonary artery b) Bronchial artery
c) Pulmonary vein d) Superior vena cava

147. A 40 years old man presents with a recurrent hemoptysis and purulent cough. X-ray was found to be normal The next investigation done to aid in diagnosis is - *(AIMS 02, 01)*
a) MRI b) Bronchoscopy
c) HRCT d) CT guided biopsy

148. The following is not the differential diagnosis of an anterior mediastinal mass - *(AIMS 02, MP 99)*
a) Teratoma b) Neurogenic tumor
c) Thymoma d) Lymphoma

149. Which among the following is a cause of posterior mediastinal opacity on Posterior-Anterior (PA) and lateral view of chest radiograph? *(Karn 11)*
a) Tortuous innominate artery
b) Bochdalek's Hernia
c) Enlarged pulmonary artery
d) Thymoma

150. Commonest mass in the middle mediastinum is -
a) Lipoma *(AIMS Sep 96)*
b) Aneurysm
c) Lymph node mass
d) Congenital cysts

151. The most likely diagnosis in a newborn who had a radiopaque shadow with an air fluid level in the chest along with hemivertebrae of the 6th thoracic vertebra on plain X-ray is - *(AIMS 02)*
a) Congenital diaphragmatic hernia
b) Oesophageal duplication cyst
c) Bronchogenic cyst
d) Staphylococcal pneumonia

152. A child has respiratory distress, chest X-ray shows multiple air filled space, the differential diagnosis is all except - *(AIMS 98)*
a) Congenital lung cyst
b) Congenital diaphragmatic hernia
c) Congenital lobar aplasia of lung
d) Congenital adenomatous malformation

153. A neonate presents with respiratory distress, contralateral mediastinal shift and multiple cystic air filled lesions in the chest. Most likely diagnosis is - *(AI 01)*
a) Pneumonia
b) Congenital lung cyst
c) Congenital diaphragmatic hernia
d) Congenital lobar emphysema

154. Apgar scores were 3, and 6 at 1 and 5 minutes. At 10 minutes child shows features of breathlessness,on CXR-mediastinal shift was there, possible causes -
a) Bilateral choanal atresia *(PGI 2000)*
b) Pneumothorax
c) Congenital diaphragmatic hernia
d) Hyaline membrane disease

155. A child with acute respiratory distress showing hyperinflation of unilateral lung in X-ray is due to -
a) Staphylococcal bronchopneumonia *(AI02)*
b) Aspiration pneumonia
c) Congenital lobar emphysema
d) Foreign body aspiration

156. Pappu 2 yrs old boy presents in the causality with H/O sudden onset of respiratory difficulty & stridor on auscultation, >led breath sound & wheeze on the RT side. The X-ray shows RT opaque hemithorax. What will be diagnosis - *(AI 02)*
a) Pneumothorax
b) Acute epiglottitis
c) Massive pleural effusion
d) Foreign body aspiration

157. In X-ray, loops of bowel on left side of hemithorax and shift of heart shadow - *(PGI 98)*
a) Eventration of diaphragm
b) Foramen of bochdalek hernia
c) Morgagni's hernia
d) Any of the above

158. A 25 year old man presented with fever, cough, expectoration and breathlessness of 2 months duration. Contrast enhanced computed tomography of the chest showed bilateral upper lobe fibrotic lesions and mediastinum had enlarged necrotic nodes with peripheral rim enhancement Which one of the following is the most probable diagnosis?
a) Sarcoidosis *(AIMS 04, AI 03)*
b) Tuberculosis
c) Lymphoma
d) Silicosis

159. A patient suffering from AIDS presents with history of dyspnea and non-productive cough x-ray shows bilateral perihilar opacities without pleural effusion and lymphadenopathy. Most probable etiological agent is- *(AIMS 02)*
a) Tuberculosis b)CMV
c) Kaposis sarcoma d) Pneumocystis carinii

160. Centrally located cavitating lung lesion is most likely to be- *(MP99)*
a) Sarcoma b) Small cell carcinoma
c) Adenocarcinoma d) Squamous cell carcinoma

161. Which of the following organs should always be imaged in a suspected case of broncogenic carcinoma - *(AIMS Nov 04)*
a) Adrenals b) Spleen
c) Kidney d) Pancreas

145) a 146) b 147) b 148) b 149) b 150) c 151)b 152) c 153)c>d 154)b,c 155) d 156) d 157) d 158) b 159) d 160) d 161) a

162. Soft tissue mass in chest with rib erosion in X-ray is seen in all except - *(A1IMS 96)*
a) Leukemia b) Ewing's sarcoma
c) Multiple myeloma d) Osteosarcoma

163. Unilateral elevation of diaphragm is commonly due to- *(CMC96)*
a) Obesity b) Large liver
c) Scoliosis d) Congenital causes

164. Sequestrated lung is most commonly supplied by - *(MH08, 06; Jipmer 00)*
a) Bronchial artery b) Subclavian artery
c) Pulmonary artery d) Ascending aorta

165. In rt. sided hemithorax on chest X-ray PA view what can be excluded - *(PGI97)*
a) CCF b)TB
c) Pulmonary infarct d) None of the above

166. The nodular pattern often seen in the lungs following renal transplantation is thought to be due to -
a) Fungus b)Inafarcts *(CMC 96)*
c) Cytomegalovirus d) Autoimmune reaction

167. Chest X-ray shows opacity after blunt trauma, most likely diagnosis is - *(MP 99)*
a) Haemothorax b) Pneumothorax
c) Pneumonia d) Pulmonary embolism

168; Best imaging modality in bronchogenic carcinoma-
a) CT b) MRI *(NEET/DNB Pattern)*
\'.i-'; -'/p):Bronchqsq9py;-- d)None

169. Investigation of choice for detection & characterization of interstitial lung disease is -
a) MRI *(DPG 08, M08,Maharashtra 07*
b) Chest X-ray *MIMS 05)*
c) High resolution CT scan
d) Ventilation perfusion scan

170. High resolution computed tomography of the chest is the ideal modality for evaluating - *(M 03)*
a) Pleural effusion b) Interstitial lung disease
c) Lung mass d) Mediastinal adenopathy

171. Best method to diagnose Bronchiectasis is -
a) X-ray b) Bronchography *(Karn 01)*
c) M.R.I. d)HRCT

172. A3 year old female child developed fever, cough and respiratory distress. On chest X-ray consolidation is seen in right lower lobe. She improved with antibiotics but on follow up at 8 weeks was again found to have increasing consolidation in right lower lobe. Your next investigation would be -
a) Bronchoscopy *(AIIMS Nov 07)*
b) Bacterial culture of the nasopharynx
c) CT scan of the chest
d) Allergen sensitivity test

173. Chest X-ray of an industrial worker exposed to asbestos over 20 years shows an ill-defined rounded opacity in the lower lobe with a 'comet tail' appearance on PA view. Which of the following is the most likely diagnosis- *(AI12)*
a) Mesothelioma b) Bronchogenic carcinoma
c) Round Atelectasis d) Pulmonary infarct

CARDIOVASCULAR SYSTEM

174. In all of the following increased cardiac silhouette sign is seen except - *(MP 2000)*
a) Tetralogy of Fallot's b) Pericardial effusion
c) Aortic regurgitation d) Ebstein anomaly

175. If the right cardiac silhouette is obliterated, it means the pathology involves - *(AIIMS May 08)*
a) Right lower lobe b) Right atrium
c) Right middle lobe d) Right ventricle

176. Left cardiac border bulge can be seen in all, except -
a) Enlarged azygous vein *(AI 2000)*
b) Left appendicular overgrowth
c) Coronary artery aneurysm
d) Pericardial defect

177. Left sided cardiac bulge seen on chest X-ray is/are d/tto- *(PGI May 10)*
a) Enlargement of left atrial appendage
b) Azygous vein enlargement
c) Coronary artery aneurysm
d) Pulmonary edema
e) Right atria 1 hypertrophy

178. Which among the following is not a chest radiographic feature of left atrial enlargement? *(Karn 11)*
a) Double left heart border
b) Elevated left main bronchus
c) Splaying of carina
d) Enlargement of left atrial appendage

179. Earliest sign of left atrial enlargement is - *(AI 08)*
a) Posterior displacement of esophagus
b) Widening of carinal angle
c) Elevation of left bronchus
d) Double shadow of right border

180. A patient is having mitral stenosis. His X-ray will show all of the following finding except - *(MIMS 02)*
a) Lifting up of left bronchus
b) Double atrial shadow
c) Obliteration of retrosternal shadow on lateral X-rays
d) Posterior displacement of esophagus on barium swallow

181. All are radiological features of Mitral stenosis except-
a) Straight left border of heart *(AIIMS 2000)*
b) Oligemia of upper lung fields
c) Pulmonary hemosiderosis
d) Lifting of left bronchus

182. Radiological feature of mitral stenosis is/are -
a) Double contour of right heart border
b) Straightening of left heart border
c) Splaying of carinal angle *(PGI June 09)*
d) Prominent aortic knuckle
e) Kerely lines

183. Earliest radiological sign of pulmonary venous hypertension in chest X-ray is - *(M 08)*
a) Cephalization of pulmonary vascularity
b) Pleural effusion
c) Kerley B lines
d) Alveolar pulmonary edema

162) a 163)b,c 164)d 165)a 166)c 167)a 168)a 169)c 170)b 171)d 172)c 173)c 174)a 175)c 176) a 177) a 178)a 179)a 180)c 181)b 182)a,b,c,e 183)a

184. Earliest feature of pulmonary venous hypertension is - *(DPGEE 08)*
a) Upper lobar vessel dilatation b) Kerley B lines
c) Left atrial enlargement d) Pleural effusion

185. Features of pulmonary venous hypertension are A/E-
a) Perihilar haze *(PGI06, Jipmer 05)*
b) Peribroncheal cuffing
c) Upper lobar diversion
d) Uniformly branching lines parallel to pleura
e) Pulmonary ossicles & fine nodular pattern

186. Chest X-ray picture in CCF - *(PGIDec 04)*
a) Cardiomegaly
b) Thick interlobar septum
c) Superior mediastinal widening
d) Multinodular parenchymal lesion

187. All are seen in congestive cardiac failure except -
a) Kerley B lines *(AI 2000)*
b) Prominent lower lobe vessel
c) Pleural effusions
d) Cardiomegaly

188. Left heart failure findings are all except -
a) Kerley B lines *(AIIMS May 09)*
b) Redistribution of blood vessels to apex
c) Oligemic lung field
d) Cardiomegaly

189. Prunning of pulmonary arteries is seen in - *(AI 09)*
a) Pulmonary hypertension
b) Chronic bronchitis
c) Pulmonary infections
d) Pulmonary transplant

What is not seen on chest X-ray in pulmonary artery hypertension - *(NEET/DNB Pattern)*
a) Enlargement of central arteries
b) Peripheral prunning *T?T: 4&M*
b)'Narirowing of central 'arteries
d) None

191. X-ray picture of VSD - *(PGI June 04)*
a) Small Lt. ventricle b) Small Rt. ventricle
c) Dilated Lt. atrium d) Dilated pulmonary veins
e) Dilated pulmonary arteries

192 . X-ray features of ASD are all except - *(MH 07)*
a) Right atrial enlargement
b) Left atrial enlargement
c) Pulmonary plethora
d) Small aortic knockle

193. Which is the objective sign of identifying pulmonary plethora in a chest radiograph? *(AI 11)*
a) Diameter of the main pulmonary artery > 16 mm
b) Diameter of the left pulmonary artery > 16 mm
c) Diameter of the descending right pulmonary artery >16mm
d) Diameter of the descending left pulmonary artery >16mm

194. Plethoric lung fields are seen in all of the following conditions, except - *(AIIMS May 06)*
a) Atrial septal defect (ASD)
b) TAPVC(Total anomalouspulmonary venous connection)
c) Ebstein's anomaly
d) Ventricular septal defect

195. Flask shaped heart is seen in - *(NEET/DNB Pattern)*
a) Ebstein anomaly b) Pericardial effusion
c) TOF d) TAP VC

196. Spring water cyst is another name for - *(PGI 97)*
a) Hydatid cyst of lung b) Lung amoebic cyst
c) Pleuro pericardial cyst d) Enterogenous cyst

197. Egg-on-side' appearance on X-ray chest is seen in -
a) Tetralogy of Fallot *(AIIMS May 08, Nov 07*
b) Uncorrected TGA *AI 10, PGI Nov 09)*
c) Tricuspid atresia
d) Ebstein's anomaly

198. Egg in cup appearance is seen in - *(Kerala 04)*
a) TOF
b) MR
c) Constrictive pericarditis
d) Transposition of great vessels

199. Snowman appearance on x-ray is seen in which cardiac pathology - *(AIIMS May 08, PGI Nov 09) NEET/DNB Pattern)*
a) Fallots tetrology b) TAP VC
c) TGA d) Ebstein's anomaly

200. Figure of 8 in chest X-ray is seen in -
a) Ebstein anomaly *(AI 2K, PGI May, 10)*
b) Total anomalous pulmonary venous connection (TAPVQ
c) Tetrology of fallot
d) Transposition of great vessels

201. In which of the following a 'Coeur en Sabot' shape of the heart is seen - *(AI 2000, 04)*
a) Tricuspid atresia
b) Ventricular septal defect
c) Transposition of great arteries
d) Tetralogy of fallot

202. X-ray chest showing globular cardiomegaly with oligemic lung fields in a child is suggestive of -
a) TOF b) TAP VC *(MH 10)*
c) Ebstein's anomaly d)PDA

203. Which of the following is the most common feature of Aortitis on chest X-ray - *(AI 08)*
a) Calcification of ascending aorta
b) Calcification of descending aorta
c) Calcification of pulmonary artery
d) Focal oligemia

204. Ground glass ventricular septum is seen in -
a) TOF b) HOCM *(NEET/DNB*
'N c) TGA - __ d)CHF *^ Pattern)*

205. Drug used to perform stress ECHO-
a) Thallium b) Dobutamine *(AIIMS May 08)*
c) Adrenaline d) Adenosine

184) a 185) d 186)a,b 187)b 188)c 189)a 190)c 191)c,e 192)b 193)c 194)c 195)b 196)c 197)c 198)c 199) b 200)b 201)d 202)c 203)a 204) b 205)b

206. Investigation of choice for Aortic dissection is -
a) Aortography *(AIIMS 97, AI96)*
b) CT scan
c) MRI
d) X-ray chest

207. Most important investigation for pericardial effusion- *(MP 98, AI 97)*
a) Cardiac catheterization b)USG
c) Echocardiography d) X-ray chest

208. Cardiotoxicity caused by radiotherapy & chemotherapy is best detected by - *(AI 99)*
a) ECHO
b) BOG
c) Radionucletide scan
d) Endomyocardial biopsy

209. Test of choice for Reversible Myocardial Ischemia -
a) Thallium scan b) MUGA scan *(AI 09)*
c) Resting ECHO d) Coronary angiography

210. Which of the following is not true regarding myocardial ischemia - *(AIIMS Nov. II)*
a) Late enhancement on Gd MRI suggestive of scar
b) Akinetic area does not benfit by revascularization
c) Low dose dobutamine may be used in hibernating myocardium
d) Rest reinfection thallium is used in hibernating mycardium

211. In a Down's syndrome patient posted for surgery, the necessary preoperative investigation to be done is - *(AI 09)*
a) CT Brain b) Echocardiography
c) Ultrasound Abdomen d) X-ray cervical spine

212. The most accurate investigation for assessing ventricular function is - *(AI 06)*
a) Multislice CT b) Echocardiography
c) Nuclear scan d) MRI

213. Most sensitive investigation for air embolism is -
a) Decreased tidal volume of $C0_2$ *(AI 99)*
b) Decreased tidal volume of $N0_2$
c) Doppler ultrasound
d) Central venous presure

214. About diagnosing air embolism with transesophageal echocardiography, which of the following is false -
a) It can quantify the volume of air embolised
b) It is a very sensitive investigation *(AIIMS 02)*
c) Continuous monitoring is needed to detect venous embolism
d) Interferes with doppler when used together

215. The most recent advance in noninvasive cardiac output monitoring is use of - *(AIIMS 02)*
a) PA catheter
b) Thermodilution technique
c) Echocardiography
d) Electrical impedance cardiography technology

216. Isotope used in myocardial perfusion scan is -
a) Technetium *(ROHTAK 95)*
b) Thallium
c) Stannous pyrophosphate
d) Gallium

217. Acute myocardial infarct scintigraphy is done with-
a) Thallium *(AP98)*
b) Gallium
c) Neodynium
d) Tc stannous pyrophosphate

218. In diagnosis of acute myocardial infarction hot spot is seen with - *(AP97)*
a) Thallium 201 scan b) Tc 99 scan
c) Strontium 90 scan d) L 127 scan

219. Which test is performed to detect reversible myocardial ischemia? *(AIIMS 03)*
a) Coronary angiography *(NEET/DNB Pattern)*
b) MUGA scan
c) Thallium scan
d) Resting echocardiography

220. Myocardial uptake gated acquisition scan (MUGA) is done for - *(MP02)*
a) Testing drug toxicity
b) Ventricular function & Anthracyclin induced toxicity
c) Myocardial perfusion
d) None

221. Which one of the following investigations is considered to be ''Gold standard" technique for diagnosis of arterial occlusive disease - *(UPSC-II09)*
a) Doppler ultrasound blood flow detection
b) Duplex imaging
c) Treadmill
d) Digital substraction angiography (DSA)

222. Rib notching is found in - *(PGI0I)*
a) Neurofibromatosis
b) Lymphangiomyomatosis
c) Aortic aneurysm
d) Taussig-Bing operation
e) Aortic obstruction

223. Inferior rib notching is seen in - *(AI 08)*
a) Coarctation of aorta b) Rickets
c) ASD d) Multiple myeloma

224. Which of the following causes rib-notching on the chest radiograph? *(AI 06)*
a) Bidirectional Glem shunt
b) Modified Blalock-Taussing shunt
c) IVC occlusion
d) Coarctation of aorta

225. True regarding radiological picture of coarctation of aorta A/E - *(PGI04, WB 05)*
a) Involvement of upper two ribs
b) Bilateral
c) Inferior rib notching
d) Usually before 5 years of age
e) '3'sign

206)c 207)c 208) d 209)a 210)b 211)b 212)b 213)c 214)d 215)d 216) a,b 217)d218)b 219)c 220) b 221) d 222)a,d,e 223) a 224) d>b 225) a,d

226. Bilateral rib notching is seen in - *(MH 05)*
a) Coarctation of aorta b) PDA
c) TAPVC d) All of the above

227. Rib notching is seen in all except - *(AIIMSNov 09)*
a) Waterston Cooley shunt
b) Aortic obstruction
c) Blalock Taussig shunt
d) Pulmonary atresia with large VSD

228. Superior rib notching is/are caused by-*(PGI June 09)*
a) Hyperparathyroidism b) Poliomyelitis
c) Blalock tausing shunt d) Marfan syndrome
e) Coarctation of aorta

229. Radiological features of pericardial effusion A/E -
a) Flask shaped heart *(MH 05)*
b) Pulmonary oligemia
c) Cardiomegaly
d) Pulmonary plethora

230. A child presents with respiratory distress. A vascular ring is suspected. Investigation of choice is- *(AIIMS Nov 09)*
a) PET b) CT
c) MRI d) Angiography

231. An asymptomatic old patient presents with bruit in the carotid artery. Which of the following is the investigation of choice? *(Jipmer 11)*
a) Doppler ultrasonography
b) Internal carotid angiography
c) Aortic arch angiography
d) Spiral CT angiography

232. On barium swallow which of the following will cause posterior impression - *(AIIMS Nov 09)*
a) Left atrium
b) Aortic knuckle
c) Pulmonary sling
d) Aberrant right subclavian artery

233. Which artery is dissected most commonly following arteriography by femoral route - *(AIIMS May 11)*
a) Celiac trunk
b) Superior mesenteric artery
c) Inferior mesenteric artery
d) Gastroduodenal artery

234. During cardiac imaging the phase of minimum motion of heart is- *(AI 2010)*
a) Late systole b) Mid systole
c) Late diastole d) Mid diastole

GIT AND HEPATOBILIRAY SYSTEM

235. Investigation of choice in diffuse esophageal spasm is -
a) Manometry *(AI 08)*
b) Esophagoscopy
c) Barium examination showing tertiary contractions
d) CT thorax

236. Investigation of choice for Zenker's diverticulum is -
a) Barium swallow *(AIIMS Nov. 11)*
b) Endoscopy
c) Esophageal manometry
d) CT

237. Diffuse esophageal dilatation on barium swallow is seen in - *(PGI June 05)*
a) Achlasia b) Trypanosomiasis
c) Etidronate therapy d) Scleroderma

238. "Rat - tail" appearance on barium swallow examination g|l issf^^^^^^lar^06/NM^TDNB/Pattem)
a) Achalasia cardia
b) Carcinotha^vesbph^is ^
c) Hiatus hernia
KSr'Sd) **Diffuse esophageal spasm**

239. Cork-screw opperance of esophagus is seen-
a) Achalasia cardia *(MH-11)*
b) Carcinoma esophagus
c) Diffuse esophageal spasm
d) Caustic injury

240. Corkscrew appearance ofesophagus is seen in -
a) Carcinoma- n -.-V/Vi *(NEET/DNB. Pattern)*
b) Achalasia
c) Diffuse, esophageal spasm
d) Stricture

241. Double bubble sign in seen in -*(AIIMS.May 09,PGI*
a) Duodenal atresia *Dee 07, NEEIDNB/Paltern)*
b) Jejunal atresia *% 31*
c) Pyloric stenosis
sggggSd)v **Hirschprung disease**

242. Double bubble sign in children is seen in A/E -
a) Ladd's band *(PGI Dec 04)*
b) Annular pancreas
c) Pancreatic pseudocyst
d) Duodenal atresia
e) Diaphragmatic hernia

243. Double bubble sign is seen in A/E- *(Punjab 11)*
a) Duodenal atresia b) Diaphragmatic hernia
c) Ladd band d) Annular pancreas

244. Double bubble sign on X-ray is seen *in-(AIIMS 99)*
a) Duodenal atresia b) Oesophageal atresia
c) Colonic atresia d) Pyloric stenosis

245. "Double bubble" sign with air shadows absent in distal bowel coils on X-ray abdomen in characteristic of- *(MH 10, 06)*
a) Duodenal webs b) Duodenal atresia
c) CHPH d) All of the above

246. Double track sign is seen in -*(NEET/DNB Pattern)*
|g|i | **-a) Duodenal atresia b) GfJPS |j**
c) Gastric ulcer d) Achalasia

247. Carman's meniscus sign is diagnostic of -
a) Peptic ulcer *(MH 08, 07)*
b) Cholecystitis
c) Carcinoma of stomach
d) Meconium ileus

226) a 227) a 228)a,b,d 229) d 230) c 231) a 232) d 233) c 234) d 235) a 236) a 237) a,b 238) b 239) c 240) c 241) a 242) c,e 243) b 244) a 245) b>a 246) b 247) c

248. Following are common features of malignant gastric ulcer on Barium meal, Except - *(AIIMS May 04)*
a) Location on the greater curvature
b) Carman's meniscus sign
c) Radiating folds which do not reach the edge of the ulcer
d) Lesser curvature ulcer with a nodular rim

249. Trifoliate appearance is in - *(Jharkhand 06)*
a) Peptic ulcer
b) Pyloric stenosis
c) Carcinoma head of pancreas
d) None

250. X-ray feature of pyloric stenosis is- *(AIIMS 97)*
a) Single bubble appearance
b) Double bubble appearance
c) Triple bubble appearance
d) Multiple air fluid levels

251. Congenital hypertropic pyloi ric stenosis is diagnosed *(NEET/DNB Pattern)*
a) CT b) USG
c) MRF d) X-ray

252,. All correlates with USG finidngs of pyloric stenosis except- *(AIIMS Nov. 11)*
a) Accuracy 95%
b) High gastric residue
c) Segment length > 16 mm
d) Thickness of pylorus > 4 mm

253 . A newborn presenting with intestinal obstruction showed on abdominal X-ray, multiple air fluid levels. The diagnosis is not likely to be - *(AI 02)*
a) Pyloric obstruction b) Duodenal atresia
c) Illeal atresia d) Ladd s bands

254 . Which of the following is earliest sign of ulcerative colitis on double contrast barium enema study -
a) Mucosal granularity *(MH 05)*
b) Loss of haustrations
c) 'Collar - button' ulcer
d) Lead pipe colon

255.. Radiological signs of crohn's disease-(PG7 *June 08)*
a) String sign of Kantor
b) Pipestem appearance
c) Pseudopolyp
d) Backwash ileitis

256. Lead pipe appearance is seen in - *(PGI94, UP 02)*
a) Chron's disease b) Ulcerative colitis
c) Schistosomiasis d) Carcinoma colon

257,. Scalloping of the edge of sigmoid colon on barium enema seen in - *(CMC 2K)*
a) Diverticulosis b) Ulcerative colitis
c) Carcinoma colon d) Pneumatosis intestinalis

258. String sign is a radiological feature of - *(MH 06)*
a) Crohn's disease b) Ulcerative colitis
c) Ileocecal tuberculosis d) Ischemic colitis

259. String sign is seen in - *(Kerala 98)*
a) Crohns disease
b) TB of the ileocaecal region
c) Idiopathic hyperophic pyloric stenosis
d) All of the above

260. String of Kantor is seen in - *(AIIMS 96, UP 03,*
a) Chron's disease b) Ulcerative colitis *Kerala 2K)*
c) TB d) Carcinoma

261. "String of beads" appearance on abdominal X-ray is seen in - *(MH 07, MP 06)*
a) Small bowel obstruction
b) Large bowel obstruction
c) Carcinoma of stomach
d) Gastric outlet obstruction

262. TViad of vomiting, abdominal distension and "String of beads" sign on abdominal X-ray is typically suggestive of - *(MH09)*
a) Duodenal atresia
b) Small bowel obstruction
c) Large bowel obstruction
d) Gastric volvulus

263. The following are radiological features of sigmoid volvolus except - *(Kern 04)*
a) Inverted U shaped bowel loop
b) Liver overlap sign
c) Bird of prey
d) Cupola sign

264. "Coffee bean" sign is seen in - *(MP 04)*
a) Intussusception
b) Bowel ischaemia
c) Sigmoid volvulus
d) Congenital hypertrophic pyloric stenosis

265. X-ray appearance of CBD stone on cholangiography is - *(AIIMS 98)*
a) Meniscus appearance b) Sudden cut off
c) Smooth tapering d) Eccentric occlusion

266. All of the following are diagnostic barium follow through features of ileocecal tuberculosis Except- *(AI 08)*
a) Apple - core appearance
b) Pulled up contracted cecum
c) Widening of ileocecal angle
d) Strictures involving terminal ileum

267. Ileocecal tuberculosis presents with all except -
a) Rapid emptying of narrowed terminal ileum
b) Inverted umbrella sign *(PGI 06, Jipmer 07)*
c) Stellate ulcer with elevated margins
d) Longitudinal ulcers are more common
e) Napkin ring stenosis

268. Radiological finding in ileal atresia - *(PGI 00)*
a) Microcolon on Ba enema
b) Double bubble sign
c) Coil spring appearance in Ba-Enema
d) Obstruction in Ba meal

248) d 249) a 250)a 251)b 252)b 253)a 254)a 255)a 256)b 257)b 258)c 259)d 260)a 261)a 262) b 263) d 264) c 265) a 266) a 267) d 268) a,d

269. Following are features of ischaemic colitis except-
a) Thumb printing *(MP 2000)*
b) Serrated mucosa
c) Increased mucosal fold thickness
d) Dilution of barium

270. Radiological feature of ischemic colitis is -
a) Saw toothing *(Karn 01, UP 99, PGI 96)*
b) Craggy popcorn appearance
c) Thumb printing
d) Cobble stone appearance

271. Soap bubble appearance in X-ray is seen in -
a) Multiple cystic kidney *(AIIMS 99)*
b) Neuroblastoma
c) Cystic lymphangiectasis
d) Meconium ileus

272. Feathery appearance in jejunum is due to-*(PGI 99)*
a) Valvulae conniventes b) Haustrations
c) Luminal gas d) Vascular network

273. Which among the following is false regarding small bowel appearance on abdominal radiograph?
a) Valvulae conniventes are present *(Karn 11)*
b) Peripheral distribution
c) Radius of curvature is small
d) Solid faeces are absent

274. Small intestine in intestinal obstruction is distinguished radiologically from large intestine by-
a) Haustration *(MP 2005)*
b) Valvulae conniventes
c) Can not be distinguished
d) None

275. Colon is identified on X-ray - *(NEET/DNB Pattern)*
a) Haustra b) Valvulae conniventes
c) String of beads sign d) More number of loops

276. Investigation for small intestine includes all except-
a) Enteroclysis *(PGI Dec 05)*
b) Radionucleide enteroclysis
c) MRI enteroclysis
d) CT enteroclysis
e) USG enteroclysis

277. Which among the following is false regarding need of chest radiograph in a patient of acute abdomen-*(Karn 11)*
a) Supine chest radiograph is the best radiograph for showing presence of a small pneumoperitoneum
b) A number of chest conditions can present as acute abdominal condition
c) Acute abdominal condition may be complicated by the chest pathology
d) Even when the chest radiograph is normal it acts as a most valuable baseline

278. Free gas in abdomen (under the diaphragm) can be best diagnosed by which X-ray - *(MH 02)*
a) Standing
b) Right lateral recumbent view
c) Left lateral recumbent view
d) Sitting position

279. In case of suspected perforation which view is best-
a) Erect b) Supine *(Jharkhand 03)*
c) Lateral decubitus d) None

280. The best view to visualize minimum pneumoperitoneum is- *(Delhi 95, AI12)*
a) AP view of abdomen
b) Erect film of abdomen
c) Rt lateral decubitus with horizontal beam
d) Lt lateral decubitus with horizontal beam

281. Cupola sign - *(Jharkhand 06)*
a) Radiological finding in supine posture for pneumoperitoneum
b) Radiological finding in supine posture for pneumothorax
c) Air in Morrison pouch
d) Both wall of bowel is seen

282. Typical "Saw-tooth" colon on barium enema is seen with- *(MH09)*
a) Colonic diverticulosis b) Colonic volvulus
c) Colonic carcinoma d) Ulcerative colitis

283. "Hat sign" on double contrast barium enema is seen in- *(MH09)*
a) Ulcer b) Polyp
c) Carcinoma d) Diverticulum

284. Couinaud's segments are used to divide which organ-
a) Liver b) Lung *(MH02)*
c) Spleen d) Kidney

285. According couinaud's classification of functional segments of liver, which of the following is segment IV of liver? *(AIIMS Nov 07)*
a) Left lobe b) Right lobe
c) Caudate lobe d) Quadrate lobe

286. A 22 year old man presents with a solitary 2 cm space occupying lesion of mixed echogenicity in the right lobe of liver on ultrasound examination. The rest of the liver is normal. Which of the following tests should be done *next-(AUMS Nov 02)*
a) Ultrasound guided biopsy of the lesion
b) Hepatic scintigraphy
c) Hepatic angiography
d) Contrast enhanced CT scan of the liver

287. Solitary hypoechoice lesion of the liver without septate or debris is most likely to *be-(AIIMS Nov 05)*
a) Hydatid cyst b) Caroli's disease
c) Liver abscess d) Simple cyst

288. Which one of the following hepatic lesions can be diagnosed with high accuracy by using nuclear imaging? *(AIIMS Nov 04)*
a) Hepatocellular carcinoma
b) Hepatic adenoma
c) Focal nodular hyperplacia
d) Cholangiocarcinoma

289. CT finding of acute pancreatitis are all except -
a) Dilation of pancreatic duct *(UP 2K)*
b) Fuzzy outline of pancreas
c) Peripancreatic fluid collection
d) Edematous pancreas

269)d 270)c 271)d 272)a 273)b 274)b 275)a 276)b,c,d,e 277)a 278)a 279)a 280)None&d 281)a
282) a 283) b 284) a 285) d 286) b 287) d 288) c 289) a

290. CT findings of acute pancreatitis are - *(MP 00)*
a) Fuzzy outline of pancreas
b) Dilatation of pancreatic duct system
c) Peripancreatic fluid collection
d) All

291. Radiological signs of acute pancreatitis include the following except - *(Maharashtra 08)*
a) Colon cut-off sign b) Cullen's sign
c) Renal halo sign d) Sentinel loop sign

292. Colon cut off sign seen in - *(MP 06)*
a) Acute pancreatitis b) Diverculities
c) Appendicitis d) Carcinoma colon

293. Chain of lakes appearance in ERCP is seen \s-*(AI 96)*
a) Acute pancreatitis b) Chronic pancreatitis
c) Carcinoma pancreas d) Ductal adenoma

294. Widening of the C loop in X-ray is diagnostic of-
a) Chronic pancreatitis *(DPGFeb. 09)*
b) Carcinoma head of pancreas
c) Periampullary carcinoma
d) Calculi in the ampullar of Vater

295. "Spongy appearance" with central sunburst calcification is seen in - *(AIIMS May 07)*
a) Pancreatic adenocarcinoma
b) Mucinous cyst adenocarcinomas
c) Somatostatinoma
d) Serous cystadenoma

296. ERCP in pancratitis is done to know about-fPG/ *01)*
a) Gall stone b) Associated cholangitis
c) Ascites d)Pancreatic divisum
e) Annular pancreas

297. Most sensitive investigation of pancreatic carcinoma is - *(WB95)*
a) Angiography b)ERCP
c) Ultrasound d) CT scan

298. A patient complains of epigastric pain, radiating to back off and on. The investigation of choice is -
a) MRI b) CT scan *(AIIMS 99)*
c) USG d) Radio nucleotide scan

299. Investigation of choice for small intestine tumor -
a) Ba follow through *(Jipmer 98)*
b) Echo
c) X-ray abdomen
d) CT scan with contrast

3IC Capsule endoscopy is u: sed for - *(NEET/DNB Pattern)*
a) GERD b) Motility disorder
c) Bleeding d)Nonc

301. Contrast used in barium enema is - *(Jipmer 03)*
a) Barium oxide b) Barium sulphide
c) Barium sulphate d) Lead sulphate

302. True about features of cholecystitis on USG -
a) Thick fibrosed gallbladder wall *(PGI01)*
b) Stone impacted at neck of gall bladder
c) Perigallbladderhalo
d) Increased vascularity

303. True about OCG is- *(PGI 2000)*
a) First done by Graham Cole in 1942
b) Dye ingested at rate of 1 ml/kg
c) USG has replaced it
d) Dye used is telepaque

304. Which is not required for visualisation of gall bladder in oral cholecystography - *(AIIMS 95)*
a) Functioning liver
b) Motor mechanisms of gall bladder
c) Patency of cystic duct
d) Ability to absorb water

305. The investigation of choice for acute cholecystitis is-
a) USG b) HID A-Scan *(PGI 02)*
c) CT-Scan d) X-ray

306. Investigation of choice in obstructive jaundice is -
a) ERCP b)USG *(AI97)*
c) Cholecystography d) Laproscopy

307. Investigation of choice for gall stone - *(PGI 01)*
a) X-ray b)USG
c) Cholecystography d) CAT Scan

308. Most common investigation done for obstructive j aundice - *(AIIMS 99)*
a) CT scan b)USG
c) X-ray d)ERCP

309. Minimal ascites can be best detected by - *(AIIMS98)*
a) USG b) Plain X-ray abdomen
c) MRI d) CT scan

310. Focal and diffuse thickening of gallbladder wall with high amplitude reflections and 'comet tail' artifacts on USG suggest the diagnosis of-
a) Xanthogranulomatous cholecysitis
b) Carcinoma of gall bladder
c) Adenomyomatosis *(AI 09,AIIMS Nov 08)*
d) Cholesterolosis

311. Which of the following is not a diagnostic feature of gall stone ileus on plain abdominal radiograph?
a) Ectopic calcified gallstone *(MH03)*
b) Stone <2.5 cm size in the intestine
c) Signs of small intestinal obstruction
d) Gas in the biliary tree

312. Air in biliary tract is seen in all except - *(AIIMS 95)*
a) Gall stone ileus
b) Sclerosing cholangitis
c) Carcinoma gall bladder
d) Endoscopic papillotomy

313. Thickened gall bladder wall in USG seen in -
a) Acute cholecystitis *(PGIDec 04)*
b) Mucosal thickening
c) Cholesterosis
d) Ascites
e) AIDS cholangitis

314. Computed Tomography (CT scan) is least accurate for diagnosts of - *(AI 11)*
a) Aneurysm in the Hepatic Artery
b) Lymph node in the para- aortic region
c) Mass in the tail of pancreas
d) Gall stones

290)a,c 291)b 292)a 293)b 294)b>a 295)d 296)a,b,d,e 297)c 298)b 299)a 300)c 301)c 302)a,b,c
303)c,d 304)b 305)a 306)b 307)b 308)b 309)a 310)c 311)b 312)b 313)a,b,d,e 314)d

315. Central dot sign is seen in - *(AIIMSNov 08, May 11)*
a) Caroli's disease
b) Primary sclerosing cholangitis
c) Polycystic liver disease
d) Liver hamartoma

316. TVue about are MRCP- *(PGI Dec 07)*
a) MRI is used to obtain the image
b) CT is used for the images
c) It shows the biliary tree
d) Dye has to be injected endoscopically
e) It is an invasive procedure

317. Technitium-99 scan is used for diagnosis of -
a) Meckel's diverticulum *(Manipal 08)*
b) Appendix
c) Volvulus
d) Obstruction

318. Investigation of choice for recurrent GIST -
a) MEBG b) PET *(AIIMS Nov 08)*
c) MRI d)CECT

319. Gasless abdomen is a feature of- *(MP 01)*
a) High obstruction
b) Acute pancreatitis
c) Congenital diaphragmatic hernia
d) All

320. Frostberg's reverse 3 sign is seen in - *(MH 01)*
a) Periampullary carcinoma
b) Annular pancreatic carcinoma
c) Carcinoma head of pancreas
d) All

321. DD for right upper quadrant calcification -
a) Gallstone *(PGI June 06)*
b) Renal stone
c) Calcification in vessels
d) Hepatic hemangioma

322. Calcific hepatic metastases are seen in- *(Corned 09)*
a) Adenocarcinoma of the colon
b) Carcinoid tumours
c) Renal cell carcinoma
d) Lymphoma

323. USG is sensitive in - *(PGI June 04)*
a) Ureteric colic b) Gall stone
c) Blunt abdominal trauma d) Appendicitis
e) Pancreatic pathology

324. In a CT scan at the level of celiac trunk, following structures will be seen - *(PGI02)*
a) Pancreas b) Gall bladder
c) Inferior vena cava d) Duodenum
e) Portal vein

325. Investigation of choice for diagnosis of spleenic rupture- *(AIIMS95)*
a) Peritoneal lavage b)Ultrasound
c) CT scan d) MRI

326. For the evaluation of blunt abdominal trauma, which of the following imaging modalities is ideal?
a) Ultrasonography *(AIIMS04)*
b) Computed tomography
c) Nuclear scintigraphy
d) Magnetic resonance imaging

327. Spleenic injury is diagnosed on X-ray by - *(PGI 97)*
a) Half stomach shadow
b) Obliteration of spleenic shadow
c) Rib fracture
d) Gas under diaphragm

3 28. Best imaging modality for neuroendocrinal tumors-
a) PECT *(AIIMS 01)*
b) CECT
c) Radio nucleotide scan
d) MRI with gadolinium scan

329. Protein losing enteropathy diagnosis, all used except?
a) Tc albumin *(AIIMS May 11)*
b) Tc dextran
c) In transferrin
d) Tc seclosumab

330. Neonate triangular cord sign on USG is seen in - *(NEET/DNB Pattern)*
a) Galactosemia b) Biliary atresiaJ w
c) Hepatitis d)Nbne

UROGENITAL SYSTEM

331. Functional analysis of kidney is best done by -
a) Radionuclide scanning *(DPGFeb. 09, PGI 97)*
b) IVP
c) Ultrasound
d) MRI

332. Which of the following agents is used to measure glomerular filtration rate (GFR) - *(AI08, AI95)*
a) Iodohippurate b)Tc99m-DTPA
c) Tc99m - MAG3 d) Tc99m - DMSA

333. A patient presents with acute renal failure and anuria. The USG is normal. Which of the following investigation will give best information regarding renal function - *(AI 10)*
a) Intravenous pyelogram
b) Retrograde pyelography
c) Antegrade pyelography
d) DTPA scan

334. The investigation of choice for Renal Scarring defect in Kidney is - *(AI12)*
a) DMSA scan b) DTPA scan
c) DEXA scan d) MCU

335. A patient presented with ARF with complete anuria but a normal ultrasound. Next investigation is -
a) IVP *(AI99)*
b) Antegrade pyelography
c) Retrograde pyelography
d) Radiorenogram

336. A dense renogram is obtained by - *(AI 10)*
a) Dehydrating the patient
b) Increasing the dose of contrast media
c) Rapid (Bolus) injection of dye
d) Using non- ionic media

315) a 316)a,c 317) a 318)b>d 319)d 320) b 321)a,b,c,d 322) a 323)b,c,d 324)a,c,e 325) c 326) b
327) b,c 328) c 329) d 330) b 331) a 332) b 333) d 334) a 335) d 336) c

337. A dense persistent nephrogram may be seen in all of the following except - *(AIIMS 02)*
a) Acute ureteral obstruction
b) Systemic hypertension
c) Severe hydronephrosis
d) Dehydration

338. Non-visualisation of kidney in excretory urogram is seen in - *(PGI Dec 05, 04)*
a) Duplication
b) Renal vein thrombosis
c) Hydronephrosis
d) Hypoplasia
e) Amyloidosis

339. 'Stipple sign' in transitional cell carcinoma of the renal collecting system is best demonstrated by -
a) Intravenous urography *(COMED 09)*
b) Retrograde pyeloureterography
c) Radionuclide scan
d) Ultrasound scan

340. Cobra head deformity is characterstic of -
a) Posterior urethral valve *(Corned 09, AIIMS 97)*
b) Ureterocele
c) Bladder tumor
d) Cytitis

341. "Adder - head" appearance on voiding cystourethrogram in bladder is feature of - *(MH 07)*
a) Horse shoe kidney b) VUR
c) Ureterocele d) Carcinoma ofbladder

342. IVP is contraindicated in - *(WB 96, 2K)*
a) Multiple myeloma b) Kidney stones
c) Renal cyst d) Transplanted kidney

343. B^^igniialYP is scfrn ip - *((NEEJDNB/Eattern)*
a) Polycystic kidney
b) Hydronephrosis
c) Chronic pyelonephritis
d) Hypernephroma

344. 'Rim' and 'ball' nephrograms in intravenous urography are seen in - *(COMED 09)*
a) Normal kidneys
b) Acute obstructive nephropathy
c) Chronic obstructive nephropathy
d) Chronic renal failure

345. Spider leg appearance is found in - *(PGI 99)*
a) Polycystic kidney b) Pyelonephritis
c) Hydronephrosis d) Renal artery stenosis

346. IVP of polycystic kidney disease shows -
a) Cobra head *(PGINov 09)*
b) Dropping lily
c) Flower base appearance
d) Spider leg deformity
e) Fish hook appearance

347. Tear - drop bladder is seen in - *(MH02)*
a) Pelvic abscess b) Pelvic lipomatosis
c) Bladder rupture d)All

348. Teardrop bladder are seen in - *(PGI May 10)*
a) Pelvic hematoma
b) Pelvic lipomatosis
c) T.B.
d) Neurogenic bladder
e) Intraperitoneal bladder rupture

349. Which of following is not a feature of renovascular hypertension on intravenous urography - *(MH 05)*
a) Delayed 'wash - out' of contrast
b) Filling defect in calyces
c) Ureteral kinking
d) Normal or small sized kidney

350. Most sensitive and specific investigation for screening of Renovascular hypertension -
a) MRI *(AIIMS 01)*
b) Captopril enhanced radionuclide scan
c) Spiral CT Scan
d) Duplex - Doppler flow study

351. Investigation of choice for hydronephrosis -
a) Excretory Urography *(NEET/DNB Pattern)*
b) USG
c) MRI
d) Cystourethrography

352. Not a radiological finding of papillary necrosis on excretory urogram is - *(AIIMS May 09)*
a) Tracks and horns from calyces
b) Ring shadow
c) Increased dense nephrogram
d) Egg in cup appearance

353. For renal stone, diagnosis is not done by -
a) IVP b) MRI *(PGI May 10)*
c) PET-Scan d)USG
e) CT scan

354. The most sensitive imaging modality for diagnosis of ureteric stones in a patient with acute colic is -
a) X-ray KUBregion *(DPG 09, AI05, NEET/DNB Pattern)*
b) Ultrasonogram
c) Non contrast CT scan of the abdomen
d) Contrast enhanced CT scan of the abdomen

355. In Renal cell carcinoma investigation of choice to evaluate inferior venacava & renal vein for thrombus - *(AIIMS 99)*
a) IVP b) Coloured doppler
c) USG d) CT scan

356. All of the following form radiolucent stones except - *(AIIMS 03, NEET/DNB Pattern)*
a) Xanthine b) Cysteine
c) Allojurinol d) Ofoticfa

357. Most important investigation for posterior urethral valve is - *(MH 06, AIIMS 97)*
a) Urethroscopy
b) IVP
c) Retrograde cystogram
d) Micturating cystogram (MCU)

337)b 338)None 339)a 340)b 341)c 342)a 343)b 344)c 345)a 346)d 347)d 348)a,b,c,e 349)b 350) c 351)b 352) None 353)b,c 354)c 355)b 356)b 357)d

358. Causes of bladder calcification are - *(PGIDec 06)*
a) Schistosmosis b) Urethral cell
c) TB d) Carcinoma

359. The investigation of choice for imaging of urinary tract tuberculosis is - *(A1IMS04)*
a) Plain X-ray b) Intravenous urography
c) Ultrasound d) Computed tomography

360. Which of the following imaging modality is most sensitive to detect early renal tuberculosis -
a) Intravenous urography *(AIIMS 03, 02, AI05)*
b) Ultrasound
c) Computed tomography
d) Magnetic resonance imaging

361. Renal tuberculosis can be diagnosed earliest by -
a) CT scan b) IVP *(ARMS98)*
c) Angiography d)USG

362. The most important sign of significance of renal artery stenosis on an angiogram is - *(AI 06)*
a) A percentage diameter stenosis > 70%
b) Presence of collaterals
c) A systolic pressure gradient > 20 mm Hg across the lesion
d) Post-stenotic dilatation of the renal artery

363. The posterior urethra is best visualized by -
a) Static cystogram *(ARMS Nov 05)*
b) Retrograde urethrogram
c) Voiding cystogram
d) CT cystogram

364. Which of the following is not an appropriate investigation for anterior urethral stricture ?
a) Magnetic resonance imaging *(ARMS 03)*
b) Retrograde urethrogram
c) Micturating cystourethrogram
d) High frequency ultrasound

365. Abdominal ultra-sonography in a 3 year old boy show a solid circumscribed hypoechnoic renal mass. Most likely diagnosis is - *(AI 02)*
a) Wilm's tumor b) Renal cell carcinoma
c) Mesoblastic nephroma d) Oncocytoma

366. Transrectal ultrasonography in carcinoma prostate is most useful for - *(AI 08)*
a) Guided prostatic biopsies
b) Seminal vesicle involvement
c) Measurement of prostatic volume
d) To detect hypoechoic area

367. Hypoechoic lesion within prostate in USG seen in -
a) Adenocarcinoma *(PGI Dec 04)*
b) Normal prostate tissue
c) Infertility
d) Urethral obstruction
e) BPH

368. Radiation exposure is the least in the following procedure- *(ARMS Nov. 10)*
a) Micturating cystourethrogram
b) IVP
c) Bilateral nephrostomogram
d) Spiral CT for stones

SKELETAL SYSTEM

369. Which one of the following is a recognized X-ray feature of rheumatoid arthritis? *(AI 03)*
a) Juxta-articular osteosclerosis
b) Sacroilitis
c) Bone erosions
d) Peri-articular calcification

370. Epiphyseal enlargement is seen in - *(ARMS 97)*
a) Rickets
b) Scurvy
c) Spondylo-epiphyseal dysgenesis
d) Juvenile rheumatoid arthritis

371. Fraying and cupping of metaphyses of long bones in a child does not occur in - *(AI 03)*
a) Rickets b) Lead poisoning
c) Metaphysealdysplasia d) Hypophosphatasia

372. Splaying and cupping of the metaphysis is seen in-
a) Rickets b) Scurvy *(PGI 99)*
c) Paget's disease d) Lead poisoning

373. Dense metaphyseal band is seen in- *(PGI June 08)*
a) Hypervitaminosis A b) Hypervitaminosis B
c) Scurvy d) Hypervitaminosis D

374. Vertebra plana is seen in - *(ARMS 98)*
a) Malignancy b) Fracture
c) Tuberculosis d) Eosinophilic granuloma

375. An eight year old boy presents with back pain and mild fever. His plain X-ray of the dorsolumbar spine reveals a solitary collapsed dorsal vertebra with preserved disc spaces. There was no associated soft tissue shadow. The most likely diagnosis is -
a) Ewing's sarcoma b) Tuberculosis *(AI 03)*
c) Histiocytosis d) Metastasis

376. Vertebra plana is seen in - *(PGI June 05)*
a) Eosinophilic granuloma b) Trauma
c) Paget's disease d) Malignancy

377. X-ray of which bone (s) would be diagnostic in hyperparathyroidism - *(PGI2000)*
a) Skull b) Phalanges
c) Long bones d) Scapula
e) Spine

378. Pathognomic feature of hyperparathyroidism -
a) Osteopenia *(ARMS98)*
b) Loss of lamina dura
c) Brown's tumor
d) Sub periosteal resorption of phalanges

379. X-ray features of hypoparathyroidism are the following except - *(MH10, 03)*
a) Osteosclerosis
b) Calvarial thickening
c) Subperiosteol resorption
d) Subcutaneous calcification

380. Trident hand is seen in - *(NEET/DNB Pattern)*
a) Achondroplasia
b) Mucopolysaccharidosis
c) Diphyseal achlasia
d) Cleidocranial dystosis

358) a,c,d 359)b 360) a 361) b 362)b 363) c 364) a 365) a 366) a 367) a,e 368) a 369) c 370)a,c,d 371) b 372) a 373)d 374)d>a,c 375)c 376)a,b,d 377)a,b 378)d 379)c 380)a

381. Champagne glass pelvis is seen in - *(Jipmer 02)*
a) CDH b)Down's syndrome
c) Cretinism d)Achondroplasia

382. Multiple lytic lesions of skull with beveled edges are seen in - *(MH 06)*
a) Eosinophilic granuloma b)Metastases
c) Multiple myeloma d)Neuroblastoma

383. Geographic lytic lesions in vault of skull with beveled edges are seen with - *(AIIMS 97)*
a) Multiple myeloma
b) Eosinophilic granuloma
c) Hyperparathyroidism
d) Reticular cell Ca

384. 76 year old man presents with lytic lesion in the vertebrae. X-ray skull showed multiple punched out lesions. The diagnosis is - *(AIIMS 2000)*
a) Metastasis b) Multiple myeloma
c) Osteomalacia d) Hyperparathyroidism

385. Multiple punched out lesions on skull X-ray is found in- *(AIIMS94)*
a) Down's b) Hyperparathyroidism
c) Multiple myeloma d)All

386. In scurvy all the following radiological signs are seen except - *(AI04)*
a) Pelican spur
b) Soap bubble appearance
c) Zone of demarcation near epiphysis
d) Frenkel's line

387. All are radiological sign of Vit C deficiency except-
a) White line of frenkel *(AIIMS 95)*
b) Wimberger line
c) Osteoporosis of bone
d) Widening of epiphysis

388. Radiological findings of scurvy are A/E -*(PGI99)*
a) Epiphyseal widening b)Metaphyseal porosis
c) White line d) Pelkan spur

389. Pelkan spur is seen in - *(MH 01)*
a) Rickets b) Scurvy
c) Hemophilia d)All

390. Radiological features of rickets include -
a) Narrowing of epiphysis *(PGI Dec 05)*
b) Cupping of metaphysis
c) Ricketic rosary
d) Pelkan's spur

391. Not a radiological feature of rickets - *(MH 09)*
a) Splaying of metaphysis
b) Cupping of metaphysis
c) Subluxation of epiphysis
d) Widening of metaphysis

392. Earliest evidence of healing in rickets is provided by-
a) S. Ca^ *(AI 95)*
b) S. $P04^{3-}$
c) Radiological examination of growing bone ends
d) S. Alkaline phosphate level

393. Wind swept deformity is seen in - *(AIIMS 98)*
a) Ankylosing spondylitis b) Scurvy
c) Rheumatoid arthritis d) Rickets

394. Biine within bode appearance is seel m - *ffr' ~*
a) CML *(NEET/DNB Pattern)*
b) Osteoporosis
c) Osteopetrosis
d) Bone infarct

395. Beheaded Scottish terrier sign is -
a) Spondylosis *(AIIMS 92, Jipmer 99, 90)*
b) Spondylolisthesis
c) Lumbar canal stenosis
d) Slipped disc

396. In spondolysthesis following radiological features seen- *(PGI Dec 06)*
a) Scotty dog
b) Scotty dog wearing a collar
c) Beheaded scotty dog terrier sign
d) Nepolean sign

397. Calcification around the joint is seen in - *(PGI 99)*
a) Pseudo gout b) Hyperparathyroidism
c) Rh. arthritis d) Gout

398. Calcification ofintervertebrgddisc isseepinr^fl *2K*
a) Gout b) Rheumatoid *NEET/DNB*
c) Alkaptonuria d) Psoriasis *Pattern)*

399. A 40 year old male female patient on long term steroid therapy presents with recent onset of severe pain in the right hip. Imaging modality of choice for this problem is - *(AIIMS May 05)*
a) CT scan b) Bone scan
c) MRI d) Plain X-ray

400. Looser's zones is seen in - *(PGI 02)*
a) Osteoporosis b) Hyperparathyrodism
c) Osteomalacia d) Renal osteodystrophy
e) Paget's disease

401. Looser's zone is seen in - *(MH 10, 03)*
a) Osteogenesis imperfecta
b) Osteopetrosis
c) Osteomalacia
d) Hypoparathyroidism

402. Pseudofracture or looser's zone is seen in - *(MEET/*
a) Osteoporosis b) Osteopetrosis *DNB Pattern)*
• c)\0steorimlaGia,^-d)^Scui^^

403. Which endocrine disorder is associated with epiphyseal dysgenesis? *(AI 03)*
a) Hypothyroidism b) Cushings syndrome
c) Addison's disease d) Hypoparathyroidism

404. Flaring of anterior ends of the ribs is characteristically seen in - *(AI 08)*
a) Neurofibromatosis b) Scurvy
c) Rickets d) Hypothyroidism

405. Bamboo spine is seen in - *(Maharashtra 05, 01)*
a) Ankylosing spondylitis b) RA
c) Paget's disease d)All

381) d 382) a 383)b 384)b 385) c 386)b 387) d 388) a 389)b 390)b 391) c 392) c 393) c>d 394) c
395) b 396) c,d 397) a,d 398) a,c 399) c 400)b,c,d,e 401) c 402) c 403) a 404) c 405) a

406. X-ray finding of osteomyelitis within 8 day is -
a) Cystic swelling *(DPG 09, PGI 99)*
b) Soft tissue swelling
c) New bone formation
d) Sequestrum formation

407. "Hair-on end" appearance is seen in -
a) Thalassemia *(AIIMS May 08)*
b) Sickle cell anemia
c) Hemochromatosis
d) Megaloblastic anemia

408. Hair on end appearance is characteristically seen in - *(Maharashtra 01)*
a) Thalassemia major
b) Sickle cell anemia
c) G6PD deficiency
d) Hereditary spherocytosis

409. Wormian bones are seen in all except -
a) Hypothyroidism *(Maharashtra 01)*
b) Down syndrome
c) Turner syndrome
d) Osteogenesis imperfecta

410. Which one of the following is the earliest radiographic manifestation of childhood leukemia?
a) Radiolucent transverse metaphyseal band
b) Diffuse demineralization of bones
c) Osteoblastic lesions in skull *(AIIMS Nov 04)*
d) Parenchymal pulmonary lesions on chest films

411. A 2 yr old boy suffering from leukaemia, following are the X-ray finding -
a) Osteolytic lesion in flat bones *(PGI 03)*
b) Metaphysial osteoporosis
c) Periosteal new bone formation
d) Osteosclerosis of long bone
e) Transverse line of dark band below the growth plate

412. All are radiological features of sickle cell anemia except - *(PGI June 08)*
a) Vertebra plana b) Floating teeth
c) Bone infarct d) Marrow hyperplasia
e) Secondary osteomyelitis

413. On MRI the differential diagnosis of spinal cord edema is - *(AIIMS May 06)*
a) Myelodysplasia b) Myelomalacia
c) Myeloschisis d) Cord tumors

414. Which of the following is not true regarding ossified posterior longitudinal ligament (OPLL)? *(AI09)*
a) Most commonly involves thoracic spine
b) Gradient echo MR sequence may overestimate the canal stenosis
c) MRI is best for diagnosis
d) Low signal intensity on all MR sequences

415. Sonographic finding of spina bifida - *(PGI June 04)*
a) Ventriculomegaly
b) Obliteration of cisterna magna
c) Small BPD
d) Abnormal curvature of cerebellum
e) Club foot

416. Best radiographic view for fracture of Cl, C2 vertebrae is - *(AIIMS May 09, AI 08)*
a) AP view b) Odontoid view
c) Lateral view d) Oblique view

417. The gold standard for the diagnosis of osteoporosis is- *(AI 05, AIIMS 04)*
a) Dual energy X-ray absorptiometry
b) Single energy X-ray absorptiometry
c) Ultrasound
d) Quantitative computed tomography

418. Bone Density is best studied by- *(AI 12)*
a) CT scan b) DEXA scan
c) MRI scan d) Bone scan

419. Which of the following is not a cause of generalized increase in bone density in adults? (DPG *Mar 09)*
a) Myelosclerosis b) Renal osteodystrophy
c) Fluorosis d) Caffey's disease

420. Increased bone density is seen in all except -
a) Primary hyperparathyroidism *(Maharashtra 03)*
b) Osteopetrosis
c) Fluorosis
d) Hypoparathyroidism

421. Malten - wax appearance is seen in - *(MH 07)*
a) Osteoporosis b) Osteopoikilosis
c) Melorheostosis d) Osteogenesis imperfecta

422. "Flowing wax" appearance on anterior and posterior borders of vertebrae with normal intervertebral disc space occuring due to ligament calcification is seen in- *(MH09)*
a) Ankylosing spondylitis
b) Diffuse idiopathic skeletal hypertrophy
c) Psoriatic spondyloarthropathy
d) RA

423. Codman's triangle is a feature of- *(MH-11)*
a) Osteosarcoma b) Osteochondroma
c) Osteoid osteoma d) Chondrosarcoma

424. Codman's triangle is seen in - *(NEET/DNB Pattern)*
a) Chdn&oblasfoma ^ByOsteb^afdbinaL -f- -
c) Chandrosarcoma d)GCT !

425. Sun ray appearance is seen in - *(PGlDec 05)*
a) Osteosarcoma b) Ewing sarcoma
c) Osteoclastoma d) Multiple myeloma

plpl "Swnrayappearance" on Xipaiy is suggestive of- 1
a) A chondrosarcoma *(AIIMS 04, NEET/DNB*
b) A metastatic tumour in the bone *Pattern)*
c) An osteogenic sarcoma
d) An Ewing's sarcoma

427. Radiological inv. shows sun ray appearance; dx is -
a) Osteosarcoma b)GCT *(AIIMS 95)*
c) Osteomyelitis d) Ewing's sarcoma

428. Radiological feature of osteosarcoma is - *(AIIMS 99)*
a) New bone formation b) Sunray appearance
c) Cotton wool app. d) Osteoid formation

429. Radiographic appearance of Pindborg's tumor is -
a) Onion - peel appearance *(AI 02)*
b) Sun burst appearance
c) Cherry - blosom appearance
d) Driven - snow appearance

406) b 407) a 408)a 409)c 410)a 411)a,c,d,e 412)a,b 413)b 414)a 415)a,b,d 416)b 417)a 418)b
419) d 420) a 421)c 422) b 423) a 424) b 425) a,b 426) c>b,d 427) a >d 428) b 429) d

430. Expansile lytic lesion with fluid - fluid levels within the metaphysis of fibula seen on CT and MRI in an early adolescent female is typical of - *(MH10)*
a) Giant cell tumor b) Aneurysmal bone cyst
c) Hemangioma d) Fibrous dysplasia

431. A lady dimple has a lytic lesion in X-ray of upper end of humerus. The diagnosis is - *(A1IMS 99)*
a) Osteosarcoma b) Osteochondroma
c) Unicameral bone cyst d) Osteoclastoma

432. A classical expansive lytic lesion in the transverse process of a vertebra is seen in - *(AI03)*
a) Osteosarcoma b) Aneurysmal bone cyst
c) Osteoblastoma d) Metastasis

433. X-ray shows soap bubble appearance at lower end of redius, treatment of choice is - *(A1IMS 98)*
a) Local excision b) Excision & Bone grafting
c) Amputation d) RT

434. Lytic lesion in skull are seen in following except -
a) Multiple myeloma b) Metastasis bronchus
c) Thalassemia d) Ca prostate *(PGI97)*

435. **Osteoblastic metastasis is seen -** *(NEET/DNB Pattern)*
a) Prostate carcinoma b) Multiple myeloma
c) Thyroid carcinoma d) Renal carcinoma

436. Dense calcification is seen in - *(AIIMS 96)*
a) Chondroblatoma b) Chondrosarcoma
c) Osteosarcoma d) Fibrosarcoma

437. Onion - peel appearance is seen in - *(Comed09, MH09, NEET/BNB-Pattern)*
a) Ewing's sarcoma
b) Ostebma
c) Osteosarcoma
d) Osteoclastoma

438. Best investigation for bone metastasis is - *(AI 12)*
a) MRI b) CT
c) Bone scan d) X-ray

439. Best investigation for bone metastasis is - *(AI 11)*
a) MRI b) CT
c) Bone scan d) X- ray

440. In normal X-ray of shoulder which is superior most structure - *(NEET/BNB Pattern)*
a) Greater tubercle
b) Surgical neck of humerus
c) Coracoid process
d) Head of humerus

441. Investigation of choice for a lesion of temporal bone-
a) CT b) MRI *(AIIMS May 10)*
c) USG d) Plain X-ray

442. Bare orbit is/are seen in - *(PGI Nov. 10)*
a) Metastasis b)Neuroblastoma
c) Optic nerve glioma d) Osteomyelitis
e) Pseudotumor cerebri

443. Investigation of choice for intramedullary SOL is -
a) MRI b) USG *(NEET/DNB*
c) CT d) X-ray *Pattern)*

NERVOUS SYSTEM

444. Most common cause of suprasellar enlargement with calcification in chfldren is - *(AIIMS Dec 94, AI97)*
a) Craniopharyngioma
b) Astrocytoma
c) Meningioma
d) Suprasellar tuberculoma

445. A 6 year old boy has been complaining of headache, ignoring to see the objects on the sides for four months. On examination he is not mentally retarded, his grades at school are good, and visual acuity is diminished in both the eyes. Visual charting showed significant field defect CT scan of the head showed suprasellar mass with calcification. Which of the following is the most probable diagnosis ?
a) Astrocytoma *(AIIMS Nov 04)*
b) Craniopharyngioma
c) Pituitary adenoma
d) Meningioma

446. Intracranial calcification with cystic lesion in plain X-ray skull is seen in - *(AIIMS 96)*
a) Meningioma b) Glioma
c) Craniopharyngioma d) Medulloblastoma

447. Suprasellar calcification with growth retardation is seen in - *(AIIMS 95)*
a) Pineal body tumor b) Pituitary tumor
c) Thalamic tumor d)Craniopha

448. Which of the following is the most common cause of a mixed cystic and solid suprasellar mass seen on cranial MR scan of a 10 years old child -
a) Pituitary adenoma *(AIIMS May 05)*
b) Craniopharyngioma
c) Optic chiasma glioma
d) Germinoma

449. Physiological calcification of Skull in X-ray is seen in- *(PGI01)*
a) Pineal gland b) Choroid plexus
c) Red nucleus d) Basal ganglion

450. Basal ganglia calcification is seen in - *(PGI 03)*
a) Hyperparathyrodism b) Hyperthyroidism
c) Hypoparathyroidism d) Hypothyroidism
e) Acromegaly

451. Basal ganglia calcification is seen inall except -
a) Hypoparathyroidism *(AI07)*
b) Wilson's disease
c) Perinatal hypoxia
d) Fahr's syndrome

452. Calcification of basal ganglia is seen in A/E -
a) Berry's aneurysm *(AIIMS97)*
b) Cysticercosis
c) Idiopathic hyperparathyroidism
d) Wilson's disease

430)b 431)c 432)b 433)b 434)d 435)a 436)b>c 437)a 438)c 439)c 440)c 441)a 442)a 443)a
444) a 445) b 446) c 447) d 448) b 449)a,b,d 450)a,c,d 451)b 452) d

453. Which of these is not a sign of increased ICT -
a) Erosion of dorsum sella *(AIIMS May 08)*
b) Sutural diastasis
c) Ballooning of sella
d) Copper-beaten appearance

454. In children raised ICT is manifested by - *(MP 98)*
a) Lytic lesions in skull wall
b) Rarefaction of dorsum of sella
c) Sutural diastasis
d) None

455. The MR imaging in multiple sclerosis will show lesions in - *(AI06)*
a) White matter b) Grey matter
c) Thalamus d) Basal ganglia

456. Extensive involvement of deep white matter with bilateral hyperdense thalami on non-contrast CT scan of the brain is virtually diagnostic of -
a) Alexander's disease *(AIIMS Nov 07)*
b) Krabbe's disease
c) Canavan's disease
d) Metachromatic leukodystrophy

457. Which of the following is not a MRI feature of Mesial temporal sclerosis ? *(AI 09)*
a) Atrophy of mammillary body
b) Atrophy of fornix
c) Blurring of Grey white matter junction of ipsilateral temporal lobe
d) Atrophy of hippocampus

458. A15 year old boy had 10-12 partial complex seizures per day inspite of adequate 4 drug antiepileptic regime. He had history of repeated high grade fever in childhood. MRI for epilepsy protocol revealed normal brain scan. What should be the best non-invasive strategy to make a definite diagnosis so that he can be prepared to undergo epilepsy surgery-
a) Interictal scalp EEG *(AIIMS 02)*
b) Video EEG
c) Interictal ^{18}F-FDg PET.
d) Video EEG with Ictal"mTc-HMPAO Brain SPECT

459. Finding in meningioma are all except - *(PGI97)*
a) Vascular markings around falx
b) Calcification
c) Erosion
d) Osteosclerosis

460. Meningioma on plain radiography reveals -
a) Calcification b) Erosion *(PGI June 09)*
c) Sutural diastasis d) Osteosclerosis
e) Vascular marknig

461. A 40 years old female patient presented with recurrent headaches. MRI showed an extra-axial, dural based and enhancing lesion. The most likely diagnosis is - *(DPG 09, AIIMS May 06, AI 12)*
a) Meningioma b) Glioma
c) Schwannoma d) Pituitary adenoma

462. Characteristic featurs of meningioma are all except-
a) Dural tail sign *(Maharashtra 02)*
b) Hyperostosis
c) Prominent vascularity
d) Intra-axial tumor

463. A 45 year old female presented with lower limb weakness, spasticity, urinary hesitancy and mid dorsal intradural enhancing mass in MRI. What is the diagnosis - *(AI 07, AIIMS May 10, Nov 06)*
a) Lipoma b) Meningioma
c) Dermoid cyst d) Neuroepithelial cyst

464. A 20 year female patient with 6th cranial nerve palsy on T2 weighted MRI shows a hyperintense lesion in cavernous sinus which shows homogenous contrast enhancement. Most probable diagnosis is?
a) Schwannoma *(AIIMS Nov. 10)*
b) Meningioma
c) Cavernous sinus hemangioma
d) Astrocytoma

465. A male was brought unconscious to the hospital with external injuries. CT brain showed no midline shift, but basal cisterns were compressed with multiple small hemorrhages. What is the diagnosis -
a) Cortical contusion *(AI 07, AIIMS May 10,*
b) Cerebral laceration *Nov 06)*
c) Multiple infarcts
d) Diffuse axonal injuries

466. Which one of the following tumors shows calcification on CT scan - *(AI 05)*
a) Ependymoma b) Medulloblastoma
c) Meningioma d) CNS lymphoma

467. All of the following calcify except - *(Jipmer 02)*
a) Medulloblastoma
b) Sturge weber syndrome
c) Meningioma
d) Ependymoma

468. Ring enhancing lesion in brain is/are seen in -
a) Brain abscess *(PGI Dec 08)*
b) Resolving haematoma
c) Primary CNS lymphoma
d) Encephalopathy
e) Infarction

469. Local cerebral lesion with ring on CT scan is caused by- *(PGI02)*
a) Toxoplasmosis b) Intracranial haemorrhage
c) Cysts d) Hamartoma

470. Periventricular calcification is often due to- *(PGI97)*
a) Toxoplasmosis b) CMV infection
c) Congenital syphilis d) All of the above

471. ''Bracket Calcification" on Skull X-Ray is seen in -
a) TuberousSclerosis *(AIIMSMay 12)*
b) SturgeWebeSyndrome
c) Lipoma of corpus callosum
d) Meningioma

453) c 454) c 455) a 456) b 457) c 458) d 459) c 460)a,d,e 461) a 462) d 463) b 464) b 465) d
466) c>a 467) a 468)a,b,c,e 469) a 470) b 471) c

472. Tram track appearance on CT scan of head is seen in- *(AIIMS01)*
a) Stage weber syndrome
b) Von Hippie lindau syndrome
c) Tuberous sclerosis
d) Neurofibroma

473. Subdural haematoma most commonly results from-
a) Rupture of intracranial aneurysm *(AIIMS 04)*
b) Rupture of cerebral AVM
c) Injury to cortical bridging veins
d) Hemophilia

474. Which of the following is classic CT appearance of an acute subdural hematoma - *(MH04, A104)*
a) Lentiform-shaped hyperdense lesion
b) Cresent-shaped hypodense lesion
c) Cresent-shaped hyperdense lesion
d) Lentiform-shaped hypodense lesion

475. Characteristic of subdural hematoma is -
a) Convex hyperdensity *(AIIMS98)*
b) Concavo convex hyperdense
c) Biconvex hyperdense
d) Concavo convex hypodense

476. CT scan of a patient with history of head injury shows a biconvex hyperdense lesion displacing the grey-white matter interface. The most likely diagnosis is -
a) Subdural hematoma *(AI03)*
b) Diffuse axonal injury
c) Extradural hematoma
d) Hemorrhagic contusion

477. Which tumor is suggested by "Thouser leg Appearance" on an ascending myelogram? *(DPG Mar. 09)*
a) Extradural b) Extramedullary
c) Intramedullary d) Vertebral

478. The first investigation of choice in a patient with suspected subarachnoid haemorrhage should be -
a) Non-contrast computed tomography *(AI 04)*
b) CSF examination
c) Magnetic resonance imaging (MRI)
d) Contrast-enhanced computed tomography

479. Investigation of choice for acute subarachnoid haemorrhage - *(DPG Feb. 09, Calcutta 2K,*
a) Enhanced MRI b) MRI *Assam 2K, AI 98)*
c) CT-scan d) Angiography

480. Best test to determine etiology of SAH - *(AIIMS 95)*
a) Enhanced CT
b) Unenhanced CT
c) Intra arterial digital substraction angiography
d) MRI

481. Investigation of choice for multiple sclerosis -
a) CT b)MRI *(MEET/DNB Pattern)*
c) USG d)PET

482. Investigation of choice for juvenile nasoangiofibroma
a) X-ray b) Angiography *(AIIMS 97)*
c) USG d) CT Scan - contrast enhanced

483. The procedure of choice for the evaluation of an aneurysm is - *(AI 06)*
a) Ultrasonography
b) Computed tomography
c) Magnetic resonance imaging
d) Arteriography

484. A patient is suspected to have vestibular schwanomma. The investigation of choice for its diagnosis is - *(AI 04, NEET/DNB Pattern)*
a) Contrast enhanced CT scan
b) Gadolinum enhanced MRI
c) SPECT
d) PET scan

485. The best investigation to diagnose a case of acoustic neuroma is - *(AIIMS May 08)*
a) Gadolinium enhanced MRI b) CT scan
c) Audiometric analysis d) PET scan

486. Which of the following is the best choice to evaluate radiologically a posterior fossa tumor? *(MH 05,*
a) CT scan b) MRI *SGPGI04, AI03)*
c) Angiography d) Myelography

487. Investigation of choice for meningeal carcinomatosis is - *(AIIMS Nov. II)*
a) Contrast enhanced MRI b)PET-CT
c) SPET d)NCCT

488. Parameningeal Rhabdomyosarcoma is best diagnosed by - *(AIIMS 01)*
a) MRI b)CTScan
c) SPECT d)PET

489. Cerebral blood flow in an asphyxiated child is best measured by - *(AIIMS May 09)*
a) NIRS b)PET
c) Radionuclide imaging d) MRI angiography

490. Carotid artery stenosis screening invivo choice is -
a) USG b) CT *(NEET/DNB Pattern)*
c) MRI d) Doppler

491. Dye for myelography is inj ected in which space -
a) Subdural b) Epidural *(MH02)*
c) Subarachnoid d) Extradural

492. Investigation of choice for diagnostic evaluation of hydrocephalus in one month old child - *(MH 05)*
a) X-ray skull b)USG
c) CT d)MRI

493. MRI finding in covernous angioma -*(AIIMSNov. 11)*
a) Reticular popcorn like pattern
b) Arterial feeders
c) Well defined nidus
d) Phebectasia

494. Tiger eye sign on MRI **is seen** *in-(NEET/DNB Pattern)*
jj | a) Halloverden spatz disease b) CHPS §p|g|j
c) Achalasia Cardia d) None

OBSTETRICS AND GYNAECOLOGY

495. USG can detect gestation sac earliest at - *(PGI97)*
a) 5-6 weeks of gestation b) 7-8 weeks of gestation
c) 10 weeks of gestation d) 12 weeks of gestation

472) a 473)c 474)c 475)b 476)c 477)c 478)a 479)c 480)c 481)b 482)d 483)d 484)b 485) a
486) b 487) a 488)a 489)a 490)d 491)c 492)b 493)a 494)a 495)a

496. Earliest sign of fetal life is best detected by - *(AI04)*
a) X-ray b) Fetoscopy
c) Real time USG d) Doppler

497. Molar pregnancy can be best diagnosed by -*(MH01)*
a) Clinical history & examination
b) Ultrasound study
c) Laproscopy
d) CT Scan

498. The investigation of choice for an ectopic pregnancy is - *(A1IMSMay 08., PG197)*
a) CT scan b) TransvaginalUSG
c) Serum HCG levels d)MRI

499. Most accurate assessment of gestational age by USG is done by - *(Jipmer 04)*
a) Femur length b) Gestational sac size
c) Menstrual history d) Crown rump length

500. Parameters used to estimate gestational age in last trimester - *(PG197)*
a) CR length b) Abdominal circumference
c) BPD d) Femur length

501. In second trimester of pregnancy, the diognosis of IUGR can be best made by assessing which of the following parameter- *(MH-11)*
a) HC b)AC
c) GRL d)BPD

502. Which one of the following congenital malformation of the fetus can be diagnosed in first trimester by ultrasound? *(AI1MS Nov 08, AI06)*
a) Anencephaly b) Inencephaly
c) Microcephaly d) Holoprosencephaly

503. Anencephaly can be diagnosed by USG at -
a) 10-12 weeks of gestation *(AIIMS 96)*
b) 14-18 weeks of gestation
c) 20-24 weeks of gestation
d) 24-28 weeks of gestation

504. Earliest detectable congenital malformation by USG is? *(AIIMSNov 08)*
a) Spina bifida b) Cystic hygroma
c) Anencephaly d) Encephalocele

505. Ultrasonography of umbilical artery is done to know about- *(PG197)*
a) Heart beat b) Gastational age
c) Fetal weight d) Fetal maturity

506. True about antenatal doppler analysis is all except -
a) Reduction in end diastolic flow is associated with poor out come *(Jipmer 06, PGI06)*
b) Reduction in EDF is associated with IUGR
c) In normal gestation placental resistance is high
d) S/D ratio is high in IUGR
e) Investigation of choice in pregnancy

507. USG done at 18-20 weeks mainly to- *(Kerala 01)*
a) Detect fetal abnormality b) Determine sex
c) Estimate liquor d) Determine maturity

508. All are signs / features of ectopic pregnancy on USG except- *(PGI 03)*
a) Pseudo sac
b) Hyperechoic rim
c) Adenexalmass
d) Echogenic mass with multicystic spaces within endometrial cavity
e) Doughnut sign

509. Ectopic pregnancy, characteristic finding in USG is- *(AIIMS 98)*
a) Absence of gestational sac in uterus
b) Complex adnexal mass
c) Resistance in coloured doppler
d) Free fluid in peritoneal cavity

510. USG can diagnose all except -
a) Anencephaly b) Neural tube defect
c) Placenta previa d) Down's syndrome

511. On USG finding of cystic hygroma in fetus is suggestive of - *(AIIMS 9 7)*
a) Down's syndrome b) Marphan's syndrome
c) Turner's syndrome d) Klinfelter's syndrome

512. Popcorn calcification is seen in - *(NEET/DNB*
a) Fibroadenoma b) Fibroadenosis *Pattern)*
c) Carcinoma breast d)None

513. Mammographic abnormality seen in CA breast is -
a) Change in density *(PGI June 05)*
b) Clusters of Microcalcification
c) Change in architecture
d) All

514. Hallmark of breast malignancy on mammography -
a) Low density lesion *(Maharashtra 10)*
b) Smooth margin
c) Clusters of microcalcification
d) Popcorn calcification

515. Which of the following features on mammogram would suggest malignancy - *(AIIMSMay 06)*
a) Well defined lesion
b) A mass of decreased density
c) Areas of speculated microcalcifications
d) Smooth borders

516. On mammogram all of the following are the features of a malignant tumor except - *(AIIMS03)*
a) Spiculation b)Microcalcifica
c) Macrocalcification d) Irregular mass

517. The sensitivity of mammography is low in young females because - *(AI09)*
a) Less glandular tissue and more fat
b) Young females are less cooperative
c) Young breast have dense tissue
d) Because of less fat content

518. Which of the following does not contain fat on mammography? *(AI09)*
a) Post-traumatic cyst b) Hamartoma
c) Seborrhic keratosis d) Galactocele

496) d 497) b 498) b 499) d 500)b,c,d 501) d 502) a 503) a 504) c 505) a 506) c,e 507) a 508) d 509) b
510) None>d 51 l)c 512) a 513) d 514) c 515)c 516)c 517)c 518)c

519. The most sensitive investigation for DCIS (Ductal carcinoma in situ) of breast? *(AI09, AIIMS, Nov: 10)*
a) Mammography b) Ultrasound
c) MRI d) PET scan

520. Investigation to diagnose stage-I carcinoma breast -
a) B/L mammogram b) X-ray chest *(PGI2K)*
c) Bone scan d) Liver scan

521. Mammography can be used in- *(MH01)*
a) Early breast carcinoma b) Mastitis
c) Fibroadenoma d) Phyllodes tumor

522. Triple assessment for carcinoma breast includes -
a) History, clinical examination, biopsy/cytology
b) Clinical examination, mammography, biopsy/ cytology *(AI09)*
c) History, clinical examination, ultrasonography
d) Observation, ultrasonography, biopsy/cytology

NUCLEAR MEDICINE

523. Gamma camera in Nuclear Medicine is used for -
a) Organ imaging *(AI 05)*
b) Measuring the radioactivity
c) Monitoring the surface contamination
d) RIA

524. On 3 phase 99m Tc - MDP bone scan, which of the following bone lesions will show least osteoblastic activity - *(AIIMS 03)*
a) Paget' disease b) Osteoid osteoma
c) Fibrous dysplasia d) Fibrous cortical defect

525. Bone scan in multiple myeloma shows -
a) Hot spot *(AIIMS Nov 06)*
b) Cold spot
c) Diffusely increased uptake
d) Diffusely decreased uptake

526. Hot spots in bone scan are seen in the following conditions conditions except - *(Maharashtra 07)*
a) Osteomyelitis b) Multiple myeloma
c) Hyperparathyroidism d) Metastases

527. Hot spot in MI is seen in - *(AI98, AIIMS 96)*
a) Th-20 b) Gallium
c) Pyrophosphate Tc99 d) Albumin

528. Which test is performed to detect reversible myocardial ischemia? *(AIIMS 03)*
a) Coronary angiography
b) MUGA scan
c) Thallium scan
d) Resting echocardiography

529. Renal GFR is best measured by - *(PGIDec 05)*
a) Tc99 DMSA
b) Tc99 Pyrophosphate scan
c) Tc99 DTPA
d) Creatinine clearance
e) Tc99 albumin scan

530. GFR is measured with which of the following?
a) Iodohippurate b)Tc99m-DTPA *(AI08)*
c) Tc99m - MAG3 d) Tc99m - DMSA

531. Impared renal function is assessed by - *(AI 99)*
a) MAG 3 b) Iodohippurate
c) DMSA scan d) DTPA

532. Distribution of functional renal tissue is seen by -
a) DMSA *(Jipmer 05, PGI 05)*
b) DTPA
c) MAG3 - Tc99
d) 1123 iodocholesterol

533. Vesicoureteric reflux is demonstrated by using -
a) DMSA *(Jipmer 06, TN 04)*
b) DTPA
c) MAG3 - Tc99
d) 1123 iodocholesterol

534. In Radionuclide imaging the most useful radio pharmaceutical for skeletal imaging is - *(AI 05, 95, 94, AIIMS 95,PGI 03, 02, 00)*
a) Gallium 67 (^{67}Ga)
b) Technetium-sulphur-colloid (^{99m}Tc-Sc)
c) Technetium-99m (^{99ra}Tc)
d) Technetium-99m linked to Methylene disphosphonate (^{99m}Tc-MDP)

535. Sestamibi scan is used in - *(PGI 03)*
a) Ectopic thyroid
b) Ectopic parathyroid
c) Parathyroid adenoma
d) Extra adrenal pheochromocytoma
e) Adrenal pheochromocytoma

536. Isotope for thyroid scaning - *(PGI 2000)*
a) I^{129} b) I^{131}
c) Technetium99 d) Selenium

537. All isotopes are used for thyroid except - *(PGI02)*
a) 1-131 b) 1-123
c) 1-122 d) 1-125
e) 1-129

538. Isotope used in RAIU - *(AI 07)*
a) I^{131} b) I^{123}
c) I^{125} d) I^{127}

539. Tc labelled RBC's are used for - *(AI95)*
a) Biliary tree b) Renal disease
c) Pulmonary embolism d) Spleenic disease

540. Which of the following techniques is the best for differentiating recurrence of brain tumour from radiation therapy induced *necrosis?(AIIMSMay 05)*
a) MRI b) Contrast enhanced MRI
c) PET scan d) CT scan

541. Radio isotopes are used in the following technique except- *(AI 04)*
a) Mass spectroscopy
b) RIA
c) ELISA
d) Sequencing of nucleic acid

519)c 520)a 521)a 522)b 523)b 524)d 525)b 526) b 527)c 528)c 529)c 530)b 531)a>b,d
532) a 533) a 534) d 535) b,c 536) b,c 537)c,d,e 538) b 539) d 540) c 541) c

542. PET scan uses - *(NEET/DNB Pattern)*
a) 2-Fluorodeoxyglucose b) Technetium
c) Chromium d) Cobalt

RADIOTHERAPY

543. What is atomic number - *(PGI01)*
a) Proton b) Electrons + protons
c) Protons + neutrons d) Protons + protons

544. Substance with same atomic number but different mass number- *(MH10, 09, 06, 03)*
a) Isotope b) Isobar
c) Atom d) Mineral

545. Principle used in radiotherapy is - *(A197)*
a) Cytoplasmic coagulation b) Ionizationof molecule
c) DNA damage d) Necrosisof tissue

546. Ionization radiation acts on tissue leading to -
a) Linear acceleration injury *(AI98)*
b) Excitation of electron from orbit
c) Formation of pyramidine dimer
d) Thermal injury

547. Functional basic of ionising radiation depends on-
a) Pyramidine base pairing *(AIIMS 96)*
b) Removal of orbital electron
c) Linear energy transfer
d) Adding orbital electron

548. Most sensitive structure in cell for radiotherapy is- *(PGI02)*
a) Cell membrane b) Mitochondrial membrane
c) DNA d) Enzymes
e) ER

549. Which of the following statements best describes 'Background Radiation[9] - *(AI 10)*
a) Radiation in the background of nuclear reactors
b) Radiation in the backgroung during radiological investigations
c) Radiation present constantly from natural sources
d) Radiation from nuclear fall out

550. Radioactive substance emits the following except -
a) Gamma b)Beta *(MH08,02)*
c) Alpha d) X-rays

551. Principles of Linear accelerators is used in -
a) X-rays b) Gamma- rays *(PGI June 06)*
c) Alpha rays d) Infrared rays
e) Alpha particles

552. Brachytherapy is - *(MH05)*
a) Radiotherapy with the source of radiation outside the body, well at a distance
b) External beam radiation therapy
c) Radiation source used in body cavities or implated directly into tissues
d) Per oral radiation therapy

553. Most common used rays for radiotheraphy -
a) X rays b) y rays *(PGI June 06, PGI 02)*
c) a rays d) P rays

554. Most commonly radiothearpy uses - *(AIIMS 99)*
a) X-rays b) Gamma rays
c) Alpha rays d) Electron

555. Radioactive emissions used in radiotherapy are -
a) a-Particles b) p-Particles *(PGI 03, 01)*
c) y-rays d) X-ray
e) Infraredrays

556. Beams can be used for cancer treatment are -
a) y- rays b) a -rays *(PGI02)*
c) Neutrons d) Protons
e) X-rays

557. In radiation theray rays used are - *(PGI 99)*
a) a, p b) a, y
c) P, Y d) Y, a, p

558. About X-rays which is/are not true - *(PGI Dec 08)*
a) Low frequency b) Long wavelength
c) Dual character d) Penetrating
e) Electrically neutral

559. The major difference between X-Rays and Light is -
a) Energy b) Mass *(AI10)*
c) Speed d) Type of wave

560. Which one of the following has the maximum ionization potential? *(AI 06)*
a) Electron b) Proton
c) Helium ion d) Gamma - Photon

561. Which of the following has highest ionizing potential- *(Maharashtra 10)*
a) X-ray b) Gamma ray
c) a - rays d) P - rays

562. Which of the following is the most penetration beam-
a) Electron beam b) 5 MV photons *(AI 04)*
c) 18MV photons d) Proton beam

563. Which of the following has mot penetrating power ?
a) a - particle b) p - particle *(MH 07, AI 02)*
c) y-radiation d) Electron beam

564. Most harmful to individual cell - *(PGI98)*
a) X-rays b) a - particles
c) p-particles d) X-rays (gamma rays)

565. Which of the following is the most ionizing radiation- *(AI 10)*
a) Alpha b)Beta
c) X-rays d) Gamma

566. For the treatment of deep seated tumors, the following rays are used - *(AIIMS 03)*
a) X rays and Gamma-rays
b) Alpha rays and Beta- rays
c) Electrons and positrons
d) High power laser beams

567. SI unit of dose of radiation absorption -
a) Rad b) REM *(MH 10, 06)*
c) Gray d) Curie

568. Curie is unit of - *(PGI 97)*
a) Radiation exposure b) Radiation absorption
c) Radioactivity d) All of the above

542) a 543) a 544) a 545) b,c 546) b 547) b 548) c 549) c 550) d 551) a 552) c 553) a,b 554) a >b
555)a,b,c 556)All 557) d 558) a,b 559) a 560) c 561) c 562) c 563) c 564) b 565) a 566) a 567) c 568) c

569. Gray equals - *(PGI June 07, NEET/DNB Pattern)*
a) 100 rad b) 1000 rad
c) 10000 rad

570. **1 Curie equals to -** *(APPG 08)*
a) 3.7 Mbecqueral b) 37Mbecqueral
c) 3.7 Gb d) 37Gb

571. I becquerel is equal (Disinegration/sec) to -
a) $3.7xlO^{10}$ b)$2.7x\ 10^{10}$ *(PGIMaylO)*
c) $1.7\ xlO^{10}$ d) $3.7\ x\ 10'^{2}$
e) 1

572. Unit of radiation exposure - *(MH 06, 05)*
a) Rad b) Rem
c) Gray d) Roentgen

573. Which of the following best estimated the amount of radiation delivered to an organ in the radiation field-
a) Absorbed dose b) Equivalent dose *(AI10)*
c) Effective dose d) Exposure dose

574. Conventional daily dose regimen in external beam radiotherapy is - *(MH03)*
a) 100-150 cGy b)150-170cGy
c) 180-200cGy d)225-250cGy

575. Isotope (s) used in high dose rate brachytherapy -
a) Irl92 b) Co-60 *(PGIJune09)*
c) Cs-133 d)Ra226
e) Pdl03

576. Which of the following is used for permanent interstitial implant brachytherapy- *(MH 03)*
a) Boron b) Cesium - 131
c) Phosphorus d) Iridium

577. Which one of the following radioisotope is not used as permanent implant: *(A 105, DPG 09)*
a) Iodine-125 b) Palladium-103
c) Gold-198 d) Caesium-137

578. All may be used in interstitial brachytherapy except-
a) Cs^{137} b) Au^{198} *(AI99)*
c) Ir^{192} d) Co^{60}

579. Which of the following radioactive isotopes is not used for brachytherapy - *(AIIMS05)*
a) Iodine-125 b) Iodine-131
c) Cobalt-60 d) Iridium-192

580. Which of the following radioisotopes is commonly used as a source for external beam radiotherapy in the treatment of cancer patients - *(AI03)*
a) Strontium-89 b) Radium-226
c) Cobalt-59 d) Cobalt-60

581. For teletheraphy, isotopes commonly used are -
a) 1-123 b) Cs-137 *(PGI02, Nov. 10)*
c) Co-60 d)Tc-99
e) Ir-191

582. For teletheraphy setup all are used except -*(AIIMS 98)*
a) Iridium 127 b) Cobalt 60
c) Simulator d) Computer

583. Which is used in teletheraphy & Brachytherapy both- *(AIIMS98)*
a) Iridium 127 b) Cobalt 60
c) Pallidium d) Iodine 131

584. All of the following radioisotopes are used as systemic radionucleide,except- *(AI 06)*
a) Phosphorus-32 b) Strontium-89
c) Iridium-192 d) Samarium-153

585. Radioactive isotopes that are used in treatment of cancer are - *(PGI 03)*
a) Cesium b) Cobalt
c) Carbon d) Technetium
e) Nitrogen

586. Isotopes used for radiotherapy - *(PGI 2000)*
a) Radon b) Cobalt 60
c) Iridium d) Cesium

587. Used in radiotherapy - *(PGI June 08)*
a) Iodine-131 b) Co-60
c) Ir-192 d)Lu-177
e) Iodine-125

588. Phosphorus^{32} emits - *(AI 06)*
a) Beta particles b) Alpha particles
c) Neutrons d) X-rays

589. All of the following are pure beta emitters Except -
a) Yttrium-90 *(AIIMS May 11)*
b) Phosphorus-32
c) Strontium
d) Samarium-153

590. Radium emits which of the following radiations -
a) Alpha rays b) Beta rays *(PGI 00, 01*
c) Gamma rays d) X-rays *PGI, May 10)*
e) Neutrons

591. Radioactive isotope/substance emits the following radiations except - *(MH 08)*
a) Alpha b)Beta
c) Gamma d) X-ray

592. Longest half life is seen in - *(AIIMS 97)*
a) Radon b) Radium
c) Uranium d) Cobalt

593. The half life of Cobalt -60 is - *(AIIMS 97)*
a) 3.4 years b) 5.2 years
c) 1.2 years d) 2.3 years

594. Which is/are false about $T_{1/2}$ of radioisotopes -
a) Ra -226:1626 years *(PGI May 10)*
b) 1-131:60 years
c) Co-60:5.26 years
d) Ir-192 : 74 years
e) Cs- 137:30 years

595. Half-life of Iodine 131 is - *(DPG 08)*
a) 8 hours b) 8 days
c) 8 weeks d) 8 months

596. Most suitable radioisotope of Iodine for treating hyperthyroidism is - *(AI 03)*
a) I^{123} b) I^{125}
c) I^{131} d) I^{132}

597. Which of the following is used in the treatment of differentiated thyroid cancer? *(AI 06)*
a) $^{13.}I$ b) 99mTc
c) 32p d)311-mIBG

569)a 570)c 571)e 572)d 573)a 574)c 575)a,b 576)b 577)d 578)None 579)b 580)d 581)b,c 582)a 583)b 584) c 585) a,b 586)a,b,c,d 587)All 588) a 589) d 590)a,b,c,e 591) d 592)b 593)b 594) b,d 595)b 596) c 597) a

598. Radioactive phosphorus is used in the treatment of-
a) Polycythemia *(DPG Feb 09)*
b) Thyroid metastasis
c) Multiple myeloma
d) Embrynal cell carcinoma

599. Thre about Cobalt - 60 is - *(PGIDec 04)*
a) Natural radioactive agent
b) At.wt. 59
c) Emits p and y-rays
d) Half life is 5.3 years
e) Used in both brachy & teletherapy

600. Cobait-60is- *(MH03 07,03)*
a) Natural radioactive source
b) Natural radioactive material
c) Artificial radioactive source
d) Artificial stable substance

601. Artiflcal radioisotops - *(PGI 02)*
a) Radium b) Uranium
c) Plutoniumd) Iridium
e) Cobalt

602. Which of the following elements is obsolete in radiotherapy - *(A1IMS Nov 09)*
a) Radium 226 b) Cobalt 60
c) Iridium 192 d) Cesium 137

603. Intercavitatory radiotherapy is treatment modality for- *(AI1MS 99)*
a) Ca Cervix b) Ca Oesophagus
c) Ca Stomachd) Renal cell CA

604. Advantage of brachytherapy - *(PGIDec 04)*
a) Non-invasive
b) Less radiation hazard to normal tissue
c) Max.radiation to diseased tissue
d) Can be given in all malignancies
e) Doesn't require trained personnel

605. Features of interstitial radiotherapy are all except -
a) Only used in head & neck *(PGI June 06)*
b) *i* Damage to normal tissue
c) Temporary or permanent
d) Only iridium used
e) Used for easily accessible organ

606. Radiation emitts by Ir-192 - *(PGIDec 07)*
a) 0.5 Mev b)0.6Mev
c) 0.66 Mev d)0.6 66Mev
e) 0.47 Mev

607. Radiosensitive tumors are - *(PGI June 06)*
a) Seminomab) Lymphoma
c) Sarcoma d) Ewing's sarcoma
e) Leukemia

608. Tumor(s) most responding to radiotherapy -*(PGI03)*
a) Sarcoma b) Seminoma
c) Lymphoma d) Leukaemia

609. Which of the following is the most radiosensitive tumour? *(AIIMS May 05)*
a) Ewing tumour
b) Hodgkin's disease
c) Carcinoma Cervix
d) Malignant fibrous histocytoma

610. Which of the following malignant tumors is radio resistant? *(DPG 09, AI06)*
a) Ewing Tumour b) Retinoblastoma
c) Osteosarcoma d) Neuroblastoma

611. Which of these tumors is least radiosensitive -
a) Ewing's sarcoma *(AIIMSMay 07)*
b) Osteosarcoma
c) Wilm's tumor
d) Neuroblastoma

612. Most radiosensitive brain tumor is - *(AIIMS 97)*
a) Astrocytoma b) Ependymoma
c) Medulloblastoma d) Craniopharyngeoma

613. The most radiosensitive tumour among the following is- *(AI06)*
a) Bronchogenic carcinoma b) Carcinoma parotid
c) Dysgerminoma d) Osteogenic sarcoma

614. Most Radiosensitive ovarian tumor is- *(AIIMS 97)*
a) Serus cystadenoma b) Dysgerminoma
c) Demoidcyst d) Teratoma

615. Most Radiosensitive tumor - *(AIIMS 95)*
a) Brenner's tumor b) Dysgerminoma
c) Mucinous cystadenoma d) Teratoma

616. Tumor responding best to radiation include following- *(PGI 97)*
a) Melanoma b) Dysgerminoma
c) Teratoma d) Choriocarcinoma

617. Most Radiosensitive tumor of the following is -
a) Ca Kidney b)Ca Colon *(AI01)*
c) Ca Pancreas d)Ca Cervix

618. Which one of the following therapeutic mode is commonly employed in intra-operative radiotherapy?
a) Electron *(DPG 09, AIIMS 03)*
b) Photon
c) X-ray
d) Gamma rays

619. Intraoperative RT is given in - *(AIIMS 98)*
a) Ca Cervix b)Ca Breast
c) Ca Pancreas d) Ca Thyroid

620. Prophylactic intracranial irradiations are given in -
a) Small cell Ca of lung *(PGI 98)*
b) Testicular Ca
c) Ca breast
d) Ca stomach

621. Prophylactic cranial irradiation not indicated in treatment of - *(AI 02)*
a) Small cell Ca of lung b) ALL
c) Hodgkin's lymphoma d)NHL

622. Craniospinal irradiation is used in the Treatment of
a) Oligodendroglioma *(AI 02)*
b) Pilocytic astrocytoma
c) Mixed oligoastrocytoma
d) Medulloblastoma

623. Stereotactic radiosurgery uses all except -
a) Proton *(AIIMS May 09)*
b) Electron
c) Linear accelerator
d) Gamma knife

598)a 599)All 600)c 601)d,e 602)a 603)a 604)b,c 605)a,d,e 606)e 607)a,b,d 608)b,c 609)a 610)c
611) b 612) c 613)c 614)b 615)b 616)b 617)d 618)a 619)c 620)a 621)c 622)d 623)b

624. Stereotactic Radio-surgery is a form of - *(A1IMS 03)*
a) Radiotherapy b) Radioiodine therapy
c) Robotic Surgery d) Cryo Surgery

62 5. Stereotactic Radiotherapy is used in -
a) Miliary Lung Metastasis *(AIIMS May 12)*
b) Inoperable Stage 1 Lung Tumor
c) Lymphangitis Carcinomatosa
d) Tumor at die base of tongue with new Lymph Node enlargement

626. Gamma knife - *(PGI June 06)*
a) Steel knife
b) Used for cutting tumours in difficult location
c) Cobalt is used
d) Recovery delayed

627. Isotopes used in relief of metastatic bone pain includes - *(PGI May 10)*
a) Strontium 89 b) 1-131
c) Gold-198 d)P-32
e) Rhenium-186

628. The technique employed in radiotherapy to counteract the effect of tumour motion due to breathing is known as - *(AI05)*
a) Arc technique b) Modulation
c) Gating d) Shunting

629. For which malignancy, intensity Modulated Radiotherapy (IMRT) is the most suitable -
a) Lung b) Prostate *(AUMS Nov 05)*
c) Leukemias d) Stomach

630. Hyperfractionation radiotherapy is used in the management of - *(DPG Feb. 09)*
a) Lung cancer b) Breast cancer
c) Seminoma d) Ovarian cancer

631. Radiosensitizer drug(s) is/are - *(PGI Dec 08)*
a) Misonidazole b)ActinomycinD
c) Oxygen d) Hyperthermia
e) Amifostine

632. Radiation therapy to hypoxic tissues may be potentiated by the treatment with - *(AIIMS 03)*
a) Mycostatin b) Metronidazole
c) Methotrexate d) Melphalan

633. All are radiosensitizer except - *(AIIMS 97)*
a) 5-Fu b)BUDR
c) Cyclophosphamide d)Hydroxyrea

634. A patient with cancer received extreme degree of radiation toxicity. Further history revealed that the dose adjustment of a particular drug was missed during the course of radiotherapy. Which of the following drugs required a dose adjustment in that patient during radiotherapy in order to prevent radiation toxicity - *(AIIMS May 04)*
a) Vincristine b) Dactinomycin
c) Cyclophosphamide d) 6 - Mercaptopurine

635. Which of the following drugs requires a dose adjustment in patient during radiotherapy in order to prevent radiation toxicity ? *(DPG Mar. 09)*
a) Vincristine b) Dactinomycin
c) Cyclophosphamide d) 6-Mercaptopurine

636. Radioprotective drug is - *(PGIDec. 08, AI 01,12)*
a) Paclitaxem b) Vincristine
c) Amifostine d) Btoposide

637. Amifostine, protects all of the following except -
a) CNS b) Salivary glands *(AI 09)*
c) Kidneys d) GIT

638. Which of the following statements about 'Stochastic effects ' of radiation is true - *(AI 10)*
a) Severity of effect is a function of dose
b) Probability of effect is a function of dose
c) It has a threshold
d) Erythema and cataract are common examples

639. Most sensitive tissue to Radiation is - *(AIIMS 95)*
a) Liver b) Gonads
c) Spleen d)Skin

640. Organs sensitive to radiation are - *(PGI 03)*
a) Gonad b) Bone marrow
c) Liver d) Fat
e) Nervous tissue

641. What is radioresistant - *(AIIMS 97)*
a) Cartilage b) Seminoma
c) Ewings sarcoma d) GI epithelium

642. Most radiosensitive tissue of body among the following is - *(MH 02)*
a) Bone marrow b) Spleen
c) Kidney d) Brain

643. Most common skin manifestation seen after 2 days of radiation therapy is - *(DPG 09, MH 05, AI 98)*
a) Erythema b) Atopy
c) Hyperpigmentation d) Dermatitis

644. Most common hormone dificiency seen after intracranial radiation therapy - *(AIIMSMay 0 7)*
a) Prolactin b) Gonadotropins
c) ACTH d) Growth hormone

645. Most common presentation of radiation carditis is-
a) Pyogenic Pericarditis *(AI 97)*
b) Pericardial Effusion
c) Myocardial Fibrosis
d) Atheromatous Plaque

646. Late effects of radiation thearpy - *(PGI 02)*
a) Mucositis b) Enteritis
c) Nausea and vomiting d) Pneumonitis
e) Somatic mutations

647. Low dose Radiation cause - *(PGI Nov. 10)*
a) Lung cancer b)AML
c) Cervical cancer d) Glioma
e) Meningioma

648. MC cancer due to Radiation - *(PGIDec 07)*
a) Leukaemia b) Bronchogenic Ca
c) Thyroid Ca d) Breast cancer
e) Bone tumour

649. Radiation exposure during infancy has been linked to which one of the following carcinoma - *(AI 03)*
a) Breast b) Melanoma
c) Thyroid d)Lung

624) a 625) b 626) b,c 627)a,d,e 628) c 629) b 630) a 631)a,b,c,d 632) b 633) c 634) b 635) b 636) c 637) a 638)b 639)b 640)a,b 641)a 642)a 643)a 644)d 645)b 646)a,b,d,e 647)a,b,d,e 648)a 649)c

650. Post-radiation transverse myelitis usually presents at what time after radiation therapy- *(MH 05)*
a) l - 2 weeks b) l - 2 months
c) 4 - 6 months d) l year

651. Most Radio sensitive stage - *(DPG 09, AI08, 07,98,96, PGI Dec 05, 97, AIIMS 02)*
a) S phase
b) Gjphase
c) G_2 phase
d) G_2M phase

652. Most radio resistant phase in cell cycle - *(Jipmer 11)*
a) Gj b) Early S
c) Late S d) G_2

653. Ionoising radiation most sensitive in - *(PGI June 05)*
a) Hypoxia b) S phage
c) G_2M phage d) Activating cell

654. The phase of cell cycle, most sensitive to radiation is / are - *(PGI Nov 09)*
a) M Phase b) G_2 Phase
c) S Phase d) Early G_1 Phase
e) G_0Phase

655. The maximum permissible radiation exposure per year recommended by NCRP for radiation worker is- *(MH 06, DPG 08)*
a) 3 rad b) 8 rad
c) 10 rad d)50mSv

656. Maximum permissible radiation dose in pregnancy is - *(MH 03, 02, AIIMS 03)*
a) 0.5 rad b) 1.0 rad
c) 1.5 rad d) rad

657. Cell most sensitive to radiation - *(DPG Feb. 09)*
a) Lymphocytes b) Neutrophils
c) Basophils d) Platelets

658. The radiation tolerance of whole liver as - *(AI 04)*
a) 15 Gy b)30Gy
c) 40Gy d)45Gy

659. Point A and point B Manchester location are important for treatment of which cancer -
a) Cervix b) Vagina *(MH 10, 03)*
c) Ovary d) Uterus

660. Point B in treatment of Ca Cervix by radiotherapy corresponds to - *(DPG Feb. 09)*
a) Obturator nodes b) Machenrodt's ligament
c) Ischial tuberosity d) Round ligament

661. Quantum of Radiation advocated at point B in carcinoma cervix - *(MH 11)*
a) 1000 cGy b) 2000 cGy
c) 5000 cGy d)8000cGy

662. Maximum recommended external beam radiation therapy dose for a case of carcinoma cervix is -
a) 80 Gy b)70Gy *(MH-11)*
c) 50 Gy d) 35 Gy

663. Photodynamic therapy with hematoporphyrins and light is increasingly used in treatment of ?
a) Ovary Ca b)SkinCa *(MH 10)*
c) Colon Ca d) All of the above

664. Emergency radiotherapy is given in - *(PGI June 05)*
a) Superior vena cava syndrome
b) Pericardial temponade
c) Increased ICP
d) Spinal cord compression

665. What dose of radiation therapy is recommended for pain relief in bone metastases - *(ARMS May 04)*
a) 8 Gy in one fraction b) 20 Gy in 5 fractions
c) 30 Gy in 10 fractions d) Above 70 Gy

666. The ideal timing of radiotherapy for Wilms tumour after surgery is - *(AI 06)*
a) Within 10 days b) Within 2 weeks
c) Within 3 weeks d) Any time after surgery

667. In which malignancy postoperative radiotherapy is minimally used - *(AI 04)*
a) Head and neck b) Stomach
c) Colon d) Soft tissue sarcomas

668. Radiation induced necrosis can be diagnosed by -
a) PET b) CT *(ARMS Nov 09)*
c) MRI d) Biopsy

669. Most stable radio-isotope among the following -
a) 0-18 b)C-14 *(MH-11)*
c) P-32 d) I-125

MISCELLANEOUS

670. Invertogram to be done in a new born - *(PGI98)*
a) Immediately b) After 2 hours
c) After 4 hours d) After 6 hours

671. First sign of hydrocephalus in children is - *(PGI 98)*
a) Post clinoid erosion b) Large head
c) Sutural diastasis d) Thinned out vault

672. William's syndrome is associated with - *(ARMS 98)*
a) Congenital supravalvular aortic stenosis
b) Congenital subvalvular aortic stenosis
c) VSD
d) ASD

673. Which one of the following is the most preferred route to perform cerebral angiography? *(AI 05)*
a) Transfemoral route b) Transaxillary route
c) Direct carotid puncture d) Transbrachial route

674. Beaded lumen with flmbrial fluid is seen in- *(NEET/DNB Pattern)*
a) TB of fallopian tube b) TB of endometrium
c) TB of Ovary d)None

675. Investigation of choice in parathyroid pathology is -
a) CT Scan *(MH 02, AI 95)*
b) Gallium scan
c) Thallium scan
d) Tc - Thallium substruction scan

676. Which of the following is not a CT feature of Adrenal adenoma- *(AI 09)*
a) Low attenuation
b) Homogenous density and well defined borders
c) Enhances rapidly, contrast stays in it for a relatively longer time and washes out late
d) Calcification is rare

650) d 651) d 652) c 653) c,d 654) a,b 655) d 656) a 657) a 658) c 659) a 660) a 661) c 662) c 663) d
664) a,b,c,d 665) a 666) a 667)b 668) a>d 669) a 670)d 671)c 672) a 673) a 674) a 675) d 676) c

677. All of the following statements about CT scan features of adrenal adenoma are true, Except- *(AI10)*
a) Calcification is Rare
b) Low Attenuation
c) Early enhancement with slow wash out of contrast
d) Regular margins

678. Which one of the following imaging modalities is most sensitive for evaluation of extra-adrenal Pheochrmocytoma- *(A1IMS 03)*
a) Ultrasound b)CT
c) MRI d) MIBG scan

679. The diagnostic procedure not done in case of pheochromocytoma - *(AIIMSMay07)*
a) CT scan b) MRI
c) FNAC d) MIBG scan

680. Which of the following feature of thyroid nodule on ultrasonogram is not suggestive of malignancy?
a) Hyperechogenisity *(AI09, AIIMS May 10)*
b) Hypoechogenisity
c) Nonhomogenous
d) Microcalcification

681. All of the following modalities can be used for in-situ ablation of liver secondaries, except - *(AI 06)*
a) Ultrasonic waves b) Cryotherapy
c) Alcohol d) Radio frequency

682. All are X-ray findings of retinoblastoma except -
a) Widening of optic canal *(AIIMS 99)*
b) Intra cerebral calcification
c) Intraocular calcification
d) Secondaries in cranial bones

683. 'Thumb print' sign seen in - *(PGI June 08)*
a) Candida b) Aspergillus
c) Thrrmomyces d) Epiglotitis

684. On DSA, typical 'string of beads' appearance of arteris is seen in- *(MH10, AIIMS May 04)*
a) Takayasu's disease
b) Atherosclerotic stenesis
c) Fibromuscular dysplasia
d) Middle aortic syndrome

685. X-ray view for supra orbital fissure - *(AIIMS 9 7)*
a) Towne's b)AP
c) Caldwell d)Basal

686. Caldwell lac view (occipito - frontal) can visualise -
a) Spenoid sinus b) Nasal bone *(PGI 02)*
c) Maxillary bone d) Ethmoid
e) Frontal sinus

687. Basal skull view (submentovertical view) X-ray is best to visualize - *(PGI2K)*
a) Ethmoid sinus b) Frontal sinus
c) Sphenoid sinus d) Maxillary sinus
e) Nasopharynx

688. Neural tube defect is best detected by - *(AI95)*
a) USG b) Chromosomal analysis
c) Amniocentesis d) Placentography

689. True about virtual colonoscopy - *(PGI Nov. 10)*
a) Provide endoluminal view
b) Biopsy can be taken
c) CT and MRI used
d) Used even when conventional colonoscopy fails
e) Used of screening of ca colon

690. Which of the following is used to differentiate between arachnoid cyst and epidermoid *cyst-(AIIMSNov. 11)*
a) FLAIR b)Tl weighted MRI
c) Smooth margin d) Contrast enhancement

691. In cerebral angiography the dye is injected through-
a) Femoral artery b) Brachial artery *(AI 99)*
c) Axillary artery d) Radial artery

692. Which of the following liver metastasis appear hypoechoic on Ultrasonography - *(AI 12)*
a) Breast cancer b) Colon cancer
c) Renal cancer d) Mucinous adenocarcinoma

693. A child was taken for CECT Chest and contrast was injected; child had swelling which gradually increased. There is numbness. There is pain on passive extension of fingers. He is not allowing you to touch the arm. Pulse was present. What will you do?
a) High Dose Prednisolone *(AIIMS May 12)*
b) Arterial Thrombectomy
c) Immediate Fasciotomy
d) Antihistaminics / Anticoagulants

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677) c 678) d 679) c 680) a 681) a 682) b 683) d 684) c 685) c 686)b,c,d,e 687) c 688) c 689)a,c,d,e 690) a 691)a 692)a 693) c


SKIN

ANATOMY OF SKIN

1. Desmosomes are helpful in connecting -
a) Keratinocytes *(NEET/DNB Pattern)*
b) Melanocytes
c) Dermis and epidermis
d) Langerhans cells

2. True about stratum lucidum - *(PGI June 09)*
a) Sandwitched between S. spinosum and S.granulosum
b) Sandwitched between S. corneum and S.granulosum
c) Contain hair follicle
d) Also known as prickle cell layer
e) Contain degenerated cells

3. Which layer of epidermis is underdeveloped in the VLBW infants in the initial 7 days - *(AIIMS Nov 02)*
a) Stratum germinativum b) Stratum granulosum
c) Stratum lucidum d) Stratum corneum

4. Melanocytes are present in - *(PGI99)*
a) Stratum corneum b) Stratum basale
c) Stratum granulosum d) Dermis

5. All statements are true regarding skin except -
a) Skin is stratified squamous epithelium *(PGI 96)*
b) Melanocyte & merkel cells are immigrant cells
c) Keratin filaments are a hallmark of epidermal cells
d) Keratinization process cause hydration of cells
e) Spines of spinous cells are formed from house keeping organelle

6. Basal cell degeneration seen in - *(PGI 02)*
a) Lichen planus b) Psoriasis
c) Pemphigus

7. Acantholysis involves - *(PGI Dec 08)*
a) Epidermis
b) Dermis
c) Dermo-epidermal junction
d) Subcutaneous tissue

8. Acanthosis involves - *(NEET/DNB Pattern)*
a) Str spinosufn b) Str granuolosum
c) Str Basale „ d) Str corneum

9. Dyskeratosis is characteristic feature of -*(PGI2K)*
a) Darrier'sds b) Pemphigus vulgaris
c) Psoriasis d) Bowen's disease
e) Hailey-Hailey ds

10. In which of the following conditions Parakeratosis most frequently occurs - *(AI06)*
a) Actinic keratoses
b) Seborrheic keratoses
c) Molluscum contagiosum
d) Basal cell carcinoma

11. Fox Fordyce's disease is a disease of - *(DPG 08)*
a) Eccrine glands b) Apocrine glands
c) Sebaceous glands d) Pilosebaceous glands

12. Fordyce's spot involves - *(SGPGI05)*
a) Sebaceous glands b) Pilosebaceous glands
c) Hair d) Nails

13. Hidradenitis suppurativa is a disease of?
a) Apocrine glands *(NEET/DNB Pattern)*
b) Eccrineiglands ,. -5 ?
c) Holocrine glands
d) None of the above

im **Miliaria is a disorder of -** *(NEET/DNB Pattern)*
a) Sebaceous glands 5 b) Apocrine glands
c)Eccrineglands d) Holocrine glands

15. Regarding Fordyce spots - *(PGI 02)*
a) Represent internal malignancy
b) Ectopic sebaceous glands
c) Present in axillae
d) Found in healthy people
e) Are erythematous

16. Fordyce's disease mainly involves-f^Z/MS[1]*2K, PGI97)*
a) Lips b) Buccal mucosa
c) Neck d) Trunk

17. In Fox Fordyce disease, true is/are - *(PGI 2002)*
a) Common in adult woman
b) Bullous lesions are common
c) Common in areola & axilla
d) Associated with other malignancies

18. Acne vulgaris invloves - *(AIIMS2001)*
a) Pilosebaceous gland b) Sebaceous gland
c) Eccrine gland d) Apocrine gland

19. Acne vulgaris involves - *(PGI 96)*
a) Sweat glands b) Sebaceous gland
c) Hair follicles d) Ceruminous glands

20. Acne vulgaris is due to involvement *oi-(PGI June 06)*
a) Sebaceous glands b) Eccrine glands
c) Pilosebaceous glands d) Apocrine glands
e) Sweat glands

21. Comedones are seen in - *(AIIMS 98, Kerala 94)*
a) Acne vulgaris b) Lichen planus
c) Adenoma sebaceum d) Pityriasis

22. Features of acne vulgaris - *(PGI June 06)*
a) T secretion
b) Not seen after 20 years
c) T Androgen production causes
d) Rx is penicillin for 1 week

23. Causative factor for acne are following except -
a) Androgen *(PGI 2000, SGPGI 00)*
b) Only food
c) Bacterial contamination
d) Hypercomification of duct

245 Jh sebaceous glands accumulation of sebum leads : to - *(NEET/DNB Pattern)*
a) Millia b) Acne ■ ,
c) Epidermoid cyst d)Milliria

25. Treatment of choice for Acne vulgaris *-(PGIDec 05)*
a) Minocycline for inflammatory acne
b) Retinoids for comedonal acne
c) Etretinate
d) Rifampicin
e) Dapsone

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l)a 2)b,e 3)d 4)b 5)d,e 6) a 7) a 8) a 9)a,d,e 10) a l1) b 12) a 13) a 14) c
15)b,d 16)a>b 17)a,c 18)a 19)b 20)a,c 21)a 22)a,c 23)b 24)b 25)a,b

26. Drug treatment of acne vulgaris - (.*PGI June 05)*
a) Minocycline b) Penicillin
c) Co-triamoxazole d) Gentamycin
e) Tetracycline

27. Treatment of acne- *(PGI June 05)*
a) 13-cis retinol b) Minocycline
c) Erythromycin d) Dapsone
e) Rifampicin

28. A patient presented with multiple nodulocystic lesions on the face. The drug of choice is -
a) Retinoids b) Antibiotics *(AIIMSMay02)*
c) Steroids d)UV light

29. A 24 year old unmarried woman has multiple nodular, cystic, pustular and comadonic lesions on face, upper back and shoulders for 2 years. The drug of choice for her treatment would be - *(AI06)*
a) Acitretin b) Isotretinoin
c) Doxycycline d) Azithromycin

30. Treatment of nodulocystic acne \s-*(AHMS 95, AI 94)*
a) Erythromycin b) Tertacycline
c) Isoretinonine d) Steroids

31. A teenager girl with moderate acne is also complaining of irregular menses. Drug of choice will be- *(AIMS Nov 10)*
a) Oral isotretinon b) Oral acitretin
c) Oral minocycline d) Cyproterone acetate

32. A female patient presents with diffuse alopecia to you. She had suffered from typhoid fever 4 months back. Most probable diagnosis is - *(AIMSNov 07)*
a) Androgenetic alopecia b) Telogen effluvium
c) Anagen effluvium d) Alopecia areata

33. A 30 year old female developed diffuse hair loss 3 months after delivery of her first child. The probable diagnosis is - *(PGI 01, SGPGI03)*
a) Androgenic alopecia b) Endocrinal alopecia
c) Telogen effluvium d)SLE

34. Diagnosis of a man with diffuse hair loss involving crown & frontal scalp with maintenance of frontal hair line - *(Jipmer 98)*
a) Alopecia areata
b) Anagen effluvium
c) Male pattern baldness
d) Female pattern baldness

35. A male patient presents with patchy loss of hair on scalp, eyebrows and beard. He also gives history of rapid graying of hair in a few areas. The likely diagnosis is - *(AI 08)*
a) Alopecia areata b) Anagen effluvium
c) Telogen effluvium d) Androgenic alopecia

36. A 8 year old child has localized non cicatrial alopecia over scalp with itching and scales. The diagnosis is - *(AIMS 93)*
a) Tinea Barbae b) Alopecia areata
c) Tinea Capitis d) Lichen planus

37. A male presents with focal alopecia and boggy swelling on scalp and easily pluckable hair. Diagnosis is - *(AIMS 95)*
a) Alopecia areata b) Patterned baldness
c) Telogen effluvium d) Tinea capitis

38. Anagen phase of the hair indicates-*(AIMS May 06)*
a) The phase of activity and growth
b) The phase of transition
c) The phase of resting
d) The phase of degeneration

39. Growth phase of hair is - *(PGI 99, AI 98)*
a) Anagen b) Metagen
c) Telogen d)None

40. This phase in hair cycle determines the length to which hair in different body areas can grow -
a) Anagen b) Catagen *(Karri 11)*
c) Telogen d) Kenogen

41. Cicatricial alopecia is seen in - *(PGIDec 07)*
a) DLE b) Psoriasis
c) Alopecia areata d) Lichen planus
e) SLE

42. This is a cause for scarring alopecia - *(Karn 11)*
a) Alopecia areata b) Aplasia cutis
c) Trichotillomania d) Sarcoidosis

43. All of the following are causes of cicatrizing alopecia except - *(AIMSNov 07)*
a) Lichen planus b) Discoid lupus erythematosus
c) Alopecia areata d) Lupus vulgaris

44. Cicatricial alopecia is seen in - *(PGIDec 04)*
a) DLE b) SLE
c) Secondary syphilis d) Psoriasis
e) Lichen planus

45. Scarring alopecia is seen in - *(AI 09)*
a) T. Capitis b) Androgenic alopecia
c) Alopecia areata d) Lichen planus

46. Which of the following conditions causes alopecia without scarring - *(J & K 05)*
a) DIE b) Herpes Zoster
c) Alopecia areata d) Lichen planus pilaris

47. Cicatricial alopecia is seen in - *(AI 99)*
a) Tenia capitis b) Psoriasis
c) DIE d) Alopecia aereta

48. Alopecia aerata is - *(NEET/DNB Pattern)*
a) Cicatricial scar b) Non cicatricial scar
c) Fungal infection d)None

49. Exclamation mark alopecia is a feature of -
a) Telogen effluvium *(AIMS Nov 05, Bihar 06,*
b) Androgenic alopecia *Kerala 01, Karn 05)*
c) Alopecia aerata
d) Alopecia mucinosa

50. In alopecia areata, seen is - *(PGI97)*
a) Exclamation mark hair b) Scarring
c) Fungal infection d) Traumatic

51. Anagen effluvium is induced by all except -
a) Radiation b)PEM *(Karn 08)*
c) Anticancer drug d) Prolonged labor

26) a,c,e 27)a,b,c,d 28) a 29) b 30) c 31) d 32) b 33) c 34) d 35) a 36) c 37) d 38) a 39) a
40) a 41)a,d,e 42)b,d 43)c 44)a,b,e 45)d 46)c 47)c 48)b 49)c 50)a 51)d

52. Contraindicated in Androgenic Alopecia - *(AI2000)*
a) Testosterone b) Minoxidil
c) Cyproterone d) Finasteride

53. Nail is involved in - *(PGI Dec 07)*
a) Psoriasis b) Lichen planus
c) Fungal infection d) Alopecia
e) Viral infection

54. Nails are involved in all except - *(SGPG1 05)*
a) Psoriasis b) Lichen planus
c) Taenia d)DLE

55. Nail involvement is not a feature of - *(A11MS 94)*
a) Psoriasis b) Lichen planus
c) Dermatophytosis d)DLE

56. Pitting nail dystrophy seen in-*(PGI June 08, DPG 09)*
a) Dermatophytic infection
b) Psoriasis
c) Lichen planus
d) Seborrheic dermatitis

57. Pitting of nails is seen in - *(DELHI PG Feb. 09)*
a) Lichen planus b) Psoriasis
c) Pemphigus d) Arsenic poisoning

58. Moth eaten alopecia is seen in - **(***Corned 08)*
a) Black dot tinea b) Telogen effluvium
c) Alopecia areata d) Secondary syphilis

59. Pterygium of nail is characteristically seen in -
a) Lichen planus *(AI06, NEET/DNB Pattern)*
<b) Psoriasis
c) Tinea ungjuni
dJAlopeciaffie; ata

60. Koenen's periungal fibroma is seen in -
a) Tuberous sclerosis *(PGI 96, Jipmer 02)*
b) Neurofibromatosis
c) Psoriasis
d) Alopecia aerata

61. Wrong statement is - *(AI2000)*
a) Mees line in arsenic poisoning
b) Pterygium of nails in Lichen planus
c) Onycholysis in Psoriasis
d) Koilonychia in Megaloblastic Anemia (B_{12} def)

SKIN LESIONS AND DISORDERS OF PIGMENTATION

62. A boy comes from Bihar with non-anesthetic hypopigmented atrophic patch over face, diagnosis is- *(AIIMS99)*
a) P. alba b) P. versicolour
c) Indeterminate leprosy d) Borderline leprosy

63. A child presents with solitary white well defined patch on his right thigh. Diagnosis is - *(AIIMS2000)*
a) Piebaldism b) Albinism
c) Nevus achromicus d) Acral vitiligo

64. A 24 year old man had multiple, small hypopigmented macules on the upper chest and back for the last three months. The macules were circular, arranged around follicles and many had coalesced to form large sheets. The surface of the macules showed fine scaling. He had similar lesions one year age which subsided with treatment The most appropriate investigation to confirm the diagnosis is -
a) Potassium hydroxide preparation of scales
b) Slit skin smear from discrete macules
c) Tzanck test *(AIIMSNov03)*
d) Skin biopsy of coalesced macules

65. An adult presents with oval scaly hypopigmented macules over chest and back. The diagnosis is- *(AIMS 01)*
a) Leprosy b) Lupus Vulgaris
c) Pityriasis versicolour d) Lichen Planus

66. Babloo a 5 year boy presents with small hypopigmented scaly macule on check. Some of his classmates also have similar lesions. The most probable diagnosis is - *(AIMS 2000)*
a) Pityriasis rosea b) Pityriasis versicolour
c) Indeterminate leprosy d) Pityriasis alba

67. 7 year old boy chandu presents with reccurent, scaly, hypopigmented patch on face, diagnosis is -
a) Vitiligo *(AIMS 95, 96, 98, 99, 01)*
b) Indeterminate leprosy
c) pityriasis alba
d) Pityriasis rosea

68. A 5 year boy has multiple asymptomatic oval and circular faintly hypopigmented macules with fine scaling on his face. The most probable cilinical diagnosis is - *(AI 03)*
a) Ptyriasis versicolor b) Indeterminate leprosy
c) Ptyriasis alba d) Acrofacial vitiligo

69. An 8 year old boy from Bihar presents with a 6 month H/o an ill defined hypopigmented slightly atrophic macule on the face. The most likely diagnosis is -
a) Ptyriasis alba *(AI 05,DPG 09)*
b) Indeterminate leprosy
c) Morphacea
d) Calcium deficiency

70. A 6 year old child from Tamil Nadu presents with a solitary nonanaesthetic patch on face, the possible diagnosis is - *(AIMS 98)*
a) Pityriasis alba b) Indeterminate leprosy
c) Pityriasis versicolor d) Tinea infection

71. Piebaldism refers to- *(KARNATAKA PGMEE 06)*
a) Androgenetic alopecia
b) Erythema nodosum leprosum
c) Associated with white forelock
d) None of the above

52) a 53) All 54) d 55) d 56)b,c 57) a,b 58) d 59) a 60) a 61) d 62) c 63) c 64) a 65) c
66) d 67) c 68) c 69) b 70) b 71) c

72. Which of the following is uwtrue, regarding piebaldism- *(NEET/DNB Pattern)*
a) Autosomal dominant condition
b) Amelanotic skin associated with a white forelock
c) Islands of normal or hypermelanotic skin
d) Usually improves with age

73. Which of the following is/are not the cause of hypopigmentation - *(PGI May 10)*
a) Leprosy b)Pinta
c) Syphilis d) Pytriasis alba
e) Pytriasis versicolor

74. Hypopigmented lesions are seen in -
a) Melasma *(DELHIPG Mar. 09)*
b) Pityriasis alba
c) Lichen planus pigmentosus
d) Urticaria pigmentosa

75. Hypopigmented patches can be seen *in-(PGIDec 05)*
a) Becker naevus b) Freckles
c) Nevus Ito d) Nevus Ota
e) Nevus anemicus

76. Hypo-depigmented lesion seen in - *(PGI04)*
a) Naevas Ito b) Naevus depigmentosa
c) Naevas Ota d) Naevas anaemicus
e) Freckles

77. Hypopigmented patches present in - *(SGPGI 02)*
a) Nevus Ota b) Nevus Ito
c) Nevus anemicus d) Becker nevus

78. True about pitryiasis alba - *(PGI 01)*
a) No active treatment required
b) Common in elderly
c) Variant of vitiligo
d) Common over the face
e) Presents as scaly, whitish macules

79. All of the following is given for the treatment for Pityriasis versicoler Except - *(AI02)*
a) Ketoconazole b) Griseofulvin
c) Clotrimazole d) Selenium sulphate

80S Spaghetti and meat ball appearance is seen in - *(NEET/DNB Pattern)*
a) Dermatophytes
b) Aspergillus
c) Pityriasis versicolor
d) Candida

81. Commonest type of vitiligo - *(MP 08)*
a) Vulgaris b) Segmental
c) Acrofacial d) Facial

82. An increased incidence of vitiligo is found *\s-(AHMS 94)*
a) Psoriasis b) Nutritional deficiency
c) Old age d) Diabetes mellitus

83. Most common endocrine disturbance associated with vitiligo is - *(Jipmer 11)*
a) Addison's disease b) Thyroid disease
c) Diabetes insipidus d) Diabetes mellitus

84. Vitiligo vulvaris, best treatment is - *(Bihar 03)*
a) PUVA b) Steroids
c) Coaltar d)All

85. Vitiligo vulvaris, treatment is - *(Jharkhand 06)*
a) PUVA b) Steroids
c) Coaltar d)All

86. True about vitiligo are all *except-(Jipmer 04, WB 05)*
a) Genetic predisposition is known
b) Leucotrichia is associated with good prognosis
c) PUVA is used for treatment
d) Topical steroids give good results

87. With regard to vitiligo, which one of the following is NOT correct - *(UPSC-109)*
a) Generalized vitiligo is often symmetrical
b) Trauma and sunburn may precipitate vitiligo
c) It is a congenital condition
d) Focal areas of melanocyte loss are observed

88. A female has hypopigmented lesion on centre of forehead. Drug responsible is ? *(AIIMS Nov 08)*
a) Hydroquinone
b) Ether metabolite of hydroquinone
c) Para tertiary butyl catechol
d) Para tertiary butylphenol

89. A 23 year old lady develops brown macular lesions over bridge of Nose and cheeks following exposure to light The probable diagnosis *\s-(AUMS 99, AI 01)*
a) Chloasma *(AIIMS May 12)*
b) Acne rosacea
c) Systemic lupus erythematosis
d) Photodermatitis

90. True about acanthosis nigricans - *(PGI 03)*
a) Most commonly seen in obesity
b) Seen in axilla
c) It signifies internal malignancy
d) It is associated with insulin resistance
e) Seen in old age

91. Acanthosis Nigricans in old pt. Usually indicate -
a) Skin disorder *(Jharkhand 04)*
b) Malignancy
c) Senile brain
d) Usually found in negro

92. Acanthosis nigricans histological show - *(MH10)*
a) Papillomatosis b) Marked acanthosis
c) Hypermelanosis d) All of the above

93. Diffuse form of hyperpigmentation is seen *\n-(MH 06)*
a) Vitamin B_{12} deficiency
b) Ectopic ACTH secretion
c) Whipple's disease
d) All of the above

94. A 20 year old young female had history of recurrent acne on the face treated with many antibiotics like clindamycin, tetracycline, erythromycin and others. Now she complained of multiple hyperpigmented spots at the site of old acne lesions. Which of the following drug might have been responsible for this- *(AI 10)*
a) Erythromycin b) Tetracycline
c) Minocycline d) Demeclocycline

72)d 73)c 74)b 75)e 76)b,d 77)c 78)a,d,e 79)b 80)c 81)a 82)d 83)b 84)a 85)d 86) b 87) c 88) d 89) a 90)a,b,c,d 91)b 92) a 93) d 94) c

95. A17 years old girl with acne has been taking a drug for the last two years. She now presents with blue black pigmentation of nails. The likely medication causing the above pigmention is - *(AI10)*
a) Tetracycline b) Minocycline
c) Doxycycline d) Azithromycin

96. Rain drop pigmentation is seen in - *(AP 96)*
a) Chronic lead poisoning
b) Chronic Arsenic poisoning
c) Chronic Mercury poisoning
d) All of the above

97. Topical azelaic acid is used in - *(COMED 09)*
a) Hyperpigmentary disorders
b) Dermatophyte infections
c) Vitiligo
d) Mixed infections

98. Which among is notapromaiy^sliMi esion -
| iOTtaq-qg V | h);£laule *(NEET/DNB Pattern)*
c) Abscess d) None

99/ A flat discolouration on skin as 1 cm is called -
| a) MacijlV . 1 b) Plaque *(NEET/DNB Pattern)*
£ c Boil 1 * d) Papule 0
e) Wheal

100. Neither raised nor depressed is - *(PGI 97)*
a) Macule b) Plaque
c) Nodule d) Papule

DERMATITIS

101. An infant presented with erythematous lesions on cheek, extensor aspect of limbs, mother has history of bronchial asthma, the probable diagnosis is -
a) Air borne contact dermatitis *(AI 07)*
b) Atopic dermatitis
c) Seborraehic dermatitis
d) Infectious eczematoid dermatitis

102. A 3 months old infant is having thick scales on scalp with dandruff. Erythmatous scaly lesions on nasolabial folds are also present. Diagnosis is -
a) Atopic dermatitis *(SGPGI 03)*
b) Seborrheic dermatitis
c) Xerotic eczema
d) Napkin dermatitis

103. A 24 years male has eczematous dermatitis involving scalp and face with greasy yellow scales. He is also suffering from severe dandruff. He is having -
a) Atopic dermatitis *(DPG 03)*
b) Contact dermatitis
c) Seborrheic dermatitis
d) Discoid dermatitis

104. -A 3 year old child has eczematous der matitis on extensor surfaces. His mother has a history of Bronchial asthma. Diagnosis should be -
a) Atopic dermatitis *(AIIMS Nov 11; 06, May 07,*
b) Contact dermatitis *NEET/DNi 3 Pattern)*
c) Seborrhic dermatitis
d) Infantile eczematous dermatitis

105. A 25 year old man presents with recurrent episodes of flexural exzema contact urticaria, recurrent skin infections and severe abdominal cramps and diarrhoea upon taking sea foods. He is suffering from - *(AI 04, Manipal 09)*
a) Seborrheic dermatitis
b) Atopic dermatitis
c) Airborne contact dermatitis
d) Nummular dermatitis

106. Rakesh, a 7-year old boy had itchy, excoriated papules on the forehead and the exposed parts of the arms and legs for 3 years. The disease was most severe in the rainy season and improved completely in winter. Most likely diagnosis is -*(AIIMS May 12)*
a) Insect bite hypersensitivity
b) Scabies
c) Urticaria
d) Atopic dermatitis

107. Seborrhoeic dermatitis is frequently seen in -
a) Lipid storage disorders *(COMED 09)*
b) Psoriasis vulgaris
c) Hypertension
d) Parkinson's disease

108. Spongiosis is seen in - *(PGI 97)*
a) Acute eczema b) Lichen planus
c) Psoriasis d) Pemphigus

109. Characteristic feature of atopic dermatitis is -
a) Pruritus *(MP 05)*
b) Dennie's Lines
c) Scaling skin (Lichenification)
d) Rash

110. 'Itch is disease' is true for - *(UPSC 2K)*
a) Atopic dermatitis b) Insect bites
c) Seborrheic dermatitis d) Tinea cruris

111. Dennie-Morgan fold is seen in -*(Maharashtra 07)*
a) Dermotomyositis b) SLE
c) Psoriasis vulgaris d) Atopic dermatitis

112. M.C.site of Atopic dermatitis - *(AIIMS 95, Jipmer*
a) Scalp b) Elbow *93, DPG 09)*
c) Antecubital fossa d) Trunk

113. Atopic dermatitis is diagnosed by - *(AI 99)*
a) Patch test b) Wood lamp
c) Clinical examination d) IgE

114. Minor clinical feature in diagnosis of atopic dermatitis A/E - *(PGI Dec 04)*
a) Dry skin b) Pruritus
c) Morgagnian fold d) Pitriasis alba
e) Dermographism

115. Ofrue about atopic dermatitis are all except -
a) Pruritus *(NEET/DNB Pattern)*
b) Scratching
c) Mica like scales
d) Xerosis

95) b 96) b 97) a 98) d 99) a 100) a 101) a 102)b 103) c 104) a 105) b 106) a 107) d 108) a
109) a 110) a 111) d 112)c 113)c 114)b 115)c

116. In India, the plant which causes dermatitis most commonly is - *(AIIMS May 08)*
a) Parthenium grass b) Cotton fibers
c) Poison Ivy d) Ragweed

117. M.C. cause of Airborn Dermatitis in India is -
a) Parthenium b) Calotropis *(AI99)*
c) Crysophillus d) Dust

118. Most common cause of allergic contact dermatitis in Indian female is - *(AIIMS 2000)*
a) Vegetables b) Nail polish
c) Detergents d) Dyes

119. M.C. precipitant of contact dermatitis is -*(AI93)*
a) Gold b) Nickle
c) Silver d) Iron

120. Patch test is read after - *(AI 99)*
a) 2 hours b) 2 days
c) 2 weeks d) 2 months

121. Patch testing is done for - *(PGIDec 08)*
a) Atopic dermatitis
b) Irritant contact dermatitis
c) Allergic contact dermatitis
d) Discoid dermatitis
e) Seborrheic dermatitis

122. Air-borne contact dermatitis can be diagnosed by-
a) Skin biopsy *(AIIMS May 06, AI 92, DPG 09)*
b) Patch test
c) Prick test
d) Estimation of serum IgE levels

123. Patch test is done to document - *(AIIMSMay 09)*
a) Type I hypersensitivity
b) Delayed type hypersensitivity
c) Autoimmune disease
d) Immunocomplex deposition

124. A 55 year old male, with uncontrolled diabetes mellitus and hypertension, developed severe air-borne contact dermatitis. The most appropriate drug for his treatment would be - *(AIIMS 04)*
a) Systemic corticosteroids b) Thalidomide
c) Azathioprine d) Cyclosporine

125. Coin shaped eczema is - *(Iharkhand 05)*
a) Nummular eczema b) Atopic acema
c) Infantile eczema d) Endogenous eczema

126. Exfolative dermatitis can be due to all of the following disease except - *(AI 02)*
a) Drug hypersensitivity b) Pityriasis rubra pilaris
c) Pityriasis rosea d) Psoriasis

127. Causes of erythroderma - *(PGI lune 05)*
a) Pityriasis alba b) Pityriasis versicolor
c) Psoriasis d) Lichen planus
e) Eczema

128. Gold poisoning leading to exfoliative dermatitis is treated by - *(AIIMS 95)*
a) Chloroquin b) Steroid
c) Antibiotics d) Antihistaminics

129. All may lead to hives and wheals except - *(PGI 97)*
a) Cold b) Hepatitis C
c) Serum sickness d) Typhoid fever

130. A patient gets reccurent urticaria while doing exercise and on exposure to sunligh. Which of the following is most like cause - *(AIIMS 2000)*
a) Chronic Idiopathic Utricaria
b) Universal dermographism
c) Cholinergic utricaria
d) photodermatitis

131. A 22 year old woman developed small itchy wheals after physical exertion, walking in the sun, eating hot spicy food and when she was angry. The most likely diagnosis is - *(AIIMS Nov 03)*
a) Chronic idiopathic utricaria
b) Heat urticaria
c) Solar urticaria
d) Cholinergic urticaria

132. Following is a type of physical urticaria -
a) Dermographism *(DELHI PG Mar. 09)*
b) Urticaria pigmenthosa
c) Urticaria vasculitis
d) Auto-immune urticaria

133. Urticarial lesions are best described as-f*COMED 09)*
a) Nonpruritic b) Bullous
c) Evanescent d) Macular

134. A 5 year old male child has multiple hyperprigmented macules over the trunk. On rubbing the lesion with the rounded end of a pen, he developed urticarial wheal, confined to the border of the lesion. The most likely diagnosis is -*(AI 04, Manipal 09)*
a) Fixed drug eruption b) Lichen planus
c) Urticaria pigmentosa d) Urticarial vasculitis

135. A 9 year old has multiple itchy erythematous wheals all over the body for 2 days. There is no respiratory difficulty. Which is the best treatment?*(AIIMS 04)*
a) Antihelminthics
b) Systemic corticosteroids
c) Antihistamines
d) Adrenaline

136. All are true regarding hereditary angioedema, except? *(PGI 98)*
a) Dysfunction of enzyme is most common cause
b) Enzyme involved is Cl INH
c) Cl inhibitor targests Hageman factor
d) Complement C4 & C2 decrease
e) Bradykinin level decrease during attack

137 A man takes peanut and develops, tongue swelling, neck swelling, stridor, hoarseness of voice. What is the probable diagnosis - *(AIIMSNov 06)*
a) Angioneurotic edema b) FB bronchus
c) Parapharyngeal abscess d) FB in larynx

138. A patient presents with history of episodic painful edema of face and larynx. Which of the following is likely to be deficient- *(AI 09)*
a) Complement C3 b) Complement C5
c) C1 Esterase Inhibitor d) Properidin

116) a 117) a 118)None 119)b 120)b 121)c 122)b 123)b 124)c 125)a 126)c 127)c,d,e 128)b 129)d
130)c 131) d 132) a 133)c 134)c 135)c 136)a,e 137)a 138)c

139. A person present with recurrent swelling on face and lips due to emotional stress, cause is -
a) Cl esterase inhibitor deficiency *(AIIMSMay 09)*
b) Allergy
c) Anaphylaxis
d) None of the above

140. Immediately after eating, a man develops swelling of face and lips, respiratory distress, intense pruiritis, hypotension and feeling of impending doom. The most likely diagnosis is - *(AI09)*
a) Angioneurotic edema b) Anaphylaxis
c) Myocardial infarction d) Food stuck in throat

141. Not true about angioneurotic edema ? *(AI 09)*
a) Pitting edema of face, lips and mucous membrane
b) C1 Esterase inhibitor deficiency can cause it
c) Extreme temperature exposure can provoke it
d) Known with ACE inhibitors

PAPULOSQUAMOUS DISORDERS

142. All are causes of papulo squamous lesions except -
a) Psoriasis *(PGI2000, SGPGI02)*
b) Parapsoriasis
c) Squamous cell carcinoma
d) Mycosis fungoides
e) Congenital syphilis

143. AH of the following may lead to plaque formation except - *(PGI 99, SGPGI 03)*
a) Psoriasis b) Lichen planus
c) Pityriasis rosea d) Pemphigus

144. The important feature of psoriasis is -*(AMC 99)*
a) Crusting b) Scaling
c) Oozing d) Erythema

145. A 30 years old male presented with silvery scales on elbow and knee, that bleed on removal. The probable diagnosis is - *(AI 98)*
a) Pityriasis b) Seborrhoeic dermatitis
c) Psoriasis d) Secondary syphilis

146. A male is presenting with a violaceous papule which is pruritic. There is pterygium of nail with cicatracial alopecia. Diagnosis is - *(PGI 98)*
a) Psoriasis b) Pityriasis rosea
c) Lichen planus d) Seborrheic dermatitis

147. 10 year old child has violaceous papule and pterygium of nails. The diagnosis is - *(AIIMS 99)*
a) Psoriasis b) Pemphigus
c) Pemphigoid d) Lichen planus

148. An adult is presenting with severe dandruff and greasy yellow scales on scalp. Diagnosis is -
a) Seborrheic dermatitis *(PGI 94)*
b) Pityriasis rubra pilaris
c) Pityriasis rosea
d) Lichen planus

149. A child is presenting with erythmatous follicular papules on trunk. There are areas of normal skin within the lesions. There is thickening of Palms & soles. This child is suffering from - *(MP 07)*
a) Pityriasis rosea b) Pityriasis rubra pilaris
c) Psoriasis d) Seborrheic dermatitis

150. A patient presented with scarring alopecia, thinned nails, hypopigmented macular lesions over the trunk and oral mucosa. The diagnosis is - *(AIIMS 01)*
a) Psoriasis b) Leprosy
c) Lichen planus d) Pemphigus

151. A young female presented with lucy linear lesions on tongue since a month with elongation of nail fold beyond the nail bed. What is the diagnosis -*(AI 10)*
a) Psoriasis b) Geographic tongue
c) Lichen planus d) Candidiasis

152. Multiple erythematous annular lesions with peripheral collorette of scales arranged predominantly on trunk are seen in -*(AI 12, AI 02)*
a) Pityriasis vesicular
b) Pytiriasis rubra pilaris
c) Pityriasis rosea
d) Pityriasis lichennoides chronica

153. A 16 year old boy presented with asymptomatic, multiple erythamatous annular lesions with a collarette of scales at periphery of the lesions present on the trunk. The most likely diagnosis is- *(AI05)*
a) Pityriasis versicolor b) Pityriasis alba
c) Pityriasis rosacea d) Pityriasis mbra pilaris

154. Which of the following seen in Psoriasis -
a) Pautrier's micro abscess *(PGI Dec 07, Dec 06)*
b) Micro-munro abscess
c) Grenz zone
d) Hyperkeratosis
e) Suprapapillary thinning

155. All are true about psoriasis except - *(PGI 2000)*
a) Very pruritic
b) Pitting of nails
c) Joint involvement in 5-10%
d) Parakeratosis & acanthosis
e) Munro abscess

156. Typical silveryscales of psoriasis are absent in -
a) Scalp b) Kee *(Kerala06)*
c) Groin d) Elbow

157. Least common site involvement in psoriasisis -
a) Scalp *(AI 98, SGPGI 01)*
b) Nail involvement
c) CNS involvement
d) Arthritis

158. All are true regarding Psoriasis except -*(AI2000)*
a) Arthritis in 5%
b) Abscess is seen
c) Head, neck and face are not involved
d) No scaly, red lesions are seen in inffamammary and natal area

139) a 140) b 141)a 142)e 143)d 144)b 145)c 146)c 147)d 148)a 149)b 150)None 151)c 152) c 153) c 154)b,d,e 155)a 156)c 157)c 158)c

159. A patient presents with erythematous scaly lesions on extensor aspect of elbows and knee. The clinical diagnosis is got by - *(AIIMS May 02)*
a) Auspitz sign b) KOH smear
c) Tzanck smear d) Skin biopsy

160. Most common type of psoriasis - *(DNB 07)*
a) Plaque psoriasis b) Psoriasis vulgaris
c) Flexural psoriasis d) Penile psoriasis

161. This type of psoriasis is commonly seen in children and may follow a streptococcal sore *t\m&t-(Kam 11)*
a) Guttate b) Stable plaque
c) Pustular d) Arthropathic

162. Psoriasis associated with (3 - hemolytic streptococcal infection - *(Maharashtra 09)*
a) Psoriasis vulgaris
b) Erythrodermic psoriasis
c) Pustular psoriasis
d) Guttate psoriasis

163. Normal healthy child developing psoriatic lesions after an episode of streptococcal infection. Which type of lesion is this? *(Maharashtra 08)*
a) Plaque psoriasis b) Inverse psoriasis
c) Pustular psoriasis d) Guttate psoriasis

164. "Auspitz" sign is characteristically seen in -
a) Plaque Psoriasis *(AIIMS May 08)*
b) Pustular Psoriasis
c) Lichen planus
d) Inverse Psoriasis

165. A patient with psoriasis was started on systemic steroids. After stopping the treatment, patient developed universally red scaly skin with plaques losing their margins all over his body. The most likely cause is - *(AIIMS 01)*
a) Drug induced reaction
b) Pustular psoriasis
c) Bacterial infection
d) Erythrodermic Psoriasis

166. A patient with psoriasis was started on systemic steroids. After stopping treatment, the patient developed generalized pustules all over the body. The cause is most likely to be - *(AI02)*
a) Drug induced reaction b) Pustular psoriasis
c) Bacterial infections d) Septicemia

167. Munro micro abscess is seen in - *(PGI99)*
a) Dermal tissue b) Stratum basale
c) Stratum comeum d) Stratum malpighi

168. About micro-munro abscess which of the following statements are true - *(PGI June 09)*
a) Seen in stratum comeum
b) Seen in psoriasis
c) Contain neutrophils and lymphocyte
d) Contain neutrophil only
e) Associated pustules are normally seen

169. Bleeding spots seen on removal of scales in psoriasis is called as - *(PGI June 08)*
a) Auspitz sign b) Punctate hemorrhage
c) Nikolysk's sign d) Darrier sign

170. Auspitz Ipll isrelated to-*(Bihar 05, MH 11, NEET/ DNB Pattern)*
a) Pemphigus b) Psoriasis
c) Lupus vulgaris d) Lichen planus

171. All of the following are seen in psoriasis except -
a) Auspitz sign present *(SGPGI03)*
b) 10% associated with arthritis
c) It is premalignant disease
d) Worsening of disease during winter

172. Psoriasis is characterized by all, except- *(DELHIPG Feb. 09)*
a) Definite pink plaque with clear margin
b) In children disappear in 2 weeks to reappear again
c) Always associated with nail infection
d) Involves knee and elbow

173. Treatment of psoriasis - *(PGI June 05)*
a) PUVA b) Methotrexate
c) Systemic steroids d) Femicycline
e) Terbinafine

174. Vitamin D analogue calcitriol is useful in the treatment of -
a) Lichen planus b) Psoriasis
c) Phemphigus d) Leprosy

175. Treatment of pustular psoriasis is-*(AIIMS May 02)*
a) Thalidomide b) Retinoids
c) Hydroxyurea d) Metholtrexate

176. Treatment of choice in Pustular psoriasis- *(AI 94)*
a) Psorialin + UV therapy b) Systemic steroid
c) Methotrexate d) Estrogen

177. DOC for a pregnant woman in 2nd trimester with pustular psoriasis is - *(AI08)*
a) Prednisolone b) Dapsone
c) Acitretin d) Methotrexate

178. The treatment of choice for erythrodermic psoriasis is - *(SGPGI04)*
a) Corticosteroids b) Methotrexate
c) Coaltar topically d) Topical corticosteroids

179. A pdmigravida female presented with erythematous skin changes and lesions with multiple pus lakes. Which of the following should be the most appropriate- *(AI10)*
a) Corticosteroids b) Atretinin
c) Psorolen + PUVA d) PUVA

180. Drug of choice for impetigo herpetiformis is -
a) Prednisolone b) Dapsone *(DPG 08)*
c) Acitretin d) Methotrexate

181. The only indication of giving corticosteroids in pustular psoriasis is - *(AI05)*
a) Psoriatic erythroderma with pregnancy
b) Psoriasis in a pt. with alchoholic cirrhosis
c) Moderate arthritis
d) Extensive lesions

159) a 160) a,b 161)a 162)d 163)d 164)a 165)d 166)b 167)c 168)a,b,d 169)a 170)b 171)c 172)c
173)a,b 174)b 175)b 176)b 177)a 178)b 179)a 180)a 181)a

182. The only definitive indication of systemic steroids in psoriasis- *(AIIMS Nov 11)*
a) Pustular psoriasis
b) Impetigo herpetiformis
c) Psoriatic arthropathy
d) Erythroderma

183. Psoriasis is exacerbated by - *(AI 98)*
a) Lithium b) p - blockers
c) Antimalarials d) All of the above

184. All of the following drugs can worsen psoriatic lesion, except - *(J & K 05)*
a) Chloroquine b) Beta-blockers
c) Acitretin d) Lithium

185. Treatment of psoriasis include all except- *(MH 03)*
a) Retinoids b) Methotrexate
c) Cyclosporine d) Oral corticosteroides

186. Itchy polygonal violaceous palpules seen in - *(AI 98, DPG 09, NEET/DNB Amern)*
a) Psoriasis b) Pemphigus
c) Lichen planus d) Pitriasios rosea

187. Ichy purple papule followed by hyperpigmentation on resolution, is seen in- *(NEET/DNB Pattern)*
a) Addison's disease b) DM
c) Hypothyroidism d) Licfen planus

188. Not a histological feature of b'chen planus is - *(NEET/DNB Pattern)*
a) Acanthosis
b) Hyperkeratosis
c) Neutrophils in stratum
d) Pigment incontinence

189. The most characteristic finding in lichen planus is-
a) Civatte bodies *(PGI99)*
b) Basal cell degeneration
c) Thinning of nail plate
d) Violaceous lesions

190. Basal cell degeneration seen *in-(PGI 02,Jipmer 98, 02)*
a) Lichen planus b) Psoriasis
c) Pemphigus d)DLE

191. Max. Joseph's space is a histopatho-logical feature of - *(AIIMS May 06, MH 11)*
a) Psoriasis vulgaris b) Lichen planus
c) Pityriasis rosea d) Parapsoriasis

192. Wickehm's stria seen *in-(AI 02, SGPGI02, Bihar 03)*
a) Lichen niditus b) Lichenoid eruption
c) Lichen striates d) Lichen planus

193. Most characteristic feature of lichen planus is -
a) Thinning of nail plate is most common
b) Non scarring alopecia *(PGI 98)*
c) Violaceous lesions on skin and mucous membrane
d) Wickham striae

194. Characterstic nail finding in lichen planus - *(AIIMS 01, NEET/DNB Pattern)*
a) Pterygium
b) ST*
c) Beau's Lines
d) Hyperpigmentation of nails

195. Lacy white lesion in mouth with pterygium is seen in - *(SGPGI 01)*
a) Psoriasis b) Ptirysis alba
c) Lichen planus d) Leprosy

196. A young lady present with white lacy lesions in oral cavity and her proximal nail fold has extended onto the nail bed. What is the likely diagnosis -
a) Psoriasis *(AI 12, 10)*
b) Geographic tongue
c) Lichen planus
d) Candidiasis

197. Regarding Lichen planus all are true except -
a) Hypopigmentation in residual disease *(AI 2000)*
b) Lymphatic infiltration in supradermal layer
c) Itchy, polygonal, purple, papule
d) Skin, Hair & oral mucosa commonly involved

198. True about Lichen planus - *(PGIDec 04)*
a) Basal cell degeneration
b) Colloid bodies seen
c) Epidermal hyperplasia in chronic cases
d) Wickham's striae seen
e) Autoimmune disease

199. Cicatrising alopecia with perifollicular blue- gray patches is most commonly associated with *-(AI 11)*
a) Pitting of nails
b) Whitish lesions in the buccal mucosa
c) Arthritis
d) Discoid plaques in the face

200. Civatte bodies are found in - *(Kerala 98)*
a) Lichen planus b) Psoriasis
c) Dermatophytosis d) Vitiligo

201. All of the following regarding Lichen planus are true except - *(MP 05)*
a) Does not involve mucous membrane
b) Associated with Hepatitis 'C'
c) Topical steroid are the mainstay of therapy
d) Spontaneous remissions 6mo to 2 years

202. Pityriasis rosea true - *(AIIMS Nov 06, AI 07)*
a) Self limiting
b) Chronic relapsing
c) Life threatening infection
d) Caused by dermatophytes

203. Annular herald patch is seen in - *(AIIMS 97,*
a) Psoriasis b) P. alba *Jharkhand 05)*
c) P. rosea d) Nocardiasis

204. A patient of hypertension of ACE inhibitors developed rosea skin erruptions. True statement regarding this situation is - *(SGPGI 03)*
a) Drug may be the cause and discontinuation may improve the skin condition
b) High dose steroids are needed initially
c) ACE inhibitors are safe and cannot lead to skin eruptions
d) Drug may be the cause but discontinuation is not required

182)b 183) d 184)c 185)d 186)c 187)d 188)c 189)b 190) a 191)b 192)d 193)d 194)b 195) c
196) c 197) a 198) All 199)b 200) a 201) a 202) a 203) c 204) a

205. Which viral association is found in pityriasis rosea - *(Jharkhand 04)*
a) HHV 7 b)CMV
c) Vericella Zoster d)EBV

206. Which of the following statements is true regarding Pityriasis rubra pilaris - *(PGI01)*
a) Isolated patches of normal skin are found
b) Cephalocaudal distribution
c) I.V. cyclosporine is effective
d) More common in females
e) Oral cyclosporine is effective

207. Keratoderma is a feature of - *(DELHI PG Mar. 09)*
a) Pityriasis rubra pilaris b) Pemphigus
c) Pityriasis rosea d) Psoriasis

208. Koebner's phenomenon is characteristic of -
a) Psoriasis *(PGI 99)*
b) Pemphigus vulgaris
c) Pityriasis rosea
d) Lupus vulgaris

209. Koebner's phenomenon is seen in followin except- *(MH11)*
a) Erythema b) Scleromyxedema
c) Molluscum contagiosum d) Darnel's disease

im **In which of the following, Koebher phendmenon is NOT seen -** *(NEET/DNB Pattern)*
a) Lichen planus
b) Lichen sclerosis
c) Erythema mulritorme
d) Lichen sipiplex chromeusT

211. Koebner's phenomenon is seen in - *(PGIDec 04)*
a) Lichen planus b) Warts
c) Bechet syndrome d) Psoriasis
e) Vitiligo

212. Kobner phenomenon is present in all except -
a) Psoriasis b) Lichen planus *(Bihar 06)*
c) Warts d) None

2 **m** **Koebner phenomenon present in which of the following -** *(NEET/DNB Pattern)*
a) Plane warts b) Pemphigus vulgaris
c) Lupus vulgaris d) Lichen simplex bhronicus

214. "Isomorphic response" can be a feature of the following except - *(MH 03, 02)*
a) Warts b) Tinea
c) Psoriasis d) Molluscum contagiosum

215. Pseudoisomorphic phenomenon is seen in -
a) Psoriasis b) Lichen planus *(AI11)*
c) Vitiligo d) Plane warts

216. Pseudo koebener's phenomeneon is/are seen in -
a) Warts *(PGI Nov 10)*
b) Molluscum contagiosum
c) Lichen planus
d) Psoriasis

VESICULOBULLOUS (BLISTERING! DISORDERS

217. A patient is presenting with Non pruritic, Painless erythema surrounded by vesicles with erythematous halo on face & hand. There is history of drug intake for fever 2 weeks back. The patient is suffering from - *(PGI 98)*
a) Bullous pemphigoid
b) Erythema multiforme
c) Herpes zoster
d) Dermatitis herpatiformis

218. A 28 year old patient has multiple grouped papulovesicular lesions on both elbows, knees buttocks and upper back associated with severe itching. The most likely diagnosis is- *(AIIMS Nov 02)*
a) Pemphigus vulgaris b) Bullous pemphigoid
c) Dermatitis herpetiformis d) Herpes Zoster

219. A 30 year old male had severely ithcy papula-vesicular lesions on extremities, knees, elbows and butocks for one year. Direct immunofluorescence staining of the lesions showed IgA deposition at dermoepidermal junction. The most probable diagnosis is - *(AI 12, 04)*
a) Pemphigus vulgaris b) Bullous pemphigoid
c) Dermatitis herpetiforms d) Nummular eczema

220. Extremely pruritic excoriation & papules on buttocks with autoantibodies against epidermal transglutaminase and IgA deposition in dermis on immunohistological examination of normal perilesional skin. Diagnosis is - *(SGPGI 01)*
a) Pemphigus vulgaris
b) Pemphigoid
c) Linear IgA disease
d) Dermatitis herpetiformis

221. A 30-year-old male had severely itchy papulovesicular lesions on extremities, knees, elbows and buttocks for one year. Direct immunofluorescence staining of the lesions showed IgA deposition at dermo epidermal junction. The most probable diagnosis is - *(Manipal 09)*
a) Pemphigus vulgaris
b) Bullous pemphigoid
c) Dermatitis herpetiformis
d) Nummular eczema

222. A 40 year male presenting with painful flaccid vesicles on face and oral mucosa with assymetric distribution. Immunofluorescence shows intercellular IgG deposition in epidermis. Diagnosis is- *(AI04)*
a) Erythema multiformis b) Bullous pemphigoid
c) Pemphigus vulgaris d) Herpes zoster

205)a 206)a,b 207)a 208) a 209)b 210)d 211)a,b,d,e 212)d 213)a 214)b 215)d 216)a,b 217)b
218) c 219) c 220) d 221) c 222) c

223. A 23 years old lady presents with vesicular lesion in the buccal mucosa & crusted lesion on the skin, possible diagnosis is - *(AI97)*
a) Pemphigus Vulgaris
b) Pemphigus foliaceous
c) Pemphigoid
d) Dermatitis Herpitiformis

224. A middle aged female has flaccid bullae in the skin and oral erosion. Histopathology shows intraepidermal acanthololytic blisters. The most likely diagnosis is - *(PGI Dec 05)*
a) Pemphigus vulgaris
b) Paraneoplastic pemphigus
c) Bullous pemphigoid
d) Dermatitis hepatiformis
e) Epidermolysis bullosa acquista

225. A female presents with persistent painful oral lesions, with acantholytic cells. Most likely diagnosis is - *(AI 08)*
a) Pemphigus vulgaris
b) Dermatitis herpetiformis
c) Epidermolysis bullosa
d) Bullous pemphigoid

226. A 50 year old male known case of myasthenia with erythema ted shallow erosions with few blisters and scales. Oral mucosa is not involved immunopathology demonstrates IgG deposition on keratinocytes and auto antibodies against Dsg -1. The diagnosis is - *(PGI 98)*
a) Pemphigus vulgaris
b) Bullous pemphigoid
c) Pemphigus foliaceus
d) Dermatitis herpetiformis

227. A 24 years old female has flaccid bullae in the skin and oral erosions. Histopathology shows intraepidermal acantholytic blister. The most likely diagnosis is - *(AIIMS May 03)*
a) Pemphigoid
b) Erythema multiforme
c) Pemphigus vulgaris
d) Dermatitis herpetiformis

228. 25 years old female has palatal ulcer and skin blister most likely diagnosis is - *(AI 97)*
a) Pemphigus vulgaris
b) Pemphigus foliaceous
c) Dermatitis herpetiformis
d) Pemphigoid

229. A 85 yr old woman with Nikolsky sign-ve, blisters on thigh & trunk, lesions come on & off. What is the cause - *(PGI 2000)*
a) Pemphigus vulgaris
b) Pemphigoid
c) Lichen planus
d) Dermatitis herpetiformis

230. A 56 year old male lallu presents with painful bullous lesion in lower extrimity, the most likely diagnosis is - *(AIIMS 97)*
a) Pemphigus vulgaris b) Bullous pemphigoid
c) Necrotic pemphigus d) Contact eczema

231. A 40 year old male had multiple blisters over the trunk & Extremities. Direct immuno fluoresce studies showed linear IgG deposits along the basement membrane, which of the following is the most likely diagnosis - *(AIIMS Nov 04)*
a) Pemphigus vulgaris
b) Bullous pemphigoid
c) Pemphigus foliaceous
d) Dermatitis herpetiformis

232. A patient with Bullous eruption on lower limb and trunk, biopsy show epidermal bullae. The correct diagnosis is - *(AI 2000)*
a) Pemphigoid b) Pemphigus vulgaris
c) Impetigo d) Internal malignancy

233. A 45 year old male has multiple grouped vesicular lesions present on the T10 segment dermatome associated with pain. The most likely diagnosis is- *(AIIMS Nov 02)*
a) Herpes zoster
b) Dermatitis herpetiformis
c) Herpes simplex
d) Scabies

234. Most common pemphigus is - *(Jharkhand 06)*
a) Pemphigus vulgaris
b) Pemphigus vegetans
c) Pemphigus foliaceus
d) Pemphigus erythematosus

235. In pemphigus vulgaris, antibodies are present against - *(PGI 2000, SGPGI2000)*
a) Basement membrane b) Intercellular substance
c) Cell nucleus d) Keratin

236. Acantholysis is characteristic of - *(AI 03)*
a) Pemphigus vulgaris
b) Pemphigoid
c) Erythema multoforme
d) Dermatitis herpetiformis

237. A 50 years old man has a 2 year history of facial bullae & oral ulcers. Microscopic smear from skin lesions is most likely to disclose - *(AI 96)*
a) Tzanck cells b) Acantholytic cells
c) Necrosis d) Koilocytosis

238. Loss of Intercellular cohesion between keratinocytes is called as ~ *(NEET/E>NB Pattern)*
a) Acanthosis b): Acantholysis
c) Keratinolysis d) Spongiosis[1]

239. Acantholytic cells are - *(SGPGI 01)*
a) Epidermal cells b) Plasma cells
c) Keratinocytes d) Giant cells

223) a 224) a 225) a 226) c 227) c 228) a 229) b 230) b 231)b 232) c 233) a 234) a 235) b 236) a 237) a,b 238) b 239) a,c

240. Tzank cell is - *(NEET/DNB Pattern)*
a) Keratinocyte b) Fibrobalst
c) Neutrophil d) Lymphocyte

241. Acantholytic cells in pemphigus is - *(PGI96)*
a) Cell with hyperchromatic nuclei and perinuclear halo
b) Cell with hypochromatic nuclei and perinuclear halo
c) Multinucleated cells
d) None of the above

242. Flaccid bullae lesions with oral mucosal lesions. The finding in immunoflourescence is -
a) Fish net IgG in epidermis *(AIIMS Nov 09)*
b) Linear IgG in DEJ
c) Granular IgA in dermal papillae
d) Linear IgA in reticular dermis

243. All are associated with pemphigus except -
a) Thymoma *(SGPGI02, PGI 98)*
b) CLL
c) Myasthenia gravis
d) Non-Hodgkins lymphoma
e) Atrophic gastritis

244. True about pemphigus vulgaris - *(PGI June 09)*
a) Subepidermal
b) Autoimmune disease
c) Tzanck smear shows acantholytic cells
d) Antibody are formed against desmogleins
e) Blister on skin & mucosa

245. Spontaneous remission is most frequent with -
a) Herpes labialis *(SGPGI 04)*
b) Herpes genitalis
c) Herpetic chancroid
d) Herpes gestationis

246. Drug induced pemphigus is most commonly caused by- *(COMED06)*
a) Penicillamine b) Phenytoin sodium
c) Carbamazepine d) Penicillin

247. Subepidermal bullae on trunk and flexural surface with linear C_3/IgG basement membrane deposite are feature of - *(MH 08)*
a) Bullous pemphigoid
b) Pemphigus vulgaris
c) Linear Ig A disease
d) Dermatitis herpatiformis

248. Mucosa is never involved in which of the following disorders - *(J & K 05)*
a) Dermatitis herpetiformis
b) Pemphigus vulgaris
c) Epidermolysis bullosa acquisita
d) Toxic epidermal necrolysis

249. One of the following is the t/t of choice for dermatitis herpetiformis - *(AIIMS May 05)*
a) Corticosteroids b) Dapsone
c) Mtx d) Retinoids

250. Gluten free diet is beneficial in -
a) Psoriasis *(Kerala 96, MH 07, 06, 05)*
b) Exfoliative dermatitis
c) Dermatitis herpetiformis
d) Pemphigoid

251. All are true about linear IgA disease except -
a) Subepidermal involvement *(PGI 01)*
b) Severe itching
c) Granular deposition of IgA
d) Are candidates for gluten free diet
e) A variant of dermatitis herpetiformis

252. All causes erythema multiforme except - *(AI99)*
a) HSV b) Drugs
c) Idiopathic d)HPV

253. Erythema multiforme is most often related to -
a) Herpes zoster infection *(COMED 06)*
b) Herpes simplex infection
c) Molluscum contagiosum infection
d) Human papilloma virus infection

254. Most common cause of erythema multiforme -
a) Herpes simplex b) DM *(MH 10)*
c) Pityriasis rosae d) Erysipelas

255. Target or Iris lesion seen in -*(AI 98, AIIMS 97)*
a) Urticaria b) Erythema multiforme
c) Scabies d) Lichen planus

256. Regarding erythema multiforme all are true except - *(AI 2000)*
a) No vesicles
b) Target lesions are seen
c) Involves face and neck regions
d) Sign of internal malignancy

257. A 60-year old patient presented with several bullous lesions for the last 3 days; each bulla was surrounded by an erythematous halo. There were multiple target lesions. Patient also had oral erosions. The most likely diagnosis is - *(SGPGI 04)*
a) Chicken pox b) Herpes simplex
c) Herpes zoster d) Steven - Johnzon syndrome

258. All are true about erythema multiformis except -
a) Due to herpes simplex *(Jharkhand 05)*
b) Due to sulphonamide
c) Lesion are symmetrical
d) Mucous membrane is usually involved

259. Features of epidermolysis bullosa - *(PGI June 06)*
a) 1 Adhesion fibrils
b) Present as miliary & scaring
c) IgG deposits in epidermo-dermal junction

260. In an 8 day old child with no history of consanguinity in the parents, the mother reports blisters and bleeding off of the skin at the site of handling and pressure. There was a similar history in the previous child which proved to be fatal. The diagnosis is -
a) Bullous pemphigoid *(AIIMS May 01, AI 12)*
b) Congenital syphilis
c) Congenital epidermolysis bullosa
d) Letterer - Swiwe disease

240)a 241)a 242)a 243)e 244)b,c,d,e 245)d 246)a 247)a 248)a 249)b 250)c 251)c,d,e 252)d 253)b
254) a 255) b 256) a 257) d 258) d 259) a 260) c

261. Genetic predisposition is seen in which disease -
a) Lichen planus *(PGI97)*
b) Bullous pemphigoid
c) Pemphigus vulgaris
d) Epidermolysis Bullosa

262. Etiology of Epidermolysis bullosa is -*(Rohtak 97)*
a) Genetic b) Infections
c) Senile d) Malignant
e) Metabolic

263. In congenital dystrophic variety of epidermolysis bullosa, mutation is seen in the gene conding for - *(AIIMS Nov 08, May 11)*
a) Laminin 4 b) Collagen type 7
c) Alpha 6integerin d) Keratin 14

264. Which of the following shows granular deposition of IgA in dermal papilla - *(AIIMS May 09, Nov. 11)*
a) Dermatitis herpetiformis
b) IgA papillomatosis of childhood
c) Bullous pemphigoid
d) Gestational herpes

265. Skin disease not showing DIF (Direct immunofluorescence - *(PGI Nov. 10)*
a) Darrier's disease
b) Hailey-Hailey disease
c) Cicatricial pemphigoid
d) Dermatitis herpatiformis
e) Pemphigus

266. Direct immunofluorescence is positive *in-(PGI 02)*
a) Atopic dermatitis b) SLE
c) Pemphigus d) Secondary syphilis

267. Intraepidermal intercellular IgG deposition is seen in - *(AIIMS Nov. 11, May 09)*
a) Pemphigus b) Bullous pemphigoid
c) Herpes genitalis d) Not recalled

268. A patient presented with multiple vesicles over the body with fish net like IgG deposition in the epidermis. Most likely diagnosis is -*(PUNJAB 11)*
a) Pemphigus vulgaris
b) Pemphigus folliaceous
c) Dermatitis herpetiformis
d) Bullous pemphigoid

269. Fishy net pattern is seen in - *(Jipmer 11)*
a) Pemphigus vulgaris
b) Darier's disease
c) Bullous pemphigoid
d) Dermatitis herpetiformis

270. All are vesiculo bullous lesions except-*(Kerala 96)*
a) Dermatitis herpetiformis b) Scabies
c) Pemphigus d) Pemphigoid

271. All of the following are bullous lesions except -
a) Pemphigus vulgaris *(SGPGI03)*
b) Dermatitis herpetiformis
c) Atopic dermatitis
d) Pemphigoid

272. The following diseases are characterized by bullous eruptions EXCEPT - *(UPSC-109)*
a) Porphyria cutanea tarda
b) Variegate porphyria
c) Dermatitis herpetiformis
d) Lichen planus

273. Bullous skin lesions are seen in all except -
a) Impetigo b) DM *(MH05)*
c) Porphyria d) Lupus vulgaris

274. Sub-epidermal splitting is not found in - *(PGI 99)*
a) Bullous pemphigoid
b) Pemphigus foliaceous
c) Dermatitis herpetiformis
d) Bums

275. Subepidermal lesion are all except - *(PGI June 09)*
a) Bullous pemphigoid b) Pemphigus vulgaris
c) Hailey - Hailey disease d) Darrier's disease
e) Acanthosis nigricans

276. Intraepidermal acantholytic blister is seen in -
a) Pemphigus vulgaris *(PGI June 06)*
b) Bullous pemphigoid
c) Paraneoplastic pemphigus
d) Dermatitis herpetiformis
e) Epidermolysis bullosa

111. **Intra-epidermal lesions seen in -** *(PGI June 08)*
a) Pemphigus vulgaris
b) Epidermolysis bullosa acquisita
c) Dermatitis herpetiformis
d) Bullous pemphigoid
e) Paraneoplastic pemphigus

278. Intra epithelial bulla is seen in - *(AI91, AIIMS 95)*
a) Pemphigus b) Pemphigoid
c) Dermatitis herpetiformis d) Light eruption

279. Bullous skin lesions with 'intraepidermal split' is feature of - *(MH 11)*
a) Pemphigus vulgaris b) Pemphigoid
c) Epidermolysis bullosa d) All

280. What is not true about Erythema multiforme -
a) Associated with H simplex
b) Involves distal parts of extremities
c) No vesicle *(NEET/DNB Pattern)*
d) Target lesions

281. Intra-epidermal vesicles are seen in -
a) Pemphigus vulgaris *(PGI June 04)*
b) Carcinomatous pemphigus
c) Dermatitis herpetiformis
d) Congenital epidermolysis bullosa
e) Trauma

282. Intraepidermal blisters are seen in - *(PGI Nov 09)*
a) Bullous pemphigoid
b) Pemphigus folliaceous
c) Dermatitis herpatiformis
d) Bullous SLE
e) Bullous impetigo

261)d 262)a 263)b 264)a 265)a,b 266)c 267)a 268)a 269)a 270)b 271)None>c 272)d 273)d 274) b 275)b,c,d,e 276)a,c,e 277) a,e 278) a 279) a 280) c 281) a,b 282) b,e

283. Intraepidermal blisters are seen in all of the following conditions except - *(NEET/DNB Pattern)*
a) Pemphigus foliaceous
b) Pemphigus vulgaris
c) Paraneoplastic pemphigus
d) Pemphigoid

284. Intraepidermal bulla is seen in - *(COMED 09)*
a) Pemphigoid b) Pemphigus
c) Dermatitis herpetiformis d) Light reaction

285. Which layer of skin causes vesicular change in case of burn - *(AI1MS 97)*
a) Basal layer b) Papillary layer
c) Epidermis d) Dennis

286. Blister formation in burn case is in - *(Bihar 06)*
a) Intraepidermal b)Subepidermal
c) Subdermal d) Subfascial

287. In Pemphigus vulgaris, tzank smear shows - *(NEET/DNB Pattern)*
a) Acantholytic cells
b) Macrophages
c) Fibroblasts
d) Neutrophils

288. Tzank smear is for - *(NEET/DNB Pattern)*
a) I3ZV b) Psittacosis
c) Cryptococcus d) Ricketssia

289. The Tzank smear multinucleated cells are seen in - *(PGI97)*
a) Chicken pox b) Psoriasis
c) Molluscum contagiosum d) Pemphigus vulgaris

290. A patient has Bullous Lesion; on Tzank smear -
a) Langerhans cells are seen *(AT 96)*
b) Acontholysis
c) Leucocytosis
d) Absence of melanin pigment

291. Tzank smear is positive *in r (NEET/DNB ^Pattern)*
a) Herpes simplex b) Psoriasis
c)LP d) Warts

292. Acantholysis is seen in - *(PGI June 09)*
a) Bullous pemphigoid
b) Dermatitis herpetiformis
c) Hailey - Hailey disease
d) Darrier's disease
e) Pemphigus vulgaris

293. Acantholysis is seen in - *(PGI May 10)*
a) SSSS b) Impetigo
c) Hailey- Haiky disease d) Darrier's disease
e) Pemphigus vulgaris

294. Acantholysis is seen in - *(All India 95)*
a) Epidermis b) Dermis
c) Dermo-epiderm junction d) Subcutaneous tissue

295. Acantholysis is due to destruction of - *(AIIMS 97)*
a) Epidermis
b) Subepidermis
c) Basement membrane
d) Intercellular substance

296. Acantholysis is seen in all of the following except-
a) Pemphigus *(MP 06)*
b) Bullous pemphigoid
c) Steven-Johnson syndrome
d) Toxic epidermal necrolysis

297. Nikolsky sign is positive in all except -
a) Pemphigus *(AIIMS 00, MP 06)*
b) Bullous pemphigoid
c) Toxic epidermal Necrolysis
d) Staphylococcal skin scaled syndrome

298. Nikolsky sign not present in - *(Bihar 06)*
a) Pemphigus b) Pemphigoid
c) Vitiligo d) Staphylococcal scalded syndrome

299. Nikolsky's sign is positive in - *(PGI 98)*
a) Pemphigus b) Dermatitis herpatiformis
c) Pemphigoid d) Rubella

300. Hailey - hailey disease is - *(Jharkhand 03)*
a) Benign familial chronic pemphigus
b) Pemphigus acutus
c) Pemphigus
d) Lyell's syndrome

PHOTOSENSITIVE DISORDERS

301. 23 year old lady Sony develops brown macular lesions over bridge of nose and cheek following exposure to light. The probable diagnosis is -
a) SUE b) Acne Rosacea *(AIIMS 99)*
c) Chloasma d) Photodermatitis

302. A girl of 19 years with arthritis and photosensitive rash on cheeks, likely diagnosis is -
a) SLE *(AI01, Bihar 03)*
b) Chlosma
c) Steven's Johnson syndrome
d) Lyme's disease

303. A 40 year old woman presents with a 2 year old H/o erythematous papulo pustular lesions on convexities of the face. There in a background of erytherma & telengiectasia. The most likely diagnosis is - *(AI 05)*
a) Acne vulgaris b) Acne rosacea
c) SLE d) Polymorphic light eruption

304. 19 year old girl presents with ligh brown pigmentation over Malar eminence, likely diagnosis is- *(AI 01)*
a) Chloasma b) SLE
c) Melasma d) Melanoma

305. A 45 year old farmer has itchy erythematous papular lesions on face, neck,[6] V' area of chest, dorsum of hands and forearms for 3 years. The lesions are more severe in summers and improve by 75% in winters. The most appropriate test to diagnose the condition would be - *(AI 06)*
a) Skin biopsy
b) Estimation of IgE levels in blood
c) Patch test
d) Intradermal prick test

283)d 284)b 285)d 286)b 287)a 288)a 289)a 290)b 291)a 292)c,d,e 293)a,c,d,e 294)a 295)d
296)b,d 297)b 298)b,c 299)a 300)a 301)c 302)a 303)b 304)a 305)c

306. Exposure to sunlight can precipitate - *(UPSC 2K)*
a) Chloasma
b) Discoid lupus erytyhematosus
c) Dermatitis herpatiformis
d) Lupus vulgaris

307. Which of the following not photosensitive -
• a) Porphyria ■ b) DEE • *(NEET/DNB Pattern)*
y j M p) **SLE** *i p* **^d)rExchei]^planus>'^^j5^ ;**

308.Which of the following are photosensitive diseases-
a) SUE b) Liver spots *(PGI01)*
c) Calcinosiscutisd) Morphea
e) Prophyria cutanea tarda

309. Photosensitivity is a feature of -
a) Porphyria cutanea tarda *(DELHI PG Mar. 09)*
b) Psoriasis
c) Pemphigoid
d) Pompholyx

31:0.. Rhinophyma complicates - *(NEET/DNB Pattern)*
a) Acne vulgaisb) Acne rosacea
c) Psoriasis d) Phemphigus

311. Rhinopyma is (Potate nose) - *(AP 96)*
a) Septal deviation of nose
b) Sweat gland hypertrophy
c) Mucous gland hypertrophy
d) Sebaceous gland hypertrophy

312. A 40 year old farmer with a history of recurrent attacks of porphyria complains of itching when exposes to the sun and maculopapular rash on sun exposed areas, his symptoms are exaggerated in the summer. The diagnosis is - *(AIIMS May 01)*
a) Seborrheic dermatitis
b) Contact dermatitis
c) Psoriasis
d) Porphyria cutanea tarda

313. Chandu 32 years male presents with abdominal pain and vomitting. He also complain of some psychiatric symptoms & visual hallucination. Most likely diagnosis is - *(AI 01)*
a) Hypothyroidism b) Hyperthyroidism
c) Hysteria d) Intermittent porphyria

314. A girl on sulphonamides developed abdominal pain and presented to emergency with seizure. What is the probable cause ? *(AIIMSNov 08)*
a) Acute intermittent porphyria
b) Congenital erythropoietic porphyria
c) Infectious mononucleosis
d) Kawasaki's disease

315. Porphyrins are synthesized mainly in -*(AIIMS 95)*
a) Spleen
b) Liver and spleen
c) Bone marrow and spleen
d) Liver and bone marrow

BACTERIAL INFECTIONS

316. Leprosy does not involve - *(PGI 98)*
a) CNS b) Testis
c) Skin d) Cornea

317. Skin smear is negative in which leprosy - *(AI 97)*
a) Indeterminate b) Neuritic
c) Lepromatous d) Borderline

318. Most common type of leprosy in India - *(PGI97)*
a) BT b) TT
c) IL d)BL

319. Virchow's cells are seen in - *(UP 95)*
a) Henoch scholein purpura
b) Toxic Epidermal necrolysis
c) Congenital syphilis
d) Leprosy

320. Lepra cell is a - *(Maharashtra 01)*
a) Plasma cell b) Neutrophil
c) Lymphocyte d) Histiocyte

321. Satellite lesion are seen in - *(AI 99)*
a) Tuberculoid leprosy
b) Lepromatous leprosy
c) Borderline tuberculoid leprosy
d) Histoid leprosy

322. Inverted saucer shaped lesion is found in -
a) Lepromatous leprosy *(AIIMS May 12, 95)*
b) Tuberculoid leprosy
c) Borderline leprosy
d) Indeterminate leprosy

323. In leprosy nerves commonly involved - *(PGI97)*
a) High ulnar, low median
b) High median, low ulnar
c) Triple nerve palsy
d) High radial, low median

324. Skin biopsy in leprosy is characterized by - *(AI97)*
a) Periappendgeal bacilli
b) Periappendgeal lymphocytosis
c) Perivascular lymphocytosis
d) All of the above

325. All are true lepromatous leprosy except - *(IN96)*
a) Presence of globi
b) Subepidermal free zone
c) Decreased cell mediated immunity
d) Presence of granulomas subdermally

326. A 45 year old male had multiple hypoaesthetic mildly erythematous large plaques with elevated margins on trunk and extremities. His ulnar and lateral popliteal nerves on both sides were enlarged. The *most* **probable diagnosis is** - *(AIIMS Nov 03)*
a) Lepromatous leprosy
b) Borderline leprosy
c) Borderline tuberculoid leprosy
d) Borderline lepromatous leprosy

306)a,b 307)d 308)a,b,e 309)a 310)b 311)d 312)d 313)d 314)a 315)d 316)a 317)b 318)b 319)d
320) d 321) c 322) c 323) a 324) d 325) d 326) d

327. Multiple hypoaesthetic, hypopigmented macules on right lateral forearm with numerous acid fast bacilli is indicative of - *(AIIMS May 12)*
a) Tuberculoid leprosy
b) Lepromatous leprosy
c) Indeterminate leprosy
d) Borderline leprosy

328. In leprosy which of the following is not seen -
a) Abnormal EMG *(PGI2000)*
b) Voluntary muscle wasting
c) Decreased proprioception
d) Decreased response to tactile sensation
e) Increased response to tactile sensation

329. Earlist sensation to be lost in Hansens disease is -
a) Pain b) Touch *(UP 98)*
c) Vibration d) Temperature

330. A single hypopigmented anesthetic patch with satelite lesion on forearm, likely diagnosis is- *(AIIMS 94)*
a) Indeterminate leprosy b) Tuberculoid leprosy
c) Neuritic leprosy d) Lupus vulgaris

331. All lesions are seen in leprosy except - *(A197)*
a) Erythematous Macule
b) Hypopigmented patch
c) Vesicles
d) Flat & raised patches

332. All are features of lepromatous leprosy except -
a) Gynaecomastia *(TN 96, AIIMS 94)*
b) Madarosis
c) Saddle nose
d) Perforating Ulcer

333. Symmetrical multiple lesions are seen in which type of leprosy - *(Maharashtra 01)*
a) Borderline b) Neuritic
c) Lepromatous c) Tubercular

334. Which of the following is an indication of active leprosy- *(CUPGEE96)*
a) New skin lesions b) Nerve tenderness
c) Erythema d)All

335. In leprosy neural involvement occurs in what percentage of patients- *(Orissa 99)*
a) 30% b) 60 %
c) 90% d) 100%

336. Iris pearl is seen in - *(Calcutta 00)*
a) Leprosy b) Sarcoidosis
c) Tuberculosis d) Chloasma

337. About tuberculoid leprosy, false is - *(Jharkhand 06)*
a) CMI is depressed
b) CMI is increased
c) A single anesthetic patch
d) None

338. Lepromin test is positive in which leprosy -
a) Lepromatous *(AIIMS 2000, MH10)*
b) Indeterminate
c) Histoid
d) Tuberculoid

339. The following test is not used for diagnosis of leprosy - *(AIIMS 06)*
a) Lepromin test
b) Slit skin smear
c) Fine needle aspiration cytology
d) Skin biopsy

340. A16 year old student reported for the evaluation of multiple hypopigmented macules on the trunk and limbs. All of the following tests are useful in making a diagnosis of leprosy, except - *(AIIMSNov 03)*
a) Sensation testing b) Lepromin test
c) Slit smears d) Skin biopsy

341. ENL is seen in which form of leprosy - *(PGI Dec 05)*
a) Indeterminate b) BT
c) LL d)BL
e) TT

342. The main cytokine, involved in erythema nodosum leprosum (ENL) reaction is - *(AIIMSMay 06)*
a) Interleukin - 2
b) Interferon - gamma
c) Tumor necrosis factor - alpha
d) Macrophage colony stimulating factor

343. Manifestation of ENL include all of the following except - *(PGI Dec 05)*
a) Pancreatitis b) Fever
c) Hepatitis d) Arthritis
e) Cutaneous nodules

344. Type-I lepra reaction is commonly seen in:
a) Histoid leprosy *(DELHI PG Mar 09)*
b) Lepromatous leprosy
c) Borderline tuberculoid leprosy
d) Polyneuritic leprosy

345. The following drug is used for the treatment of type H lepra reaction, except - *(AIIMS 06)*
a) Chloroquine b) Thaliodomide
c) Cyclosporin d) Corticosteroid

346. DOC for lepra II reaction is - *(AI08)*
a) Steroids b) Thalidomide
c) Clofazimine d) Dapsone

347. Drug of choice for lepra II reaction is- *(DPGEE 08)*
a) Steroids b) Thalidomide
c) Clofazimine d) Dapsone

348. Thalidomide is drug of choice for - *(AI 99)*
a) Lepra I reaction b) Lepra II reaction
c) Both d) Nerve abscess

349. DOC in type I lepra reaction with severe neuritis -
a) Thalidomide b) Clafazamide *(AI 95)*
c) Dapsone d) Systemic corticosteroid

350. Antileprotic drug also used in lepra reaction is -
a) Rifampicin b) Dapsone *(AIIMS 97)*
c) Ciprofloxacin d) Clofazimine

351. Lucio reaction is seen in - *(NEET/DNB Pattern)*
a) TB b) Leprosy
c) Syphillis d)LGV

327) d 328) c,e 329) d 330) None >b 331)c 332) None 333) c 334)All 335) d 336) a 337) b 338) d 339) a 340) b 341)c,d 342) c 343) a 344) c 345) c 346) a 347) a 348) b 349) d 350) d

352. Duration of treatment in multibacillary leprosy according to WHO is - *(PGI June 02)*
a) 6 months b) 1 year
c) 2 years d) 5 years
e) Lifelong

353. Under leprosy eradication programme the managment of single lesion is - *(A1IMS 02; PGI June 00)*
a) Single dose of Rifampicin and Dapsone
b) Rifampicin and Dapsone for 6 months
c) Rifampicin, ofloxacin and minocycline single dose
d) Rifampicin and minocycline for 6 months

354. In multibacillary leprosy the follow up examination after adequate treatment should be done yearly for -
a) 3 years b) 3 years *(Delhi 96)*
c) 5 years d) 10 years

355. A patient with leprosy had slightly erythematous, anesthetic plaques on the trunk and upper limbs. He was treated with paucibacillary multidrug therapy (PB-3MDT) for 6 months. At the end of 6 months, he had persistent erythema and induration in the plaque. The next step of action recommended by the World Health Organization (WHO) in such a patient is - *(AIIMS Nov 04)*
a) Stop antileprosy treatment
b) Continue PB-MDT till erythema subsides
c) Biopsy the lesion to document activity
d) Continue dapsone

356. Treatment of severe ulnar neuritis in borderline tuberculoid leprosy is - *(A107)*
a) MDT only b) MDT + steroid
c) Wait and watch d) MDT + thalidomide

357. Best method of treatment of ulner never abscess in case of leprosy is - *(AIIMS 96, MAHE 05)*
a) High does of steroid
b) Incision and drainage
c) Thalidomide
d) High does of clofazamine

358. Treatment of acute neuritis in lepra I reaction is A/E- *(AI95)*
a) Dapsone b) Steroid
c) Thalidomide d) Incision anddrainage

359. Reversal lepra reaction shown no response to -
a) Cloafazimine b) Dapsone *(Jipmer 95)*
c) Glucocorticoids d) Thalidomide

360. The most effective drug against M. leprae is -
a) Dapsone b) Rifampicin *(AI03)*
c) Clofazamine d) Prothionamide

361. WHO regime for paucibacillary leprosy - *(AI 96)*
a) 100 mg Dapsone daily + Rifampcin monthly (600 mg)
b) Dapsone daily + Rifampcin daily
c) Dapsone + Rifampcin + Clofazimine daily
d) Rifampcin + Clofazimine daily

362. According to WHO latest treatment of leprosy is -
a) 2 yrs. Or negative slit smear negative which ever is longer for multibacillary *(PGI 96)*
b) Life long treatment
c) Six months treatment for paucibacillary
d) Not specified

363. All of the following are true of tuberculoid leprosy except- *(Karnat96)*
a) It is infective b) Positive lepromin test
c) Treatment for 5 years d) Body immunity is high

364. One of the following is a side effect of clofazimine used in leprosy therapy - *(AI96)*
a) Hyperpigmentation
b) Erythema
c) Discoloration of body secretions
d) Macular rash

365. If a claw hand develops in a patient with Leprosy, the deformity is - *(AI12)*
a) Grade 0 b) Grade I
c) Grade II d) Grade III

366. M.C. type of cutaneous T.B. is - *(PGIDec 06)*
a) Lupus vulgaris b) Scrofuloderma
c) T.B. verruca cutis d) Erythema induratum

367. Most common form of cutaneous tuberculosis in India- *(Maharashtra 09)*
a) Scrofuloderma
b) Lupus vulgaris
c) Primary cutaneous tuberculosis
d) Tuberculosis verucous cutis

368. Tuberculosis of skin is called as - *(AIIMS 98)*
a) Lupus vulgaris b) Lupus pernio
c) Lupus profundus d) Scrofuloderma

369. Skin manifestation of T.B. - *(PGI04)*
a) Lupus vulgaris b) Lupus pernio
c) Scrofuloderma d) Butcher warts

370. Forms of skin tuberculosis include all except -
a) Lupus vulgaris *(Maharashtra06)*
b) Scrofuloderma
c) Erythema nodosum
d) Erythema annulare

371. True about lupus vulgaris - *(PGIDec 04)*
a) Apple jelly nodule at root of nose
b) TB of skin & mucosa
c) Also known as scrofuloderma
d) ATT is helpful

372. Lupus vulgaris is - *(SGPGI04)*
a) Tuberculosis of skin b) Basal cell CA
c) Squamous cell CA d) Fox bite

373. Apple-jelly nodules is/are seen in - *(PGINov 10)*
a) Lupus vulgaris b)DLE
c) Lichen planus d) Psoriasis

374. Skin TB which involves skin after involving lymph nodes - *(AIIMS 96)*
a) Scrofuloderma b) Lupus vulgaris
c) Lupus erythematous d) Lupus pernio

35l)b 352)b 353)c 354)c 355) a 356)b 357)b 358)c 359)d 360)b 361)a 362)c 363)c 364)a,c 365) c 366) a 367) b 368) a,d 369) a,c 370) d 371)a,b,d 372) a 373) a 374) a

375. Cutaneous tuberculosis secondary to underlying tissue is called as - *(AI 99)*
a) Lupus vulgaris b) Scrofuloderma
c) Spina ventosa d) Tuberculous verrucosa cutis

376. Scrofuloderma is - *(Maharashtra 05)*
a) Chronic infection by staphylococcus epidermidis
b) Tubercular sinus with a discharge
c) Rupture of a lymph node with involvenent of skin
d) Lesion in lupus vulgaris

377. Tuberculides are seen in - *(AIlMSMay 07, Nov 06)*
a) Lupus vulgaris b) Scrofuloderma
c) Lichen scrofulosorum d) Erythema nodosum

378. Which of the following is/are tuberculides -
a) Lichen scrofulosorum *(PGI2000, June 07)*
b) Lichen nichidus
c) Lichen aureus
d) Erythema nodosum

379. Which of the following tuberculids is characterized by involvement of sweat glands, and hair follicles with noncaseating epitheloid granuloma - *(AI09)*
a) Lichen scrofulosorum b) Miliary tuberculosis
c) Papulonecrotic type d) Lupus vulgaris

380. A12 year old boy had a gradually progressive plaque on a buttock for the last 3 years. The plaque was 15 cm in diameter, annular in shape, with crusting and induration at the periphery and scarring at the center. The most likely diagnosis -*(AIIMSNov 03)*
a) Tinea corporis b) Granuloma annulare
c) Lupus vulgaris d) Borderline leprosy

381. A 36 years old factory worker developed itchy annular scaly plaques in both groins. Application of a carticosteroid ointment led to temporary relief but the plaques continued to extend at the periphery. The most likely diagnosis is - *(AI 05)*
a) Erythema annulare centrifugam
b) Granuloma annulare
c) Annular lichen planus
d) Tenia cruris

382. 20 year old male from Jaipur with erythermatous lesion on cheek with central crusting likely diagnosis is - *(AI 01)*
a) SLE b) Lupus vulgaris
c) Chillblain d) Cutaneous leishmaniasis

383. Ayoung boy presented with lesion over his right buttock which had peripheral scaling and central scarring. The investigation of choice would *be-(AIIMS Nov 01)*
a) Tzank Smear b) KOH preparation
c) Biopsy d) Saboraud's agar

384. An 8 year old boy present with well defined annular lesion over the buttock with central scarring that is gradually progressive over the last 8 months. The diagnosis is - *(AIIMS 01)*
a) Annular psoriasis
b) Lupus vulgaris
c) Tinea corporis
d) Chronic granulomatous disease

385. Mycobacterium causeing skin ulcer - *(PGI02)*
a) M. smegmatis b) M. scrofulaceum
c) M. ulcerans d) M. fortuitum
e) M. marinum

386. Epitheliod granuloma is char acterstic of -*(ARMS 95)*
a) Sarcoidosis b) Eosinophilia
c) T.B. d) Mycosis fungoides

387. Tuberculosis verrucosa cutis is a form of -
a) Tuberculid *(SGPGI05)*
b) Primary tuberculosis
c) Postprimary tuberculosis with good resistance
d) Post primary tuberculosis with poor resistance

388. A Farmer has a single warty lesion on leg. Which of the following could be most likely lesion -
a) Verruca vulgaris *(ARMS Nov 10)*
b) Tuberculosis verrucosa cutis
c) Mycetoma
d) Lichen planus hypertrophicus

389. Which of the following are bacterial infections of skin - *(PGI June 05)*
a) Pyoderma gangrenosum b)Piedra
c) Impetigo contagiosa d) Impetigo herpetiformis
e) Ecthyma

390. False statement about impetigo - *(PGI 01)*
a) Mostly caused by staphylococcus or streptococcus or both
b) It predisposes to glomerulonephritis
c) Produces scar on healing
d) Erythromycin is drug of choice
e) It is infectious lesion

391. True about Impetigo is - *(PGI June 08)*
a) Contagious b) Bacterial infection
c) Non contagious d) Honey coloured crust
e) Viral infection

392. Staphylococcus causes A/E- *(PGI 99)*
a) Scarlet fever b) TSS
c) Carbuncle d) Sycosis barbae

393. Staphylococcus can cause - *(PGI June 01)*
a) Ecthyma b) Erythrasma
c) Furuncle d) Impetigo contagiosa
e) Sycosis barbae

394. Staphylococcal infection causes all disease except -
a) Impetigo b) Erysipelas *(AI97)*
c) Ecthyma d) Scaldy skin syndrome

395. Impetigo contageosa most commonly due *to-(JH04)*
a) Group B streptococcous
b) Staphalococous
c) Moniliasis
d) Streptococcus viridans

396. A3 months old male infant developed otitis media for which he was given a course of Co-trimoxazole. A few days later, he developed extensive peeling of the skin; there were no mucosal lesions and the baby was not toxic. The most likely diagnosis is -
a) Toxic epidermal necrolysis *(AIIMS 04)*
b) Staphylococcal scalded skin syndrome
c) Steven Johnsom syndrome
d) Infantile pemphigus

375)b 376)c 377)c 378)a,d 379)a 380)c 381)d 382)d 383)c 384)b 385)c,d,e 386)a,c 387)c 388)b 389)c,e 390)c 391)a,b,d 392)a 393)a,c,d,e 394)b 395)b 396)b

397. Following is a bacterial infection - *(DPG March 09)*
a) Pyoderma gangrenosum
b) Impetigo herpitiformis
c) Pitted keratolysis
d) Mycosis fungoides

398. Skin hazards of swimming are - *(PGI01)*
a) Verrucae
b) Pyoderma gangrenosum
c) M. marinum gangrenosum
d) M. ulcerans infection

399. Which of these statements is false for erythema marginatum - *(MP 04)*
a) Lesions are serpiginous
b) Characteristically it is an evanescent
c) Rash worsens on application of heart
d) Rash is itchy

400. Erysipeloid is transmitted by - *(PGI99)*
a) Droplet b)Feco-oral
c) Mosquito bite d) Contact with animal

401. Herpes zoster is commonly seen in -*(DELHI PG Feb. 09)*
a) Cervical region b) Thoracic region
c) Lumber region d) Geniculate ganglion

402. Shingles is the other name for - *(COMED 06)*
a) Herpex simplex b) Varicella
c) Herpes Zoster d) Herpes labialis

403. Jarish herxheimer reaction is seen in early cases of- *(PGI98)*
a) Syphilis b) Gonorrhoea
c) IGV d) Granuloma inguinale

404. Jarisch Herxheimer reaction is commonly seen in -
a) Early syphilis *(SGPGI05)*
b) Late congenital syphilis
c) Latent syphilis
d) Syphilis of cardiovascular system

405. Eczema herpeticum is caused by - *(PGI June 07, PGI2K)*
a) Herpes simplex virus b) Varicella
c) CMV d)HPV
e) HSV-6

406. Kaposi varicelliform lesion seen in -*(PGI04, PGI Dec 05)*
a) Atopic dermatitis b) Darriers disease
c) Lichen planus d) Varicella zoster

407. DOC for herpes zoster is - *(AIIMS 98)*
a) Vidarabine b) Acyclovir
c) Idoxuridine d) Aclidine

408. After 3 days of fever patient developed maculo erythematous rash lasting for 48 hrs diagnosis is -
a) Fifth disease b) Rubella *(AI02)*
c) Measles d) Roseola infantum

409. Recurrent balanoposthitis seen in - *(PGI02)*
a) DM b) Herpes simplex
c) Smoking d) Alcohol
e) Bad hygiene

410. Discharging sinus is seen in - *(AI96)*
a) Syphilis b) Herpes
c) Actinomycosis d) Molluscum contagiosum

411. Erythrasma is caused by - *(MH 01)*
a) Corynebacterium b) Staph
c) Streptococci d) Viruses

412. Corynebacterium minutissimum causes - *(MH02)*
a) Erysipelas b) Erythrasma
c) Ecthyma d) Impetigo

FUNGAL INFECTION, SCABIES, PEDICULOSIS

413. Which of the following are fungal infection of skin - *(PGI June 05)*
a) Sporotrichosis b) Molluscum contagiousm
c) Madura foot d) Tinea
e) Erysipelas

414. Stain used for staining fungal elements- *(AIIMSNov 09)*
a) Acid fast stain b) Mucicarmic
c) Methenamine d) Gram stain

415. Which dye is most suitable for fungus demonstration in biopsy - *(AIIMS Nov 06)*
a) Alizarin red b) Veirhoff dye
c) Mason's trichome d) PAS

416. Which of the following stains is used to study fungal morphology in tissue sections - *(AI 10)*
a) PAS b)Von-kossa
c) Alzarin-red d) Masson's Trichrome

417. Dermatophyte infection is - *(Bihar 06)*
a) Superficial b) Subdermal
c) Subfascial d) Muscular

418. Ring worn infection affects - *(UP 9 7)*
a) Dermis b) Papillary layer
c) Stratum comeum d) Prickle cell layer

419. T. capitis (endothrix) is caused by - **(***PGI Dec 2000)*
a) Epidermophyton b) T.tonsurans
c) T.violaceum d) Microsporum
e) Trubrum

420. Which does not cause Tinea capitis -
a) Epidermophyton *(Jipmer 97, AIIMS 94, 92)*
b) Microsporum
c) Trichophyton rubrum
d) Trichophyton violaceum

421. Kerion is seen in - *(AIIMS 98)*
a) Candida infection b) Trichomoniasis
c) Pityriasis d) Dermatophytosis

422. Most common organism causing T. capitis is-*(AI01)*
a) Trichophyton tonsurans b) Microsporum
c) Epidermophyton d) Candida albicans

423. An 8 yr old boy presents with boggy swelling and easily pluckable hair, Diagnosis is - *(AIIMS 98)*
a) Tinea capitis b) Alopecia areata
c) Tuberculorid leprosy d) Pityriasis alba

424. A 7 year old boy with boggy swelling of the scalp with multiple discharging sinuses with cervical lymphadenopathy with easily pluckable hair. What would be done for diagnosis - *(AIIMS Nov 09,96, 94; AI 01)*
a) Pus for culture b) KOH mount
c) Biopsy d) Patch test

397)c 398)a,c 399)d 400)d 401)b 402)c 403)a 404)a 405)a 406)a,b 407)b 408)d 409)d 410)c
411)a 412)b 413)a,c,d 414)c 415)d 416)a 417)a 418)c 419)b,c 420)a 421)d 422)b 423)a 424)b

425. The test likely to help in diagnosis of a patient who presents with an itchy annular plaque on the face is - *(AI03)*
a) Gram's stain b) Potassium hydroxide mount
c) Tissue smear d) Wood's lamp examination

426. Best diagnostic test for fungal skin infection -
a) KOH test b) Diascopy *(NEET/DNB*
c) Wood's lamp d) Patch test *Pattern)*

427. A 60-year old male presented with discolouration, thickening and tunneling of 2 fingernails and one toe nail. Which of the following will clinch the diagnosis at the earliest? *(AIIMSMay 12)*
a) Wood's lamp examination b) KOH mount
c) Slit smear (split skin smear) d) Gram stain

428. Tinea unguium effects - *(AI 95)*
a) Nail fold b) Nail plate
c) Joints d) Inter digital space

429. Tinea incognito is seen with - *(Jipmer 02, PGI99)*
a) Steroid treatment b)l%BHi3
c) 5%permethrin d) Antibiotics

430. A 22 years old male patient presents with a complaints of severe itching and white scaly lesions in the groin for past month. Which of the following is most likely to be the causative agent -*(AIIMSNov 03)*
a) Trichophyton rubrum b) Candida albicans
c) Candida glabrata d) Malassezia furfur

431. A 36- year - old factory worker developed itchy, annular scaly plaques in both groins. Application of a corticosteroid ointment led to temporary relief but the plaques continued to extend at the periphery. The most likely diagnosis is - *(AI 05)*
a) Erythema annulare centrifugum
b) Granuloma annulare
c) Annular lichen planus
d) Tinea cruris

432. A 30 yr old female presents with history of itching under right breast. On examination annular ring lesion was present under the breast. The diagnosis is - *(AIIMS May 02)*
a) Trichophyton rubrum b) Candida albicans
c) Epidermophyton d) Microsporum

433. Treatment of tinea unguium - *(PGI June 05)*
a) Fluticasone b) Itraconazole
c) Oleamineoil d)Turbinafin
e) Neomycin

434. Ciclipirox oleamine is used in - *(AP 96)*
a) Dermatophytosis b) Acne
c) Psoriasis d) Lichen planus

435. An eleven year old boy is having tinea capitis on his scalp. The most appropriate line of treatment is -
a) Oral griseofulvin therapy *(AI03)*
b) Topical griseofulvin therapy
c) Shaving of the scalp
d) Selenium sulphide shampoo

436. DOC for Tinea Unguim - *(UP 95)*
a) Ampthotericin B b) Miconazole
c) Grisoefulvin d) Nystatin

437. Griseofulvin is used in - *(Bihar 04)*
a) Tinea captis b) P. versicolor
c) Candidiasis d)ALL

438. Grisefulvin given for the treatment of fungal infection in the finger nail dermatophytosis for how much duration - *(AI 02)*
a) 4 weeks b) 6 weeks
c) 2 months d) 3 months

439. Dermatophytes are-(PG/ *03, SGPGI04, PGI June 06)*
a) Sporothrix b) Tinea versicularis
c) Microsporidium d) Trichophyton rubrum
e) All of the above

440. A 24 year old man had multiple, small hypopigmented macules on the upper chest and back for the last three months. The macules were circular, arranged around follicles and many had coalesced to form large sheets. The surface of the macules showed fine scaling. He had similar lesions one year ago which subsided with treatment The most appropriate investigation to confirm the diagnosis is -
a) Potassium hydroxide preparation of scales
b) Slit skin smear from discrete macules
c) Tzanck test *(AIIMS May 12, Nov 03)*
d) Skin biopsy of coalesced macules

441. The following drug is effective in treatment of ptyriasis versicolor - *(AIIMS May 03)*
a) Ketoconazole b) Metronidazole
c) Griseofulvin d) Chloroquine

442. AD the foUowing drugs are effective in t/t of ptyriasis versicolor except - *(Bihar 05, AI 05)*
a) Selenium sulphide b) Ketoconazole
c) Grieseofulvin d) Clotrimazole

443. Commonest fungal infection of the female genitaba in diabets - *(Karnat 98)*
a) Cryptococcal b) Madura mycosis
c) Candidial d) Aspergellosis

444. A washer man presents with thickness erosion & discoloration of web spaces of toes diagnosis is-*(PGI 96)*
a) Psoriasis b) Tinea Unguium
c) Both d) Candidiasis

445. An otherwise healthy male presents with a creamy curd Dke white patch on the tongue. The probable diagnosis is - *(AI 10)*
a) Candidiasis b) Histoplasmosis
c) Lichen planus d) Aspergillosis

446. Linear lesion is seen in - *(PGI97)*
a) Sporotrichosis b) Lichen planus
c) Psoriasis d) Pemphigus

447. Potassium iodide is useful in the treatment of:
a) Sporotrichosis *(DELHIPG Mar 09)*
b) Impetigo
c) Viral warts
d) Dermatitis herpetiformis

425) b 426) a 427) b 428) b 429) a 430) a 431)d 432) a 433) b,d 434) a 435) a 436) c 437) a
438) None >d 439) d 440) a 441) a 442) c 443) c 444) d 445) a 446) a 447) a

448. All the following antimicrobial agents are used topically except- *(AI95)*
a) Clotrimazole b) Griseofulvin
c) Nystatin d) Miconazole

449. The Burrows in scabies is in the - *(Karn. 98)*
a) Stratum basale b) Stratum granulosum
c) Stratum comeum d) Dermis

450. Characteristic lesion of scabies is - *(NEET/DNB Pattern)*
a) Burrow b) Fissure
c) Vesicle d) Papule

451. Incubation period of scabies is - *(Calcutta 2K)*
a) 7 days b) 2 weeks
c) 4 weeks d) 2-3 days

452. Adult scabies is characterized by - *(PGIDec 04)*
a) Involve palm & soles b) Involve face
c) Involve anterior abdomen d) Involve web space
e) Involve genitalia

453. Scabies in children differs from that in adults in that it affects - *(Jipmer 2K)*
a) Webspace b)Face
c) Genitalia d) Axilla

454. Scabies in adults differs from that in children by -
a) Not involving face *(MAHE 07, Manipal 08)*
b) Non involving genitals
c) Not involves areola
d) Involves whole body

455. Circle of hebra is associated with - *(PGI June 08)*
a) Syphilis b) Scabies
c) Leprosy d) Lichen planus

456. Not a feature of scabies - *(NEET/DNB, Pattern)*
a) Burrows are seen; in- Stratum Comeum
b) Itching is more severe at night
c) Family history is found
d) Fever is a common finding

457. Nodular scabies is found in - *(AIIMS 97)*
a) Web space of finger b) Axilla
c) Abdomen d) Scrotum

458. An 8 month old child presented with itchy, exudative lesions on the face, palms and soles. The siblings also have similar complaints. The treatment of choice is such a patient is - *(A103)*
a) Systemic ampicillin
b) Topical betamethasone
c) Systemic prednisolone
d) Topical permethrin

459. An infant presented with itchy eczematous crusted lesions with exudation on palm, sole, glans penis and face. All are true except - *(PGI 02)*
a) Family should be examined
b) Only patient needs chug treatment
c) All clothing & linen should be discarded or burnt
d) Distribution of lesion help in diagnosis making
e) Dmg should be applied to affected areas for whole day

460. An infant presenting with itchy lesions over groin and prepuce, all is indicated except - *(AI01)*
a) Bath & apply scabicidal solution
b) Treatment of all family members
c) Dispose all clothes by burning
d) IV antibiotics

461. Ivermectin in indicated in the treatment of -
a) Syphilis b) Scabies *(AIIMS May 06)*
c) Tuberculosis d) Dermatophytosis

462. Oral medication used in the treatment of scabies -
a) Albendazole b) Metronidazole *(Karn11)*
c) Ketoconazole d) Ivermectin

463. A 6 month old infant had itchy erythematous papules and exudative lesions on the scalp, face, groins and axillae for one month. She also had vesicular lesions on the palms. The most likely diagnosis is - *(AI06)*
a) Congenital syphilis b)Sebonhoeic dermatitis
c) Scabies d) Psoriasis

464. A 6 month old infant presented with multiple papules & exudative lesions on the face, scalp, trunk and few vesicles on palms and soles for 2 weeks. His mother has H/O itchy lesions. The most likely diagnosis is - *(AIIMS May 12, 05)*
a) Scabies
b) Infantile exzema
c) Infantile sebomheic dermatitis
d) Impetigo contagiosa

465. Papulovesicular lesion on face, trunk, palm and sole in a 9 month old child is seen *\n-(AIIMSMay 12, 95)*
a) Scabies
b) Drug reaction
c) Atopic dermatitis
d) Seborrheic dermatitis

466. A child has itchy vesicles on face, palm and sole the diagnosis is - *(AIIMS 96)*
a) Scabies b) Seborrhic dermatitis
c) Chicken pox d) Atopic dermatitis

467. A child has multiple itchy papular lesions on the genitalia and fingers. Similar lesions are also seen in the younger brother. Which of the following is most possible diagnosis ? *(AIIMSNov 02)*
a) Papular urticaria b) Scabies
c) Atopic dermatitis d) Allergic contact dermatitis

468. Scabies, an infection of the skin caused by Sarcoptes scabies, is an example of - *(AIIMS Nov 02)*
a) Water borne disease b) Water washed disease
c) Water based disease d) Water related disease

469. Vagabond's disease is - *(Calcutta 2K, Bihar 04)*
a) Pediculosis corporis b) Scabies
c) Eczema d) Ringworm

470. Macula cerulea is seen in - *(Orissa 99, Bihar 06)*
a) Pediculosis humanis corporis
b) Pediculosis capitis
c) Pthiris pubis
d) Lupus erythematosis

448) b 449) c 450) a 451)c 452)c,d,e 453) b 454) a 455) b 456) d 457) d 458) d 459)b,c,e 460) c 461) b
462) d 463) c 464) a 465) a 466) a 467) b 468) b 469) a 470) a,c

471. TOC for pediculosis corporis is - *(AIIMS 98)*
a) 3 application of BHC
b) 4 application of BHC
c) Disinfection of all clothes and beddings
d) DDT application

472. Permethrin is used in treatment of - *(A199)*
a) Scabies b) Leprosy
c) Body Louse d) Leishmaniaris

SEXUALLY TRANSMITTED DISEASES

473. A 23 year old male had unprotected sexual intercourse with a commercial sex worker. Two weeks later, he developed a painless, indurated ulcer on the glans which exuded clear serum on pressure. Inguinal lymph nodes in both groins were enlarged and not tender. The most appropriate diagnostic test is - *(AIIMS 04)*
a) Gram's stain of ulcer discharge
b) Darkfield microscopy of ulcer discharge
c) Giemsa stain of lymph node aspirate
d) ELISA for HTV infection

474. 20 year old male lalu develops multiple ulcers over prepuce and glans which are painful along with suppurative lymphadenopathy, 5 days after having sexual intercourse with a sex worker, most probable diseases is - *(AIIMS 96)*
a) Herpes simplexb) Molluscum contagiousm
c) Syphilis d) Chancroid

475. A man having multiple, painful, indurated, undermined, sloughed edged glans which occurred 5 days after exposures; most likely diagnosis is -
a) Chancroid b) Primary chancre *(A108)*
c) Herpes genitalis d)LGV

476. 19 years male develops painless penile ulcers 9 days after sexual intercourse with a professional sex worker likely diagnosis is - *(AI01)*
a) Chancroid b) Herpes
c) Chancre d) Traumatic ulcer

477. A 20 years old male developed multiple tender non-indurated bleeding ulcers over prepuce 4 days after sexual exposure. The most probable diagnosis in this patient is - *(DELHI PG Feb. 09)*
a) Primary syphilis b) Lymphogranuloma venerum
c) Chancroid d) Donovanosis

478. Multiple painful ulcers over glans without induration is suggestive of - *(AIIMS 93)*
a) IGV b) Granuloma inguinale
c) Chancroid d) 2° syphilis

479. A 30 year old male patient has a large, spreading and exuberant ulcer with bright red granulation tissue over the glans penis. There was no lymphadenopathy. The most likely causative organism is -
a) Treponema pallidum *(AIIMS Nov 03)*
b) Herpes simplex virus type 1
c) Herpes simplex virus type 2
d) Calymmatobacterium granulomatis

480. A 24 year old male presents to a STD clinic with a single painless ulcer on external genitalia. The choice of laboratory test to look for the etiological agent would be - *(AIIMS May 03)*
a) Scrappings from ulcer for culture on chocolate agar with antibiotic supplement
b) Serology from detection of specific IgM antibodies
c) Scrappings from ulcer for dark field microscopy
d) Scrappings from ulcer for tissue culture

481. Painful ulcers over genitalia are caused *by-(MH 03)*
a) Primary syphilis b) Granuloma inguinale
c) Chancroid d)LGV

482. Tenderness is uncommon in - *(Maharashtra 10)*
a) Herpes genitalis b) Chancroid
c) Donovanosis d) All of the above

483. Ulcer on penis which bleeds on touch, is feature that best in which of the following - *(MH 11)*
a) Donovanosis b) Syphilis
c) Herpes genitalis d)LGV

484. Beefy red, foul smelling genital granuloma with a bleeding ulcer on touch is seen in - *(Jipmer 11)*
a) IGV b) Chancroid
c) Primary syphilis d) Donovanosis

485. Genital ulcer is seen in A/E - *(PGI97)*
a) Granuloma inguinale b) Syphillis
c) IGV d) Donovanosis

486. Genital ulcer is/are caused by - *(PGINov 09)*
a) HPV b)HSV
c) HIV d) Treponema pallidum

487. The most frequent cause of recurrent genital ulceration in a sexually active male is - *(AI 03)*
a) Herpes genitalis b) Aphthous ulcer
c) Syphilis d) Chancroid

488. All of the following are sexually transmited, Except-
a) Candida albicans *(AI 02)*
b) Echinococcus
c) Molluscum contagiosum
d) Group B streptococcus

489. Not A sexually transmitted disease- *(JH04)*
a) Pinta b) Candidiasis
c) HBV d) Trichomonisis

490. Which is a noveneral form of trephonemal infection-
a) Yaws b) Pinta *(IN 95)*
c) Syphillis d)GV

491. Which of the following is an example of a non venereal disease - *(CUPGEE 96)*
a) Endemic syphilis b) Gonorrhea
c) Chancroid d) LGV
e) Primary herpes

492. Commonest trophozoite infection by sexual intercourse - *(Orissa 99)*
a) Entamoeba histolytica b) Trichomonas vaginalis
c) Trepanama palidium d) Giardia intestinales

471)c 472) a,c 473) b 474) d 475) a 476) c 477) c 478) c 479) d 480) c 481)c 482) c 483) a 484) d 485) c 486) b,d 487) a 488) b 489) a 490) a,b 491) a 492) b

493. Secondary syphilis is manifested by - *(PGI03)*
a) Painless lymphadenopathy
b) Pruritic rash
c) Mucosal erosion
d) Asymptomatic rash
e) Mostly asymptomatic

494. In secondary syphilis all are seen except -
a) Condyloma lata *(MP 05, PGI 98)*
b) Interstitial keratitis
c) Arthritis
d) Proteinuria

495. The skin lesions of secondary syphilis include all of the following except - *(AIIMS 97, 98)*
a) Macules b) Vesicles & Bullae
c) Nodule d) Papulosquamous

496. In secondary syphilis, true about rash is -*(PGI 98)*
a) Pruritic b) Vesicular
c) Asymptomatic d) Tender

497. Condylomata latae are seen in - *(AIIMS 99, 98)*
a) Congenital syphilis b) Primary syphilis
c) Secondary syphilis d) Tertiary syphilis

498. Treponema pallidum causes - *(Maharashtra 02)*
a) Condyloma acuminata b) Condyloma lata
c) Both d) None

499. Candyloma lata is caused by - *(Maharashtra 05)*
a) H. ducreyi
b) Calymmatobactor granulomatis
c) Treponema pallidum
d) HSV

500. The lesion characteristic of secondary syphilis -
a) Ulcer *(Bihar 05)*
b) Condyloma acumicata
c) Condyloma lata
d) Gumma

501. Which stage of syphilis is most contagious ?
a) Primary *(DELHI PG Mar. 09)*
b) Secondary
c) Early latent
d) Later latent

502. A young man presents to the emergency department with a maculopapular rash 2 weeks after healing of a painless genital ulcer. The most likely etiological agent is - *(AI11)*
a) Treponema Pallidum
b) Treponema Pertunae
c) Chalmydia Trachomatis

503. Soft sore is caused by? *(NEET/DNB Pattern)*
a) H ducreyi
b) Calymmatobacterium granulomatis
c) Chlamydia trachomitis
d) T. Pallidum

504. Hard chancre is seen in - *(Maharashtra 05)*
a) Chancroid b) Syphilis
c) Tularemia d) All

505. 'Chancre redux' is a clinical feature of -
a) Early relapsing syphilis *(AIIMS May 06)*
b) Late syphilis
c) Chancroid
d) Recurrent herpes simplex infection

506. Ollendorff sign is seen in - *(Maharashtra 10)*
a) Primary syphilis b) Secondary syphilis
c) Latent syphilis d) Neurosyphilis

507. Characteristic feature of early congenital syphilis is - *(TN 95)*
a) Microcephaly
b) Saddle nose
c) Interstitial keratitis with saber shin
d) Vesicular rash with bulla over palms and soles

508. After giving treatment for Syphilis, the response to treatment can be best assessed by -*(AIIMS Nov 99, AI 02)*
a) FTA- ABS b) VDRL
c) TPHA d) Immobilization test

509. To indicate effective therapy in syphilis VDRL test should a fall in titre of - *(Orissa 99)*
a) One fold b) Two fold
c) Three fold d) Four fold

510. True about syphilis is A/E - *(AI 98)*
a) VDRL is sensitive but not specific
b) Infection leads to life long immunity
c) IgM & IgA
d) T. pallidium when inoculated in rabbit produce progressive disease

511. DOC in primary syphillis is - *(AI 92)*
a) Corticosteroid b) Oral penicilline
c) Benzathine penicilline d) Crystalline penicilline

512. Gonococcus does not involve - *(AI 96)*
a) Testis b) Fallopian tube
c) Epididymis d) Cervix

513. TOC for penicillin resistant gonorrhoea-(^4//MS *98)*
a) Ciprofloxacin b) Ceftriaxone
c) Streptomycin d)Erythromycin

514. Donovanosis is caused by -
a) Calymmatobacter granulomatis
b) T. pertenue
c) Chlamydia trachomatis
d) H. ducreyi

515. Granuloma venereum is caused by - *(Bihar 06)*
a) Donovania granulomatis b) Chlamydia
c) Hemophillus ducrey d) None

516. Chancroid is caused by - *(JH 06, MH 06)*
a) H. ducrey b) Y. pestis
c) DGV d) Tinea pedis

517. Chancroid may be caused by - *(AI 99)*
a) T. pallidium b) G. donovani
c) Chlamydia trachomatis d) Herpes hominis virus

518. LGV is caused by - *(Bihar 05, AIIMS 99)*
a) Chalamydia trachomatis
b) Haemophylus ducrei
c) HTLV type II
d) Donovanosis granulomatis

493) a,c,d,e 494) b 495) b 496) c 497) a,c 498) b 499) c 500) c 501) b 502) a 503) a 504) b 505) a 506) b
507)d 508)b 509)d 510)b,c 511)c 512)a 513)b 514)a 515)a 516)a 517)d 518)a

519. Frie test is done in - *(AI 96)*
a) Donovanosis b)LGV
c) Syphillis d) Leprosy

520. Groove sign is seen in - *(MH 09, 06)*
a) Donovanosis b)LGV
c) Chancroid d) Genital herpes

521. Genital elephantiasis is caused by - *(AI 02)*
a) Donovanosis b) Congenital syphilis
c) Herpes genitalis d) Lymphogranuloma venerum

522. Painful lymph adenopathy is seen in - *(PGI02)*
a) Donovanosis b) Syphilis
c) Chancroid d) Herpes simplex
e) Gonorrhea

5 W& Pseudo bubo is seen in - *(NEET^DNJB. Pattern)*
a) Donovanosis b) LGV
c) Chancroid d) Syphilis

524. Lymphadenopathy is seen in A/E - *(AI 95)*
a) Syphilis 1st stage b) Donovanosis
c) IGV d) Chancroid

525. DOC in chancroid is - *(AIMS 98)*
a) Tetracycline b) Doxycycline
c) Erythromycin d) Streptomycin

526. Treatment of both partners is recommended in A/E - *(UP 03, PGI 99)*
a) Candida infection b) Gardenella
c) Herpes d) Trichomonasvaginalis

527. Genital warts are most commonly caused by which of the following serotypes of HPV? *(AIIMS May 08)*
a)HPV6 b) HPV 16
c) HPV 18 d) HPV 33

528. Myrmecia warts are - *(Jipmer 98)*
a) Planer wart b) Plantar wart
c) Verrucous wart d) Palmer wart

529. All are true regarding viral warts except-(PG/ *97)*
a) Basophilic stippling
b) Koilocytes are characteristic
c) Spontaneous regression common in children
d) Perinucear vacuolization
e) Verruca vulgaris is associated with HPV 7

530. Condyloma acuminata is caused by -
(Calcutta 03, Jharkhand 04, Maharashtra 11)
a) HPV b) HSV
c) HIV d) All

531. Verrucosa vulgaris is caused by - *(Bihar 04)*
a) HPV b)EBV
c) CMV d) HIV

532. Type of human papilloma virus associated with cacinoma cervix - *(JIPMER 98)*
a) Types 6,12,18 b) Types 16,18,31
c) Types 6,8,11 d) Types 3,10,19

533. Podophyllum resin is indicated in the treatment of- *(AIIMS May 03)*
a) Psoriasis b) Pemphigus
c) Condyloma acuminata d) Condylomata lata

534. Regarding podophyllin resin which of following statement is true - *(PGI Dec 08)*
a) Dervied from plant source
b) Safe in pregnancy
c) Teratogenic
d) High recurrence rate of wart after podophyllin resin treatment
e) Individual variation in response rate

535. Topical immunomodulator used for the treatment of genital warts is - *(AI 08)*
a) Imiquimod b) Podophylline
c) Interferon d) Acyclovir

536. Imiquimod used in treatment of anogenital warts acts manly as - *(Maharashtra10)*
a) Antifungal b) Antiviral
c) Immunostimulator d) Keratolytic

537. 3 year old female child develops umblicated nodule over face, following a trivial infection. Probable diagnosis - *(AIIMS99)*
a) Molluscum contagiosum b) Scabies
c) Chicken pox d) L. planus

538. An eight year old boy presents with multiple umbilicated papules on trunk. Diagnosis is -
a) Molluscum contagiosum *(AIIMS 98)*
b) Chicken pox
c) Herpes zoster
d) Dermatophytosis

539. Umblicated pearly white asymptomatic skin lesion diagnosis is - *(AIIMS96)*
a) HSV b) Molluscum contagiosum
c) EBV d) None

540. The syndromic management of urethral discharge includes treatment of - *(AI 03)*
a) Neisseria gonorrhoeae and herpes genitalis
b) Chlamydia trachomatis and herpes genitalis
c) Neisseria gonorrhoeae and chlamydia trachomatis
d) Syphilis and chancroid

541. Most common site of affection of herpes simplex -
a) Thorax b) Abdomen *(CUPGEE 96)*
c) Face d) Extremities

542. Herpes resistant to acyclovir is treated by -
a) Foscamet b) Lamivudine *(Jipmer 02)*
c) Ganciclovir d) Valacyclovir

543. The syndromic management of genital ulcer syndrome in India includes which of the following disease - *(AIIMS Nov 11)*
a) Chanchroid and primarychancre
b) Chanchroid and herpes simplex
c) Chanchroid, primarychancre and herpes simplex
d) Herpes simplex and primary chancre

AUTOIMMUNE SKIN DISORDERS

544. An autoimmune disease is - *(AI 2000)*
a) Pemphigus vulgaris b) Psoriasis
c) Lichen planus d) Acne vulgaris

519)b 520)b 521)d 522)b,c,d,e 523)a 524)b 525)c 526) a,b 527)a 528)b 529)e 530)a 531)e 532)b
533)c 534)a,c,d,e 535)a 536)c 537)a 538)a 539)b 540)c 541)c 542)a 543)c 544)a,b,c

545. All are manifestations of SLE except - *(PGI98)*
a) Lesions resemblig Chr. DLE
b) Butterfly rash
c) Photosensitivity
d) Constitutional symptom
e) Sex ratio in nearly equal

546. All of the following are causes of "lupus" except -
a) Hydralazine b) Clofibrate *(NIMHANS 06)*
c) Penicillamne d) Chlorpromazine

547. True about drug induced SLE is - *(PGI2000)*
a) CNS manifestation are common
b) Renal involvement is common
c) Antihistone antibodies are found in many
d) All with antibodies progress to lupus
e) Sex ratio is nearly equal

548. A 40 year old woman presented with a 8 month history of erythema and swelling of the periorbital region & papules & plaques an the dorsolateral aspect of forearms & knuckles with ragged cuticles. There was no muscle weakness. The most likely diagnosis is - *(AIIMS Nov 04)*
a) SLE
b) Dermatomyositis
c) Systemic sclerosis
d) Mixed connective tissue disorder

549. Gottron's papules are - *(COMED09)*
a) Erythematous papules on cheeks
b) Erythema seen over elbows and knees
c) Periorbital lesions
d) Violaceous papules over knuckles

550. 'Gottron papules' seen in dermatomyositis are -
a) Vesicular b) Psoriatic *(MH 09, 07)*
c) Lichenoid d) Pustular

551. All are dermatological manifestations of dermatomyositis except - *(AIIMS Nov 09)*
a) Gottron's patches b) Mechanic's hands
c) Periungual telangiectasia d) Salmon Rash

552. All are seen in dermatomyositis except - *(Jipmer 11)*
a) Calcinosis cutis b) Heliotropic rash
c) Shawl sign d) Gottron's rash

553. All are cutaneous manifestations of systemic sclerosis, except - *(A110)*
a) Sclerodactyly b) Gottron's papule
c) Telengiectasia d) Esophageal dysmotility

554. Female presents with history of color change from pallor to cyanosis on exposure to cold in fingers. This condition is mostly associated with ?
a) Scleroderma *(AIIMS Nov 08)*
b) Leukemia
c) Lung infections
d) Hepatosplenomegaly

555. Palpable purpura is seen in all except - *(PGI99)*
a) Wegeners GN b) ITP
c) HSP d) Serum sickness

556. Palpable pupura is seen in all conditions except -
a) Cryoglobulinuria b)H.S. pupura *(AI2K)*
c) Gaint cell arteritis d) Drug induced vasculitis

557. Palpable purpura is seen in - *(MP 06)*
a) PAN b) ITP
c) TTP d)DIC

558. "Pinch" purpura is diagnostic of - *(AIIMSMay 05)*
a) Systemic primary amyloidosis
b) Secondary systemic amyloidosis
c) Idiopathic thrombocytopenic purpura
d) Drug induced purpura

559. Which of the following is/are not the features of henoch-Schonlein purpura (HSP) - *(PGI Dec 08)*
a) Abdominal pain b) Splinter hemorrhage
c) Thrombocytopenia d)Epistaxis
e) Arthritis

560. A child develops non-blanching macules and papules on lower extremities, mild abdominal pain and skin biopsy showed IgA deposition. Most appropriate diagnosis is - *(AIIMS May 09)*
a) Drug induced vasculitis b) HSP
c) Wegener's granulomatosis d) Kawasaki disease

561. A 42 year old female has palpable purpura with rash over buttocks, pain in abdomen, and arthropathy diagnosis is - *(AI08)*
a) Sweet syndrome b)HSP
c) Purpura fulminans d) Meningococcemia

562. IgA deposits on skin biopsy - *(AIIMSMay 09)*
a) Henoch schouleiln puspura
b) Giant cell arteritis
c) Microscopic polyangitis
d) Wegener's granulomatosis

563. All regarding HSP is true except - *(PGI 08)*
a) Hematuria resolve without treatment
b) Steroids best treat skin lesions
c) Self limiting arthralgia
d) Excellent prognosis
e) Purpura fulminans

564. A 27 year old sexually active male develops a vesiculobullous lesion on the glans soon after taking tablet paracetamol for fever. The lesion healed with hyperpigmentation. The most likely diagnosis is -
a) Behcet's syndrome *(AI 05)*
b) Herpes genitalis
c) Fixed drug eruption
d) Pemphigus vulgaris

565. Sexually active male comes with complaints of recurrent ulcers over the glans which heals with hyperpigmentation, probable diagnosis is -
a) Aphathous ulcer *(AIIMS Nov 09)*
b) Fixed drug eruption
c) Herpes genitalis
d) Chlamydial infection

566. Fixed drug eruptions can be seen more frequently with - *(DELHI PG Mar 09)*
a) Penicillin b) Sulfonamide
c) Cetrizine d) Roxithromycin

545) e 546) b 547) c,e 548) b 549) d 550) c 551) d 552) a 553) b>d 554) a 555) b 556) c 557) a 558) a
559)c 560)b 561)b 562)a 563)b,e 564)c 565)b 566)b

567. Which of these statements is false for lesions of Erythema nodosum - *(MP 04)*
a) They are considered as hypersensitivity reaction
b) The skin overlying the lesions is red, smooth and shiny
c) They are usually non tender
d) They can be associated with tuberculosis

568. Erythema nodosum is due to - *(Jharkhand 04)*
a) Contraceptive pills b) Barbiturates
c) Penicillin d) Sulphonamides

569. Erythema nodosum is seen in all of the following except- *(AJ11)*
a) Pregnancy b) Tuberculosis
c) SLE d) Chronic pancreatitis
d) Calymmatobacter granulomatis

570. 25 years old male having fever & malaise since 2 weeks, arthritis of ankle joint and tender erythematous nodules over the shin. Diagnosis is -
a) Erythema nodosum *(AIIMSMay 10)*
b) Hensen's disease
c) Weber-christian disease
d) Urticarial vasculitis

571. Genoder mal disease that can cause skin malignancy are- *(PGI03)*
a) Xeroderma pogmentosa
b) Neurofibromatosis
c) Actinic keratosis
d) Porphyria cutanea tarda

572. Lisch nodule is seen in - *(PGI99)*
a) Von reclinghausens disease
b) Lupus vulgaris
c) Leprosy
d) LGV

573. Cafe au lait spots seen in? *(NEET/DNB Pattern)*
a) NF b) Gardner syndrome
c) Cockayne syndrome d) Down, syndrome

574. A patient had seven irregular hyperpigmented macules on the trunk and multiple small hyperpigmented macules in the axillae and groins since early childhood. There were no other skin lesions. Which is the most likely investigation to support the diagnosis ? *(AI06)*
a) Slit lamp examination of eye
b) Measurement of intraocular tension
c) Examination of fundus
d) Retinal artery angiography

575. A patient has multiple meningiomas, acoustic neuroma and Hyperpigmented skin lesions; most likely diagnosis is - *(MAHE 07)*
a) Neurofibromatosis
b) Tuberous sclerosis
c) Von Hippel lindau disease
d) Sturge weber syndrome

576. All are seen in Ihberous sclerosis except - *(AI2000)*
a) Iris nodule
b) Renal cortical cyst
c) Rhabdomyoma of heart and lung
d) Adenoma sebaceum

577. Adenoma sebaceum is a feature of - *(AlIMSNov 05)*
a) Neurofibromatosis
b) Tuberous sclerosis
c) Xanthomatosis
d) Incontinenetia pigmenti

578. Babloo a 4 year male presents with history of seizures. On examination there is hypopigmedted patches on face & mental retardation. Most probable diagnosis is - *(AIIMS2000)*
a) Neurofibromatosis b) Tuberous sclerosis
c) Sturge weber syndrome d) Incontinenta pigmenti

579. Ash leaf maculae is found in - *(JH 05, DPG 08)*
a) Tuberous sclerosis b) Neurofibromatosis
c) Lymphangioma d)None

580. Koenen's periungual fibromas are seen in > 50% of cases with- *(Jipmer 02)*
a) Tuberous sclerosis
b) Sturge weber syndrome
c) Alaxia telangiectasia
d) Neurofibroatosis

581. Granular layer is absent in - *(Orissa 98)*
a) Ichthysis vugaris
b) X linked ischyosis
c) Epidermolytic hyperkeratosis
d) Lamellar ichthyosis

582. Ichthysis is caused by - *(Nimhans 01)*
a) Hemosiderosis b) Refsum disease
c) Niacin deficiency d) Steven johnson syndrome

583. Steroid suphatase deficiency is seen in -
a) Ichthyosis vulgaris *(COMED06)*
b) Lamellar Ichthyosis
c) ^{4}X'linked recessive icthyosis
d) None of the above

584. Skin pigmentation & icthyosis like side effects are seen in - *(AI 96)*
a) Rifampcin b) Clofazimine
c) Dapsone d) Steroid

585. Icthyosis is associated with - *(NEET/DNB Pattern)*
a) Hodgkins disease b)AJ0DS
c) Hypothyroidism d)AIl

586. The mode of inheritance of incontinentia pigment is - *(Kerala 04)*
a) Autosomal dominant b) Autosomal recessive
c) X-linked dominant d) X-linked recessive

587. True about incontinenta pigmenti include the following except - *(AIIMS May 11, AI 09)*
a) X-linked dominant
b) Primary skin abnormality
c) Avascularity of peripheral retina
d) Ocular involvement is seen in almost 100% cases and is typically unilateral

567) c 568) a,d 569) d 570) a 571) a 572) a 573) a 574) a 575) a 576) a 577)b 578) b 579) a 580) a
581) a 582) b 583) c 584) b 585) d 586) c 587) d

588. Cells cultured from patients with this disorder exhibit low activity for the nucleotide excision repair process. This autosomal recessive genetic disease includes marked sensitivity to sunlight (Ultra voilet light) with subsequent formation of multiple skin cancers and premature death, the disorder is -
a) Acute intermittent porphyria *(Karnatak 98)*
b) Alkaptonuria
c) Xeroderma pigmentosa
d) Ataxia - Telangiectasa

SKIN TUMORS

589. Which of the following is not a NEVUS of melanocyte- *(NEET/DNj B Pattern)*
a) Mongolian spot b) Nevus of Ito
c) Nevus of ota d) Beckernevus I§gf§

590 , Maximum malignant potential is in - *(AI98)*
a) Superficial naevus b) Epidermal naevus
c) Junctional naevus d) Intradermis naevus

591. Which naevi commonly predispose to malignant melanoma ? *(DELHI PG Feb. 09)*
a) Dermal b) Junctional
c) Congenital d) Lentigo

592. Predisposing factors for skin cancer are-
a) Smoking b)U-V-light *(PGIDec2K)*
c) Chronic ulcer d) Infrared light

593. Predisposing factors for skin ca are - *(PGI02)*
a) Lichen planus b) Bowen's disease
c) Psoriasis d) Bechet's disease
e) UVrays

594. Changes of squamous cell carcinoma are seen in -
a) Seborrhoeic keratosis *(PGI97)*
b) Bowen's disease
c) Lichen planus
d) DIE

595. Actinic keratosis is seen in - *(AIIMS May 02)*
a) Basal cell carcinoma
b) Squamous cell carcinoma
c) Malignant melanoma
d) Epithelial cell carcinoma

596. Which of the following is associated with sun exposure? *(AIIMS May 12)*
a) Actinic keratosis
b) Seborrheic keratosis
c) Sebaceous cell carcinoma
d) Syringoma

597. Mycosis fungoides affects - *(CMC 98)*
a) T Cells b)B Cells
c)NK Cells d)K Cells
e) None of the above

598. Pautrier's micro-abcess is a histological feature of- *(AIIMSNov 05, TN 99)*
a) Sarcoidosis
b) TB
c) Mycosis fungoides
d) Ptyriasis lichenoides chronica

599. Mycosis fungoides which is not true -
a)It is the most common form of cutaneous lymphoma *(AI 07, AIIMS Nov 06)*
b) Pautriers microabscess
c) Indolent course and good prognosis, easily amenable to treatment
d) Erythroderma seen and spreads to peripheral circulation

600. Stage 1 cutaneous T cell lymphoma treatment is -
a) PUVA *(NEET/DNB Pattern)*
b) Biological response modifiers
c) Systemic chemotherapy
d) Extracorporial photopheresis

601. Total Skin Electron Irradiation is used for the treatment of - *(AI 12)*
a) Mycosis Fungoides b) Psoriasis
c) Sezary Syndrome d) Brain Metastasis

602. Following are signs of internal malignancy except -
a) Tuberous sclerosis *(PGI97)*
b) Acanthosis nigricans
c) Clubbing
d) Dermatomyositis

603. Underlying internal malignancy is not shown by -
a) Acanthosis nigricans & annular erytheman
b) Bullous pyoderma & migratory necrotizing erythema *(AI 96)*
c) Granuloma annulare
d) Erythema gyratum repens

Not true about Skin tag - *(NEET/DNB Pattern)*
a) Associated with sfebbrrho'eic keratosis
b) Pedunculated
c) Most common site is neck and axilla
d) Premalignant

MISCELLANEOUS

605. The most potent topical corticosteroids is-*(DPG 09,*
a) Hydrocortisone butyrate cream 0.1% *Orrisa 98)*
b) Betamethasone valerate cream 0.1%
c) Clobetasol propionate cream 0.5%
d) Clobetasone butyrate cream 0.5%

606. Uses of PUVA- *(PGI Dec 04)*
a) Pigmented purpuric lesion
b) Herpes zoster
c) Mycosis fungoides
d) Lupus panniculitis
e) Lichenoid dermatitis of Gougerot & Blum

607. Photochemotherapy is useful in - *(SGPGI03)*
a) Psoriasis b) Lichen planus
c) Tinea d) Icthyosis

608. PUVA therapy is used in - *(PGI 02)*
a) Psoriasis b) Lichen planus
c) Freckles d) Melasma
e) Vitiligo

588) c 589) d 590) c 591) c 592) b,c 593)a,b,e 594)b,c,d 595) b 596) a 597) a 598) c 599) c 600) a 601) a 602) a 603) c 604) d 605) c 606)a,c,e 607) a >b 608)a,b,e

609. Psoralen-A is used in the treatment of -
a) Pemphigus b) Vitiligo *(DELHIPG Feb. 09)*
c) Pityriasis alba d) Icthyosis

610. Best range of UV light used for treatment of skin diseases - *(Maharashtra 01)*
a) 100-200nm b)200-400nm
c) 400-700 nm d) >700nm

611. Woods lamp used in diagnosis of - *(PGIDec 06)*
a) P. versicolor b) Vitiligo
c) Porphyria d) Psoriasis
e) Lichen planus

612. Wood's lamp light is used in the diagnosis of -
a) Tinea capitis *(SGPGI02, AIIMS May 02)*
b) Candida albicans
c) Histoplasma
d) Cryptococcus

613. Wood lamp is used to diagnose - *(MH05)*
a) Psoriasis b) Tinea versicolor
c) Pityriasis rosae d) Erysipelas

614. Woods lamp has a frequency of - *(TN 04)*
a) 250 nm b)300nm
c) 320 nm d)360nm

615. Coral red colour on wood lamp seen is-*(MH 10, 08,*
a) Erythrasma b) Pseudomonas *Bihar 04)*
c) Tinea d)ALL

616. Yellow fluorescence on wood's lamp is seen in -
a) Tuberous sclerosis *(MH 07)*
b) Pseudomonas infection
c) Tinea capitis
d) Erythrasm

617. Diascopy is very helpful in diagnosis of- *(MH 09)*
a) Cutaneous vasculitis b) Nevus anaemicus
c) Lupus vulgaris d) All of the above

618. Morbilliform eruptions is seen in - *(PGI 01)*
a) Scarlet fever b) Rubella
c) Toxic shock syndrome d) Measles
e) Mumps

619. Exanthems are caused by all except - *(MH01)*
a) Malaria b)Typhoid
c) Measles d) Rubella

620. Which of the following are pruritic lesions -
a) Lichen planus b) Sun bums *(PGI2K)*
c) Pemphigoid d) Psoriasis
e) SLE

621. Pruritis is seen in all except - *(Kerala 95, DPG 09)*
a) Pemphigus b) Lichen simplex chronicus
c) Psoriasis d) Contact dermitits

622. Mucosa is involved in - *(PGIDec 07)*
a) Psoriasis b) Lichen planus
c) Alopecia d) Scabies
e) Porphyria

623. Oral examination is done in case of - *(PGI 97)*
a) Peutzjegher syndrome
b) Psoriasis
c) Beri-beri
d) Plummer vinson syndrome

624. Mucous lesions are seen in - *(PGI 02)*
a) Sec. Syphilis b) Dermatitis herpetiformis
c) Psoriasis d) Pemphigus
e) Porphyria

625. A 27-year-old male had burning micturition and urethral discharge. After 4 weeks he developed joint pains involving both the knees and ankles, redness of the eye and skin lesion. The most probable clinical diagnosis is - *(ARMS May 05)*
a) Psoriasis vulgaris b) Reiter's syndrome
c) Behcet's syndrome d) Sarcoidosis

626. Which of the following is not included in the triad of Reiter's syndrome - *(CUPGEE 96)*
a) Conjuctivitis b) Urethritis
c) Arthritis d) Keratoderma blenorrhagica

627. All are seen in reiter's syndrome except ?
a) Subcutaneous nodules *(ARMS Nov 08)*
b) Oral ulcers
c) Keratoderma blenorrhagicum
d) Circinate balanitis

628. A person suffers from B27 associated reactive arthritis, urethritis and conjunctivitis. Which is most likely organism involved in this case ?
a) Borrelia burgdorferi *(ARMSNov 08)*
b) Ureaplasma urealyticum
c) Beta hemolytic streptococci
d) Streptococcus bovis

629. Noninfective cause of genital ulcer is - *(J & K 04)*
a) Behcets disease b) Hansen's disease
c) Ramsons's disease d) Syphilis

630. Gculoorogenital ulcers are a feature of- *(NEET/DNB Pattern)*
a) Behcet disease b) Lichen planus
c) JSLB %% 11| UH | H gg | d) Psoxi^^^J^ | g|||

631. A patient gives a history of recurrent oral ulcers. The ulcers are small with a yellow floor surrounded by an erythematous halo on the lips. He also has multiple, tender nodules on the skin. He most likely has- *(ARMS Nov 11)*
a) Behcet's syndrome b) Herpes labialis
c) Fixed drug eruption d) Pemphigus vulgaris

632. Reccurent oral ulcers with pain and erythematous halo around them, diagnosis is - *(ARMS 96)*
a) Apthus ulcer b) Herpes
c) Chicken pox d) Measels

633. A child with fever presents with multiple tender erythematous skin lesions. On microscopic examination the skin lesions are seen to have neutrophilic infiltration in the dermis. What is the diagnosis - *(AI11, 09)*
a) Sweet syndrome b) Behcet's syndrome
c) Pyoderma gangrenosum d) Juvenile dermatosis

609)b 610)b 61 l)a,b,c 612)a 613)b 614)d 615)a 616)c 617)d 618)b,d 619)a 620)a,b,c 621)a,c
622) b 623) a 624) a,d 625) b 626) d 627) a 628) b 629) a 630) a 631) a 632) a 633) a

634. A young female presents with a history of fever and nodular lesion over the skin. Histopathology reveals foamy histiocytes with neutrophilic infiltration. There is no evidence of vasculitis. Most probable diagnosis is - *(AI11)*
a) Sweet's syndrome
b) Erythema nodosum
c) Erythema nodusum leprosum
d) Behcet's syndrome

635. Pyoderma gangrenosum is seen in - *(IN 97)*
a) Crohns disease b) Divertuculosis
c) Ulcerative colitis d) Ca. colon

mm. Drug not causing exanthematous skin eruption- *(NEET/DNB Pattern)*
a) Phenytoin b) Hydrocortisone
e) ; An^icillih; ; d) Phenylbutazone

637. Acrodermatitis entropathica is seen with deficiency of - i; *(NEET/DNB Pattern)*
a) Zinc b)tiroh C ■ ^
c) Copper d) Vlt A

638. Flaky paint appearenceof skin is seen in- *(AI95)*
a) Dermatitis b) Pellagra
c) Marasmus d) Kwashiorkar

639. Casal's paint necklace is caused by - *(PGI97)*
a) Lichen planus b) Pellagra
c) Pernicious anemia d)SLE

640. Which is false about acrodermatitis enteropathica -
a) Triad of diarrhoea, dementia and dermatitis
b) Low serum zinc levels *(AIIMS may 11)*
c) Symptoms improve with zinc supplementation
d) Autosomal recessive

641. All of the following are primary cutaneous disorder except- *(AI 09, AIIMS 10, NEET/DNB Pattern)*
a) Psoriasis b) Reiter's disease
c) Lichen planus d) Icthiosis

642. "Calcinosis universalis" occurs in - *(J & K 05)*
a) Ehlers Danlos syndrome
b) Christian Weber syndrome
c) Dermatomyositis
d) Scleroderma

643. Spider telengectacia false is -*(NEET/DNB Pattern)*
a) More common in males
b) Can be caused by trauma
c) Light therapy for treatment
d) May be associated with liver disease

644. Hirsutism can be caused by the following except -
a) Flutamide b) Norethisterone *(AI 10)*
c) Danazole d) Phenytoin

645. Child presents with linear verrucous plaques on the trunk with vacuolization of keratinocytes in S.Spinosum and S.Granulosum. Diagnosis is ?
a) Incontinenta pigmenti *(AIIMS May 11, Nov. 08)*
b) Delayed hypersensitivity reaction
c) Verrucous epidermal nevus
d) Linear darriers disease

646. Pomphylox affects - *(NEET/DNB Pattern)*
a) Palms & soles b) Groin
c) Scalp d) Trunk ■

647. Fine reticular pigmentation with palmar pits are seen in - *(AIIMS may 11)*
a) Dowling - Degos disease
b) Rothmund thompson syndrome
c) Cockyane syndrome
d) Bloom's syndrome

648. Child with erythematous non blanching bosselated lesion on right side of face, Rx is - *(AIIMS may 11)*
a) Erbium laser
b) Nd-YAG laser
c) Flash light pumped dye laser
d) Q ruby laser

649. Neonatal fat necrosis resembles which of the following - *(AIIMS may 11)*
a) Post steroidal panniculitis
b) Erythema induratum
c) Lipodermatosclerosis
d) Lupus panniculitis

650. Chemical peeling is done by all except -*(AIIMSNov 10)*
a) Trichloroacetic acid b) Phosphoric acid
c) Carbolic acid d)Kojicacid

651. Lines of Blaschko represent - *(AI 11)*
a) Lines along lymphatics
b) Lines along blood vessels
c) Lines along nerves
d) Lines of development

652; Maximum cumulative dose of isotretinoin shouldn't exceed for acne treatment -*(NEET/DNB Pattern)*
a) 30-60 mg/kg b) 60-90 mg/kg
c) 90-120 mg/kg d) 120-150 mg/kg

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634)b>a 635) a,c 636) b 637)a 638) d 639)b 640) a 641)b 642) c 643)a 644) a 645)c 646) a 647) a 648) c 649) a,c,d 650) b 651) d 652) d



PSYCHIATRY

SYMPTOMS & SIGNS IN PSYCHIATRY AND CLASSIFICATION

1. Mutism and aldnesis in a person who appears awake and even alert, is best described as - *(AI06)*
a) Twilight state b) Oneroid state
c) Steupor d) Delirium

2. Emotion is controlled by - *(PGI97)*
a) Limbic system b) Frontal lobe
c) Temporal lobe d) Occipital lobe

3. A 25 year old woman complains of intense depressed mood for 6 months with inability to enjoy previously pleasurable activities. This symptom is known as -
a) Anhedonia b)Avolition *(AIIMSMay 05)*
c) Apathy d) Amotivation

4. Alexithymia is - *(Kerala 2K)*
a) A feeling of intense rapture
b) Pathological sadness
c) Affective flattening
d) Inability to recognise and describe feelings
e) Inappropriate mood

5. A person who laughs one minute and cries the next without any clear stimulus is said to have -
a) Incongruent effect *(AIIMSNov 05)*
b) Euphoria
c) Labile affect
d) "Split personality"

6. Ambivalence is most commonly seen in -
a) Schizophrenia b) Hysteria
c) Mania d) OCN *(ARMS 96)*

7. Ambivalence is most commonly associated with -
a) Depression *(MP 02)*
b) Generalized anxiety disorder
c) Schizophrenia
d) OCD

8. Hallucination is disorder of - *(NEET/DNB Pattern)*
a) Thought b) Perception
c) Memory d) Intelligence

9. Hallucination and illusion are disturbances of -
a) Thought b) Perception*(MH09)*
c) Sensation d) Mood

10. Which is not a perceptional disorder/iV/fET/DAS
a) Hallucinations b) Illusion *Pattern)*
c) Delusion d) None

11. Altered perception of real obj ects is -*(ARMS Nov 0 7)*
a) Illusion b) Delusion
c) Hallucination d) Delirium

12. False sense of perception without any external object or stimulus is known as -
a) Illusion *(ARMS May 03, Jharkhand 05,*
b) Impulse *ARMS 96, AI 98, Maharashtra 07)*
c) Hallucination
d) Phobia

13. Hallucinations are - *(Maharashtra 02, A199)*
a) Feeling of familiarity with unfamiliar thing
b) Alteration of perception of ones reality
c) Misinterpretation of stimuli
d) Perception occurring without external stimulation

14. A patient sees a rope and fears like a snake. It is called- *(PGI 02)*
a) Illusion b) Hallucination
c) Delusion d) Depersonalization
e) Derealization

15. A 8 year old child after tonsillectomy sees a bear in her room. She screams in fright. A nurse who rushes in switches on the light, finds a rug wrapped on a armchair. She pacifies the child what the child experienced was a - *(Kerala 97)*
a) Delusion b) Illusion
c) Hallucination d) None of the above

16. Which is not true about hallucination -
a) It is as vivid as normal stimulus *(ARMS May 09)*
b) It occurs in inner subjective space
c) It is independent of will of observer
d) It occurs in absence of perceptual stimuli

17. All of the following feature of hallucination except-
a) Depends on will of observer and is under voluntary control *(SGPGI03, AI 02)*
b) Occur in inner subjective space
c) It is vivid as sensory perception
d) It occurs in absence of perceptual stimulus

18. All of the following are features of hallucinations, except - *(AI 03)*
a) It is independent of the will of the observer
b) Sensory organs are not involved
c) It is as vivid as that in a true sense perception
d) It occurs in the absence of a perceptual stimulus

19. Visual hallucinations are seen in - *(PGI June 09)*
a) Hebephrenic schizophrenia
b) Residual schizophrenia
c) Simple schizophrenia
d) Delirium
e) Temporal lobe epilepsy

20. Formed visual hallucinations are seen in lesion of -
a) Frontal *(PGI June 06, 2K)*
b) Occipital
c) Temporal
d) Arcuate fasciculus
e) Dentate nucleus

21. What is hypnopompic phenomenon? *(Bihar 06)*
a) If experienced while falling asleep
b) If experienced while awakening
c) After head trauma
d) After convulsion

22. Hallucinations which occur at the 'start' of sleep is -
a) Hypnagogic hallucinations *(Jipmer 02)*
b) Hypnopompic hallucinations
c) Jactatio noctuma capitis
d) Non - specific hallucination

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1) c 2)b 3) a 4)d 5)c 6)a 7)c 8)b 9)b 10)c ll) a 12)c 13)d 14)a
15) b 16)b 17) a 18)b 19)A11 20)c 21)b 22)a

23. Reflex hallucination is a morbid variety of -
a) Kinesthesia *(A1IMS May 11, 09)*
b) Parasthesia
c) Hyperasthesia
d) Synaesthesia

24. A patient gets tingling when his bed light is flashed suddenly. Which type of hallucination is this -
a) Hypnagogic hallucinations *(Maharashtra 10)*
b) Hypnopompic hallucinations
c) Reflex hallucinations
d) Functional hallucinations

25. Hallucinations are seen in all except - *(MP 99)*
a) Schizophrenia
b) Seizure due to intracerebral space occupying lesions
c) LSD
d) Anxiety

26. Cognition is- *(Jharkhand 03, AI 97)*
a) Perception b) Thought
c) Action d) Feeling

27. Cognitive disorders - *(PGI June 06, 07, Dec 03)*
a) Delirium b)Depersonalization
c) Dementia d) Secondary gain

28. All are format thought disorders except - *(Bihar 07)*
a) Schizophrenia
b) Delusion
c) Loosening of association
d) Obsessive compulsive neurosis

29. Loosening of association is an example of - *(AI 06)*
a) Formal thought disorder
b) Schneider's first symptoms
c) Perseveration
d) Concrete thinking

30. Which of the following is not a disorder of form of thought? *(AIIMS May 12)*
a) Derailment
b) Tangentiality
c) Thought block
d) Loosening of association

31. Delusion is a disorder of - *(AIIMSNov 06, AIIMS 97, AI 07, 99, Jharkhand 04, Maharashtra 03, UP 08)*
a) Thought
b) Perception
c) Insight
d) Cognition

32. Persistent belief in something which is not a fact is- *(UPSC 95, WB 01)*
a) Illusion b) Hallucination
c) Delusion d) Delirium

33. Nihilistic ideas are seen in - *(PGI Dec 08)*
a) Simple schizophrenia
b) Paranoid schizophrenia
c) Cotard's syndrome
d) Depression
e) Body dysmorphic disorder

34. A man hits his neighbour. Next day he feels that police is behind him and his brain is being controlled by radio waves by his neighbour. The probable diagnosis is - *(AIIMS 99)*
a) Thought insertion
b) Passivity feeling
c) Delusion of persecution
d) Obscessive compulsive disorder

35. A 25 year old university student had a fight with the neighbouring boy. On the next day while out, he started feeling that two men in police uniform were observing this movements. When he reached home in the evening he was frightened. He expressed that police was after him and would arrest him. His symptoms represent - *(AIIMS Nov 03)*
a) Delusion of persecution b) Ideas of reference
c) Passivity d) Thought insertion

36. Delusion is not present in - *(AI 02)*
a) Delirium b) Mania
c) Depression d) Compulsivedisorder

37. Delusions are seen in all the following except -
a) Obsessive compulsive disorder *(SGPGI02)*
b) Depression
c) Mania
d) Schizophrenia

38. Delusion is not seen in - *(Jipmer 95)*
a) Depression b) Anxiety
c) Schizophrenia d) Mania

39. Following are correctly matched except - *(PGI 98)*
a) Schizophrenia-Auditory hallucination
b) OCD-infidelity
c) Alcoholism - auditory hallucination
d) Depression - guilt feeling

40. Delusion of persecution occur in - *(PGI June 09)*
a) Schizophrenia
b) Paranoid psychosis
c) Manic episode

41. Delusion of grandiosity seen in - *(PGI Nov. 10)*
a) Hypomania
b) Schizoaffective mania
c) Paranoid schizophrenia
d) Kleptomania
e) Pyromania

42. Erotomania is seen in - *(NEET/DNB Pattern)*
a) Bipolar mania b) Unipolar mania
c) Neurosis d) OCD

43. Perseveration is - *(Bihar 06, AI 05)*
a) Persistent and inappropriate repetition of the same thoughts
b) When a patient feels very distressed about it
c) Characteristic of schizophrenia
d) Characteristic of obsessive compulsive disorder (OCD)

23) d 24) c 25) d 26) b 27)a,c 28)b,d 29) a 30) c 31) a 32) c 33)c,d 34) c 35) a 36) d
37) a 38) b 39) b 40)a,b,c 41)b,c 42) a 43) a

44. Thoughts in mind with rhyming rather than with meaning of thoughts - *(Maharashtra 10)*
a) Flight of ideas
b) Perseveration
c) Circumstantiality
d) Clang association

45. Loss of capability of doing goal directed things, to express ideas, making irrelevant comments, but ultimately succeeding in going back to original point is known as - *(Maharashtra 07, 06)*
a) Commentalism b) Tangentiality
c) Dysprosodia d) Circumstantiality

46. Repetition of movements, act, words and phrases; beyond point of relavance- *(Maharashtra 08)*
a) Fusion b) Mannerism
c) Perseveration d) Stereotypy

47. Confabulation is defect of - *(MP 00, AIIMS 98)*
a) Memory b) Intelligence
c) Attention d)Concentration

48. True about confabulation - *(Jharkhand 04)*
a) A memory disorder
b) Synonymous with false memory syndrome
c) It is congenital
d) It is age related disease

49. Confabulation is typically seen in - *(Kerala 98)*
a) Mania b) Depression
c) Alcoholism d) Delirium

50. Confabulation is- *(SGPGI03)*
a) A state of confusion where patient is not able to describe the details
b) Purposefully fabricating stories to project a certain image
c) Filling up to gaps by fabrication to cover lapses in memory
d) Seen in delirium

51. Unfamiliarity of familiar things is seen in -
a) Deja vu *(Kerala 99, Jipmer 02, Karn 94)*
b) Jamais vu
c) Deja entendu
d) Deja pence

52. Catatonic features are seen in schizophrenia they are also seen in - *(PGI June 08)*
a) Severe depression b) Conversion disorder
c) Personality disorder d) Somatisation disorder

53. The DSM.IV classification of psychiatric disorder as proposed by American Psychiatry Association classifies and helps in diagnosing patient on multiple axes. Of these, axis V represents the degree of -
a) Present state of symptoms *(Maharashtra 09)*
b) Comorbid medical condition
c) Global assessment of function
d) Comorbid psychological problem

54. Consultation - liation (C-L) psychiatry involves diagnosing - *(MAHE 06, SGPGI04)*
a) Psychiatric illness in medically ill
b) Medical illness in psychiatric patients
c) Sucidal tendency in psychiatric patients
d) Sucidal tendency in medically ill

55. Rorschach inkblot test is - *(Bihar 03)*
a) Projective b) Subjective
c) Both d)None

56. Rorschach test measures - *(PGI 99)*
a) Intelligence b) Creativity
c) Personality d) Neuraticism

57. Signs of organic brain damage are evident on -
a) Bender Gestalt test *(A1 04)*
b) Rorschach test
c) Sentence completion test
d) Thematic appreception test

58. The halstead reitan battery involves all except-
a) Finger oscillation *(PGI99)*
b) Constructional praxis
c) Rhythm
d) Tactual performance

59. Which of the following is not a cognitive error/ dysfunction- *(AI10)*
a) Catasrophic thinking b) Arbitrary inference
c) Overgeneralization d) Thought block

60. Healthy thinking includes all except- *(AIIMSMay 11)*
a) Continuity b) Constancy
c) Organization d) Clarity

ORGANIC MENTAL DISORDERS

61. All are seen in organic psychosis except -
a) Disorientation in place, time & person
b) Clouding of consciousness *(Kerala 96)*
c) Hallucination
d) Normal common knowledge
e) Intellectual impairment

62. Disturbed orientation is seen in - *(MP 99)*
a) Schizophrenia
b) Neurosis
c) Paranoid personality
d) Organic mental disorder

63. Which of the following behavioral problems would suggest an organic brain lesion - *(SGPGI 05)*
a) Formal thought disorder
b) Auditory hallucinations
c) Visual hallucinations
d) Depression

64. The following is suggestive of an organic cause of the behavioral symptoms - *(AI 02)*
a) Formal thought disorder
b) Auditory hallucinations
c) Delusion of fruit
d) Prominent visual hallucination

44) d 45) d 46) c 47) a 48) a 49) c 50) c 51)b 52) a,b 53) c 54) a 55) a 56) c 57) a
58) b 59) d 60) b 61) d 62) d 63) c 64) d

65. **Features of delirium -** *(PGI Nov. 10, June 08)*
a) Deficit of attention
b) Autonomic instability
c) Altered sleep wake pattern
d) Hallucination
e) Delirium can not diagnosed clinically

66. **True about delirium; are all except -**
a) Preserved attention *(NEET/DNB Pattern)*
b) Disturbed sleep
lvi^<#-DisbrieuMic&VJ *z4m*
2.> *a)* **Hajllucin&tipn**

67. **All are features of delirium except -** *(AIIMS 96)*
a) Confusion b) Disorientation
c) Hyperactivity d) Loss of memory

68. **A patient semiconscious with altered sensorium with visual hallucination and fragmented delusions is suffering from, which of the following disorder -**
a) Delirium b) Delusion *(SGPGI02)*
c) Schizophrenia d) Mania

69. **A patient with pneumonia for 5 days is admitted to the hospital in altered sensorium. He suddenly ceases to recognize the doctor and staff. He thinks that he is in jail and complains of scorpion attacking him. His probable diagnosis is -** *(AJ 01)*
a) Acute dementia b) Acute delirium
c) Acute schizophrenia d) Acute paranoia

70. **Global cerebral dysfunction characterized by alteration in cognitive function and consciousness is known as -** *(Maharashtra 09)*
a) Acute anxiety b) Depression
c) Delirium d) Dementia

71. **An alcoholic is brought to the Emergency OPD with the complaint of irrelevant talking. He had stopped using alcohol three days back. On examination, he is found to be disoriented to time, place and person. He also has visual illusions and hallucinations. There is no history of head injury. Most likely diagnosis is -** *(A103)*
a) Demetiapraecoxb) Delirium tremens
c) Schizophrenia d) Korsakoff's psychosis

72. **Delirium tremens is characterized by confusion associated with -** *(SGPGI 04, AI03)*
a) Autonomic hyperactivity and tremors
b) Features of intoxication due to alcohol
c) Sixth nerve palsy
d) Korsakoff psychosis

73. **All are true about Delirium tremens except -**
a) Severe depression**b)** Hallucination *(AIIMS 98)*
c) Extreme anxiety d) Delusion

74. **Slow waves in EEG activity seen in -** *(PGI 98)*
a) Depression b) Delirium
c) Schizophrenia d) Mania

75. **Which of the following is not used in delirium -**
a) Haloperidol b) Lithium*(PGIDec 05)*
c) Diazepam d) Olanzapine
e) Resperidone

76. **Not a feature of dementia is -** *(AIIMS 99)*
a) Loss of sensorium b) Wearing of dirty clothes
c) Forget fullness d) Loss of neurons in brain

77. **Catastrophic reaction is feature of-** *(MH-1I)*
a) Dementia b) Schizophrenia
c) Delirium d) Anxiety

78. **Characteristic feature of subcortical dementia is -**
a) Memory loss b) Aphasia *(AIIMS 99)*
c) Dyslexia d) Tactile agnosia

79. **Subcortical dementia is seen in all except -**
a) Parkinsonism *(NEET/DNB Pattern)*
b) Alzheimer's disease
c) Wilson's disease
d) Huntingtons chorea

80. **All are causes of subcortical dementia except -**
a) Alzheimer's disease *(AIIMS May 09)*
b) Parkinson's disease
c) Supranuclear palsy
d) HIV associated dementia

81. **Which one of the following is a subcortical dementia?** *(UPSC-108)*
a) Alzheimer's disease
b) Huntington's chorea
c) Normal pressure Hydrocephalus
d) VitB_{12} deficiency

82. **All are examples of cortical dementia except -**
a) Alzheimer's disease *(Jipmer 03, SGPGI 01)*
b) Multiple sclerosis
c) Creutzfeldt Jacob disease
d) Pick's disease

83. **One of the following is a reversible cause of dementia-** *(MP 03)*
a) Toxic dementia b) Alzheimer's ds.
c) Multi-infarct dementia d)Pickds.

84. **Reversible cause of dementia -** *(AP 96, AI 95)*
a) Post encephalitis b) Multi infarct
c) Hydrocephalus d) Senile dementia

85. **Reversible cause of dementia is -** *(AI 95)*
a) Multi infarct b) Senile dementia
c) Post encephalitis d) Huntington's chorea

86. **Reversible cause of dementia -** *(PGI June 04)*
a) Hypothyroidism b) Alzheimer's disease
c) Vitamin B_{12} deficiency d) Vitamin A deficiency

87. **Treatable causes of dementia are -** *(PGI 01)*
a) Alzheimer's ds. b) Hypothyroidism
c) Multi-infarct dementia d) SDH (subdural h'ge)
e) Hydrocephalus

88. **Dementia is seen in all except -** *(MP 97)*
a) Schizophrenia b) Head injury
c) Huntington's chorea d) Frontal lobe tumour

89. **Dementia is seen in all except -** *(MP 98, WB 2K)*
a) Schizophrenia b) Alzheimer's disease
c) Huntington's chorea d) Pick's ds.

90. **Most common cause dementia in** *adult-(Jharkhand06)*
a) Alzheimer's b) Multiinfarct
c) Pick disease d) Metabolic cause

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65) a,b,c,d 66) a 67) d 68) a 69) b 70) c 71) b 72) a 73) a 74) b 75) b 76) a 77) a
78) None > a 79) b 80) a 81) b 82) b 83) a 84) a,c 85) c 86) a,c 87)b,d,e 88) a 89) a 90) a

91. **Pseudodementia is seen in-***(PGI91\ Delhi 03, Kam. 11)*
a) Alcoholism b) Depression
c) Schizophrenia d) Mania

92. **A 65 year old male is brought to the outpatient clinic with one year illness characterized by marked forgetfulness, visual hallucination, suspiciousness, personality decline, poor self care and progresssive deterioration in his condition. His Mini Mental Status Examinations (MMSE) Score is 10. His most likely diagnosis is -** *(AIIMS Nov 02)*
a) Dementia b) Schizophrenia
c) Mania d) Depression

93. **Vascular dementia is characterized by -** *(PGI 03)*
a) Disorientation b) Memory deficit
c) Emotional liability d) Visual hallucination
e) Personality deterioration

94. **A 70 yr old man presents with h/o prosopagnosia, loss of memory, 3rd person hallucination since 1 month. On examination deep Tendon reflexes are increased, minimental examination score is 20/30. What is most likely diagnosis -** *(AIIMS 01)*
a) Dissociated dementia b) Schizophrenia
c) Alzheimers disease d) Psychotic disorder

95. **Protein involved in Alzheimer's** *disease~(Nimhans 01)*
a) Apo E gene b) Presenilin II
c) Amyloid portion d)All

96. **Biochemical etiology of Alzheimer's disease relates to-** *(ARMS96)*
a) Serotonin b) Dopamine
c) Acetylcholine d)GABA

97. **Following are predispositions to Alzheimer's disease except -** *(AI99, WB 99)*
a) Down's syndrome b) Head trauma
c) Smoking d) Low education group

98. **All the following are featuring Alzheimer's disease except-** *(WB 02)*
a) Cerebellar atrophy
b) Common in 5th and 6th decade
c) Atrophied gyri and widened sulci
d) Progressive dementia

99. **Neurofibrillary tangles with senile plaques are seen in -** *(PGI 2000)*
a) Parkinson's disease b) Alzheimer's disease
c) Schizophrenia d) Tuberous sclerosis

100. **Dementia of Alzheimer's type is not associated with one of the following -** *(ARMSNov 05)*
a) Depressive symptoms b) Delusions
c) Apraxia and aphasia d) Cerebral infarcts

101. **Regarding Alzheimer's disease which is/are not true -** *(PGI June 09, PGI Dec 08)*
a) Initial loss of long term memory
b) Delayed loss of short term memory
c) Step ladder pattern
d) Cognitive impairment
e) Judgment impairment

102. **A/E are true regarding Alzheimer's disease -**
a) Gradually progressive *(PGI Feb 08)*
b) Abrupt onset acute exacerbation
c) Episodic memory
d) Fronto temporal disorder
e) Ubiquitin lewy bodies

103. **Progressive cognitive impairment in Alzheimer's disease is characterized by -** *(Maharashtra 06)*
a) Nominal aphasia
b) Recent memory loss
c) No behavioral abnormalities
d) All

104. **Fronto temporal dementias include A/E -** *(UP 07)*
a) Pick's disease b) Nonfluent aphasia
c) Semantic dementia d) Alzheimer's disease

105. **Rivastigmine and Donepezil are drugs used predominantly in the management of -** *(AI 06)*
a) Depression b) Dissociation
c) Delusion d) Dementia

106. **Donepezil is used in treatment of -** *(MP 05)*
a) Alzheimer's dementia b) Schizophrenia
c) Anxiety disorder d) Depression

107. **Korsakoff's psychosis is seen in -** *(PGI Dec 05)*
a) CRF b) Alcohol withdrawal
c) Marasmus d) Cirrhosis

108. **The site of lesion in Korsakoff's psychosis is -**
a) Frontal lobe *(ARMS 96)*
b) Corpus striatum
c) Mammilary body
d) Cingulate gyrus

109. **Wernicke's encephalopaty involves which part of CNS -** *(PGI 2000)*
a) Mammillary body b) Thalamus
c) Frontal lobe d) Arcuate fasciculus

110. **All are associated with Wernicke's encephalopathy except-** *(NEET/DNB Pattern)*
a)- Cog wheel rigioity
b) Alteration inthental function
c) VIth nerve palsy
d) Ataxia

ill. **A 45 year male with a history of alcohol dependence presents with confusion, nystagmus and ataxia. Examination reveals 6th cranial nerve weakness. He is most likely to be suffering from -** *(AI 05)*
a) Korsakoff's psychosis
b) Wernicke encephalopathy
c) DeClerambault syndrome
d) Delirium tremens

H2. **A alcoholic person comes to your office, he can't tell his name, there is gross incoordination in walking, and his eye is deviated to one side, what is your diagnosis -** *(Bihar 06)*
a) Wernicke's encephalopathy
b) Korsakoff's psychosis
c) Alcoholic hallucination
d) Delirium tremens

91)b 92) a 93) a,b,c,d 94)c 95)d 96)c 97)c 98)a 99)b 100)d 101)a,b,c 102)b,d,e 103)b
104) d 105) d 106) a 107) a,c 108) c 109) a,b 110) a lll) b 112) a

113. Wernikes:ehcepiiaiopathy features are ail except- *(NEET/DNB Pattern)*
a) Confusion b) Ataxia ^
c) Aphasia d) Nystagmus ^ ;

114. All are the features of Korsakoff's syndrome except- *(Jipmer 98, UP 02)*
a) Confabulation b) Retrograde amnesia
c) Antegrade amnesia d) Defective motor skill

115. In korsakoff psychosis all are seen except -
a) Loss of remote memory *(Jipmer 98)*
b) Loss of intellectual function but preservation of memory
c) Lack of insight, unable to understand the disability
d) Reversible state

116. True statement about Korsakoff's psychosis is - *(Rohtak 2000, Jipmer 99, UP 99, PGI97)*
a) Severe antegrade + Mild retrograde memory defect
b) Mild antegrade + severe retrograde memory defect
c) Only antegrade memory defect
d) Only retrograde memory defect

117. Korsakoff's psychosis is diagnosed by - *(AI2000)*
a) Peripheral neuropathy
b) Visual hallucination
c) Impairment of long term memory
d) Seizures

118. All are relatively normal in Korsakoff's psychosis except - *(MAHA 03, KA 03, J&K00)*
a) Implicit memory b) Intelligence
c) Language d) Learning

119. Korsakoff's syndrome true is - *(PGI 00, UP 03, Jipmer 01)*
a) Cerebral cortex is mostly affected
b) Learning is relatively normal
c) Retrograde memory is not affected
d) Cannot be caused by malnutrition
e) Confabulation may be present

120. An alcoholic presents with complaints of loss of memory of recent events, impaired insight, confabulation, and dementia of few months duration. The patient is suffering from - *(MAHE 01)*
a) Wernicke's encephalopathy
b) Korsakoff's psychosis
c) Delirium tremens
d) Binswanger's disease

121. In chronic alcoholic, loss of memory & confabulation is due to - *(Bihar 05)*
a) Wemick's encephalopathy
b) Korsakoff's psychosis
c) Alcoholic hallucination
d) Delirium tremens

122. Korsakoff's psychosis is diagnosed by -
a) Peripheral neuropathy *(Jharkhand 06)*
b) Visual hallucination
c) Impairment of long-term memory
d) Seizure

123. Not seen in Korsakoff's syndrome - *(Jipmer 2000)*
a) Clear consciousness
b) Inability to learn new things
c) Halluciations
d) Confabulation

124. Wernicke's encephalopathy can be prevented by -
a) IV saline *(PGI 01, AIIMS 98)*
b) Large amounts of glucose
c) Thiamine supplement
d) Imipramine

125. 35 year old male comes with h/o 10 year of alcoholism and past history of ataxia with B/L lateral rectus palsy. He was admitted & treated. What changes expected to see - *(PGI June 08)*
a) Progression to Korsakoff's psychosis
b) Residual ataxia in 50% of patients
c) Extraocular palsy disappear in hour
d) Immediate relief from symptoms

126. Anterograde amnesia is seen in -
a) Head injury *(AIIMS Nov 10)*
b) Stroke
c) Spinal cord injury (Traumatic paraplegia)
d) Alzheimer's disease

127. Amnesia is found in - *(AI 2000)*
a) Head injury b) Mania
c) Schizophrenia d) Psychiatric state

128. Biological amnesia is - *(AIIMS 98)*
a) Lack of interest b) Presenile dementia
c) Opioid addiction d) Hypothyroidism

129. When information memorized afterwards is interfered by the information learnt earlier, it is called- *(AIIMSMay 04)*
a) Retroactive inhibition b) Proactive inhibition
c) Simple inhibition d) Inhibition

130. All are true except - *(PGI Feb 08)*
a) Procedural learning is from past experiences
b) Implicit learning is procedural skill acquirement
c) Amnestic syndromes lose semantic memory
d) Implicit memory is declarative
e) Anterograde amnesia affects long term memory more

131. Mini mental status is - *(Jipmer02)*
a) Method to investigate common psychiatric problem
b) 30 point programme to evaluate cognitive function
c) To evaluate schizophrenia
d) Instrument to measure delirium

132. Total score iii Mini Mental Status Examination (MMSE)is- *(Maharashtra 10) NEET/DNB Pattern)*
a) 25 b) 30
c) 32 d)35

133. The following are the psychiatric sequelae after stroke in elderly - *(PGI03)*
a) Depression b) Post traumatic stress disorder
c) Dementia

113) c 114) d 115) a,b,d 116)a 117)c 118)d 119) e 120)b 121)b 122)c 123)c 124)c 125)a,b,c 126)a,b,d 127) a 128) b 129) b 130)a,c,d,e 131)b 132) b 133) a,c

134. In case of above 60 years of age psychiatric disorder in India is mostly due to - *(Calcutta 2 K)*
a) Depression b) Dementia
c) Hysteria d) Schizophrenia

135. A60year man had undergone cardiac bypass surgery 2 days back. Now he started forgetting things and was not able to recall names and phone numbers of his relatives. What is the probable diagnosis -
a) Depression *(AI10)*
b) Post traumatic psychosis
c) Cognitive dysfunction
d) Alzheimer's disease

SUBSTANCE ABUSE

136. Substance dependence is due to all except?
a) Personality *(AIIMS Nov 09)*
b) Peer Pressure
c) Family history of substance abuse
d) Intelligence

137. Which of the following is not a feature of drug dependence - *(AI 12)*
a) Tolerance
b) Persistant desire to quit drug
c) Consumption of Large amount of drug over prolonged period
d) Use of illegal substances

138. Treatment is not required in withdrawal of - *(AI 96)*
a) Cannabis b) Alcohol
c) Amphetamine d) LSD

139. The withdrawal from all of the following may produce suicidal tendencies except -*(Jipmer 96, Nimhans 97)*
a) Cocaine b) Amphetamine
c) Alcohol d) Cannabis

140. Symptomatic treatment is not required in withdrawal of- *(AI 98)*
a) Cannabis b) Morphine
c) Alcohol d) Cocaine

141. Physical dependence is not seen with - *(AIIMS 95)*
a) Alcohol b) Raw opium
c) Cannabis d) Benzodiazepines

142. Physical dependence is not seen with - *(MP 97)*
a) Cannabis b) LSD
c) Alcohol d) Benzodiazepines

143. Most commonly abused opioid- *(NEET/DNBPattern)*
a) Morphine ** ' r<V •; b) Diacetylmorphine
e) Oxycodine v d) Buprembrphine

144. All are seen in morphine poisoning except - *(AI97)*
a) Cyanosis
b) Pinpoint pupil
c) Hypertension
d) Respiratory depression

145. Acute opioid withdrawl is characterized by -
a) Rhinorrhoea b) Piloerection
c) Miosis d) Insomnia
e) Constipation *(PGIDec 04)*

146. A boy is having diarrhoea, rhinorrhoea, sweating & lacrimation, What is the most probable diagnosis-
a) Cocaine withdrawal *(AIIMS Nov 10)*
b) Heroin withdrawal
c) Alcohol withdrawal
d) LSD withdrawal

147. The following symptoms may be seen in opium withdrawal- *(DELHIPGFeb. 09, Calcutta 01)*
a) Tremors b) Lacrimation
c) Dry nose and mouth d) Constipation

148. Yawning is a common feature of - *(AIIMSMay 03)*
a) Alcohol withdrawal b) Cocaine withdrawal
c) Cannabis withdrawal d) Opioid withdrawal

149. Not a feature of heroin (smack) withdrawal - *(KA 96)*
a) Yawning b) Muscle cramps
c) Hypersomnia d) Hypertension

150. Which of the following drugs is not used in opioid dependence ? *(AIIMS May 09)*
a) Disulfiram b)Clonidine
c) Lorazepam d) Naltrexone

151. Naltrexone is used in opioid addiction because -
a) To treat withdrawal symptoms *(AI 07, AIIMS*
b) To treat overdose of opioids *Nov 06, May 07)*
c) Prevent relapse
d) Has addiction potential

152. False regarding opiate withdrawal syndrome -
a) Characterized by body pain *(UP 99, SGPGI99)*
b) Characterized by dilatation of pupils
c) Treated with naltrexone
d) Treated with methadone

153. The drug which is used for long term maintenance in opioid addiction - *(AIIMS Nov 06)*
a) Naloxone b) Nalorphine
c) Butarphanol d) Methadione

154. Which of the following is an alternative to methadone for maintenance treatment of opiate dependence ?
a) Diazepam *(AIIMS May 05)*
b) Chlordiazepoxide
c) Buprenorphine
d) Dextropropoxyphene

155. Opiate withdrawal is treated with- *(AIIMS 95)*
a) CPZ b) Nalorphine
c) Pethidine d) Methadone

156. Naltrexone is used in opioid dependene to -
a) Prevent respiratory depression *(AIIMS May 10)*
b) Treat withdrawal symptoms
c) Prevent relapse
d) Treatment of opioid overdose

157. Drugs used in Heroin withdrawal *zveAIE-(AIIMS98)*
a) Buprenorphine b)Clonidine
c) Dextropropoxyphene d) Haloperidol

158. Methadone is indicated in - *(UP 99)*
a) Opioid overdose b) Opioid dependence
c) Opioid withdrawal d) Alcohol withdrawal

134)b 135) c 136) d 137) d 138)a,d 139) d 140) a 141)c 142)b>a 143) b 144)c 145)a,b,d 146) b
147) b 148) d 149) c 150) a 151) c 152) c 153) d 154) c 155) d 156) c 157) d 158) b,c

159. "Smack" is the "common" name for *-(CUPGEE 96)*
a) Heroin b) Cocaine
c) Opium d)None

160. Ail are adulterants of Heroin, except *-(AUMSMay 05)*
a) Chalk powder b) Quinine
c) Charcoal d) Fructose

161. In an alcoholic man, Blackouts are seen *in-(MH-ll)*
a) Alcohol abstinence
b) Hepatic encephalopathy
c) Alcohol intoxication
d) Alcohol withdrawal

162. Most common symptom of alcohol withdrawal is -
a) Bodyache b) Tremor *(AI07)*
c) Diarrhoea d)Rhinorrheo

163. Features of alcohol withdrawal are all except-*(AI98)*
a) Epileptic seizure b) Restlessness
c) Hypersomnolence d) Hallucination

164. Deti^ih tt-ehieiis is seen in *-(NEET/DNB Pattern)*
a) Aldohol withdrawal b) Alcohol overdoses
c) Morphine poisoning d) Atropine poisoning

165. TVue about delirium tremens - *(PGI June 05)*
a) Clouding of consciousness b) Coarse tremors
c) Chronic delirious behaviour d) Hallucination
e) Autonomic dysfunction

166. A 30 year old male with history of alcohol abuse for 15 years is brought to the hospital emergency with complaints of fearfulness, mis-recognition, talking to self, aggressive behavior, tremulousness and seeing snakes and reptiles that are not visible to others around him. There is history of drinking alcohol two days prior to the onset of the present complaints. He is most likely suffering from - *(AIIMS Nov 03)*
a) Delirium tremensb) Alcoholic hallucinosis
c) Schizophrenia d) Seizure disorder

167. An alcoholic addicted presents in emergency with irrelevant talking & disoriented to time, place and person. There is H/O not taking alcohol from last 3 days & no head injury. He also has visual hallucination. The diagnosis - *(AI 02)*
a) Dementia praecoxb) Delirium tremens
c) Schizophrenia d) Korsakoff psychosis

168. A 40 year old male, with history of daily alcohol consumption for the last 7 years, is brought to the hospital emergency room with acute onsent of seeing snakes all around him in the room, not recognizing family members, violent behavior and tremulousness for few hours. There is history of his having missed the alcohol drink since 2 days. Examination reveals increased blood pressure, tremors, increased psychomotor activity, fearful affect, hallucinatory behaviour, disorientation, impaired judgement and insight. He is most likely to be suffering from-*(AI05)*
a) Alcoholic hallucinosis
b) Delirium tremens
c) Wernicke encephalopathy
d) Korsakoff's psychosis

169. 46 year old chronic alcoholic, one day after abstinence from alcohol comes to casualty presenting with restlessness, seizures, coarse tremors. He is not able to recognize the doctor, he think himself in a jail. He also complains uncontrolable fear of being murdered, insomnia and insects crawling over body, probable diagnosis is - *(MP 03)*
a) Alcoholic seizures (rum fits)
b) Korsakoff's psychosis
c) Delirium tremens
d) Alcoholic hallucinosis

170. In alcohol withdrawal which is not seen - *(Bihar 05)*
a) Seizure b) Blackout
c) Coarse tremor d) Hallucination

171. Withdrawal, delrium, hallucinations and amnestic disorder is seen with - *(Calcutta 2K)*
a) Cannabis b) Opiates
c) Alcohol d) Amphetamines

172. Alcohol withdrawal is characterised by - *(Make 99)*
a) Phobia b) Delusion
c) Illusion d) Hallucinations

173. Morbid jealousy is most often seen in patients taking-
a) Alcohol b) Amphetamine
c) LSD d) Cannabis *(UP 97)*

174. Alcoholic Paranoia is associated with - *(AI 10)*
a) Fixed delusions b) Hallucinations
c) Drowsiness d) Impulse agitation

175. Effects of chronic alcoholism are - *(Jipmer 98)*
a) Confabulation b) Amnesia
c) Kosarkoff psychosis d) Malnutrition
e) All of the above

176. Wernicke-korsakoff syndrome is due to the deficiency of which of the following - *(Jipmer 00)*
a) Pyridoxine b) Thiamine
c) VitamineB^ d) Riboflavin

177. IVue about alcoholic dependence syndrome -
a) Tolerance *(PGI June 09)*
b) Withdrawal
c) CAGE questionnaire
d) Physical dependence

178. By which alcohol dependence is best indicated -
a) Blackouts *(Assam 96, AIIMS95)*
b) Early morning drinking
c) Withdrawal symptoms
d) Physical dependence

179. All are anticraving agent for alcohol except -
a) Lorazepam b) Naltrexone *(AIIMS May 09)*
c) Topiramate d) Acamprosate

180. Which of the following is used to maintain abstinence in alcohol dependence ? *(DPG 09)*
a) Naltrexone b) Clonidine
c) Disulfiram d) Naloxone

181. All of the following agents are used in the treatment of alcohol dependence, except - *(AI 11)*
a) Flumazenil b) Acomprosate
c) Naltrexone d) Disulfiram

159) a 160)c 161) c 162)b 163)c 164)a 165)a,b,d,e 166)a 167)b 168)b 169)c 170)b 171)c 172)d
173) a 174) a 175)e 176)b 177)a,b,c,d 178)c 179)a 180)a 181)a

182. A 40 year old man presents to casualty with history of regular and heavy use of alcohol for ten years and morning drinking for one year. The last alcohol intake was three days back. There is no history of head injury or seizures. On examination, there is no icterus, sign of hepatic encephalopathy or focal neurological sign. The patient had coarse tremors, visual hallucinations and had disorientation to time. Which of the following is the best medicine to be prescribed for such a patient ? *(AI04)*
a) Diazepam b) Haloperidol
c) Imipramine d) Naltrexone

183. Drug of choice in delirium tremens is - *(SGPGI04,*
a) Diazepalm b) Phenytoin *AI 95)*
c) Chlordiazepoxide d)Morphine

184. In an uncomplicated case of alcohol withdrawal, the drug which can be given safely is - *(AIIMSMay 08)*
a) Benzodiazepines b)Clonidine
c) Morphine d)Disulfiram

185. T/t of alcohol withdrawal - *(PGI June 0 7)*
a) B-blocker b)BZD
c) Amitryptiline d) SSRIs

186. In alcohol withdrawal, drug of choice *is-(DELHIPGFeb.*
a) TEP b) Chlormethazole *09)*
c) Chlordiazepoxide d) Buspirone

187. Alcohol intoxication is a form of - *(Maharashtra 03)*
a) Psychosis b) Anxiety neurosis
c) Dependence d)Withdrawal syndrome

188. Psychiatric complications of alcohol dependence -
a) Anxiety b) Suicide *(PGI 01)*
c) Depression d) Schizophrenia
e) Mania

189. Hangover following alcohol consumption can be treated with - *(NEET/DNB Pattern)*
a) Pyridoxine b) Thiamine
c) Riboflavin d) Niacin

190. Formication and delusion of persecution, both are together seen in - *(AIIMS May 11, 09)*
a) LSD psychosis b) Amphetamine psychosis
c) Cocaine psychosis d) Cannabis psychosis

191. Paranoid Psychosis with cocaine is seen due to-*(AI 12)*
a) Tolerance b) Withdrawl
c) Reverse Tolerance d) Intoxication

192. Jet black pigmentation of tongue with tactile and visual hallucination is feature of which poisoning -
a) Cocaine b) Arsenic *(RJ 98)*
c) Cannabis d) Heroin

193. 'Flash-back' phenomenon is seen with the use of -
a) Cannbis b) Psilocybin *(KA 99)*
c) LSD d) All of the above

194. Which is associated with flashback phenomenon -
a) Cannabis b) *Cocame(Burwan 2K)*
c) Amphetamine d) Heroin

195. Amotivational syndrome is seen in - *(MH10, TN 99)*
a) Cannabis b) Cocaine
c) Amphetamine d) LSD

196. After use of some drug, a person develops episodes of rage in which he runs about and indiscriminately injures a person who is encountered in way. He is probably addict of- *(AIIMS 97)*
a) Alcohol b)Cannzbis
c) Opium d) Cocaine

197. Psychosis resulting due to chronic amphetamine intake most commonly resembles - *(Orrisa 98)*
a) Delirium b) Mania
c) Paranoid schizophrenia d) Dissocitive disorder

198. Hallucinations are produced by-*(NEET/DNB Pattern)*
a) Amphetamine b) Morphine
c) Paraxetine d) Chlorpromazine

199. Which of the following is not hallucinogenic -
a) LSD b) Cocaine *(UP 96)*
c) Mescaline d) Amphetamine

200. A 16-year old boy suffering from drug abuse presents with cross-over of sensory perceptions, such that, sounds can be seen and colors can be heard.Which of the following is the most likely agents responsible for drug abuse- *(AI 12)*
a) Cocaine b) LSD
c) Marijuana d) PCP

201. All of the following about LSD intoxication are true except- *(SGPGI99)*
a) Panic b) Confusion
c) Hypereflexia d) Treatment is phenothiazines

202. "Mainlining" is - *(CUPGEE 02)*
a) Cocaine addiction
b) Homicidal cut wounds
c) Drug addicts using main veins for injecting drugs
d) Suicidal cut wounds

203. Used for averting smoking habit is - *(DPG 08)*
a) Buspirone b) Bupropion
c) Methadone d) Venlafaxine

204. Most common substance of abuse in India -
a) Cannabis *(AI 07, AIIMS May 10, May 07)*
b) Tobacco
c) Alcohol
d) Opium

205. In patients of substance-abuse, drugs used are -
a) Naltrexone b) Naloxone *(PGI 02)*
c) Clonidine d) Lithium
e) Disulfiram

206. Drugs used in maintenance of substance dependance-
a) Naloxone b) Acamprosate *(PGIDec 06)*
c) Disulfiram d) Clonidine

207. Effect comprising conjuctival congestion, T appetite, dry mouth, tachycardia and synesthesia is seen with- *(Maharashtra 09)*
a) Cannabis b) Caffeine
c) Cocaine d) Codeine

208. Etheromanias refer to - *(NEET/DNB Pattern)*
a) Acute psychosis post ether anaesthesia
b) Ether addiction .
c) Excessive ether use drug anaesthesia
d) None

182) a 183)c 184)a 185)b 186)c 187)a 188)a,b,c 189)b 190)c 191)d 192)a 193)d 194)a 195)a
196) b 197) c 198) a 199) b,d 200) b 201) d 202) c 203) b 204) b 205)a,b,c,e 206)b,c,d 207) a 208) b

SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS

209. Lack of insight is not a feature *oi-(AI 05,SGPGI 03)*
a) Panic disorder b) Schizophrenia
c) Mania d) Reactive psychosis

210. Which of the following features is not included in psychosis - *(PGI June 04)*
a) Panic attack b) Delusion
c) Hallucination d) Hypochondriasis

211. Impaired insight is found in - *(PGI 97)*
a) Traumatic psychosis
b) Schizophrenia
c) Anxiety neurosis
d) Obsessive compulsive neurosis

212. Impaired insight is evident in - *(AIIMS 92)*
a) Psychosomatic disorder
b) Anxiety neurosis
c) Post traumatic stress disorder
d) Schizophrenia

213. Differentiating features b/w neurosis and psychosis, In psychosis- *(MP 01)*
a) Insight is preserved
b) Lack of insight
c) Personality and behavior preserved
d) None

214. Difference between neurosis and psychosis is -
a) Severity b) Insight *(AI95)*
c) Clinical features d) Duration

215. Lack of insight is not a feature of - *(AIIMS NOV 02)*
a) Panic disorder b) Schizophrenia
c) Mania d) Reactive Psychosis

216. Patient presents with altered behaviour, delusions & hallucination suggest - *(AI 97)*
a) Psyshotic disorderb) Confirms schizophrenia
c) Korsakoff's psychosis d) Depression

217. A patient presents with one month history of abnormal hallucination and delusion. The patient lacks insight to his changed behaviour. Likely diagnosis is - *(AI 97)*
a) Paronia b) Depression
c) Psychosis d) Schizophrenia

218. Delusions are seen in all of the following, Except- *(AI 12)*
a) Shizophrenia b) Depression
c) Dementia d) Conversion Disorder

219. Which of the following feature is included in psychosis - *(PGI June 06)*
a) Panic attack b) Delusion
c) Hallucination d) Hypochondriasis
e) Emotional withdrawal

220. A psychotic disorder most commonly pertains to which of the following symptoms ?
a) Weeping or laughing *(DELHIPG Mar. 09)*
b) Agitation or retardation
c) Obsessions or compulsions
d) Delusions or hallucinations

221. Most specific of psychosis - *(AIIMS 95)*
a) Neologism b) Incoherence
c) Pressure of speech d) Persveration

222? The term '®^mentirprecox" was coined by-*(AI08,*
a) Freud b)B*ieyftzr NEET/DNBPattern)*
c) Kraepelih d) Schneider

223. The term catatonia is coined by - *(CIP 01)*
a) Kahlbaum b) Freud
c) Maxwell j ones d) Adler

224. Term schiophrenia was coined by - *(NEET/DNB*
a) Erichmuir b) Sigmund frued *Pattern)*
c) Bleular d) None

225. One of the following drug abuse produces a psychosis closely resembling paranoid schizophrenia-fMP *98,*
a) Barbiturates b) Amphetamines *Jipmer 11)*
c) Opioids d) Benzodiazepines

226. Paranoid schizophrenia is caused by - *(AIIMS 97)*
a) L-Dopa b) Fluoxetine
c) Amphetamine d)LSD

227. Which does not produce psychotic effects -
a) Amphetamine b) Cocaine *(Punjab 11)*
c) Ketamine d) Marijuana

228. Incidence of schizophrenia in India- *(TN 99)*
a) 1-5 per 1000 b) 0.15-0.5 per 1000
c) 5-10 per 1000 d) 10-15 per 1000

229. Percentage of monozygotic twins with schizophrenia is - *(MP 04, WB 03, UP 01)*
a) 0.1% b) 1%
c) 10% d) 50%

230. Biochemical abnormalities in schizophemia -
a) Increased dopamine *(PGI 02)*
b) Increased dopamine and increased serotonin
c) Decreased dopamine
d) Increased dopamine and decreased serotonin

231. The most commonly implicated neurotransmitter in the etiology of schizophrenia is - *(SGPGI04)*
a) Norepinephrine b) Serotonin
c) Dopamine d)GABA

232. Neurotransmitter related to schizophrenia pathology is - *(PGI 9 7)*
a) Ach b) Dopamine
c) Serotonin d) NA

233. All of the following neurotransmitters are suspected of being involved in the pathophysiology of schizophrenia except - *(MAHE 95, UP 01)*
a) Prostaglandins E b) Norepinephrine
c) Ascorbic acid d) 5-HT

234. Schizophrenia mostly occurs˙m - *(DPG 08, AIIMS99)*
a) Adolescents b) Children
c) Middle age d) Old age

235. Which is more appropriate in a case of schizophrenia-
a) Low socioeconomic group *(PGI 2000)*
b) Seen in adolescents
c) Common in primitive societies
d) Affluent society influences the incidence

209)a 210)a 211)a,b 212)d 213)b 214)b>c 215)a 216)a 217)c 218)d 219)b,c 220)d 221)a 222)c 223) a 224) c 225)b 226)c 227)None 228)b 229)d 230)b 231)c 232)b,c,d 233)a,c 234)a 235)a,b

236. Expressed emotionality is related to - *(MH10)*
a) Depression b) Schizophrenia
c) Mania d) Somatiform disorder

237. Bleur's symptoms of schizophrenia include A/E -
a) Autism *(PGI Dec 05)*
b) Automatism
c) Affect disturbance
d) Loosening of association
e) Ambivalence

238. Eugene Bleuler's four 'A' of schizophrenia are all except- *(Maharashtra 10, 07)*
a) Autism b) Affect
c) Anhedonia d) Association

239. Schneider's first rank symptoms in schizophrenia include - *(NEET/DNB Pattern)*
a) Audible thoughts b) Somatic passivity
cj Ambivalence d) Depersonalization
e) Hallucinations

240. First rank symptoms of schizophrenia are all except - *(NEET/DNB Pattern)*
a) Ambivalence ; b)Runningcommentary
c) Primary delusion d) Somatic passivity

241. Which one of the following is not considered as first rank symptom of schizophrenia ?
a) Auditory hallucinations *(NEET/DNB Pattern)*
b) Insertion of thoughts
c) Delusional perceptions
d) Compulsive acts that relieve the tension

242. All of the following are schneider first symptoms except- *(MP 06)*
a) Hallucination b) Delusion
c) Passivity phenomenon d) Elation

243. The following is a Schneider's first rank symptom-
a) Persecutory delusion
b) Voices commenting on actions
c) Delusion of guilt
d) Incoherence

244. Which is first rank symptom described by - *(TN95)*
a) Echolalia b) Thought insertion
c) Autism d) Suicidal tendency

245. Which of following is not a Schneider's first rank symptom- *(Delhi 97)*
a) Passivity phenominon
b) Auditory hallucinations
c) Delusions of self reference
d) Delusional perception

246. Schneider's 1st rank symptoms seen *in-(PGIJune 04)*
a) Delusion b) Hallucination
c) Schizoid personality d) Schizophrenia

247. Which of the following is NOT a first rank symptom of schizophrenia? *(Kam. 11)*
a) Echo de la Pensee
b) Passivity experience
c) Delusions of persecution
d) Broadcasting of thoughts

248. Somatic passivity is a feature of - *(AIIMS Nov 11)*
a) Depressive illness b) Paranoid Schizophrenia
c) Hypochondriasis d) Panic disorder

249. True about schizophrenia - *(PGI 03)*
a) Thought broadcasting
b) Third person hallucination
c) Makes violence
d) Elated mood
e) Takes good self care

250. Delusions in clear consciousness are seen in -
a) Dementia b) Delirium *(AMU 98)*
c) Schizophrenia d) Neurosis

251. Auditory hallucinations, features of affect, delusion of persecution occur in - *(TN 95)*
a) Depression b) Hysteria
c) Schizophrenia d) Anxiety neurosis

252. Schizophrenia is a disorder of- *(TN 03)*
a) Thought b) Belief
c) Memory d) Perception

253. In schizophrenia, characteristic feature is -
a) Formal thought disorder b) Delusion *(PGI 97)*
c) Hallucination d) Apathy

254. Schizophrenia is characterized by - *(Bihar 03)*
a) Formed through disorder b) Hallucination
c) Delusion d)All

255. Schizophrenia is characterized by A/E -
a) Delusion *(AIIMS 00, 98)*
b) Auditory hallucination
c) Elation
d) Catatonia

256. Which of the following hallucinations is pathognomonic of schizophrenia - *(DPG 03)*
a) Auditory hallucinations commanding the patient
b) Auditory hallucinations giving running commentry
c) Auditory hallucinations criticizing the patient
d) Auditory hallucinations talking to patient

257. 18 years old male hears voices discussing him in 3rd person has - *(AIIMS 95)*
a) Obsession b) Depression
c) Mania d) Schizophrenia

258. Feature (s) suggestive of schizophrenia rather than organic psychosis is/are - *(PGI June 09)*
a) Third person hallucination b) Split personality
c) Visual hallucination d) Altered sensorium
e) Systemized delusion

259. Characteristic clinical manifestation of schizophrenia is - *(PGI 98)*
a) Confusion b) Anxiety
c) Auditory hallucinations d) Visual hallucinations

260. Most common hallucination in schizophrenia is -
a) Auditory b) Visual *(Jipmer 95, CMC 99)*
c) Olfactory d) Tactile

261. Schizophrenia false is - *(AIIMSNov 07)*
a) 3rd person auditory hallucination
b) Inappropriate emotions
c) Sustained mood changes
d) Formal thought disorder

236) b 237) b 238) c 239)a,b,e 240) a 241) d 242) d 243) b 244) b 245) c 246) d 247) None 248) b 249) a,b,c 250)c 251)c 252)a>d 253)b,c,d 254)d 255)c 256)b 257)d 258)a 259)c 260)a 261)c

262. Hallucinations in schizophrenia are characterized by all except - *(Maharashtra 02)*
a) Hallucinations commanding and controlling action of the person
b) Hallucinations as singing songs
c) Hallucinations almost always continuous
d) Hallucinations commenting on actions of the person

263. In a young male, history of firm unshakable belief of hands passing through the body & gripping his lungs indicates - *(Maharashtra 03)*
a) Schizophrenia b) Depression
c) Somatization d) Asthma

264. A 28 year old female presents with complains of reduced sleep with disorganized behaviour since 9 months. She feels there is a camera fixed behind her head which always follows her. Which of the following is likely diagnosis - *(MH-11)*
a) Psychotic depression
b) Paranoid schizophrenia
c) Delusional disorder
d) Insomnia

265. Most common type of schizophrenia - *(A1IMS 95, Jharkhand 04, Nimhans 01, PGIDec 04)*
a) Simple
b) Hebephrenic
c) Catatonic
d) Paranoid

266. In schizophrenia early onset with poor prognosis is seen in - *(AI96)*
a) Simple b)Hebephrenic
c) Catatonic d) Paranoid

267. Which subtype of schizophrenia carries the best prognosis- *(MP04)*
a) Undifferentiated b) Catatonic
c) Pranoid d)Hebephrenic

268. Which of the following is associated with bad prognosis - *(DPG09)*
a) Catatonic schizophrenia
b) Hebephrenic schizophrenis
d) Paranoid schizophrenia
c) Undifferentiated

269. Defect of conation is typically seen in -
a) Simple shcizophrenia *(PGI97, A1IMS96, UP 06)*
b) Hebephrenia schizophrenia
c) Catatonic schizophrenia
d) Paranoid schizophrenia

270. In catatonic schizophrenia which is not found -
a) Waxy flexibility *(PGI Dec 08)*
b) Automatic obedience
c) Somatic passivity
d) Gegenhalten
e) Hallucination

271. Patient presents with waxy flexibility, negativism & rigidity diagnosis is - *(Bihar 04, AI 01)*
a) Paranoid schizophrenia
b) Catatonic schizophrenia
c) Hebephrenic Schizophrenia
d) Simple Schizophrenia

272. Following are features of catatonic schizophrenia, except- *(MP 2000)*
a) Mutism
b) Echolalia
c) Waxy flexibility
d) Deep tendon reflexes are increased

273. Features like increased psychomotor activity, waxy flexibility at time are seen classically in - *(TN97)*
a) Simple schizophrenia
b) Hebephrenic schizophrenia
c) Catatonic schizophrenia
d) None of the above

274. In which type of schizophrenia is grimacing a feature of - *(Karnataka 98)*
a) Juvenile b) Hebephrenic
c) Paranoid d) Catatonic

275. All are features of catatonia except - *(Bihar 03)*
a) Automatic obedience b) Cataplexy
c) Catalepsy d) Negativism

276. Catatonia is associated with - *(Nimhans 01)*
a) Hebephemic b) Catatonic
c) Paranoid d)Undifferentiated

277. Waxy flexibility is characteristic of -
a) Excitatory catatonia *(Orissa 04, Jharkhand 06)*
b) Stuporous cataonia
c) OCD
d) All

278. All of the following are true about paranoid schizophrenia except - *(MP 97)*
a) Most common type of schizophrenia
b) Onset in 3rd / 4th decade
c) Delusions of grandeur
d) Rapid deterioration of personality

279. Delusions of control, persecution and self reference are seen in - *(PGI 97)*
a) Paranoia b) Paranoid schizophrenia
c) Mania d)OCD

280. Grossly disorganised, severe personality deterioration and worst prognosis is seen is -
a) Hebephrenic b) Catatonic *(Orissa 07)*
c) Simple d) Paranoid

281. Schizophrenia and depression both have A/E -
a) Formal thought disorder *(PGI 02)*
b) Social withdrawal
c) Poor personal care
d) Concrete thinking

282. Van Gogh syndrome is seen in - *(PGI 03)*
a) Mania b) Depression
c) Schizophrenia d) OCD

283. Type of schizophrenia with mental retardation - *(NEET/DNB Pattern)*
a) Von-Gogh syndrome
b) Paranoid schizophrenia
c) Catatonic schizophrenia
d) Pfropf schizophrenia

262) c 263) a 264)b 265)d 266)b 267)b 268)b 269)c 270)c 271)b 272)d 273)c 274)d 275)b 276)a,b,c,d 277)b 278)d 279)b 280)a 281)a 282)c 283)d

284. True about late onset schizophrenia-^/MS'*Nov 10)*
a) Onset after 45 yrs
b) Onset between 25-30 yrs
c) Prognosis is poor
d) Olfactory halucinations are common

285. All of the following are considered to be negative symptoms of Schizophrenia EXCEPT -*(COMED 09)*
a) Apathy b) Ambivalence
c) Auditory hallucinations d) Affective flattening

286. Type two schizophrenia is characterized by all except-
a) Negative symptoms *(A1IMS Nov 08)*
b) Poor response to TT
c) Disorganised behaviour
d) CT scan abnormal

287. All of the following are associated with better prognosis in schizophrenia except - *(A106)*
a) Late onset b) Married
c) Negative symptoms d) Acute onset

288. Bad prognostic indicator of Schizophrenia is -
a) Late onset *(AIIMS 97)*
b) Family history of Schizophrenia
c) Positive precipitating factors
d) Prominent affective symptoms

289. Bad prognostic factor for schizophrenia is -
a) Late onset of disease *(AIIMS 97)*
b) Catatonia
c) Presence of depression
d) Absence of family history

{HR _ Good prognosis in schizophrenia is indicated by -
a) Soft neurological signs ***m^I^^^N0P!attern)***
b) Affective symptoms
c) Emotional blun ting
§ft H djlnsidious .onset 181111:11

291. Schizophrenia is associated.....personalities -
a) Atheletic b) Psthesis *(AIIMS 97)*
c) Asthenic d)All

292. Which of the follwoing is the most common cause of premature death in schizophrenia - *(AI11)*
a) Homicide
b) Suicide
c) Toxicity of antipsychotic drug
d) Hospital acquired infection

293. A 23 year old engineering student is brought by his family to he hospital with history of gradual onset of suspiciousness, muttering and smiling without clear reason, decreased socialization, violent outbursts, and lack of interest in studies for 8 months. Mental status examination revealed a blunt affect, thought broadcast, a relatively preserved cognition, impaired judgment and insight. He is most likely to be suffering from - *(AIIMS May 04)*
a) Delusional disorder b) Depression
c) Schizophrenia d) Anxiety disorder

294. A patient is brought with 6 month history of odd behaviour. There is history of a family member having disappeared some years back. He seems to be talking to himself and sometimes muttering to himself loudly. The likely diagnosis is - *(AIIMSMay 02)*
a) Schizophrenia b) Conversion disorder
c) Major depression d) Delusion

295. Kallu a 24 year old occasional alcoholic had got a change in behaviour. He has become suspicious that people are trying to conspire against him, though his father states that there is no reason for his fears. He is getting hallucinations of voices commenting on his actions what is most probable diagnosis -
a) Delirium tremens *(CIP 01, AIIMS 00)*
b) Alcohol induced psychosis
c) Schizophrenia
d) Delusional disorder

296. A 60 year old male suffering from auditory hallucination says that people staying upwards are talking about him and conspiring against him. He dropped a police compliant against them but the allegations were proved to be wrong. The diagnosis is - *(AIIMS 01)*
a) Depression b) Dementia
c) Delusional disorder d) Schizophrenia

297. Lallu 40 years has recently started writing books. But the matter in this book could not be understood by anybody; since it contained words which were never there in any dictionary and the theme was very disjoint. Nowadays he has become very shy and self absorbed. When he addresses people, he speaks about metaphilosophical ideas. What is likely diagnosis -
a) Mania b) Schizophrenia *(AIIMS 00)*
c) A genius writer d) Delusional disorder

298. A patient complains that people living upstairs are always talking about him and conspires against him. His son complains about his weired behaviour like keeping shoes in Fridge and wearing vest over shirt. The likely diagnosis is - *(AIIMS 99)*
a) Depressionb) Delusional disorder
c) Dementia d) Schizophrenia

299. A 60 year old man is brought to a psychiatrist with a 10 year history, that he suspects his neighbours and he feels that whenever he passes by they sneeze and plan against behind his back. He feels that his wife has been replaced by a double and calls police for help. He is quite well groomed alert, occasionaly consumes alcohol, likely diagnosis *h-(AIIMSMay 02)*
a) Paranoid personality b) Paranoid schizophrenia
c) Alcohol withdrawal d) Conversion disorder

300. A 70 year old male, Babulal was brought to the hospital with the history of auditory hallucinations with third person hallucinations. He has no history of similar problems previously. The diagnosis is most likely to be - *(AIIMS 01)*
a) Dementia b) Delusional disorders
c) Schizophrenia d) Acute psychosis

284) a 285) c 286) c 287) c 288) b 289) None 290) b 291) c 292) b 293) c 294) a 295) c 296) d 297) b 298) d 299) b 300) c

301. A16 year old boy does not attend school because of the fear of being harmed by school mates. He thinks that his classmates laugh at and talk about him. He is even scared of going out to the market. He is most likely suffering from - *(AI04)*
a) Anxiety neurosis
b) Manic depressive psychosis
c) Adjustment reaction
d) Schizophrenia

302. A patient of schizophrenia on neuroleptics, his psychotic symptoms get relieved but developed sadness, talks less to others, remain on bed, all of following are likely causes except - *(AIIMS 2000)*
a) Parkinsonism
b) Major depression
c) Negative symptoms are still persisting
d) He is reacting to external stimuli

303. Drug treatment of schizophrenia are - *(PGI03)*
a) Chlordiazepoxide b) Trifluperazine
c) Clozapine d) Rivastigmine
e) Haloperidol

304. A patient of schizophrenia on CPZ (chlorpromazine) develops auditory hallucination again. The next drat to be given is - *(AI 2000)*
a) Haloperidol b) Clozapine
c) Sulpiride d)Tianeptin

305. A patient of depression is getting chlorpromazine, but his auditory hallucination are not controlled. The next drug given is - *(AIIMS 1999)*
a) Haloperidol b) Clozapine
c) Sulpiride d) Tianeptin

306. Drags used in schizophrenia include - *(PGI 02)*
a) Chlorpromazine b) Haloperidol
c) Olanzapine d) Imipramine
e) Risperidone

307. Schizophrenia can be treated with all of the following except- *(MP 04)*
a) Pemoline b) Olanzapine
c) Sulpiride d) Chlorpromazine

308. Atypical antipsychotic are all except?*(AIIMSMay 08)*
a) Olanzepine b) Clozapine
c) Risperidone d) Thioridazone

309. Antipsychotic drags are - *(Manipal 08)*
a) Clomipramine b) Carbamazepine
c) Sodium valproate d) Chlorpromazine

310. Resperidone is most commonly used to treat which of the following disorders ? *(DELHI PG Mar. 09)*
a) Dementia b) Depression
c) Schizophrenia d) Obsessive-compulsive disorder

311. A 30 year old man since 2 months suspects that his wife is having an affair with his boss. He thinks his friend is also involved from abroad and is providing technology support. He thinks people talk ill about him. His friends tried to convince him but he is not convinced at all. Otherwise he is normal, he doesn't have any thought disorder or any other inappropriate behavior. The most likely diagnosis is - *(AI 10)*
a) Paranoid personality disorder
b) Persistent delusion disorder
c) Schizophrenia
d) Acute and transient psychosis

312. A 41 year old woman working as an executive director is convinced that the management has denied her promotion by preparing false reports about her competence and have forged her signature on sensitive documents so as to convict her. She files a complaint in the police station and requests for security. Despite all this she attends to her work and manages the household. She is suffering from -
a) Paranoid schizophrenia *(AI 04)*
b) Late onset psychosis
c) Persistent delusional disorder
d) Obsessive compulsive disorder

313. A man hits his neighbour next day he feels that police is behind him and his brain is being controlled by radio waves by his neighbour. The probable diagnosis is - *(AI 2000)*
a) Personality disorder
b) Passivity feeling
c) Delusion of persecution
d) Organic brain syndrome

314. A 30 year old unmarried woman from a low socioeconomic status family believes that a rich boy staying in her neighbourhood is in deep love with her. The boy clearly denies his love towards this lady. Still the lady insists that his denial is a secret affirmation of his love towards her. She makes desperate attempts to meet the boy despite resistance from her family. She also develops sadness at times when her effort to meet the boy does not materialize. She is able to maintain her daily routine. She however, remains preoccupied with the thoughts of this boy. She is likely to be suffering from - *(AI 04)*
a) Delusional disorder b) Depression
c) Mania d) Schizophrenia

315. A 30 year old unmarried woman of average socio-economic background believes that her boss is in secretly love with her. She rings him up at odd hours and writes love letter to him despite his serious warning not to do so. She holds this belief despite contradiction from family members & his denial. However she is able to manage her daily activities as before. She is most likely to be suffering from -
a) Depression *(AIIMSNov 04)*
b) Shizophrenia
c) Delusional disorder
d) No psychatric ailment

316. Delusion that someone from high socio economic status is loving you is in - *(PGI 98)*
a) Othello syndrome b) Capgras syndrome
c) De clerambault syndrome d) Franklin syndrome

301)d 302)d 303)b,c,e 304)b 305)b 306)a,b,c,e 307)a 308)d 309)d 310)c 311)b 312)c 313)c 314)a 315)c 316)c

317. A person of 35 years is having firm belief about infidelity involving the spouse. And he never allow her to go out of home alone. He often locks his house, while going office. Inspite of all this he is persistantly suspicious about her character. The probable diagnosis is - *(AIMS 99)*
a) Schizophrenia
b) Delusional parasitosis
c) Clerambault's syndrome
d) Othello syndrome

318. Infidility & jealousy involving spouse is the thought content of which disorder - *(PGI99, AI98)*
a) Capgras syndrome
b) Othello syndrome
c) Hypochondrial paranomia
d) Declerambault's syndrome

319. A 25 year old housewife came to the Psychiatry out patient department (OPD) complaining that her nose was longer than usual. She felt that her husband did not like her because of the deformity and had developed relation-ship with the neighbouring girl. Further she complained that people made fun of her. It was not possible to convince her that there was no deform-ity. Her symptoms include - *(AI 04)*
a) Delusion b)Depersonalization
c) Depression d) Hallucination

320. A patient came with complaints of having a deformed nose and also complained that nobody takes him seriously because of the deformity of his nose. He has visited several cosmetic surgeons but they have sent him back saying that there is nothing wrong with his nose. He is probably suffering *from-(AHMS01)*
a) Hypochondriasis b) Somatization
c) Delusional disorder d) OCD

321. Basanti 27 years old female thinks her nose is ugly. Her idea is fixed and not shared by anyone else. Whenever she goes out of home she hides her face. She visits a surgeon for plastic surgery. Next step would be- *(AI 01)*
a) Investigate & then operate
b) Reassure the patient
c) Immediate operation
d) Refer to psychiatrist

322. Delusion of doubles is found in - *(AIMS 99)*
a) Schizo affective disorder
b) Capgras syndrome
c) Reactive psychosis
d) Paranoid schizophrenia

323. Ramu, a 22 year old single unmarried man is suffering from sudden onset of 3rd person hallucination for the past 2 weeks. He is suspicious of his family members and had decreased sleep and appetite. The diagnosis is - *(AIMS 01)*
a) Schizophrenia b) Acute Psychosis
c) Acute mania d) Acute delirium

324. A 20 year old boy c/o hearing of voices, aggressive behavior since 2 days. He has fever since 2 days. When asked to his family, they says that he has been muttering to self and gesticulating. There is no h/o of psychiatric illness. Likely diagnosis is- *(AIIMS*
a) Dementia b) Acute psychosis *Nov 10)*
c) Delirium d) Delusional disorder

325. Folieadeuxis seen in- *(PGI 99)*
a) Hysteria b) Paranoid
c) OCD d) Neurasthenia

326. Maximum heritability is seen in -*(MP 04, WB03, UP01)*
a) Depressionb) Mania
c) Schizophrenia d) Panic disorder

327. Stroke is common in - *(Jipmer 11)*
a) Mania b) Depression
c) Bipolar disorder d) Schizophrenia

328. Sudden onset of hallucinations in a 35 year old man with no previous history & relevant family history may be due to- *(Jipmer 11)*
a) Substanceabuse b) Schizophrenia
c) Frotterism d) Depression

MOOD DISORDERS

329. Most common age for depression is -
a) Middle age men *(Jharkhand 05, AI 96, 98)*
b) Middle age female
c) Young girl
d) Children

330. True about major depression is/are -
a) Common in males *(Maharashtra 06)*
b) Markedly diminished interest in all activities most of the day but no fatigue or loss of energy or psychomotor retardation.
c) Feeling of worthlessness or excessive guilt
d) All

331. TVue about "Major depression" include the following except- *(Maharashtra 08)*
a) Two times more common in men than women
b) Incidence increases with increasing age
c) In females affected age is adulthood
d) Is genetic origin

332. Daily depressed mood for minimum — weeks is must to classify someone as suffering from major depression disease - *(Maharashtra 09)*
a) 1 b)2
c) 3 d)4

333. Nihilistic ideas are seen in - *(SGPGI01, AIIMS 98)*
a) Depression b) Schizophrenia
c) Mania d) OCN

334. A lady always thinking that her stomach is rotten decreased appetite, having hallucination, thinking about world is going to be end. Diagnosis is -
a) Psychosis b) Mania *(Bihar 06)*
c) Depression d) None

317)d 318) b 319)a 320)c 321)d 322)b 323)b 324)b 325)b 326)c 327)d 328)b 329)b 330)c 331) a 332)b 333)a 334) c

335. True about psychotic feature in depression -
a) Found in severe depression *(PGI Dec 04)*
b) Found in moderate depression
c) Mood incongruent psychotic feature
d) Cyclothymia
e) Dysthymia

336. "Nihilistic delusions" are seen in - *(PGI 00)*
a) Endogenous depression
b) Double depression
c) Depression in invoiutional stage
d) Cyclothymia
e) Dysthymia

337. Major psychosis is - *(Kerala 95)*
a) Neurosis
b) Dementia
c) Reactive depression
d) Endogenous depression

338. A 68 years old lady thinks that she has done a sin, she is not worth to live this world, she is also having anorexia and insomnia, she is suffering from -
a) Exogenous depression *(SGPGI01)*
b) Endogenous depression
c) Neurotic depression
d) Dissociate disorder

339. DSHIV criterion for depression ^-(TVE'E'r/DA^
a) 1 week b) 2 weeks *Pattern)*
t)>3 Vebks, d) 4 weeks

340. A 34 year old housewife reports a three month history of feeling low, lack of interest in activities, lethargy, multiple body-aches, ideas of worthlessness, decreased appetite and disturbed sleep with early morning awakening. She is likely to benefit form - *(AIIMS May 04)*
a) Anti-psychotics b) Anti-depressants
c) Anxiolytics d) Hypno-sedatives

341. A middle aged man presented with pain in back, lack of interest in recreational activities, low mood, lethargy, decreased sleep and appetite for two months. There was no history suggestive of delusions or hallucinations. He did not suffer from any chronic medical illness. There was no family history of psychiatric illness. Routine investigations including haemogram, renal function tests, liver function tests electrocadiogram did not reveal any abnormality. This patient should be treated with - *(AI03, AIIMS May 03)*
a) Haloperidol b) Sertraline
c) Alprazolam d) Olanzapine

342. A 41 year old woman presented with a history of aches and pains all over the body and generalized weakness for four years. She cannot sleep because of the illness and has lost her appetite as well. She has lack of interest in work and doesn't like to meet friends and relatives. She denies feelings of sadness. Her most likely diagnosis is - *(AIIMS Nov 02)*
a) Somatoform pain disorder b) Major depression
c) Somatization disorder d) Dissociative

343. Intense nihilism, somatization and agitation in old age are the hallmark symptoms of - *(AI 06)*
a) Involutional melancholia b) Atypical depression
c) Somatized depression d) Depressive stupor

344. A 50 year old male presents with a 3 year history of irritability, low mood, lack of interest in surroundings and general dissatisfaction with everything. There is no significant disruption in his sleep or appetite. He is likely to be suffering from- *(AIIMSMay 05)*
a) Major depression b) No psychiatric disorder
c) Dysthymia d) Chronic fatique syndrome

345. Dysthymia is - *(Jipmer 02)*
a) Chronic mild depression
b) Chronic severe depression
c) Bipolar disorder
d) Personality disorder

346. Neurotic depression may be characterised by all except- *(UPSC2K)*
a) Ravenous appetite b) Hypersomnia
c) Increased libido d) Weight gain

347. Delusion of Nihilism and Early morning insomnia are characteristic features of - *(AI 9 7)*
a) Mania b) Major depression
c) Personality disorder d) Schizophrenia

348. All of the following are feature of depression except-
a) Nihilistic delusions *(MP 97)*
b) Diurnal variation in mood
c) Suicidal tendency
d) Elation

349. Which of the following has to be present for diagnosis of major depressive disorder -
a) Loss of interest or pleasure *(MH 10,07)*
b) Recurrent suicidal tendency
c) Insomnia
d) Indecisiveness

350. Early morning awakeness is a feature of - *(MH 03)*
a) Psychosis b) Anxiety neurosis
c) Depression d) Mania

351. Disruption or disorganization of biological rhythm is observed in - *(MH 09)*
a) Schizophrenia b) Anxiety
c) Depression d) Mania

352. Early morning awakening and reduced latency of REM sleep is suggestive of - *(MH-11)*
a) Delirium b)Depression
c) Schizophrenia d) Anxiety

353. Otto veraguth sign is found in - *(PGI 03)*
a) Mania b) Anxiety
c) OCD d)Depression

354. Suicidal tendencies seen in - *(PGIDec 06)*
a) Depression b) Posttraumatic stress disorder
c) Schizophrenia d) Substance abuse
e) Anxiety

335) a,c 336) a,b,c 337) d 338) b 339) b 340) b 341) b 342) b 343) a 344) c 345) a 346) a,c 347) b 348) d 349) a 350) c 351)c 352)b 353)d 354)a,c,d

355. Most common mental disorder as a cause of suicide - *(Jipmer 02, SGPGI03)*
a) Mania b) Depression
c) Alcohol dependence d) Schizophrenia

356. Suicidal tendencies are least coinpgQ^tlij *(NEET/ DNB Pattern)*
a) Alone b) Depression
c) Male d) Married person

357. Increase in suicidal behavior is due to - *(MP 06)*
a) Increase in serotonin
b) Decrease in serotonin
c) Increase in nor-adrenaline
d) Reactive depression

358. Increased suicidal tendency is associated with -
a) Noraderenaline b) Serotonin *(AIIMS May 08)*
c) Dopamine d)GABA

359. Suicidal tendencies are most common in -
a) Involutional depression *(SGPGI 00, PGI99)*
b) Reactive depression
c) Psychotic depression
d) Childhood depression

360. Suicidal risk is common with which type of depression-
a) Reactive depression *(PGI 99)*
b) Endogenous depression
c) Childhood depression
d) Depression in involution

361. Most common cause of suicide is - *(Karnataka 2000)*
a) Childhood depression
b) Depression in evolutional stage
c) Psychiatric depression
d) Reactive depression

362. Suicide is most commonly associated with which of the following disorders ? *(DELHI PG Mar. 09)*
a) Anxiety
b) Depression
c) Obsessive-compulsive disorder
d) Post-traumatic Stress disorder

363. Suicidal tendency seen in - *(PGI 2002)*
a) Schizophrenia b) PTSD
c) Depression d)OCD
e) Acetylcholine

364. Incidence of suicide is - *(PGI June 05)*
a) 8-10/100 population
b) 8-10/10000 population
c) 8-10/1 lac population
d) 8-10/1 billion population

365. Neurotransmittors involved in depression are -
a) GAB A and dopamine *(AI95)*
b) Serotonin and norepineprine
c) Serotonin and dopamine
d) Norepinephrine and GABA

366. In depressions! there is deficiency *of (NEET/DNB*
a) 5-HT p H ^\ rb)^cejyjchplin.e g *(^Pattern).*
c) Dopamine d) GABA

367. HIAA is a metabolite of - *(AIIMS May 06)*
a) Serotonin b) Dopamine
c) Epinephrine d) Histamine

368. Blood of 45 yrs old male shows -HVA. This patient is most likely to show - *(AIIMS Nov 08)*
a) PCC b) Schizophrenia
c) Depression d) Parkinson's ds

369. Depression is seen in - *(SRMC 02)*
a) Hyperthyroidism b) Hypoglycemia
c) Adrenal disorder d) Pheochromocytoma

370. Depression is a feature of which of the following condition- *(UP 01)*
a) Hypopituitarism b) Hyperthyroidism
c) Hypothyroidism d) Hypoglycemia

371. Depression is not caused by - *(UP 99)*
a) Clonazepam b) Levodopa
c) Metronidazole d) Corticosteroid

372. Depression is not a side effect of - *(MP 07)*
a) Propranolol b) Oral contraceptives
c) L-dopa d) Flupenthixol

373. Most common type of post puerperal psychosis is -
a) Depression b) Anxiety *(PGI 99)*
c) Mania d) Suicide

374. Commonest psychological feature of AIDS -
a) Depression b) Mania *(CUPGEE 95)*
c) Suicidal tendency d)None *(AIIMS 96)*

375. Most common type of postpartum psychosis is -
a) Manic b) Depressive *(DPGEE 08)*
c) Organic d) Hallucination

376. Not true about major depressive disorder - *(PGI 03)*
a) Commonly seen in female
b) Recovery is complete after treatment
c) Associated with hypothyroidism
d) Family H/O major depression

377. A 40 yr old female patient present with history of depressed mood, loss of appetite insomnia and no interest in surroundings for the past 1 yr. These symptoms followed soon after a business loss 1 yr back.Which of the following statements is true regarding the management of this patient - *(AI 11)*
a) No treatment is necessary as it is due to business loss
b) SSRI is the most efficacious of the available drugs
c) Antidepressant treatment based on the side effect profile of the durgs
d) Combination therapy of 2 antidepressant drugs

378. Drug of choice in depression in old person is -
a) Fluoxetine b) Buspirone *(AI96)*
c) Amitryptyline d)Imipramine

379. Rathi, 26 years old female diagnosed to be suffering from depression. Now for the past 2 days had suicidal tendency, thought & ideas. The best treatment is -
a) Amitryptiline b) Selegiline *(AIIMS 01)*
c) Haloperidol + CPZ d)ECT

380. A patient comes in stupor condition patient's parents give history of being continually sad and suicidal attempts, not eating and sleeping most of the time. The treatment is - *(AIIMS 2000)*
a) ECT b) Antidepressant
c) Antipsychotic d) Sedatives

355) b 356)d 357)b 358)b 359)a,c 360)b,d 361)b,c 362)b 363)a,c 364)c 365)b 366)a 367)a 368)c
369) a,c 370) a,b,c 371) c 372) d 373) a 374) a 375) b 376) b 377) c 378) a 379) d 380) a

381. Treatment of choice for endogenous depression with suicidal tendency - *(MAHE 01)*
a) Lithium b) Chlorpromazine
c) ECT d) Psychoanalysis

382. Treatment of choice in severe depression is -
a) Fluoxetine b) Alprazolam *(MP 04)*
c) ECT d)None

383. A 60 year male is brought by his wife. He thinks that he had committed sins all through his life. He is very much depressed and has considered committing suicide but has not through hot do go about it. He had also attached sessions with a spiritual guru. He is not conviced by his wife that he has lead a pious life. He does not want to hear anything on the contrary. How will you treat him -
a) Antipsychotic+Antidepressant *(AI10)*
b) Antidepressant with cognitive behavioural therapy
c) Guidance & recounselling with guru + Antidepressant
d) Anti depressant alone

384. All of the following agents are antidepressants excepts- *(Jharkhand 03)*
a) Trazodone b)Amitryptiline
c) Fluoxetine d) Pimozide

385. Fluoxetine is a - *(SGPG103)*
a) Noradrenaline uptake inhibitor
b) Serotonin uptake enhancer
c) Serotonin uptake inhibitor
d) MAO

386. Drugs used for recurrant depressive episode -
a) Imipramine b) Carbamazepine *(PG1 June 09)*
c) Fluoxetine d) Na valproate

387. Repeated Transcranial Magnetic Stimulation (rTMS) of brain is used in the treatment of -
a) Depression *(AI 12)*
b) Resistant Schizophrenia
c) Obsessive-Compulsive Disorder
d) Acute Psychosis

388. Stimulation of which of the following nerve causes elevation in mood - *(AIIMS Nov 09)*
a) Olfactory N b) Optic N
c) Trigeminal N d) Vagus N

389. The clinical features of mania include - *(TGI June 06)*
a) Anhedoia b) Elated mood
c) Avolition d) Delusion of grandiosity
e) Distractibility

390. Flight of idea is seen in - *(TGI 03)*
a) Mania b) Schizophrenia
c) Depression d) Delirium
e) Neurosis

391. Mania is characterized by - *(TGI 99)*
a) Paranoid delusion b) Loss of orientation
c) High self esteem d) Loss of insight

392. Talkativeness and flight of ideas are suggestive of -
a) Schizophrenia b) Hysteria *(KA 96)*
c) Mania d) Tricyclic antidepressants

393. A clinical sign of mania is - *(MH-11)*
a) Neologism b) Perseveration
c) Echolalia d) Flights of ideas

394. All are features of Mania except- *(Rohtak 98)*
a) Insomnia b) Pressure of speech
c) Disorientation d) Granduer delusion

395. All of the following are true about mania except -
a) Elevated mood b) Flight of ideas
c) Delusions of grandeur d) Word salad *(J&K01)*

396. All of the following are feature of mania except -
a) Decreased need for sleep *(MT 05)*
b) Elated mood
c) Delusion of grandeur
d) Decreased motor activity

397. A 20 year old man has presented with increased alcohol consumption and sexual indulgence, irritability, lack of sleep, and not feeling fatigued even on prolonged periods of activity. All these changes have been present for 3 weeks. The most likely diagnosis is - *(AI 03)*
a) Alcohol dependence
b) Schizophrenia
c) Mania
d) Impulsive control disorder

398. A 67 year old lady is brought in by her 6 children saying that she has gone senile. Six months after her husband's death she has become more religious, spiritual and gives lot of money in donation. She is occupied in too many activities and sleep less. She now believes that she has a goal to change the society. She does not like being brought to the hospital and i s argumentative on being questioned on her doings. The diagnosis is - *(AIIMS May 02)*
a) Acute manic excitement b) Delusion
c) Schizophrenia d) Depression

399. Lallu a 22 yrs. old male suffers from decreased sleep, increased sexual activity, excitement and spending excessive money for last 8 days. The diagnosis is-
a) Confusion b) Mania *(AIIMSMay 01)*
c) Hyperactivity d) Loss of memory

400. Mania is a - *(TN 99)*
a) Mood disorder b) Psychological disorders
c) Obsessive disorder d) Neurotic disorder

401. BPAD includes - *(TGI 02)*
a) Recurrent depressive episodes
b) Recurrent manic episodes
c) Depressive episodes and hypomanic episodes
d) Manic episodes and dysthymia
e) Manic episodes and depressive episodes

402. Which of the following is/are included in bipolar disease- *(TGI Nov. 10)*
a) Hypomania b) Cyclothymia
c) Paranoid disorder d) Hyperthymia
e) Kleptomania

381)c 382)a 383)a 384)d 385)c 386)a,c 387)a 388)d 389)b,d,e 390)a 391)a,c,d 392)c 393)d
394) c 395) d 396) d 397) c 398) a 399) b 400) a 401)b,c,e 402) a,b

403. All of the following are included in diagnosis of Bipolar disorder except - *(AI0 7)*
a) Mania alone b) Depression alone
c) Mania and depression d) Mania and anxiety

404. Type II bipolar mood disorder includes a combination of which of the following - *(AIIMS Nov 11)*
a) Mania and subsyndromal depression
b) Hypomania and depression
c) Hypomania and subsyndromal depression
d) Hypomania and dysthymia

405. Bipolar II disorder includes -*(PG105, PGI02,Jipmer 03, AIIMS Nov. 11)*
a) Cyclothymic disorder
b) Dysthymia
c) Single manic episode
d) Major depression & hypomania

406. The period of normalsy is seen between two psychosis. The diagnosis is - *(AI 99)*
a) Schizophrenia
b) Manic depressive psyhosis (MDP)
c) Alcoholism
d) Depression

407. Chromosome associated with bipolar disease -
a) Chromosome 16 *(PGI Dec 05)*
b) Chromosome 13
c) Chromosome 18
d) Chromosome 11
e) Chromosome 23

408. All drugs are used in Treatment of Mania except -
a) Haloperidol b) Trithex phenidyl *(Jipmer98)*
c) Lithium d) Carbamazepine

409. A 42 year old male with a past history of a manic episode presents with an illness of 1 month duration characterized by depressed mood, anhedonia and profound psychomotor retardation. The most appropriate management strategy is prescribing a combination of - *(ARMS May 04)*
a) Antipsychotics and antidepressants
b) Antidepressants and mood stabilizers
c) Antipsychotics and mood stabilizers
d) Antidepressants and benzodiazepines

410. Not given in prophylaxis of BPD - *(PGI Nov. 10)*
a) Lithium b) Olanzapine
c) Valproate d) Lamotrigine
e) Carbamazepine

411. Drugs used for prophylaxis in BPD - *(PGI 02)*
a) Chlorpromazine b) Lithium
c) Carbamazepine d) Zolpidem
e) Sodium valproate

412. Drug not used in prophylaxis of MDP - *(ARMS 95)*
a) Haloperidol b) Lithium
c) Carbamazepine d) Valproate

413. In prophylaxic of Manic depressive psychosis, drug used is - *(AI 96)*
a) Lithium carbonate b) Carbamazepine
c) Valproate d) Haloperidol

414. Lithium is used in prophylaxis of - *(ARMS 9 7)*
a) Recurrent phobia
b) Alcohol dependence
c) Paranoid schizophrenia
d) Recurrent Manic depressive attacks

415. Lithium is used in the prophylactic treatment of -
a) Schizophrenia *(DELHI PG Feb. 09)*
b) MDP
c) Acute depression
d) Conversion reaction

416. Drug of choice for bipolar mood disorder -
a) Carbamazepine *(NEET/DNB Pattern)*
b) Lithium carbonate
c) Imipramine
d) Buspirone

417. Best use of lithium is in - *(SGPGI99)*
a) Treatment of schizophrenia
b) Treatment of recurrent depression
c) Treatment of first depressive episode
d) Prophylaxis of bipolar mood disorder

418. DOC for rapid cycling MDP- *(AI 99, ARMS 95)*
a) Ii b) Valproate
c) Calcium channel blocker d) Carbamazepine

419. Drug(s) used in bipolar disorder is/are- *(PGINov 09)*
a) $LiC0_3$ b) Na valproate
c) Phenytoin d) Lamotrigine
e) Carbamazepine

420. DOC for "rapid cyclers" type of bipolar disorder is-
a) Carbamazepine b) Valproate *(DPGEE 08)*
c) Phenytoin d) Lithium

421. Differential diagnosis of premenstrual tension includes all of the following except -*(ARMSNov 02)*
a) Psychiatric depressive disorder
b) Panic disorder
c) General anxiety disorder
d) Chronic fatigue syndrome

422. Cognitive model of depression is given by -
a) Ellis *(ARMS May 11, Nov 08)*
b) Beck
c) Godfrey
d) Meicheinbanon

423. A patient presents to the emergency department with self harm and indicates suicidal intent. Which of the following conditions does not warrant an immediate specialist assessment - *(AI 10)*
a) Formal thought disorder
b) Acute alcohol intoxication
c) Chronic severe physical illness
d) Social isolation

424. The maximum DALY loss is for the following disease- *(NEET/DNB Pattern)*
a) Schizophrenia b) Unipolar depression
c) Bipolar depression d) Mania

403)b 404)b 405)d 406)b 407)c 408)b 409)b 410)None 411)b,c,e 412)a 413)a,b,c 414)d 415)b 416) b 417) d 418) b 419) All 420) b 421) d 422) b 423) b 424) b

ANXIETY DISORDERS- STRESS DISORDERS AND GRIEF

425. Which of the following conditions is classified under anxiety disorders according to DSMUI -
a) Obsessive compulsive disorder *(Karn. 03)*
b) Depression
c) Schizophrenia
d) Bipolar disorder

426. Phobia is - *(A198, Jharkhand 05, Assam 97)*
a) Psychosis b) Anxiety
c) Fear of animal d) Neurosis

427. Phobia is type of - *(Assam 95)*
a) Psychosis b) Neurosis
c) Mania d) Depression

4281 Anxiety is - r . *(NEET/DNB Pattern)*
a) Neurosis b) Psychosis
- c) Personality disorder ■ d) None :

429. All are features of anxiety neurosis except -
a) Dryness of mouth *(Bihar 05)*
b) Sweating
c) Palpitation
d) Abnormal gait

430. All are seen in anxiety except - *(Kerala 96)*
a) Decreased sweating b) Hyperventilation
c) Cold extremities d) Palpitations
e) Pupillary dilatation

431. Anxiety neurosis is manifested by - *(Rajasthan 96)*
a) Difficulty in breathing
b) Complete consciousness
c) Negative thinking
d) All

432. Panic attack is associated with a disturbance in all of the following neurotransmitters except -
a) Serotonine b) Glutamate
c) GABA d) Dopamine

433. Acute feeling of restlessness and sense of impending doom is seen in - *(Kerala 01)*
a) Acute paranoia b) Schizophrenia
c) Acute anxiety d) Mania

434. Baby 20 year old female complains of sudden onset palpitation and apprehension. She is sweating for last 10 minutes and fears of impending death. Diagnosis is - *(A101)*
a) Hysteria b) Generalized anxiety disorder
c) Cystic fibrosis d) Panic attack

435. A patient presented in casualty with a history of sudden palpitation, sensation of impending doom and constriction in his chest. This lasted for about 10-15 minutes after which he became all right. The diagnosis is likely to be - *(AI1MS 01)*
a) Phobia
b) Personality disorder
c) Generalized anxiety disorder
d) Panic attack

436. A 30 year old lady c/o sudden onset breathlessness, anxiety, palpitation & feeling of impending doom. Physical examination is normal. What is the diagnosis - *(ARMS Nov 10)*
a) Panic attack b) Anxiety disorder
c) Conversion disorder d) Acute psychosis

43 7. Pappu, a 49-year male complained of sudden onset of palpitation and apprehension. He is sweating for last 10 minute and fears of impending death. Diagnosis is - *(Bihar 04)*
a) Hysteria b) Cystic fibrosis
c) Panic attack d) Generalized anxiety disorder

438. Differential diagnosis of panic disorder -
a) Pheochromocytoma *(PG1 June 04)*
b) Myocardial infarction
c) Mitral valve prolapse
d) Depression
e) Carcinoid syndrome

439. Male with symptoms mimicking heart disease with normal ECG & X-ray, the diagnosis is - *(AI08)*
a) Angina pectoris b) Panic attack
c) ANS instability d) Vasovagal attack

440. Drug of choice for panic disorders is - *(Jipmer 95)*
a) Nitrazepam b)Imipramine
c) Diazepam d)Clonidine

441. Drugs used in Generalized anxiety disorder -
a) Alprazolam b) Paroxetine
c) Venlafaxine d) Buspirone
e) Carbamazepine *(PG1 Dec 07)*

442. All of the following can be considered as treatment for anxiety except - *(COMED 09)*
a) Buspirone
b) Benzodiazepines
c) Serotonin reuptake inhibitors
d) Dopaminergic blockers

443. Phobia is defined as - *(NEET/DNB Pattern)*
a) Palpitation on thinking about a definite entity
b) Excessive unreasonable fear about a specific situation
c) Perception without stimulation
d) Altered perception

444. Agoraphobia is - *(SGPGI03)*
a) Getting caught in places from where escape would be difficult
b) Fear of heights
c) Fear of animals
d) Fear of closed spaces

445. Agoraphobia is - *(PG197)*
a) Fear of open spaces b) Fear of closed speces
c) Fear of heights d) Fear of crowded places

446. What is Agoraphobia? *(DPGFeb. 09)*
a) Fear of heights b) Fear of closed spaces
c) Fear of open space d) Fear of dogs

447. Agoraphobia is - *(Maharashtra 03)*
a) Fear of closed space b) Fear of crowds
c) Fear of death d) Fear of fire

425) a 426) b,d 427) b 428) a 429) d 430) a 431)d 432) b 433) c 434) d 435) d 436) a 437) c
438) a,b,c,e 439) b 440) b 441)a,b,c,d 442) d 443) b 444) a 445) a,d 446) c 447) b

448. Claustrophobia means - *(Jipmer 95)*
a) Fear of heights b) Fear of lizards
c) Fear of closed spaces d) Fear of open spaces

449. Thanatophobia is fear of - *(UP 98)*
a) Closed spaces b) Flights
c) High places d) Death

450. A middle aged person reported to Psychiatric OPD with the complaints of fear of leaving home, fear of travelling alone and fear of being in a crowd. He develops marked anxiety with palpitations and sweating if he is in these situations. He often avoids public transport to go his place of work. The most likely diagnosis is - *(AIIMS May 06)*
a) Generalised anxiety disorder b) Schizophrenia
c) Personality disorder d) Agoraphobia

451. True about social phobia is - *(UP 01)*
a) Fear of closed spaces
b) Irrational fear of situation
c) Irrational fear of activities
d) Irrational fear of specified objects

452. A medical student could not deliver seminar, fearing seniors. He is aware of irrationality of his fear. Likely diagnosis is - *(Maharashtra 08, 07)*
a) Agoraphobia b) Social phobia
c) Claustrophobia d) Specific phobia

453. A person has poor performance in front of his seniors in public place, has tachycardia when he has to deliver a lecture, avoids going to parties. The diagnosis is - *(AIIMS 1999)*
a) Panic disorder b) Schizophrenia
c) Social phobia d) Avoidant personality

454. Agoraphobia treated with - *(PGI Dec 07)*
a) Systemic desensitization
b) Psychodynamic therapy
c) Exposure therapy
d) Relaxation therapy
e) Behaviour therapy

455. A fifty year old male feels uncomfortable in using lift, being in crowded places and traveling. The most appropriate line of treatment is -
a) Counselling *(AIIMS Nov 05)*
b) Relaxation therapy
c) Exposure and response prevention
d) Covert sensitization

456. Treatment of choice for phobic disorder is -
a) Psychotherapy *(PGI June 05, Jharkhand 05,*
b) Behaviour therapy *Assam 99, 97, AI97)*
c) SSRI
d) Benzodiazepam

457. Irresistable urge to do a thing repeatedly is seen in-
a) Obsessive - compulsive disorder *(MH 03)*
b) Schizophrenia
c) Schizoaffective disorder
d) Depression

458. True about obsession - compulsive disorder are A/E- *(MP 01, AI 95)*
a) Ego-alien b) Patient tries to resist against
c) Ego syntonic d) Insight is present

459. True statements about obsession - *(PGI 03)*
a) It is the repetitive thoughts or images
b) The patient thought that the images or thoughts are imposed by other's
c) Content about sex or God
d) The patient gets disturbed when unable to remove the ideas or thoughts

460. Features of obsessive-compulsive neurosis are -
a) Repetitiveness b) Irresistibility *(PGI 02)*
c) Unpleasantness d) Poor personal care

461. Repetitive times work doing for premonition of -
a) Obscession b) Compulsion *(NEET/DNB*
c) Anxiety d) None *Pattern)*

462. True about obsessive compulsive disorder is/are -
a) Irresistable desire to do a thing repeatedly
b) Is a dissociative disorder *(PGI 01)*
c) Denial is the defence mechanism against O.C.D.
d) Patient is conscious about the disorder
e) Can cause severe distress

463. Which of the following statements differentiates the obsessional idea from delusions - *(AIIMS Nov 05)*
a) The idea is not a conventional belief
b) The idea is held inspite of contrary evidence
c) The idea is regarded as senseless by patient
d) The idea is held on inadequate ground

464. A 35 year old man with an obsessive compulsive personality disorder is likely to exhibit all of the following features, except - *(AIIMSNov 04)*
a) Perfectionism interfering with performance
b) Compulsive checking behaviour
c) Preoccupation with rule
d) Indecisiveness

465. Obsessive compulsive neurosis is characterised by all except - *(DNB 95)*
a) Elaborate checking b) Repeated hand washing
c) Sexual thoughts d) Excessive slowness

466. Fear to contamination, counting behaviours, and having to check and recheck are features characteristic of - *(UPSC-109)*
a) Panic attacks
b) Agoraphobia
c) Obsessive-compulsive disorder
d) Generalized anxiety disorder

467. A15 year old boy feels that the dirt has hung onto him whenever he passes through the dirty street. This repetitive thought causes much distress and anxiety. He knows that there is actually no such thing after he has cleaned once but he is not satisfied and is compelled to think so. This has led to social withdrawal. He spends much of his time

448) c 449) d 450) d 451)b,c 452) b 453) c 454)All 455) c 456) b 457) a 458) c 459) a,d 460)a,b,c
461)b 462) a,d,e 463)c 464)d 465)None 466)c 467)a

thinking about the dirt and contamination. This has affected his studies also. The most likely diagnosis is -
a) Obsessive compulsive disorder *(AI 03)*
b) Conduct disorder
c) Agoraphobia
d) Adjustment disorder

468. A person going to temple gets irresistable sense of idea to abuse God which can't be resisted. Likely diagnosis is - *(AIIMS 99, UP 98)*
a) Mania
b) Obscessive-Compulsive disorder
c) Schizophrenia
d) Delusion

469. A patient with obsessive compulsive neurosis is more likely to develop - *(MP 01)*
a) Depression b) Schizophrenia
c) Delusional disorders d) Conversion symptom

470. Transmitters mainly involved in OCN is -
a) GABA b)NE *(AIIMS 95)*
c) Dopamine d) Serotonin

471. In OCD treatment is based on - *(Bihar 05)*
a) Serotonergic receptor
b) Dopaminergic receptor
c) NA receptor
d) Glutamate receptor

472. Treatment of choice for OCD - *(MP 06, AP 99)*
a) Behavior therapy
b) Drug therapy
c) Psychosurgery
d) Combination of behavior and drug therapy

473. Treatment of obscessive-compulsive disorder includes - *(PGI Dec 08)*
a) Exposure & response prevention
b) Flooding
c) Psychoanalytic therapy
d) Supportive psychotherapy involving family members
e) Systemic densensitization

474. A 25 year old female presents with 2 year history of repetitive, irresistible thoughts of contamination with dirt associated with repetitive hand washing. She reports these thoughts to be her own and distressing; but is not able to overcome them along with medication. She is most likely to benefit from which of the following therapies - **£4/** *05)*
a) Exposure and response prevention
b) Systematic desensitization
c) Assertiveness training
d) Sensate focusing

475. A lady washes her hands at least 40 times per day no apparent reason. Cognitive Behaviour Therapy for her treatment should include - *(AI 12)*
a) Response Prevention b) Exposure
c) Thought stopping d) Desensitization

476. The drug of choice for obsessive compulsive disorder - *(PGI Dec 05)*
a) Imipramine b) Fluoxetine
c) Chlorpromazine d) Benzodiazepine

477. Drug of choice for obsessive compulsive neurosis is - *(AI 98, 96, 95, 94, Jharkhand 05, Jipmer 95)*
a) Imipramine b)CPZ
c) Carbamazapine d) Clomipramine

478. Drug of choice in Obsessive compulsive disorder is - *(AIIMSMay 10)*
a) Imipramine b) Fluoxetine
c) Alprazolam d) Chlorpromazine

479. In obsessive compulsive disorder, which is not given - *(Jharkhand 06)*
a) Clomipramine b) Haloperidol
c) Sertaline d) Cabamazepine

480. All drugs are used for treatment of OCD except -
a) Carbamazapine *(PGI 99, Jipmer 02, MAHE 03)*
b) Lithium
c) Fluoxetine
d) Diazepam

481. All are treatment modalities of OCD except - *(AI 96)*
a) Exposure & response prevention
b) Psychoanalytic psychotherapy
c) Clomipramine
d) MAO inhibitors

482. The following modes of therapy may be useful for treatment of obsessive compulsive disorder EXCEPT-
a) Fluoxetine *(UPSC-109)*
b) Clomipramine
c) Behaviour therapy
d) Electroconvulsive therapy

483. Post traumatic stress syndrome is due to -
a) Head injury *(Jharkhand 05, AI 98)*
b) CVD
c) Minor stress
d) Major life threatening events

484. Which of the following is NOT a clinical feature of post-traumatic stress disorder *(FTSD)?(DPG 08, AI 08)*
a) Flashbacks b) Hyperarousal
c) Hallucinations d) Emotional numbing

485. Post traumatic stress-disorder is associated with all except - *(PGI 2000)*
a) Flashback
b) Severe traumatic injury
c) Re-experiencing stressful events
d) Anhedonia
e) It does't develop after 6 months of stress

486. All are true for PTSD except - *(PGI 02)*
a) Hippocampus & amygdala
b) Anhedonia
c) Depression and guilt
d) Insomnia & poor concentration
e) Anxiolytic is treatment of choice

468)b 469) a 470) d 471) a 472)a>c,d 473)All 474)a 475) a>b 476) b 477)d 478)b 479)b 480)d
481) None 482) None >d 483) d 484) c 485) e 486) e

487. True for PTSD are all except - *(PGI01)*
a) Past h/o psychiatric illness
b) Women are more predisposed
c) Occur in intellectuals
d) Numbness
e) Detachment

488. A lady while driving a car meets with an accident. She was admitted in an ICU for 6 months. After being discharged she often gets up in night and feels terrified. She is afraid to sit in a car again. The diagnosis is - *(AI01, 00, AIMS 99)*
a) Anxiety disorder
b) Phobia
c) Conversion disorder
d) Post traumatic stress disorder

489. Three years back a woman suffered during an earthquake and she was successfully saved. After recovery she has nightmares about the episode and she also gets up in the night and feels terrified. The most probable diagnosis is - *(AIIMS May 02)*
a) Major depression b) Post-traumatic stress disorder
c) Mania d) Schizophrenia

490. A victim of Tsunami has difficulty in overcoming the experience. She still recollects the happening in dreams and thoughts. The most likely diagnosis is -
a) Post traumatic stress disorder *(Maharashtra 07)*
b) Conversion disorder
c) Panic disorder
d) Phobia

491. Flashback is characteristic of - *(TN 02)*
a) Hypomania
b) Post traumatic stess disorder
c) Postnatal depression
d) Grief reaction

492. The diagnostic feature that differentiates PTSD from other disorders that occur following a stressful incident is - *(AIIMS May 12)*
a) Episodic occurrence of symptoms
b) Severe anxiety and autonomic arousal
c) Re-experiencing and avoidance of trauma
d) Nightmares about the event

493. True about posttraumatic stress disorder - *(PGI2000)*
a) Recall of traumatic events
b) Associated with major trauma like pelvic fracture
c) Treatment is ECT
d) Disturbed sleep

494. Which of the following is NOT TRUE about post traumatic stress disorder? *(Karn 11)*
a) The onset of illness may occur many months after the traumatic event
b) Individual debriefing and early counselling are most effective method of treatment
c) Eye movement desensitization and reprocessing is effective
d) There is high risk of alcohol abuse in patients suffering from this disorder

495. A man coming from mountain whose wife died 6 months prior says that his wife appeared to him and asked him to join her. The diagnosis is -
a) Normal grief *(AIIMS 2000)*
b) Grief psychosis
c) Berevement reaction
d) Supernatural phenomenon

496. An elderly house wife lost her husband who died suddenly of Myocardial infarction couple of years ago. They had been staying alone for almost a decade with infrequent visits from her son and grandchildren. About a week after the death she heard his voice clearly talking to her as he would in a routine manner from the next room. She went to check but saw nothing. Subsequently she often heard his voice conversing with her and she would also discuss her daily matters with him. This however, provoked anxiety and sadness of mood when she was preoccupied with his thought. She should be treated with - *(AIIMS May 03)*
a) Clomipramine b) Alprazolam
c) Electroconvulsive therapy d) Haloperidol

497. An elderly house wife lost her husband who died suddenly of Myocardial infarction couple of years ago. They had been staying alone for almost a decade with infrequent visits from her son and grandchildren. About a week after the death she heard his voice clearly talking to her as he would in routine manner from the next room. She went to check but saw nothing. Subsequently she often heard his voice conversing with her and she would also discuss her daily matters with him This however, provoked anxiety and sadness of mood when she was preoccupied with his thought. She should be treated with - *(AIIMS May 2003)*
a) Clomipramine b) Alprazolam
c) Electroconvulsive therapy d) Haloperidol

498. MS. B, a 27 year old nurse had extracurricular interest in trekking and painting. She broke up relationship with her boy friend. Two months later she lost interest in her hobbies and was convinced that she would not be able to work again. She thought life was not worth living and has consumed 60 tablets of phenobarbitone to end her life. She is most likely suffering from -
a) Adjustment disorder *(AI 04)*
b) Acute stress disorder
c) Depressive disorder
d) Post-traumatic stress disorder (PTSD)

499. Two months after knowing that his son was suffering from leukemia, a 45 year old father presents with sleep deprivation, lethargy, headache and low mood. He interacts reasonably well with others, but he absented himself from work. The most probable diagnosis is - *(AI 08)*
a) Depression b) Psychogenic headache
c) Adjustment disorder d) Somatization disorder

487) c 488) d 489) b 490) a 491)b 492) c 493) a,d 494) b 495) a,c 496) a 497) d 498) a 499) c

500. A 25 year old lady presented with sadness, palpitation, loss of appetite and insomnia. There is no complaint of hopelessness, suicidal thoughts and there is no past history of any precipitating event. She is remarkably well in other areas of life. She is doing her office job normally and her social life is also normal. What is the probable diagnosis in this case- *(AI10)*
a) GAD b) Mixed anxiety depression
c) Adjustment disorder d) Mild depressive episode

SOMATOFORM DISORDERS

501. Which one of the following is not a specific somatoform disorder - *(AIIMS Nov 11)*
a) Somatization disorder
b) Chronic fatigue syndrome
c) Irritable bowel syndrone
d) Fibromyalgia

502. All are true regarding somatization disorder except-
a) Maintain sick role *(PGI00, Jipmer 04, TN 00)*
b) 4-Pain symptoms
c) 1-Sexual symptom
d) 1 -Pseudo neurological symptom

503. Which of the following is FALSE about SOMATIZATION Syndrome- *(NEET/DNBPattern)*
a) Involves 2 sexual disturbance Symptoms
b) Two GI symptoms
c) Four pain symptoms
d) Multiple recurrent symptoms

504. A 45 year old male presents with history of headache, and vague body pains, off & on diarrhoea & constipation, impotence and tingling and parasthesia is glove stocking pattern. The probable diagnosis is- *(AI 00, Jipmer 02)*
a) Hypochondriasis b) Somatization disorder
c) Conversion disorder d) Factitious disorder

505. A 36 year old woman presents with headache, backache, epigastric fullness, and decreased sexual desire. She has lost ~2.5 kg over the past 3 years, and her appetite is otherwise normal. Her husband had a major vehicular accident 8 years back. Which of the following diagnoses best describe the mental status of this patient? *(Maharashtra 06)*
a) Depersonalization disorder
b) Adjustment disorder and depression
c) Somatization disorder
d) Posttraumatic stress disorder (PTSD)

506. Lalu prasad 45 yrs old male presents to OPD with complaining the continuous non-progresive headache from last 7 days. He believes that he has brain tumor, for that there is he consulting many neurologists in past even all of investigation have been with in normal limits. Patient requested for other investigation to reveal that he has brain tumor. Psychiatric evaluation shows the disease on the background of normal inves-tigation. The most probable diagnosis is - *(AI 02)*
a) Hypochondriasis
b) Somatization disorder
c) Somatoform pain disorder
d) Conversion disorder

507. A 35 years old male, with pre-morbid anxious traits & heavy smoker, believes that he has been suffering from 'lung carcinoma[9] for a year, No significant clinical finding is detected on examination and relevant investigation. He continues to stick to his belief despite evidence to the contrary. In the process, he has spent a huge amount of money, time and energy in getting himself unduly investigated. He is most likely suffering from - *(AIIMS Nov 04)*
a) Carcinoma lung
b) Hypochondriacal disorder
c) Delusional disorder
d) Malingering

508. A 41 year old married female presented with headache for the last 6 months. She had several consultations. All her investigations were found to be within normal limits. She still insists that there is something wrong in her head and seeks another consultation. The most likely diagnosis is -*(AI 03)*
a) Phobia b) Psychogenic headache
c) Hypochondriasis d) Depression

509. A 40 year old male is admitted with complaints of abdominal pain and headache. General physical examination revealed six scars on the abdomen from previous surgeries. He seems to maintain a sick role and seeks attention from the nurses. He demands multiple diagnostic tests including a liver biopsy. The treating team failed to diagnose any major physical illness in the patient. His mental status examination did not reveal any major psychopathology. One of the treating staff recognized him to have appeared in several other hospital with abdominal pain and some other vague complaints. He is most likely suffering from - *(AIIMS Nov 03)*
a) Schizophrenia b) Malingering
c) Somatisation disorder d) Factitious disorder

510. A 28 year old male admitted in the hospital with a history of vague pains. His examination revealed many scars of previous surgeries. He was very curious about knowing his diagnosis and was persistently asking for various diagnostic procedures and biopsy. He gave the past history of gall stone & appendicitis pain diagnosed by previous doctors, but the history regarding this was inappropriate and seemed to be manipulative. There were no previous records suggesting this diagnosis. The probable diagnosis is-*(Jipmer 00, J& K 02, MH03)*
a) Hypochondriasis
b) Somatization disorder
c) Conversion disorder
d) Factitious disorder

500)a 501)b,c,d 502)a 503)a 504)b 505)c 506)a 507)b 508)c 509)d 510)d

511. A patient has been seeking repeated admissions in various hospitals with a variety of symptoms. He had undergone appendicectomy, cholecystectomy, and other exploratory laparotomies on previous admissions. The most likely diagnosis is -
a) Conversion reaction *(UPSC 95)*
b) Hypochondriasis
c) Munchausen syndrome
d) Ganser's syndrome

512. A 30 years old lady presents to physician with complaints of hematuria. On evaluation RBCs were found in the urine but no cause is found on further enquiry it is found that she has gone to many doctors with the same complaint and demanding in patient care. She pricks her finger and mixes blood in the urine sample. Her diagnosis is - *(Karn 11)*
a) Malingering b) Factitious illness
c) Dissociative disorder d) Hypochondriasis

513. All are features of somatization disorder except -
a) Frequently changing pain sites
b) Sexual symptoms *(MH 05, Jipmer 03)*
c) Paresthesia
d) Professional patients

514. 20 years old female with complaints of nausea, vomiting and pain in the legs. Her physical examination and lab investigations are normal. What would be the most probable diagnosis ?
a) Generalized anxiety disorder *(AIIMSNov09)*
b) Conversion disorder
c) Somatoform pain disorder
d) Somatisation disorder

515. 45 years old Chandu is always preoccupied with feeling of illness. The diagnosis is - ***(AI00)***
a) Somatoform disorder
b) Hypochondriasis
c) Munchausen syndrome
d) Dissociative disorder

516. Person preoccupied by worries about ill health is -
a) Hypochondriac *(Punjab-11, PGI98)*
b) Maniac
c) Depressed
d) Delirium

517. Persistent preoccupation with serious illness and normal body function is called - *(UP 08)*
a) Obsession b) Somatization
c) Hypochondriasis d) Conversion disorder

518. One of the following usually differentiates hysterical symptoms from hypochondriacal symptoms - *(AI 05)*
a) Symptoms do not normally reflect understandable physiological or pathological mechanism
b) Physical symptoms are prominent which are not explained by organic factors
c) Personality traits are significant
d) Symptoms run a chronic course

519. By the term 'hypochondriasis' is meant -
a) Pathologic pre-occupation with the normality of the physical state & perception of normal bodily phenomena as disease *(CUPGEE 96)*
b) A complete disregard for physical ill being
c) Complete disregard for the feelings of other people
d) None

520. Maintaining sick role by any means is a characteristic feature of - *(Jipmer 02, Make 04, Rohtak 02)*
a) Hypochondriasis
b) Somatization disorder
c) Conversion disorder
d) Factitious disorder

521. Munchausen's syndrome by proxy involves-(M/7-77)
a) Drug abuse
b) Toxin-mediated neuropsychiatric
c) Illness caused by care giver
d) All of the above

522. Dissociative conversion disorder was previously described as- *(TN 02)*
a) Hysteria b) Dementia precox
c) Melancholiad) Hypochondriasis

523. In conversion disorder all are found except -
a) Jealousy b) Paralysis *(Bihar05)*
c) Anaesthesiad) Abnormal gait

524. All are true for conversion reaction except -
a) Secondary gain *(AIIMS 98)*
b) Onset in late age
c) Patient does not consciously produce symptoms
d) Relation with stress

525. Differentiation of hysterical fits from epileptic fit -
a) Occurs in sleep *(DPG 09, Calcutta 02)*
b) Injuries to person
c) Incontinence
d) Occurs when people are watching

526. Epileptic fits are distinguished from hysterical fits by-
a) Amnesia b) Sleep convulsion *(UP 96)*
c) Incontinence d) Injury

527. A female presented with history of episodes of altered sensorium, involuntary movements, memory deficits and headache since the last 6 months. 4 episodes occurred during the day and 2 during sleep. She has been married since 1 year. Most likely diagnosis is-
a) Epilepsy *(AIIMSMay 08)*
b) Somatization disorder
c) Somatoform disorder
d) Hypochondriasis

528. In Dissociative disorder all are seen except - *(AI 96)*
a) Fugue b) Amnesia
c) Multiple personality d) Hearing loss

529. Following are included in dissociative disorder -
a) Multiple personality disorder
b) Fugue *(PGI 03, June 07, Dec 07)*
c) Hypochondriasis
d) Somatization disorder
e) Obsession
f) Borderline personality

511) c 512)b 513) d 514)Noneord 515)b>a516)a 517)c 518)a 519)a 520)d 521) c 522)a 523)a
524) b 525) d 526) All 527) a 528) d 529) a,b

530. Which of the following is dissociative phenomenon -
a) Fugue b) Amnesia *(Nimhans 01)*
c) Deafness d) Lack of insight

531. Commonest symptom of hysteria is - *(Kerala 96)*
a) Motor or sensory phenomena
b) Hypochondriasis
c) Irrelevant talk
d) Fugue
e) Insomina

532. The most common form of dissociation hysteria is -
a) Fugue b) Amnesia *(MH2K)*
c) Multiple personality d) Somnambulism

533. Psychogenic amnesia is characterized by -
a) Antegrade amnesia *(AIIMS97)*
b) Retrograde amnesia
c) Both with confabulation
d) Patchy impairment of personal memories

534. A young female presented with halo's, abdominal pain and amnesia she is likely to be suffering from-
a) Conversion disorder *(AI97)*
b) Dissociative disorder
c) Depresonalization disorder
d) Mania

535. Dissociative fugue occurs in - *(Jipmer03)*
a) Schizophrenia b) Mania
c) Hysteria d) Neurosis

536. Fugue state may be seen in - *(SGPGI99)*
a) Schizophrenia b) Hysteria
c) Epilepsy d) All of the above

537. A person is missing away from home and wandering with loss of recent memory with depersonalization. The diagnosis is - *(Maharashtra 08)*
a) Dissociative fugue
b) Dissociative amnesia
c) Dissociative personality
d) Any of the above

538. A person missing from home is found wandering purposefully. He is well groomed and denies of having any amnesia. Most likely diagnosis is- *(AI 01)*
a) Dementia b) Dissociative amnesia
c) Dissociative fugue d) Schizophrenia

539. derelation & depersonalisation seen in which type of disorder - *(1JEET/DNBPattern)*
a) Dissociative disorder b) Personality disorders
c) Mania d) None

540. An 18 year old boy came to the Psychiatry OPD with a complaint of feeling changed from inside. He described himself as feeling strange as if he is different from his normal self. He was very tense and anxious yet could not point out the precise change in him. This phenomena is best called as -
a) Delusional mood *(AI 05)*
b) Depersonalization
c) Autochthonous delusion
d) Over valued idea

541. A person has different multiple personality is suffering from - *(PGI9 7)*
a) Mania b) Personality disorder
c) Paranoid schizophrenia d) Dissociative disorder

542. All are seen in hysterical somatisation except -
a) Positive physical signs *(Kerala 96)*
b) Hemiplegia
c) Blindness
d) Fugue
e) Normal intelligence

543. All are true about Ganser's syndrome except -
a) Approximate answer *(PGI 99, Jipmer 00, UP 00)*
b) Apparent clouding of consciousness
c) Only found in prisoners
d) Hallucinations

544. Regarding Ganser's syndrome true is -
a) Repeated lying *(TN 95, A1IMS 98)*
b) Approximate answers
c) Unconscious episodes
d) Malingering

545. La belle indifference is seen in - *(AIIMS 98)*
a) Conversion reaction b) Schizophrenia
c) Mania d) Depression

546. La bella indifference is seen in - *(Kerala 98)*
a) Mania b) Depression
c) Delirium d) Dissociative disorders

547. La belle indifference, which is true - *(CUPGEE 96)*
a) Excessive occupation with minor ailments
b) Characterize by coprolalia
c) Disregard for symptoms despite apparent severity
d) None

PERSONALITY DISORDERS

548. Which is not included in personality trait?
a) Sensation seeking *(AIIMS Nov 09)*
b) Problem solving
c) Openness to experience
d) Neuroticism

549. All are cluster B disorders of personality except -
a) Antisocial b) Narcissistic *(PGI99)*
c) Avoidant d) Borderline

550. Type C personality disorder - *(NEET/DNB Pattern)*
a) Avoidant personality disorder
b) Histronic personality disorder
c) Paranoid personality disorder
d) Narcissistic personality disorder

551. Which personality disorder of DSM-IV is not classified as PD & is placed with schizophrenia in ICD10- *(WB98)*
a) Schizoid b) Paranoid
c) Narcissistic d) Schizotypal

552. True about personality disorder - *(PGI June 07)*
a) Onset in early childhood & adolescent
b) Matures around adulthood
c) Not associated to social norms
d) Direct result of disease or damage

530)a,b 531)a 532)b 533)b,d 534)b 535)b 536)d 537)a 538)c 539)a 540)b 541)d 542)a 543)c
544) b 545) a 546) d 547) c 548) b 549) c 550) a 551)d 552)a,b,c

553. TVue about personality disorder (PD) - *(PGI03)*
a) Typically onset of early childhood & adolescent
b) Matured around age 30-40 yrs
c) Egodystonic
d) Dramatic, emotional and erratic behaviour in paranoid PD
e) Pervasive and maladaptive behaviour

554. True about personality disorder - *(PGI June 08)*
a) It arises during childhood
b) It matures during adulthood
c) Suspiciousness is seen in paranoid personality disorder
d) Excessive preoccupation with fantasy seen in schizoid personality disorder

555. Markedly inappropriate sensitivity, self importance and suspiciousness are clinical features of -
a) Antisocial *(AMU 02, TN 99)*
b) Histrionic
c) Schizoid
d) Paranoid

556. Characteristic feature of schizoid personality is -
a) Conversion reaction *(AIIMS 99)*
b) Not concerned with disease
c) Checks details of all things
d) Emotional coldness

557. Schizoid personality disorder all are seen except-
a) Aloof & detached *(NEET/DNB Pattern)*
b) Prqne to fantasy
c) Suspicious
d) Introspective

558. Antisocial personality is seen with - *(PGI 99)*
a) Drug abuse b) Paranoid schizophrenia
c) OCN d)None

559. Oddities of speech, mannerism and clothing with magical thinking is seen in which type of personality disorder- *(Jipmer 2k)*
a) Schizoid b) Paranoid
c) Schizotype d) Borderline

560. A young lady was admitted after taking overdose of diazepam after broken affair. She has history of slitting her wrist previously. Most likely diagnosis is- *(AIIMS 00)*
a) Narcisstic personality disorder
b) Dependent PD
c) Borderline PD
d) Histrionic PD

561. A female presents with the history of slashed wrists and attempted suicide, now presents with similar history. The diagnosis is - *(AIIMS 01)*
a) Borderline personality
b) OCD
c) Conversion reaction
d) Histrionic personality

562. A 16 year old girl was brought to the psychiatric emergency after she slashed her wrist in an attempt to commit suicide. On enquiry her father revealed that she had made several such attempts of wrist slashing in the past, mostly in response to trivial fights in her house. Further she had marked fluctuations in her mood with a pervasive pattern of unable interpersonal relationship. The most probable diagnosis is - *(AIIMS Nov 02)*
a) Borderline personality disorder
b) Major depression
c) Histrionic personality disorder
d) Adjustment disorder

563. Pervasive pattern of instability of interpersonal relationship, self image, and affects, with marked impulsing that begins at early adulthood and present in varities of context is characteristic of -
a) Bipolar disorder *(Maharashtra 10, 07)*
b) Schizoaffective disorder
c) Borderline personality disorder
d) Schizotypal personality

564. A lady has very unstable relation with her husband, always threatening to suicide infact she one time eat some poison, then diagnosis is - *(Bihar 06)*
a) Borderline personality disorder
b) Depression
c) Avoident personality disorder
d) None

565. A lady has changed multiple boy friend in last 6 months and she breaks the relationship, she attempted suicide many time. Most likely diagnosis is ? *(MP 06)*
a) Borderline personality
b) Post traumatic stress
c) Acute depression
d) Acute panic attack

566. A person having the habit of repeated self inflicted injuries, what is the type of personality -
a) Borderline personality disorder *(PGI June 04)*
b) Schizoid personality disorder
c) Histrionic personality disorder
d) Narcissistic personality disorder
e) Depressive disorder

567. Most effective treatment in borderline personality disorders *(NEET/DNB Pattern)*
a) Pharmacotherapy
b) Behaviour-therapy
c) Combination of both pharmacotherapy and behavioural therapy
d) None

568. False regarding type A personality -*(AIIMSNov 07)*
a) Hostile b) Time pressure
c) Competitiveness d) Mood fluctuations

569. Type D personality has been recently found to be a risk factor for - *(AIIMS Nov 11)*
a) Coronary artery disease b) Depression
c) Personality disorder d) Schizophrenia

553) a,b,e 554)a,b,c,d 555) d 556) d 557) c 558) a 559) c 560) c 561) a 562) a 563) c 564) a 565) a 566) a 567) b 568) d 569) a

570. True about treatment of personality disorder -
a) Antipsychotic drugs are used *(PGI May 10)*
b) SSRI used in treatment
c) Behaviour therapy
d) No need of treatment

571. All of the following are impulse control disorders except- *(AI03)*
a) Pyromania b) Trichotillomania
c) Kleptomania d) Capgras syndrome

572. One of the following is not a compulsive and habit forming disorder - *(KA 95)*
a) Kleptomania b) Pyromania
c) Nymphomania d) Pathological gambling

573. Kleptomania is - *(Kerala 98)*
a) Delusion b) Obsession
c) Impulse d) Compulsion
e) Hallucination

574. Kleptomania means - *(KA 98, AI 99)*
a) Irresistable desire to set fire
b) Irresistable desire to steal things
c) Compulsive hair pulling
d) Pathological gambling

575. Oniomania is a disorder of compulsive -
a) Buying *(MAHE 03, Jipmer 00)*
b) Cellular phone use
c) Internet use
d) Selfmultilation

SLEEP DISORDERS AND EATING DISORDERS

576. Max duration of time spent is in NREM stage -
a) I b) *(NEET/DNBPattern)*
c) m d) IV

577. a-rhythm is seen in - *(PGI97)*
a) Sleep with eyes closed with mind wandering
b) Mental activity
c) Awake with eyes open
d) REM sleep

578. Sleep waves in hippo-campal area is - *(MP 00)*
a) Delta b) Theta
c) Beta d) Alpha

579. What are the EEG waves recored for parietooccipital region with subject awake & eye closed -*(Kerala 97)*
a) Alpha waves b) Beta waves
c) Delta waves d) Theta waves

580. The EEG recorded shown below is normally recordable during which stage of sleep ? *(AI 03)*
a) Stage I b) Stage II
c) Stage III d) Stage IV

581. False regarding REM sleep is - *(UP 99)*
a) Dreaming sleep
b) Slow eye movements present
c) Paradoxical sleep
d) Alpha waves are seen

582. Not a feature of paradoxical sleep is - *(PGI 99)*
a) Decreased muscle tone
b) Rapid eye movements
c) Brain shows increased metabolism
d) EEG shows decreased activity

583. Which one of the following phenomenon is closely associated with slow wave sleep - *(AIIMS Nov 04)*
a) Dreaming b) Sleep walking
c) Atonia d) Irregular heart rate

584. True about REM sleep is - *(NEET/DNB Pattern)*
a) Night mares b) Night terror
c) Somniloquy d) None -

585. -NREM Sleep true is - *(NEET/DNB Pattern)*
f, > ' a) Teeth grinding ^ V} *U)* **Narcolepsy; /^ , ' r' -**
1 c) ˢNight tpares'#\"#d)£ Sieep?paralysis - /f

586. The Non-REM (NREM) sleep is commonly associated with- *(AI04)*
a) Frequent dreaming
b) Frequent penile erections
c) Increased blood pressure
d) Night terrors

587. Sleepwalking occur in which stage of sleep -
a) REM *(PGI97)*
b) NREM stage
c) NREM stage 3 or 4
d) Can occur in any stage of NREM sleep

588. Pover nocturnus is - *(APPG97)*
a) Sleep terror b) Sleep apnea
c) Sleep bruxism d) Somnambulism

589. Not true about nocturnal penile tumerscence is -
a) Totals about 100 min / night *(AIIMS 95)*
b) Normal phenomenon
c) Occurs in NREM sleep
d) Can be used to distinguish between psychological or organic impotence

590. True about treatment of nocturnal enuresis -
a) Imipramine *(DPG 09, PGI June 05, AIIMS 96)*
b) CPZ
c) Alprazolam
d) Haloperidol

591. DOC of night terrors - *(PGI98)*
a) Meprobamate b) Tricyclic antidepressant
c) Clonazepam d) Diazepam

592. Not true about narcolepsy - *(PGI Dec 06)*
a) Sleep sudden b) Long duration (>3hrs) of sleep
c) Cataplexy d) Presents in Ilnd decade

593. Narcolepsy is due to abnormality in - *(NEET/DNB*
a) Hypothalamus b) Neocortex *Pattern)*
c) Cerebellum d) Medulla oblongata

594. Hallucinations which arises when a patient is falling asleep- *(Jipmer02)*
a) Hypnagogic hallucination
b) Hypnopompic hallucination
c) Non specific hallucinations
d) Jactatio noctuma capitis

570)a,b,c 571)d 572)c 573)c 574)b 575)a 576)b 577)b,d 578)b 579)a 580)b 581)b 582)d 583)b
584) a 585) a 586) d 587) c 588) a 589) c 590) a 591) d 592) b 593) a 594) a

595. Cataplexy is seen in - *(Jipmer 02)*
a) Catatonic schizophrenia
b) Narcolepsy
c) Chronic depression
d) Neuro - malignant syndrome

596. Naf^)le^ipy,not ttue - *?T/pm<mterrO*
a) Cataplexy
ft) Sleep ^architecture normal
c) Loss of muscle tone
d) Hallucination

597. Bruxism is - *(NEET/DNB Pattern)*
a) Walking dining sleep
b) .-Nocturnal enuresis
c) Grinding of teeth during sleep
d) Sleep apnoea

598. A homosexual person feels that he is imposed by a female body & persistent discomfort with his sex, diagnosis is - *(PGI03)*
a) Gender identity disorder b) Transvestism
c) Voyeurism d) Paraphillias

599. 20 years old girl Nelu enjoys wearing male clothes. Wearing male clothes gives her feeling of more confidence and after these episodes she is an absolutely normal girl. The likely diagnosis is -
a) Trans sexualism *(A1IMS 97)*
b) Fetishism
c) Dual role transvestism
d) Fetishistic transvestism

600. Excessive sexual desire in males is known as -
a) Nymphomania b) Satyriasis *(AIIMS May 08)*
c) Triabadism d) Sadism

601. Squeeze technique is used for - *(AI00)*
a) Impotence b) Premature ejaculation
c) Infertility d)Priaprism

602. IBHew to differentiate between psychological and organic erectile dysfunction - *(NEET/DNB Pattern)*
a) Noctufnal penile tumescence
b) PIPE therapy
c) Sildenafil inducederection
d) Squeeze technique

603. A 30 yr old male presents to the OPD with Erectile dysfunction. Basic screening evaluation is unremarkable. The next step in the evaluation / management should be ? *(AI 08)*
a) Oral sildenafil citrate trial b) Cavemosometry
c) Doppler study d)Neurological testing

604. Most accurate treatment of erectile dysfunction -
a) Sildenafil *(PGI 02)*
b) Master and Johnson technique
c) Beta blockers
d) Papaverine

605. The erectile disorder in males is more specifically treated with which of the following agent ?
a) Sildenafil b) Diazepam *(DPGMar. 09)*
c) Fluxetine d) Zolpidem

606. One of the following conditions the only means of sexual excitement are in inanimate objects -
a) Exhibitionism b) Fetishism *(Kerala 2 K)*
c) Sadism d) Masochism

607. Exhibitionism is - *(CUPGEE 02)*
a) Shameless exposure of genitals
b) Exhibiting one's possessions
c) A type of mania
d) Not a sexual persuasion

608. Which of the following is not a common feature of Anorexia nervosa ? *(AI 06)*
a) Binge eating b)Amenorrhoea
c) Self perception of being fat d) Under weight

609. False regarding Anorexia nervosa- *(Kerala 97)*
a) Psychiatric symptom b) Exercise
c) Weight loss d) Decreased appetite

610. Anorexia nervosa can be differentiated from bulimia by- *(AIIMS Nov 08)*
a) Intense fear of wt gain
b) Disturbance of body image
c) Adolescent age
d) Peculiar patterns of food handling

611. With regard to anorexia nervosa the following is true except- *(Kerala 2K)*
a) Phobic avoidance of normal weight
b) Overperception of body image
c) Self induced vomiting
d) Menorrhagia
e) Excessive exercise

612. A young lady is present with H/O repeated episode of over eating followed by purging using laxatives, she probably suffering from - *(AIIMS May 10, May 09, 07, AI 02)*
a) Bulimia nervosa
b) Schizophrenia *UP 04, J& K O I)*
c) Anorexia nervosa
d) Benign eating disorders

613. Which of the following is not true about bulimia nervosa ? *(UPSC-108)*
a) Invariable weight loss with endocrine disorders
b) Occurrence of both binge eating and inappropriate compensatory behaviour at least twice weekly, on an average, for 3 months
c) Recurrent episodes of eating binges
d) Recurrent self - induced vomiting

614. Which one of the following conditions is NOT correct in case of bulimia nervosa ? *(UPSC-109)*
a) Recurrent bouts of binge eating
b) Lack of self-control over eating during binges
c) Self-induced vomiting or dieting after binge
d) Weight gain

615. In Bulimia all are seen except - *(Jipmer 98)*
a) Parotitis b) Menorrhagia
c) Binge eating d) Carries teeth

595) b 596)b 597)c 598)a 599)c 600)a 601)b 602)a 603)a 604)a 605)a 606)b 607)a 608) a
609) d 610) d 611) d 612)a 613)a 614)d 615)b

616. Which of the following conditions characterised by episodes of excessive and uncontrolled eating -
a) Anorexia nervosa *(UP 06, Jharkhand 07, TN 05)*
b) Bulimia nervosa
c) Body dysmorphobia
d) All of the above
e) None of the above

617. Klein levin syndrome - *(NEET/DNB Pattern)*
a) Insomnia ? b) Anxiety
c) Depression . d)> Hypersomnia

CHILD PSYCHIATRY

618. Hyperkinetic disorder is characterised by all, except-
a) Impulsivity b) Distractibility *(IN 02)*
c) Hyperactivity d) Hallucinations

619. An eleven month old boy is all the time so restless that the rest of the class is unable to concentrate. He is hardly ever in his seat but roams around the hall. He has difficulty playing quietly. The most likely diagnosis is - *(AI02)*
a) Attention-deficit hyperactivity disorder
b) Conduct disorder
c) Depressive disorder
d) Schizophrenia

620. A 9 yr old child is restless. He is hyperactive and his teacher complains that he does not listen to the teachings. Disturbs other students, he also shows less interest in playing. The likely diagnosis is -
a) Cerebral palsy *(AIIMSMay02)*
b) Attention deficit hyperkinetic child
c) Delirium
d) Mania

621. A 9 year old child disturbs other people, is destructive, interferes when two people are talking, does not follow instructions and cannot wait for his turn while playing a game. He is likely to be suffering from -
a) Emotional disorders *(AlIMSNov05)*
b) Behavioural problems
c) No disorder
d) Attention deficit hyperactivity disorder

622. A 7 years old child has conservative behavior, not playing quietly with peers, and difficulty in organization. He also interrupts other in school and earily gets distracted. Which of the following is likely diagnosis - *(MH-11)*
a) Learning disorder
b) Autistic disorder
c) Attention deficit hyperactive disorder
d) Conduct disorder

623. ADHD in childhood can lead to what in future -
a) Schizophrenia b) Alcoholism *(PGI00)*
c) Intellectual changes d) Antisocial behaviour

624. A10 year old child is always restless, inattentive to study and always wants to play outsite. Parents are extremely distressed. What would you advise -
a) It is a normal behaviour *(AIIMS Nov 08)*
b) Behaviour therapy
c) It is a serious illness requires medical treatment
d) Needs change in environment

625. Treatment of hyperkinetic syndrome include -
a) Imipramine *(PGI June 06, PGI 01)*
b) Methylphenidate
c) Haloperidol
d) Clozapine
e) Amphetamine

626. The treatment of choice in Attention deficit hyperactivity disorder is - *(NEET/DNB Pattern,*
a) Haloperidol b) Imipramine *AIIMS May 03)*
c) Methylphenidate d) Alprazolam

627. Stimulant drug is given to child for -
a) Conduct disorder *(NEET/DNB Pattern)*
b) Speech developmental disorder
c) Pervasive disorder
d) ADHD

628. Drug(s) used in treatment of attention-deficit hyperactivity disorder - *(PGI Dec 08)*
a) Atomoxetine b) Methylphenidate
c) Dexmethylphenidate d) Quetiapine
e) Dextroamphetamine

629. Which of the following is not true about the autistic specific disorder - *(AI 10)*
a) Impaired communication
b) Impaired imagination
c) Language developmental delay
d) Vision problems

630. Autism is - *(PGI 01)*
a) Biological causation
b) Pervasive social and language communication problem
c) Metabolic disease
d) Mainly due to hypothalamus damage
e) Onset after 23 yrs. usually

631. Infantile autism is characterized by - *(PGIDec 04)*
a) Impaired vision
b) Impaired Neurobehavioural development
c) Impaired folate level
d) A socio-economic hazard
e) Parenting

632. Autism is - *(PGI 2000)*
a) Neurodevelopmental disorder
b) Social and language communication problem
c) Metabolic disease
d) Mainly due to hypothalamus damage

633. A 3 year old child developmental milestones normal with delayed speech, and difficulty in communication, concentration, not making friends - *(AIIMSNov 06)*
a) Autism b) ADHD
c) Specific learning disability d) Mental retardation

616) b 617) d 618) d 619) a 620)b 621) d 622)c 623)b,c,d 624)c 625)b,e 626)c 627)d 628)a,b,c,e 629) d 630) a,b 631)b,d 632) a,b 633) a

634. A3 year old girl has normal developmental milestones except delay in speech. She has difficuly in concentration communication and relating to others and does not make friends but plays with herself. Likely diagnosis is - *(AIIMS May 10, AI-12)*
a) ADHD
b) Autism
c) Specific learning disorder
d) Mental retardation

635. A 6 year old child has history of birth asphyxia does not communicate well has slow mental and physical growth, does not mix with people, has limited interests gets wildly agitated if distrubed. Diagnosis is -
a) Hyperkinetic child *(AIIMS 01)*
b) Autistic disorder
c) Attention defecit disorder
d) Mixed receptive - Expressive language disorder

636. A girl with normal milestones spend her time seeing her own hand, do not interact with others, what is the diagnosis ? *(Aiims May 08)*
a) ADHD b) Autism
c) Asperger's syndrome d) Rett's disorder

637. All are features of autistic disorder except - *(MP 06)*
a) Mental retardation b) Absent social smile
c) Onset before $2^{1}A$ years
d) Third person hallucination

638. A two years old girl child is brought to the out patient with features of hand wringing stereotype movements, impaired language and communication development, breath holding spells, poor social skills and deceleration of head growth after six months of age. The most likely diagnosis is - *(AIIMS Nov 03)*
a) Asperger syndrome b) Rett's syndrome
c) Fragile X syndrome d) Cottard syndrome

639. True about Autism - *(PGIMay 10)*
a) Persistent delusion
b) Persistent hallucination
c) Incoordinate social interaction
d) Defective reciprocal interaction
e) Onset after 5 yr

640. A14 year old boy has difficulty in expressing himself in writing and makes frequent spelling mistakes, does not follow instruction and cannot wait for his turn while playing a game. He is likely to be sufering from - *(AIIMS Nov 05)*
a) Mental retardation
b) Lack of interest in studies
c) Specific learning disability
d) Examination anxiety

641. Conduct disorder in a child manifests with -
a) Disregard for right of others *(PGI 01)*
b) Doesn't care for authority
c) Backward in studies
d) Decreased head circumference
e) Steals things

642. IQ is - *(DPG 09, Kerala 95)*
a) Mental age / chronological age x 100
b) Chronological age / mental age * 100
c) Mental age + chronological age x 100
d) Mental age - chronological age x 100

643. A16 year old male is found to have a mental age of 9 years on I.Q. testing. He has - *(AIIMS May 05)*
a) Mild mental retardation
b) Moderate mental retardation
c) Severe mental retardation
d) Profound mental retardation

644. Normal IQ is - *(PGI 02)*
a) 45 b) 85
c) 65 d) 100
e) 110

645. Which of the following I.Q. scores is indicative of a 'normal intelligence ? *(DPG Mar. 09)*
a) 85 b) 65
c) 45 d)25

646. IQ of 70- 75 denotes - *(Kerala 03)*
a) Borderline MR b) Moderate MR
c) Severe MR d) Normal intelligence

647. Severe mental retardation is - *(NEET/DNB Pattern)*
a) 50 - 70 b) 35 - 50
c) 20 - 35 d) < 20

648. Patient with IQ of 60 has - ...*(Aiims 95)*
a) Mild mental retardation b) Moderate M..R
c) Severe M.R. d) Profound M.R.

649. In a child of IQ 50, which of the following is true -
a) Can look after himself independently *(PGI 01)*
b) Can study upto 8th standard
c) Can follow simple verbal commands
d) Can handle money
e) Recognize family members

650. All of the following statements about 'Imbecile' are true- *(AI 11)*
a) IQ is 50 - 60
b) Intellectual capacity equivalent to a child of 3 -7 years of age
c) Impaired self care
d) Condition usually congenital or acquired at an early age

651. Second most common cause of chromosomal abnormality causing mental retardation - *(CIP 01)*
a) Down's syndrome b) Fragile X syndrome
c) Edward syndrome d) Patau syndrome

652. X-linked disease leading to mental retardation is -
a) Myotonic dystrophy *(PGI 2000)*
b) Fragile-X syndrome
c) Tuberous sclerosis
d) Phenylketonuria

653. X-linked recessive disorder with mental retardation and self multilation is seen in - *(Maharashtra 08)*
a) Lesch - Nyhan syndrome
b) Fragile X - syndrome
c) Down syndrome
d) All of the above

634)b 635)b 636)b 637)d 638)b 639)c,d 640)c 641)a,b,c,e 642)a 643)a 644)d 645)None>a 646)a
647) c 648) a 649)a,c,d,e 650) a 651)b 652) b 653) a

654. An 8 year old student complains of lack of interest in studies for last 6 months. He has frequent quarrels with his parents and has frequent headaches. The most appropriate clinical approach would be - *(Al05)*
a) Leave his as normal adolescent problem
b) Rule out depression
c) Rule out migraine
d) Rule out an oppositional defiant disorder

655. Best therapy suited to teach daily life skill to a mentally challenged child - *(AIMS May 01, AIIMS*
a) CBT (Cognitive Behavior therapy) *May 11, 09)*
b) Contingency
c) Cognitive reconstruction
d) Self instruction

656. Lack of development of speech in a child can be due to- *(PGI01)*
a) Tongue tie b) Deafness
c) Mental subnormality d) Laryngomalacia
e) Psychosocial

657. Patients suffering from which of the following disease as per ICD/DSM criteria are eligible for disability benefit as per National Trust Act ? *(Al 09)*
a) Schizophrenia b) Bipolar disorder
c) Dementia d) Mental retardation

658. According to disabilities ACT 1995. Seventh disability is usually referred to as ? *(AIIMS Nov 08)*
a) Neurological abnormality
b) Mental illness
c) Substance abuse
d) Diability due to road traffic accident

659. Acholastic performance is impaired in all of the following, Except - *(Al 12)*
a) Attention Defecit Hyperactivity Disorder (ADHD)
b) Specific Learning Disability (SLD)
c) Anxiety
d) PICA

TREATMENT IN PSYCHIATRY

660. Indications for ECT are - *(PG1 2000)*
a) Paranoid schizophrenia
b) Depression with suicidal tendency
c) Catatonic schizophrenia
d) Neurotic depression
e) Depression in involutional stage

661. Indications of ECT is/are - *(PGI May 10)*
a) Psychotic depression
b) Catatonic schizophrenia
c) Cyclothymia
d) Dysthymia
e) Post traumatic stress disorder

662. Maximum benefit of electro convulsive therapy is in- *(NEET/DNB Pattern)*
a) Hysteria
b) Depression with suicidal tendency
c) Chronic schizophrenia
d) Mania

663. ECT is indicated in - *(AIIMS 98)*
a) Neurotic depression b) Auditory hallucination
c) Schizophrenia d) Delusional depression

664. ECT is most useful in - *(PGI97, AIIMS97, UP 08)*
a) Mania b) Depression
c) OCD d) Schizophrenia

665. The indication for ECT is - *(DPG 08)*
a) Delirium tremens b) Alcohol withdrawal
c) Severe depression d) Thyrotoxic crisis

666. Electro convulsive therapy is currently advocated as a line of treatment in the following conditions except- *(UPSC-108)*
a) Catatonic schizophrenia
b) Severe depression with psychosis
c) Manic-depressive disorder
d) Obsessive-compulsive disorder

667. Electro convulsive therapy is indicated in - *(MP 03)*
a) Psychotic symptoms
b) Neurotic symptoms
c) Dissociative symptoms
d) Affective symptoms

668. ECT is useful in - *(AIIMS 97)*
a) Mania (Acute) b) Chronic schizophrenia
c) Acute depression d) Panic disorder

669. ECT is advocated in following except -
a) Chronic schizophrenia *(Maharashtra 06)*
b) Catatonic schizophrenia
c) Severe depression
d) Severe psychoses

670. The absolute contraindication for Electro-Convulsive Therapy (ECT) is- *(DPG Mar. 09)*
a) Raised Intra-Cranial Tension
b) Vascular Dementia
c) Diabetic Retinopathy
d) Peripheral Neuropathy

671. Absolute contraindication to ECT is -
a) Glaucoma *(DPG 09, AIIMS 95)*
b) Brain tumor
c) Aortic aneurysm
d) MI

672. Contraindication of ECT is - *(Maharashtra 03)*
a) Pregnancy b) Catatonic schizophrenia
c) Depression d) Acute schizophrenia

673. ECT causes - *(AIIMS 98)*
a) Antegrade amnesia b) Retrograde amnesia
c) Both d)None

674. Most common complication of ECT is- *(AIIMS 96)*
a) Antegrade amnesia b) Retrograde amnesia
c) Psychosis d) Depression

675. Memory disturbance of ECT recovers in - *(AIIMS 96)*
a) Few days to few weeks
b) Few weeks to few months
c) Few months to few year
d) Permanent

654)b 655)b 656)b,c 657)d 658)b 659)d 660)b,c 661)a,b 662)b 663)d 664)b 665)c 666)d 667)a
668) c 669) a 670) a 671)b 672) None 673) c 674) b 675) b

676. Which of the following increases on Electroconvulsive Therapy? *(AIIMS Nov 08)*
a) 5-hydroxy-indole-acetic acid
b) Dopamine
c) Serotonin
d) Brain derived neurotrophic factor

677. ECT in depressive phase of MDP is useful because it- *(PGI99)*
a) Produces recurrence
b) Reduces recurrence
c) Shortens duration
d) Increases drug effects

678. Behaviour therapy is useful in - *(PGI June 08)*
a) Psychosis b)OCD
c) Personality disorder d) Panic attack
e) Anxiety

679. In which behaviour therapy is helpful - *(AIIMS 95)*
a) Schizophrenia b) Agoraphobia
c) Personality disorder d) Neurotic depression

680. Systemic de-sensitization therapy is used for -
a) Phobia *(AIIMS 97, SGPGI03,*
b) Depression *Bihar 04,AI2000)*
c) Schizophrenia
d) Organic brain syndrome

681. Desensitizationisatypeof- *(NEET/DNBPattern)*
a) Psychotherapy b) Psychoahaiysisl 0
c) Behavioral therapy d) None

682. Therapeutic exposure is a form of- *(MH-11)*
a) Behavior therapy b) Psychoanalysis
c) Cognitive therapy d) Supportive therapy

683. Methods of learning in psychiatry are all except -
a) Modelling *(AIIMS Nov 07)*
b) Catharsis
c) Exposure
d) Response prevention

684. 'Reinforcement[5] is used in - *(AIIMS 94, 99)*
a) Psychoanalysis b) Hypnoanalysic
c) Abreaction d) Conditioned learning

685. Behaviour therapy to change maladaptive behaviour using response as reinforcer uses the principles of-
a) Classical conditioning *(AI 03)*
b) Modeling
c) Social learing
d) Operant conditioning

686. All of the following are done in behaviour therapy to increase a behaviour except - *(AI 10)*
a) Punishment
b) Operant conditioning
c) Negative reinforcement
d) Reward

687. Pavlov's experiment is an example of - *(AI 06)*
a) Operant conditioning b) Classical conditioning
c) Learned helplessness d) Modeling

688. Operant condition where paradigm pain stimulus are given to a child for decreasing a certain undesired behaviour can be classified as - *(AI 9 7)*
a) Positive reinforcement
b) Negative reinforcement
c) Punishment
d) Negotiation

689. Many of our bad habits of day to day life can be removed by - *(AIIMS Nov 04)*
a) Positive conditioning
b) Negative conditioning
c) Bio feed back
d) Generalization

690. Reciprocal inhibition is done by - *(SGPGI 2000)*
a) Systemic desensitization
b) Behaviour therapy
c) Flooding

691. Along a pleasant stimulus, noxious stimuli are given in treatment of alcohol dependece or sexual disorder is which of the following type of behaviour therapy -
a) Negative reinforcement *(Maharashtra 08)*
b) Aversive therapy
c) Punishment
d) Flooding

692. Cognitive behaviour deals with - *(PGI Nov 09)*
a) Unconscious motive
b) Maladaptive assumptions
c) Pseudodynamic conflict
d) Emotional consciousness of automatic thoughts

693. A fundamental technique used in psychoanalysis is -
a) Concentration *(Karn 96)*
b) Hypnosis
c) Empathy
d) Free association

694. Wrong statement about psychoanalysis is -
a) Parapraxes has meaning *(J & K 08, IN 06)*
b) Transference is patient's feeling for therapist
c) Counter transference is clinican's feeling for patient
d) Unguided communication has no meaning

695. Counter transference is - *(AIIMS Nov 11)*
a) Patient's feeling towards therapist
b) Doctor's feeling towards the patient
c) Psychic connection between patient and disease
d) Type of defence mechanism

696. Which condition doctor is passive -
a) Classical psychoanalysis *(NEET/DNB Pattern)*
b) Psychoanalytic psycoanalysis
c) Both
d) None * * |®§ g| g|

***697.* A patient can be taught to control his involuntary physiological responses by which of the following therapies-** *(Maharashtra 09)*
a) Breathing therapy
b) Stress modification
c) Biofeedback
d) Rational emotive therapy

676)d 677)c 678)b,c,d,e 679)b>c 680)a 681)c 682)a 683)b 684)d 685)d 686)a 687)b 688)c 689)b 690)a 691)b 692) b,d 693)d 694)d 695)b 696)a 697)c

698. Bright light treatment has been found to be most effective in treatment of - *(AI 06)*
a) Anorexia nervosa
b) Seasonal affective disorder
c) Schizophrenia
d) Obsessive compulsive disorder

699. A chronic smoker taking 20 cigaretters per day developed chronic cough. His family suggested quitting cigarettes. He is ready to qit but thinks that quitting will make him irritable. Which of the following option best describes the satge of behavour change - *(AI 11, AIIMS May 09)*
a) Precontemplation and preparation
b) Contemplation and Cost analysis
c) Persuasion
d) Belief

700. All of the following are parts of cognitive behaviour change technique except - *(AI 10)*
a) Pre-contemplatation b) Consolidation
c) Action d) Contemplation

701. EEG is used in the diagnosis of all except-
a) Intermittent expulsive disorder *(Jipmer-11)*
b) Panic disorder
c) Anxiety disorder
d) Bipolar disorder

COGNITIVE DEVELOPMENT AND DEFENSE MECHANISM

702. Which of the following is a stage of intuitive thought appearance in jean-Piaget scheme- *(PGI99)*
a) Sensorimotor b) Concrete
c) Preoperational stage d) Formal operations stage

703. Ability to form a concept & generalize is known as-
a) Concrete thinking *(Jipmer 11)*
b) Abstract thinking
c) Intellectual thinking
d) Delusional thinking

704. Psychodynamic theory of mental illness is based on -
a) Unconscious internal conflict *(AIIMSNov 07)*
b) Maladjusted reinforcement
c) Organic neurological problem
d) Focus on teaching patient to restrain absurd thoughts

705. Interpretation of dreams by Freud - *(UP 01, KA 02)*
a) 1990 b) 1900
c) 1956 d) 1919

706. The term 'id' was coined by- *(NEET/DNB Pattern)*
a) Freud b) Skinner
c) Wayker d)Blueler

707. That part of mind which is working on reality principle is- *(Karn. 01)*
a) ID b) Ego
c) Super ego d) Ego-ideal

708. True regarding mind theory is A/E - *(PGI Feb 08)*
a) Id is reservoir of instincts & drives
b) Ego is excutive organ of id
c) Superego predominantly consciously offers approval & disapproval
d) Conscious is common component of id, ego & super ego
e) Id works on pleasure principle

709. According to sigmund Freud, primary process thinking is - *(Jipmer11)*
a) Illogical & Bizarre
b) Rational
c) Absent during sleep
d) Logical & unconscious

710. All are mechanism of defence except - *(AIIMS 98)*
a) Repression b) Transference
c) Projection d) Anticipation

711. Which of the following is a mature defence mechanism- *(UP07)*
a) Projection b) Reaction formation
c) Anticipation d) Denial

712. One of the important defence mechanism is -
a) Alienation *(Karn01)*
b) Confabulation
c) Repression
d) Suppression

713. A reluctant child forced to bring suger from a shop spills half of it on the way. This is an example of -
a) Hysteria *(Jipmer 97, Delhi 02, Raj 04)*
b) Passive aggression
c) Disobedience
d) Active aggression

714. A chronic alcoholic blames the family environment as a cause of his alcoholism. This is phenomenon of -
a) Projection b) Denial *(AIIMS2000)*
c) Rationalization d) Sublimation

715. Which of the following is the psychological defense mechanism by the virtue of which an individual blames others for his mistake? *(Maharashtra 03)*
a) Rationalization b)Compensation
c) Projection d) Regression

716. Which of the following excludes painful stimuli from awareness - *(AIIMS 98)*
a) Repression b) Reaction formation
c) Projection d) Rationalization

717. Avoiding awareness of pain of reality by negative sensory data is in which of the following defence mechanism - *(MH-11)*
a) Distortion b) Denial
c) Displacement d) Dissociation

718. Postponing paying attention of conscious impulse or conflict is mature defence mechanism known as -
a) Sublimation b) Suppression
c) Humor d) Anticipation

698)b 699)c 700)b 701)a 702)c 703)b 704)a 705)b 706) a 707)b 708)c,d 709)a 710)b 711)c
712) c 713) b 714) c 715)c 716)a 717)b 718)b

719. Most important cause of neurotic reaction is the excessive use of - *(PGI98, Nihmans 01, MH 04)*
a) Projection b) Regression
c) Suppression d) Sublimation

720. Displacement reaction is characteristically seen in -
a) Mania b) Phobia *(MP98)*
c) Conversiondisorder d) Depression

721. Ego's defence mechanism "Undoing" is typically seen in - *(PGI 01, AIIMS 93,95)*
a) Depression
b) Schizophrenia
c) Obsessive compulsive neurosis
d) Hysteria

722. Defence mechanism in OCD - *(PGIDec 07)*
a) Repression b) Undoing
c) Rationalization d) Sublimate
e) Displacement

723. Defence mechanism in OCD - *(Maharashtra 10, 07)*
a) Progression b) Regression
c) Magical thinking d) Reaction formation

724. Mature defence mechanism is seen in -
a) Altruism *(Jipmer 95, WB 05, Assam 06)*
b) Repression
c) Regression
d) None

725. Which of the following is a mature defence mechanism - *(Maharashtra 09)*
a) Rationalization b) Humor
c) Denial d) Displacement

726. Which is not an ego defence mechanism - *(PGI99)*
a) Rationalization b) Repression
c) Identification d) Obsession

727. Not a defence mechanism - *(PGI 98)*
a) Derailment b)Represession
c) Distortion d) Undoing

728. Oedepius complex has been described by - *(UP 06,*
a) Plato b) Socartes *Bihar 05, AI98)*
c) Freud d) Huxley

729. Oedipus complex (given by sigmund freud) is seen in - *(PGI 98, Delhi 98, Assam 04)*
a) Boys of 1 - 3 years of age
b) Girls of 1 - 3 years of age
c) Boys of 3 - 5 years of age
d) Girls of 3 - 5 years of age

730. In psychoanalytic terms, obsessive compulsive disorder is fixed at - *(Delhi 98, TN 02, Mah 03)*
a) Oedipal stage b) Genital stage
c) Oral stage d) Anal stage

731. Fixation of Hysteria is - *(WB 02, J&K 04, PGI 05)*
a) Genital b) Anal
c) Oral d)Phallic

732. Psychoanalysis was founded by which of the following scientist- *(Karnataka 2000)*
a) Eysenck b) Freud
c) Jung d) Adler

733. Life span of sigmund freud was - *(Jipmer 2 K)*
a) 1856-39 and he passed most of his life in Austria
b) 1859-36 and he passed most of his life in Austria
c) 1859-36 and he passed most of his life in Germany
d) 1859-36 and he passed most of his life in France

734. Ther term 'free association' is coined by - *(Jipmer 01)*
a) Freud b) Adler
c) Erikson d) Juna

735. Who introduced cocaine in psychiatry - *(Kerala 98)*
a) Freud b) Jung
c) Milar d) Stanley

736. Sigmund Freud is associated with which of the following?
a) Group Psychotherapy *(DPGMar 09)*
b) Psychoanalysis
c) Sociogram
d) Cognitive Behavior Therapy

737. Who is the founder of school of psychoanalysis and psychotherapy is after the name of -*(Maharashtra 02)*
a) Bleuler b) Freud
c) Kraeplin d) Melanie klien

738. Moral treatment of mentally ill patient was first stressed by - *(AIIMS 95, CMC 98, KA 01, TN 04)*
a) Pinel b) Morel
c) Kraeplin d) Sigmund freud

739. Which of the following scientist propagated therapeutic community concept-*(Kam 2K, Bihar 03)*
a) JB Watson b) Maxwelljones
c) Freud d) Adler

740. Ross classified five stages of- *(MP 06)*
a) Schizophrenia b) Delusion
c) Death d)None

741. The eight stage classification of human life is proposed by - *(Burdwan 2K, WB 04, UP 05)*
a) Sigmund freud b) Pavel
c) Strauss d) Erikson

742. Term catatonia was used by - *(CUPGME 03)*
a) Karl kahlbaum b) Adolf meyer
c) Leo kanner d) Karen homey

743. The term "Ambivalence" was coined by - *(PGI 99,*
a) Hippocrates b) Eugen bleuler *AIIMS 95)*
c) Kraeplin d) Sigmund freud

744. Following name is associated with psychodynamic theory- *(PGINov 09)*
a) Carl Jung b) Sigmund Freud
c) Emilkraplein d) Eugen bleuler
e) Kurl schneider's

745. General Adaptation Syndrome (GAS) is seen in-
a) Panic Attacks b) Depression *(AI 12)*
c) Anxiety d) Stressful Situations

PHARMACOTHERAPY IN PSYCHIATRY

746. Features of serotonin syndrome associated with SSRI & MAOIs are - *(PGI May 10)*
a) Tremors b) Agitation
c) Cardiovascular collapse d) Hypothermia
e) Suicidal tendency

719)b 720)b 721)c 722)b,e 723)d 724)a 725)b 726)c,d 727)a 728)c 729)c 730)d 731)d 732)b
733)a 734)a 735)a 736)b 737)b 738)a 739)b 740)c 741)d 742)a 743)b 744)b 745)d 746)a,b,c

747. The following is not an atypical antipsychotic -
a) Thioridazine b) Clozapine *(ARMSNov 06)*
c) Olanzapine d) Risperidone

748. Atypical (Second generation or newer) antipsychotics are - *(PGI May 10)*
a) Aripiprazole b) Risperidone
c) Pimozide d) Penfluridol
e) Olanzapine

749 Antipsychotic drug with prolonged action - *(AI93)*
a) Trifluperazine b) Thioridazine
c) Penfluridol d)Fluphenazine

750. Depot preparation are available for - *(PGI Nov. 10)*
a) Haloperidol b) Risperidone
c) Olanzapine d) Imipramine
e) Fluphenazine

751. All the following statement about clozapine are true except- *(AI97)*
a) It is used in schizophrenia
b) May precipitate seizure
c) May cause agranulocytosis
d) Extrapyramidal side effects are seen

752. Adverse effect of clozapine - *(PGI 98)*
a) Hypertension
b) Sialorrhea
c) Extrapyramidal S/E
d) Neuroleptic malignant syndrome

753. Extrapyramidal side effects of antipsychotics -
a) Dystonia *(PGI June 02)*
b) Akathisia c) Seizures
d) Diarrhea e) Parkinsonism

754. Least extrapyrimidal S/E are seen in - *(AIIMS 98)*
a) Haloperidol b) Thioridazine
c) Clozapine d) CPZ

755. Antipsychotic drug with least extrapyramidal effects is- *(PGI 02)*
a) Clozapine b) Risperidone
c) Thioridazine d) Chlorpromazine
e) Haloperidol

756. Tardive dyskinesia is produced by following except -
a) Fluphenazine b) Haloperidol *(PGI98)*
c) Chlorpromazine d) Clozapine

757. Tardive dyskinesia is least common with - *(MH 08)*
a) Flupenthiol b) Penfluridol
c) Olanzapine d)None

758. Best drug therapy for paranoid schizophrenia in a thin built 21-years old young male would *be-(MH06)*
a) Chlorpromazine b) Risperidone
c) Olanzapne d) Quetiapne

759. Vasanthi 45 years, was brought to casualty with abnormal movements which included persistent deviation of neck to right side one day before she was prescribed Haloperidol 5 mgs three times daily from the psychiatry OPD. She also had an altercation with her husband recently. Which of the following is the most likely cause for her symptoms- *(AIIMS 2K)*
a) Acute drug dystonia b) Conversion reaction
c) Acute psychosis d) Cerebrovascular accident

760. A patient with acute psychosis, who is on haloperidol 20mg/day for last 2 days, has an episode characterized by tongue protrusion, oculogyric crisis, stiffness and abnormal posture of limbs and trunk without loss of consciousness for last 20 minutes before presenting to casualty. This improved within a few minutes after administration of diphenhydramine HC1. The most likely diagnosis is- *(AIIMS May 06, AI-11)*
a) Acute dystonia
b) Akathisia
c) Tardive dyskinesia
d) Neuroleptic malignant syndrome

761. Irresistable urge to move about with inner restlessness is called - *(AI 99)*
a) Akinesia b) Hyperkinesia
c) Dyskinesia d) Akathisia

762. A 30 year old manic patient was prescribed haloperidol one week back. For the last two days he has become restless and kept pacing in the room for a day. On examination he was found to have tremors of hand. He is most likely suffering from - *(AIIMS*
a) Anhedonia b) Dystonia *Nov 03)*
c) Restless leg syndrome d) Akathisia

763. A 19 year old boy suffering from chronic schizophrenia is put on haloperidol in the dose of 20 mg/day. A week after the initiation of medication the patient shows restlessness, fidgety, irritability and cannot sit still at one place. The most appropriate treatment strategy is - *(AIIMS May 04)*
a) Increase in the dose of haloperidol
b) Addition of anticholinergic drug
c) Addtion of beta blocker
d) Adding another antipsychotic drug

764. A 25 year old man with a psychotic illness, was treated with haloperidol 30mg/day. On the third day he developed pacing, and inability to sit still at one place. The medication likely to be helpful is -
a) Phenytoin *(AIIMS Nov 02)*
b) Propranolol
c) Methylphenidate
d) Trihexyphenedyl

765. Akathesia is treated by all except - *(DPG 05)*
a) Trihexyphenidyl b) Diazepam
c) Haloperidol d) Promethazine

766. An elderly woman suffering from schizophrenia is on antipsychotic medication. She developed purposeless involuntary facial and limb movements, constant chewing and puffing of cheeks. Which of the following drugs is least likely to be involved in this side effect - *(AIIMS Nov 03)*
a) Haloperidol b) Clozapine
c) Fluphenazine d)Loxapine

747) a 748) a,b,e 749) d 750)All 751)d 752) b 753)a,b,e 754) c 755) a 756) d 757) c 758) c 759) a 760) a 761) d 762) d 763) c 764) b 765) c 766) b

767. A patient of schizophrenia treated for 5 years developed perioral movements. Likely diagnosis is -
a) Tardive dyskinesia *(AI97)*
b) Muscular dystonia
c) Akathasia
d) Malignant neurolept syndrome

768. A 30 year old man who was recently started on haloperidol 30mg/day developed hyperpyrexia, muscle rigidity, akinesia, mutism, sweating, tachycardia and increased blood pressure. The investigations showed increased WBC count, increased creatinine phosphokinase. There is no history of any other drug intake or any signs of infection. The most likely diagnosis -
a) Drug overdose *(AllMS May 06)*
b) Neuroleptic malignant syndrome
c) Drug induce Parkinsonism
d) Tardive dyskinesia

769. A 31 year old male, with mood disorder, on 30 mg of haloperidol and 100 mg of lithium, is brought to the hospital emergency room with history of acute onset of fever, excessive sweating, confusion, rigidity of limbs and decreased communication for a day. Examination reveals tachycardia and labile blood pressure and investigations reveal increased CPK enzyme levels and leucocytosis. He is likely to have developed - *(AIIMS May 04)*
a) Lithium toxicity
b) Tardive dyskinesia
c) Neuroleptic malignant syndrome
d) Hypertensive encephalopathy

770. A patient on antipsychotic for past 4 weeks is brought to the emergency with complaint of acute onset of fever, excessive sweating, confusion, rigidity of limbs and decreased communication. Examination reveals temperature of 104°F; P/R - 120/min, BP-150/100 with disorientation. What is the most probable diagnosis - *(PGI Dec 05)*
a) Lithium toxicity b) Aggravation of psychosis
c) Dystonia d) Neurolept malignant syndrome
e) Akathesia

771. True about neurolept malignant syndrome -
a) General antipsychotics are more associated
b) Symptoms include rigidity, fever and palpitation
c) Dantrolene improves symptoms *(PGI June 08)*
d) Bromocriptine can be used

772. Malignant neurolept hyperthermia (NMS) seen in all except - *(AIIMS Nov 08)*
a) Haloperidol b) Metoclopramide
c) Domperidone d) Amantadine

773. A patient was on treatment with trifluperazine for some time. He presents with complaint of hyperthermia, lethargy and sweating. Needed investigations are - *(AIIMS 2000)*
a) CT Scan brain & hemogram
b) Hemogram, Electrolyte level and creatinine
c) ECG, Chest X-ray and hemogram
d) Hemogram, CPK and renal function test

774. Sedation as an adverse effect is MOST with which of the following atypical antipsychotics ? *(Kam 11)*
a) Risperidone b) Olanzapine
c) Quetiapine d)Aripiprazole

775. Antipsychotic drug with maximum hypotensive effect- *(Jipmer-11)*
a) Fluphenazine b) Trifluperazine
c) Thioridazine d) Haloperidol

776. All are Antidepressants except - *(AI 97)*
a) Trazodone b) Amitryptyline
c) Fluoxetine d) Pimozide

111. **Mode of action of fluoxetine -** *(AI 99, AIIMS 97, 96)*
a) GABA agonist b) GAB A antagonist
c) Inhibit uptake of 5-HT d) Increase uptake of 5-HT

778. Tianeptine acts by - *(AIIMS 98)*
a) MAO inhibitor
b) Serotonin uptake inhibitor
c) Serotonin uptake enhancer
d) 5-HT agonist

779. Tricyclic antidepressants have all of the following actions except - *(PGI 97)*
a) Anticholinergic action
b) MAO inhibition
c) Block 5-HT or NE reuptake
d) Causes sedation

780. A patient was treated with amitriptyline for depression, developed urinary retention, constipation & blurring of vision. Most likely cause is -
a) Symptoms of depression persisting *(AIIMS 00)*
b) Anticholinergic side effects
c) Depression medicamentosa
d) Any of above

781. A 60 year old male comes to casuality with acute retention of urine since 12 hours. On examination there was distended bladder. His son gives a history of taking some drug by the patient. Since 2 days as he is suffering from depression. The most likely drug is- *(AIIMS 01)*
a) CPZ b) Amitriptyline
c) Haloperidol d) Pimozide

782. A patient on t/t for psychiatric disorder takes overdose of a drug, develops bradycardia, hypotension, decreased sweating and salivation. The likely drug is - *(AIIMS 99)*
a) Amitryptilline b) Lithium
c) Selegiline d)Amphetamine

783. Tricyclic anti depressant are contraindicated in -
a) Glucoma b) Brain tumor *(AI 91)*
c) Bronchial asthma d) Hypertension

784. SSRI is first line treatment for - *(PGIMay 10)*
a) OCD b) Panic disorder
c) Social phobia d) Post traumatic stress disorder
e) Adjustment disorder

785. Side effect of SSRI - *(PGI Dec 07)*
a) Nausea b) Diarrhea
c) Weight gain d) Rash
e) Sexual dysfunction

767)a 768)b 769)c 770)d 771)a,b,c,d 772)d 773)d 774)c 775)c 776)d 777)c 778)c 779)b 780)b 781)b 782) a 783)a 784)a,b,c,d 785)A11

786. The common side effect with fluoxetine therapy is -
a) Seizure b) Anxiety *(AI06)*
c) Hypotension d) Loose stools

787. Side effects of fluoxetine are A/E - *(AI94)*
a) Weight gain b) Sweating
c) Urinary retention d) Diarrhoea

788. Non sedating antidepressant is - *(AIIMS 93)*
a) Fluoxetine b) Mianserine
c) Amoxapine d) Imipramine

789. The newest antidepressant is - *(AIIMS 93)*
a) Buspirone b) Fluoxetine
c) Penfluridol d) Clozapine

790. Following drugs have abuse liability except - *(AI 99)*
a) Buprenorphine b) Alprazolam
c) Fluoxetine d) Dextropropoxyphene

791. A patient on antidepressant therapy developed sudden hypertension on consuming cheese. The antidepressant is possibly - *(PGI99)*
a) Amitriptyline b) Tranylcypramine
c) Fluoxetine d) Sertraline

792. Antidepressant drug used in nocturnal eneuresis is - *(AI 11)*
a) Imipramine b) Fluoxetine
c) Trazdone d) Sertaline

793. Which drug acts through alpha subunit of GABA -
a) Benzodiazepine b) Barbiturate
c) Haloperidol d) TCA *(AIIMS Nov 08)*

794. All are anxiolytic except - *(AIIMS 93)*
a) Buspirone b) Fluoxetine
c) Diazepam d) Nitrazepam

795. P blockers are indicated in - *(AIIMS 95)*
a) Phobia b)Schizophrenia
c) Anxiety d) Mania

796. Li is best used in - *(AIIMS 92)*
a) MDP - Bipolar b) MDP - Unipolar
c) MDP - rapid cycles d) Depression

797. Lithium is treatment of choice for - *(AIIMS 91)*
a) Unipolar MDP prophylaxis
b) Bipolar MDP prophylaxis
c) Schizophrenia
d) Acute mania

798. Prophylactic maintenance serum level of lithium is-
a) 0.2 - 0.8 meq/L b) 0.7 -1.2 meq/L *(AI94)*
c) 1.2-2.0 meq/L d) 2.0 - 2.5 meq/L

799. Lithium levels —» normal therapeutic -*(PGIDec 06)*
a) 0.5 to 0.7 mEq/lit b) 0.7 to 1.1 mEq/lit
c) 0.1 to 0.3 mEq/lit d) 1.5 to 2mEq/lit
e) 2.5 to 3 mEq/lit

800. Prophylactic blood level of Li is - *(PGI May 10)*
a) 0.3mEq/L b)0.6mEq/L
c) 0.9 mEq/L d) 1.2 mEq/L
e) 1.5mEq/L

801. True about lithium treatment in mania -
a) Commonest neurological side effect is tremor
b) Toxic level is <1.5 mg/dl serum level *(PGINov 09)*
c) Amiloride is DOC for Li induced diabetes insipidus
d) Lithium is 90% protein bound
e) Tremor is treated with propranolol

802. A patient is brought to the casualty in the state of altered sensorium. He was on lithium treatment for affective fits. On examination he has tremors, increased DTK's and incontinence of urine. He has also undergone an episode of severe gastroenteritis 2 days ago. The serum lithium was found to be 1.95 meq/Lit. The probable cause for his present state is-
a) Lithium toxicity b) Dehydration *(AIIMS 01)*
c) Manic episode d) Depressive stupor

803. Congenital Anomaly produced by lithium therapy is- *(AI93)*
a) Limb shortening b) Anencephaly
c) Heart block d) Renal agenesis

804. Lithium is notused in treatment of which of the following? *(AI09)*
a) Major depression b) Vascular headache
c) Neutropenia d) Generalized anxiety disorder

805. Select the true statements - *(PGI02)*
a) Imipramine is used in treatment of endogenous depression
b) Fluoxetine causes weight gain
c) Thioridazine cause less anticholinergic effects
d) BZD's have same abuse potential as barbiturates
e) Codeine is an effective antitussive

806. Not an indication for use of anticonvulsants- *(PGI*
a) Chronic pain b) Bipolar disorder *Nov. 10)*
c) Anxiety disorder d) Migraine prophylaxis
e) Diabetic neuropathy

807. Carbamazepine may be used in all except - *(AI97)*
a) Mania b) Alcohol withdrawal
c) Schizophrenia d) Trigeminal neuralgia

808. As a side effect the metabolic syndrome is most commonly associated with which of the following group of medications ? *(DPG Mar. 09)*
a) Anti-anxiety drugs b) Anti-depressant drugs
c) Anti-psychotic drugs d) Anti-cholinergic drugs

809. Which of the following anti-hypertensives was once used as an antipsychotic ? *(DPG Mar 09)*
a) Atenolol b) Propranolol
c) Clonidine d)Reserpine

810. Which of the following drugs is used to bring back a large number of memories for events just before a traumatic event (e.g. head injury)- *(DPG Feb. 09)*
a) Ketamine b) Thiopentone
c) Piracetam d) Vitamin Bj

811. Modafinil is approved by FDA for treatment of all except- *(AI 09)*
a) Obstructive sleep apnea syndrome (OSAS)
b) Shift work syndrome (SWS)
c) Narcolepsy
d) Lethargy in depression

812. Which of the following is not an opioid peptide - *(AIIMS May 05)*
a) Beta-Endorphin b)Epinephrin
c) Leu-enkephalins d) Met-enkephalins

* * *

786) d 787) c 788) a 789) b 790) c 791)b 792) a 793) a 794) None 795)a,c>b,d 796) a 797) b,d 798) a 799) b 800)b 801)a,c,e 802)a 803)c 804)d 805)a,b,e 806)None 807)None>c 808)c 809)d 810)b>a 811)d 812)b